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Gender Differences in Depressive Experience: The Role of Separation-Individuation and the False-Self

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GENDER DIFFERENCES IN DEPRESSIVE EXPERIENCE: THE ROLE
OF SEPARATION-INDIVIDUATION AND
THE FALSE-SELF

by

Diane Goulet Fisher

A Dissertation Submitted to the Faculty of the Graduate School
of Loyola University of Chicago in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy

April
1989
DEDICATION

This dissertation is dedicated to my husband, who has been with me as my companion, commiserator and colleague in all the best possible ways since the first days of our respective doctoral programs. Now we have both made it, and my sense of joy is rightfully shared with him. All my love and thanks.
ACKNOWLEDGMENTS

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for his untiring logistical contributions in formatting and proofreading the text, and programming the data analysis.
VITA

The author, Diane Goulet Fisher, is the daughter of Bernard Thomas Goulet, Sr., and Barbara Geary Goulet. She was born November 26, 1958, in Springfield, Illinois. She is married to Westby Guinard Fisher, M.D., and mother of Colin Geary Fisher. Her family resides in Kensington, Maryland.

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In November, 1983, Ms. Fisher completed her Master's Thesis, "Depression and Neuropsychological Impairment", which was presented to the 1983 meeting of the Midwestern Psychological Association, and published, with co-authors Jerry Sweet, Ph.D. and Elizabeth Smith,

In 1984 Ms. Fisher was accepted as a doctoral intern in clinical psychology at St. Elizabeth's Hospital, under the auspices of the National Institute of Mental Health, Washington, D.C. She completed her internship in 1985. In 1988, Ms. Fisher was awarded a Schmitt fellowship for doctoral study, allowing her to complete the current paper.
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CHAPTER I

INTRODUCTION

Despite recent cultural changes in role expectations and opportunities for women, women as a group continue to have a greater prevalence of depression compared to men (Abramson & Andrews, 1982; Radloff, 1975; Rosenfield, 1980; Weissman & Klerman, 1981). The role of the separation-individuation process in the formation of adult psychopathology and gender identity is applied in this study to examine these gender differences in depressive experience.

Increasingly, the origins of adult psychopathology are being related to difficulties in childhood separation-individuation and disturbances in the self-differentiation process (Christenson & Wilson, 1985; Levine, Green & Millon, 1986). The term separation-individuation describes the developmental process of achieving a personal sense of separation, identity, autonomy, control, individuality and relatedness. There are numerous stages and tasks involved in separation-individuation, centering around the gradual differentiation of the self from the primary caregiver (usually the mother) (Mahler, Pine & Bergmann, 1975). Disturbances in the separation-individuation process focus on the lack of a complete boundary between the self and others (Christenson & Wilson, 1985).
Developmental and sociological views of feminine psychology converge in the idea that women are particularly vulnerable to separation difficulties, particularly in regard to self-differentiation (Chodorow, 1978; Dinnerstein, 1963; Flax, 1981; Levenson, 1984). From an object relations perspective, focusing on the separation-individuation process, Blatt (1974) argues that impairments in self and object representation are central to an individual's vulnerability to depression. Several authors assert that there are significant gender differences in the separation-individuation process (Chodorow, 1978; Flax, 1981; Levenson, 1984; Stoller, 1974).

This study examines female depression as a symptom of underlying separation-individuation difficulty, particularly in the form of false-self identity disturbance. In this author's opinion, the false-self concept, characterized by a failure to individuate with related feelings of fraudulence and depression, provides a useful and cohesive framework for understanding and integrating previously discrete aspects of women's experience. This study attempted to further understand the relationship of depression (in general) to underlying conflicts around self-differentiation and false-self identity disturbance, exploring whether gender differences across these dimensions apply to gender differences in depression.

To provide a background for understanding this relationship, several areas of literature are reviewed. First, the literature regarding the epidemiology of gender differences in depression, and the role of sex-roles in these differences is examined. Next, the psychology of women literature which focuses on the socio-cultural
context of women's experience is discussed. Then the psychodynamic theory of gender identity and separation-individuation is reviewed, providing a framework for the idea that gender differences in depression are related to gender differences in separation. Finally, the concept of the false-self, and the literature describing the characteristics of the false-self are discussed.

Gender Differences in the Prevalence of Depression

Comprehensive epidemiological reviews continue to report gender differences in depression (Abramson & Andrews, 1982; Weissman & Klerman, 1981). These reviews of the research have been extensive and well documented and account for response bias, social desirability, and health-care behavior.

In a study of depression in adult women, Warren and McEachren (1983) examined the relative contribution of psychosocial variables, such as life control, perceived accomplishment, derived identity and social support, compared to demographic variables; education, age, employment status and family income. They found that the psychosocial variables contributed more to depression than the demographic variables. Although employment status has not been found to be a significant discriminator, marital status appears to significantly affect depression in women (Radloff, 1975; Rosenfield, 1980). Radloff (1975) found that in general, women were more depressed than men, and that age, education and income did not change this effect. When happiness with one's job and marriage were held constant, housewives were significantly more depressed than working wives. However, this difference did not explain
the finding that working wives were still more depressed than working husbands. Weissman and Klerman (1981) conclude that the preponderance of women who are depressed is not an artifact. Women have predominated in every age group, across demographics and cross-culturally, particularly in Western culture. Bland’s (1977) study of unipolar-, bipolar-affective and schizophrenic disorders found that women were not particularly vulnerable to all forms of psychopathology, only to unipolar depression. Furthermore, reviews of the literature noted a greater prevalence of depression among both female children and adolescents (Abramson & Andrews, 1982; Rosenfield, 1980). Again, girls showed a specific vulnerability to depression rather than to all types of psychologic disorder. While women appear to be more depressed as a group than men, underlying variables associated with differences in severity and type of depressive experience need further exploration. Compared to women, men may express a more socially acceptable, well-defended depression.

Blatt’s studies (i.e. Blatt, 1974; Blatt, D’Afflitti & Quinlan, 1976), which differentiate two dimensions of depression; anaclitic and introjective, offer a model for exploring the dynamic roots of gender differences in depression. Blatt’s measure of depression is unique because of its theoretical focus on early object relations and separation issues not commonly measured in depression instruments (Blatt, 1974). In studying depression, Blatt’s work shifts the focus from the cognitive elements of depression commonly assessed (i.e. Abramson & Andrews, 1982; Beck, 1983), to the separation-individuation process and deficits in identity (Blatt, 1974). His work suggests that
it may be useful to explore differences in male and female identity development to understand the differential vulnerability to depression. Gender differences in the experience of depression along these dimensions have been observed (Blatt et al., 1976; Chevron, Quinlan & Blatt, 1978).

Chevron, Quinlan and Blatt (1978) found that sex-role congruence was associated with different depressive experiences, and that lack of congruence with positively valued traits of one's own sex appeared to be related to depression. Females tended to score higher in depression related to dependency and loss, while males tended to score higher in depression related to self-criticism. This study suggests that men and women evaluate themselves according to traditional societal ideals held for their gender. Gender differences in depression are often thought to reflect the results of adherence to traditional sex-roles, particularly for women.

The prevalence of depression among women has frequently been examined on the basis of sex-role factors (Feather, 1985; Radloff, 1975; Rosenfield, 1980; Taylor & Hall, 1982). In this regard, many authors have focused on the effect of traditional sex-role expectations as contributing to the female vulnerability to depression (Gove & Tudor, 1973; Seidenberg, 1973; Weissman & Klerman, 1981). These studies concur with the popular notion that traditional women are more vulnerable to depression as a function of the conflicts generated by the traditional female role, and because of the internalization of traits and behaviors considered traditionally feminine. Personal characteristics of the traditional feminine role are often focused on explaining gender
differences in depression. Several authors note the greater importance of affiliative and affectional ties for women and connect these with women's propensity for depression (Chodorow, 1978; Lewis, 1979; Miller, 1973; Symonds, 1981). Feather (1985) found that high masculinity was related to increased mental health and high self-esteem. Rosenfield (1980) summarizes sex-role theorists view that gender differences in expression of aggression, bases of self-esteem, relationships with others, and sense of control over one's environment predispose women to depression. Radloff (1975) observed that both married and divorced/separated groups of women were more depressed than men. She suggested that this sex differences was due in part to differences in coping, and the prevalence of learned helplessness in women. Radloff suggests that depression may decrease as women feel more in control of their lives as a result of social changes.

Weissman and Klerman (1977) examine social role hypotheses for gender differences in depression, noting that many authors focus on social inequities which lead to legal and economic helplessness, dependency conflicts, low aspirations and ultimately, clinical depression. They review studies which have found greater rates of depression among married women, arguing that married women are more likely to embody the traditional role, and therefore be more depressed. Seidenberg (1973) and Symonds (1981) relate women's depression to the traditional deference to the husband's needs and the restriction of power and achievement to traditional arenas. Gove and Tudor (1973) attributed higher rates of mental illness found in married women to several factors: role restriction (fewer sources of gratification), the
frustrating nature of housekeeping, the lack of structure, time for brooding, and less favorable job opportunities than married men.

However, depression is reported as a common experience not only among women who fit descriptions that are traditionally feminine but also of non-traditional groups of women (Clance & Imes, 1978; Herman, 1983; Post, 1982; Rosenfield, 1980). Rosenfield (1980) critiques discussions by sex-role theorists:

The several explanations for sex differences in depression just summarized all propose social roles, specifically, sex roles, as the etiological basis. One would thus expect, according to these arguments, that less differentiation in masculine and feminine sex roles - i.e. less traditional sex roles - would be associated with less of a sex difference in depression and depressive symptoms, or perhaps even a reversal of the sex differences found thus far. (1980, p. 35)

In fact, while traditional and non-traditional males differ significantly on depression, research suggests that traditional and non-traditional (working and non-working) females do not differ significantly (Rosenfield, 1980). Rosenfield interprets these findings by noting power dimensions and societal expectations, including a clear-cut loss of power and status in non-traditional males (versus traditional males). Similarly, for non-traditional females she suggests that the additional power gained from being employed is mediated by the perception that their behavior is deviant in society.

Certainly, many authors note that historical changes in women's experience are not yet stabilized, and that this transitional period may result in additional stress and depression for women choosing new, less traditional paths (Weissman & Klerman, 1977). Weissman and Klerman relate the recent increase in depression among young women to rising
expectations, increased life events and separations and loss of attachment bonds. Furthermore, they suggest that new role expectations may be creating intrapsychic personal conflicts that render women vulnerable to depression.

Despite the foregoing researchers' sex-role explanations in understanding the prevalence of female depression, many questions remain. Several authors have suggested an investigation of psychodynamic factors contributing to sex differences in depression (Herman, 1983; Weissman & Klerman 1977). Weissman and Klerman (1981) note that few psychoanalytic studies have related the epidemiological predominance of depressed women to the characteristic conflicts of childhood as the cause of this predisposition. In support of this they note the predominance of female depression even among children and adolescents. Herman (1983) also relates the symptoms of depression to early psychodynamic conflicts, particularly in regard to aspects of traditional femininity that are congruent with depression, i.e. passivity and low self-esteem. The roots of gender differences in depression may lie not in society's expectations, but in the early relationship of the child with mother. This is the arena for the development of gender identity, self-esteem, and the gradual achievement of separation-individuation. Historical changes and role options may provide different arenas for women to express a common dilemma that hearkens back to early identity formation. Examining gender differences in separation-individuation may thus provide a fruitful basis for understanding the apparent predominance of depression in women, and understanding gender differences in depressive experiences in greater
depth. Consequently, rather than relating the female depression to stereotypically feminine traits, there is a need to explore the underlying dynamics common to depressed women in general.

If early gender differences in self-differentiation and identity formation are essential elements in understanding the prevalence of depression in women, then it is important to also understand the environmental context that originates and supports these differences. The culture in which identity is defined and passed on provides an external framework which profoundly enhances or limits aspects of a child’s psychological development, depending on one’s gender. The following literature will examine differences in the sociological experience of women and men, and from there will move to examining psychodynamic differences between women and men in their early separation/individuation experiences.

Socio-cultural Factors and Gender Identity

Literature examining feminine psychology from sociological perspectives provides views on cultural pressures and expectations that influence the dynamics of feminine identity and development. Authors from varying theoretical positions and interests concur that women’s capacity to define themselves in terms of relationships, and value interpersonal responsibility and nurturance poses a serious dilemma in an androcentric society. Much of this literature directly relates these issues to depression in women. In our present society, traditionally feminine values have not been integrated into the workplace, nor have care-taking roles acquired more value or power. This is a central point.
While progress has been made in increasing options for women, the underlying societal values have continued to be androcentric, failing to integrate and value feminine interests (Gilligan, 1982; Hewlett, 1986). Psychology and sociology highlight the importance of the position of the mother in society and a mother's feelings about herself as a female as relevant factors in the formation of a daughter's identity (Flax, 1981; Lewis, 1979).

In Gilligan's view, women are in a dilemma primarily imposed upon them by a paternalistic society where autonomy is overvalued and relatedness is undervalued (1982). Lewis (1979) and Flax (1981) point out that female children are profoundly affected by the fact that their gender identification is to the societally devalued mother, and that likewise, the mother will perceive and behave differently toward sons versus daughters. Menaker (1982) comments on the unique legacy that is passed down from mother to daughter, and influences on female identity formation:

The self-image and especially its core, the body image is formed through internalizations of how we are perceived, what we are told, what feelings and attitudes are conveyed by those who are our primary care-taker, who is almost always the mother. For the little girl her mother's attitude toward her own child's femaleness is especially crucial...mother herself is not only the product of her own mother's attitudes, that is, of the psychodynamics of her personal history, but also of the existing social attitudes, conventions, and mores to which she is exposed. The mother, then, through what she mirrors of her feelings about herself and her child, becomes a primary carrier of social tradition. (p. 79)

This is not to take a position that the father is not relevant to a child's psychological development, but rather to acknowledge and explore women's experience in a society where the mother is most often the primary caretaker and primary object of attachment.
Gilligan's research compares men and women's values and moral judgments, arguing that women are more concerned with interpersonal responsibility, preserving relationships, and achieving their own goals without harming others (1977, 1979). Therefore, the central dilemma for women relates to conflicts between femininity and adulthood, the self versus other, and independent assertion vs. care and concern for others. Gilligan points out that the acquisition of power is seen to entail a loss of feminine empathy and compassion, constituting a moral dilemma for women in this culture:

The "good woman" masks assertion in evasion, denying responsibility by claiming only to meet the needs of others, while the "bad woman" forgoes or renounces the commitments that bind her in self-deception and betrayal. It is precisely this dilemma - the conflict between compassion and autonomy, between virtue and power - which the feminine voice struggles to resolve in its effort to reclaim the self and to solve the moral problem in such a way that no one is hurt. (p. 491, 1977)

Women's vulnerability to depression may lie in the cultural milieu which prevents an integration of these needs, and devalues relational concerns. Gilligan (1977) suggests that women's relational bias in thinking represents a different social and moral understanding, which is a potential source of strength rather than a sign of developmental deficiency. Thus, the deference and confusion criticized in women stems from feminine values and strengths such as concern and responsibility for others. In our present culture, women's feminine qualities, which lie outside masculine values and androcentric society, may be expressed in distorted ways, or result in vulnerability to depression related to these issues. Gilligan (1982) points out that women's interdependence and definition of self through relationships with others frequently
leaves women most vulnerable to separation issues. Thus, the danger for many women becomes that the loss of a relationship may be experienced as a loss of self. She asserts that women must distinguish between helping and pleasing others, so that interpersonal responsibility is a "self-chosen anchor of personal integrity and strength" (p. 77, 1982). Too often, the traditional role may represent a disowning and devaluing of the self rather than an expression of the self. Without a doubt, the possibility of choosing to focus one's energy on caretaking and nurturing the family may be chosen from a position of mental health and maturity, when this choice grows out of reciprocal and mutual connection (Kaplan, 1986).

Several other author's provide supporting, albeit different perspectives on the roots of depression for the woman who, by necessity or choice, follows the traditional feminine role of mother and homemaker. Lewis argues that little girls, who already have an inherent edge in sociability, are trained in emulating the nurturant role of their mother. However, this ability to nurture is a devalued commodity in the androcentric world. The daughter's internalization of what it means to be feminine is primarily based on identification with the mother. Thus, the price of being considered unfeminine by pursuing achievement in the workplace may not be worth the fulfillment that may be achieved. Similarly, the price of being feminine may involve internalizing traits that are devalued in society and damaging to one's self-esteem.

Several authors emphasize that women receive the societal message that their development is less important than men's, and should not
interfere with men's development (Lewis, 1979; Miller & Mothner, 1981; Seidenberg, 1973; Symonds, 1981). Due to the restrictions of society, a woman may be forced to satisfy her need for power through other family members. Thus, Lewis suggests, women are prone to the shame of loss of love and subsequent depression in a society that excludes women from other avenues of power (1979). Seidenberg (1973) proposes that women are given a say over their children and home as a compensation for their almost total exclusion from power in the public arena. Thus, the family becomes the battleground for conflict which originates from the inequity sanctioned by society.

Hewlett (1986) in her recent book, Lesser Lives, The Myth of Women's Liberation, provides an economic analysis of gender differences in present society that prescribes caution in assuming that women can indeed now choose to "have it all." For many women in our society, adopting a traditional caretaking role and defining oneself through others is less a choice than a necessity (Hewlett, 1986). She believes that women's experience of feeling that the choices are mutually exclusive, that one (achievement in the workplace) is at the expense of the other (i.e. care-taking) continues to be the reality, so that women's feelings of depression and helplessness are to a great extent reality-based, pointing to our society's failure to adjust to women's increasing involvement in the marketplace (Hewlett, 1986). Hewlett (1986) points to Western society's failure to adjust to allow external support for women's needs for relatedness and mastery.

Seidenberg (1973) concurs that women are given a choice so weighed with inequities, many choose to stay home. In a study of dual-career
couples, Kanefield (1983) noted that women bore a disproportionate share of child care and housekeeping responsibilities compared to the husband. She notes that female employment did not seem to lead to egalitarian role distribution. Seidenberg (1973) notes that women's compensatory authority in the home often leads to exploitation of the children to the degree that these women themselves have been exploited. Here it is clear that the societal milieu has direct ramifications in the separation/individuation process, as mother passes on her experience of her devalued femaleness and her deprived sense of self.

Examining depression in non-traditional women provides support for the idea that this group of women also experience cultural obstacles to healthy identity development. The 1980's have stressed the masculine values of achievement, competition and independence. Given somewhat improved educational and job opportunities and economic necessity in recent years, there has been a noted emergence of non-traditional women who have adopted the male system of values and strive to succeed in a male-dominated work world. Non-traditional women may be encouraged to disown or devalue the feminine parts of the self (Menaker, 1982). Recent case studies describe women who have disowned their own feminine parts (inter-dependency, emotionality, warmth and interpersonal involvement), and instead have been raised since childhood to be independent, self-sufficient, non-emotional and successful (Hirschfeld, 1982; Post, 1982; Symonds, 1981). Bernay (1982) emphasizes the double bind inherent in the change in societal norms for women that has influenced women to split-off the more "traditional" part of the self:

For the new generations of women, the traditional value system of passivity, dependency, and submission are disdained and have become
ego dystonic. In their place, assertion, independence and achievement have become the acceptable norm. For many women, to be considered competent by their peers means they must emphasize instrumental needs and career over affiliative needs and family life. Women can no longer depend on the secondary gains social permission to withdraw from competition once provided. This new emphasis becomes problematic because generations of traditional parenting still set the pace of women's developmental climate. The feminine woman must relegate aggression, competition, and control to a minor, conflict-ridden place within the matrix of her personality (p. 293).

Success for a woman (as defined in a patriarchal system) may come as a betrayal or denial of her gender. Given somewhat improved educational and job opportunities and economic necessity in recent years, there has been a noted emergence of non-traditional women who have adopted the male system of values and strive to succeed in a male-dominated work world (Hewlett, 1986). Some of these women may be encouraged to deny or sacrifice the feminine source of their strength and identity because of the devaluing of relational concerns in the workplace (Jordan, 1986; Post, 1982; Young-Eisendrath, 1984). Young-Eisendrath (1984) believes that inasmuch as men hold the decision-making power and carry the attributions of objectivity and rationality, the woman must meet masculine standards for self-esteem and validation, seeking to gain this by "becoming" a man. Partially as a result of cultural pressures, modern women wish to be more like men; consciously striving to develop values of compartmentalization and objectivity, viewing empathy as a burden, and wishing work and love were less entwined (Jordan, 1986).

Flax (1981) associates this dilemma with women's common experience of being "fake" in non-traditional roles, marking time, or feeling as
if one does not belong. She notes that pre-oedipal developmental differences foster an ironic turn of events; women feel something is wrong if they exert autonomy, men if they do not. Women often make the transition from mother to the male workplace with an "anxious compensation and the experience of having a false self to cover a hidden flaw which she fears will be revealed (i.e. that one really is female, hence less than male)" (Young-Eisendrath, 1984).

Both traditional and non-traditional women may adapt to societal expectations at the expense of an integrated, whole and real self. Young-Eisendrath (1984) asserts that women's conflicts about identity choices are not resolvable within the institutional structure of current society. For most women, the reality of the choices available means that a woman must always identify with something less than completion. They must either forgo a sense of self as feminine and caretaking in order to achieve, or conversely, decide to be a wife and mother and forgo a need for achievement and power. While this present focus is on women's dilemma forcing denial of one aspect of the self, the structure of our culture, including the devaluation of care-taking and the exclusion of female values and power at work, is the reality of this developmental double bind.

The dilemma of developing and expressing a cohesive feminine self has two sides. The woman who is non-traditional finds herself joining society and possibly her own mother in disowning and devaluing the feminine in herself. The woman who is traditional finds herself identifying with a devalued role as well as one that necessitates disowning "masculine" needs for achievement and autonomy. Certainly,
males are encouraged to split-off and disown the feminine in themselves (Stoller, 1974). However, this split is supported by society's valuing of maleness, the boy identifies with the valued masculine role and society reinforces his defenses. This relates to the idea that male depression may be more defended against and thus less apparent in our society.

In examining gender differences in identity formation and self-differentiation, it is important to note the role that society plays in blocking the development of an integrated self, and to note that the dilemma is quite different for boys and girls. This may be an important element in understanding one of the sources of gender differences in depression. However, the female drive to devalue mother and flee to masculine pursuits (father), or to devalue the feminine in herself, may have powerful roots somewhat separate from societal concerns. The fact that mother is the primary caretaker (most frequently) in our society means that she is the figure with which we work through our most basic, and arguably most essential issues of gender identity, a sense of self, and separation/individuation. The conflicts between femininity and autonomy that are hypothesized to play a role in female depression must also be examined on a more psychodynamic level. With the societal context in mind, this review will now turn toward the psychodynamics of gender identity and gender differences in separation/individuation in order to further examine sources of the gender difference in depression.

**Psychological Dynamics of Gender Identity**

**Gender Differences in the Separation Process**
The symbiotic phase is the first phase of development, and is considered crucial to the formation of identity (Mahler, Pine & Bergman, 1975). The earliest mode of individuation, ego structure and an unconscious sense of self differs for boys and girls because of the differences in the character of the early mother-child relationship for each (Chodorow, 1978). Female development is based on the retention of pre-oedipal attitudes toward mother; girls define and experience themselves as continuous with others, with more flexible or permeable ego boundaries (Chodorow, 1978; Kaplan, 1986; Levenson, 1984). The result of this blurring of boundaries is that women are more likely to experience themselves as empty of themselves, unrecognized, and as not being accorded a separate reality. In his article on gender differences in autonomy and intimacy, Levenson (1984) argues that, due to differences in child-rearing, women demonstrate a greater vulnerability to dysfunction in achieving autonomy, and men, to intimacy. He states: "Because of the favored position of men in this society, and the demeaned position of women, coupled with the fact that these same women still rear infants almost exclusively, men continue to be anxious and defensive in their intimate relationships and women continue to be inadequately differentiated (p. 543, 1984)." Levenson argues that the constraints and prohibitions women experience result in ego functioning limited enough to be diagnosed as a developmental deficiency. He concludes:

Since their (daughters) egos are built on an inadequate and guilt­-ridden separation and individuation, with a consequent unresolved, primitive identification with mother, and a guilty, gender­incongruent identification with father, daughters' autonomous functioning is, at the very least, fragile and easily undermined. I state this position strongly, because I think that this issue has
been fudged, for fear of calling women less good than men, which has resulted in inadequate treatment... (p. 534, 1984).

Boys define themselves as more separate and distinct with a denial of the sense of connectedness that makes up a girl’s basic sense of self (Chodorow, 1978). Furthermore, girls emerge from the oedipal period with a stronger basis for experiencing another’s needs or feelings as their own. Lebe (1982) suggests that, for women, it is normal, in fact, to fail to resolve separation issues until middle age.

For the female, the early symbiosis is colored by her mother’s and later, her own perception of their sameness. Her separation is not aided by genital difference (Levenson, 1984). The female child learns about herself by moving closer to the mother; her identity is developed in relationship, through seeking connection. Conversely, the male child’s primary caretaker is of the opposite gender. For the boy, self-growth must be equated with separation and moving away from (being not like mother) (Kaplan, 1986). Boys are required to engage in a more emphatic individuation and defensive firming of ego boundaries, moving away from the original symbiosis with mother (and her femininity). Certainly, whether development of self is defined through seeking connection or distancing oneself is largely a factor of whether one has a same or opposite gender primary caretaker (Kaplan, 1986).

To a great extent, sex differences in separation/individuation center around how boys and girls cope with emerging from the early fusion with mother. The literature suggests that men characteristically respond to separation difficulties through increased activity and autonomy or isolation (Chodorow, 1978; Levenson, 1984; Stoller, 1974).
As noted in the previous section, these defensive activities are valued and supported in our culture. For women, difficulties in self-differentiation are expressed through more consciously experienced dependency and depression (Chevron et al., 1978; Levenson, 1984; Stoller, 1974). The following discussion will review these observations in greater detail.

Feelings of dependency and depression may be far more split-off and defended against by men in an ego syntonic, culturally supported way (Levenson, 1984; Stoller, 1974). A boy's individuation is aided by the mother's perception, and later his own perception, that he is "other" (Levenson, 1984). As his individuality evolves and his identifications are increasingly to things that are male (encouraged by mother and society), he increasingly realizes painfully and pleasurably that he is separate from mother. This is consolidated when he tries to return to the maternal symbiosis at rapprochement. At this point his own identifications as well as the mother's help prevent him from becoming re-engulfed in the symbiotic union (Levenson, 1984; Stoller, 1974). This identity will continue to consolidate through the Oedipal period, where he will continue to deny his primitive feelings about mother, limiting them to later "romantic" feelings of symbiosis and merger with women (Levenson, 1984).

Noting the early childhood depression observed in girls, Levenson comments, "...for her, there isn't any clear and obvious differentiation from mother. In addition, she "knows" that she cannot "go to" father, brother, or the male world as an escape from her mother, either physically or intrapsychically. The boundaries between them are much
harder to define" (p. 531, 1984). Furthermore, during the Oedipal phase, whereas the boy tends to enter this struggle via multiple identifications and with a more secure sense of his own self, the girl is much less detached from her rival. Neither the father nor the mother provide the girl with a way into her own individuality. "The father rejects her as his pal and as his lover" (Levenson, p. 532). The girl and her mother continue to alternately console and challenge each other, relating as "parts of" each other (Levenson, 1984).

Gender differences in later experiences of intimacy with others further reflect the gender difference in separation/individuation and subsequent character structure. Both men and women try to reproduce the early bliss of symbiosis in later love relationships (Levenson, 1984; Stoller, 1974). Levenson and Stoller agree that struggles with autonomy are less of an issue for men. Levenson (1984) feels the focal developmental issue for males occurs at rapprochement, where the conflict involves balancing isolation and fusion, the "we" versus the "me". In the context of case studies of married couples, Levenson asserts that a male's autonomy and ability to deal with his own feelings and vulnerability is demonstrable, whereas, his inability to accept other's feelings demonstrates the male's problems with intimacy. For a male, this longing for intimacy is short-lived, due to his fears of regressing. His masculinity is defined out in the world, not in relationship. Therefore, he flees real intimacy and projects his dependency needs on to his wife (Levenson, 1984). In contrast, the woman's experience of intimacy in marriage reproduces "the only way she knows..., as "part of" this intimate unit, with the same diffusion of
boundaries, the same hopes for completion, the same resentment and
tendency to depression" (p. 533, Levenson, 1984). Later, a woman’s drive
toward autonomy and personal power is blocked by the threat of loss of
gender, and because of mother’s feelings of abandonment, loss of love
(Levenson, 1984). The studies of depression in women which find that
married women are consistently more depressed than single women
(Radloff, 1975; Rosenfield, 1980; Weissman & Klerman, 1981) empirically
support the idea that marriage exacerbates dependency and loss issues
for women (Levenson, 1984; Symonds, 1981).

Identification with the Devalued Mother

As noted previously, the androcentric society which devalues and
excludes feminine values provides the young boy with further support in
defending against the omnipotent mother. Nancy Chodorow (1978) adds
insight into masculine (societal) devaluation of women as well as
women’s devaluation of themselves.

Much of the feminine devaluation of mother and of feminine parts
of one’s self is based on the pre-oedipal fusion with mother and the
defensive handling of this relationship in the oedipal period. As we
have seen, the pre-oedipal relationship, with its developmental issues
of ego boundaries and a separate sense of self, is more problematic for
girls. This sex difference is due to the fact that children of both
sexes grow up in a family where the mother performs primary parenting
functions (most commonly). Since the mother experiences a greater sense
of sameness with the daughter than with the sons, primary identification
and symbiosis with one’s daughters tends to be stronger and cathexis
with the daughter is more likely to retain and emphasize narcissistic
elements (Chodorow, 1978). That is, the mother is more likely to experience the daughter as an extension, or double of herself. As a result, the daughter is vulnerable to experiencing herself as defined only in relation to others, with the roots of this in the pre-oedipal period.

The defensive handling of the affects from the early infant-mother relationship may result in a devaluation of mother and a defense of stereotypical (passive, non-threatening) female behavior (Lerner, 1981). Lerner refers to Kleinian theory which states that spoiling and devaluation are inherent aspects of envy, and that the earliest object of envy and devaluation is the mother and her breast. Thus, sex-role stereotypes embody a defensive splitting of the primary object (the mother). That is, the feminine sex role incorporates all "good mother" aspects and no "envied, bad, powerful mother" (Lerner, 1981). She proposes that women's own concerns about the omnipotent, controlling, all powerful primitive mother (now present as an introject) lead to fears about that part of themselves. Consequently, the female sex has greater difficulty expressing their own aggressive and competitive strivings. Both sexes learn to feel negatively toward mother during the oedipal period:

A boy's contempt serves to free him not only from his mother, but also from the feminine within himself. It therefore becomes entangled with the issue of masculinity and is generalized to all women. A girl's hostility remains tied more to her relationship with mother (and/or becomes involved in self-depreication. (p. 182)

Both girls and boys maintain a fearsome unconscious maternal image as a result of projecting upon it the hostility derived from their own
feelings of impotence with the all-powerful mother (Chodorow, 1978). The boy compensates for this early narcissistic wound and symbolizes his independence and separateness from mother through his penis and masculinity. Stoller (1974) asserts that much of what society regards as "masculinity" may be an attempt to keep separate from the primitive attraction to mother. The more gratifying mother is in the original symbiosis, the more of a threat she poses to the developing boy (Stoller, 1974). In contrast, the same pull for continuing merger with mother does not threaten, but rather sustains, a girl's gender identity. The aggressive and competitive behavior associated with masculinity largely represents a continuous push away from mother. Stoller comments: "Once he has been acknowledged a male and has begun to fix that sense of maleness and pride in masculinity into his character structure, it becomes crucial that he raise a barrier—symbiosis anxiety—against his tendency to regress into mother's embrace" (p. 170, 1974). Stoller (1974) regards masculine behavior as a defense against a boy's primary feminine identification with mother, and that intimacy with a woman stimulates a fear of merger. Levenson (1984) differs: "For men, theory would have it that feeling vulnerable threatens a resurgence of his identification with his mother, and therefore threatens his gender identity. I find this untrue, in the sense that the man feels, not like a female, but like a child" (p. 535). Specifically, men are forced to prematurely cut themselves off from mother. They must then defensively devalue and deny feminine qualities in themselves. The experience of symbiosis with mother as well as the threat of mother's omnipotence remains in the male unconscious. As a result, men feel rage at women
for their early abandonment, feel threatened by feminine qualities in women because of their own need for denial, and envy women the freedom to express feelings (Stiver, 1986). In a patriarchy, the male can have victory, revenge and a reversal of power by culturally devaluing femininity. The daughter not only lacks these opportunities for compensation, but also has less freedom to achieve autonomy in relation to mother. Chodorow (1978) explains that the daughter's internal experience of self in the original mother-daughter relationship involves the bliss of the original narcissistic unity with mother and the concurrent threat of loss of self and absolute dependence. In contrast, the father has always been differentiated and has not posed the original narcissistic threat to the daughter's ego integrity and boundaries. Oedipal love does not contain the threat to selfhood that love of mother does. Dinnerstein (1963) and Chodorow (1978) agree that men and women turn toward patriarchy as a result of their intolerable feelings toward their mothers. She argues that the Oedipal triangle offers the daughter an "out" for the split of loving and hostile feelings toward the powerful mother. The father becomes the object of the grateful love originally felt toward the mother, while the mother remains the object of derogatory, hostile attitudes supported by cultural devaluation. In the current traditional arrangement the powerful figure which gratifies and frustrates the child's impulses are predominantly female, perpetuating the defensive splitting sanctioned by society (Lerner, 1981).

Achievement as Maternal Abandonment
Non-traditional female roles might be seen as a socially approved solution to the daughter's dependency dilemma. However, the effects of these opportunities on women's propensity for depression and separation issues is unclear as of yet, and the issues involved are dynamically complex. Acknowledging that we are in a transitional phase involving profound sex-role changes and increased opportunities for women to choose their lifestyle, Menaker (1982) notes, "women have the opportunity to break the chains of identification with their mother within a socially sanctioned framework" (p. 81). She further suggests that historical cultural changes encourage women to depart from their feminine identity in a way that leaves women at risk of disavowing identification with mother, and consequently parts of themselves. Menaker points out that the psychological difficulty of this transition is that women are striving to achieve a synthesis which blends original positive aspects of the mother with new social and individual changes and needs. She cautions that the daughter's fear of merger and failure to individuate, combined with cultural changes, makes the integration of feminine identity difficult for women who are trying to achieve a unique, new female identity. Furthermore, Menaker notes:

The fear of not being different, of being mired in a merger with mother and thus failing to individuate, leads many women to disavow almost totally identification with mother. This overthrow of what must inevitably be some part of herself makes the integration of female identity difficult and precarious for many women. It can lead to feelings of emptiness and depression. (1982, p. 82)

The non-traditional woman flees the emotional intensity of the union with mother, confirming the split between thinking and feeling perpetuated in our culture.
Several authors explore the dynamics of women who appear to have disowned or reacted against their feminine qualities and/or identification with mother (Lachmann, 1982; Menaker, 1982; Post, 1982). For example, Lachmann (1982) discusses a female patient who had built a precocious independence and life-style embodying her "non-need" for her mother. Her lifestyle of care-taking for needy others functioned to bolster her vulnerable self-representation as not needy, dependent or nurturant. In this example, this woman's "non-feminine" behavior represented a continuing separation individuation struggle with her mother.

If the daughter wishes to become autonomous and embrace traditionally masculine values, she is usually forced to repress feminine aspects of her identity. Again, success for a woman (as defined in a patriarchal system) often comes as a betrayal or denial of her gender. Menaker (1986) asserts that "the over-idealization of maleness has had a profoundly deleterious effect on the self-esteem of women" (p. 9).

Flax (1981) cautions against a view of women as passive victims of societal forces while ignoring unconscious sources of self-defeating behavior. Lerner (1981) points out that "women participate as vigorously in their own depreciation as do men" (p. 28). She suggests that institutionalized patterns are not so readily established and maintained unless there are advantages for all participants. This indicates that women have strong internal as well as external pressures to devalue themselves. Miller (1973) explains that women fear that an admission of their abilities in the public arena will result in the loss
of the only sense of self they have been allowed. In other words, a subordinate devalued identity is preferable to a loss of identity. The depression associated with adopting a lifestyle different from mother has complicated dynamics. Feelings of low self-esteem despite external success may function to perpetuate maintenance of the dependent relationship with mother (Kanefield, Part II, 1985). Kanefield argues that the need to preserve mother's goodness and superiority may lead the daughter to translate her frustration with mother into masochistic beliefs about her own inadequacy and worthlessness. If the mother has relied on the daughter to complete her own sense of adequacy, autonomous strivings by the daughter constitute an abandonment of mother. Contemporary descriptions of women's feelings of fraudulence and work inhibition must also be considered in this context (Kanefield, Part II, 1985). Kanefield states, (the woman's) "autonomous achievements feel aggressive and sadistic, capable of destroying others, because she experiences them as destructive to her mother" (Part II, 1985, p.357). Faced with the cultural devaluation of women's abilities and the dilemma with mother, many women are forced to sabotage their accomplishments, disown their achievements and view themselves as inadequate despite evidence to the contrary. In Kanefield's (Part I & II, 1985) research, in which a number of women wrote stories in response to TAT cards chosen to elicit themes regarding achievement, motherhood and femininity, her findings supported the idea that mothers who were narcissistically dependent on their daughters to fulfill their own longings left the daughters, who were extremely sensitive to the emotional experience of their mothers, in an intense bind around achievement and autonomy.
Flax (1981) associates this dilemma with women's common experience of being "fake" in non-traditional roles, marking time, or feeling as if one does not belong. She notes that pre-oedipal developmental differences foster an ironic turn of events; women feel something is wrong if they exert autonomy, men if they do not. Flax (1981) agrees that women's sense of being a "fake" when she is successful in our society stems from feelings of disloyalty and abandonment of part of the self (or perhaps, maternal introject) when one exerts autonomy. Flax and Kanefield concur that the basis for this dilemma is the daughter's separation dilemma vis a vis the gratifying, albeit narcissistically damaged mother.

Summary

Within the early symbiotic stage and throughout the process of achieving self-differentiation it is apparent that the female child, in comparison with the male child, is lacking in social and maternal support as well as defensive structure to achieve autonomy. There are profound psychodynamic as well as societal forces supporting a defensive disowning of one's own femininity for both sons and daughters. As we have seen, female gender identity development is often related to difficulty with early symbiosis and separation from mother. The female child may turn toward father and achievement as an escape, adopting the masculine solution, but at a great cost. The opportunities for escaping from mother through separation and development of masculinity is less of a dilemma for boys, who are supported in this by both mother and society. It has been argued that the traditional role of women perpetuates feminine dependency, self-devaluation, lack of self-
differentiation and vulnerability to depression. Historical changes which effect women's experience of depression may produce a different face to the same coin; a group of women encouraged to disown or devalue the feminine parts of the self and encouraged to develop masculine or non-traditional parts of the self, both at the expense of an integrated, whole and real self. Women continue to be denied the opportunity for wholeness, as a woman, and thus are vulnerable to false-self identity issues and the depression inherent in that. The early dynamics of separation/individuation force women to take paths involving denying parts of the self. The end result may be an identity that lacks a sense of wholeness that in essence represents a false-self. The following section describes the false-self identity, providing a framework for understanding disowned parts of the self and their relationship to depression.

The False-Self Identity

Dynamics

The "false-self" is derived from object-relations theory and describes an individual's conscious and unconscious experience of having disowned or split-off parts of the self, such as negative feelings. Object-relations theorists focus on the importance of achieving gradual self-differentiation from mother vis a vis the separation/individuation process, which begins at birth (Mahler et al., 1975; Winnicott, 1965). Winnicott (1965) was primarily responsible for introducing the concept "false-self" to represent a particular type of narcissistic disturbance in identity. For the false-self individual, autonomy has been
sacrificed in the interest of preserving relationships.

Winnicott states that the false-self may develop at several points, but primarily represents inadequate mirroring by the mother in the symbiotic phase. The "good-enough" parent is able to set aside his/her own needs during this phase in order to mirror (reflect) the child by spontaneously responding to the emerging identity and needs of the child. This encourages age-appropriate primary narcissism. To the extent that this is not received and the child is devalued, or overridden by the parents needs, the child is narcissistically injured. Kohut (1971) and Winnicott (1965) emphasize the infant's developmental need for a mother who is not preoccupied by her own narcissistic injuries, and is able to mirror, empathically respond to and accept the growing child's grandiose, exhibitionistic strivings.

The narcissistically injured caretaker (mother) is usually at the root of the child's false-self behavior (Miller, 1979). In this situation, the mother herself was narcissistically deprived, and was herself a child in need of mirroring and empathy. Thus, the mother can find a mirror in her child's love and admiration. Her child is at her disposal and can be made to show respect, the mother can feel herself at the center of attention at last. When the mother has had to suppress or repress all of her own needs in relation to her own mother, these needs express themselves from the unconscious despite the mother's education, intention or awareness. When the mother is narcissistically-injured, the mother's care-taking is not based on the infant's signals but rather from the mother's own projections, conflicts or needs. The mother's attentions are intrusions into or disruptions of the
spontaneous experience of the child (Miller, 1971). Thus, rather than encouragement of the child's emerging spontaneous self through mirroring, the mother's ministrations are experienced as an impingement and the child's attention and activity become reactive to the intrusive environment. Winnicott (1965) notes that the child's spontaneity becomes tied to external reality as represented by the mother. The real, spontaneous self fails to find expression "out in the world", becoming poorly differentiated, protected and withdrawn. Winnicott (1965) points out that this empathic failure may occur in an otherwise good and reliable environment. Identity is consolidated around reactivity to the impinging object, rather than from within the self and centered around the self (healthy primary narcissism) (Horner, 1984).

Horner (1984) observes that the child develops a sensitivity to the narcissistic needs of the parent, learning to cater to and surrender the self to the needs of the object. This is the child's adjustment to protect the self from loss of love. The child's adaptation may result in ostensibly high functioning, intellectual success and strong coping skills. However, this adaptive false self cannot feel real or experience life as real. It is without present or potential autonomy because the false-self exists in relation to the corresponding object; thus, it cannot differentiate (Miller, 1971, 1979). Similarly, the true self is isolated and lives at varying levels of awareness, depending on the severity of the false-self disturbance (Winnicott, 1965). As we have seen, an interesting aspect of the false-self identity is that it can develop in a seemingly advantaged "attentive" environment and that the individual can be ostensibly high functioning, talented and a
"pleasing" personality.

The Subjective Experience of the False-Self Patient

Thus far, no empirical measure has been developed which can globally measure and describe "the false-self". The concept of the false-self has been advanced as an extension of object-relations theory, and supported by extensive case studies and clinical observations of the false-self in various patients. In this respect, the literature on the false-self describes characteristics of these individual's subjective experiences, symptoms, defenses and characteristic roles relating to others which may be studied in order to test the relationship between depression and false-self disturbance (i.e. Horner, 1984; Miller, 1971, 1979; Winnicott, 1965). As discussed in the literature, false-self disturbance is characterized by split-off negative feelings, feelings of fraudulence, unstable self-esteem, a lack of reality-based self-perception, undifferentiated self- and object-representation, and feelings of depression (Horner, 1984; Winnicott, 1965). Patient's who suffer from this identity disturbance complain of not feeling real, of feeling fraudulent, or feeling as if one does not really exist (Horner, 1984). Horner notes that the patient may have a sense of an unformed, hidden true self. However, often the false-self dominates conscious experience. These individuals show little empathy with their fate and tend to disparage their own emotions. At a more unconscious level there is a wish for attention, respect, understanding and mirroring represented by fantasies of grandiosity.

Miller (1971, 1979) focuses on grandiosity and depression as different sides of the same coin in the false-self personality. The loss
of important parts of the self is either denied by grandiosity or expressed through depression. If there is an awakening of a greater sense of reality, the grandiosity breaks down into depression. Thus, depression is the overriding experience of the object-deprived real self. Miller (1979) believes that the narcissistically disturbed patient has failed to have an adequate self-object during the symbiotic phase, but the depressive and the grandiose person deny this reality by acting as if the self-object can still be salvaged. The grandiose person does this through the illusion of achievement, the depressive through his constant fear of losing the self-object. Achievement is illusory in the experience of it, because it is not grounded in a reality-based sense of self-esteem and a real sense of one's abilities.

Furthermore, Horner (1984) comments that to the extent that the individual must operate from the base of the false-self; feelings, wishes and impulses not consistent with that self must be split-off and repressed. Consequently, the individual feels depressed and deadened, devoid of feelings (if the false-self is successful). Miller (1979) observes that the individual is forced to look for distraction when she is moved, upset or sad. She explains that false-self individuals are unable to consciously experience certain negative feelings, they have "killed" their anger, and thus a part of themselves, in order to preserve the self-object. The individual was not allowed to express autonomous needs in the family, and views their own subsequent feelings of rage and deprivation as unacceptable. Thus, they are either relegated to the unconscious (split-off), or denied expression.

The individual is prone to feel guilty about these unacceptable
parts of the self (through introjection of parental judgements) and may introject feelings of anger, increasing self-blame. Miller emphasizes that children develop only those capacities which they feel are needed and admired by the parents in order to maintain the object's love. The unacceptable feelings, a source of rejection and shame, are hidden. This selective function is later maintained by the introjects. The false-self individual believes that her negative feelings are destructive to the object (since they can never be played out in reality, and thus, metabolized realistically).

Miller notes that several defense mechanisms are prevalent in serving to deny the abandonment and loss that the real self has experienced, among them denial, reversal ("I am breaking down under the constant responsibility because others need me ceaselessly"), projection, introjection of the threat of loss of love ("I must always be good and measure up, I constantly feel that the demands are too great but I cannot change it, I must always achieve more than others") and intellectualization.

The false-self individual may have experienced external success but has not been able to experience her achievements as real, believing that they do not belong to the self. Since the individual's talents have been used to bolster the narcissistically-injured parent, and to preserve relationship with that parent, they in fact seem to be controlled by and belong to the parent. Horner (1984) and Miller (1979) describe the dilemma of achieving for one's parents as the "win for me but lose for me" bind. The false self is constructed to protect the parent's self-esteem and thus, the child's own source of supplies. But
the child who surpasses the parents in achievements and begins to
develop greater autonomy and independence as a result feels threatened
with parental abandonment. The individual is in the bind of achieving
while not hurting the parents, endangering their equilibrium or reducing
their power. Consequently, feelings of accomplishment are transitory,
and fulfillment is fleeting and superficial, depending on the reaction
of the external other. Winnicott (1965) notes that there is a strong
tendency for the mind to become the location of the false-self identity
in high-achieving individuals. He describes the clinical picture which
results: "The world may observe academic success of a high degree, and
may find it hard to believe in the very real distress of the individual
concerned, who feels "phony" the more he or she is successful" (p.
144). The non-differentiated and unintegrated aspects of the self
emerge as feelings of fraudulence and unreality.

The other side of the coin is the defensive grandiosity that
develops. The true-self, which is cut off from reality and in a chronic
state of deprivation and loss, commonly becomes grandiose as a defense
against anxiety (Horner, 1984; Miller, 1979). Horner notes that
inasmuch as the autonomous ego functions (i.e. intellect) are
assimilated into the grandiose self, they are not available to develop
real self esteem. Thus, the individual has the experience of reality-
based accomplishments contributing little to feelings of self-worth.
Furthermore, the individual harbors a need to be perfect and special
(Post, 1982). Consequently, the individual may avoid competing or
attempting to achieve in order to preserve grandiose fantasies about her
intellectual potential, protecting her grandiosity from the
disillusionment of reality limits. The harboring of defensive grandiose fantasies or self-image make the risk inherent in achieving too dangerous for the narcissistically fragile self, and prevents the establishing of a stable, reality-based self-esteem. Compare this to the healthy development of a child who confronts the limits of his omnipotence within the context of an affirming parent who mitigates the narcissistic injury to the child first through mirroring and later through encouragement of separation and individuation in the practicing and rapprochement phase (Mahler et al., 1975).

In the previous sections we have reviewed gender differences in depression as well as separation/individuation and identification with mother, and separately, the relationship of the false-self disturbance to identification with the narcissistically-injured mother and the prevalence of depression in the false-self disorder. The following section will begin to formulate a model which involves a synthesis of the previous sections.

Gender Differences in False-Self Disturbance

It has been noted that the hallmark conscious experience of the false-self is depression (Miller, 1979). It has also been shown that women are not only consistently more depressed than men, but also have been observed to experience depression differently from men, characterized by dependency issues and a lack of autonomy. This suggests that there may be gender differences in false-self identity disturbance. Recall that the roots of the false-self have been said to occur in the early symbiotic stage, when the infant is in need of empathy and mirroring by the mother (Winnicott, 1965). The probability
of a disturbance in the symbiotic phase, resulting in inadequate mirroring, is greater when the narcissistically-injured mother over-identifies with the child, resulting in a fusion of boundaries and projection of maternal conflicts on to the child. This identification is more likely to be stimulated with a same-sex daughter, and the mother's gender identification may make fusion of boundaries and impingement of the mother's needs more likely for female children (Chodorow, 1978; Flax, 1981). The mother is less able to empathize with and mirror the female infant's needs because her own needs are stimulated through identification and projection (Chodorow, 1978). Additionally, the female child's process of identification and role learning is continually embedded in an interpersonal relationship with mother, for her, gender identification does not necessitate separation (Stoller, 1974). Theories have suggested that women may have more difficulty developing a separate identity and sense of wholeness. The blurring of boundaries common to the mother-daughter dyad leads women to experience themselves as empty of themselves, unrecognized, and as not being accorded a separate reality (Chodorow, 1978), all experiences common to observations of false-self patients (Horner, 1984).

Furthermore, sociological, psychoanalytic, and psychology of women literature converge in noting the greater importance of affiliative and affectional ties for women and connect these with women's greater vulnerability to depression (Chodorow, 1974; Miller, 1973; Symonds, 1981). This gender difference may be central to the idea that daughter's are more sensitive and vulnerable to a false-self orientation towards mother. Girls are more vulnerable to the needs of the narcissistically-
injured mother than boys, and are less supported in defending against fusion with mother (Chodorow, 1978). Furthermore, the daughter who must parent the mother fails to develop a sense of self as a good-enough daughter or mother. The mother who is depressed or abused creates a deep sense of inadequacy in the daughter, a sense of not being a good-enough caretaker (Surrey, 1986).

Boys are less susceptible to fusion of boundaries because they are physical differentiated from mother, are not associated with nurturance in our society, and are encouraged by mother and society to move away from identification and symbiosis with mother (Levenson, 1984; Stoller, 1974). A boy’s development of autonomy and gender identity involves the denial of affect and relationship with mother rather than a similar relationship with father (Chodorow, 1978).

False-self Parallels for Women: Conceptual and Clinical

Gender differences in identity development and separation-individuation support the idea that the false-self concept may provide a bridge for understanding and integrating disparate findings on gender differences in depression. Several authors refer to feelings of depression in women as disguised communication from a lost or split-off self (Kanefield, 1985; Lachmann, 1982; Menaker, 1982; Miller, 1973; Post, 1982; Symonds, 1981). In expanding upon these comments, the pervasiveness of feminine depression may represent the communication of the true self when false-self identity has characterized female development. Seidenberg suggests that women’s psychological symptoms represent a struggle to “preserve or express some deeply needed aspects of personal integrity in a milieu that will not allow for their direct
expression" (p.381, 1973). Thus, depression is interpreted as an expressive versus solely defensive symptom. He notes that the most common problems in women tend to be the powerless, "undoing" kind, including depression, phobias and frigidity. Seidenberg senses a common theme in these symptoms, the fear of directing and living one's life fully and a concurrent protest against a life of lost identity.

The literature examining the relationship of sex-role to female depression reports depression in both traditional and non-traditional women. Likewise, the false-self concept may apply to both groups of women. It is important to note that overt autonomy (as expressed by non-traditional women) is not to be confused with internal autonomy (Menaker, 1986). Overt behavioral autonomy, represented by independence, achievement and self-sufficiency, is not to be confused with true psychological autonomy (Menaker, 1986). Conversely, interpersonal responsibility, involvement and interdependency do not necessarily represent a lack of individuation (Kaplan, 1986). The false-self individual, who has been unable to separate and achieve true psychological autonomy, fails to experience wholeness in two ways; either feelings and behaviors are shut down to avoid pain, or amplified to gain approval. In our society, it is clear that the "masculine" feelings and behaviors continue to be valued and gain approval, in contrast to feminine values and behaviors. The dilemma involving expression of the whole female self remains the same.

It may be helpful to consider the daughter's most likely options in separating and individuating vis a vis the narcissistically damaged mother: (1) feminine identification with the devalued, depressed mother,
splitting off achievement and power needs that would constitute an abandonment of mother (the traditional choice), or (2) disowning one's feminine identity and aligning with male values and behaviors. Either alternative, while ostensibly quite different in appearance, may represent similar unresolved separation issues and false-self identity disturbance.

Although research has not directly attempted to measure the false-self, either globally or in discrete elements, clinical observations provide support for the previous theoretical formulations. The false-self disturbance described in the theoretical literature can be seen to share close parallels to a number of descriptions of women in clinical case studies (Clance & Imes, 1978; Hirschfeld, 1982; Lachmann, 1982; Post, 1982; Symonds, 1981). Frequently, the author's relate women's current symptoms to a denial and lack of recognition of the self which occurred in the family of origin. While the women in the following studies are quite different in outward appearance, their similarity to each other includes denial of negative affect, feelings of fraudulence, unstable self-esteem, depression and unstable self-representation. These are also hallmarks of the false-self (Horner, 1984; Miller, 1979; Winnicott, 1965).

Post's (1982) study of high-achieving women provides a perspective on women who were raised with rigid achievement expectations. Her conclusions are based on her observations of 15 "highly successful" young women patients seen by her in therapy over the course of two years. These women appear to have split-off the feminine parts of themselves associated with emotionality, healthy dependency and
interrelatedness. Post reported that her sample of high-achieving women seemed oriented toward helping other people while denying their own needs. Although they supported others emotionally, they camouflaged their own needs, presenting themselves as invulnerable and self-sufficient. Post describes a dependency conflict common to this group of women characterized by anxiety about expressing warmth, sadness or feelings of vulnerability. This anxiety was founded on the underlying belief that nobody really loved them, or had ever valued them for themselves, but rather, for what they could do to make the parents feel better about themselves. These women experienced pressure to grow up quickly and relinquish childhood needs. They were expected to meet strict parental expectations for performance. These women appeared to achieve at high levels to gain parental approval and boost their parent's shaky self-esteem. The key defense for these women is denial of their need for nurturing, dependency and other qualities that were disparaged when they were children. In therapy, Post notes that these women bring to the surface previously repressed characteristics of themselves that had been deemed unacceptable. An integration of more "feminine" qualities in therapy offered increased flexibility in expressing strivings for mastery or support, and greater self-acceptance without a need to be perfect.

Similarly, Symonds (1981) reported the unresolved covert dependency and loss of self observed in her experience with a number of married women over twenty years of clinical practice. Her conclusions are supported in case studies of three particular women patients. Symonds observed that these women have expressed their unresolved
dependency and lack of autonomy differently, although the women described by both Post and Symonds deny their own needs in the hope of preserving the relationship with the needed other. Typically, these women appeared to sacrifice their former independence and strength after marriage, becoming phobic, helpless, and depressed. Symonds (1981) noted that independence, self-reliance and control of feelings had been prized in the families of these women. She observed that these women developed skills and qualities that were pseudo-mature, giving the illusion of strength. As adolescents and young women, these individuals’ behavior appeared cool, capable and self-reliant. Later, they all chose work or education that maintained the illusion of strength and self-sufficiency.

The history of these women is similar to Post’s descriptions. However, Symonds pointed out that marriage becomes a "declaration of dependence", and the only opportunity the patient can see "for the deeply repressed and denied self to have an opportunity to live" (p. 237). The false-self parallels are striking throughout Symond’s case descriptions. For example, in her discussion of women referred for depression and phobias Symonds observes:

All three patients had the same sort of relationship with their husbands. Whenever any area of difference developed that would ordinarily have caused friction between man and wife, they avoided it at all costs. Rather than differ and perhaps fight, or at least argue, they would automatically and unconsciously drop their point of view, their need, or their desire—and go along with the husband’s ....I was always struck by the price these patients were willing to pay in order to avoid the faintest possibility of expressing anger or hostility openly.....Why do certain women respond to marriage with such an extreme suppression of self, especially when it occurs in those who seemed to have been so different in their life before marriage? Without making a conscious decision, ruthlessly they choke off their inner self; in Horney’s terms, they give up their real self. (1981, p. 234-235)
She points out that cultural prejudices have encouraged women to defer their own development and to believe that their growth will hurt others, as children, and as wives. She views women’s phobias and other signs of constriction of the self as an end result of a profound underlying despair related to a lack of a whole self. For all of the women described thus far, relationships with others necessitated splitting-off the part of themselves that might threaten the one they depend on.

The Imposter Syndrome

Another area of literature that uses concepts similar to the false-self includes literature on "The Imposter Syndrome." Clance and Imes (1978) focus on accounts of women whose success, autonomy and independence felt illusory. Their conclusions are based on observations of 150 "highly successful" women in a university setting, including students, faculty and professional women. One-third of these women were in individual psychotherapy while the remaining number were in "growth-oriented interaction" groups and classes taught by the authors. These themes most salient in their work with these women parallel the struggles with grandiosity and illusory achievement described in the false-self individual (Horner, 1984). Clance and Imes emphasize the feelings of fraudulence and unstable self-esteem observed in their women patients, which they refer to as the "Imposter Syndrome". Despite outstanding achievements and successes, these women felt that they were not bright and had fooled others. They attributed their successes to outside causes and internally felt phony rather than successful. Their accomplishments had little lasting effect on their self-esteem.
Although depression was one of the symptoms associated with these feelings, anxiety, frustration and lack of self-confidence were also common. Clance and Imes attributed sex differences in this phenomena to cultural expectations that have become internalized, suggesting that men are more likely to attribute their success to an inherent quality of themselves. The authors commented that imposter feelings are related to expectations developed in relation to the women’s family, noting that this area requires more in depth research. These women experienced difficulty internalizing external reinforcement and experiencing reactions of others to her as "real." Clance and Imes (1978) related their observations to Horner’s (1978) fear of success study, commenting that experiencing one’s achievements as not one’s own may protect women from feared repercussions in society for her lack of femininity. Harvey and Katz (1985) also described the subjective experiences of both “Imposter syndrome” men and women, who had a common experience of feeling fake and of having a public and private self, developing a self-report scale to assess this phenomenon.

Hirschfeld (1982) studied the Imposter syndrome in high achieving women, and found that these women felt unprepared by their families for nontraditional careers, and perceived themselves as personally lacking in the traits necessary for success despite the fact of their external accomplishments. Hirschfeld concluded that these women had not been able to identify with or internalize those parts of themselves that had been responsible for their career achievements.

These case studies illustrate how the adaptation of self-sufficiency masked underlying dependency wishes and the depressed split-
off real self. The characteristics of the women described above share the common theme of experiencing depression, feelings of fraudulence, a lack of reality-based self-esteem, unresolved dependency, and split-off disowned parts of the self. These experiences are extremely congruent with the experiences of patients with false-self disorder (Horner, 1984; Miller, 1979; Winnicott, 1965). It is important to note that the non-depressed traditional or non-traditional woman may represent either the most healthy or most pathological resolution of feminine identity development. Either choice of roles and/or behavior may represent an integration of individual needs, with internalization and a mature choice to achieve or help others which is not based solely on receiving love and approval. Or, the false-self identity has become so pervasive that the true self is lost, defended against, undeveloped, and not at all experienced in conscious awareness.

Summary and Hypotheses

Gender differences in separation/individuation may be central to understanding gender differences in depression, and thus, the dynamics of depression specific to women. The literature has reported measures which operationalize both separation/individuation issues and dimensions of depression associated with separation/individuation. Reviews of the literature reveal that women experience separation difficulty associated with lack of autonomy and unresolved dependency issues, while men struggle more with isolation and fear of intimacy. Such gender differences provide support for the idea that female depression may be associated with false-self identity issues. False-self characteristics
observed in case studies of women further support this idea.

A consideration of cultural values and role expectations leads to the speculation that men may be less overtly depressed and may experience less false-self disturbance because their character structure is bolstered and valued on every level of society. Men may be vulnerable to false-self disturbance also, albeit not expressed through depression, or defended against more completely.

In order to understand gender differences in depression, the present study explores male and female differences in separation-individuation and false-self identity characteristics. The false-self is operationalized in a novel way in this study by measuring central characteristics of the false-self that are presented in the theoretical literature. It is not within the scope of this study to examine all types of false-self disturbance, but rather to explore the degree to which this concept is relevant in understanding the roots of gender differences in depression. In respect to female depression, the false-self concept may provide a bridge which allows us to understand common dynamics of female depression in seemingly disparate groups of women. In order to study the relationship of gender differences in depression, separation-individuation, and the false-self, several groups of hypotheses were explored.

Gender differences in depression were expected in the following ways:

1. Women were expected to score higher than men on the Beck Depression Inventory (BDI).

2. On the Depressive Experiences Questionnaire (DEQ) subscales,
women were expected to score higher on the anaclitic dimension.

3. On the DEQ, men were expected to score higher on the introjective dimension.

Gender differences were also expected in type and severity of separation/individuation disturbance as measured by a modified version of the Separation-Individuation Test of Adolescence (SITA, Levine, Green & Millon, 1986). Specifically:

4. Women were expected to exhibit higher scores on the nurturance-seeking, symbiosis-seeking, and separation anxiety scales.

5. Men were expected to exhibit higher scores on the engulfment anxiety, dependency denial, and self-centeredness (grandiosity) scales.

Three scales which are proposed to operationalize the false-self construct were also expected to elicit gender differences in false-self identity disturbance. Gender comparisons on these measures also provided a test of the hypothesis that false-self issues are particularly common to women. Women were expected to exhibit a higher degree of congruence with descriptions of the false-self disorder than men in the following ways:

6. On the Anger Self-Report (ASR), women were predicted to have lower scores than men on the Mistrust, Awareness of anger, General expression of aggression, and verbal aggression scales, and higher scores on Guilt, and Condemnation of anger subscales.

7. On the Interoceptive awareness scale of the Eating Disorders Inventory (EDI), women were predicted to score higher than men, indicating that women exhibited a greater lack of awareness of their internal state, particularly regarding differentiation of affect.
8. Women were expected to score higher than men on the Imposter scale, exhibiting greater feelings of fraudulence and self-doubt.

It was further expected that false-self measures would be highly related to depression, particularly depression as measured by the DEQ. It was also hypothesized that false-self disturbance is an underlying dynamic in depression, and that false-self disturbance would be particularly related to female depression. Specifically it was predicted that:

9. Anaclitic and introjective depression would be correlated with the three false-self characteristic scales: the Imposter scale, I-EDI and ASR subscales. Anaclitic depression, more traditionally associated with female depressive experiences, was predicted to be most highly correlated with these three scales, supporting the hypothesis that the dynamics of female depression are more associated with false-self disturbance.

10. In examining gender differences, women's scores on the DEQ were expected to be more highly correlated with the three false-self characteristic scales than the men's. Anaclitic depression is most associated with female depression in the literature, therefore it was expected that this relationship would be strongest in the correlation with women's DEQ scores.

This study predicted that depression is associated with underlying separation/individuation issues, and that these issues would differ between sexes. It was expected that particular separation issues would be shown most strongly related to depression, and that gender differences in the strength of relationship between depression and
separation issues would be observed. Specifically, it was hypothesized that:

11. In general, anaclitic depression would be highly correlated with separation anxiety, nurturance seeking, enmeshment seeking and symbiosis seeking.

12. Efficacy was expected to correlate with the healthy separation SITA subscale.

13. Additionally, introjective depression was expected to correlate with engulfment anxiety, and dependency denial.

14. Similarly, the BDI depression measure was expected to be correlated with the SITA subtests, and gender differences in strength of relationship (correlation) between depression (BDI) and SITA subscale scores were expected. Since the BDI taps cognitive aspects of depression similar to the DEQ introjective scale, it was expected that the Beck and the introjective scale would be highly correlated, and that the BDI and introjective depression scale would correlate with the same SITA subscales.

Finally, since false-self disturbance was measured in a novel way, additional analysis was planned to explore the validity of this approach. It was assumed that the false-self measures used in this study should bear a relationship to measures of separation-individuation. Therefore, to check this assumption, the pattern of correlation of these scales and the SITA subscales were explored. As a further check of the assumption that the group of false-self characteristics scales are reflecting a common underlying dynamic, the three scales hypothesized to measure "false-self" characteristics were expect to exhibit high
intercorrelations.
CHAPTER II

METHODS

Subjects

Adult subjects consisted of 61 women and 61 men who were members of Parent Organizations at local elementary, junior high and high schools. The subject group was made up of volunteers who completed a packet of questionnaires distributed at the meeting they attended. Potential subjects who returned the questionnaires partially completed were not included in the study. A total of 325 questionnaires were distributed, and of these, 128 were returned, with 4 incomplete, and 3 late, resulting in the final total of 122 used in this study, or 39.4% of the total packets.

The groups were equated for age, education, marital status, employment status and family income level. The age range included adults from 28 to 57. Both males and females were clearly from the same age cohort, the mean age of the male group was $M=42.6$, $SD=5.68$, while the mean age of the female group was $M=38.8$, $SD=5.26$. Similarly, the average educational level for males was $M=17.3$, compared to females, $M=16.3$. A Chi-square analysis reported no significant gender differences in family income level, (for women 21% had a family income of $30,000 to 50,000, compared to 18% for men, 61% of women had a family
income of $50,000 to $100,000 compared to 56% of the men, and 18% of the women had family incomes over $100,000 compared to 25% of the men), \( \chi^2 \) (3) = 1.91, \( p < .59 \). The groups also did not significantly differ in marital status (98.4% of the males were married compared to 98.4% of the females). However, there was a significant difference between groups in employment status. One-hundred percent of the males were employed full-time, while 23% of the women were employed full-time, 36% part-time, 3% unemployed or students and 38% employed as full-time homemakers. The corrected Chi-Square yielded a significant difference between groups on employment status, \( \chi^2 \) (4) = 76.45, \( p < .0001 \).

Materials

Depression

Subjects completed two measures of depression, one to provide a general measure of depression and the second to provide a more dynamic description of type of depression.

Beck Depression Inventory (BDI) (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961). The BDI is a 21-item self-report scale which measures physical and cognitive symptoms of depression, yielding one overall score from 0 to 63. Each item is defined by four statements of increasing severity representing the level of severity of depression. The subject is instructed to choose the statement that is most applicable to his/herself, according to how the subject has been feeling "in the past week, including today," (Beck et al., 1961).

The BDI was used to provide a continuous depression variable score. The BDI presumably measures the subject's current depressive state and does not include past history or focus on long-term
characterological depression. The BDI measures the degree of depressive symptomatology congruent with psychiatric diagnosis of depression, and thus provides a measure of the type of depression that is most congruent with clinical depressive symptoms (i.e. DSM-III, 3rd ed., American Psychiatric Association, 1980), and most highly correlated with aspects of depression that reflect self-criticism primarily and dependency issues only secondarily (Blatt, Quinlan, Chevron, McDonald and Zuroff, 1982). The Beck has been popular as a research tool with both clinical and non-clinical populations, and has shown to be valid for use with normal subjects (Lips and Ng, 1985).

**Depressive Experiences Questionnaire (DEQ)** (Blatt, 1974). The DEQ assesses dimensions of depressive experience relevant to separation-individuation issues. This approach assesses dimensions of depression (dependency and helplessness) not usually assessed in conventional measures (Blatt et al., 1982). The DEQ was originally developed for use with normal populations (Blatt et al., 1982), and has been shown to detect characterological depression in normal populations (Blatt et al., 1976). The DEQ consists of 66 items rated on a seven point scale from "strongly agree" to "strongly disagree".

It provides three subscale scores: anaclitic depression (also referred to in the research literature as dependency depression), introjective depression (referred to in research literature as self-criticism depression), and efficacy. Blatt (1974) described the two typologies of depression: anaclitic depression, characterized by intense dependency, fears of abandonment, wishes to be cared for and loved, and feelings of helplessness and weakness, and introjective depression, a
self-critical depression characterized by feelings of self-hate, guilt, worthlessness and struggling to live up to expectations. Blatt (1974) has argued that the two dimensions of depression differ in level of self- and object representation and thus may be sensitive to the separation disturbances and sex differences in self-differentiation that are the focus of this study.

The DEQ differs from the BDI and other clinical measures in a number of ways. Subjects are told that the DEQ item statements concern "personal characteristics and traits," (Blatt, 1974). This focus differs from the more immediate experience of depression elicited in the BDI. Furthermore, traditional symptomatology associated with depression (i.e. DSM-III, 1980) are not included in the DEQ assessment. The DEQ provides a more fruitful examination of characterological issues of depression relevant to self-differentiation (e.g. Feather, 1985), and focuses on depression less as a psychiatric syndrome and more as a continuum ranging from normality to severe clinical states, originating from disruptions in the normal developmental process (Blatt et al., 1982).

Zuroff, Moskowitz, Wielfus, Powers and Franko (1983) found support for Blatt's (1974) claim that these dimensions of depression had high levels of temporal stability, and represented stable personality variables. Furthermore, Blatt et al. (1982) tested how well the items work together as a scale for each depression dimension, concluding that these scales exhibited adequate intratest homogeneity, and test-retest reliability. The internal consistency of each scale was tested using the alpha coefficient, yielding .78 for the anaclitic depression scale,
.78 for the introjective depression scale, and .66 for the efficacy scale.

**separation-Individuation**

Dimensions of separation/individuation were measured using a modified version of the *Separation-Individuation Test of Adolescence* (SITA) (Levine, Green & Millon, 1986), adapted by this experimenter for use with adults (Appendix C). Levine et al. (1986) state that this measure is developed from an attempt to delineate key dynamics of Mahler's separation-individuation model (Mahler et al., 1975) and provides empirical data that discriminates differing personality structures and issues within a normal population.

There are eight subtests: Nurturance-seeking, Symbiosis-seeking, Enmeshment-seeking, Engulfment Anxiety, Separation Anxiety, Dependency Denial, Self-Centeredness and Healthy Separation. In the version modified for adults in this study, there are 65 items scored using a 5-point Likert scale. Levine et al. (1986) describes the scales focal aspects in detail. The Nurturance-seeking scale describes individuals with positive expectations of others and wishes to be taken care of and protected, a desire for guidance, a wish to feel oneness with others and with God. This scale is hypothesized to represent residual effects of the symbiotic phase of separation-individuation. The Symbiosis-seeking scale has a number of items that overlap with nurturance and enmeshment seeking since these scales are regarded as representing the same basic dimension, but these items appear to uniquely focus on a high social affiliation, a dislike of being alone, and wishes to be similar to other people and part of a group. Enmeshment-seeking is most concerned with
a diffusion of boundaries and fusion with family friends, a feeling that one's thoughts and feelings are shared and known without speaking, a wish to share oneself completely and to feel close. These three scales cluster together as representing unresolved needs and aspects of the symbiotic stage.

Dependency denial represents a defense against closeness and a rejection or denial of a need for love or closeness, suspiciousness about closeness, a denial of the importance of relationships, and the equating of dependency with weakness. Levine et al. (1986) suggest that this defensive style begins in early separation-individuation in response to a mother's impinging, unpredictable or mechanical treatment of a child during the symbiotic phase. The Engulfment anxiety scale described individuals who are fearful of closeness, and who view closeness as a threat to independence and selfhood. These individuals feel controlled and impinged upon by others, and feel a struggle to maintain their own autonomy. This scale is hypothesized to represent an intrusive or enveloping mother during both the symbiotic phase and during the rapprochement phase, when the fear of reengulfment stems from the toddler's tentative separation and reemergence of dependency needs. The Separation anxiety scale focuses on strong fears of losing emotional or physical contact with an important other. This scale includes feelings of loss and anxiety about abandonment or rejection. These feelings also stem from the separation anxiety of rapprochement, and may be seen particularly in children whose mothers were less available, resulting in a premature end to the symbiotic stage. The Self-centeredness scale describes individuals with a high degree of
narcissism and self-admiration, with a focus on receiving special attention or admiration (mirroring) from others. This scale is hypothesized to represent feelings from the practicing subphase of separation-individuation. The Healthy separation scale describes individuals who have made significant progress in resolving separation-individuation conflicts, including dependency and independency, similarity and difference from others. This is hypothesized to stem from a successful consolidation phase during childhood resulting in a consolidation of self and object images.

While this test is relatively new, Levine et al. (1986) provide extensive information on theoretical, external criterion validity, and internal-structural validation. High scores on each scale represent a high degree of feelings related to the separation issues described in each scale.

False-Self Identity Characteristics

False-self identity characteristics were assessed in a novel manner through the use of measures which operationalize central characteristics of the false-self described in the theoretical literature (Horner, 1984; Miller, 1979; Winnicott, 1965). Three scales were used to examine these false-self characteristics.

Anger Self-Report (Zelin, Adler and Myerson, 1972). This test was used to assess the ability to be aware of and express negative emotions. Higher scores on each scale (higher positive value) indicate a higher degree of the attribute described in each scale, and negative scores indicate less of this attribute, or the opposite direction. This 89-item instrument provides scores for several dimensions including: 1)
Awareness of anger, which measures degree to which angry negative feelings are accepted or denied, split-off and defended against; high awareness of anger scores indicate a high acceptance of these feelings. 

2) General, Verbal and Physical Expression of Anger, which includes three scales concerning an individual's propensity to express his anger overtly, either physically or verbally, with General expression of aggression representing a willingness to quarrel with or hurt someone's feelings, and physical aggression including feelings that an individual might hit someone if provoked. 3) Guilt, which involves feelings of self-hatred, worthlessness and an introjection of anger. 4) Condemnation of Anger, which includes feelings that anger should never be expressed of felt, and 5) Mistrust, which includes feelings of suspicion, anxiety and disappointment in others and doubting others motives. Questionnaire items are scored on a 6-point Likert-type scale. Zelin, Adler and Myerson (1972) provide information on this scale's convergent and discriminant validity in measuring discrete aspects of anger and aggression.

Harvey Imposter Syndrome Scale (Harvey, Kidder & Sutherland, as cited in Harvey and Katz, 1985). This test measured feelings of fraudulence, a lack of reality-based self-esteem, and the experience of a public and private self. The questionnaire has 14 items rated on a seven-point scale from "not at all true" to "very true", yielding one "imposter score", which may range from 0 to 84. Individuals with high scores on this scale derive little enjoyment or self-esteem from their successes, feel that parts of themselves are hidden from others, and that the self that others see is fraudulent.
Interoceptive Awareness subscale - Eating Disorders Inventory (Garner, Olmstead & Polivy, 1983). The scale measured subjective feelings and experiences considered characteristic of the false self disturbance which relate to one's awareness and ability to differentiate one's inner states, particularly affect. A disturbance in interoceptive awareness is considered to be characteristic of false-self organization (Johnson & Connors, 1986). The I-EDI consists of 10 items scored on a 6-point scale. Scores may range from 0 to 30. High scores on the interoceptive awareness scale indicate a high degree of disturbance. Individuals with these feelings feel confused and overwhelmed by their internal state, and are unable to discriminate physical and emotional states, worrying that their feelings may get out of control.

Open-ended Questions

Two questions concerning subjective experience and perception of one's self were used to provide the examiner with additional qualitative information (Appendix B):

1) If you would change something about yourself, what would it be?
2) Do you find that your thoughts and feelings seem to conflict with what you say and do? In what way? (p. 144, Harvey, Kidder & Sutherland, cited in Harvey & Katz, 1985).

Demographic Information

A sheet of demographic information was included in the packet of questionnaires, including information regarding age, sex, years of education, job status (full-time, part-time, full-time homemaker,
student, unemployed), personal and family income, and amount of hours of work per week (Appendix B).

**Procedure**

Volunteers received a brief explanation of the study and the packet of questionnaires, which takes approximately 45 minutes to complete, at the Parent Association meetings. They were asked to take the packets home after the meeting and to complete them privately, returning them to the experimenter as soon as possible. Prior to any subject’s participation in the study, he/she signed a consent form that stated that he/she voluntarily agreed to participate in the study and that all results were confidential and would be used only for the purposes of the study without identifying information (Appendix A). Both the presentation of the study and distribution of the packets was done by the experimenter, and all subjects had no prior relationship to the experimenter. The packets included an instructional note, the above measures, the experimenter’s home number, and a stamped, addressed return envelope. Each packet was coded in order to preserve anonymity. However, volunteers were asked to sign a sign-up list in order to provide names and addresses in order to receive a brief summary of the study’s findings.
CHAPTER III

RESULTS

This study focused on the relationship of gender differences in depression to gender differences in separation-individuation and false-self disturbance. Since a global measure of the false-self was not available in the previous literature, characteristics of the false-self were examined by a selected group of measures. In the first section, the validity of the present's study's use of scales hypothesized to represent the false-self is examined both through intercorrelations of false-self scales, and the relationship of the false-self scales to separation-individuation. Gender differences were predicted in severity and type of depression, in separation-individuation issues, and in degree of false-self disturbance. These analyses will be presented in the second section. Furthermore, it was predicted that depression, separation-individuation, and false-self characteristics would be highly related, and that this pattern of relationship would differ by gender and type of depression. The correlational analyses exploring this group of hypotheses are presented in a separate section. Finally, multiple regression analyses, which further test the relationship of depression to separation-individuation and false-self issues, are presented.
The False-self Measures

In the present study, the concept of false-self was operationalized by using several scales designed to measure characteristics typically associated with the false-self personality. Because this represented a unique approach to the measurement of the false-self, preliminary analyses were conducted to explore the validity of this method. A summary of the measures used to assess each construct are listed in Table 1. First the intercorrelations of the group of false-self characteristic scales were examined, and second, the correlation of these scales with the separation-individuation scales.

The subscales hypothesized to measure false-self characteristics were expected to be highly intercorrelated to support the idea that they were measuring a common underlying phenomena. To check this, Pearson product-moment correlations were used. These correlations are reported in Table 2. For the most part, the ASR subscales were highly correlated with each other. This relationship is not surprising. However, it is clear that verbal aggression and condemnation of anger do not appear to correlate highly with any of the false-self measures. The Interoceptive awareness and Imposter scale were significantly correlated with the awareness of anger, guilt and mistrust ASR scales. The Imposter scale and the Interoceptive awareness scale are significantly related to each other. All of the above relationships were in the positive direction, and these correlations support the idea that, for five of nine of the false-self measures, there is a good deal of intercorrelation. These significant relationships provide support for the use of these tests to measure a common underlying phenomenom.
This study also expected that false-self measures would be highly related to measures of separation-individuation since the false-self identity disturbance is a disturbance in achieving separation-individuation. Correlations on these measures examined this assumption. The results are presented in Table 3. A pattern of significant correlations between the false-self and separation-individuation measures emerged. Separation-anxiety, engulfment anxiety and low healthy separation were most strongly correlated overall with the false-self measures. Within the false-self scales, the Interoceptive-awareness, Imposter scale, awareness of anger, guilt and mistrust scales were overall most highly related to the separation-individuation subscales. Clearly, the dynamics of the false-self as it is represented in this study appear to be highly related to separation-individuation issues, congruent with the discussion of the false-self in the theoretical literature. Taken together, these results suggest that the false-self characteristics cluster together, appearing to represent a common underlying disturbance, and that they relate to a disturbance in separation-individuation.
### TABLE 1

**Summary of Constructs and Measures**

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<th>Depression</th>
<th>Separation-Individuation</th>
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### TABLE 2

**Intercorrelation of False-Self Measures**

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</table>

* * p < 0.01  ** p < 0.001  *** p < 0.0001

**KEY**

- IMP = Imposter Scale
- Intero = Interoceptive Awareness Scale
- AA = Awareness of Anger
- GEA = General Expression of Aggression
- PA = Physical Aggression
- VA = Verbal Aggression
- G = Guilt
- CA = Condemnation of Anger
- MS = Mistrust/Suspicion
### TABLE 3

**Correlations between Separation-Individuation and False-Self**  
*(Total Sample)*

<table>
<thead>
<tr>
<th></th>
<th>SA</th>
<th>EA</th>
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<th>DD</th>
<th>NS</th>
<th>ES</th>
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<td>-.17</td>
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* *p < 0.01  **p < 0.001  ***p < 0.0001*

**IMP** = Imposter Scale  
**IEDI** = Interoceptive Awareness  
**AA** = Awareness of Anger  
**GEA** = General Expression of Aggression  
**PA** = Physical Aggression  
**VA** = Verbal Aggression  
**G** = Guilt  
**CA** = Condemnation of Anger  
**MS** = Mistrust/Suspicion  

**SA** = Separation Anxiety  
**EA** = Engulfment Anxiety  
**SC** = Self-Centeredness  
**DD** = Dependency Denial  
**NS** = Nurturance Seeking  
**ES** = Enmeshment Seeking  
**SS** = Symbiosis Seeking  
**HS** = Healthy Separation
Gender Differences in Depression

It was predicted that women would differ from men in overall severity and type of depression. In order to test this, one-tailed t-tests were used, with significance set at p<.01 because of the large number of t-tests performed in this study. On the BDI, women were expected to score higher on depression than men, but the difference was not significant: (M(female)=6.2, SD=4.5, M(male)=4.8, SD=5.6), t(120)=-1.52, p<.06. Furthermore, women were expected to score higher on the anaclitic dimension of the DEQ and men were expected to score higher on the introjective dimension of the DEQ. There were no significant gender differences on either the DEQ anaclitic dimension (M(fem)=-.41, SD=.92, M(male)=-.21, SD=.72), t(120)=1.37, p<.09, or on the DEQ introjective factor (M(female)=-0.52, SD=1.03, M(male)=-.65, SD=.93), t(120)=-.75, p<.46. In fact, the direction of the gender differences in both DEQ factor scores were in the opposite direction of that hypothesized, with men exhibiting slightly greater anaclitic depression, and women slightly more introjective depression. In summary, the hypothesized differences in depression did not occur in this study. The women did not appear to be more depressed than the men, and there were no significant differences in the type of depression experienced by men and women.

Gender Differences in Separation-Individuation

It was hypothesized that depression is frequently associated with underlying separation-individuation issues, and that these issues would differ between sexes. Specifically, it was expected that women would score higher on the SITA nurturance-seeking, symbiosis-seeking and
separation-anxiety sub-scales, while men would exhibit higher scores on the engulfment anxiety, dependency denial and self-centeredness (grandiosity) sub-scales. The one-tailed $t$-tests for these comparisons are presented in Table 4.

As seen in Table 4, there was a significant sex difference in engulfment anxiety, with women ($M=27.13$, $SD=6.18$) exhibiting greater engulfment anxiety than men ($M=24.85$, $SD=5.15$), $t(120)=2.21$, $p<.01$. However this difference was in the opposite direction of the hypothesized difference. Several gender differences on the SITA approached significance, including the separation anxiety ($M(fem)=27.32$, $SD=5.92$, $M(male)=25.68$, $SD=4.81$), $t(120)=1.68$, $p<.05$, enmeshment-seeking ($M(fem)=30.87$, $SD=5.57$, $M(male)=29.21$, $SD=5.05$), $t(120)=1.73$, $p<.04$, and symbiosis-seeking scales ($M(fem)=33.27$, $SD=5.57$, $M(male)=31.76$, $SD=4.88$), $t(120)=1.66$, $p<.05$, which were in the expected direction, with women scoring higher than men on each of these subscales. Similarly, men scored higher on the dependency denial scale, a difference approaching significance in the predicted direction, $p<.015$. The hypothesized gender differences in nurturance-seeking and self-centeredness were not found, and there was also no significant gender difference in healthy separation. These results offer mixed support for the hypotheses that men and women would differ on separation-individuation issues. Women are clearly higher than men in engulfment anxiety, and appear to be higher in separation anxiety, enmeshment seeking, and symbiosis seeking. Men appear to be higher in dependency denial. With the exception of engulfment anxiety, the direction of gender differences, although not statistically significant, provides limited support for the hypotheses.
Gender Differences in "False-Self" Characteristics

A central hypothesis of this study was that false-self identity disturbance is an underlying dynamic in depression, and that false-self disturbance is particularly relevant to female depression. For the purposes of this study, the Imposter scale, ASR, and EDI Interoceptive subscale used have been referred to as "false-self characteristic" measures. Since our hypotheses predicted that false-self disturbance is particularly common to women, it was expected that women would be higher than men on the Imposter scale, Interoceptive awareness, Condemnation of anger, and Guilt scales, while men were expected to be higher on Awareness of anger, General expression of anger, Verbal aggression, and Mistrust scales. Higher scores on the Interoceptive-awareness scale indicates greater disturbance. In contrast, higher (more positive) scores on the ASR scales represent a greater degree of the described trait or behavior. These hypotheses were tested using t-tests. The data are summarized in Table 5.
<table>
<thead>
<tr>
<th>Scale</th>
<th><strong>Males</strong></th>
<th></th>
<th><strong>Females</strong></th>
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<td><strong>Mean</strong></td>
<td><strong>SD</strong></td>
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<td>Enm Seekng</td>
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<tr>
<td>Symb Seekng</td>
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<tr>
<td>Healthy Sep</td>
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<td>-0.24</td>
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</table>

* p < 0.05,  ** p < 0.01,  *** p < 0.001

NurtSeekng = Nurturance Seeking  
Sep Anx = Separation Anxiety  
Eng Anx = Engulfment Anxiety  
Dep Denial = Dependency Denial  
Self-Cntrd = Self-Centeredness  
Enm Seekng = Enmeshment Seeking  
Symb Seekng = Symbiosis Seeking  
Healthy Sep = Healthy Separation
As can be seen in Table 5, many of the predicted gender differences were not found. Specifically, there were no significant differences between the scores of males and females on the Guilt, Awareness of anger, and verbal aggression subscales of the ASR. Nor were there differences on the Imposter scale or the Interoceptive awareness scale of the EDI. As predicted, males and females significantly differed in condemnation of anger ($M_{(fem)}=-7.75$, $SD=8.00$, $M_{(males)}=-13.3$, $SD=5.24$), $t(120)=-4.5$, $p<.0001$, congruent with the hypothesis that females would be higher on this scale. Gender differences approached significance on the mistrust, $t(120)=-1.64$, $p<.05$, and physical aggression scales, $t(120)=-2.05$, $p<.02$ but in the opposite direction hypothesized, with women more mistrustful ($M_{(fem)}=-10.6$, $SD=13.1$, $M_{(male)}=-14.3$, $SD=11.3$), and more likely to express anger through hitting someone ($M_{(fem)}=-4.26$, $SD=7.2$, $M_{(male)}=-6.75$, $SD=5.97$).

In summary, there was little support for the prediction regarding gender differences in false-self characteristics, with only the condemnation of anger subscale exhibiting the expected significant sex difference. The physical aggression and mistrust scales approached significance in the opposite direction expected.

**Correlations of Depression and Separation-Individuation**

It was predicted that depression is associated with separation-individuation issues. Therefore, depression measures and separation-individuation measures were expected to be highly related. Furthermore, this study raised the question of whether certain types of depression were associated with particular separation issues, and whether different patterns of relationship existed for men and women. It was expected that
anaclitic depression would be significantly positively correlated with separation anxiety, nurturance seeking, enmeshment seeking and symbiosis seeking. Introjective depression was expected to correlate positively with engulfment anxiety and dependency denial. The Beck was expected to correlate with separation issues similar to the introjective depression measure. Pearson product-moment correlations were used to test this assumption and are reported in Table 6 for the total sample. Table 7 presents these same correlations computed separately for males and females in order to examine gender differences in these relationships.
## TABLE 5

**Gender Differences in False-Self Measures**

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<th><strong>FEMALES</strong></th>
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<td>Mean SD</td>
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<td>1.85 (3.75)</td>
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<td>Aware Anger</td>
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<td>0.46 (12.9)</td>
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<td>GenExpAggr</td>
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<td>-2.02 (8.56)</td>
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<td>Phys Aggr</td>
<td>-6.75 (5.97)</td>
<td>-4.26 (7.20)</td>
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<td>Verbal Aggr</td>
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<tr>
<td>Guilt</td>
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<tr>
<td>Condem Angr</td>
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<td>-7.75 (8.00)</td>
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<tr>
<td>Mistr/Susp</td>
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<td>-10.6 (13.1)</td>
<td>-1.64</td>
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</table>

* P < 0.05,  *** P < 0.0001

- Imposter = Imposter Scale Score
- I-EDI = I-EDI Score
- Aware Anger = Awareness of Anger (ASR)
- GenExpAggr = General Expression of Aggression (ASR)
- Phys Aggr = Physical Aggression (ASR)
- Verbal Aggr = Verbal Aggression (ASR)
- Guilt = Guilt (ASR)
- Condem Angr = Condemnation of Anger (ASR)
- Mistr/Susp = Mistrust or Suspicion (ASR)
### TABLE 6

**Correlation of Separation-Individuation and Depression**

**ALL RESPONDENTS**

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<th>SCALE</th>
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<th>BDI</th>
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<td>-.31***</td>
<td>-.15</td>
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</table>

* p < 0.01  ** p < 0.001  *** p < 0.0001

SA = Separation Anxiety  
EA = Engulfment Anxiety  
SC = Self-Centeredness  
DD = Dependency Denial  
NS = Nurturance Seeking  
ES = Enmeshment Seeking  
SS = Symbiosis Seeking  
HS = Healthy Separation
TABLE 7

Correlation of Separation-Individuation and Depression

BY GENDER

<table>
<thead>
<tr>
<th>SCALE</th>
<th>DEQ Anaclitic MALES</th>
<th>DEQ Anaclitic FEMALES</th>
<th>DEQ Introjective MALES</th>
<th>DEQ Introjective FEMALES</th>
<th>BDI MALES</th>
<th>BDI FEMALES</th>
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<td>-.06</td>
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</tbody>
</table>

* p < 0.01  ** p < 0.001  *** p < 0.0001

SA = Separation Anxiety  NS = Nurturance Seeking
EA = Engulfment Anxiety  ES = Enmeshment Seeking
SC = Self-Centeredness  SS = Symbiosis Seeking
DD = Dependency Denial  HS = Healthy Separation
As predicted, anaclitic depression was significantly correlated with separation anxiety, nurturance-seeking, enmeshment seeking and symbiosis seeking. Surprisingly, it was also correlated with engulfment anxiety and negatively correlated with dependency denial. The hypothesis that introjective depression would be significantly related to engulfment anxiety and dependency denial was supported. In addition, introjective depression was also significantly correlated with separation anxiety, and negatively correlated with enmeshment seeking, symbiosis seeking and healthy separation. Interestingly, all three depression measures correlated significantly with separation anxiety and engulfment anxiety.

Furthermore, gender differences were explored by computing separate correlations for men and women as presented in Table 7. Only significant correlations will be discussed. The patterns of correlation for men and women on the DEQ anaclitic depression scale were nearly identical, higher anaclitic depression for both men and women was associated with higher separation anxiety, nurturance-seeking and symbiosis-seeking. For women, anaclitic depression was also associated with lower dependency denial, while for men, higher anaclitic depression was associated with higher engulfment anxiety.

The patterns of correlation were quite different for men and women on the DEQ introjective depression scale. For women, none of the SITA scales were correlated significantly with introjective depression. For men, introjective scores were very highly positively correlated with engulfment anxiety, separation anxiety and dependency denial, and negatively with engulfment seeking, symbiosis-seeking and healthy separation.
Finally, on the Beck, higher Beck depression scores for women and men were associated with separation anxiety and engulfment anxiety, with no apparent gender differences observed.

These correlations provide support for the idea that depression and separation issues are highly related, and that the DEQ characterological measures of depression are most useful in tapping that relationship. In regard to gender differences in separation issues involved in each type of depression, clear differences were not found in anaclitic depression with the exception of the dependency denial and engulfment anxiety scales. Similarly, the patterns of relationship were identical on the BDI. However, there were striking gender differences in the strength and pattern of relationship between separation-individuation and introjective depression.

Correlations of Depression and "False-self" Characteristics

Additionally, the general relationship of depression to false-self characteristics was explored. Since the DEQ measures a more characterological depression based on separation-individuation issues, the DEQ was expected to be more strongly correlated than the BDI with the scales hypothesized to measure the false-self. On the DEQ it was predicted that anaclitic depression would be most highly correlated with the false-self subscales, and that the correlation would be stronger between the false-self subscales and anaclitic depression for women, with the exception of the mistrust scale, which was expected to correlate most highly with introjective depression. These correlations are presented in Table 8, for the total sample and Table 9 separately for males and
As predicted, in the total sample, DEQ anaclitic depression is significantly positively related to interoceptive awareness, imposter feelings, and guilt, and negatively related to general expression of aggression. The other expected relationships were not significant.

In examining gender differences, it was expected that women's anaclitic depression scores would correlate most strongly with the false-self measures (with the exception of the mistrust scale). As can be seen in Table 9, the overall pattern of correlations between men and women was essentially the same. Consistent with expectations, there was some evidence of stronger relationships among the variables in the female group; the correlations between anaclitic depression and interoceptive awareness scores (higher representing more disturbance), and anaclitic depression and general expression of aggression scores reached significance for women but not for men. Contrary to expectation, however, was the finding that for men the correlation between Imposter feelings and anaclitic depression reached significance, but not for women. The significant relationship between anaclitic depression and guilt appeared to be similar for women and men. This suggests that, in the case of anaclitic depression, the underlying dynamics for men and women may be weighed somewhat differently.

For the DEQ introjective measure, it was predicted that this type of depression would also be related to the false-self measures, although not as highly as the anaclitic depression measure. For the total sample, introjective depression was significantly correlated with imposter feelings, interoceptive awareness, and the ASR scales of awareness of
anger, general expression of aggression, physical aggression, guilt and mistrust, all in the positive direction. Thus, contrary to predictions, introjective depression appears to be related to more aspects of the false-self than anaclitic depression. Furthermore, comparing the pattern of correlations within gender did not yield the expected gender differences that had been previously observed on the DEQ anaclitic dimension. The pattern of correlations was identical for men and women. For both sexes, introjective depression was significantly correlated with interoceptive awareness, the Imposter scale, awareness of anger, and guilt. However, physical aggression, reached significance for men but not for women.

On the BDI the patterns of correlation for men and women were essentially the same. Higher Beck depression was associated for both sexes with higher interoceptive awareness scores, higher guilt and higher mistrust. Male Beck scores were significantly positively correlated with awareness of anger and imposter feelings, while these correlations were not significant for women.
### TABLE 8

**Correlation of False-Self and Depression**

**ALL RESPONDENTS**

<table>
<thead>
<tr>
<th>SCALE</th>
<th>Anaclitic</th>
<th>DEQ</th>
<th>Introjective</th>
<th>BDI</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMP</td>
<td>.32***</td>
<td></td>
<td>.57***</td>
<td>.31***</td>
</tr>
<tr>
<td>IEDI</td>
<td>.30***</td>
<td></td>
<td>.50***</td>
<td>.47***</td>
</tr>
<tr>
<td>AA</td>
<td>-.02</td>
<td></td>
<td>.52***</td>
<td>.27*</td>
</tr>
<tr>
<td>GEA</td>
<td>-.29**</td>
<td></td>
<td>.21*</td>
<td>.09</td>
</tr>
<tr>
<td>PA</td>
<td>-.05</td>
<td></td>
<td>.27*</td>
<td>-.03</td>
</tr>
<tr>
<td>VA</td>
<td>.05</td>
<td></td>
<td>-.002</td>
<td>-.02</td>
</tr>
<tr>
<td>G</td>
<td>.38***</td>
<td></td>
<td>.67***</td>
<td>.53***</td>
</tr>
<tr>
<td>CA</td>
<td>.0^</td>
<td></td>
<td>.10</td>
<td>-.01</td>
</tr>
<tr>
<td>MS</td>
<td>.20</td>
<td></td>
<td>.43***</td>
<td>.33***</td>
</tr>
</tbody>
</table>

* p < 0.01  ** p < 0.001  *** p < 0.0001

IMP = Imposter Scale  
IEDI = Interoceptive Awareness  
AA = Awareness of Anger  
GEA = General Expression of Aggression  
PA = Physical Aggression  
VA = Verbal Aggression  
G = Guilt  
CA = Condemnation of Anger  
MS = Mistrust/Suspicion
### TABLE 9

**Correlation of False-Self and Depression**

**BY GENDER**

<table>
<thead>
<tr>
<th>SCALE</th>
<th>MALES</th>
<th>FEMALES</th>
<th>MALES</th>
<th>FEMALES</th>
<th>MALES</th>
<th>FEMALES</th>
</tr>
</thead>
<tbody>
<tr>
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<td>.23</td>
<td>.65***</td>
<td>.50***</td>
<td>.38***</td>
<td>.26</td>
</tr>
<tr>
<td>IEDI</td>
<td>.21</td>
<td>.37*</td>
<td>.51***</td>
<td>.57***</td>
<td>.27*</td>
<td>.57***</td>
</tr>
<tr>
<td>AA</td>
<td>.15</td>
<td>-.14</td>
<td>.54***</td>
<td>.50***</td>
<td>.29*</td>
<td>.25</td>
</tr>
<tr>
<td>GEA</td>
<td>-.26</td>
<td>-.32*</td>
<td>.25</td>
<td>.19</td>
<td>.17</td>
<td>.04</td>
</tr>
<tr>
<td>PA</td>
<td>-.01</td>
<td>-.14</td>
<td>-.35*</td>
<td>.23</td>
<td>.07</td>
<td>-.09</td>
</tr>
<tr>
<td>VA</td>
<td>.12</td>
<td>-.02</td>
<td>.07</td>
<td>-.03</td>
<td>.03</td>
<td>-.04</td>
</tr>
<tr>
<td>G</td>
<td>.44***</td>
<td>.37*</td>
<td>.64***</td>
<td>.69***</td>
<td>.55***</td>
<td>.50***</td>
</tr>
<tr>
<td>CA</td>
<td>-.03</td>
<td>-.00</td>
<td>.21</td>
<td>.05</td>
<td>.07</td>
<td>-.09</td>
</tr>
<tr>
<td>MS</td>
<td>.13</td>
<td>.22</td>
<td>.55***</td>
<td>.36*</td>
<td>.46***</td>
<td>.28*</td>
</tr>
</tbody>
</table>

* p < 0.01  ** p < 0.001  *** p < 0.0001

IMP = Imposter Scale  
IEDI = Interoceptive Awareness  
AA = Awareness of Anger  
GEA = General Expression of Aggression  
PA = Physical Aggression  
VA = Verbal Aggression  
G = Guilt  
CA = Condemnation of Anger  
MS = Mistrust/Suspicion
Multiple Regression Analyses of Depression

One of the goals of this study was to examine the pattern of relationships among depression and separation-individuation and false-self variables, initially using simple correlations. Since a number of variables were highly inter-correlated and the patterns were somewhat similar for each sex, multivariate analyses were employed to test this pattern of variables further and to provide tests of the conceptual models which emerged from previous analyses. When a number of variables are significantly correlated with each other and with the predictor variable (depression), as is the case in this study, the results of the regression equation must be interpreted with caution. Variables that are significantly correlated with the depression measure in the correlational analyses may share variance and may fail to account for enough unique variance to be included in the equation. Particular pairs of variables with issues of covariance will be pointed out in the discussion of the separate analyses.

Multiple regression was used to sort out the group of variables which were most important as unique predictors of depression. Several sets of analyses were performed to examine predictors of scores on the three primary depression measures: DEQ anaclitic, DEQ introjective, and the BDI. For each measure, a multiple regression was first performed on scores for all subjects. Next, to examine more thoroughly unique patterns of predictor variables for men and women, separate regression analyses were performed for males and females. All multiple regressions were stepwise, with the exception of the three total sample analyses, where sex was forced in as the first variable tested with the other variables following stepwise.
A multiple regression of false-self and separation variables on the DEQ anaclitic depression measure was performed for the total sample. In order to test the predictor value of sex, sex was entered first, with the remaining separation-individuation and false-self variables selected in a stepwise fashion. The results are shown in Table 10. The forced entry of sex as step one did not yield a significant relationship. Seven of the eighteen available variables emerged as significant predictors of variance. High anaclitic depression was associated with high separation anxiety, high symbiosis seeking, high guilt, low dependency denial, low general expression of aggression and low healthy separation. In multiple regression, the $R^2$ represents the amount of variance, or unique information about depression, that each variable provides that is not available from the other variables in the equation. In this analysis, the $R^2$ indicates that separation anxiety, general expression of aggression and dependency denial are the most significant contributors of unique variance to the depression score. For the total sample, the combination of these variables accounted for 60% of the variance in anaclitic depression. The $F$ values listed with the $R^2$ for each variable indicate a test of the significance of the change in $R^2$ (or amount of variance accounted for) as each variable is added to the total equation. As can be seen, the $F$ values are significant for all variables entered in the equation.

Separate multiple regressions were also done for males and females. The results of the multiple regression for each gender on the DEQ anaclitic factor is presented in Table 11. In the equation for females alone, high anaclitic depression was best predicted and associated with
high separation anxiety, low general expression of aggression, low dependency denial, low awareness of anger, high mistrust and high guilt. This pattern is very congruent with false-self characteristics. From the $R^2$ it is clear that separation anxiety, dependency denial and general expression of aggression are the best predictors for women as seen in the total sample. Again, some of the variables seen to be highly correlated with anaclitic depression for women did not emerge in the regression equation. These include nurturance-seeking, symbiosis-seeking, and interoceptive-awareness. These variables were both highly correlated with anaclitic depression and separation anxiety, indicating that these variables share variance with separation anxiety and do not contribute significantly unique variance in predicting female anaclitic depression.

For men, high anaclitic depression was associated with high separation anxiety, high nurturance seeking, high engulfment anxiety, low general expression of aggression and low dependency denial. The $R^2$ indicates that separation anxiety and nurturance seeking account for the greatest amounts of variance in male depression scores. The multiple regression equation for male anaclitic depression did not include three variables which were highly correlated with male anaclitic depression in earlier analyses. These included symbiosis-seeking, guilt, and the Imposter scale. Once again, these three variables were not only highly correlated with anaclitic depression but also with separation anxiety, indicating that these variables did not have enough unique variance to offer male anaclitic scores, although they are highly related to anaclitic depression.

In examining gender differences, there are shared predictors and
variables which are uniquely associated with a particular gender experience of anaclitic depression. In all three equations, separation anxiety accounted for the greatest amount of anaclitic depression variance, followed by the negative relationship of dependency denial with anaclitic depression scores. The strength of prediction differed according to sex. The false-self and separation-individuation variables in each equation accounted for 58% of the variance in male anaclitic depression scores compared to 67% of the variance in female anaclitic depression scores. However, it is important to note that the final $R^2$ in all three anaclitic depression equations showed that the group of false-self and separation-individuation variables accounted for a highly significant amount of the variance in depression.

**DEQ Introjective Depression**

The overall multiple regression on the DEQ introjective factor yielded five significant predictor variables from the eighteen available. As seen in Table 12, sex was again not a significant predictor, but guilt, dependency denial, Imposter, Interoceptive awareness and awareness of anger scores were all significantly related predictors of introjective depression in the positive direction. The $R^2$ reveals that guilt accounts for a large amount of the variance in these depression scores, followed by dependency denial. This type of depression appears to be characterized by self-hate and lack of self-acceptance, accompanied by denying dependency needs, and splitting off parts of the self with the exception of anger, leading to feelings of fraudulence. A combination of separation-individuation and false-self variables accounted for a total of 65% of the variance in introjective depression scores, as seen in the
The stepwise multiple regressions performed on the introjective depression factor for each gender are presented in Table 13. For females, introjective depression was predicted best by guilt, interoceptive awareness, awareness of anger and symbiosis-seeking. Symbiosis seeking was negatively related to this type of depression, while all other predictor variables were positively related. Once again, guilt accounted for the greatest amount of variance in female introjective scores, as shown by the $R^2$. The imposter scale, which was not a significant predictor, was both highly correlated with introjective depression and interoceptive-awareness, indicating that shared variance may have resulted in the failure of this scale to emerge in the female introjective depression equation.

For males, high introjective depression was predicted by guilt, imposter, mistrust and dependency denial, all positively related. In examining the $R^2$, it is clear that guilt accounts for the largest amount of variance in male depression scores also, followed by dependency denial.

In this case, gender differences emerged in three of four predictor variables, with guilt as the shared variable, which accounted for the majority of depression variance in all three regression equations on the introjective factor. The strength of this relationship differed according to sex, with guilt accounting for more of the variance in introjective scores for females compared to males, although the amount was significant in both cases. The prediction of introjective depression from a combination of these variables accounted for 71% of the variance for males while a different combination accounted for 64% of the introjective
depression variance for females.
**TABLE 10**

*Stepwise Multiple Regression on DEQ Anaclitic Scale*

**TOTAL SAMPLE**

<table>
<thead>
<tr>
<th>Step</th>
<th>Variable</th>
<th>Mult R</th>
<th>R²</th>
<th>F</th>
<th>Signif F</th>
<th>Beta</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sex</td>
<td>0.132</td>
<td>0.017</td>
<td>2.05</td>
<td>0.155</td>
<td>0.348</td>
</tr>
<tr>
<td>2</td>
<td>SA</td>
<td>0.511</td>
<td>0.262</td>
<td>20.37</td>
<td>0.000</td>
<td>0.324</td>
</tr>
<tr>
<td>3</td>
<td>GEA</td>
<td>0.610</td>
<td>0.372</td>
<td>22.48</td>
<td>0.000</td>
<td>-0.325</td>
</tr>
<tr>
<td>4</td>
<td>DD</td>
<td>0.686</td>
<td>0.470</td>
<td>25.07</td>
<td>0.000</td>
<td>-0.353</td>
</tr>
<tr>
<td>5</td>
<td>G</td>
<td>0.727</td>
<td>0.528</td>
<td>25.06</td>
<td>0.000</td>
<td>0.184</td>
</tr>
<tr>
<td>6</td>
<td>EA</td>
<td>0.744</td>
<td>0.553</td>
<td>22.88</td>
<td>0.000</td>
<td>0.198</td>
</tr>
<tr>
<td>7</td>
<td>SS</td>
<td>0.757</td>
<td>0.573</td>
<td>21.06</td>
<td>0.000</td>
<td>0.221</td>
</tr>
<tr>
<td>8</td>
<td>HS</td>
<td>0.776</td>
<td>0.601</td>
<td>20.56</td>
<td>0.000</td>
<td>-0.205</td>
</tr>
</tbody>
</table>

Overall \( F = 20.56 \) \( p < 0.00001 \)

**KEY**

- **SA** = Separation Anxiety
- **GEA** = General Expression of Aggression
- **DD** = Dependency Denial
- **G** = Guilt
- **EA** = Engulfment Anxiety
- **SS** = Symbiosis Seeking
- **HS** = Healthy Separation
### TABLE 11

**Stepwise Multiple Regression on DEQ Anaclitic Scale**

**BY GENDER**

#### MALES

<table>
<thead>
<tr>
<th>Step</th>
<th>Variable</th>
<th>Mult R</th>
<th>$R^2$</th>
<th>$F$</th>
<th>Signif $F$</th>
<th>Beta</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>SA</td>
<td>0.525</td>
<td>0.276</td>
<td>20.96</td>
<td>0.000</td>
<td>0.347</td>
</tr>
<tr>
<td>2</td>
<td>NS</td>
<td>0.641</td>
<td>0.411</td>
<td>18.81</td>
<td>0.000</td>
<td>0.245</td>
</tr>
<tr>
<td>3</td>
<td>GEA</td>
<td>0.681</td>
<td>0.463</td>
<td>15.25</td>
<td>0.000</td>
<td>-0.254</td>
</tr>
<tr>
<td>4</td>
<td>EA</td>
<td>0.723</td>
<td>0.523</td>
<td>14.28</td>
<td>0.000</td>
<td>0.371</td>
</tr>
<tr>
<td>5</td>
<td>DD</td>
<td>0.764</td>
<td>0.583</td>
<td>14.26</td>
<td>0.000</td>
<td>-0.277</td>
</tr>
</tbody>
</table>

**Overall $F = 14.26$ $p < 0.00001$**

#### FEMALES

<table>
<thead>
<tr>
<th>Step</th>
<th>Variable</th>
<th>Mult R</th>
<th>$R^2$</th>
<th>$F$</th>
<th>Signif $F$</th>
<th>Beta</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>SA</td>
<td>0.483</td>
<td>0.233</td>
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<td>0.440</td>
</tr>
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<td>DD</td>
<td>0.605</td>
<td>0.366</td>
<td>16.77</td>
<td>0.000</td>
<td>-0.451</td>
</tr>
<tr>
<td>3</td>
<td>GEA</td>
<td>0.721</td>
<td>0.520</td>
<td>20.56</td>
<td>0.000</td>
<td>-0.224</td>
</tr>
<tr>
<td>4</td>
<td>G</td>
<td>0.761</td>
<td>0.579</td>
<td>19.23</td>
<td>0.000</td>
<td>0.333</td>
</tr>
<tr>
<td>5</td>
<td>AA</td>
<td>0.793</td>
<td>0.629</td>
<td>18.61</td>
<td>0.000</td>
<td>-0.360</td>
</tr>
<tr>
<td>6</td>
<td>MS</td>
<td>0.817</td>
<td>0.668</td>
<td>18.11</td>
<td>0.000</td>
<td>0.218</td>
</tr>
</tbody>
</table>

**Overall $F = 18.11$ $p < 0.00001$**

#### KEY

- **SA** = Separation Anxiety
- **NS** = Nurturance Seeking
- **G** = Guilt
- **MS** = Mistrust/Suspicion
- **AA** = Awareness of Anger
- **DD** = Dependency Denial
- **EA** = Engulfment Anxiety
- **GEA** = General Expression of Aggression
TABLE 12

Stepwise Multiple Regression on DEQ Introjective Scale

TOTAL SAMPLE

<table>
<thead>
<tr>
<th>Step</th>
<th>Variable</th>
<th>Mult R</th>
<th>R^2</th>
<th>F</th>
<th>Signif F</th>
<th>Beta</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>SEX</td>
<td>0.084</td>
<td>0.007</td>
<td>0.82</td>
<td>0.367</td>
<td>-0.056</td>
</tr>
<tr>
<td>2</td>
<td>G</td>
<td>0.675</td>
<td>0.455</td>
<td>48.02</td>
<td>0.000</td>
<td>0.341</td>
</tr>
<tr>
<td>3</td>
<td>DD</td>
<td>0.731</td>
<td>0.535</td>
<td>43.64</td>
<td>0.000</td>
<td>0.250</td>
</tr>
<tr>
<td>4</td>
<td>Imposter</td>
<td>0.796</td>
<td>0.590</td>
<td>40.60</td>
<td>0.000</td>
<td>0.219</td>
</tr>
<tr>
<td>5</td>
<td>AA</td>
<td>0.806</td>
<td>0.640</td>
<td>38.76</td>
<td>0.000</td>
<td>0.250</td>
</tr>
<tr>
<td>6</td>
<td>Intero</td>
<td>0.806</td>
<td>0.650</td>
<td>34.26</td>
<td>0.000</td>
<td>0.158</td>
</tr>
</tbody>
</table>

Overall F = 14.26  p < 0.00001

KEY

G  = Guilt
DD = Dependency Denial
Imposter = Imposter Score
AA  = Awareness of Anger
Intero = Interoceptive Awareness
### TABLE 13

**Stepwise Multiple Regression of DEQ Introjective Scale**

**BY GENDER**

#### MALES

<table>
<thead>
<tr>
<th>Step</th>
<th>Variable</th>
<th>Mult R</th>
<th>$R^2$</th>
<th>$F$</th>
<th>Signif $F$</th>
<th>Beta</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>G</td>
<td>0.641</td>
<td>0.410</td>
<td>38.27</td>
<td>0.000</td>
<td>0.361</td>
</tr>
<tr>
<td>2</td>
<td>DD</td>
<td>0.767</td>
<td>0.588</td>
<td>38.52</td>
<td>0.000</td>
<td>0.302</td>
</tr>
<tr>
<td>3</td>
<td>Imposter</td>
<td>0.825</td>
<td>0.681</td>
<td>37.63</td>
<td>0.000</td>
<td>0.340</td>
</tr>
<tr>
<td>4</td>
<td>MS</td>
<td>0.842</td>
<td>0.709</td>
<td>31.61</td>
<td>0.000</td>
<td>0.196</td>
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</table>

Overall $F = 31.61$  
$p < 0.00001$

#### FEMALES

<table>
<thead>
<tr>
<th>Step</th>
<th>Variable</th>
<th>Mult R</th>
<th>$R^2$</th>
<th>$F$</th>
<th>Signif $F$</th>
<th>Beta</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>G</td>
<td>0.695</td>
<td>0.480</td>
<td>55.10</td>
<td>0.000</td>
<td>0.373</td>
</tr>
<tr>
<td>2</td>
<td>Intero</td>
<td>0.730</td>
<td>0.530</td>
<td>33.12</td>
<td>0.000</td>
<td>0.362</td>
</tr>
<tr>
<td>3</td>
<td>AA</td>
<td>0.780</td>
<td>0.610</td>
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<td>0.000</td>
<td>0.272</td>
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<tr>
<td>4</td>
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<td>0.802</td>
<td>0.640</td>
<td>25.25</td>
<td>0.000</td>
<td>-0.193</td>
</tr>
</tbody>
</table>

Overall $F = 25.25$  
$p < 0.00001$

**KEY**

- **G** = Guilt
- **DD** = Dependency Denial
- **AA** = Awareness of Anger
- **Imposter** = Imposter Scale
- **SS** = Symbiosis Seeking
- **MS** = Mistrust/Suspicion
- **Intero** = Interoceptive Awareness
### TABLE 14

**Stepwise Multiple Regression on Beck Depression Inventory**

**TOTAL SAMPLE**

<table>
<thead>
<tr>
<th>Step</th>
<th>Variable</th>
<th>Mult R</th>
<th>$R^2$</th>
<th>F</th>
<th>Signif F</th>
<th>Beta</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Sex</td>
<td>0.114</td>
<td>0.013</td>
<td>1.53</td>
<td>0.219</td>
<td>0.032</td>
</tr>
<tr>
<td>2</td>
<td>G</td>
<td>0.531</td>
<td>0.282</td>
<td>22.54</td>
<td>0.000</td>
<td>0.261</td>
</tr>
<tr>
<td>3</td>
<td>SA</td>
<td>0.581</td>
<td>0.337</td>
<td>19.32</td>
<td>0.000</td>
<td>0.167</td>
</tr>
<tr>
<td>4</td>
<td>Intero</td>
<td>0.606</td>
<td>0.367</td>
<td>16.36</td>
<td>0.000</td>
<td>0.219</td>
</tr>
<tr>
<td>5</td>
<td>EA</td>
<td>0.629</td>
<td>0.395</td>
<td>14.65</td>
<td>0.000</td>
<td>0.219</td>
</tr>
<tr>
<td>6</td>
<td>PA</td>
<td>0.646</td>
<td>0.417</td>
<td>13.22</td>
<td>0.000</td>
<td>-0.153</td>
</tr>
</tbody>
</table>

Overall $F = 13.215$  $p < 0.00001$

---

**KEY**

- G = Guilt
- SA = Separation Anxiety
- Intero = Interoceptive Awareness
- EA = Engulfment Anxiety
- PA = Physical Aggression
### TABLE 15

**Stepwise Multiple Regression on Beck Depression Inventory**

**BY GENDER**

#### MALES

<table>
<thead>
<tr>
<th>Step</th>
<th>Variable</th>
<th>Mult R</th>
<th>$R^2$</th>
<th>$F$</th>
<th>Signif F</th>
<th>Beta</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>G</td>
<td>0.549</td>
<td>0.301</td>
<td>23.69</td>
<td>0.000</td>
<td>Removed</td>
</tr>
<tr>
<td>2</td>
<td>MS</td>
<td>0.603</td>
<td>0.364</td>
<td>15.43</td>
<td>0.000</td>
<td>0.350</td>
</tr>
<tr>
<td>3</td>
<td>SA</td>
<td>0.642</td>
<td>0.413</td>
<td>12.41</td>
<td>0.000</td>
<td>0.436</td>
</tr>
</tbody>
</table>

Overall $F = 17.02 \ p < 0.00001$

#### FEMALES

<table>
<thead>
<tr>
<th>Step</th>
<th>Variable</th>
<th>Mult R</th>
<th>$R^2$</th>
<th>$F$</th>
<th>Signif F</th>
<th>Beta</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Intero</td>
<td>0.571</td>
<td>0.326</td>
<td>28.52</td>
<td>0.000</td>
<td>0.420</td>
</tr>
<tr>
<td>2</td>
<td>G</td>
<td>0.614</td>
<td>0.377</td>
<td>17.54</td>
<td>0.000</td>
<td>0.211</td>
</tr>
</tbody>
</table>

Overall $F = 17.54 \ p < 0.00001$

---

**KEY**

- **G** = Guilt
- **MS** = Mistrust/Suspicion
- **SA** = Separation Anxiety
- **Intero** = Interoceptive Awareness
The stepwise multiple regressions on the Beck for the total sample are presented in Table 14. As can be seen, for the multiple regression on the Beck, sex was not a significant predictor, but guilt, separation anxiety, interoceptive awareness, engulfment anxiety and physical aggression emerged as significant predictors for the total sample. All relationships were in the positive direction with the exception of physical aggression. From the $R^2$ it is clear that guilt accounts for the largest amount of the variance in the Beck.

The pattern of predictor variables for the BDI differed somewhat according to gender, as shown in Table 15. For males, guilt, mistrust and separation anxiety emerged as significant predictors. The $R^2$ for males shows that guilt and mistrust were the strongest predictors of Beck depression. For females, guilt and interoceptive awareness were the best predictors of Beck scores. The $R^2$ for females indicates that interoceptive awareness accounts for the largest amount of variance in female Beck scores. Interestingly, groups of false-self and separation-individuation measures accounted for 41% of the variance in male Beck scores and 37% of the variance in female Beck scores. In comparison with the anaclitic and introjective multiple regression equations, the hypothesis that the Beck Depression measure is less related to false-self and separation issues finds support.

**Summary**

It is important to note that comparing the $R^2$ for anaclitic and
introjective depression by gender indicates that false-self and separation-individuation variables account for a greater amount of the variance for females on anaclitic depression and for males on introjective depression, lending some support to the idea that the dynamics of depression for men and women tend to differ in this direction. These separation and false-self variables account for less of the variance on the Beck, indicating that the Beck is less related to these characterological issues.

The results show that sex was not a significant contributor to variance in depression on any of the three depression measures. Since the means on depression scores by sex were not significantly different, this was expected. However, there were gender differences in the statistical relationships between these variables and type of depression, supporting the hypothesis that there are gender differences in both depressive experience and the separation issues underlying these. While sex was not a significant contributor to the variance in depression scores, the pattern of variables that led to the same depression scores for men and women were statistically different.
CHAPTER IV

DISCUSSION

In order to assess the relationship of gender differences in depression to false-self and separation-individuation issues in a normal population, male and female adult subjects completed a number of measures of depression, separation-individuation, and a group of measures hypothesized to represent false-self disturbance. The validity of the scales hypothesized to represent the false-self were checked with correlational analyses. Gender differences in type and severity of depression and type of separation and false-self issues were examined as well as gender differences in patterns of relationships among these variables.

The False-self Measures

In general, the group of scales hypothesized to represent the false-self construct appeared to be useful in testing the relevance of this issue to depression. It was hypothesized that examining the intercorrelations among false-self measures might test the degree to which these measures clustered around a central concept. Several variables, specifically the imposter scale, the interoceptive awareness scale, the awareness of anger scale and the mistrust scale were highly intercorrelated. In examining the face validity of this cluster, the imposter scale, the interoceptive awareness scale and the guilt scale are highly congruent
with the theoretical description of the false-self individual. This study allowed the examination of the false-self in a very exploratory manner. Of the nine false-self measures, five out of nine appeared to meaningfully relate to each other and also to separation issues. Congruent with the false-self literature (Miller, 1979), these variables describe an individual characterized by feelings of self-hate and worthlessness, unstable self-esteem, feelings of fraudulence, split-off feelings and a lack of awareness of his internal emotional state.

The fact that awareness of anger and mistrust also positively correlated with these variables is more problematic. On the one hand, it would be expected that these negative feelings would be split-off in order to preserve the relationship with the object (Miller, 1979). On the other hand, Winnicott (1965) points out that false-self disturbance has differing levels of severity, with the experience of the real self consciously experienced at lesser levels of severity. If this is the case, than the anger, mistrust, feelings of exploitation and disappointment characterized by these two scales would be expected as part of the experience of the real self vis a vis the narcissistically injured parent. It is important to note that neither scale demands an overt expression of these feelings, and in fact, the presence of guilt and distancing from others as awareness of anger increases seems to indicate that anger is introjected or avoided in interactions with others. Therefore this cluster may represent the false-self at a level of severity where it can be observed and measured.

Overall, support was found for the idea that the measures hypothesized to represent the false-self appear to be cohesive among themselves, and to be, as a group of variables, highly related (albeit in complicated
ways) to both separation-individuation and depression. These findings support the argument that this novel way of observing the false-self may be useful and that a sub-group of the variables included appear to work together in their relationship to depression and separation-individuation. Certainly, the validity of these measures is highly speculative and requires ongoing development and testing.

The relationship of the false-self measures to the separation-individuation measures provide another dimension of support in considering the validity of this approach to the false-self. false-self disturbance theoretically represents a disturbance in this process, based primarily in the earliest mirroring phases associated with the symbiotic phase (Miller, 1979; Winnicott, 1965). In fact, several false-self characteristic measures; the imposter scale, the interoceptive awareness scale, awareness of anger, guilt and mistrust, were highly intercorrelated with the dimensions of separation-individuation related to disturbances in early symbiosis (Levine et al., 1986). Interestingly, the negative relationship of all of these false-self scales (except awareness of anger) with healthy separation provides further support for the inter-relatedness of the false-self as measured in this study and separation-individuation.

**Gender Differences in Depression**

The failure to find significant gender differences in depression for the overall measure as well as for type of depression contrasted with expectations and differed somewhat from past literature. Each depression measure will be discussed separately and possible explanations will be
explored.

The compositions of this sample provides insights into a population less frequently studied, and the relative homogeneity of this group rules out a number of effects related to socioeconomic differences, increasing the likelihood that the differences in depression that are observed are due to the variables in question. However, the homogeneity of this group also limits the generalizability of the findings and calls for further research to examine whether the patterns of gender differences discussed are characteristic to adults in general. In addition, the fact that few gender differences were observed in depression type or severity may have limited the ability of this study to detect differences in other areas.

**BDI**

The lack of sex differences in Beck depression scores observed in this study differs from the significant sex differences observed in other studies using this depression measure (Beck, 1967; Sowa and Lustman, 1984). However, other studies have reported a failure to observe sex differences in severity of depression (Hammen and Padesky, 1977; Lips and Ng, 1985), and have suggested that the relevant issue is differences in patterns of depressive issues for each gender (Hammen and Padesky, 1977; Sowa and Lustman, 1984). Hammen and Padesky (1977) suggest that this lack of sex difference may be attributable to historical changes.

The Beck norms in this study were very similar to those reported elsewhere with similar age groups of adults (Sowa and Lustman, 1984) and with younger adults (Hammen and Padesky, 1977). While the subjects in this study were no more or less depressed than typical normal adult populations as measured by the Beck, the lack of gender difference in
depression noted in this study prevents in depth exploration of underlying issues related to actual gender differences in severity of depression.

**DEQ Depression**

The DEQ depression results did not match either the degree or direction of sex difference on anaclitic depression which had been hypothesized, and reported in earlier studies (Blatt et al., 1982; Chevron et al., 1978). Blatt's sample of younger males exhibited scores quite different from this sample. The mean age of the males in this sample was 43 years and females 39 years, compared to the mean age of the nonpatient sample in Blatt et al. (1982) of 27 years. Additionally, in Blatt's normal sample, women exhibited higher anaclitic depression compared to men, and the men in Blatt's study showed less anaclitic depression ($M=-.85$) than those in this study ($M=-.21$) whereas the women's norms were similar, $M$(Blatt, 1982)$=-.30$, compared to $M=-.41$ for this study. Similarly, for the DEQ introjective measure, the Blatt et al. (1982) norms were, $M$(males)$=.10$, $M$(females)$=-.03$, compared to the present study, $M$(males)$=-.65$, $M$(females)$=-.52$. The results of the present study on the introjective scale differ from Blatt et al. (1982) in two ways: both females and males in the present study exhibit less introjective depression, and females are higher than males in this type of depression.

In examining this study's sample, there are a number of demographic factors which may have resulted in the unexpected pattern of DEQ depression. The subjects included in the present study may differ from other samples in a number of ways. In the present study, 59% of women were working at least part-time and women and men had equivalent educations. Furthermore, this particular sample was highly educated, with an
unusually high family and personal income level, which is common to the geographic area from which the subjects were drawn. Yuhas, Radloff and Kessler (cited in King and Buchwald, 1982) found that sex differences in depression decreased as level of education and income increased. Hammen and Padesky (1977) also suggest that depression may vary by marital status, social status, age and education. In this sample, groups did not differ in marital status, and family income, years of education and age were not significantly related to depression scores. Most family's were married, employed, and all had children of school age. Given these considerations, it would be reasonable to expect that the range of differences in depression in this study might for the most part be attributable to the variables of interest. The demographics of this sample may have some influence on the overall achievement orientation of this group and the strength of these issues in relation to depression. This may have further effected the unexpected gender patterns observed on the DEQ.

Developmental Factors

It is important to note that the age group used in this study represents middle-adulthood, and that the developmental issues relevant to this group may differ from groups which have used college students and young adults. It may be that the adults in the present study represent the developmental shift discussed by several developmental authors (i.e. Gutmann, 1976, 1985; Levinson, 1977), with intimacy and dependency issues becoming increasingly more salient for men, and separation and achievement issues becoming increasingly more salient for women. These theoretical arguments are primarily based on observational evidence and cross-cultural
studies, but as of yet there is limited empirical support. Gutmann (1985) reviews a number of studies which describe this "gender crossover" in middle-adulthood. McAdams & Bryant (1987) observed that women's intimacy motivation decreased gradually over the life span, although the opposite shift was not observed in men.

Several authors reflect on the clinical implications of this developmental shift. Gutmann (1976) and Levinson (1977) emphasize the potentially traumatic and stressful nature of the mid-life crisis for men. Levinson (1977) notes that both men and women may experience that their defenses work less well as they enter middle-age. Both sexes are forced to confront parts of themselves that have been lost. Levinson points out that men may have difficulty accepting their increasing need for nurturance. The increased need and capacity for relating which emerges in middle-aged men may be experienced as a bind in a culture which values masculinity and instrumentality (Gutmann, 1976). Women may have difficulty coping and modulating their new found aggressivity (Freed & Gutmann, 1978). One might expect that such differences would be reflecting in greater dependency conflicts in older men and more awareness of anger and separateness in older women. This is, for the most part, congruent with the observations in the present study.

Ensel (1982) found that depression decreases for women as they age and increases for men, concluding that age is an important factor in considering sex differences in depression. He argues that the large predominance of depression in young women compared to young men (ages 17 to 24) accounts for most of the overall sex differences in depression. Furthermore, when this group is removed, significant gender differences
are not found (Ensel, 1982). This observation may provide insight into the lack of gender differences in depression observed in the present study's middle aged population.

Furthermore, Gutmann (1985) argues that parenthood is a state that is extremely powerful in adult development, which sharpens sex-role polarities, and fosters a "re-allocation of narcissism". He states that the contrasexual shift in later life represents a return to earlier androgyny which occurs when the demands of parenthood begin to abate. In the present study, it is interesting to wonder whether the fact that all subjects were parents may differentiate them in important ways from younger subjects in most studies. Furthermore, the present sample contained parents at differing levels of parenting, including some with children nearing the completion of high school. Gutmann's point suggests that the relationship of the experience of parenthood to shifts in identity is important to consider.

With the exception of the above theoretical ideas, the literature is limited in regard to the developmental dynamics of female aging. It is not clear whether women move on from an intimacy focus to more achievement oriented activities merely because the demands of mothering change (Gutmann, 1985), or whether intimacy needs have been satisfied. Lebe (1982) suggests that, for the developmentally typical woman, issues of autonomy may not fully emerge for many women until their mid thirties. It is not clear whether the developmental shift observed in middle-aged women is due to increased separation and autonomy at this point, and what determines the precursors of that shift. Currently, the etiology of the shift is discussed in terms of aging, parenting and marriage. The
question remains, how do these external experiences effect the internal character structure? It is interesting to note that intimacy motivation (McAdams & Bryant, 1987) as well as depression (Ensel, 1982) decreases over women's life span. Future research would do well to examine issues of the dynamics of separation and depression in women in the context of developmental stages.

Gender Differences in Separation-individuation

While a great deal of theoretical literature has supported the idea that men and women experience the separation-individuation process differently and that this difference has consequences for adult character development and autonomy (Chodorow, 1978; Stoller, 1974), few studies have empirically tested this idea. The results of this study in general failed to support the idea that there are clear sex differences in separation issues. For the most part, the expected sex differences in separation-individuation issues only approached significance.

Theory suggests that developmental differences in separation-individuation leave women less autonomous and less conflicted about dependency. The literature describes women as more capable of closeness and diffusion of boundaries with others, but also more vulnerable to issues of loss and lack of self-differentiation (Chodorow, 1978; Levenson, 1984). The direction of the gender differences observed provided limited support for the literature, with women showing some tendency to engage in more symbiosis seeking and enmeshment seeking, and to experience more separation anxiety. The type of intimacy involved in these particular issues has a quality of fusion, loss of self and diffusion of boundaries.
This tendency toward diffusion of boundaries has been discussed in previous literature in terms of women's strengths as well as women's vulnerability (Chodorow, 1978; Gilligan, 1977; Kaplan, 1986; Levenson, 1984). The results provide tentative support to the idea that women appear to be more capable of seeking out and achieving higher levels of intimacy with others compared to the men in this sample. This is congruent with much of the literature describing women's strengths in relational issues (Gilligan, 1977; Kaplan, 1986). Unexpectedly, perhaps as a function of this, women were significantly higher in enmeshment anxiety, which relates to feelings of being smothered, controlled and overinvolved with one's family in a negative way. It was expected that men would experience more of these negative feelings because of their need to stay separate and deny dependency needs. However, these authors suggest that women may be more vulnerable to these feelings because their separation and autonomy has less intrapsychic and familial support (Levenson, 1984), and because they are more enmeshed with mother and extremely ambivalent about leaving (separating from) her (Chodorow, 1978; Flax, 1981; Lerner, 1981). Women appear to experience greater emotional conflict and ambivalence about the sought after closeness.

In contrast, the fact that men tended to be higher on dependency denial, suggests that men may be more likely to split-off and reject their own dependency needs, which may result in less consciously experienced ambivalence and conflict about intimacy. And conversely, women may be more aware of intimacy needs but also more conflicted. These results are congruent with the discussion in the literature which describes the masculine defense based on solidifying male identity by moving away from
mother and denying the pleasure of earlier symbiosis (Levenson, 1984; Stoller, 1974). Dependency denial does not characterize healthy separation, but rather, represents a lack of resolution of dependency issues. These results, taken as a whole, support the idea that men struggle most with issues of intimacy and women with autonomy (Levenson, 1984; Stoller, 1974).

It is difficult to interpret why gender differences in separation issues were not stronger in this study. This failure may be attributable to the fact that this sample overall represented a low and limited range of depression. Since characterological depression is considered to be highly related to unresolved separation-individuation, it seems probable that a greater range of depression would exhibit greater magnitudes of separation issues. In this context, gender differences in separation issues, while noted as tendencies in this study, might become more significant.

Gender Differences in False-Self Characteristics

The present study failed to find support for the idea that false-self issues are significantly different for women and men. Of the group of false-self variables, only condemnation of anger showed the predicted significant gender differences. It is difficult to interpret the failure to find gender differences on the Imposter, Interoceptive awareness, and ASR scales, although several alternatives are possible in understanding the results. Either women and men do not differ in false-self organization, or the measures chosen to represent the false-self are not sensitive to these differences. However, another plausible explanation
is that gender differences in false-self disturbance might be more evident in a more depressed sample. If the false-self is characterized by depression, and there is a very limited range of depression present in the sample, then the minimal amount of false-self disturbance present might prevent gender differences from reaching significance. Most surprisingly, the fact that men and women exhibited equivalent imposter feelings and disturbances in interoceptive awareness suggests that false-self issues must be considered in male depression as well as female depression.

As expected, women were significantly more condemning of anger compared to men. In addition, two gender differences in false-self disturbance approached significance; mistrust and physical aggression. The near significant difference in mistrust suggested that women may be more ambivalent about dependency and intimacy with others. Although not expected in the hypotheses, the fact that women have a tendency to be more mistrustful is interesting in the context of the fact that women also showed significantly more engulfment anxiety, as previously noted. Taken together, these results suggest that women's capability and need for intimacy carries with it intense ambivalence and conflict about closeness with others. Although highly speculative, the direction of these findings provides some support for Gilligan's (1977; 1982) assertion that women are unable to resolve their dependency needs constructively within the current structure of society. From another perspective, Flax's (1981) observation that closeness and intimacy, particularly with mother, is characterized for women by intense ambivalence appears supported by this data. The fact that women were significantly more condemning of angry feelings than men suggests that women are less accepting of angry feelings within themselves.
and angry self-assertion towards others. Coupled with the unexpected finding that women tend to be higher in physical aggression, it seems possible that women consider their anger more destructive and are less conscious of it, thereby exhibiting less control over it. Furthermore, it could be argued that women are afforded less socially sanctioned avenues for the expression and self-acceptance of anger. Seidenberg (1973) argued that women were confined to acting out their needs and conflicts within the home, and particularly with one's children. It would be interesting to see if the unexpected direction of the gender difference in physical aggression were also true of women who were not parents.

Gender Differences in the Relationship of Depression and Separation-individuation

While males and females did not significantly differ in actual severity of depression, statistically distinct patterns of depression characterized males and females on all three depression measures. This supported hypotheses made in this study and suggested by several authors that gender differences are best examined in terms of patterns of depressive experience (Hammen and Padesky, 1977; Sowa and Lustman, 1984). These analyses provide further support to the hypothesis that a particular type of depression is related to certain separation-individuation issues. Despite significant gender differences in the expression of particular separation issues, these issues were highly related to depression for both males and females. Furthermore, the results supported the idea that separation difficulties differ by gender and are a factor in different experiences of depression for men and women. In detailing this, the focus
is on the relationships observed on Blatt's two dimensions of depression, the anaclitic and introjective, since these measures, as hypothesized, were more highly related to separation-individuation issues than the Beck. The Beck was, in fact, unexpectedly related to a number of separation-individuation issues, and the pattern of relationship appeared to relate to both DEQ types of depression.

Blatt (1974) asserts that the anaclitic dimension of depression is related to unresolved separation, poor self-differentiation, and intense unresolved dependency needs which result in fears of abandonment and loss. The significant relationship of anaclitic depression to separation anxiety, symbiosis seeking, enmeshment seeking, and nurturance seeking was congruent with Blatt's theory and the present study's predictions. Interestingly, these separation-individuation measures are related to a disturbance in the symbiotic phase (Levine et al., 1986). One can speculate that these variables reflect differences in the strength of relationship of the false-self type of depression. These separation issues were positively related to anaclitic depression and negatively related to introjective depression. Winnicott (1965) states that the origins of false-self begin in the symbiotic phase.

Anaclitic depression was also significantly negatively related to dependency denial, indicating that this type of depression is not characterized by this type of defense, but rather with an awareness of needing love, friendship and closeness with others.

As predicted, for both sexes, anaclitic depression was characterized by separation anxiety, nurturance seeking, and symbiosis seeking indicating that this type of depression is associated with a general need for
closeness, a wish for guidance from others, a wish for fusion, and a need to be taken care of. For men, anaclitic depression was also significantly associated with feelings of engulfment anxiety, a feeling of being controlled and smothered by one's family, and a sense of rebellion and difficulty becoming independent from the family. This may indicate the intense ambivalence which men feel when they consciously experience dependency needs. In contrast, engulfment anxiety was not significantly related to women's experience of anaclitic depression. For women, anaclitic depression was characterized by feelings of needing other's love and companionship, represented by the negative relationship of dependency denial to female anaclitic depression, a relationship that was not as salient for men.

This relationship reversed in introjective depression which was significantly positively associated with dependency denial. In fact, dependency denial, enmeshment seeking and symbiosis seeking were significant in the opposite directions for anaclitic and introjective depression. This suggests that these issues are expressed differently depending on the type of depression. More specifically, the results supported the hypothesis that introjective depression was associated with engulfment anxiety and dependency denial, although these relationships were significant for the total sample and for males, not for females.

Both separation anxiety and engulfment anxiety were correlated with the Beck for both sexes. As expected, the Beck did not reflect gender differences in separation issues.

Interestingly, all three depression measures were significantly related to separation anxiety and engulfment anxiety. It was not expected
that anaclitic depression would be significantly related to engulfment anxiety or that introjective depression would be significantly related to separation anxiety. The fact that these two variables were significant in both types of depression and in an overall measure of depression (the BDI) suggest that the dependency/independence dilemma central to separation-individuation appears to also be central to depression.

Engulfment anxiety appears to be a factor in depression in general, and appears to be most acute in men's experience of depression. While women experience more engulfment anxiety overall, it is not as clearly related to depression. Possibly the feeling of experiencing one's family as controlling and feeling the need to push away rather than feeling supported in separating relates to feelings of depression for both sexes. However, it is possible that closeness and dependency with one's family is experienced as more of a threat for men, or that the push to separate from the family is experienced more consciously by men, as part of the requirements of the masculine identity, as suggested by Stoller (1974). It may be that for women engulfment fears are less strong as dependency needs increase. In support of this, increased consciousness of one's need for love and closeness with others, as expressed in low dependency denial, was more strongly related to anaclitic depression for women.

While separation-individuation issues are in general similarly correlated with anaclitic depression for men and women, the comparison of correlations for each gender is dramatically different on the introjective dimension. While six of eight separation subscales are significantly correlated with introjective depression for men, none are significantly related to depression for women. It is difficult to explain why, for
women, introjective depression is not strongly associated with unresolved separation issues, whereas anaclitic depression is. In contrast, both types of depression appear to be associated with unresolved separation issues for men. This finding will be explored further in later sections.

As noted previously, in both anaclitic and introjective dimensions of depression, engulfment anxiety is more highly related to depression for males compared to females. The struggle to stay separate and independent from the family, accompanied by denial of a desire or need for closeness appears to be weighted differently for males compared to females. For males, the significant negative relationship of male introjective depression to enmeshment seeking and symbiosis seeking appears to further indicate denial of a wish for closeness, and a tendency to prefer to be alone, unconnected and distanced from others. One can speculate that the high separation anxiety scores indicates that these struggles to avoid closeness might include a fear that one might succeed, and in fact end up either alone or disapproved of by others. On the other hand, acute neediness and separation anxiety might mobilize defenses such as distancing and denial, particularly if closeness is seen as a threat to one’s masculine identity (Levenson, 1984; Stoller, 1977). When the negative relationship of healthy separation is added to the picture, it is clear that this pattern portrays introjective depression, for males, as a double-bind associated with intense denial and avoidance of closeness, which appears to be symptomatic of an underlying lack of true separation characterized by fears of engulfment and control, fears of disappointing others and of being alone and abandoned. In order to understand introjective depression in more detail for women, one must turn to
the other scales.

In considering gender comparisons in depression, several points emerged from the results of this study. The presence of high separation anxiety, which characterized both types of depression in the male group, but only anaclitic depression in the female group, may be a result of men's increased vulnerability to depression in general as dependency needs become more conscious. For men, the dependency dilemma is dealt with differently in each type of depression. Men are angrier and distance from others in introjective depression. In contrast, for both men and women anaclitic depression is associated with an awareness of dependency and active wishing and seeking caretaking from others. Men contrast with women in the underlying dynamics of introjective depression, where a pattern of separation-individuation issues emerges separate and distinct from anaclitic depression for men, but not for women. This finding merits further study in order to understand more clearly the differences in separation-individuation dynamics for men and their relationship to type of depression.

Gender Differences in the Relationship of Depression and the False-self

The results partially support the hypothesis that there are significant gender differences in the pattern of false-self issues related to depression. Interestingly, the results suggest that both types of depression, anaclitic and introjective, are associated with false-self issues as measured in this study. However, false-self issues appear to be expressed differently according to the type of depression rather than differing primarily by gender. The correlations failed to support the
idea that false-self issues will be most strongly correlated with depression for women. In fact, the relationship of false-self appears to be equivalent, and significant for both sexes, and is present across both types of depression, albeit in different ways. Indeed, a cluster of false-self variables, including imposter, interoceptive awareness, awareness of anger, guilt and mistrust were, in general, highly correlated with all three depression measures. However, this relationship appeared more complex and differed by type of depression. The hypothesis that DEQ depression, and anaclitic depression specifically, would be most highly correlated with false-self issues was not supported. Three out of five of the cluster of variables, including guilt, interoceptive awareness, and the imposter scale were highly related to all three measures of depression. In these analyses, general expression of aggression and physical aggression were, to a lesser extent, also related to DEQ depression.

When false-self characteristics, type of depression and gender were examined together the relationship became quite complex. Results failed to support the idea that the false-self was particularly related to female depression. The correlations of depression and false-self measures were essentially equal in strength for both men and women. Gender differences were most apparent in the pattern of false-self issues related to the different types of depression.

The high correlation of anaclitic depression with a number of false-self issues supports the hypothesis that anaclitic depression is related to false-self disturbance. The variables which correlated with anaclitic depression suggest dynamics including unstable self-esteem, feelings of fraudulence, self-hate and introjection of anger. The gender differences
observed in false-self disturbance related to anaclitic depression suggest that men and women share some underlying false-self issues, while others are weighted somewhat differently. It is not clear why greater gender differences were not observed. Perhaps this once more reflects limitations related to the limited range of depression present in the study. The fact that the Imposter scale reached significance for men and not for women, and likewise, that the Interoceptive awareness scale reached significance for women and not for men raises interesting questions. Although these two measures are highly related, both were expected to be most highly related to female anaclitic depression. In examining the differences in these two measures, the Interoceptive awareness scale appears to be more internally focused, with a greater lack of acceptance of emotion, and concern about losing control. In the context of the earlier observation that women are higher in engulfment anxiety and condemnation of anger, there is tentative support for the idea that women experience less acceptance and more anxiety about their emotional experiences.

In contrast, Imposter feelings also represent a sense of splitting-off part of the self, but the concern is more outwardly directed toward how others perceive him, and the scale in general is more focused on achievement and success issues. As suggested earlier, although highly speculative, men may be less consciously aware of internal conflict.

The results failed to support the idea that introjective depression is less related to false-self disturbance than anaclitic depression. In fact the relationship of introjective depression to the false-self appears to be somewhat stronger. The results support the prediction that type of
depression would differ in pattern of false-self disturbance. The two types of depression share high guilt, imposter and interoceptive awareness issues. However, introjective depression contrasts strikingly with anaclitic in the expression of anger, and possibly in the level of consciousness about anger. Whereas anaclitic depression is characterized by less expression of anger, introjective depression is significantly associated with high awareness of anger, expression of anger, physical aggression and mistrust of others. Once again, women did not differ from men in false-self issues related to this type of depression. The pattern of relationship of false-self variables to introjective depression was remarkably similar for both sexes.

The pattern of variables associated with introjective depression, indicate that introjective depression is characterized by feelings of fraudulence and lack of enjoyment of success as represented on the Imposter scale, and interoceptive awareness disturbance, feeling out of touch, or confused and overwhelmed by one’s feelings, and concerns about feeling out of control. Furthermore, mistrust of others is associated with introjective depression, characterized by fears that one will be exploited or misled by others. The guilt scale indicates feelings of self-hate and worthlessness. The fact that awareness of anger is also strongly related to this type of depression suggests that ambivalence about closeness, and negative feelings related to closeness with others is more consciously experienced by both sexes in this type of depression. Together, these scales suggest that men and women experience introjective depression similarly on these dimensions, and that there is some conceptual support for the idea that false-self disturbance contributes to this type of
depression.

It is perplexing to observe that female introjective depression is highly related to a number of false-self issues despite failing to exhibit a significant relationship to separation-individuation issues. This is difficult to interpret, since the false-self concept is consistently theoretically represented as a disturbance in identity that results in deficits in separation-individuation (Winnicott, 1965).

In contrast, introjective depression in men was highly related to both separation-individuation and false-self issues. Although highly speculative, if it can be assumed that the false-self is related to separation-individuation, and that the false-self is to some extent represented by the variables in this study, then it must be concluded that the false-self issues experienced in female introjective depression follow separation issues that do not co-vary with the introjective measure.

Blatt (1974) suggested that anaclitic and introjective depression differ in developmental level, with introjective depression being associated with greater self-differentiation. The contrast between anaclitic and introjective depression noted in these results appears to support Blatt's notion. If the anger and mistrust which characterize introjective depression are more split-off and less consciously experienced in anaclitic depression, then it can be speculated that anaclitic depression may be associated with a more severe (less conscious) level of false-self disturbance. Winnicott (1965) describes the levels of severity of false-self disturbance and relates these to varying levels of awareness of real emotions toward the object, particularly negative emotions. Consequently, less awareness of anger and ambivalence toward
others may indicate greater false-self disturbance.

Unexpectedly, the Beck, which is not aimed at measuring characterological depression, was also highly related to false-self issues for both sexes, with little evidence of gender differences. The Beck's relationship to Interoceptive awareness, guilt and mistrust suggests that this measure taps issues related to self-hate, introjected anger, and a defensive distancing from others. This overall Beck relationship may be attributed only to the strong relationship between depression in general and false-self disturbance, or it may relate more superficially to the self-critical aspects and dependency aspects which are factors in the Beck measure (Blatt et al., 1982). These results suggest that the Beck is a good overall measure of depression that taps both dimensions of depressive experience.

Multiple Regressions on Depression

Because of the many significant correlations that emerged between the types of depression and false-self and separation-individuation measures, multiple regression analyses were conducted to sort out the variables which were most important as predictors of each type of depression. In addition, these analyses allowed a test of the conceptual models suggested by earlier analyses, examining the amount of variance in depression explained by false-self and separation-individuation variables.

Contrary to expectations, gender was not a significant predictor of variance in any of the three depression scores. Given the lack of gender differences found in this sample, this is not surprising. However, it is important to note that the regression analyses revealed that false-self
and separation-individuation variables accounted for a good deal of variance in all three depression measures. Interestingly, in the separate multiple regressions for men and women, it was clear that false-self and separation issues accounted for a higher proportion of the variance in anaclitic depression for females compared to males, and in introjective depression for males compared to females. This provides some support to past literature which indicates that gender differences in type of depression tend to fall along these lines.

The results of the overall regression analysis on anaclitic depression supports the idea of an anaclitic dynamic which is highly related to both false-self and separation issues. The findings of the regression equation supported earlier correlational analyses, with anaclitic depression related to seeking out intimacy and involvement with others, and a general avoidance of expression of angry feelings, coupled with low healthy separation.

The separate analysis for females supported the idea that anaclitic depression is related to false-self issues. Female anaclitic depression was predicted not only by less general expression of aggression, but also by less awareness of anger and mistrust. This was not as marked in the male regression equation on anaclitic depression, although an inhibition in expressing aggression was found. It is difficult to comment more specifically about the predictor variables since variables which were significant to anaclitic depression for each gender in the correlational analyses frequently covaried with the predictor variables. However, the combination of false-self and separation-individuation issues predicted anaclitic depression best for females.
Overall, introjective depression was predicted by a combination of false-self and separation variables. Imposter feelings and disturbances in interoceptive awareness appeared to be more predictive of introjective depression compared to anaclitic depression. Additionally, whereas anaclitic depression was characterized by low denial of dependency needs, introjective depression was characterized by high denial of dependency. Similarly, introjective depression was predicted by awareness of anger, in contrast to the low general expression of aggression associated with anaclitic depression. These results are congruent with observations made in earlier correlational analyses.

Interestingly, while guilt predicted a large amount of variance in introjective depression for both men and women, interoceptive awareness appeared to be more predictive of female introjective depression, and imposter feelings were more predictive of male introjective depression. This is congruent with correlational analyses which noted that gender differences in these issues became more salient when associated with introjective depression.

As expected, false-self and separation variables predicted less of the variance on the Beck. The Beck appeared to tap both DEQ dimensions of depression, and as an overall measure of depression, the regression equation appeared to draw form both types of depression dynamics. Some gender differences were observed on the Beck regression equations for men and women. While guilt accounted for most of the Beck depression score variance, separation anxiety and mistrust appeared to be more salient for men, and interoceptive awareness for women. Once again the interoceptive awareness disturbance appears to be an important dynamic in depression for
The results of the multiple regression analyses provide support for the hypothesis that depression is largely explained by disturbances in separation-individuation and false-self identity. This was particularly true of the DEQ characterological depression measures, consistent with expectations. Furthermore, these results suggest that the dynamics of anaclitic depression may be more strongly related to separation and false-self issues for women, which is conversely true for introjective depression in men. The results do not provide an explanation for this, but it is congruent with past literature (Chevron et al., 1978).

The Female Depressive Experience

One of the primary interests of this study was to learn more about the depressive experience for females. This study particularly attempted to examine the influence of separation-individuation and false-self issues in female depression. As noted earlier, the results indicate that, with a few exceptions, women do not appear to significantly differ from men in either type or severity of depression, or in false-self and separation-individuation issues. However, when gender differences in pattern of separation and false-self issues were examined for each type of depression, there appeared to be differences in the salience of particular dynamics, with particular issues appearing more prominent for women.

For women, anaclitic depression is marked by a repression of angry negative feelings, mistrust or anxiety toward others, and feelings of guilt and self-hate. Both types of depression in women are characterized by feelings of fraudulence and a sense of split-off feelings, but in
introjective depression the subjective experience is more angry, denying dependency and distancing from others. In direct contrast, in anaclitic depression, anger and negative feelings are split-off.

The fact that female depression is particularly associated with disturbances in interoceptive awareness highlights women's confusion and concern about feelings that are split-off and experienced as out-of-control. This concern with one's internal emotional experience was not as strongly related to depression for men. In comparing this pattern one can speculate that, as dependency needs increase, women introject anger and repress it toward others despite continuing feelings of mistrust and doubt. This is congruent with the idea that women are apt to lose themselves, or fail to attend to their own needs, when dependency feelings toward others intensifies (Gilligan, 1977).

From a different perspective, the observed differences between types of depression may in fact reflect degree of self-differentiation and level of severity of the false-self. Blatt (1974) suggests that introjective depression represents a greater level of self and object differentiation and this appears to gain support in this study. Perhaps the women more likely to exhibit introjective depression are more differentiated to the extent that they are able to experience and tolerate ambivalent feelings towards their families.

Since the separation-individuation measures were highly correlated overall with both types of DEQ depression, with both types of male DEQ depression, and with female anaclitic depression, it was quite striking that female introjective depression did not correlate with any separation scales. This perplexing result was underscored by the fact that female
introjective depression did correlate with several false-self measures, which imply disturbances in separation-individuation. The reason for this is not clear from the data. However one can speculate that, in both cases, the underlying separation issues for women follow the anaclitic pattern. This is consistent with the theoretical notion that separation-individuation issues for women are focused on intimacy, dependency and lack of autonomy (Levenson, 1984; Stoller, 1974), all of which are most highly related to anaclitic depression (Blatt, 1974). In examining female depression, a central point of this study has been that women who exhibit different patterns of behavior may have similar underlying dynamics related to depression.

In their study of intimacy and power motivation, McAdams and Bryant (1987) note that gender differences in intimacy motivation suggest that women continue to define themselves in terms of their relationships. Thus, women may be concerned with the level and intensity of attachments to others, compared to men. While issues of achievement, meeting expectations of others, and self-criticism are consciously experienced by females, as represented in introjective depression, these issues may be less profoundly linked to the female identity, and thus, less directly related to female separation-individuation issues. While females experience the same degree of introjective depression as males, the underlying separation-individuation dynamics may involve unresolved issues of dependency. Women who are higher on introjective depression may share the underlying dynamics with anaclitic depression, but are more able to act out ambivalence or negative feelings or experience them in conscious awareness. While the present study does not provide data to directly test
these speculations, the multivariate analyses support the idea that separation and false-self issues account most strongly for anaclitic depression in women and introjective depression in men.

Although this study did not test specific hypotheses in regard to depression and demographic variables, the correlation of certain demographic information with anaclitic depression provides additional ideas in regard to depression in women. The relationship between traditional and non-traditional women and type of depression might be expected to show that traditionality is most strongly associated with anaclitic depression. In contrast, the near significant positive correlations for women of anaclitic depression with hours of work, $r(61) = .23, p = .04$, and job status, $r(61) = .22, p = .05$, indicate that it may be that women who work a greater number of hours experience more conflict, neediness and helplessness around dependency issues. These results provide some contrast with Radloff's (1975) findings that housewives were more depressed than working women. Results such as this might depend on the type of depression measured. The present study's data may reflect the fact that the DEQ is more sensitive to dependency and characterological issues of depression, and that more traditional measures of depression frequently used for these comparisons (i.e. the Beck in this study) do not reflect this aspect of sex-role and depression. Certainly, these results provide very limited information in examining this issue, and one can only speculate on the relationships that may be suggested.

The literature argues that unsatisfied or split-off dependency needs expressed through non-traditional behavior can lead to depression as surely as traditional behavior (Menaker, 1982; Post, 1982). Several
author's describe the psychological cost that may be associated with more
non-traditional behavior for women and the depression associated with
high-achieving for many women (Bernay, 1982; Menaker, 1982; Post, 1982).
In this author's opinion, it appears to be difficult to find a way for
women to integrate achievement needs and dependency needs as long as
women's capability for intimacy and need for intimacy are excluded from
the values of contemporary society (Gilligan, 1977; Kaplan, 1986).

The correlation of anaclitic depression and job status in this study
must also be regarded in the context of the demographics of this sample
of women. It is possible that the more traditional role choice of being
a full-time mother (which characterized 38% of this sample) was more of
a choice for the highly educated, and somewhat affluent women in this
sample than it is for many women (Hewlett, 1986; Seidenberg, 1973). When
it is less of a choice, and more of a necessity as these author's suggest,
then depression might be expected to be more associated with traditional
behavior.

On a more dynamic level, it would be interesting to study further
whether hours of work and job status represent greater achievement
motivation in this group of women. The results of this study do not
provide data in regard to achievement motivation. Horner (1984) and
Miller (1979) assert that the false-self child who surpasses the parents
in achievement and begins to develop greater autonomy feels threatened
with parental abandonment and is not able to enjoy her accomplishments as
contributing to self-esteem. From this perspective, one can speculate
that anaclitic depression may increase for women who achieve and attempt
to become more autonomous. These results suggest that the dynamics of
sex-role choices and DEQ depression in women bears further study.

The Male Depressive Experience

Examining the information about male depression provided by this study allows further comparison of gender differences in the experience of depression. Two different patterns of separation-individuation patterns emerge for males across the two types of DEQ depression. As noted earlier, this is in strong contrast to the results with females. In comparing boys and girls development of a sense of a separate self, Levenson (1984) emphasizes the importance of multiple identifications, particularly with the father, which assist the boy with separation and autonomy. McAdams and Bryant (1987) note that men may value intimacy for the security provided versus for the definition of self. Men may experience dependency and intimacy needs as a need for a "secure base" from which to be instrumental in the world. These ideas suggest that the achievement issues and awareness of other's expectations intrinsic to the introjective dimension reflect more crucial aspects of the male identity, compared to the females.

Separation-anxiety and engulfment anxiety were strongly related to both types of depression for males, and neither for women, suggesting males' increased vulnerability to depression as dependency needs become more conscious. Males in general appear to exhibit a greater degree of dependency denial in both types of depression. Although highly speculative, the results suggest that depression in men might be associated with a failure in the efficacy of dependency denial as a defense, and/or an intensification of dependency needs. The non-depressed
male might either be more completely separated and thus able to satisfy his dependency needs and conflicts, or is more adequately bolstered and successful at splitting off dependency conflicts.

Specifically, the separation-individuation pattern of differences suggests that men with anaclitic depression experience separation anxiety and a desire for closeness and security with others similar to women. Men also share intense feelings of guilt and self-hate in this type of depression. However, in anaclitic depression, men also feel more intensely ambivalent and suspicious of closeness with others, concern about what others think of them, and more feelings of fraudulence and unstable self-esteem compared to women. The inhibition of aggression is less complete for men compared to women in this type of depression.

Both anaclitic and introjective depression are characterized by imposter feelings, guilt and engulfment anxiety. Introjective depression for men represents the bind of incomplete separation accompanied with a need to distance and deny dependency needs. Separation issues involving intense ambivalence and avoidance of intimacy are strongly related to introjective depression for men, a relationship that does not emerge for women. While an inhibition on awareness and expression of anger is more common to female anaclitic depression, high introjective depression is associated with awareness of anger for both sexes. Interestingly, both types of depression are characterized by separation anxiety and imposter feelings. This provides support for the idea that males may experience intimacy more in terms of security needs, and be more concerned with fulfilling expectations of others (McAdams and Bryant, 1987).
Limitations and Future Research

Several limitations in interpreting the present results and planning future research will be noted. First, the DEQ was designed to examine characterological depression as it is present in normal populations, hence this measure has been valid to use with this population of adults. In addition, the DEQ has been shown to be highly related to both separation-individuation and the false-self as measured in this study. However, the tentative model suggested in this study might be further tested in a clinically depressed population to see if the patterns observed in this study remain consistent or perhaps become increasingly clear as the range of depression broadens.

Furthermore, the limited percentage of questionnaires voluntarily returned (39%), suggests that less depressed subjects might have been most likely to return the completed packet. Because of the return rate, this particular sample may not be representative of the population sample which has been described. There may be other factors that differentiate subjects who were willing to participate from their cohorts. These findings need to be replicated to see if they are representative of this population, and should be extended to other socio-economic classes in middle-adulthood to further generalize these findings.

The fact that the present study relied on self-report measures suggests further limitations. The self-report questionnaires may have been influenced by social desirability factors or response set. In addition, the structured format of the present study's questionnaires may have lacked sensitivity to the subtle indications of false-self disturbance which may have been observed in an interview or open-ended
assessment. This is particularly an issue with false-self disturbance, which at its most severe levels is unconscious (Winnicott, 1965). These issues may have contributed to the finding that the relationships between the variables were not as strong as they were expected to be.

The present sample may have differed from other samples in a number of ways. The mean age of these subjects is higher than that of most of the studies used to compare depression means. Further studies of middle-adulthood groups would add support to the idea that depressive experiences may change or differ according to developmental stage of life. This study was very limited in its examination of sex-role factors and socioeconomic factors. Although depression scores in this sample were not correlated with family income or education, in examining the unexpected direction of the DEQ dimensions by gender, several interesting questions are raised. Do both dimensions of depression relate to high achievement orientation? Comparison of the findings of this study with similar studies including unmarried adults and single parents would be interesting. It is possible that the women in this study were unexpectedly higher on introjective depression partially as a function of their above average education and family income. In addition, more information is needed about the differences in separation-individuation and false-self issues observed between sexes and between type of depression, and how these might influence with sex-role. The DEQ dimensions appear to be potentially useful in further understanding the relationship between depression and sex-role, and whether sex-role behavior is an external expression of these patterns. Examining this question has become increasingly complicated as many women move back and forth cyclically
during the adult years, from full-time work to full-time mother and back.

Finally, since the results of this study support the idea that the false-self is related to depression, further research is needed to explore the prevalence of false-self disturbance, and to further investigate the relationship of false-self identity issues to depression. Horner (1984) states that the false-self patient's relationship to others is a powerful source of interference in the therapeutic process. The false-self patient does his/her best to make the therapist look good, and is extremely attuned to producing the material needed and approved of by the therapist (Horner, 1984). Clearly, the presence of false-self issues has implications for clinical practice with depressed patients.

Summary

While minimal support was found for the expected gender differences in depression, separation-individuation and false-self disturbance, a number of important relationships between these variables were observed. In fact, the results also suggest that a good deal of characterological depression may be in fact defined by the false-self and separation-individuation issues examined in this study. The pattern of false-self disturbance and separation-individuation issues differed according to type of depression rather than gender. However, when gender was also examined in relation to these patterns, limited support for gender differences in the patterns of relationship of these variables was also found.

In general, anaclitic depression for both sexes stands in contrast to introjective depression in respect to how dependency needs are defended against or acted upon. Both types of depression are associated with un-
resolved separation issues and a fear of being abandoned by others, and both appear to be associated with split-off feelings, a sense of fraudulence and unreality, and feelings of self-hate and worthlessness.

The pattern of variables associated with introjective depression suggests that this fear of abandonment appears to be reacted against in introjective depression by denial, distancing, mistrust and anger against others. There is a striking difference in the way that unresolved dependency needs are experienced in the two types of depression. In introjective depression, there is increased awareness of feelings of anger and mistrust, which is the reversal of the inhibition of aggression in anaclitic depression. Blatt (1974) has suggested that introjective depression represents greater self-differentiation. This is supported by the observation that introjective depression is associated with a greater awareness of anger and ambivalence towards others. However, introjective depression is also associated with greater denial of dependency needs, further indicated by the finding that disturbance in interoceptive awareness is an important predictor of this type of depression.

In contrast, anaclitic depression is characterized by an intensified need to depend on others and protect the self against loss, accompanied by a repression of angry feelings. Overall, in examining the group of variables most important in accounting for anaclitic depression, it can be argued that these variables are most congruent with the stereotypical false-self, particularly the separation-individuation variables associated with disturbances in the early symbiotic stage (Levine et al., 1986). The false-self aspects of anaclitic depression congruent with the false-self literature (Horner, 1984; Winnicott, 1965) include feelings of
fraudulence, self-hate, introjection of anger, and a high degree of symbiosis seeking with others.

The strength and pattern of relationship of false-self and separation-individuation issues to both types of depression also differ somewhat by gender, supporting the hypothesis that these two dimensions may explain a good deal of how depressive experience may differ for men and women. The fact that separation and false-self issues account for more of female anaclitic depression compared to males, and that the reverse is true for the introjective measure raises questions about the centrality of a particular type of depressive experience for each gender. In relationship to this, the present study has speculated that the false-self may be expressed at varying levels of severity across types of depression, and a particular separation-individuation pattern may underlie both types of depression for women. Although the data cannot answer these questions, these findings raise important conceptual questions about gender differences in depression and suggest fruitful directions for future research.

The false-self measures themselves appeared to be highly related to each other, suggesting that they share a common underlying dynamic, and were also highly interrelated with separation-individuation. Although highly speculative at this stage, the results of this study also provided support to the theory that the false-self is related to depression and the separation issues associated with depression. Future research might focus on alternative methods of measuring false-self characteristics to further investigate the relationships observed in this exploratory study.
CHAPTER V

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Dear Parent,

Thank you for volunteering to participate in our research project.

Please know that all of the information which you provide on the following questionnaires will be confidential. This means your responses will be seen only by myself and other qualified researchers on my committee, and will be used for research purposes only. Further, the information is anonymous. Your name will not appear on any of the data. In fact, all of the questionnaires which you will receive are coded at the top with a number. You will be asked to sign a separate sheet with your name and address so that I may send you a reminder letter and a summary of the results of our study, should you be interested. Your name will not be signed on any of the pages containing your responses. Finally, should you decide at any point to discontinue your participation in this project, for whatever reason, you are free to do so. Your help is very important to us, but this project is on a volunteer basis.

Please feel free to contact me should you have any questions, through either the mail or through your PTA president. Once again, thank you for participating in our project.

Sincerely,

Diane Goulet Fisher, M.A.

I have read the above and understand it.

------------------  ------------------
signature          Date
Please provide us with the following confidential information about yourself.

1. Age _____
2. Sex _____
3. Years of education _____
4. Highest degree obtained_________
5. Current occupation_________

6. Current job status (circle one):
   Employed full-time/employed part-time/full-time
   homemaker/student/retired/seeking employment

7. Marital status (circle one): single/ married/ separated/ divorced

8. Current income (circle one):
   less than $10,000/ $10,000-$30,000/ $30,000-$50,000/ $50,000-$100,000/ over $100,000

9. Current family income (circle one):
   less than $10,000/ $10,000-$30,000/ $30,000-$50,000/ $50,000-$100,000/ over $100,000/

10. How many hours per week do you normally work? _______

11. On a scale of 1 to 7, how important is your work in your life?

   Not at all important 1 2 3 4 5 6 7 Very important

12. On a scale of 1 to 7, if you didn't need to work for financial reasons, what is the likelihood that you would continue to work?

   Not at all likely 1 2 3 4 5 6 7 Most likely

Please answer the following questions at whatever length you would like, using the back of this sheet if needed.

13. If you would change something about yourself, what would it be?

14. Do you find that your thoughts and feelings seem to conflict with what you say and do? In what way?
APPENDIX C

ATTITUDE AND FEELINGS SURVEY

Directions: Listed below are a number of statements which describe various feelings, attitudes, and behaviors that people have. Read each statement and then mark on your answer sheet:

(a) if the statement is always true for you or you strongly agree with it.
(b) if the statement is usually true for you or you generally agree with it.
(c) if the statement is sometimes true for you or you slightly agree with it.
(d) if the statement is hardly ever true for you or you generally disagree with it.
(e) if the statement is never true for you or you strongly disagree with it.

Please answer all of the questions. If you have difficulty answering a particular question, choose the response which is closest to your feelings on that item, even though you may not feel strongly one way or another.

In marking your choices, be sure that the number of the statement you have just read is the same number you are marking on the answer sheet.

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NOTE: The answer sheets are attached to the back of this questionnaire. For your convenience, you may want to detach them and put them next to the questionnaire for ease in responding. Answers to this particular questionnaire should be marked on the answer sheet alone as instructed. Thank you! DGF
SITA - R

1. When I was young, my parents were very overprotective of me, sometimes to the point where I felt smothered.

2. I sometimes feel so powerful that it seems like there is no feat which is too difficult for me to conquer.

3. Being alone is a very scary idea for me.

4. Often I don't understand what people want out of a close relationship with me.

5. I enjoy being by myself and with others approximately the same.

6. I worry about death alot.

7. Most parents are overcontrolling and don't really want their children to grow up.

8. Sometimes I think how nice it was to be a young child when someone else took care of my needs.

9. I am friendly with several different types of people.

10. I don't see the point of most warm, affectionate relationships.

11. I particularly enjoy looking at my own body in the mirror.

12. My spouse/parent knows me so well that they almost always know what I'm thinking.

13. I do best when I'm by myself and don't have other people around to bother me.

14. Even when I'm very close to another person, I feel I can be myself.

15. I feel lonely when I'm away from my spouse and family for an extended period of time.

16. I feel so comfortable with my spouse/close friend that I can tell him/her anything I feel.

17. My spouse and I have some common interests and some differences.

18. I don't feel that love has much of a place in my life.

19. I frequently worry about the possibility of my marriage breaking up.

20. Being close to someone else is uncomfortable.

21. Although my best friend/spouse does things I do not like... I still
42. I feel particularly comfortable when I'm doing things with my family or a group of friends together, rather than by myself.

43. I don't really love anyone.

44. When I was young, my parents kept close tabs on my whereabouts.

45. At work, I have a special relationship with one of my bosses that goes beyond the average manager-employee bond.

46. I feel that my spouse restricts my freedom too much.

47. When I am truly friendly with someone, it's usually the case that they know both my good parts and my bad parts.

48. I feel that the degree to which I satisfy the needs of my spouse and he/she satisfies my needs is approximately equal.

49. There's a certain sense of oneness that I feel with other people.

50. I see dependency as a sign of weakness.

51. There is a sense of interconnectedness that links people of all kinds together.

52. God knows my life - I will go where he leads me.

53. Other people are easily impressed by me.

54. Knowing that other people find my physical appearance attractive is very pleasing to me.

55. The idea of going to a large party where I could not know anyone is a scary one for me.

56. I feel special, compared to other people.

57. When I'm with a number of my friends or family I am often the center of attention.

58. I preferred the younger years of my life when I could rely more on my parents for guidance to get along.

59. I usually get positive "vibes" from other people regarding how they feel about me.

60. I don't have much of a need for close friendships with others.

61. I worry about my boss disapproving of me.

62. Other people seem impressed by my capabilities.

63. I would like to always live in the same town as my parents and siblings so we could spend a lot of time together.
64. I like parties best when my close friends are there and there is an intimate atmosphere.

65. My personal plans are more important than my relationships.
Attitude and Feelings Survey
Answer Sheet

SA = Always true, strongly agree
GA = Usually true, generally agree
SA = Sometimes true, slightly agree
GD = Hardly ever true, generally disagree
SD = Never true, strongly disagree

1. __: __: __: __: __: __: __: __: __: __
   SA GA SA GD SD

2. __: __: __: __: __: __: __: __: __: __
   SA GA SA GD SD

3. __: __: __: __: __: __: __: __: __: __
   SA GA SA GD SD

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The dissertation submitted by Diane Goulet Fisher has been read and approved by the following committee:

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

The dissertation is therefore accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

April 21, 1989

Date

Director's Signature