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## Depression and Identity in Women

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DEPRESSION AND IDENTITY IN WOMEN

by

Laura Lynn Pauly

A Thesis Submitted to the Faculty of the Graduate School  
of Loyola University of Chicago in Partial Fulfillment  
of the Requirements for the Degree of  
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## VITA

The author, Laura Lynn Pauly was born on April 7, 1961, in Dubuque, Iowa. She is the daughter of Richard and Sharon Pauly and is married to Douglas G. Bauer.

The author's elementary and secondary education was obtained in Dubuque. In June, 1979, she graduated from Wahlert High School. She attended Marquette University in Milwaukee, Wisconsin. She completed a major in psychology and minors in sociology and french. In May, 1983, she received her Bachelor of Arts degree cum laude. While at Marquette, the author received numerous campus activity and scholastic honors.

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## CHAPTER I

### INTRODUCTION

In the past fifteen years there has been increasing attention in the psychological literature on women's issues as separate from the problems of men. Previously, women's lives had been understood in terms of human development theory, however, accepted models of human development were based on studies of men and were proposed by men. In essence, women were being evaluated on male models (Chesler, 1972; Gilligan, 1982; Collier, 1982).

Increasingly, female models of growth and development have been proposed as alternatives to previous standards of evaluation. These efforts address the developmental issues and life problems of women directly (Cox, 1976; Scarf, 1980, Eichenbaum and Orbach, 1983 and others). These efforts at understanding women are varied in scope and orientation. Future research will distinguish which of the current views are most accurate.

Nonetheless, many of the current developmental descriptions of women address similar or related issues. There is agreement on the fact that depression and

identity in women are increasing concerns in the general population and thus, for mental health professionals. It is commonly forwarded that women have less developed identities than men. Also, a plethora of evidence indicates that the depression rate for women is twice as high as the depression rate for men.

Depression and problems in identity achievement are commonly associated with women. Although many explanations of these two problems are found in the literature, no strong conclusions have been reached. Depression and identity in women have been discussed separately and only very briefly in the psychological literature.

### Significance of the Study

This current work will contribute a much needed synthesis of the literature in these areas. Depression and identity will be presented as related issues for women. The following chapters will address current definitions, theories, and explanations of the differential rates of depression and identity problems for women and men. It is suggested that social roles and sex role stereotypes contribute to the problems of depression and identity in women.



It is hoped that this effort will provide a thorough understanding of depression and identity in women for mental health professionals. Given this complete overview, mental health professionals will be able to devise treatment plans to aid women in their struggles with depression and identity. Additionally, professionals and nonprofessionals alike, can use this documentary to understand the effects of societal stereotypes on women. Strategies may be then devised to address the issues of depression and identity and make advances toward the resolution of these problems by changing cultural roles.

This study is an important consideration of the major issues of women: depression and identity. In a time when cultural gender roles are being questioned and the women's movement is influencing changes in the structure of society, it is imperative that the relevant issues for women be addressed. The effects of traditional mores and growing opportunities for women need to be considered. It appears that these forces impact on the lives of women in two prominent areas --depression and identity.

## Methodology

The methodology used in preparing this documentary review was library research. Since, the past fifteen years have been the most critical in terms of the psychology of women, focus was placed on research within this time period. Classic and important works published before this time were also researched and cited when relevant. Emphasis was placed on research published in the past five years. It was essential that the most current work on depression and identity in women be gleaned from the literature, since, this work is to be the most current and comprehensive appraisal of these two issues. The strength of this study is its completeness in discussing depression and identity. This work also supplies the dimension of the relationship between depression and identity.

## Limitations of the Study

Limitations of this study include the fact that a finite number of studies could be reviewed and incorporated. Additionally, the dates of the research along with the rapidity of the changing roles for women make it difficult to address the issues of depression and

identity as currently as they change. Furthermore, there has not been empirical research done to ascertain the precise nature of the relationship between depression and identity in women. Further research is necessary to substantiate the role of gender roles and sex role stereotypes in making women susceptible to depression and identity problems.

#### Definition of Terms

Depression is defined as a dysphoric mood and a loss of interest in most usual activities. Depression as a clinical syndrome is diagnosed by symptomology according to the guidelines put forth in the Diagnostic and Statistical Manual III (APA, 1980). A more complete definition will be offered in Chapter II. Chapter II will also explore the theories of depression and the explanations of the differential rates of depression for men and women.

The definition of identity is the maturational movement to associate the self with a constant set of roles in a major personage. The critical portion of identity development is traditionally seen as occurring in adolescence. An important part of this task of identity development is the development of a sex role identity.

Chapter III will address the definition of identity, the classical and current theories, and the explanations of the differential identity status of men and women.

Chapter IV will consider the relationship between depression and identity. The effects of cultural gender roles and sex role stereotypes will be discussed as they apply to depression and identity in women.

The preceding chapters will be summarized in Chapter V. Conclusions will be drawn and societal implications will be discussed briefly. Finally, recommendations will be offered for future research in the areas of depression and identity in women.

## CHAPTER II

### DEPRESSION

Depression, characterized by a dysphoric mood and a loss of interest in most usual activities, is the most frequent problem confronted by mental health professionals (Al-Issa, 1980; Collier, 1982). Moreover, because of its increasingly high rate, depression in women has become of major importance to clinicians, researchers, and feminists, alike. Studies consistently report the ratio of depression as two women to every man. This chapter will consider the definition of depression, the current theories of depression and the explanations for the differential rates of depression for men and women.

#### Definition

The symptoms of unipolar depression may be classified into four dimensions. The cognitive dimension includes low self evaluations, distortions of body image, and negative expectations such as hopelessness and helplessness. Other symptoms in this category center on the individuals self blame and self criticism and his/her

inability for decision making. The motivational-behavioral dimension includes feeling apathetic and lacking in energy. This is evidenced by avoidance, escapist, and withdrawal wishes, increased dependency and recurrent thoughts of death or suicide. The affective dimension involves feelings of sadness, crying spells, reduction in gratification and the loss of emotional attachments. The final dimension is the vegetative-physical manifestations dimension. It is characterized by disturbances of sleep and eating, fatigability and loss of interest in sex.

The diagnostic criteria for major depressive episode according to the Diagnostic and Statistical Manual III (APA, 1980, p. 213-214) are as follows:

- A. Dysphoric mood or loss of interest or pleasure in all or almost all usual activities and pastimes.
- B. At least four of the following symptoms have been present every day for a period of at least two weeks.
  1. poor appetite or significant weight loss or increased appetite and significant weight gain
  2. insomnia or hypersomnia
  3. psychomotor agitation or retardation
  4. loss of interest or pleasure in usual activities or decrease in sexual drive
  5. loss of energy; fatigue
  6. feelings of worthlessness, self-reproach, or excessive or inappropriate guilt
  7. complaints or evidence of diminished ability to think or concentrate
  8. recurrent thoughts of death, suicidal ideation, wishes to be dead, or suicide attempt
- C. Neither of the following dominate the clinical picture when an affective syndrome is not present:

- a. preoccupation with a mood-incongruent delusion or hallucination
- b. bizarre behavior
- D. not superimposed on either Schizophrenia, Schizophreniform Disorder, or a Paranoid Disorder
- E. Not due to any Organic Mental Disorder of Uncomplicated Bereavement.

### Theories of Depression

Theories of depression are many and varied. Depressive syndromes have been ascribed to loss, biological factors including genetics and neurology, stress reactions, learned helplessness, cognitive distortions and most recently social labeling and social roles. The most frequent viewpoint today is that depression is caused by a combination of several factors.

Loss According to Klerman and Weissman (1980) the most widely held theory about depression relates its onset and quality to the stress accompanying separation. They report that emotional, behavioral, and biological similarities between grief and depression have been observed for centuries. They indicate that these similarities have been fundamental in understanding depression since the beginning of modern psychiatry. Brown (1961) reported a significant relationship between parental loss in childhood and adult depression. Many others such as Spitz (1946), Anna Freud (1965), and Bowlby

(1969) have studied the responses of children to loss and separation. Separation reactions correspond to symptoms of depression. They include crying, decreased activity, listlessness, and sleep and eating disturbances.

Lindemann (1944) reports similar reactions to disaster and catastrophe by adults. This indicates that if grief is not resolved, it may lead to clinical depression. In recent years, this loss concept has been expanded to include symbolic losses and other threats to self esteem and interpersonal relationships.

Stress This concept expanded upon the loss theory after Selye's (1956) research on the hormonal and physiological responses of organisms to various forms of stress. Work based on the quantification of stress techniques of Holmes and Rahe (1967) has indicated that experiences of loss and separation occur more frequently among depressives than in the normal population. Additionally, Beck (1967) introduced the factor of psychological strain. This idea relates the observation that individuals who have been overtaxed or overstimulated for extended periods of time are especially susceptible to depression at the occurrence of stressful events. These same individuals, however, are able to sustain the same



stress if it occurs when they have not been strained. This concept has been expanded upon in cognitive theory.

Biological Theories Experimental evidence supports the existence of a genetic factor predisposing certain individuals to depression. Family studies indicate that first degree relatives of diagnosed patients are more likely to experience affective disorders than the general population (Klerman and Barrett, 1973). Studies which compare illness rates for monozygotic twins show that they have a higher concordance rate for affective disorders. Attempting to separate the effects of genetics and environment, studies followed high risk children in adoptive homes. Results support a genetic basis for inherent vulnerability to depression (Kety, Rosenthal, Wender, Schulsinger and Jacobson, 1975).

Recently, linkage studies have been conducted to study the genetics of depression. Genetic markers are used to follow traits throughout the family network. Thus far, results of chromosome linkage studies have been conflicting. Kidd, Reich, and Kessler (1974; cited in Klerman and Weissman, 1980) propose a polygenic pattern. Klerman and Weissman suggest that perhaps there exists a "genetically determined differential threshold to stress in the environment, with women having a lower threshold

and therefore greater susceptibility to a depressive response to specific environmental stresses" (p. 66). More research is necessary in this area to understand possible genetic influences on the susceptibility to depression.

Drug related research in the past decade has led to a neurochemical theory of depression. The amine hypothesis of affective disorders relates depression to a functional deficit of one or more brain neurotransmitter amines at specific central synapses. Norepinephrine, dopamine, and serotonin are the neurotransmitter amines regulating the flow of impulses in the brain areas related to vegetative and affect regulatory behavior. At the synaptic junction, the neurotransmitter serves to convert electrical energy into chemical energy, which is then reconverted into electrical energy. When electrical impulses arrive at the nerve endings, norepinephrine is released which reacts with the receptor to cause an electrochemical event. Complex processes are responsible for synthesis, storage, release, re-uptake, and metabolism of the amine neurotransmitters. (Bardwick, 1971; Klerman and Weissman, 1980)

Several pharmacological observations led to the amine theory of depression. It was observed that many

hypertension patients treated with reserpine became depressed (Goodwin and Bunney, 1971). Also, it has been noted that reserpine depletes serotonin and norepinephrine in the brain. MAO or monoamine oxidase inhibitor drugs are capable of elevating amine levels in the brain. In animals, treatment with MAO inhibitors can inhibit or reverse symptoms of depression caused by reserpine. Additionally, tricyclic antidepressants do not directly alter amine levels but, they block the presynaptic re-uptake of the amines so that there is a functional increase in the amines at the synaptic juncture. These investigations of drugs support the theory that depression may be a deficit of brain neurotransmitter amines. (Bardwick, 1971; Klerman and Weissman, 1980)

The experience of depression, according to biological theories, may be predisposed genetically and/or be the result of a functional deficit of neurotransmitter amines in the brain. Further research is necessary in each of these areas to confirm their relevance and establish the extent of their responsibility in the occurrence of depression.

Psychodynamic Theories The literature concerning psychodynamic theories of depression is extensive, therefore consideration will be given to the most

prominently held viewpoints. The psychodynamic idea of depression focuses on personality needs, especially orality, internalized aggression, strong superego, and narcissism. It is hypothesized that the early years of life are important in forming a person's predisposition to depression. Freud (1957), Abraham (1927), and other classic psychoanalysts depicted depression as a hostile response to a lost love object. Self destructive impulses result as the hostility, in the process of being repressed, is turned against the self.

The neo-Freudians have broadened psychodynamic thinking and clinical experience to include interpersonal functioning. Bibring (1953) and Jacobson (1954) propose that the loss of self esteem is the central psychological problem in depression. Bibring hypothesized that self esteem is decreased by the frustration of the need for love and affection as well as the frustration of other aspirations. Jacobson proposed that the devaluation of self and parents accompanies excessive and premature disappointment in the parents. Like earlier writers, both felt that a predisposition to depression stemmed from traumatic experiences in early childhood. A popular view is that depressives are inordinately dependent on others in order to maintain their own self esteem. Their

frustration level is low and they employ various manipulative strategies of denial, submission, coercion, pity, and demands to maintain needed but ambivalent relationships with external or internalized objects. These ideas have extensive influence on theory and clinical practice; however, research efforts have only partially verified them (Chodoff, 1972, 1974).

Existential Theories The Existential Theories of depression are summarized by Beck (1967) in Depression Causes and Treatment. Existential theories consider depression as an arrest or insufficiency of vital activities. Depression is experienced as a sense of incompleteness, impotence, and unreality. Beck (1967) quotes Henry Ey, who describes depression as a "pathetic immobility, a suspension of existence, a syncope of time" (p. 60). Herbert Tellenbach (1961) offered the profile of a melancholic as being dominated by strict order. Depression was hypothesized as the resulting abyss between being and self aspirations. Schulte (1961) considered the inability to be sad as the central problem in depression.

Cognitive Theory Beck (1967) asserts that the disturbances of depression are the result of three major cognitive patterns. The depressive views his/her experience as continually defeating and burdensome.

He/she views him/herself as deficient, inadequate, or unworthy. And, he/she sees the future as dismal. Negativity characterizes the depressive's view of self, the world, and the future. Beck assumes that it is the distorted thought of persons, rather than their life situations, that is responsible for depression. He forwards that the progressive dominance of the negative cognitive patterns leads to other affective, motivational, and physical phenomena associated with the depressive state.

In 1983, Beck offered a new perspective. He summarized that two major themes appear around the development of depression. These themes revolve around the issues of autonomy or social dependency and assume the respective forms of "defeat depression" or "deprivation depression". The development of depression depends on the interplay between an individual's salient personality patterns and significant environmental stressors. A person whose personality is organized around independence and achievement is susceptible to experience representing entrapment and failure to achieve role expectations. An individual whose personality patterns involve dependency and nurturance is most susceptible to the loss of an interpersonal relationship. These problems vary according

to specific life situations as well. For example, an individual may experience deprivation depression after a loved one's death, and an autonomous or "defeat" depression when confronted with adverse working conditions. In sum, clinical depression is an outgrowth of the interchange between the personality factors of autonomy or dependence and environmental stressors.

Behavioral Theories Lewinsohn (1974) uses a social reinforcement model as the basis for his approach to depression. He indicates that a low rate of response contingent positive reinforcement elicits aspects of the depressive syndrome such as fatigue and inactivity. According to Lewinsohn, the level of reinforcement is based on three factors: potentially reinforcing events in the environment, the availability of reinforcers in the environment, and the individual's ability to elicit reinforcement from the environment. Depression is predicted when there is little probability that the individual's behavior will elicit positive reinforcement and when there is a large probability that the individual will be reinforced when he/she does not emit the appropriate behavior.

Ferster (1974) attempts to explain the depressive's lack of initiating behavior. He speculates that fixed

reinforcement schedules which require a large and regular amount of activity for each reinforcement are more apt to produce depression than variable reinforcement schedules. Ferster states that uncertainty and variability in the reinforcement are less likely to produce strain than a rigid schedule associated with a stable work situation in which a constant amount of activity is needed to achieve a goal.

Seligman (1975) uses a learned helplessness theory to explain depression. He argues that helplessness is caused by learning that responding is independent of reinforcement. In other words, the depressed person learns that action is futile. Seligman holds that it is not the loss of reinforcement, but the loss of control over reinforcement that causes depression.

The reformulation of the learned helplessness hypothesis (Abramson, Seligman, and Teasdale, 1978) posits that three attributional dimensions are crucial for explaining human helplessness and depression. These dimensions are: internal-external, stable-unstable, and global-specific. Attributing lack of control to internal factors leads to lowered self esteem, whereas attributing a lack of control to external factors does not. Also, the reformulated model suggests that attributing lack of



control to stable factors should lead to helplessness across time, and attributing lack of control to global factors should lead to generalization of helplessness across situations. Seligman, Abramson, Semmel and Von Baeyer (1979) indicate that compared to nondepressed students, depressed students reported internal, stable, and global attributions for bad outcomes and external, unstable outcomes for good outcomes. They report that attributional style for bad outcomes appears more highly correlated with depression than attributional style for good outcomes. The reformed model of learned helplessness suggests that attributions for control and lack of control are important in understanding depression.

#### Differential Rates for Men and Women

Women have a higher rate of depression than men. This higher rate for women is found whether depression is determined by clinical impressions of patients in treatment, studies of hospitalized cases, studies of outpatient clinics, community surveys of both treated and untreated persons, studies of suicide attempts, or reactions to bereavement. Furthermore, this evidence has been confirmed over a span of more than forty years and including nations worldwide with the exception of a few

developing countries such as India, Iraq, New Guinea, and Rhodesia. (Ananth, 1976; Weissman and Klerman, 1977; Weissman, 1980) Additionally, Klerman and Weissman (1980) cite evidence from epidemiological studies in the United Kingdom, Scandinavia, and the United States that indicates perhaps as many as 20-30% of all females experience depression at some time in their adult lives, often of moderate severity. In the past ten years, much effort has been invested in trying to explain the high rate of depression for women.

Several explanations exist for the differential rates of depression for men and women. One set of hypotheses asserts that these findings are artifacts attributable to women's perceptions of stress, their willingness to express affective symptoms, their coping responses, and their willingness to seek help. The artifact hypothesis proposes that these feminine differences account for the sex ratio findings. Others see the preponderance of women in the depression rates as a real phenomenon due to the biological and social differences between men and women.

Stress Holmes and Rahe (1967) developed a quantitative scale for assessing the stress factor of various life events. Results from their epidemiological

and clinical studies support the hypothesized relationship between stressful life events and the onset and severity of medical and psychiatric illnesses, especially depression.

Uhlenhuth, Lipman, Balter and Stern (1974) used life event scales and symptom reports of patients in psychiatric settings and individuals in the normal population to study the relationship between actual and perceived stress. Uhlenhuth et al. report a direct relationship between stress and symptom intensity. Additionally, they indicate that women do not report more stressful life events. This finding has also been reported by Horowitz (1975) and Uhlenhuth and Paykel (1973). Also, Paykel, Prusoff and Uhlenhuth (1971) found no sex differences when asking individuals to judge the degree to which life events were upsetting. However, Uhlenhuth et al. (1974) indicate that at the same levels of stress, women report symptom intensities about 25 % higher than men.

Dohrenwend (1973) proposed that stressful life events act in an additive fashion with regard to health problems. Positive, negative, major, and minor events are identified as stressful life events. While major life event stresses are equally distributed between men and

women, Klerman and Weissman (1980) suggest that perhaps minor stresses, particularly associated with the lives of women, have been underweighted in the scoring on the life event scales. Moreover, current life stress scales focus on specific life events and acute changes in life condition. They generally do not account for certain chronic conditions such as poverty, level of education, number of children, and health issues which tend to have a greater impact on women. These should be given more weight in calculating a woman's susceptibility to depression.

In summary, research indicates that women do not report more stressful events than men, and women do not report events as being more stressful, yet women indicate symptom intensities 25% higher than men under the same levels of stress. Questions have been raised about the effectiveness of these scales measuring the minor life stresses and chronic concerns of women. Further investigation to develop scales which are sensitive to these factors is needed.

Symptoms One hypothesis forwarded as an explanation of the high depression rate for women is that women respond to stress with affective distress because they feel free to acknowledge symptoms. Phillips and

Segal (1969) explain that women may be more likely than men to report acts, behaviors, and feelings that lead to the categorization of mental illness, because it is more socially acceptable for women to express their difficulties. Additionally, men are more reluctant to admit unpleasant feelings. On the contrary, Clancy and Gove (1974) find no significant sex difference in their research examining the possible role of social disapproval in the reporting of symptoms. Women did not report more desire for social approval nor did they judge having psychiatric symptoms as less undesirable than did men. Clancy and Gove conclude that women actually experience more symptoms. They indicate that gender differences in reporting of symptoms reflect actual differences and are not an artifact of response bias.

Help Seeking Women have higher rates than men for use of outpatient facilities, visiting physicians, getting prescriptions, and taking psychotropic drugs. Prather and Fidell (1975) report that women are more likely than men to seek treatment or visit a physician for any type of problem. Women are cited as receiving 60% of the prescriptions for nonpsychoactive drugs and 67% of the prescriptions for psychoactive drugs. Women are the major

consumers of barbituates, sedatives, hypnotics, relaxants, tranquilizers, antidepressants, and pep and diet pills.

In The Mental Health of Women, Klerman and Weissman (1980) suggest that women seek help more than men because in our society, men view being sick as a sign of weakness. Also, they call attention to the fact that the health care system is organized in ways that make it difficult for most men to get treatment, since office hours conflict with work hours. With the emergence of health maintenance organizations and walk-in clinics, health care is becoming more readily available after work hours. In addition, women are becoming an ever increasing part of the day time work force. Community surveys show more female depressives regardless of treatment. Help seeking patterns alone can not account for the predominance of depressed women.

The artifact theory of the differential rate of depression for women and men is not convincing in explaining the preponderance of women in the depression rates. Research reported about women's experience of stress, women's reporting of symptoms, and women's help seeking behavior cannot explain the depression ratio of almost two depressed women for every depressed man. The majority of experts in the field of depression report that

indeed, women do experience depression more frequently than men. Biological, demographic variables, intrapsychic conflicts, loss, cognitive and behavioral learning, stereotypic mental health judgements, and social change explanations will be examined as the contributing factors involved in the higher rate of depression in women.

Biological Theories Depression in women has been suggestively linked to menstruation and the accompanying low hormonal levels. The low hormonal level explanation of psychological symptoms resulted in early attempts to cure symptoms by organic treatment such as hysterectomy and hormone replacement therapy. Since then, it has been recognized that biological factors alone can not explain depression in women. Menstrual symptoms are not reported by all women. Indeed, Weissman and Klerman (1977) report that the number of women reporting symptoms varies from study to study. Additionally, Al-Issa (1980) reports the findings by Moos (1969) that women differ in their patterns of cyclic change. Some women experience pelvic cramps but no mood disturbance during menstruation while others report mood disturbance and no pelvic cramps. Al-Issa (1980) also suggests that the severity of psychiatric symptoms reported by women experiencing menstruation is strongly related to their general

emotional stability. Evidence suggests that other factors may be involved.

Al-Issa (1980) recommends an alternative to the physiological interpretation of menstrual symptoms. He suggests that negative attitudes of society about women and menstruation affects the self images of women. Feminists have suggested that a change of self image and a change in negative attitudes toward menstruation may reduce psychological symptoms of depression in women. Work by Paige (1969) indicates that negative attitudes about menstruation and menstrual troubles were more common among traditional women than nontraditional women. It seems that societal attitudes and expectations are very influential in this area.

Another common explanation of depression in women has centered upon the effects of menopause. This explanation, however, has no support (Hallstrom, 1973; McKinley and Jeffreys, 1974). The average age for menopause has recently risen from the late forties to the early fifties. And, there is now more depression among young women with children than among middle aged women (Brown et al., 1975; Radloff, 1975) It appears that social implications of menopause and 'the empty nest' may be more important than hormonal changes. The loss of the



role of involved parent seems to be stressful for those women who valued it. Housewives and overprotective mothers are more likely to suffer depression in the postparental period than women who have other roles (Bart, 1971). The occurrence of depression during menopause appears to be due to the loss of an important parental role rather than to a hormonal factor.

Hormonal changes during the postpartum period are associated with a depressive mood. Although hormonal changes may make some women vulnerable to depression, hormones can not entirely explain depression postpartum (Al-Issa, 1980). Childbirth is associated with social role stresses comparable to those experienced during menopause. Symptoms of postpartum depression may indicate conflicts about the maternal role. Indeed, Brown and Harris (1978) found that only pregnancy and childbirth associated with a severe ongoing problem played a part in the development of depression. They conclude, "that it is the meaning of events that is usually crucial: pregnancy and birth, like other crises, can bring home to a woman the disappointment and hopelessness of her position" (p. 79).

Furthermore, the use of oral contraceptives, which contain hormones, is believed to be associated with

increased depression. However, studies (Weissman and Slaby, 1973) do not justify the conclusion that oral contraceptives cause depressive symptoms. To date, research has not been able to distinguish the psychological considerations and conflicts which may be involved in using the pill.

Several biological possibilities have been considered above as explanation of the high depression rate for women. It appears that hormones may have some role in the feminine vulnerability to depression, but it seems that hormone hypotheses can not explain the occurrence of depression in women. Increasingly, emphasis is being placed on the psychological effects and social considerations involved in the lives of women to explain the differential rates of depression for men and women.

Demographic Variables Certain social and demographic factors have been shown to correlate with depression. The first variable considered will be age. It appears that the age patterns of mental illness are similar for men and women. Radloff (1975) and Markush and Favero (1974) report that scores on the CES-D Scale, a depression scale, decrease with age. Benfari et al. (1972) conclude that age patterns vary substantially with the type of symptom under consideration. They indicate

similar patterns for both sexes for topically oriented depression, esteem, and self confidence. However, patterns for physiological anxiety, physiological process disturbance, and mixed anxiety-depression vary according to sex. Gurin et al. (1960) found that psychological anxiety and physical anxiety factors generally increase with age, and that tendency is more pronounced among women. Schwab, Brown, and Holzer (1968) note a different age pattern for men and women with scores for men peaking at an older age.

One suggestion attempting to explain the differential rates of depression for women and men is that women live longer than men, and therefore, have more opportunity to experience depression. However, depression rates for women are higher even when adjusted for age (Franks and Rothblum, 1983). Additionally, the onset of depression which was most frequent during the mid-forties, seems to currently be in young adulthood. Young adulthood is now becoming the most frequent time for depression. In addition to this shift, Radloff (1975) and Brown (1975) report a contrast to pre-World War II in that the rates of depression are higher for women at every age.

In the past ten years there have been several attempts to examine the relationship between sex differences and other demographic variables such as

education, income, marital status, parental status, and employment status. The most consistent finding is an inverse relationship between the rates of psychopathology and social class. (Dowhrenwend, 1974; Markush and Favero, 1974; Radloff, 1975; Pearlin and Johnson, 1975)

According to these studies, the lower the income, the higher the depression scores and, the lower the education, the higher the depression scores. Overall, women earn less income than men, are less educated than men, and experience depression more than men.

Out of all demographic variables reviewed, marital status is most strikingly related to mental illness and depression. In an examination of 17 community and utilization studies, Gove (1972) found that in all of the studies, married women have higher rates of mental illness than married men. With regard to depression, marriage seems to serve a protective role for men but not for women. Radloff (1975) indicates that among those married, divorced, or separated, women are more depressed than men. Among those single and widowed, however, men are more depressed than women. Likewise, Radloff and Rae (1979) support Gove's view that married women are more depressed than married men. Further, married men are less depressed than never married men, whereas married women are more

depressed than never married women. Furthermore, in a study of divorced men and women with depression, Briscoe and Smith (1972) found that depressed women were more likely than men to have been depressed during the marriage. On the other hand, depressed men were more likely than women to become depressed during the separation.

According to Radloff (1975), it appears that work does serve a protective role for married women. Although outside employment tends to reduce depression among housewives, working wives are still more depressed than working husbands. This may be partially due to the fact that working married women most frequently maintain the burden of household chores. Both working wives and housewives are more depressed than working married men.

Contrary to popular opinion, there is no significant difference between working women and full-time homemakers with regard to depression (Radloff, 1975; Pearlin, 1975). Although there was no difference in the severity and type of depression at the beginning of therapy, Mostow and Newberry (1975) did report differential outcomes of treatment. After three months of therapy, working wives were beginning to adjust socially while homemakers reported impaired performance,

disinterest, feelings of inadequacy, and economic difficulties. It is important to note that the working women were participating in stereotypically nongratisfying jobs and yet, still felt more competent than housewives at their work. Weissman and Paykel (1974) found that patients who work outside the home show less impairment in work during their depression than do homemakers. In fact, many depressed homemakers "explicitly sought jobs" to obtain "a new set of relationships and satisfactions" that proved to be therapeutic. Typically, depression affects family relations more than the occupational role.

Depressed women tend to be more impaired in their roles as spouse and mother than in relations with others outside the home (Weissman, Paykel, Siegel, and Klerman, 1971). Pearlin (1975) concludes that for women, it is not the role that matters, but the conditions that are encountered within the role. Women, more than men are subject to externally determined narrowly defined role spheres. A prime example of this is the limited role of the housewife.

The presented evidence suggests that marriage is a disadvantage for women since they are likely to fulfill the traditional stereotypical homemaker role. Traditionally, men are unlikely to fill this role.

Klerman and Weissman (1980) suggest that the married woman's role generally offers homelife as the one source of gratification. The role of the housewife is "unstructured and invisible, with self-imposed rather than objective standards of performance" (p. 82). Furthermore, they highlight the fact that if a married woman works outside the home, "she is generally in a less satisfactory position in terms of pay, upward mobility, and scheduling" (p. 82). Therefore, rather than striving for clearcut individual goals, "women spend much time adjusting to external contingencies" (p. 82).

A common theory is that the role of a housewife is a boring unrewarding single social role requiring few skills and affording little prestige. One established conclusion from research is that low status is associated with mental illness (Hollingshead and Redlich, 1981). In fact, Brown and Harris (1978) isolated four factors that predispose women to depression: 1. a lack of confiding intimacy with her husband, 2. having lost her own mother before the age of eleven, 3. having three or more children under the age of fourteen living at home, and 4. a lack of paid employment.

Children seem to adversely affect the mental health of their parents. Women are affected more than men since,

women still retain the major responsibility for childrearing. Pearlin (1975) found that the "role disenchantment" for women increases with the number of children at home and the younger the ages of the children at home. Radloff (1975) has shown that role disenchantment correlates with depression. And surprisingly, Radloff also reports that men and women with "empty nests" evidence lower depression scores on the CES-D Scale than those with no children or those with children still living at home.

Social factors are known to be related to depression. These include lower level of education and occupation, fewer people supervised at work, fewer leisure activities, and more frequent illness. Radloff and Rae (1977) have established that women are subject to more of these factors than men are. But, even when these variables are controlled for, women exhibit a higher rate of depression than men. Other demographic factors contributing to the high rate of depression among women are marital status, employment status, and number of children living at home. These factors closely relate to the social role often ascribed to women in our society.

Psychoanalytic Theory The psychoanalytic theory of female psychological development and the psychodynamic



theory were developed separately early in this century. Recently they have been linked together. Feminists have critiqued both theories. This idea of depression attributes the high rate of depression for women to the specific intrapsychic conflicts of women. Freud and others proposed that the personality of adult women is characterized by narcissism, masochism, low self-esteem, dependency, and inhibited hostility as a consequence of the resolution of the Electra Complex. This theory is linked with the classical psychodynamic theory of depression which emphasizes that individuals prone to depression exhibit difficulty in close relationships, show excessive dependency, had suffered early childhood deprivation, feel guilt frequently, and manifest a tendency to internalize hostility. Men who have successfully resolved the Oedipal complex are viewed in terms of maturity and independence. Therefore, they are not as readily linked with classical psychodynamic theory of depression as women are. These two theories are accepted by many clinicians, however, there has been little empirical evidence to support these ideas (Klerman and Weissman, 1980).

Loss Another explanation of depression in women is offered by Phyllis Chesler (1972). She suggests that

depression has traditionally been conceived of as the response to or expression of loss, either of an ambivalently loved other, of the ideal self, or of meaning in life. The hostility felt toward outside sources in response to loss is turned inward toward the self.

Depression rather than aggression is the female response to disappointment or loss. Chesler makes the point that women can't lose what they've never really had. She notes that most women have "lost or never had" their mothers; nor is the maternal object replaced for them by husbands or lovers. Few women ever develop strong socially approved ideal selves. Few women are allowed, no less encouraged to concern themselves with life's meaning. Women are taught to nurture and affiliate with others. Women also learn to live through the accomplishments of men. In our society, men are the controllers of power, the makers of rules, and the receivers of nurturance. Chesler (1972) concludes that, "women are in a continual state of mourning for what they never had --or had too briefly and for what they can't have in the present, be it Prince Charming or direct worldly power" (p. 44).

Cognitive Theory While growing up, young women in our society are inundated with socially conditioned stereotypical images of what women are expected to be

like. Societal expectations are internalized in childhood. Women learn to act helpless during their socialization and thus, develop limited response repertoires. They assume a cognitive set against assertion and independence. Young women develop self images in line with the stereotype of femininity with its emphasis on passivity, beauty, and naivete. According to this narrow image of self, women learn to act, or more fittingly react, in a passive, affective, and dependent vein. Competence, independence, aggressiveness, and success are traditionally encouraged for men and discouraged for women. Men are allowed a greater role sphere and are taught to be active in their experience of life.

Beck and Greenberg (1974) suggest that the subjective helplessness of women parallels their objective helplessness and powerlessness in a male oriented world. This orientation seems realistic in light of the fact that work produced by females was rated as less significant and was less rewarded by pay, promotions, and status than comparable work by men (Huber, 1973; Safilios-Rothschild, 1972).

A related explanation of sex differences in depression rates of married individuals concerns the

'superwoman' role of the woman trying to combine homemaking with a career. Radloff (1975) notes that even when wives are employed outside the home, the burden of the housework and child care remains upon them. In essence, these women have two full-time jobs. It seems that these 'superwomen' would be predisposed to depression according to Beck's cognitive distortion view of depression. Great expectations by others and themselves to perform in both the home and work situations combined with a low probability of success to completely fulfill each, could indeed be cause for depression.

Behavioral Theories Seligman's (1975) learned helplessness theory is particularly apt in describing the experience of women in society. The role of women throughout history has been marked by a sense of powerlessness and an inability to significantly influence the course of events. Seligman suggests that the depressed person has learned that she cannot control life events that relieve suffering or bring gratification. Another hypothesis is that women are socialized to believe that they should not try to affect the situation, even if they could, but rather, react passively.

Related to Seligman's idea of loss of control over reinforcement are the topics of locus of control and

attributions for success and failure. Briefly, women who succeed in a task are most likely to attribute their success to luck or external factors. This produces the effect of them not accepting credit for achievement. Conversely, when confronted with failure, women tend to take all the blame attributing the failure to internal causes. Rinley (1978) suggests that this attributional style is typical of depressives.

The traditional area of expertise for women is household tasks. The routine of these chores is often unstimulating and monotonous. Ferster's notion of strain associated with a rigid schedule is especially relevant to the homemaker. Household work requires a large and constant amount of activity for reinforcement. And then, rewards tend to be small and ungratifying. Ferster points out that a housewife is more susceptible to depression than someone whose work has a variable reinforcement schedule.

Lewinsohn's (1974) social reinforcement model indicates that a low rate of response contingent positive reinforcement elicits aspects of depression. This concept is helpful in understanding the rate of depression for women, since women quite frequently receive ambivalent reactions from others. Maccoby and Jacklin (1974) found

one consistent sex difference in childrearing practices: the actions of boys more often have consequences than do the actions of girls. Rewards and punishments depend on the boys behavior, therefore, they can learn to control rewards and punishments by their own actions. Serbin, O'Leary, Kent, and Tonick (1973) report that girls receive fewer reactions from adults for all behaviors, including aggression. In our culture, achievement and competence for males are clearly rewarded. Females often receive mixed results of both rewards and punishments. Successful females may be rewarded in salary or position and may be punished at the same time by social rejection.

In summary, competent behavior is highly valued by our culture as a whole, yet, it is responded to differentially when it is performed by males and females. Men, when performing successfully, receive much positive response contingent feedback. Women on the other hand, receive fewer rewards, receive conflicting results of reward accompanied by punishment, and receive less response contingent reinforcement. These responses promote a sense of helplessness and lack of control that pervades women's ideas about themselves. Females are less likely than males to expect to succeed, and they are also less likely to attempt to succeed. In conclusion, it

appears that behavioral learning as a result of sex role socialization impairs both women's self concepts and their capacity for successful action.

Effect of Clinical Judgements Sex stereotypes may influence clinicians definitions of psychopathology whereby resulting in differential diagnoses of depression for men and women. Clinicians may conceive symptoms as either an intensification of or a breaking away from sex role stereotypes. Symptoms of depression may be considered as an intensification of traditionally female characteristics such as dependency, passivity, helplessness, and a lack of self confidence. Chesler (1972) believes that 'depression' is the feminine style of response to stress --an "intensification of normal female behaviors." An association between depression and femininity is supported by the research of Hammen and Peters (1977). They found that nondepressed males scored high on masculinity while depressed males scored high on femininity. Hammen and Peters suggest that since depressive symptoms are incompatible with the stereotypic characteristics of a male, males showing the same symptoms will be more rejected than females showing the same symptoms. Since males are rejected for depressive behavior, they may learn to express psychological stress

in alternative ways. Research by Phillips and Segal (1969) indicates that women present psychologically and expressively oriented problems while men exhibit more physiological problems.

Likewise, Weissman and Klerman (1977) report that alcohol and drug abusers are predominantly men. Studies have shown that society has traditionally discouraged alcoholism among women (Winokur, Rimmer and Reisch, 1971). Apparently, society can tolerate depressed women and alcoholic men. Recent trends, however, suggest that alcoholism among women is on the increase. It has been reported that alcoholic patients often have serious depressive symptoms (Tyndel, 1974) and clinically depressed patients often have histories of alcoholism (Reich, Davies and Himmelhoch, 1974). Weissman (1983) reports that epidemiologic survey techniques have shown that approximately 15 % of alcoholics had co-existing major depression. Moreover, the statistics are more balanced if rates of alcoholism for men are considered along with rates of depression for women. Although depression and alcoholism have frequently been linked, the causal sequence is still unclear. Diagnostic problems exist in determining the chronology of depression separate from the primary disorder due to an overlap of symptoms.



Furthermore, according to Hammen and Padesky (1977) men even when depressed, express it differently than women. Men demonstrate an inability to cry, social withdrawal, somatic preoccupation, a sense of failure, weight loss, and sleep disturbance. Women display crying, self dislike, self deprecation, and a lack of self confidence.

In Women and Madness, Phyllis Chesler (1972) says that men's disturbances are not seen as neurotic or treated by psychiatric incarceration. Men are generally allowed a greater range of acceptable behavior than are women. Chesler posits that psychiatric hospitalization or labeling relates to what society considers 'unacceptable' behavior. Thus, since women are allowed fewer total behaviors and are more strictly confined to their role sphere than men are, women, more than men, will commit more behaviors that are seen as "ill" or "unacceptable".

Furthermore, the greater social tolerance for female "help seeking" behavior or displays of emotional distress, does not mean that such conditioned behavior is either valued or treated with kindness. Chesler maintains that "beyond a certain point such behavior is 'managed' rather than rewarded: it is treated with disbelief and

pity, emotional distance, physical brutality, drugs, shock therapy, and long term psychiatric confinements" (p. 39).

Sex role stereotypes may affect the definition of depression in a manner such that sex role reversal may take on negative evaluation and be considered abnormal. In this mode, the expression of aggression, competitiveness, intelligence, or sexuality by women may be labeled abnormal. Indeed, Abramowitz, Jackson, and Gomes (1973) have demonstrated that in assessing females and males for the same behavior, clinicians ascribe more psychopathology to "liberated" women who challenge the accepted stereotypes of gender appropriate behavior. Indicating a role reversal, Kayton and Biller (1972) found that psychiatric diagnosis of men as schizophrenic or neurotic was strongly associated with feminine traits. Chesler (1972) emphasizes that what we consider 'madness' for both sexes "is either the acting out of the devalued female role or the total or partial rejection of one's sex-role stereotype" (p. 56).

In addition, a frequently cited study by Broverman, Broverman, Clarkson, Rosenkrantz, and Vogel (1970) supports the hypothesis that a double standard of health exists for men and women. Broverman et al. asked mental health clinicians what traits they considered healthy in

men, women, and adults whose sex was unspecified. The description of the healthy adult paralleled the description of the healthy male. A negative assessment of women was found. Healthy women were supposed to be submissive, dependent, subjective, emotional, and easily hurt. Healthy women were seen as significantly less healthy by adult sex unspecified standards. This would suggest that women fit more easily into the 'sick' label.

It is interesting to note that the double standard of mental health, as found by Broverman et al., parallels the sex role stereotypes in our society. Furthermore, this double standard of mental health is maintained by clinicians of both sexes. Although this is true, men remain the majority of physicians and clinical professionals. Many feminists have argued that clinical judgements based on sex role stereotypes are the basis for the differential diagnosis of illness in men and women. Although there have been suggestions that this double standard of mental health is decreasing, the strongest indication points toward the stability of these stereotypical attitudes and standards. Therefore, the high rate of depression in women can be considered an artifact of social expectation and clinical judgement.

Social Change Hypothesis Evidence suggests that depression and maladaptive behavior in general increase during periods of rapid social change. In times of such change, many persons have not as children been exposed to or trained for behavior appropriate for the new situations. Therefore, maladaptive behavior or depression is inevitable for many. Also, the increase manifests itself when rising expectations make the discrepancy between one's aspirations and one's reality more frustrating. Perhaps the increased rate of depression and suicide in younger women and their increasing attendance at outpatient psychiatric clinics reflect this trend.

Klerman and Weissman (1980) indicate that rising expectations, an increased number of stressful life events, changing demographic trends, separations, and loss of attachment are factors creating susceptibility to depression which have been suggested as mechanisms by which social change can create psychic stress. They propose that these stress factors have a greater impact on women due to their more vulnerable social position.

As indicated previously, depression may not occur when things are at their worst but when there is a possibility of improvement and there becomes a discrepancy between hopeful expectations and the likelihood of

fulfilling these desires. The women's movement has spurred efforts to improve the social position of women. However, social, economic, and educational achievement have not always kept pace with the possibilities due to long-standing discriminatory practices.

Additionally, as opportunities open, women must negotiate these new role possibilities. As women take on new roles, they may find themselves involved in a personal conflict with their own self images or those of their family and friends over what is 'appropriate'. Although these changes in the status of women are positive, there is resistance which must be dealt with. It is hypothesized that with these increasing social changes in the roles of women, a decrease in the depression rates for women will ensue. This reduction would suggest confirmation that the excessive rate of depression for women is due to the psychological disadvantages of the stereotypical female role.

In summary, a variety of explanations for the higher rate of depression in women have been considered. Artifact hypotheses suggested that the high depression rate for women is due to women's experience of stress, women's willingness to express psychological symptoms, and women's tendency to seek help. Another type of artifact

hypothesis suggested that social sex role stereotypes and clinical judgements are responsible for the high rate of depression in women. Some of the literature supported that a higher rate of depression for women was a true finding. Factors responsible for this finding were cited as biology, demographic variables, loss, intrapsychic conflicts, cognitive and behavioral learning, and social change. Several of these explanations involve speculations about the effects of sex role stereotypes. At this point, it seems most likely that the rate of depression for women is due to several of the aforementioned factors. Thus far, the most convincing arguments for the high rate of depression for women center on the effects of sex role stereotypes.

This chapter as a whole considered depression. The definition, current theories, and explanations for the differential rates of depression for women and men were considered. It was stated that social sex roles seem to play a major role in women's susceptibility to depression. Identity will be the focus of the next chapter. The chapter will discuss the definition, classical and current theories, and explanations for the high rate of identity problems in women.

## CHAPTER III

### IDENTITY

Identity is one of the most frequently cited concerns of women in modern society. Along with depression, identity is a primary issue confronting women in therapy today (Collier, 1982; Hyde, 1983, Scarf, 1984). Studies consistently indicate that women have lower self esteem and more identity problems than men. This chapter will focus on identity. The definition of identity, the classical and current theories of identity, and the explanations for the differential rates of identity achievement for men and women will be considered.

#### Definition

The vagueness of the terms of identity and self esteem have plagued many psychologists for years. Indeed, some believe that the terms have little scientific usefulness (Schaie and Geiwitz, 1982). Nevertheless, the terms of identity and self esteem are widely used in the psychological literature and in society as a whole. Most often, identity is considered an individual's main

organizing principle in dealing with the world. It is the source of action, motivation, and direction. How the self identity is valued determines the level of self esteem (Bardwick, 1971). It is generally accepted that the level of self esteem corresponds to the level of identity achievement. Frequently, these terms are used and not precisely defined.

Generally, identity is defined as a sense of who one is as a unique individual (Schaie and Geiwitz, 1982) or a commitment to a major role with which to identify one's self (Tournier, 1957). Marcia (1966) suggests that achieving identity is the same as developing a stable self concept which involves knowing what one values in life and why.

One of the most integral parts of developing an identity involves the roles an individual chooses to accept. A primary component in achieving an identity is the development of gender identity or sex role. Several major theories of identity focus on gender and gender roles. Indeed, with the women's movement encouraging consciousness about the changing roles of society, sex roles and sex role stereotypes have become a concern of the population at large. The latter part of this chapter will discuss implications of sex roles for identity. The



following section will provide a basis for understanding identity development and sex role acquisition. The major theories of identity development will be presented.

### Theories of Identity and Sex Role Development

#### Identification Theory

Identification theory attempts to explain identity development and sex-role acquisition in terms of an identification with the same sex parent's personality, beliefs, and behavior. The child develops his/her own personality, beliefs, and behaviors in accordance with those of his/her same sex parent.

Freudian Theory The first identification theory was developed by Sigmund Freud. In Freud's theory, fear motivates the child to identify with the same sex parent. Freud introduced two types of fear associated identification. Fear of retaliation, called defensive identification, is central to boys sex role development. Fear of loss of love or anaclitic identification is the force central to the sex role development of girls.

The psychoanalytic perspective suggests that as the child develops, the focus of psychic energy passes from one bodily zone to the next. The first stage of development is called the oral stage. From birth through

approximately the first year of life, the mouth is the center of pleasure. During the second and third years of life the locus of satisfaction shifts to the anal zone. Pleasure is derived from the expulsion and retention of feces. During the phallic stage, the genitals become the focus of pleasure. Curiosity and inspection of the genitals as well as masturbation characterize this period. The main conflict of this stage is the desire to possess the opposite sex parent. The phallic stage is most often recognized as the point at which male and female development diverges. The critical event of the phallic stage for the male is called the Oedipus complex. This is named after the Greek myth of Oedipus who killed his father and married his mother. In the Oedipal complex, the boy is very attached to his mother and he desires her in a sexual sense, yet he fears his father will retaliate against him. To resolve the conflict the boy abandons his direct desire to possess his mother and comes to identify with his father. In the process of identification with the father, the boy accepts the values and attitudes of his father as his own. He acquires his gender identity by taking on the qualities he identifies in his father.

The parallel process for the girl is entitled the Electra complex. The young girl's observation of the male

genital, which she does not have, results in penis envy. Freud postulates that the girl's desire for a penis can never be directly satisfied; and therefore, it is transformed into the desire to be impregnated by her father. The girl becomes very attached to her father and at the same time focuses her anger and resentment of lacking a penis on her mother. However, the girl fears losing the love of her mother. According to psychoanalytic theory, the girl then gives up her wish for a penis and identifies with her mother. In this manner, the girl comes to develop the qualities and attitudes of her mother. Freud reports that the girl's desire to be impregnated by her father is a strong one which persists in the form of maternal urges. He suggests that feminine development is never as complete as masculine development.

Following the resolution of the phallic stage, the child enters the latency stage. This is a period of relative stability. The sexual and aggressive impulses of the child are subdued. At puberty these impulses are revived and the adolescent enters the genital stage. During this stage, which is hypothesized to continue through adulthood, pleasure is derived from heterosexual activities.

These final two stages are somewhat less important to Freud in the study of identity development than the earlier periods. Freud indicated that the basic personality structure is formulated by the end of the phallic stage.

In general, Freud thought that the girl had a more difficult transition to adulthood than the boy. Penis envy had long term consequences which expressed itself in feminine personality traits. One of these identified by Freud was narcissism, a preoccupation of the self, reflected in a strong need to be loved. Another, labeled vanity, was seen as a compensation for woman's original sexual inferiority. A third characteristic was shame, whose original purpose was the concealment of genital deficiency.

Furthermore, because a woman's identity conflict was never as completely resolved as a man's, according to Freudian theory, women were reported as having a less developed superego. Freud postulated that women are morally inferior to men, suggesting that women have little sense of justice and a weak social interest.

In conclusion, Freud's theory gave superior place to male development and considered female development a deviation. This has been a major criticism of Freudian

theory in recent years. In fact, Freud held to a vague notion of parallel development of the sexes in his earlier writings. He first presented a theory of female psychosexual development in "Three Essays on the Theory of Sexuality" (1905). It was not until much later that he wrote three papers integrating his ideas into a theory of female personality. These are "Some Psychological Consequences of the Anatomical Distinction between the Sexes" (1925), "Female Sexuality" (1931), and "Femininity" (1933). Williams (1983) indicates that as late as 1926, Freud remarked about his uncertainty of female psychosexual development. Evidently, Freud ascribed his own lack of understanding of female development to a problem inherent in femininity.

Many later theorists have critiqued Freud's theory. As a result, there are many revisions and reformulations of the theory aimed at correcting earlier inaccuracies. Several of these theorists who have made critiques and reformulations will be considered in the following section. Each theorist's major critique and reformulation of Freudian theory will be summarized very briefly.

Variations of Freudian Theory Alfred Adler is well known for the terms inferiority complex, compensation, and style of life. Adler (1927) believed that women developed

a sense of inferiority due to the domination of men in relationships between men and women rather than woman's envy of the man's penis. Adler's contribution to the psychology of women was his recognition that what is the reasonable female envy of male political and economic power was mistaken by Freud to be the envy of male anatomy. (Hyde, 1980)

Karen Horney is another prominent psychoanalyst who made some modifications on Freud's theory. Although she originally accepted Freud's ideas, she later pointed out that Freud's psychological theory of women had been phallogentric. Horney's major disagreement with Freud was over his idea that penis envy was the critical factor in female development. Horney argued that the critical factor was the male envy of the female and her reproductive potential --"womb envy". Additionally she suggested that male achievement represents an overcompensation for feelings of anatomical inferiority. In support, Bettelheim in 1962 observed puberty rites of primitive tribes, concluding that womb envy is a real force and that penis envy has been overexagerated.

Later, in 1973, Horney published her major work, Feminine Psychology. This most current work contains her idea that human growth and its limitations are linked to

the interplay between the individual and his/her environment (Collier, 1982). In general, Horney's contribution to identity centers on her effort to address feminine development directly. In her later work which recognized environmental influence, she provided an alternative to the anatomy as destiny idea.

Helene Deutsch, although remaining a "dutiful daughter" (Chesler, 1972) to Freudian theory, expanded the classical Freudian concepts of female personality development. In 1944, Deutsch published a two volume work entitled the Psychology of Women. Her major contribution was the extension of female developmental theory. Her work began in the prepubertal time and focused on the woman's psychological development revolving around the transition from being a girl to being a woman. Central to Deutsch's theory of femininity is a triad of narcissism, passivity, and masochism. Her model had its origin in the female body's hormones, anatomy, and reproductive functions. Furthermore, Deutsch saw the central issue of womanhood as motherhood. This was a goal and a condition that would absorb all of the active forces of the woman's personality.

Clara Thompson (1942) pointed out two important problems in Freud's work. First, Freud saw female

development from a masculine point of view. Secondly, he studied only women from his culture --women from a patriarchal society.

Thompson drew attention to the effects of attitudes about female sexuality on women's self perceptions and self esteem. She took the daring stand that women's sexual needs are important. Additionally, she confronted the woman's conflict about being the way she is and feeling that she must adopt male values and behavior to achieve importance outside the home. She encouraged women to find their own pattern, cautioning against believing that one must behave like a man in order to succeed. Thompson emphasized that woman's depreciation of herself and her sex was a result of the social roles that man wanted her to play.

In summary, some of the most prominent criticisms of Freud's work center on biological determinism and penis envy. Although the psychoanalysts presented did not differ with Freud's observations about women, they did differ with the reasonings for the problem. Adler and Thompson, in particular, have called attention to the effect that social roles and male position in society have on the lives of women.



Eriksonian Identity Development Erik Erikson was a psychoanalyst whose work in identity development is recognized. In 1963, in Childhood and Society, Erikson presented his concept of the "eight stages of man" --the psychological stages of identity development beginning in infancy and culminating in old age. According to Erikson's conception of the development of the individual through the life cycle, the child goes through a series of phases each involving its own conflict to be resolved.

Erikson's model shifted the emphasis from Freud's psychobiologically oriented theory to psychosocial processes. Erikson asserted that crises triggered by biological events are dealt with and resolved in a social context. This emphasis led Erikson to highlight the adaptive side of ego functioning in development.

The fifth and adolescent stage in Erikson's scheme is the pivotal one. The conflict of this stage is Identity vs. role confusion. The goal of this psychosocial stage is evolving a sense of self that is reliable and consistent, both for oneself and others. To achieve a sense of identity, according to Erikson, individuals assess their abilities and needs in an attempt to mesh them with the social roles available in their environment. The person achieving an identity "actively

masters his environment, shows a certain unity of personality, and is able to perceive the world and himself correctly" (Erikson, 1968, p. 92).

Additionally, Erikson studied the spacial play construction of children. Erikson thought that the gender differences in spacial construction were analogous to sexual anatomy. Males tended to emphasize erectile, projectile, and active motifs while females emphasized enclosure, protection, and receptivity. This observation influenced Erikson's statements on biological experience, social roles, and the psychology of women.

Erikson's theory of female development centered on his idea of woman's "inner productive space". He reported this inner space to be the locus of her potential as well as a center for despair should she remain empty. Thus, this inner space or womb determines physiological and psychological functioning (1968). With regard to female identity, Erikson (1965) remarked:

something in the young woman's identity must keep itself open for the peculiarities of the man to be joined and of the children to be brought up, I think that much of a young woman's identity is already defined in her kind of attractiveness and the selectivity of her search for the man by whom she wishes to be sought. (cited in Chesler, 1972, p. 72)

Erikson's most important contribution is his developmental stage theory that expansively covers from birth to death. A major drawback, however, is that he identifies a theory of human development with a model of male development. Female development is then compared and found variant. Williams (1983) suggests that the theory provides a background against which women appear as an anomaly. If women are an exception, it is not a theory of human development.

A second problem is Erikson's proclivity for identifying woman with mother. As Deutsch's conception of woman progresses from girl to mother, Erikson sees woman's identity as achieving its closure within the context of marriage and motherhood. Williams (1983) argues that "the problem is the emphasis in the theory on women's reproductive role (which the inner space is all about) as the main determinant of identity" (p. 59). This is particularly questionable since the theory was inferred from a study of spacial play construction.

Positive Identification Theories Although many agree with the identification basis of identity development and sex role acquisition, some have disagreed with its foundation in fear and sexuality. They argue that rather than viewing identification as a negative fear

inducing situation, it should be regarded as a positive supportive phenomenon.

Sears, Rau, and Alpert (1965; cited in Brooks-Gunn and Matthews, 1979) developed an identification theory based on love and learning. According to Sears et al. the child comes to value his/her mother as a result of the constant nurturing environment provided by the mother. Having been associated with the primary rewards of love and food, the mother is increasingly associated with pleasure and gratification. She becomes highly valued as a secondary reinforcer. Because she is human, however, she can not constantly sustain her child's every wish. Therefore, the child must comfort itself in her absence. The child does this through the process of identification. By the same process of imitation and internalization, the child can come to identify with its father as well.

Sears, Rau, and Alpert indicate that with maturing cognitive skill, the child differentiates gender. The child, recognizes a similarity between itself and the same sex parent whereby the child chooses the same sex parent as the main source of identification. Thus the child identifies with the parent out of love rather than from fear of retaliation or loss of love.

Brooks-Gunn and Matthews (1979) report that some theorists suggest other factors in addition to positive underpinnings of identification. They describe the addition by Jerome Kagan (1964) that envy can serve as a motivation for the child to identify with the parent. After having recognized similarity between itself and the same sex parent, the child may come to desire all the resources, power, and freedom that the parent has. This envy is not thought of as all consuming as the Freudian concepts of penis envy or castration anxiety.

In their summary, Brooks-Gunn and Matthews submit that there has not been much influential research to substantiate these ideas. They do report a study by Maccoby and Jacklin (1974) that indicated that the degree of warmth and power exhibited by the same sex parent does seem to be related to sex-typing in girls and boys. Even though these theories have been classified as identification, they include segments based on social learning theory and cognitive developmental theory. These two models will be discussed briefly in the following sections.

### Social Learning Theory

Social learning theory is a major theoretical system in psychology which is used to describe the process

of human development. Specifically, it has been used to explain the development of gender differences. Albert Bandura (1969) and Walter Mischel (1970) use learning principles to explain the acquisition of sex role.

These theorists denied that identity needed to be based on an intense identification with the same sex parent. They postulated that external forces such as reinforcement, observation, and imitation were responsible for the way a child acts. In general, they view sex-role identity as more flexible, less inevitable, and more situationally dependent than identification theorists (Brooks-Gunn and Mathews, 1979).

According to social learning theory, the most important learning principles that influence sex role identity development are: 1. reinforcement, 2. observation, and 3. imitation. Bandura (1969) and Mischel (1970) indicate that the behaviors that will be observed and imitated depend on the child's reinforcement history and his/her expectation about the consequences of the particular behavior.

The process of identity development begins with the infant depending biologically and psychologically on the mother. According to the social learning approach, because the mother is the source of care and attention,

the child begins to associate the mother with pleasure and comfort. Thereby, the mother becomes an effective reinforcer of the child's behavior. Throughout the course of development, the mother's expectations and demands on the child increase and the child learns to perform the required behaviors to bring about the approval of the mother.

As development continues, stimulus generalization occurs and the father and other important adults become reinforcers for the child. In the process of teaching gender roles, the important adults react differentially to gender typed behaviors in the child (Block, 1973, 1978; Sherman, 1978). For example, achievement and assertion are encouraged in boys, while girls are taught to suppress these characteristics. Girls are taught to value relatedness and boys are reinforced for independence. Thus, males and females are treated differently with the rewards and punishments being transferred in accordance with the cultural prescriptions regarding appropriate behavior for males and females. Social learning theory asserts that these reinforcements will be effective in shaping the child's behavior.

In addition to learning through reinforcement, the child learns through observing the actions of others.

Increasingly, the behavior of others is imitated by the child. It is reported that this imitation may be partially due to the child's desire to achieve the power he/she attributes to the adult (Hyde, 1980). By imitating behavior, the child comes to make it his/her own.

With respect to gender role learning, it is assumed that the child comes to imitate the behavior of the same sex parent and same sex adults, more readily than that of the opposite sex parent. This explains the more subtle and complex aspects of gender identity that have not been directly reinforced. Furthermore, imitation and direct reinforcement may interact in the learning of behavior. For example, a boy may imitate an action he has seen his father perform and then be rewarded for it.

In more advanced learning, children learn by anticipating the consequences of their actions. In this manner, an action need not be performed for the child to understand the reinforcements and punishments that may result and accordingly alter his/her behavior. In summary, in social learning theory, gender identity is learned by direct reinforcement and punishment and by anticipation of outcomes through the observation and imitation of same gender models.



Much research supports social learning theory. Hyde (1980) reports that numerous studies have demonstrated the effectiveness of imitation and reinforcement in shaping children's behavior. Bandura's (1967) frequently cited aggression study showed that children imitate and that they do so differentially depending on the perceived consequences of behavior. Secondly, Bandura's work indicated that gender typed behavior, in particular aggression, can be influenced by reinforcement. Although these effects have been demonstrated, this does not necessitate that they are the mechanisms underlying the natural acquisition of gender identity (Baldwin, 1967).

Additionally, although studies have indicated that children are treated differently according to their gender, evidence does not support the idea that children imitate same gender adults more than opposite gender adults (Maccoby and Jacklin, 1974). Hyde (1980) does raise the point, that there may be a distinction between learning and performance with regard to the gender of models. Hyde suggests that perhaps children learn equally from models of both genders, but they differentially perform the behavior, depending on the perceived consequences and the gender appropriateness of the

behavior. Bandura's (1967) study lends support for this interpretation.

In general, social learning theory advances a reasonably well supported theory of gender identity development. The distinction, however, of Hyde (1980) between learning and performance suggests that more complex processes may be involved. In addition, to learning principles, a cognitive element is hypothesized as having importance in the development of identity and gender role behavior. The cognitive developmental model is one explanation.

### Cognitive Developmental Theory

The cognitive developmental model states that identity and sex role acquisition is learned neither by simple reinforcement of discrete acts nor by the imitation of the actions of same sex adults. Rather, the child is said to develop rules or generalizations from what he/she has observed and then applies these over broad types of behavior (Kohlberg, 1966).

The groundwork of this approach was laid in the first half of this century by Jean Piaget. Through the study of children's ideas about the world, Piaget realized that children had a different cognitive organization than adults. He observed that these cognitive organizations

change systematically over time. Piaget constructed a stage theory of cognitive development to describe the progression of these changes. In the second half of the century, Lawrence Kohlberg (1966, 1969) extended Piaget's cognitive principles to the realm of gender role identity. Kohlberg indicated that children's perceptions of sex role is related to their current intellectual stage.

Kohlberg postulated the following steps in sex role acquisition. First, children recognize that the people of the world can be classified into two mutually exclusive groups: male and female. Around the ages of four to six, children achieve the concept of gender constancy. That is, the knowledge that gender is a permanent part of the self. This is the crucial basis for the acquisition of gender role. Once they acquire the notion that "I am a girl (or a boy)", they use gender to categorize the world. They frequently fabricate a system of rigid gender distinctions and they classify objects, ideas, and behaviors along sex typed lines as well.

Secondly, a value is attached to people, attitudes, and behaviors the child identifies as having the same gender as him/herself. According to Brooks-Gunn and Matthews (1979, p. 76) "children begin to seek out actively same-sex people to emulate, same-sex objects with

which to surround themselves, and same-sex activities in which to participate." Kohlberg advocates that the imitation of same gender individuals is due to the perception of similarity between the child and the same sex adult. The adult is valued as a result of this perception of similarity rather, than due to a previous reinforcement history. Kohlberg (1966) indicates that in social learning theory the child desires to conform to his/her sex role as a result of having been reinforced for it and in cognitive developmental theory, the child recognizes him/herself as a specific gender and wants to perform gender appropriate activities in advance of being reinforced for it.

Third and finally, the children, valuing same gender people and activities, identify with their same sex parent. Identification is derived from the child's developing gender identity. Motivated to have a positive sense of self, the child comes to see his/her gender as good. The child then associates this valuation with the cultural stereotypes so that the gender looks favorable to the child. Then, the child identifies with and models the parent who is a readily available example of the role that the child wishes to acquire (Frieze et al., 1978; Hyde, 1980). This approach stresses that identification is a

positive internal process motivated by the child's active search for understanding and striving toward mastery in the world rather, than by fear of retaliation or loss of love as suggested in Freudian theory.

In general, cognitive developmental theory views gender role learning and identity development as one aspect of cognitive development. The child learns a set of rules regarding what males do and what females do and applies these rules to him/herself. Therefore, gender role learning is not seen as externally imposed but rather as primarily self motivated.

Research has shown substantial support for Kohlberg's concept of identity constancy and his theory of development (Marcus and Overton, 1978). There is also evidence to support that children who have acquired gender constancy prefer to observe same gender models whereas children who do not possess this concept do not have such a preference (Saby, 1974, cited in Maccoby and Jacklin, 1974). However, Maccoby and Jacklin (1974) report that children too young to possess gender constancy exhibit gender typed toy preferences. This appears inconsistent with Kohlberg's theory, that suggests that gender typed interests should not develop until after the child achieves gender constancy (Hyde, 1980).

Another criticism of Kohlberg's work is that his model of development of gender identity was based on the male case only. According to Kohlberg, one of the child's main motives for adopting the gender role is to receive the power and value of the role. Hyde (1980) questions whether the girl, then, is less motivated to achieve the feminine role since society ascribes less power to it. Additionally, Kohlberg asserts that the child values him/herself and the child puts value on his/her sex appropriate role. Nonetheless, cultural valuations of gender are not equal. The masculine role is valued more highly than the feminine role. Kohlberg does not discuss the implications of a girl in conflict because of her need to value the female role while the culture maintains that it is not a valued role. Furthermore, Hyde (1980) expresses the desire to have a more complete explication of the process of female gender role development.

In these past sections, the traditional explanations of identity development and sex role acquisition have been considered. Although, the identification, social learning theory, and cognitive developmental theory models have made specific contributions to the understanding of sex role and identity development, they seem to lack a comprehensive

integrated explanation. Moreover, they frequently neglect the issue of feminine development by assuming it to be merely a deviation of their original masculine based models. In the past decade, theorists have made several attempts to address these weaknesses in earlier theories. New models are continuing to be developed. These models have been helpful in explaining the difference between male and female development. To date, many of these new descriptive models have not been empirically researched. Future research will indicate which of these new models are deserving of extensive attention. Currently, two models receiving the most attention are androgyny and sex role transcendence theory. Overviews of these two most current models will be presented.

### Current Theories of Identity and Sex Role Development

Androgyny Androgyny means having both traditionally defined masculine and feminine psychological characteristics. It is derived from the Greek roots andro, meaning man and gyn, meaning woman. Bem (1974) and Spence (1974) have introduced the concept of androgyny as a replacement for sex linked evaluations of personality. Androgyny espouses that all individuals integrate in varying degrees personality characteristics that have been ascribed as masculine and feminine. A second tenet is

that socially desirable traits are androgynous in that they characterize the healthy human regardless of sexual identity, instead of characterizing one sex or the other.

Helen Collier (1982), in her book, Counseling Women, cites two virtues of androgyny. She indicates that androgyny recognizes that biology is one of the factors creating and influencing the individual and it recognizes that biology is not the sole factor. In this way, it allows the flexibility that both women and men need. Secondly, it is a model for the development for all humans. Neither sex is identified as inferior to the other, therefore, the theory does not propagate a double standard of mental health.

Bem (1975, 1976, 1977) and others have conducted several studies to compare androgynous individuals with gender stereotyped people. Her prediction was that androgynous people should do better in a wide variety of situations, because they are capable of being masculine (instrumental) or feminine (expressive) when the situation calls for it. In other words, androgynous individuals were hypothesized to be more adaptable than gender stereotyped individuals. Studies confirmed the predicted hypotheses. Androgynous individuals were able to act more independently, (Bem, 1975) and more nurturing (Bem, 1976)



than the oppositely stereotyped people when the situation required it. Additionally, androgynous people tend to score high on measures of self esteem (Bem, 1977). The order of groups, from highest to lowest in self esteem, has been found consistently to be: androgynous, masculine, feminine, and undifferentiated (Spence and Helmreich, 1978). This evidence suggests that androgynous individuals have a stronger more well rounded personality. Androgynous individuals include stereotypically masculine and feminine characteristics in their sense of self. Hence, they have a more varied role repertoire. They are more likely to be confident and comfortable adapting to situations which require a variety of qualities than are sex typed individuals.

More recently, Bem (1979) has described the difference between androgynous and sex typed individuals in two important ways. First, the two groups differ in the content of their beliefs about what the two sexes are like. Androgynous people see females and males as more similar than do sex typed people. Second, the two groups differ in their cognitive schemata for processing gender related information and thus, in the perceptual salience and cognitive availability of gender and related concepts as dimensions for processing incoming information.

Studies by Deaux and Major (1977) and Lippa (1977) have provided support for the hypothesis that sex typed individuals differentiate along a gender related dimension significantly more than androgynous individuals do.

The major criticism leveled against the androgyny concept is the concern about the dualism of masculine and feminine inherent in the definition of androgyny (Kaplan, 1979). Bem (1979) acknowledges that as the etymology of the term implies, the concept of androgyny presupposes that the concepts of femininity and masculinity have distinct and substantive content. However, Bem suggests that as the message of androgyny is absorbed by society, the distinctions of masculinity and femininity will blur. She proffers that "when androgyny becomes a reality, the concept of androgyny will have been transcended" (1979, p. 1054).

Sex Role Transcendence The theoretical construct of sex role transcendence emerged in 1975 as another alternative to the polarities of sex roles. Hefner, Nordin, Meda, and Oleshansky (1975) presented a model of three developmental stages. In early childhood sex roles are undifferentiated. At this point, the child has no clear conception about what behaviors are encouraged or restricted on the basis of gender. During the second

stage, sex polarization occurs and the child follows cultural prescriptions for behavior and feelings appropriate to its sex. In the third stage, the child learns to adapt feelings and behavior to meet his/her needs as an individual rather than react based on gender related criteria. This is termed sex role transcendence. It encourages men and women to define themselves as individuals, using gender as only one measure among many.

Pleck (1975) applied cognitive developmental theory to children's understandings of sex roles. His stages parallel moral developmental theory and are similar to the stages indicated above by Hefner et al. (1975). In the first stage of gender role development the child is dominated by his/her own impulses and the desire to avoid punishment. At this stage gender role concepts are disorganized. The second stage is characterized by conventional role conformity. Children in this stage conform to gender roles mostly to gain approval from others. The third phase again is gender role transcendence, where the limitations of society are superceded by individual needs.

In this concept of sex role transcendence as well as with androgyny, the goal is self actualization rather than social conformity. The individual is regarded as

having rights and responsibilities beyond those promoted by cultural sex role prescriptions (Collier, 1982). Thus, the androgynous individual and the sex role transcender are synonymous. Each responds to life experience with an integrated identity including qualities both stereotypically masculine and feminine. Each addresses situations with the most appropriate attributes rather than relying on sex typed role prescriptions.

#### Differential Identity Status of Men and Women

Women, in general, are reported to have a lower identity status or self esteem than men (Bem, 1974; Marcia, 1977; Hefner et al., 1978; Collier, 1982 and others). Consequently, identity problems are frequently cited, along with depression, as one of the major psychological issues facing women today.

Several explanations exist for the differential rates of identity status for men and women. One set of hypotheses suggests that women have as high self esteem as men but that they are compared to male models of development which are not the most appropriate for them. The theorists that subscribe to this viewpoint also point out that most frequently when women have come for treatment as patients, they have been diagnosed and

treated by male professionals. A further problem suggested in this hypothesis is centered on the double standard of mental health in our culture (Broverman et al., 1972; Chesler, 1972; Collier, 1982).

The other group of hypotheses about the preponderance of women with identity problems submits that women do suffer from lower self esteem than men. They suggest various factors contributing to low self esteem. They include conflict over self and work, conflict over the devalued but appropriate feminine characteristics, and attributions of success and failure.

Each theory has something to offer to the understanding of identity in women. Taken as a whole, the explanations point overwhelmingly to the female social role and sex role stereotypes as major pitfalls in a woman's struggle for identity.

Masculine Referent of Mental Health To reiterate a point presented in the last chapter on depression, a double standard of health exists for men and women. This double standard has been found in the general population and among clinicians. Broverman et al. (1970) report that clinicians have a negative assessment of women. The description of a healthy adult paralleled the description of a healthy male. Healthy women were supposed to be

submissive, dependent, subjective, emotional, and easily hurt. Healthy women are considered less healthy by adult standards, regardless of gender. Further, studies show that women who demonstrate the stereotypically masculine qualities of competence and assertiveness are deemed as more in need of treatment (Chesler, 1972; Radloff, 1980; Collier, 1982). It appears that women are in a negative double bind. Women are likely to be viewed as 'sick' whether they submit to feminine sex roles or whether they include stereotypically masculine qualities in their repertoires.

The majority of physicians and clinical professionals, who are men, have tended to promote the double standard of mental health. Surprisingly enough, women professionals too have tended to reinforce these stereotypes. However, the problem has been particularly serious with male professionals (Fabricant, 1974; Brown and Hellinger, 1975; Aslin, 1977). In 1975, the American Psychological Association Task Force on Sex Bias and Sex Role Stereotyping in Psychotherapeutic Practice submitted four areas of widespread concern: 1. fostering of traditional sex roles by professionals; 2. bias in expectations and devaluations of women; 3. sexist use of psychoanalytic concepts; 4. treating women as sex objects

including the seduction of clients. Perhaps, these traditional sex role stereotypes are loosening with time. However, current research gives more support to the persistence of such stereotypic views. Currently, nonsexist and feminist therapy is being advanced in hope of producing a marked change in the enforcement of gender stereotypes.

A crucial fact is that in addition to evaluating typically masculine attributes as beneficial to a good sense of self, males have been the sole subjects of the classically cited works on identity development. Studies on identity and lists of developmental tasks developed by Erikson, Kohlberg, Levinson, Gould, and Vaillant researched only males and thus, in essence propose a male model. Moreover, these psychologists and others mentioned previously, have called their models, models of human development. Feminine development has not been addressed directly. Unfortunately, it has been women that have been deemed insignificant and deviant rather than the proposed models (Chesler, 1972; Gilligan, 1982).

In addition, the researchers of these studies were men. Perhaps, these researchers unconsciously sought to reaffirm their own experience in their models of development. Collier (1982) advocates that as long as the

theorists are male, females will be seen as "deviations from the norm and aberrations from the ideal" (p. 31). These life cycle descriptions authored by men and based primarily on studies of men have made women appear deficient in their development.

Although the referent of mental health in our society is a masculine one, most psychoanalytic and many other theoreticians have written primarily about women with regard to mental illness. Perhaps this is due in part to the majority of female clients.

Traditionally, the role of the patient has corresponded to the female sex role. Patient behavior involves weakness, dependency, irrationality, childishness, submission to authority, and acceptance of care and attention (Chesler, 1972; Williams, 1983). Williams (1983) reports that not only is "femininity" reinforced by the role of the patient, but the care giver is likely to share negative common social assumptions about a female patient's personality and behavior (Cooperstock, 1971).

Recognizing the limitations of measuring female development against a male standard, Jean Baker Miller (1976) calls for a new developmental psychology of women. She believes that "women stay with, build on, and develop



in a context of attachment and affiliation with others" (1976, p. 83). Women's sense of identity is organized around making and maintaining affiliative relationships. Baker Miller submits that for many women, the threat of disruption of intimacy is perceived not just as a loss of a relationship but closer to a total loss of self. It is not that a woman is inferior in identity development, it is just that she is qualitatively different and needs to be recognized as such.

A Unique Feminine Orientation Like Baker Miller, many feminists have considered the topic of masculine versus feminine identity. Virginia Woolf, in A Room of One's Own, offers an explanation for this phenomenon. She suggests that masculine values prevail and as a result, women come to question the normality of their feelings and to alter their judgements in deference to the opinions of others. Woolf explicitly sees this in the nineteenth century novels written by women. She views in the work, "a mind which was slightly pulled from the straight and made to alter its clear vision in deference to external authority" (1929, p. 76). The same difficulty to trust and express oneself is experienced by the twentieth century woman. It is expressed repeatedly through the form of self-doubt and qualification.

Uniquely, the deference and confusion of women that Woolf criticizes stems from the value that she sees as women's strength. Women's deference is based not only in their social subordination, but also in the foundation of their moral concern. A concern with relationships, the needs of others, and the feeling of responsibility for caring lead women to listen to the points of others and to consider in their judgement, points of view other than their own.

Psychologist Carol Gilligan (1982) concludes, "Women's moral weakness, seen in an apparent diffusion and confusion of judgement, is thus inseparable from women's moral strength, which is an overriding concern with relationships and responsibilities" (p. 17). Women not only define their identities in a context of human relationships, but judge themselves in terms of their ability to care. Women are socialized to seek affirmation and self worth from others, while men gain identity through their accomplishments. The homemaker is often expected to define herself in relation to her husband and children. And, frequently, she is expected to do this in name (Mrs. John Smith) as well as in activity. Women's identity in relation to man has always been that of the caretaker, nurturer, and helpmate. In fact, Lowenthal,

Thurnher, and Chiriboga (1976) found that a sense of home and the sense of self were more closely intertwined in women than in men.

A study of identity and moral development in early adulthood, cited by Gilligan (1982), has shown that women measure their strength in terms of attachment (i.e. "giving to, helping out, being kind, and not hurting"). Even the successful women interviewed did not mention their academic and professional distinctions when describing themselves as women. "If anything," says Gilligan, "they regard their professional lives as jeopardizing their sense of themselves, and the conflict that they encounter between achievement and care leaves them either divided in judgement or feeling betrayed" (1982, p. 159). In contrast, is the idea of identity for men which is more clear and sharply defined. Rather than using verbs of attachment, men use adjectives of separation (i.e. "intelligent, logical, imaginative, honest, and sometimes even arrogant or cocky").

Males and females show differences of priorities in living and when faced with death. Robert Kastenbaum (1977) interviewed 427 undergraduates on their concerns about death. The men were most concerned that "the process of dying might be painful," and that "all my plans

and projects would come to an end." These focus directly on the men themselves. The women expressed more concern that "my death would cause grief to my relatives and friends," and that "I could no longer care for my dependents." Again women emphasize affiliation.

These works have successfully made the point that female development is qualitatively different than male development. Their direction suggests that women develop and achieve identity in a context of affiliation, whereas men establish their identities in a context of separation and independence. Currently, work is being conducted to more fully understand the process of identity development for women. Thus far, research has not evoked a major explanatory theory. To date, the most unbiased developmental models seem to be the theories of androgyny and sex role transcendence which were discussed in a previous section.

Sex Role Socialization The remaining set of explanations is based on the implication that women do have more identity problems than men, in general. The ideas that will be brought forth seem to suggest that women's basic identity conflicts occur as a result of cultural roles and stereotypes.

The sex role socialization of women puts them in a worse psychological situation than does that of men (Collier, 1982). Studies of sex role socialization have indicated that females are socialized for dependence and males for achievement and autonomy (Maccoby and Masters, 1970; Mischel, 1970). Hoffman (1972) concludes that girls are more protected than boys. They are encouraged to explore their environment less and become more dependent on others for solutions to their problems. Block (1973) points out that boys are encouraged to act and compete, while girls, on the other hand, are encouraged to talk and be reflective.

Finally, it appears that failure may be encouraged for girls and not for boys. In a study of high school students, Feather and Simon (1975) found that both successful males and unsuccessful females were rated more acceptable as people than either unsuccessful males or successful females. While achievement and competence are rewarded for males, females received mixed results. Some studies showed that competent females were simply ignored. For example, a small group problem solving study reported by Radloff (1980) found that females were less listened to, more frequently interrupted, and were less influential to the group. Other studies found that competent females

sometimes got rewards, and were often punished, particularly with social rejection.

These studies concur with evidence reported by Maccoby and Jacklin (1974) that one consistent sex difference is found in childrearing practices: the actions of boys more frequently have consequences than do the actions of girls. Girls learn that they do not have control over their environment. In essence, girls are socialized to feel and act helpless.

Consequently, it appears that boys and girls both value the male role more than the female role (Rosenkrantz et al., 1968; Mckee and Sheriffs, 1957). Likewise, both sexes share a low estimate of the female sex (Kitay, 1940). Several similar studies display that boys prefer the male role more than girls prefer the female role (Hartup and Zook, 1960; Ward, 1968; Mussen, 1969). And, additionally, Williams (1983) suggests that females wishing to be male are not uncommon. She cites varying percentages ranging from 21 to 67 percent. On the contrary, however, only 9 percent of males wish to be female.

In the accepted social roles for males and females and the ensuing socialization of children, it seems that our society has sown the seed of identity conflict into

the lives of women who yearn to be more than the stereotypic female.

Self and Work Part of the disparity of identity achievement for men and women is due to the focus of concern. Psychologists describing adulthood have focused on the development of self and work. The qualities considered necessary for adulthood are associated with masculinity as previously indicated by Broverman et al. (1970). Included are autonomous thinking, sharp decision making, and responsible action. These are considered undesirable as feminine attributes. The sexual stereotypes suggest a splitting of love and work. Gilligan (1982) parallels this to a splitting between affiliation and separation. Expressive capacities are assigned to women and instrumental abilities to men. Overall, masculine abilities and qualities are accepted as the most beneficial for successful living. This may put females into a 'double bind' situation (Gilligan, 1982; Collier, 1982). The stereotypic male identity role is desirable, however inappropriate for women. The female role is appropriate and also undesirable.

Helen Collier (1982) cites identity as one of the major precipitating problems for therapy. Collier asserts that the strain of integrating work behavior and home

activities may cause major crises in identity and relationships. "Many women are quite ambivalent about achievement and affiliation, feeling they have to choose one or the other. Many well-educated women work at jobs beneath their potential in order to avoid conflict" (p. 55).

She says that the mental health of women is threatened according to the increasing frequency with which they are called upon to act as independent adults in conflict with their sex role conditioning. Collier (1982) indicates that frequently women will find situations stressful that men do not, simply because the situation involves "masculine" qualities which are viewed as contradictory to their feminine identities.

A striking paradox is that women start early in life with good abilities (particularly verbal and fine motor) and end up in adulthood with lower status and less achievement than men (Hyde, 1980). Most of the classic literature on gender differences asserts that females have a lower level of achievement motivation than males (Tyler, 1965; Hoffman, 1972; Hyde, 1980). Achievement motivation is defined as the desire to accomplish something of value or importance through one's own efforts, to meet standards of excellence. It is suggested that the lower achievement



motivation of females may represent an "internalized barrier to achievement" (Hyde, 1980). Bardwick (1971) suggests that gender differences in achievement may depend on age and stage of development. She suggests that women generally have a high level of achievement motivation, but at various periods of a woman's life, she may find achievement anxiety provoking enough to stifle her achievement motivation.

This is related to studies conducted by Field (1951), Veroff, Wilcox, and Atkinson (1953), and Horner (1968) on fear of success. Fear of success is an internal representation of society's stereotype that competence, independence, competition, and intellectual achievement are inconsistent with femininity. Women high in fear of success believe that success will lead to negative consequences for them which include social rejection or feelings of being unfeminine.

Attributions of Success and Failure Another important facet of sex roles was indicated by Deaux and Emswiller (1974) in a study of causal attributions about others' performance. Both men and women rated men as more successful than women on "masculine" as well as "feminine" tasks. Good performance by a man was attributed to skill, while good performance by a woman was attributed to luck.

Also, performance on masculine tasks was more highly valued than on feminine tasks.

Mednick and Weissman in Female Psychology, indicate that stable factors such as ability are found to be attributed to expected outcomes, and since men are expected to be successful, such attributions are probable. On the contrary, variables such as effort and luck are used more often to explain unexpected outcomes. One such unexpected outcome is the success of a woman. In summary, when a man succeeds, it is understood as due to an internal and stable cause of skill. On the other hand, when a woman succeeds, her success is most often attributed to her luck or her effort, unstable causes, rather than her skill.

Moreover, Frieze, Fisher, McHugh, and Valle (1975) reported that males were seen as more personally responsible for their success and females as personally responsible for their failure. Women tend to blame themselves for failure and credit luck for success. This pattern is correlated with low self esteem, depression, and lowered expectations about their ability to perform well. Not only were women less likely than men to expect to succeed in the future, they were less likely to even attempt to succeed. Self attributions and attributions

about others seem to both reflect expectations based on sex role assumptions.

In summary, there are many explanations of the differential identity development rates for men and women. The basis of these explanations seems to be the social roles and sex role stereotypes differentially applied to men and women in our culture. Explanations considered include the masculine referent of mental health, the unique development of women, the valuation of masculine vs. feminine roles, the disparity between self and work for women, and women's attributions for success and failure.

The motif of conflict and ambivalence in the development of identity in the young woman has attracted considerable theoretical interest (Bardwick, 1971; Mednick et al., 1975; Gilligan, 1982; Collier, 1982; Hyde, 1983 and others). In this chapter as a whole, identity as a prevalent issue for women was addressed. Identity was defined as one's maturational movement to associate the self with a constant set of roles in a major personage. Major classical theories of identity development and sex role acquisition were presented. These include identification theories, social learning theory, and cognitive developmental theory. Current theories of

androgyny and sex role transcendence were presented as alternative models of human development. Finally, the last section explored the explanation for the differential rates of identity achievement for men and women.

In the next chapter, the two major concerns of women today: depression and identity will be addressed together. It will be argued that the sex roles and stereotypes of our culture exacerbate the problems of depression and identity in women.

## CHAPTER IV

### DEPRESSION AND IDENTITY

Current research has addressed depression and identity, two major psychological concerns of women today, as separate and distinct issues. Sex role stereotypes play a major role in depression and identity problems in women. Furthermore, depression and identity problems are likely consequences of a woman's difficult struggle to define her identity amid conflicting social roles and sex role stereotypes. This chapter will discuss the relationship between depression and identity.

The culture prompts young women to become sensitive to the responses of others and value themselves accordingly (Williams, 1983). Women are taught to behave in ways that maximize the rewards of love, admiration, and approval.

But to the extent that her self esteem and sense of self become dependent upon such rewards, she is dependent upon the presence of significant others for their delivery, and she fails to develop internal criteria for an evaluation and definition of herself (Williams, 1983, p. 184).

## Socialization

Women are socialized to seek affirmation from others. Further, women are encouraged, not to establish an identity for themselves, but to define themselves in terms of relationships. Women's accomplishments, according to traditional thought, should be those achieved by their fathers or husbands (Gilligan, 1982; Collier, 1982).

Marriage seems to adversely affect the lives of women, since, they are the most likely to fulfill the traditional homemaker role. The married woman's role offers homelife as the one source of gratification (Klerman and Weissman, 1980). Additionally, even women who work outside the home maintain the burden of household chores. Radloff (1975) indicates that the traditional married role of women is associated with low self esteem and depression.

Additionally, women, more than men are subject to externally determined and narrowly defined role spheres. In our culture, males most typically define the standards for acceptable behavior and mental health. Since these standards are externally determined, women lack a measure of control that men possess. In addition, limited role spheres make it more likely that women will violate

acceptable norms. Women more than men are likely to be viewed as 'sick' or deviant (Chesler, 1972). Also it appears that women are handicapped from the start, since femininity is devalued (Broverman et al., 1970).

Self image and depression in women may be linked to the negative societal attitudes about women and menstruation (Al-Issa, 1980). Feminists suggest that a positive attitude of menstruation may increase self esteem and reduce psychological symptoms of depression in women.

#### Attributional Style

Attributional style is important in understanding both depression and identity as well. Attributing lack of control to internal factors leads to lowered self esteem and depression. This internal attribution is a common pattern among women. Seligman et al. (1979) assert that depressed individuals report internal, stable, and global attributions for good outcomes and external unstable attributions for bad outcomes. This is concurrent with evidence presented earlier by Deaux and Elmswiller (1974). When a woman succeeds, it is attributed to luck; when a man succeeds, it is ascribed as skill. Furthermore, women are seen as more personally responsible for their failures. Taken as a whole, this evidence suggests that

women are at risk for depression and identity problems due to their cognitive attributional style. It appears that attributional style may also be an artifact of socialization.

### Helplessness and Loss

Furthermore, this socialization fosters feelings of lack of control and a sense of helplessness in women's lives. This is the potential groundwork for later depression and identity problems. Beck and Greenberg (1975) posit that while problems which typically trigger depression may be sex typed, all triggering events seem to be related to a sense of powerlessness over one's life. They add that the helplessness women feel may indicate their objective lack of power and control over their lives. Supporting evidence by Radloff (1975) suggests that powerful women score low in depression. Powerful women include women with advanced education, high status jobs, high income, and single women. This suggests that the explanation for the higher rate of depression and the lower identity status for women may be that women are more likely than men to learn and experience helplessness as part of their social role. Low status and helplessness



have been frequently associated with mental illness (Hollingshead and Redlich, 1981).

Loss has been identified with depressive reactions and threats to self esteem. Chesler (1972) maintains that identity problems and depression in women are associated with loss. Specifically, women have not been encouraged to concern themselves with life's meaning. To reiterate, women are taught to live through the accomplishments of men.

Neo-Freudians have linked identity and depression. They suggest that the loss of self esteem is the central psychological problem in depression. Similarly, Beck (1983) indicates that one type of depressive is dependent on others to maintain self esteem. The problems women have in developing identities and maintaining self esteem are critical in understanding depression.

### Role Conflicts

Young women live in a society which values competence, mastery of skills, and achievement in education and vocation. Young women may respond to early encouragement to achieve in certain areas, whereby developing an internalized standard for excellence (Williams, 1983). As these young women grow older, a

conflict may ensue. Social pressure increases for women to conform to the traditional feminine image. This includes goals of finding a mate and making a home. Moreover, this feminine image does not include the display of intelligence or competence, nor is it compatible with a high level of academic or vocational achievement.

Williams (1983, p. 185) indicates that if a young woman:

persists in manifesting these characteristics in the pursuit of such goals, she may perceive herself and be perceived by others as unfeminine, and she may be unable to reconcile her achievement orientation with her interpersonal needs.

This conflict over traditional roles and new opportunities manifests itself in the areas of depression and identity in women. As suggested previously, the social change hypothesis states that problems may not occur when things are at the worst. Rather, depression and identity problems are common when rising expectations make the difference between the reality and the ideal greater. Existential theories have traditionally hypothesized that depression and low self esteem are the abyss between actual being and self aspirations.

Maggie Scarf in Unfinished Business (1980) suggests that women who try to develop themselves in love and work simultaneously also have to develop two differing kinds of selves. Hyde (1980) advances a hypothesis of split

identity as well. Hyde distinguishes between personal identity and vested identity for women. Personal identity is identity as a unique individual which includes experiences that are intrinsically rewarding. Vested identity, on the other hand, is comprised by behaviors for which the individual receives extrinsic rewards. Vested identity is the realm of behavior prescribed and reinforced by society. Hyde asserts that it is possible to partially fulfill personal identity through an occupation, although the female vested identity is that of the wife-mother. To achieve a strong sense of identity, it is critical that the personal identity and the vested identity be matched. Obviously, matching identities remains a difficult task for women today.

Evidence to support the double standard of achievement for men and women abounds. Radloff (1975) concludes that competent behavior brings fewer rewards and more punishments for females. Lewinsohn's (1974) model of social reinforcement explains the experience of women. Women frequently receive ambivalent reactions from others. This is especially true when women succeed. A low rate of response contingent positive reinforcement elicits depression and lowered self esteem. Likewise, Seligman (1975) indicates that helplessness is caused by learning

that responding is independent of reinforcement. Loss of control over reinforcement causes depression. This loss of control is a frequent experience for women.

Additionally, the same vocational competence does not earn women as much pay or status as it does for men. Collier (1982, p. 45) exclaims that, "we treat successful women with social rejection or scorn, calling them castrating, while secretaries may be given flowers for being nurturing -along with lower pay." Experience as a whole teaches women to feel powerless. Sex role stereotypes and social role conflicts lead women toward depression and identity problems.

Likewise, Hyde (1980) indicates three role options for women today: 1. traditional role, 2. achievement and success, or 3. career and family. However, she reports that none of these alternatives escape the double bind. Traditional role women wonder why they didn't accomplish more in the world of work (Luria, 1974, cited by Hyde, 1980). The achieving woman will be questioned about her lack of husband and child. The woman who tries to combine work and home life will suffer the conflicts between these two areas of her life (Hyde, 1980).

In summary, conflict over social roles creates identity problems for young women. Furthermore,

depression seems to increase when conflict exists between the individual and the traditional female sex role.

Presented evidence suggests that depression and identity problems in women are related issues. Depression and identity problems in women are likely consequences of women's attempts to reconcile their personal interests and needs with cultural sex role prescriptions.

In the present culture, it appears that this is a difficult task indeed. The steadfastness of traditional role stereotypes indicates that women may face a continued struggle in attempting to define their identities in combining traditional roles and new opportunities. A major implication is that depression and identity problems in women will decrease when women are better able to mesh familial and occupational roles in their identities. Additionally, societal acceptance of women choosing either the traditional role or the occupational role will encourage women to have strong identities and be less susceptible to depression.

## CHAPTER V

### SUMMARY AND CONCLUSION

#### Summary

As stated in Chapter I, in the past fifteen years there has been increasing focus on women's issues in the mental health field and in the psychological literature. Depression and identity are frequently identified as prominent concerns of women. Many explanations of these two phenomena have been offered, although no strong conclusions have been reached. The present investigation was an attempt to provide a comprehensive overview of the related areas of depression and identity in women.

In the preceding chapters, depression and identity were presented as two major psychological issues for women. Chapter II focused on depression, including the definition, current theories, and explanations of the differential rates of depression for men and women. Chapter III considered the issue of identity for women. The definition, classical and current theories, and the explanations of the differential rates of identity

achievement for men and women were discussed. The purpose of Chapter IV was to address depression and identity as related issues. Current sex role stereotypes were identified as a major contributor to depression and identity problems in women. The current chapter, Chapter V, will provide a brief summary of the previous chapters. Also, societal implications will be discussed briefly and recommendations for future study in the areas of depression and identity in women will be suggested.

A variety of explanations for the higher rate of depression in women have been offered. Artifact hypotheses posited that the high rate of depression for women is due to women's experience of stress, women's willingness to express symptoms, and women's proclivity for help seeking. A related hypothesis suggested that social sex role stereotypes and clinical judgements are responsible for the finding. Some literature indicated that the higher rate of depression for women was a true finding. Factors responsible for depression in women were cited as biology, demographic variables, loss, intrapsychic conflicts, cognitive and behavioral learning, and social change. Many of the explanations presented involved aspects of cultural sex roles. Currently, the most cogent explanations for the high depression rate

among women point to several of the aforementioned factors. The most convincing explanations of the high rate of depression for women center on the effects of sex role stereotypes.

Likewise, the basis of the explanations of the differential identity development rates for men and women seems to be that social roles and sex role stereotypes are differentially applied to men and women in our culture. Contributing factors were identified as: the masculine referent of mental health, the unique development of women, the valuation of masculine vs. feminine roles, the disparity between self and work, and attributions for success and failure.

### Conclusion

The socialization of women, sex role stereotypes, and conflict over social roles are the major contributors to depression and identity problems in women. Evidence suggests that depression and identity problems in women are frequent results of women's attempts to reconcile their personal identities with their vested or socially prescribed identities.

Alternative Models Current sex roles stereotypes are based on the concept that masculinity and femininity



are mutually exclusive. Theorists (Bem, 1974; Spence, 1974) have introduced the concept of androgyny as a replacement for sex linked evaluations of personality. To reiterate, androgyny asserts that all individuals integrate both stereotypically masculine and feminine personality traits into their identity. This refutes the double standard of mental health, as well, since socially desirable traits are considered androgynous in that they characterize the healthy human regardless of sexual identity. Williams (1983) suggests that perhaps the best androgynous model of personality development is Maslow's concept of self actualization. Self actualization is the human organism's striving for perfection as a whole. Maslow (1942, cited in Williams, 1980) found that women high in self esteem were assertive, tolerant of others, willing to take initiative, decisive, self-reliant, independent, ambitious, and open about sex. In other words, these women seem to have integrated both expressive or traditionally feminine and instrumental or traditionally masculine qualities into their identities.

Another construct aimed at surmounting sex role stereotypes is the concept of sex role transcendence. Sex role transcendence models have been proposed by Hefner, Nordin, Meda, and Oleshansky (1975) and Pleck

(1975). This concept proposes that individuals move from not being in touch with cultural sex roles, to acting in accordance with polarized concepts of sex roles, to moving beyond stereotypes to include a wide range of qualities in their personalities.

Androgyny and sex role transcendence models prescribe a flexible well rounded personality including both stereotypically masculine and feminine characteristics. Each suggests that the individual address life situations with the most appropriate qualities and behaviors rather than relying on sex typed role prescriptions. Furthermore, research supports these suggestions. Individuals including masculine and feminine qualities in their personalities are reported as more adaptable and higher in self esteem (Bem, 1975, 1976, 1977). Conclusions seem to suggest that androgynous individuals and sex role transcendents may be less prone to identity problems and depression. Therefore, it is important that society encourage greater role spheres for women. Women must be allowed greater opportunity and diversity in the expression of their identities. These efforts will lead to less depression and fewer identity problems in women.

The ideal of androgyny is to transcend cultural stereotypes to the point that gender typed qualities and behaviors no longer exist. Instead, qualities and behaviors would be viewed on a continuum of adaptiveness.

Suggestions Nonetheless, it appears that gender roles are relatively stable and that they will probably continue to effect our lives. Many have suggested that society try to improve the female role (Williams, 1983; Collier, 1980; Hyde, 1980). It is imperative that respect and value be attached to both roles. Society as a whole must hold a higher valuing of the female role. Hyde (1980) suggests, first and foremost, that this valuing must come from within as well as from without. Women must value themselves.

According to Anne Wilson Schaef (1981), it appears that women have not valued themselves. Women have hidden or unlearned their own system and have accepted the stereotypes that the White Male System has set up for them. Wilson Schaef suggests that there is a direct correlation between buying into the White Male System and surviving in our culture. Since women have bought into the system in our culture the most, they have survived better than other minority groups. Although, this is true, she suggests that "women do get battered, raped, and

mutilated" (p. 5). Furthermore, Wilson Schaeff reports an inverse relationship between accepting and incorporating the White Male System and personal survival. Women who are successful in our culture most frequently buy into the system. These women are suffering the ill effects of heart attacks, strokes, high blood pressure, ulcers, and other effects of stress and tension. Wilson Schaeff asserts that stress need not be accepted as an integral part of the system. In fact, Wilson Schaeff suggests that women have much to offer society from their own perspective.

It is suggested that women as a group take more deliberate control over their lives. Women must dispel the overwhelming feelings of helplessness and powerlessness, if they are to overcome depression and identity problems. Additionally, women need to help establish a societal system that incorporates their strengths. This system would place greater value and emphasis on relationships and moral issues.

In Receiving Woman, Ann Belford Ulanov offers another view point. She proposes that:

a modern woman with a strong sense of her identity as a woman is not content with her own awareness of herself. She wants to receive others, men and women alike, in their individuality and to be received by them in her concrete identity as a woman who knows what it means to be a woman (1981, p. 132).

Belford Ulanov's Receiving Woman wants to be known as an individual and not simply a reflection of anatomy or gender. She refuses to reduce herself or others to parts of themselves, to types, or abstractions, robbed of personal life. A modern woman's reality includes qualities stereotypically masculine as well as those stereotypically feminine. Women must concentrate on their wholeness, accepting all of themselves, refusing to settle for less.

When men and women value themselves and each other as individuals, and see themselves and each other in terms of wholeness, then women will be liberated from the social patterns and stereotypes that limit their personal growth by contributing to depression and identity problems. When men and women are valued equally, women will achieve strong identities and be less prone to depression.

The purpose of the current work was to provide a synthesis of the literature in the related areas of depression and identity in women. It was suggested that gender roles and sex role stereotypes are the major contributors to these two problems associated with women. Depression and identity problems are common consequences of women's struggle to define their identities in a patriarchal and changing society. It is hoped that this

review contributes an increased understanding of these two issues for the mental health professionals.

Future Research Further research is needed to clarify the nature of the existing relationship between depression and identity in women. It is suggested that the changing influence of sex role stereotypes and the continuing impact of the women's movement be addressed. Future researchers would do well to include specific work on the relationship between androgyny/sex role transcendence/broader role spheres and depression and identity in women. Also, areas of helplessness, attributions, and locus of control will continue to be fruitful areas of research as women increasingly gain power and control through new societal opportunities. As future research indicates the decline of depression and identity problems in women, as women become more androgynous by having broader role spheres, and more powerful by exerting control over their lives, the present work will be confirmed.

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APPROVAL SHEET

The thesis submitted by Laura Lynn Pauly has been read and approved by the following committee:

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The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the Committee with reference to content and form.

The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Master of Arts.

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