

**MASCULINITY, FEMININITY, SELF-ESTEEM
AND SUBCLINICAL DEPRESSION**

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JOHANNESBURG

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**A dissertation submitted to the Faculty of Arts,
University of the Witwatersrand, Johannesburg
for the degree of Master of Arts
(Clinical Psychology)**

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Declaration

I hereby declare that this research report is my own work. It is being submitted for the degree of Master of Arts (Clinical Psychology) at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at any other university.

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(K. L. FORSHAW)

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ABSTRACT

This study is a constructive replication of Feather's (1985) investigation of the relationship between masculinity, femininity, self-esteem and subclinical depression. As such, it aimed at testing the generaliseability of Feather's finding that self-esteem is "a crucial variable to consider when accounting for the negative linkage between masculinity and depressive symptoms" (Feather 1985 p 498). Data was collected by means of questionnaires administered to English-speaking, unmarried, "white", female students (age range 19 - 23) registered at the University of the Witwatersrand (Johannesburg, South Africa). The subjects were all studying English at the second or third year level and at least one of each subject's parents was employed in a professional or managerial capacity. The questionnaire consisted of a form obtaining biographical information, the Beck Depression Inventory, the Coopersmith Self-Esteem Inventory and the Bem Sex Role Inventory (the latter measuring masculinity and femininity). Complete data was obtained for 103 students. Questionnaires were completed in the subject's own time. Results obtained from the calculated statistics (descriptive, correlation, partial correlation and analysis of variance) led to the conclusion that Feather's principal findings can be generalised, at least to the student population investigated here. Hence, given the potential implications of Feather's research for intervention in and prevention of depression, additional effort is justified to investigate the assumed causal relationship underlying his work and to focus upon clinically depressed individuals. Perhaps the chief conclusion arising from this study, however, is that the nature of the relationship between sex-role orientation and psychological well-being needs to be more fully explicated to account adequately for the complexity of psychological life. More specifically, for example, there is a need to define the roles of various mediating variables other than self-esteem in the relationship between sex-role orientation and psychological well-being. It is suggested that a combination of a qualitative with a quantitative approach may be necessary to adequately account for the complexity of the area.

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Chapter 1

INTRODUCTION

1.1 AIM OF THE PRESENT STUDY

A major contribution to contemporary psychology arising from the feminist movement has been the questioning of long-standing assumptions regarding the relationships between psychological factors and sex-related variables such as sex-role orientation. One such relationship which has recently been the focus of much theoretical interest and empirical investigation is that between sex-role orientation and psychological well-being (Frieze, Parsons, Johnson, Ruble and Zellman 1978 ; Krames, England and Flett 1988 ; Taylor and Hall 1982 ; Unger 1979 ; Whitley 1983, 1984, 1987).

The purpose of the present study was to investigate the relationships between self-reports of masculinity and femininity (as sex-role orientations), self-esteem and depression. More specifically, its aim was to provide a constructive replication of Feather's (1985) investigation of these relationships so as to test the generaliseability of his findings.

1.2 DEFINITION OF RELEVANT TERMS

1.2.1 Introduction : It is beyond the scope of this study to provide a detailed discussion of complex topics such as self-esteem and depression. The writer shall limit the information provided to that which is necessary to provide a

background for understanding her specific piece of research.

1.2.2 Gender, Sex, Sex-Roles (Masculinity and Femininity), Sex-Role Stereotypes, Sex Typing and Gender Identity (Sex-Role Orientation) : The gender of an individual refers to the *socially* determined attributions or sets of traits whereby society differentiates between males and females. Gender can be distinguished from sex, the latter referring to distinctions between men and women which are based on *biological* factors (Archer and Lloyd 1982 ; Brownlee 1987). Within this framework, "masculinity" and "femininity" are clusters of gender attributes which society defines as being characteristic of the psychological core of males and females (Brownlee 1987 ; Spence and Heimreich 1978). Masculinity and femininity are thus sex-roles, defined as the opportunities that society allows the individual for expression or exemplification of aspects of the self, on the basis of whether that individual is a man or a woman (Horrocks and Jackson 1972). Following a similar line of thought, Du Preez (1980) describes sex-roles as the prescriptive beliefs that society holds as to how members of each sex should ideally behave. Smith (1986) defines sex-role as the "psychological sex of the individual" (p 16).

Jones, Chernovetz and Hansson (1978) describe masculinity as a "relative mix of traits dominated by such factors as assertiveness, decisiveness and intellectuality, as opposed to nurturance, responsivity and emotionality" (p 311), the latter referring to femininity. Similarly, Krames, England and Flett (1988) conceptualise masculinity and femininity in terms of "clusters of traits" (p 714), the masculine individual being, for example, "active, independent, competitive" (p 714), the feminine "sensitive, gentle, warm" (p 714). Gill, Stockard, Johnson and Williams (1987) note that many of the distinctions that have been drawn between masculinity and femininity revolve around a central theme which stresses women's orientation toward social integration and men's focus on more impersonal or individualistic goals. So, for instance, those traits traditionally considered masculine have been referred to as autocentric (Guttman 1965), agentic (Bakan 1966) and instrumental (Parsons 1970), with their feminine counterparts being allocentric, communal and expressive. Table 1 clarifies the meaning of these terms for the authors who coined them.

Table 1**Four Theorists' Traditionally Descriptive Characteristics for Males and Females**

Gutmann (1965)	Autocentric (feminine ego styles)	Characterised by difficulty distinguishing between self and other(s) ; self and environment is blurred with resultant ego boundaries being quite permeable.
	Allocentric (male ego styles)	Characterised by objectivity and experience of self from others as separate.
Bakan (1966)	Communion (female dynamic principle)	Characterised by merging of self with field, resulting in lack of separations, with contact, openness, union, and cooperation. Interpersonal styles involve subjectivity, and feelings are centred on others, not on the self.
	Agency (male dynamic principle)	Characterised by differentiation of self from field, manifesting itself in formation of separations, in isolation, alienation, and urge to master. Interpersonal styles involve objectivity, competition, and distance.
Parsons (1970)	Expressive Action (female principle)	Characterised by relations among the individuals interacting within a social group, and concerned with the emotional quality of the group. Expressive rewards are direct and personal.
	Instrumental Action (male principle)	Characterised by objective goal achievement orientation outside the immediate social group, relating individuals to the wider environment. Instrumental rewards are indirect and impersonal.

Taken from Schaub (1986 p 52-53)

Brownlee (1987) has focussed on Bakan's (1966) concept of agency as being "concerned with the organism as an individual" which "manifests itself in self-protection, self-assertion and self-expansion" (p 33). Bem's (1974) understanding of masculinity and femininity in terms of Parson's (1970) work is reflected in the following quotation : "In general, masculinity has been associated with an instrumental orientation, a cognitive focus on 'getting the job done' ; and femininity has been associated with an expressive orientation, an affective concern for the welfare of others" (p 156). Other factors which have been associated with femininity are passivity and dependence (Gill, Stockard, Johnson and Williams 1987).

Brownlee (1987) stresses the difference between sex-roles, or role behaviours which are learned responses acquired through the process of socialisation, and inherent personality traits which are "commonly acknowledged to contain a large genetic component" (p 9). This point leads on to an understanding of the concept of sex-role stereotypes. As Brownlee explains : "the assumption of a correlation between sex-role behaviour and personality has instigated the categorisation of male role behaviour as 'masculine' and feminine role behaviour as 'feminine'. These differing masculine or feminine attributes or beliefs about them have been labelled 'sex-role stereotypes'" (p 10).

It should be apparent to the reader that sex-roles and sex-role stereotypes can, according to the definitions provided above, be seen as basically equivalent. Consistent with this viewpoint is Block's (1973) description of sex-role stereotypes as those constellations of characteristics which an individual applies to men and women in his culture, this clearly overlapping with the descriptions of sex-roles outlined above. The overlap is highlighted by Broverman, Vogel, Broverman, Clarkson and Rosenkrantz's (1972) specification of stereotypically male traits as those associated with competency (for example, independence, objectivity, activity, competitiveness and ambitiousness) and of stereotypically feminine traits as those associated with warmth and expressiveness (including gentleness, sensitivity to others' feelings, tactfulness and ability to express tender feelings).

A description of masculinity and femininity as sex-roles or sex-role stereotypes lays the foundation for a clarification of the concept of sex-typing - as the process whereby society determines what is masculine in males and feminine in females (Brownlee 1987) and the degree to which individuals in that society display these "preferences, skills, personality attributes, behaviours prescribed by the culture as appropriate for his or her sex" (Bem [in press], cited in Brownlee 1987 p 32). From a slightly different angle, sex-typing can be described as subsuming "the categorical grouping of individuals according to their levels of masculine or feminine traits" (Brownlee 1987 p 3).

To the extent that sex-roles or stereotypes, as discussed in the preceding paragraphs, are accepted as appropriate by the individual and internalised as such, they constitute an important part of his/her self-image, i.e. his/her gender identity (sex-role identity or sex-role orientation). Smith (1986) defines the latter as follows : "the cognitive representation of one's own sex-typed behaviour and functions, often (but not always) culminating in a global judgement of 'masculine' and 'feminine'" (p 16). It follows from the line of thought pursued above that a person's gender identity, will incorporate "preferences, skills, personality attributes , behaviours " (Bem [in press], cited in Brownlee 1987 p 32) that have no grounding in biological sex differences (Brownlee 1987). In the present work (as in that of Whitley 1983, 1984), masculinity and femininity are often referred to as sex-role orientations. It should be clear from the above that this is not inconsistent with the earlier description of them as sex roles.

As something of an aside, it is considered appropriate to note that a number of explanations have been provided for the "... association of one group of characteristics with males and another group with females" (Brownlee 1987 p 14). Emphasis upon the process of socialisation constitutes one such approach (eg. Hoffnung 1984 ; Lipman-Blumen 1984 ; Weitzman 1984). In addition to this, various "theories of gender" (Brownlee 1987 p 5) have been formulated. These include : biological theories (eg. Money 1971, 1972 cited in Smith 1986) ; psychoanalytic theory (eg. Deutsch 1944) ; social learning theory (eg. Bandura 1965, 1974) ; cognitive-developmental theory (eg. Kohlberg 1966) and models integrating biology and social learning (eg. Bem 1981 ; Hyde 1985). It is beyond the scope of this study to discuss these explanations. The interested reader is referred to the authors cited above and/or to Brownlee (1987), Donsky (1981) and Smith (1986) who provide reviews of the area.

1.2.3 Self-Esteem : The definitions of self-esteem provided in the literature are not well defined, tending to remain vague, and devoid of descriptions of specific behaviours which could be related to the concept (Coopersmith 1967 ; Fleming and Watts 1980 ; Hendler 1985 ; Robson 1988 ; Wells and Maxwell 1976). In relation to this, it has been pointed out that the term "self-esteem" means different things to different people and that this is usually not recognised (Robson 1988).

Simpson and Boyle (1975) have noted that self-esteem has been variously defined : "... a person's self-evaluation across a number of areas, such as feelings of adequacy and worth, feelings of being a 'good' or 'bad' person, physical appearance, personal skills and sexuality" (Whitley 1983 p 767) ; "a more or less phenomenal process in which the person perceives characteristics of himself and reacts to those characteristics emotionally or behaviourally" (Wells and Marwell 1976 p 64) ; "the sense of contentment and self-acceptance that stems from a person's appraisal of his own worth, significance, attractiveness, competence, and ability to satisfy his aspirations (Robson 1988 p 13) ; "... the evaluation a person makes, and customarily maintains, of him- or herself ; that is, overall self-esteem is an expression of approval or disapproval, indicating the extent to which a person believes him- or herself competent, successful, significant and worthy. Self-esteem is a personal judgement of worthiness expressed in the attitudes a person holds towards the self" (Coopersmith 1986 p 1-2). All these definitions point to a *general* personal evaluation of the self.

Such global definitions of self-esteem may lead to confusion with the idea of the self-concept. Hendler (1985) distinguishes between the two by noting that the self-concept is a description of the self while self-esteem involves evaluation and judgement of the self. Calhoun and Morse (1977) describe self-esteem as the degree of the individual's satisfaction with the self-concept.

1.2.4 Depression : This disorder may be described as an indicator of psychological distress (Whitley 1983) which has emotional, cognitive and physical aspects. Emotionally, the depressed person experiences feelings of wretchedness, sadness, misery, loneliness and hopelessness. Cognitively, he thinks of himself in negative terms - for example, as worthless, a failure, falling short of standards as regards intelligence, social success, health and appearance as well as to blame for that which goes wrong not only in his own life but also in the world at large. Self-reproach and guilt are thus central features of depression. Decision-making becomes impaired and thoughts of the future take on a pessimistic tinge. Suicidal thoughts may be present, representing a wish to

escape or avoid reality. On the physical front, decline in appetite and libido, sleep disturbance, chronic tiredness and slowing of movements could become part of the discomfort of the depressed person (Al-Issa 1980 ; Beck and Greenberg 1974 ; Fish 1974 ; Gillis 1980 ; Hendler 1985 ; Meyer and Salmon 1984 ; Shaffer 1985). Some writers in the field of depression (eg. Rosenhahn and Seligman 1984) have added motivational symptoms to the description of depression. They describe how the depressed person loses energy, has difficulty in initiating activity and, in general, becomes very passive. Beck and Greenberg's (1974) description of the depression sufferer, as losing interest in activities and relationships that were previously meaningful and pleasurable, points, in the present writer's opinion, to motivational symptoms of the disorder. It must be borne in mind that none of the symptoms of depression can be isolated from others - for instance, motivational factors will obviously reflect and feed into emotional and cognitive ones and it is impossible to totally separate the latter two from each other.

It is not necessary for an individual to display all of the indicators mentioned in order to be described as depressed. Rather, the presence of some symptoms will be sufficient (DSM-III-R 1987 ; Hendler 1985).

It will be recalled that this piece of research is concerned with subclinical depression. This term pertains to the fact that depression varies in degree of severity (Gillis 1980 ; Hendler 1985). Gillis is of the opinion that "the most practical classification is in terms of 'severe', 'moderate' and 'mild' (p 78), with "the symptoms basically the same for all types, varying only in degree" (p 77). Although not all would agree with the latter half of this statement (eg. Fish 1974), it is probably generally acceptable to classify clinical depression as "severe" (".... very serious and incapacitating characterised by intense and prolonged symptoms" [Gillis 1980 p 77]) and subclinical as "mild" to "moderate". Of course, any attempt to make a clear-cut distinction will become a semantic issue. Examples of symptoms which may form part of a clinical depression but which will not appear in subclinical depression include psychotic symptoms such as hallucinations and delusions and marked psychomotor retardation (Gillis 1980) or "paralysis of the will" where the person cannot do simple daily activities, such as eating and getting out of bed" (Hendler 1985 p 29). For a more detailed

discussion of depression, the reader is referred to DSM-III-R (1987).

1.3 RATIONALE OF THE PRESENT STUDY (INCLUDING LITERATURE REVIEW)

1.3.1 Introduction : It will be recalled that this investigation, as a constructive replication of Feather's (1985) work, is aimed at examining the relationships between masculinity, femininity, self-esteem and depression. The rationale of the investigation can best be outlined by examining the broad lines of thought and research upon which Feather's study was based, as well as his findings.

1.3.2 Models of the Relationship between Sex-Role Orientation and Psychological Well-Being :

1.3.2.1 Introduction : Feather's (1985) study is partly based upon the body of research focussing upon three different models of the relationship between sex-role orientation and psychological well-being. These models are the "congruence model" (Whitley 1984 p 208), the "androgyny model" and the "masculinity model" (Whitley 1984 p 209). Understanding of these models depends upon an explanation of the terms masculinity, femininity and androgyny. A definition of the first two was provided in Section 1.2.2. It thus remains to examine the concept of androgyny. The discussion of androgyny which follows will also add important information regarding masculinity and femininity.

As pointed out by, amongst others, Brownlee (1987), Gill, Stockard, Johnson and Williams (1987), Marsh, Antill and Cunningham (1987) and Whitley (1984), early work on the determinants and consequences of masculinity and femininity was based upon a view of these two concepts as representing sets of traits which could be described as occupying either end of a bipolar scale or continuum (i.e. as opposite poles of a single dimension). The implication of this was that masculinity and femininity were mutually exclusive of each other. Examples of work founded on these assumptions are the papers written by Broverman, Broverman, Clarkson, Rosenkrantz and Vogel (1970) and Hefner, Rebecca and

Oleshansky (1975).

A different position was adopted by others, including Bem (1974, 1975), Constantinople (1973) and Spence, Helmreich and Stapp (1975). They introduced a dualistic stance, whereby masculinity and femininity are seen as independent and complementary, rather than incompatible. This view, which remains the dominant understanding of the relationship between masculinity and femininity today, allowed for introduction of the concept of androgyny as the simultaneous presence of the two orientations in an individual, whether (s)he be female or male (Bem 1974, 1975, 1977 ; Whitley 1984). Recent studies, such as that conducted by Marsh and Richards (1989), have supported the androgyny position in the sense that their results have contradicted the bipolar view just explained (by, for instance, showing that an increase in masculinity is not necessarily accompanied by a decrease in femininity).

Originally, Bem distinguished between masculine, feminine and androgynous people, i.e. between people reporting, respectively, predominantly masculine traits (high degree of masculinity, low degree of femininity), predominantly feminine traits (high degree of femininity, low degree of masculinity) and a balance of masculine and feminine qualities, without regard for the absolute magnitude of either (Bem 1974, 1975, 1978 ; Taylor and Hall 1982 ; Whitley 1984). The work of Spence, Helmreich and Stapp (1975) then led to the introduction of a fourth group, the undifferentiated individuals, balanced on masculinity and femininity in that they are low on both dimensions. The term "androgynous" was now reserved for those high on both dimensions (Spence, Helmreich and Stapp 1975 ; Taylor and Hall 1982) - "the person demonstrates a *substantial* potential for either masculine or feminine behaviour and the flexibility to display either type of behaviour depending upon situational demand" (Heilbrun and Mulqueen 1987 p 188 [writer's emphasis]). Bem accepted this view of androgyny in place of her original approach described above (Bem 1977 ; Heilbrun and Mulqueen 1987).

It is now appropriate to return to the three competing models which have attempted to explain the relationship between sex-role orientation and

psychological well-being and, on this basis, to suggest an "ideal sex-role orientation" (Whitley 1984 p 208).

1.3.2.2 The Androgyny Model : This model argues that optimal or maximum psychological health will be attained by those who have an androgynous sex-role orientation (Bem 1974, 1975, 1978 ; Gilbert 1981 ; Krames, England and Flett 1988 ; Whitley 1983, 1984). Bem (1974) goes so far as to suggest that androgyny can "define a more human standard of mental health" (p 162). The theoretical assumption underlying this model is that androgynous individuals will have more roles available to them and will therefore be more flexible and, psychologically, more adaptive, as well as more complete, balanced and actualised with respect to developing and maximising personal potential than sex-typed (masculine or feminine) persons. They will not have to limit their behaviours to those stereotypically defined as sex-appropriate but, rather, will be able to exhibit either masculine or feminine behaviour as the occasion demands (Bem 1974, 1975, 1978 ; Bem and Lenney 1976 ; Block 1973 ; Gilbert 1981 ; Heilbrun and Mulqueen 1987 ; Jones, Chernovetz and Hansson 1978 ; Zeldow, Clark and Daugherty 1985). Nevill (1977) stresses the advantages of androgyny in a modern culture as opposed to a more traditional one, pointing out that in the complexity of modern society, with its greater role diversification, the individual's ability to cope is related to the number of roles accessible to him or her. In accordance with the line of reasoning presented here, Heilbrun and Mulqueen describe the androgyny model as a "more is better view" - "high levels of both masculine and feminine traits are seen to be advantageous" (p 189).

In terms of the additive androgyny model, the effect of androgyny is represented by the sum of the effects of its masculinity and femininity components (Taylor and Hall 1982). This accords with the claim by writers such as Spence, Helmreich and Stapp (1975) that masculinity and femininity relate independently and positively to indices of mental health. Taylor and Hall and Marsh, Antill and Cunningham (1987) refer to this model as hypothesising masculinity and femininity main effects (In terms of an analysis of variance [ANOVA] model). According to the interactive, or balance, androgyny construct, androgyny would be expected to have an effect on well-being over and above that attributable to its masculinity and

femininity dimensions, in that a high level of masculinity will have a particular effect (in terms of the adjustment of the individual) only if it is matched by a high level of femininity and vice versa (Marsh, Antill and Cunningham 1987 ; Payne 1987). This model therefore predicts an interaction effect between masculinity and femininity in an ANOVA model (Taylor and Hall 1982).

Examples of studies which have been interpreted as supporting the androgyny model include those by : Avery (1982) ; Bem (1975, 1977) ; Bem and Lenney (1976) ; Block (1973) ; Chevron, Quinlan and Blatt (1978) ; Cristall and Dean (1976) ; Harris (1983) ; Nevill (1977) ; Rosenweig and Dailey (1989) ; Schiff and Koopman (1978) ; Small, Teago and Seiz (1980) ; Spence and Helmreich (1978) ; Spence, Helmreich and Stapp (1975). Most of the research has involved the additive, as opposed to the balance, concept of androgyny (Whitley 1983, 1984). Those who have included the interactive approach have, in general, not found it any more powerful in predicting mental health than the additive model (Taylor and Hall 1982). Some researchers have, in fact, found it less so. For instance, Zeldow, Clark and Daugherty (1985) and Payne (1987) both failed to find an interactive effect between masculinity and femininity on their measures of psychological adjustment but did find separate ("additive") effects.

1.3.2.3 The Congruence Model : The view of masculinity and femininity as mutually exclusive and incompatible dimensions (Section 1.3.2.1) constituted the foundation of the original congruence model, which claimed that well-being would be fostered only if the individual's sex-role orientation was congruent with her biological sex (such congruence was seen as a precondition for mental health) (Whitley 1983, 1984 ; Krames, England and Flett 1983). Whitley (1983, 1984) cites Abraham (1911, 1949), Erikson (1963), Kagan (1964) and Mussen (1969) as proponents of this view.

A reformulation of the original congruence model was necessitated by the work, mentioned in Section 1.3.2.1, which argued for masculinity and femininity as complementary aspects of the self. The congruence model now conceptualises psychological adjustment as a function of an interaction between sex of the

individual and his sex-role orientation in the sense that high masculinity and low femininity in men and high femininity with low masculinity in women is seen as conducive to health (Lubinski, Tellegen and Butcher 1981 ; Whitley 1983, 1984).

It seems that the congruence model is based on the view that conformity to societal expectations is a prerequisite for mental health. In other words, it focuses on the importance attached to roles by society and the corresponding guilt and shame of those who fail to conform to these roles (Brownlee 1987 ; Du Preez 1980). There also seems to be an "assumption that sex-roles are the 'natural' behavioural and psychological manifestations of biological gender" (Brownlee 1987 p 8), such that anyone flying in the face of her prescribed role is also functioning at odds with her fundamental nature.

The research of Holahan and Spence (1980) and Whitley and Gollin (1981, cited in Whitley 1984) yielded results which have been interpreted as supportive of this model (for instance, men rating themselves high on depression also described themselves as low on masculinity and high on femininity).

1.3.2.4 The Masculinity Model : This model grew out of a questioning of the androgyny model brought about by findings which suggested that the relationship between androgyny and mental health is largely attributable to the masculinity component. In other words, the masculinity model proposes that it is masculinity alone, not femininity or (by implication) androgyny, that can predict psychological well-being. Adjustment is seen as being proportional to the degree of masculinity, regardless of the person's sex (Krames, England and Flett 1988 ; Whitley 1983, 1984). More specific comments about the role of femininity as construed within the masculinity model will be made shortly. Since support for the masculinity model constitutes one of the bases for Feather's (1985) research, more attention will be paid in the current report to this area than was granted to corresponding areas of investigation in the androgyny and congruence models.

A considerable body of research exists whose results lend support to the

masculinity model. For example, Biaggio and Nielson (1976), Consentino and Heilbrun (1964) and Gall (1969) all found a negative correlation between masculinity and anxiety and a positive relationship between femininity and this indicator of psychological distress. Jordan-Viola, Fassberg and Viola's (1976) investigation also pointed to a negative correlation between masculinity and anxiety in the case of feminists and working women. Further, their results demonstrated that, for university and working women, the higher the level of androgyny the higher was the level of anxiety.

Baucorn (1983) found that high masculinity subjects expressed lower depressed mood and higher self-esteem than did low masculinity subjects following either a helpless or a nonhelpless induction involving performance on a concept formation task. De Gregario and Carver's (1980) research focused upon the mental health implications of masculinity from a somewhat different perspective - they were interested in masculinity as a mediator between Type A (coronary-prone) behaviour and various indices of psychological adjustment. Their data showed that, for subjects reporting low masculinity, as opposed to those reporting high masculinity, Type A behaviour was associated with low self-esteem, high social anxiety and high scores on depression. Zeldow, Clark and Daugherty (1985) failed to replicate this Type A-masculinity effect. They did, however, find that low masculinity is particularly maladaptive for Type Bs in terms of depression. Masculine participants in Frank, McLaughlin and Crusco's (1984) study displayed less symptom distress than their feminine and androgynous counterparts.

Some of the research conducted in the area of eating disorders can be seen as having added to the body of literature supporting the masculinity model. Holleran, Pascale and Fraley (1988), for example, demonstrated a negative correlation between masculinity and bulimia. Femininity did not relate significantly to bulimia but "certain personality variables associated with stereotypical feminine behaviour", such as low assertiveness, "are correlated with bulimic behaviour" (p 380). Femininity emerged as a risk factor for over-eating in a study by Van Strain and Berger (1988), while masculinity was not related to this problem behaviour. Further analysis suggested that the contribution made by femininity to over-eating was due mainly to anxiety and negative self-concept associated with

feminine-typed traits (Van Strein and Bergers 1988).

Jones, Chernovetz and Hansson (1978), employing a wide range of dependent variables, including neurosis, locus of control, self-esteem, alcohol problems, creativity, confidence and helplessness, concluded that masculine males are more competent and confident while the less traditionally sex-typed are, in general, more restricted, less effective, more susceptible to influence, more unsure of themselves and "perhaps even less well adjusted" (p 310). For women subjects, the more masculine the sex-role orientation, the more adaptive, competent and secure the individual. The conclusion drawn by these authors was that, rather than androgyny yielding "the most desirable pattern of responses across several situations", it is sex-typed men and opposite sex-typed women who "with very few exceptions showed the most flexible and competent pattern of responses" (p 311). They also found that feminine respondents, independent of gender, would prefer to become more masculine, were that possible. Overall, "the results are interpreted as suggesting an alternative to Bem's theory of androgyny" (p 298), this alternative, of course, being the masculinity model. Krames, England and Flett's (1988) analysis of questionnaires completed by elderly women yielded a significant negative relationship between masculinity and both hopelessness and low self-esteem. Femininity did not relate significantly to these measures.

Further investigations whose results are consistent with masculinity model predictions are those by Long (1989), Lubinski, Tellegen and Butcher (1981, 1983), Lundy and Rosenberg (1987), Marsh, Antill and Cunningham (1987), Nezu and Nezu (1987) and Silvern and Ryan (1979). Long found that masculinity was a predictor of high self-esteem (for male professionals and clients) and self-acceptance (for clients) whereas femininity did not correspond with either indicator of psychological well-being. Lubinski, Tellegen and Butcher found no support for the congruence model or for the androgyny hypothesis based on the interactive concept of androgyny. In their 1981 study, masculinity was significantly correlated (in the adaptive direction) with well-being and stress reaction. Femininity was correlated only with well-being and less strongly than in the case of masculinity. Similarly, the 1983 investigation demonstrated, in the

case of masculinity a "pattern of positive relations to markers of Positive Affectivity" while "Femininity did not fare as well, showing a corroborative but less impressive pattern of relations" (p 436). As in the case of Long's research, the findings of Lundy and Rosenberg pointed to masculinity being predictive of high self-esteem while those of Nezu and Nezu indicated that high masculinity subjects reported significantly lower scores on depression, state anxiety and trait anxiety than did low masculinity participants. In the latter two studies, neither femininity nor the interaction between masculinity and femininity was related to the relevant index of mental health (in other words, neither the additive nor the balance/interactive androgyny model was supported). Marsh, Antill and Cunningham's (1987) data yielded "consistent support for the masculinity model" (p 666) in that, across a number of measures, masculinity was positively related to self-esteem, while femininity bore either a nonsignificant or a significant negative relation to the latter variable. Further, no support was obtained for the interactive androgyny model. In accordance with the central tenet of all the above work, Silvern and Ryan demonstrated that it was more often masculinity alone, and not androgyny or femininity that was the most powerful predictor of psychological well-being. To quote : "... in the case of every comparison between sex-typed groups, the group that was found to be significantly higher in adjustment was also significantly higher in masculinity. Groups that did not differ in masculinity did not differ in self-rated adjustment, regardless of whether they differed in femininity" (p 750).

Zeldow, Clark and Daugherty's (1985) study replicates and extends previous studies which have demonstrated the dominance of masculinity effects. High masculinity men and women were found to be more self-confident, more emotionally stable, more outgoing, and less depressed than their low masculinity counterparts. They were also found to possess a greater capacity for deriving pleasure from a wide array of events and to have a stronger sense of personal control over life's rewards. To quote the authors whose work is being reviewed here : " ... Both the sheer number of masculinity main effects in our study and their magnitude affirm the conclusion that, for both sexes, masculinity elicits the more positive outcomes for individuals in American society" (p 488). A later, follow-up study by Zeldow, Daugherty and Clark (1987) yielded results consistent

with their earlier work, although they were "weaker in magnitude" (p 3). For example, they found that androgynous, high feminine and undifferentiated groups were at risk for impaired mood (in terms of depression), while high masculine subjects were "relatively free of negative affectivity" (p 11).

It should be clear that the research referred to in Section 1.3.2.3 as supporting the congruence model is also consistent with the masculinity model.

Thus far, examples of individual studies supporting the masculinity model have been presented. Attention is now focused upon a number of meta-analyses conducted in the area. Meta-analyses are studies which have evaluated a "body of research literature" by "combining the results of independent studies and using inferential statistics" (Whitley 1984 p 210).

In his (1985) meta-analysis, Whitley chose self-esteem as the criterion for psychological well-being upon which he would focus. He concluded that the masculinity model received more support than either the androgyny (additive or interactive) or congruence models. To quote : "The results of the meta-analysis provide no support for the congruence hypothesis Masculinity, femininity and the interaction of the two were all positively related to self-esteem, but masculinity carried the most weight. The statistically significant results for femininity and the interaction may be of little practical significance, leaving the best support for the masculinity hypothesis" (p 771). By way of expansion upon the latter point : femininity and the interaction between masculinity and femininity could only account for three percent and one percent, respectively, of the variance in self-esteem, whereas masculinity could account for 27 percent. Examples of later studies whose results conform to the pattern described by Whitley are the investigations conducted by Macdonald, Ebert and Mason (1987), Payne (1987) and Stoppard and Palsley (1987). In the case of the former two, both masculinity and femininity were found to correlate (positively) with self-esteem, but with masculinity having the stronger relationship. Payne's results for depression followed the same trend, this time with negative correlations. Some studies (such as those by Spence, Helmreich and Stapp [1975] and Bem [1977]), which yielded

results similar to these, have been interpreted as supporting the androgyny model. It should be clear that such an interpretation is challenged by Whitley's logic as outlined above.

In a further meta-analysis conducted by Whitley (1984), this time with depression and a general measure of adjustment as the dependent variables, the best support was again provided for the masculinity model. Masculinity was found to have a moderately strong relationship with both high adjustment and absence of depression while femininity emerged as having only a weak relationship with adjustment and no relationship with depression. The congruence hypothesis received no support.

Whitley's (1983, 1984) conclusions were similar to those reached by Taylor and Hall (1982) and Bassoff and Glass (1982), on the basis of their meta-analyses. For example, Taylor and Hall (whose meta-analysis included studies focusing upon a broad range of dependent variables, including self-esteem, adjustment and ego development) interpreted their data as proving the congruence model invalid. Further, they state that : "Indicators of healthy psychological functioning typically showed relatively large and consistently positive masculinity effects and less consistently positive and almost always much smaller femininity effects" (p 339). "... the consistency and strength of the masculinity effect relative to the femininity effect suggest that masculinity rather than 'main effects' androgyny predicts psychological well-being" (p 347). "Main effects" androgyny refers to the additive androgyny model. Taylor and Hall also found little support for the balance androgyny hypothesis - only in isolated studies was there evidence of such support and, even in these cases, the interaction effects were small when compared with the masculinity main effects "that predominate" (p 359). These researchers proceed to point out that much of the literature interpreted as supportive of the androgyny model reports both masculine and androgynous individuals scoring high on measures of psychological health and both undifferentiated and feminine people scoring low. They argue that the implication of this, that "there is one lone main effect - of masculinity" (p 360), has not been recognised. Kelly and Worrell (1977) also noted this tendency for androgynous and masculine persons to "look best" and feminine and undifferentiated types to

"look worst" (p 1113) on variables such as self-esteem. Specific examples of studies conforming to this pattern are those by : Adams and Sherer (1982) (indicating that androgynous and masculine women tend to be less depressed and anxious than feminine and undifferentiated females) ; Coutts (1987) (showing feminine women to be significantly higher on ambivalence about successful performance than masculine and androgynous subjects) ; Harris and Schwab (1979) (pointing to superior personal and social adjustment on the part of masculine and androgynous participants relative to the two other subgroups) ; Schiff and Koopman (1978) and Willemssen (1987) (demonstrating higher self-esteem in the former two groups relative to the latter) and Thomas and Reznikoff (1984) (repeating this pattern for emotional stability). Schiff and Koopman did, in fact, recognise the implication of a masculinity effect in their results ("the finding of no significant difference in self-esteem between androgynous women and masculine women suggests that the masculine component of sex-role identity, present to a high degree in both of these groups, may be closely associated with positive self-perceptions. This supports the belief that masculine characteristics may contribute significantly to self-esteem and may be weighted more heavily than the feminine component in relationship to personal satisfaction and feelings of self-worth" [p 304]).

The present writer's understanding of the work relating to the masculinity model leads her to suggest three "versions" of this model : one in which femininity is thought to have no effect on mental health, one in which it is thought to have a negative effect and one in which it is held that femininity also makes a positive contribution to psychological adjustment, but a weaker contribution than that made by masculinity. The latter could be described as a "weak" (additive) version of the androgyny framework. These three approaches could, of course, be "collapsed" into one, such that the only premise of the masculinity model is that masculinity will have a stronger positive influence on mental well-being than will femininity. Within this perspective, femininity could have no effect, a negative effect or a positive effect (smaller than masculinity) on psychological adjustment. It seems that most researchers in the field implicitly work within either the latter approach or the "weak" model of androgyny.

As mentioned, the masculinity model seems to have grown out of empirical research into the androgyny approach. With regard to theory as to *why* masculinity should be the important variable in determining psychological health or discomfort, Feather (1985) suggests that "In our 'Western-style culture', characterised by ... 'self-contained individualism', values considered important relate more to instrumental (masculine) characteristics than to the expressive (feminine) characteristics" (p 409). Thus, the masculine person, as a result of the social value invested in his or her ways of behaving, and the consequent rewarding of them, will have a higher level of self-esteem than the person for whom opportunities to successfully perform such behaviour are blocked. (S)he will therefore be protected from depression (Section 1.3.3 includes a more detailed analysis of the connection between self-esteem and depression and Feather's views thereon). Following a similar line of thought, Kenworthy (1979) notes that "masculine characteristics have more functional value in our culture" (p 231) and that "femininity often has an ideal but not functional value for those who possess it" (p 235). Long (1989) notes that findings in favour of the masculinity model are "hardly surprising" (p 86) in view of the value attached in American society to masculine traits and the devaluing of feminine characteristics. Jones, Chernovetz and Hansson (1978) suggest that, in a society which favours agency over communion, the application of various social rewards, including approval, acceptance, esteem and deference, is contingent upon display of masculine behaviours. It will therefore follow that, within such a context, high masculine individuals will experience success more often than others with less marked masculine tendencies and will also "feel more confident due to a history of differential application of society's rewards" (p 312). Kelly and Worrell's (1977) views on the importance of masculinity are consistent with those just reviewed. They refer to the "differential social utility value" of masculine as opposed to feminine-typed behaviours, with masculinity being more "socially effective" (p 1113) for the individual in the sense that it leads more frequently to positive outcomes. They further suggest that, if this hypothesis is valid, then it will indicate that, although androgynous individuals are high on both sex-role orientations, it will be the masculine component that will be beneficial since it is this aspect of functioning that will lead to social reinforcement. The reader will realise that this argument coincides with the findings of the research reviewed in preceding paragraphs.

The idea that masculinity is more highly valued in Western society than is femininity is supported by research. Broverman, Vogel, Broverman, Clarkson and Rosenkrantz (1972) and Wolff and Taylor (1979) have, for example, found that stereotypically masculine traits are more often considered to be desirable than are stereotypically feminine qualities. Jones, Chernovetz and Hansson's (1978) finding that their feminine subjects (regardless of sex) would have preferred to become more masculine, if possible, is also relevant here, as is Lobban's (1972) evidence that her female subjects aspired to be less feminine while the male participants wished to be more masculine. Williams (1977) reports considerable evidence demonstrating that, from middle childhood onwards, girls display a widespread preference for the masculine role and greater ambivalence for identification with the feminine role while boys do not show such cross-sex preference, evidencing unequivocal preference for the masculine role. It has also been shown that subjects tend to judge cross-sex behaviour of males (i.e. feminine behaviour) more harshly than that of females (i.e. masculine behaviour) (Feinman 1974 ; Helpærn and Luria 1989). Meador's (1990) comments on the strong bias in American society against the feminine are relevant too. She suggests that the dissociation of the female element may be a cultural phenomenon which has emerged due to the primacy of patriarchal gods.

Feather (1985) and the other authors referred to in the preceding paragraph are linking psychological health to the feedback the individual receives from society in respect of his or her behaviour. Self-esteem is seen as having a mediating role in the relationship between sex-role orientation and depression.

By way of adding to the masculinity model's understanding of the determinants of self-esteem, Brownlee (1987) has noted that "... a marked similarity of value preferences between individuals within a cultural group suggests that the social norms of the reference group become internalised as self-values" (p 78). In the writer's view, it follows from this that the individual living in a society which values masculinity will also come to attach positive significance to it and, hence, will reward himself to the degree that he perceives himself as being masculine. This

process will, obviously, interact with the application or withholding of rewards by the context within which the person finds himself and it seems logical to suggest that both processes are important determinants of level of self-esteem. As already explained, the masculinity model's explanation of the benefits of masculinity is completed by the argument that self-esteem has a mediating role in the relationship between sex-role orientation and depression.

Whitley (1983) notes that, in addition to the inverse relationship between self-esteem and depression (see Section 1.3.3), self-esteem has been related generally to psychological well-being, both by theory and research. So, for instance, he points to the fact that clinicians and researchers of differing theoretical orientations (eg. Bradburn 1969 ; Maslow 1970 and Melcherbaum 1977) have seen high self-esteem as "a healthy and desirable characteristic" (p 767) and that low self-esteem has been linked to psychological distress in the form of neuroticism (Bagley and Evan-Wong 1975), anxiety (Percell, Berwick and Beigel 1974), poor general adjustment (Rios-Garcia and Cook 1975) and self-referral to mental health facilities (Poirer, Tetreau and Strobel 1979, cited in Whitley 1983). Low levels of self-esteem have also been related to drug and alcohol abuse, lack of confidence and susceptibility to external influence (Coopersmith 1967 ; Jones, Chernovetz and Hansson 1978). Both Brownlee (1987) and Hendler (1985) point to the fact that self-esteem has been significantly associated with personal satisfaction and effective functioning. Other writers who have emphasised the importance of self-esteem with regard to psychological well-being include Archer and Lloyd (1982) and Bradshaw (1981). In the light of this, then, the above understanding of the masculinity model need not be limited to depression as the "dependent variable" - the suggestion is that there are a broad range of mental health indicators to which masculinity may be related by virtue of its association with self-esteem.

It should be clear that the rationale provided for the masculinity model overlaps with that suggested for the congruence perspective in that both focus on the role of societal feedback. The latter, however, sees society as reinforcing sex-typed behaviour (ie. masculinity only for men), while the former perceives society (at least in the West) favouring masculine behaviour for both sexes.

An assumption underlying much of the work discussed above must be pointed out here - that sex-role orientation is, in some sense, causative of psychological well-being, or lack thereof. The relevant research has not, however, tested this assumption. The research has been chiefly of a correlational nature and has thus only been able to test for the presence or absence of *relationships*, not for causality. It was with this in mind that the term "dependent variable" was placed in inverted commas above.

1.3.3 The Relationship Between Depression and Self-Esteem :

1.3.3.1 Introduction : The preceding section was concerned with outlining one of the foci of thought and research upon which Feather's (1985) study was based. Feather's research also has its foundation in a number of investigations yielding negative relationships between depression and self-esteem (Beck 1967 ; Beck and Beck 1972 ; Feather 1982 ; Feather and Barber 1983). It will be recalled that, in providing an explanation for the success of the masculine orientation (Section 1.3.2.4), Feather suggests that the high level of self-esteem in masculine individuals protects them from depression. Other works which are also relevant here, in that they point to depressed individuals being characterised by relatively low self-esteem, include those by : Battle (1977) ; Hojat, Shapurian and Mehryar (1986) ; Ingham, Kreltman, Miller, Sashidharan and Surtees (1987) ; Shaffer (1985) and Shelhan (1981).

As in the case of the research on the relationship between sex-role orientation and mental health, the theory and research on self-esteem and depression has not yielded conclusive evidence on the precise nature of the relationship between the two as regards, for instance, causality and its direction (Robson 1988). A number of different understandings of the relationship have been put forward and some of these will be outlined below.

1.3.3.2 Low Self-Esteem as a Symptom of Depression : The reader is referred to the preceding section where the negative relationship between

depression and self-esteem was presented. This relationship coincides with the view of negative self-feelings and evaluations as characteristic of the depressed person (Section 1.2.4). Feather (1985, 1987), referring to Beck's work, notes that a negative view of self is often taken as a primary defining characteristic of depression. Archer and Lloyd (1982) expound a similar understanding of depression and, in their research, Krames, England and Flett (1988) refer to low self-esteem as a "cognitive measure of depression" (p 715).

1.3.3.3 Low Self-Esteem as a Factor in the Aetiology of Depression : Altman and Wittenborn (1980) and Kaplan, Freedman and Sadock (1985) have suggested that personality features such as self-dissatisfaction and lack of self-confidence predispose the individual to depression. In broad accord with this view, low self-esteem has been shown to be the intervening variable between vulnerability factors (such as lack of a close confidante and early separation from the mother) and depression (Brown and Harris 1978 ; Ingham, Kreitman, Miller, Sashidharan and Surtees 1987) and also between severe life events and depression, such that low self-esteem raises the risk of depression after the occurrence of a major crisis, but not without such an occurrence (Brown, Bifulco, Harris and Bridge 1986).

Cognitive Theory, the Learned Helplessness perspective and the "Role Loss" understanding of depression assign a more directly causative role to self-esteem in relation to depression.

In terms of the Cognitive Theory perspective on depression, cognition determines emotion, mood and behaviour. In other words, our thoughts or thought patterns influence the latter factors. Depressed mood and other symptoms of depression are seen as being caused by negative cognitions or expectancies, including negative evaluative attitudes toward the self (Beck 1967 ; Beck and Greenberg 1974). Research conducted by Ingham, Kreitman, Miller, Sashidharan and Surtees (1987), although not necessarily in agreement with all aspects of the Cognitive Theory approach to depression, has yielded information of relevance to the latter - namely, that it is the presence of negative self-evaluation, rather than

the absence of positive self-evaluation that is linked with vulnerability to depression. Experimental work by Coleman (1975) and Wilson and Krane (1980) indicated that "... a lowering of self-esteem is a determinant of depression (C)ognitively induced changes in levels of self-esteem influence(d) a variety of indices of depression", this providing "implicit support for a cognitive mediation theory of depression" (Wilson and Krane 1980 p 421).

According to the Learned Helplessness view, depression results when an individual learns that reinforcement is independent of his responses (Brown and Siegel 1988 ; Maier and Seligman 1976 ; Seligman 1975). It is reasonable to suggest that such perceived helplessness is an integral part of low self-esteem - external locus of control has been related to low self-esteem (Strassberg and Robinson 1974) and those displaying an internal locus of control have been found to be higher than "externals" in self-esteem (Bachman 1970, cited in Fleming and Watts 1980). Abramson, Seligman and Teasdale (1978) reformulated the Learned Helplessness idea in terms of Attribution Theory. If a person attributes failure or loss of control to a stable, internal characteristic (eg. "I'm stupid"), as opposed to attributing it to fate or nonrecurring external causes, then there is a reduction in both self-esteem and level of activity which then results in depression (Abramson, Seligman and Teasdale 1978 ; Meyer and Salmon 1984).

The "Role Loss" understanding of depression stresses social role fulfilment as a central factor in determining a person's self-conception. Loss of a role seen by the individual as important (in relation to society's values) can thus lead to loss of self-esteem and hence to depression (Coleman and Antonucci 1983 ; Kessler and McRae 1982 ; Williams 1977).

Those approaches which conceive of low self-esteem as playing a causal role in the development of depression have received support from experimental work by Fennell and Zimmer (1987, cited in Robson 1988). They demonstrated short-term improvement in depressed mood of patients as a result of these patients spending 30 minutes focusing on positive aspects of the self-concept.

1.3.3.4 Self-Esteem as a Factor Influencing the Course of Depression :

Lewinsohn, Steinmetz, Larson and Franklin (1981) found that "depression subjects with more negative cognitions were less likely to improve during the follow-up period" (p 213), concluding that depression-related cognitions, such as poor self-esteem, seem to make it more difficult for an individual to overcome depression. This accords with Robson's (1988) statement that self-esteem may not only be a causative but also a maintaining factor in depression.

1.3.3.5 Low Self-Esteem as a Result of Depression :

Beck and Greenberg (1974) and Kaplan, Freedman and Sadock (1985) suggest that depression tends to compound the person's original feelings of worthlessness, helplessness and powerlessness. Ingham, Kreitman, Miller, Sashidharan and Surtees (1978) note the possibility that their findings reflect progressive impairment of self-esteem by recurrent episodes of depression. This accords with Lewinsohn, Steinmetz, Larson and Franklin's (1981) comment that "it is possible that negative cognitions are a consequence of depression, that is, that being depressed causes one to think negatively" (p 213). For those who see poor self-esteem as contributing to depression, the points made here could be interpreted as indicating a maintaining role for self-esteem in relation to depression.

1.3.3.6 The Relationship of Self-Esteem to Depression within the Masculinity Model :

An explanation of the role of self-esteem, in terms of the masculinity model, as mediating between sex-role orientation and depression was provided in Section 1.3.2.4. This understanding, with its emphasis upon the rewarding of masculinity, is not inconsistent with the "Role Loss" as well as the Cognitive Theory views of depression (Section 1.3.3.3). With respect to the former, reference is, of course, not being made to a role which has been "possessed" and then "lost", but rather to the absence of opportunity for the individual to take on a role or set of behaviours (in this case, masculine behaviours) which are perceived as important due to the value and rewards attached to them by society. Relevant here is Horrocks and Jackson's (1972) notion that self-esteem is threatened when an individual feels trapped into a role by the expectations and role-requirements of his or her culture. In connection with the Cognitive Theory approach to depression : the individual who does not

have opportunities to behave in those ways that are most likely to be rewarded by society is likely to develop the type of negative cognitions or expectations, including negative evaluative attitudes toward the self, which the Cognitive framework postulates as leading to depression.

One could also draw a connection between the Learned Helplessness position on self-esteem and depression (Section 1.3.3.3) and that of the masculinity model - reinforcement can be seen as being independent of an individual's responses if that individual does not have, within her repertoire of responses, those which are likely to be reinforced by her social context. The sense of helplessness such a person will experience will constitute part of the lowered self-esteem and contribute to the lowered level of activity characteristic of depression. However, if reinforcement is perceived as something arbitrary or random (i.e. independent of the person's behaviour in this sense), then the masculinity model's approach is no longer consistent with the Learned Helplessness framework. The Attribution Theory reformulation of the Learned Helplessness understanding of depression (Section 1.3.3.3) coincides with that proposed by Feather (1985) and other writers who have attempted to explain the benefits of masculinity - lowering of a person's self-esteem due to a lack of reinforcement from his environment seems to imply that he interprets this "environmental response" as somehow reflecting negatively on *himself*.

In general, then, the masculinity model seems to view reduced self-esteem as causative of depression (Section 1.3.3.3) and, in this sense, as playing a mediating role between sex-role orientation and depression (sex-role orientation determines level of self-esteem which, in turn, determines the degree to which the individual is likely to suffer from depression). The reader may realise that this view can be expanded to include the notion that poor self-esteem predisposes the person to depression (Section 1.3.3.3). Further, the masculinity hypothesis is not inconsistent with the idea that lowered self-esteem maintains depression. Feather has also pointed to low self-esteem as part (a symptom) of depression (Section 1.3.3.2).

1.3.4 Feather's (1985) Study : Feather based his study on the above-discussed literature pertaining to : (1) the negative relationship between masculinity and depression (Section 1.3.2.4) ; (2) the positive relationship between masculinity and self-esteem (Section 1.3.2.4) and ; (3) the negative relationship between self-esteem and depression (Section 1.3.3.1). His work was based upon the expectation that these correlations would hold in his study. The central hypothesis was that depressive symptoms would be negatively related to masculinity scores but unrelated to femininity ratings and, further, that the negative relationship between masculinity and depression may be due to shared variance with self-esteem, such that when the effects of self-esteem were partialled out, the correlation between depression and masculinity would disappear. The discussion in Section 1.3.3.6, which attempted to explain the masculinity model's understanding of the mediating role suggested for self-esteem in the relationship between sex-role orientation and depression, needs to be borne in mind when considering the latter contention.

The results of Feather's (1985) research confirmed his hypotheses. Further, the positive masculinity/self-esteem relationship was not affected when depression scores were partialled out and the negative self-esteem/depression correlation remained unchanged when masculinity scores were partialled out. Interpreting the overall pattern of his results, which he describes as a "consistent package" (p 498), Feather concluded that "... the results implicate self-esteem as a crucial variable to consider when accounting for the negative linkage between masculinity and depressive symptoms" (p 498).

1.3.5 The Present Study as a Constructive Replication of Feather's (1985) Work : A "constructive replication" (Lykken 1968 p 1) or "replication of generality" (Zeldow, Clark and Daugherty 1985 p 482) tests the generaliseability ("robustness and limits" [Zeldow, Clark and Daugherty 1985 p 482]) of the findings of the study it replicates by examining the same research question in a different manner (Zeldow, Clark and Daugherty 1985). To quote Brief and Aldag (1975) : "A constructive replication is a study which, if successful, extends the generalisability of the research after which it is modelled, by avoiding exact duplication" (p 183). The present study set out to test the generaliseability of Feather's findings

by testing his hypotheses with different measures of the variables he focused upon and with a different subject group. Variations on Feather's procedure and method of statistical analysis were also features of the current research. Detail on the changes introduced is provided in Section 2. Feather notes that Baucom's (1983) results (Section 1.3.2.4) have already provided some indication that the generality of his findings can indeed be extended. To quote: "Baucom's results extend the generality of the present findings because he used measures of masculinity, depression and self-esteem that were different from those employed in the present study" (Feather 1985 p 497). This investigation will also employ different measures from those used by Baucom. It is seen as a further, more explicit, test of the generalisability of Feather's study (Baucom did not examine the mediating effect of self-esteem on the relationship between masculinity and depression). The reader will realise that other studies mentioned in Section 1.3.2.4 can also be described as extending the generality of Feather's results but, as in the case of Baucom's work, only partially so.

1.3.6 Significance and Relevance of the Present Study : Feather's (1985) understanding or interpretation of his results has been outlined in Section 1.3.2.4 where it served as an explanation for the positive influence of a masculine orientation on psychological health. It will be recalled that Feather suggests that masculine behaviours are more valued, and hence rewarded, in Western society than are feminine behaviours and that the masculine person will thus have a higher level of self-esteem, and associated protection from depression, than will the individual for whom opportunities to perform masculine behaviours successfully are blocked. Continuing his line of thought in this regard, Feather says: "Thus, the higher incidence of depression found in women in some populations may reflect in part a diminished self-regard that is associated with reduced opportunities for fulfilling the dominant value orientations of their culture. So, too, the lower self-esteem and higher incidence of depressive symptoms reported by the unemployed are further evidence relating to this point" (p 498-9). In referring to self-esteem and depression in the unemployed, Feather points to the work of Feather (1982) and Feather and Barber (1983) as confirming his suggestions. As regards depression and women, there are numerous studies which point to the relationship indicated by Feather (eg. Brown and Harris 1978 ;

McDermott 1987 ; Weissman and Klerman 1977 ; Weissman, Leaf, Holzer, Myers and Tischler 1984). Turning to the issue of women and self-esteem, Feather, referring to the work of Wylie (1979), acknowledges that research has not, in fact, pointed to men having higher self-esteem than women but suggests that "our discussion highlights one possible basis for sex differences in global self-esteem when these differences occur" (p 498). A number of authors, including Bardwick (1971), Chesler (1972) and Kimmel (1974) would disagree with Feather's statement about self-esteem differences between men and women - they have stated that women do have less positive views of themselves than do men and Chesler, in accordance with Feather's line of thought, has postulated this as an explanation for the higher rates of depression amongst women than men.

It must be borne in mind that the above represents an interpretation of the results of Feather's (1985) research and not a conclusion that can definitely be drawn from his findings. More specifically, one needs to note that, due to the correlational nature of the work, it cannot serve as a basis for making conclusive statements as to causal relationships, or direction of causality, between the variables of concern. In other words, Feather is suggesting that self-esteem is an important variable in understanding the link between masculinity and depression but he is unable to make definite statements as to causality, or its direction, with respect to this link (Indeed, as already mentioned in Section 1.3.2.4, the causality involved in the relationships between masculinity and self-esteem and between self-esteem and depression remains uncertain).

Following from the above, it can be stated that the significance of Feather's (1985) investigation lies in the fact that it has *potentially* important implications with respect to greater understanding of the variables related to depression in some individuals in some societies and, hence, with respect to intervention and prevention. His findings would be even more important if they could be generalised to clinically or seriously (Section 1.2.4) depressed individuals. In order for this potential to be "actualised", further research will need to examine relevant cause-effect relationships and also focus upon clinically depressed subject groups.

The preceding paragraphs should elucidate the relevance of the writer's investigation as a constructive replication of Feather's (1985) research. Given the potentially important implications of Feather's results, it is advisable to test their generalisability before advocating the devotion of resources to more difficult and time-consuming cause-effect studies and to research demanding access to subjects who may be hospitalised due to the severity of their depression. As a replication of Feather's study, the present investigation is, of course, subject to the same limitations as regards yielding information on causality. Given the importance of self-esteem as a factor of general relevance to the mental health of the individual (i.e. not just in relation to depression) (Section 1.3.2.4), the current research is also important in that it constitutes a (constructive) replication of studies, including Feather's, which have examined the relationship of self-esteem to other variables, such as sex-role orientation. This is subject to the same qualifications as those just mentioned.

The writer's investigation can, further, be seen as a (constructive) replication of those studies, including Feather's, testing the relative merits of the masculinity and androgyny models of the relationship between sex-role orientation and psychological well-being. If both masculinity and femininity were found to be (equally) positively related to self-esteem and negatively to depression, this would represent support for the (additive) androgyny model. If, however, masculinity follows this pattern and femininity does not, or if masculinity does so more strongly, the masculinity model will be supported (Taylor and Hall 1982 ; Whitley 1983, 1984). The interactive androgyny hypothesis was investigated by means of testing for an interaction between masculinity and femininity in terms of analysis of variance. As a test of the relative merits of the different models the research will, as implied above, have important implications for "prescriptions for well-being" (Whitley 1983 p 766) (once further research has been conducted to clarify issues of causality and generalisability of results with respect to clinically depressed populations). Such qualified implications can also be derived from this research as a (constructive) replication of investigations into the relationship between depression and self-esteem (Section 1.3.3.1).

1.4 GENERAL RESEARCH HYPOTHESES

The general purpose of this report was outlined in Section 1.1. Having provided the reader with an understanding of the theoretical and empirical foundations of the study as well as its relevance, it is now appropriate to provide the research hypotheses which were based upon the theory and research reviewed. The testing of such hypotheses would fulfil the aims of the investigation.

In general terms, it was hypothesised that sex-role orientation would be relevant (related) to the psychological well-being of the individual - that masculinity would be related to mental health in terms of self-esteem and depression. It was also expected that self-esteem would mediate between sex-role orientation and depression. The specific research hypotheses which follow can be subsumed under the general hypotheses presented here.

1.5 SPECIFIC RESEARCH HYPOTHESES

1.5.1 The Present Study as a Constructive Replication of Feather's (1985) Work : On the basis of the theory and research reviewed in earlier sections, the following hypotheses are framed :

a) H_0 : The (expected) significant negative relationship between depression scores and masculinity scores will not be significantly affected when self-esteem differences are controlled for (partialled out).

H_1 : The (expected) significant negative relationship between depression scores and masculinity scores will be significantly reduced (will become non-significant) when self-esteem differences are partialled out.

b) H_0 : The (expected) significant positive relationship between masculinity scores and self-esteem scores will not be significantly affected when depression differences are partialled out.

H_1 : The (expected) significant positive relationship between masculinity

scores and self-esteem scores will be significantly reduced (will become non-significant) when depression differences are partialled out.

c) H_0 : The (expected) significant negative relationship between self-esteem scores and depression scores will not be significantly affected when masculinity differences are partialled out.

H_1 : The (expected) significant negative relationship between self-esteem scores and depression scores will be significantly reduced (will become non-significant) when masculinity differences are partialled out.

In order to test these hypotheses it would, of course, first have to be established that the expected relationships outlined do, in fact, exist.

As regards femininity, the following hypotheses are framed in accordance with Feather's views (Section 1.3.4.):

d) H_0 : There will be a non-significant relationship between femininity scores and self-esteem scores.

H_1 : There will be a significant relationship between femininity scores and self-esteem scores.

e) H_0 : There will be a non-significant relationship between femininity scores and depression scores.

H_1 : There will be a significant relationship between femininity scores and depression scores.

1.5.2 Interaction between Masculinity and Femininity : Assessing whether or not there is an interaction between masculinity and femininity in relation to self-

esteem and depression constituted another aspect of testing for the "relative merits" of the masculinity and androgyny models of the relationship between sex-role orientation and psychological well-being (Section 1.3.7). Further reasons for conducting this type of statistical analysis will be provided in Section 4. On the basis of the general trend emerging from past research (Sections 1.3.2.2 and 1.3.2.4), it was hypothesised that :

- f) H_0 : There will not be a significant interaction effect between masculinity and femininity on self-esteem scores.
 H_1 : There will be a significant interaction effect between masculinity and femininity on self-esteem scores.
- g) H_0 : There will not be a significant interaction effect between masculinity and femininity on depression scores.
 H_1 : There will be a significant interaction effect between masculinity and femininity on depression scores.

Chapter 2

METHOD

2.1 SUBJECTS

Data for the study were obtained from 103 English-speaking, unmarried, "white" female students registered at the University of the Witwatersrand (Johannesburg, South Africa). These students were all studying English (at either the second or the third year level) and ranged in age from 19 to 23 (mean age : 20,09 ; standard deviation : 0,90). At least one of each subject's parents was employed in a business/professional/managerial area, parental occupation having been selected as an indicator of socio-economic level (here the researcher followed Smith's [1986] approach - he defined socio-economic bracket in terms of the careers followed by his subjects).

The sample as described above was selected from 164 second and third year students in the English department, this being the number of students who returned questionnaires to the researcher (the return rate was 45,8% [164 out of the original 358 who received questionnaires]). Of the original 164 questionnaires returned, 61 were excluded from the research analysis on the basis of : failure of respondent to provide all the necessary information ; failure of respondent to complete the instrument at all ; incorrect completion of the questionnaire ; sex (respondents were excluded if they were male) ; home language (respondents

were excluded if a language other than English was their home language or if they included such a language, in addition to English, as their home language) ; socio-economic classification (respondents were excluded if neither of their parents was employed in the above-mentioned categories - if, for instance, they were artisans) ; race (respondents were excluded if they were not classified as "white") ; age (respondents were excluded if they were younger than 19 or older than 23) ; marital status (respondents were excluded if they were married, or had been married).

The decision to exclude the above-mentioned groups from the study was based on two considerations. Firstly, there was a need to control for the possible confounding influence of factors such as age, race, sex, etc. (potential "third variables", or factors correlated with such "third variables", which may covary with the variables of interest in the study) (Cook and Campbell 1976). To use Brownlee's (1987) words : "Because the sample could not be randomly selected, as many identifiable differences as possible had to be controlled for" (p 94). (Educational level was, of course, also controlled for). Secondly, the relatively small number of subjects in the groups under consideration led to the decision to control for potentially confounding factors by limiting the subjects to a homogenous group rather than by conducting separate analyses for the different groups. For example, a comparison between findings for male and female respondents would not have been advisable in the light of the fact that there were only 18 "viable" male subjects, as compared with the 103 female participants. The approach adopted accords with that followed by Silvern and Ryan (1979) - they excluded groups of five and nine members from a total sample of 147 "because of the small N" (p 748).

As mentioned in Section 1.3.5, the writer's study constitutes a constructive replication of Feather's (1985) research in that, amongst other reasons, it employed a different subject group - Feather's subjects included both male and female participants (mean age : 22,9 years, with most between the ages of 17 and 25) who were enrolled in an introductory psychology course at an Australian university. Both studies control for educational level but Feather does not specify whether factors such as race, socio-economic level, etc. were controlled for, so

one must assume that they were not (this, then, constituting another way in which his sample differs from that used in the current investigation). One can, of course, also assume that the majority of Feather's subjects were Australian and that the majority of those participating in the writer's study were South African.

2.2 APPARATUS

2.2.1 Introduction : Data were gathered by means of administration of a questionnaire to the sample described above. A copy of the questionnaire is included in Appendix I. In addition to an introductory letter and a section for obtaining biographical-type information (Form A of the questionnaire), the instrument consists of : the Coopersmith Self-Esteem Inventory (Form C) (Coopersmith 1973) (Form B of the questionnaire) ; measures of achievement and sociability self-esteem taken from Hellbrun (1981) (Form C of the questionnaire) ; the Bem Sex Role Inventory (Bem 1974) (Form D of the questionnaire) ; the Beck Depression Inventory (Beck, Ward, Mendelson, Mock and Erbaugh 1961) (Form E of the questionnaire).

Apart from common use of the Beck Depression Inventory (and here Feather [1985] used the short form while the full-length questionnaire was employed in this study), all instruments used were different to those employed by Feather. Feather measured sex-role orientation by means of the Personal Attributes Questionnaire and self-esteem through administration of the Rosenberg Self-Esteem Scale (revised version). As already mentioned (Section 1.3.5), this constitutes one respect in which the present research is a constructive replication of Feather's study.

2.2.2 Bem Sex Role Inventory : Sex-role orientation was assessed by means of the Bem Sex Role Inventory (Bem 1974). To quote Shaub (1986) : "The BSRI was designed to assess the extent to which an individual's self-description reflects the culture's definitions of desirable female and male characteristics. As such, it is an attitudinal measure of gender identity and facilitates the investigation of within-sex differences, where the sex and gender link is not viewed to be necessary" (p 142).

The scale consists of a list of 60 personality attributes (20 traditionally masculine, 20 traditionally feminine and 20 neutral). The subject rates the applicability of these attributes to himself on a scale from one (never or almost never true) to seven (always or almost always true). The overall masculinity and femininity scores are then calculated as the mean of all responses to the masculinity and femininity items, respectively (maximum : seven ; minimum : one). The 20 neutral items constitute the social desirability scale (the term "neutral" refers to the fact that these items are considered independent of cultural attributions as regards masculinity or femininity, that is, neutral with respect to sex). Of the 20 neutral characteristics, half are "undesirable" and must be reverse-scored (1 = 7 ; 2 = 6, etc.). Apart from this, scoring of the social desirability scale is the same as for the masculinity and femininity scales. The social desirability scale provides an indication of the extent to which an individual's questionnaire-answering behaviour is influenced by a general tendency to respond in a socially desirable direction (Bem 1974).

Turning to the psychometric properties of the Bem Sex Role Inventory, Bem (1974) obtained her normative data by administering the instrument to 441 male and 279 female students in Introductory psychology at Stanford University as well as to 117 male and 77 female paid volunteers at Foothill Junior College. The internal consistency reliabilities calculated were as follows : masculinity 0,86 ; femininity 0,80 ; social desirability 0,75 (Stanford sample) ; masculinity 0,86 ; femininity 0,82 ; social desirability 0,70 (Foothill sample). Thus, all three scales were "highly reliable" (Donsky 1981 p 77). As regards test-retest reliability, the BSR I was re-administered after an interval of approximately four weeks to 28 males and 28 females from the Stanford standardization sample. Product moment correlations indicated high reliability over this period (masculinity 0,90 ; femininity 0,90 ; social desirability 0,89).

The validity of Bem's (1974) questionnaire will now be considered. The Inventory has been found to correlate highly with the Masculinity-Femininity scales of the Personal Attributes Questionnaire, the Adjective Check List and the ANDRO scale

(Finlay 1983 ; Kelly, Furman and Young 1978 ; Lubinski, Tellegen and Butcher 1983 ; Wilson and Cook 1984). Archer and Rhodes (1989) found a strong relationship between the masculinity scale of the Bem Sex Role Inventory and the Hyper-Masculinity Inventory. Bem (1974) demonstrated a moderate correlation with the Masculinity-Femininity scales of the California Psychological Inventory and a lack of correlation with the Guilford-Zimmerman Temperament Survey. Thus, evidence pertaining to the convergent validity of the scale is mixed. Bem's (1974) response to this is as follows : "It is not clear why the BSRI should be more highly correlated with the CPI than with the Guilford-Zimmerman scale, but the fact that none of the correlations is particularly high indicates that the BSRI is measuring an aspect of sex roles which is not directly tapped by either of these two scales" (p 160).

Bem's (1974) finding that males scored significantly higher than females on her measure of masculinity, while females scored significantly higher than males on the femininity scale can be seen as supportive of the construct validity of the BSRI. Shaub (1986) has observed that "there is a growing literature by Investigators that supports the construct validity of the BSRI by having established conceptually relevant behavioural and personality correlates" (p 147) Masculinity- and femininity-scale construct validity has been based on the main effects of masculinity and femininity on gender-typed measures" (p 145). He goes on to quote Brannon's (1979) conclusion that "the studies taken together provide ample behavioural evidence for the construct validity of the BSRI The only gender related instrument of which this statement may currently be made" (p 147). On the other hand, writers such as Locksley and Colten (1979), Kelly and Worrell (1977) and Pedhazur and Tetenbaum (1979) have questioned the relevance of the type of evidence referred to by Brannon and Shaub for construct validity. Locksley and Colten, for example, contend that it is assumed that demonstrating the predictive validity of the BSRI is equivalent to establishing its construct validity, an assumption which they refute. Pedhazur and Tetenbaum's (1979) replication of Bem's item-selection procedure also challenges the construct validity of her questionnaire "in terms of perceiving the scales as summated ratings" (Shaub 1986 p 147). It was found that mean social desirability ratings for feminine characteristics tended to be lower than those for masculine

characteristics and that some feminine items were perceived as relatively undesirable, the implication of this being that the social desirability and femininity dimensions cannot be seen as independent of each other.

With further regard to the construct validity of the Bem Sex Role Inventory, Pedhazur and Tetenbaum (1979) conducted a factor analysis on the instrument and concluded that the BSRI is not a valid measure of masculinity and femininity in that it also assesses other dimensions - their findings did not match the masculinity and femininity dimensions postulated by Bem (1974) in that four factors emerged (one feminine factor relating to interpersonal sensitivity, two masculine factors - one relating to assertiveness, the other to feelings of self-sufficiency - and a gender correlated factor defined by the items "masculine" and "feminine"). They concluded that the BSRI should be seen as providing a measure of socially desirable instrumental and expressive traits, which are sex-differentiated, rather than as a measure of the gender role identities masculinity and femininity as suggested by Bem. Finlay (1983) sees the results of Pedhazur and Tetenbaum's research as challenging the construct validity of the BSRI. Other researchers who have challenged the validity of the BSRI on factor-analytically based grounds include : Gaa, Liberman and Edwards (1979) ; Gaudreau (1977) ; Gill, Stockard, Johnson and Williams (1987) and Gross, Batils, Small and Erdwins (1979). Gill, Stockard, Johnson and Williams argue that the BSRI does not measure global sex-role stereotypes of masculinity and femininity that are adopted by people as components of their self-concepts. Following a similar line of thought to Pedhazur and Tetenbaum, they contend that the instrument is, rather, an inadequate measure of instrumentality and expressiveness (inadequate in the sense that it "confounds" [p 381] the former with activity and autonomy and the latter with dependence, passivity and emotionality). In contrast to the broad equation of instrumentality with masculinity and expressiveness with femininity (as in Section 1.2.2), they limit instrumentality to "concern with the attainment of goals external to the interaction process" (p 379) and expressiveness to an orientation which "gives primacy to facilitating the interaction process itself" (p 379-380).

Bem (1979) counters Pedhazur and Tetenbaum's (1979) criticism of the Bem Sex

Role Inventory's validity in this way : "because the theory underlying the BSRI does not require that the domains of femininity and masculinity be unidimensional, it is only the existence of that small fourth factor (the factor defined by the items 'masculine' and 'feminine') that is unanticipated by the theory" (p 1051). The following statement can be seen as her more general response to those challenging the BSRI on the basis of factor-analytic findings : "the theory deliberately does not specify the particular contents of these definitions (ie. masculinity and femininity) because this will vary from culture to culture. The theory is a theory of process, not content" (p 1049).

Bernard (1984) and Wiggins and Holzmuller's (1978) criticism of the selection procedure for Bem Sex Role Inventory items has bearing on the content validity of the scale. They argue that, given that item selection was based on social desirability, the questionnaire is unlikely to cover the full range of qualities relevant to sex-role orientation (since it is likely that at least some negatively valued traits will constitute part of the latter). In what may be seen as a partial defence of Bem's (1974) questionnaire, the reader's attention is directed to Pedhazur and Tetenbaum's (1979) finding that some feminine traits on the BSRI are, in fact, seen as relatively undesirable. Payne (1987) has broadened the criticism under discussion here - he argues that, regardless of why this is the case, the items of the BSRI "do not sample a full range of stereotypic differences between men and women" (p 360).

The above does not constitute a comprehensive review of all the work done on evaluating the Bem Sex Role Inventory (such a review would be well beyond the scope of this study). For further relevant information, the reader is referred to the authors mentioned above and also to Jones, Hansson and Chernovetz (1978), Richardson and Wirtenberg (1983), Strachan (1975), Vogel (1979) and Worrell (1978).

The decision to use the Bem Sex Role Inventory in this investigation, despite the criticisms of it, is best justified in Finlay's (1983) terms : "It must be stressed that in spite of the magnitude of the criticism levelled at the BSRI, this does not mean

that it is a poor test in relation to other sex-role inventories. Rather, it is to date the most well-known, most widely used, and the most researched of such instruments, and as a result there is both more information as well as more criticism available on it than on any other of the sex-role inventories" (p 112). Further, Donsky (1981) and Lobban's (1972) finding that scores on the BSRI are similar across South African samples and Bem's (1974) American norm group supported the application of the instrument in the current study.

2.2.3 Coopersmith Self-Esteem Inventory (Form C) : This questionnaire was used to provide the study's measure of self-esteem. Form C (Adult or Adapted Short Form) (Coopersmith 1973) is one of three different forms of the Coopersmith Self-Esteem Inventory, the other two being the School Form (Form A or Long Form) and the School Short Form (Form B or Short Form). The latter consists of the last 25 items of Form A while Form C consists of 25 items adapted from Form B (in accordance with the finding that the wording used and the situations referred to in a number of the items in the latter were not suitable for older individuals). Form C is used with persons of 15 years and older (Coopersmith 1986). The purpose of the original (Long Form) Self-Esteem Inventory was "to measure evaluative attitudes toward the self in social, academic, family and personal areas of experience" (Coopersmith 1986 p 1). The same can be said of Forms B and C, with a shift to an emphasis on work generally, as opposed to academic performance, in the Adult Form.

A scoring key is available for the inventory. The general rules upon which this is based are as follows : negative items (such as "I give in very easily") are scored "correct" (given one point) if they are answered "unlike me" while positive items (for instance, "I'm a lot of fun to be with") are scored "correct" if they are answered "like me". "Incorrect" responses (negative items checked "like me" and positive items checked "unlike me") are allocated a score of zero. The overall self-esteem score is obtained by adding the number of items answered correctly. Thus, high scores represent high self-esteem with the highest possible score being 25 and the lowest zero (Coopersmith 1986). Coopersmith notes that the total raw score obtained in this way can be multiplied by four so that the Adult Form results can be directly compared to those of the School Form. If such a comparison is not

relevant, as in the author's research, the total raw scores can be used unaltered.

Numerous studies have been conducted on the reliability and validity of the School Form of the Self-Esteem Inventory and have generally provided strong technical support for the scale. Forms B and C have received less attention in this respect (Coopersmith 1986) but there has been some research which has cast light on the psychometric properties of these forms and this is briefly reviewed below.

In a study of 103 college students, Bedeian, Teague and Zmud (1977) found support for the internal consistency of the Adult Form (reliability estimates of 0,74 for males and 0,71 for females) and for the stability of the scale (test-retest reliability coefficients of 0,80 for males and 0,82 for females). Van Tuinen and Ramanaiah (1979) also found high internal consistency reliability for the scale (0,83). However, Coopersmith (1973) found low inter-item correlations (average 0,13) for his sample of 453 students. Split-half reliability figures are not available for Form C. Coopersmith (1986) suggests that they would probably be "somewhat lower" (p 12) than the 0,87 and 0,90 reported for Form A, this being due to the shorter length of Form C.

A comparison between college students' responses to the instrument under discussion and the Adjective Check List conducted by Bedeian and Zmud (1977) yielded a finding of weak convergent validity for the former scale. The researchers attributed this result to the fact that many different meanings can be attributed to the term self-esteem and, associated with this, the multidimensionality of the construct. Grandall (1973) found correlations of 0,59 and 0,60 between the Coopersmith inventory and the Rosenberg Scale for Self-Esteem, using college students as subjects. This study thus provided somewhat stronger evidence for the convergent validity of the scale than did that of Bedeian and Zmud (Hendler 1985). Van Tuinen and Ramanaiah (1979) provided support for the convergent validity of the scale in terms of correlations with the Tennessee Self-Concept Scale. The latter researchers concluded that the Adult Form "appears to be a good choice if one is looking for a short global self-esteem scale"

(p 23). It was upon this basis that the researcher selected the instrument for her study.

Robson (1988) provides potential criticism of the questionnaire by pointing out that "scales which require a judgement of whether each statement is 'like me' or 'unlike me' may be misleading, because a subject might disapprove a likeness that is ascribed a positive value by the researcher" (p 8).

2.2.4 Beck Depression Inventory : The BDI (Beck, Ward, Mendelson, Mock and Erbaugh 1961) consists of 21 items or categories, each comprising a number of statements (minimum four, maximum six). The items or statements relate to the phenomenology of depression, including not only cognitive-affective symptoms but also vegetative indicators. Each statement is ranked 0,1,2 or 3, this indicating the degree of severity of the symptom involved. For example, item P, which is concerned with sleep disturbance, subsumes four statements ranging from "I can sleep as well as usual" (absence of symptom, scoring 0) to "I wake up early every day and can't get more than 5 hours sleep" (most serious level, scoring 3). Respondents are requested to choose those statements in each category which best describe them. If appropriate, more than one statement can be checked in a particular group. The scale is not based on any particular theoretical understanding of the aetiology of depression. Rather, as should be clear from the above, the focus is upon the behavioural and other manifestations of depression (Beck, Ward, Mendelson, Mock and Erbaugh 1961).

Scoring is conducted by summing the ratings of the statements circled. Should a participant circle more than one statement in a category, the highest ranked statement is scored. Thus, the potential range of scores is from zero (lowest level of depression) to 63 (highest degree of depression). Scores on the Beck Depression Inventory have been categorised as follows : 0-4 - absence of or minimal depression ; 5-7 - mild depression ; 8-15 - moderate depression ; 16+ - potentially serious depression (Lewinsohn, Munoz, Youngren and Zeiss 1978).

Hendler (1985) notes that the Beck Depression Inventory is "one of the best developed and most widely used self-report measures of depression" (p 84) (hence its use in the present research endeavour). Of particular importance is its apparent ability to differentiate between depression and anxiety and the fact that more work has been done as regards its reliability and validity than on any other depression scale (Becker 1974).

A split-half reliability of 0,93 was found by the constructors of the scale (Beck, Ward, Mendelson, Mock and Erbaugh 1961). Reynolds and Gould (1981) report an internal consistency reliability figure of 0,85.

A number of studies have reported results supporting the convergent validity of the Beck Depression Inventory. For instance, depression scores on this instrument correlate significantly with the Zung Self-Rating Depression Scale and with the UCLA Loneliness Scale (Reynolds and Gould 1981). In a study of 37 inpatients, Metcalfe and Goldman (1965) found a significant correlation between independent doctor's ratings of depression and BDI scores. Oliver and Burkham (1979) also established evidence of the validity of the scale using psychiatric criteria estimates. Discriminant validity of the inventory was demonstrated by Reynolds and Gould (1981) - they found a non-significant correlation between the BDI and the Marlowe-Crown Social Desirability Scale.

Despite its strengths, the Beck Depression Inventory has also been subject to criticism. For example, Meites, Lovallo and Pishkin (1980) have argued that the BDI is more a measure of stability-instability than of depression.

2.2.5 Note : The items in Form C of the questionnaire (Appendix I) were not employed in the present research. The writer had intended to investigate the role of specific types of self-esteem (in addition to global or general self-esteem). However, the reliabilities found for the measures of achievement and sociability self-esteem (0,39 and 0,33 respectively) were too low to warrant pursuing this line of investigation.

2.3 PROCEDURE

It was originally intended to administer the questionnaire to students during a tutorial session so that all participants would complete the instrument under standardised conditions. Permission to conduct the data collection in this way could, however, not be obtained from the Head of the English Department - nor from the heads of four other departments who were approached. It emerged that tutorial sessions were carefully planned so that the loss of one session would significantly disrupt the year's progress. It was thus decided that, as in a number of studies in the area (including that of Feather [1985]), the questionnaires would be completed by subjects in their own time. Once this change had been introduced, the Head of the English Department granted permission for the data to be collected from English students. He informed the relevant lecturers of this. Each lecturer was then approached by the researcher who explained what she intended to do, answered any questions posed and arranged dates and times for questionnaire administration.

Each class was approached during the last 15 minutes of the specified lecture periods to request participation in the study. Appendix II includes a verbatim transcript of what was said to the potential subjects. The same points were made to each class so that at least this aspect of the questionnaire administration was standardised. A further attempt at such standardisation was made by means of the covering letter which constituted the first two pages of the questionnaire (Appendix II) - detailed information was provided as to how the students should approach the task of answering the questionnaire. As part of the address to the potential participants, attention was drawn to the importance of reading the covering letter carefully. The instructions were, in fact, read to each class, with particular emphasis being placed on the importance of each subject completing the questionnaire independently, i.e. not discussing responses with anyone else. The voluntary and confidential nature of participation in the study was also emphasised.

Only very superficial information was provided in the covering letter as to the

purpose of the study. As was explained to each class, this was to prevent distortion of responses. Subjects were offered the opportunity of, at a later date, discussing the questionnaire and/or the research with the investigator and were also encouraged to contact the researcher if they had any questions or difficulties while completing the questionnaire. They were asked to return completed questionnaires to the researcher at the end of the lecture periods over the following two days or, failing this, to place them in suitably designated boxes that would be located in the offices of the Psychology and English departmental secretaries.

Questionnaires were distributed to the students as they left the lecture theatre by two of the researcher's colleagues. In the meantime, the class representative(s), who had been asked to stay behind, were requested to remind their classmates over the following three weeks to place completed questionnaires in the boxes provided, if these had not already been handed directly to the researcher. In addition, the lecturers were contacted by the researcher on two occasions during this three week period and were asked to remind students about the research.

Completed questionnaires were collected in the manners described. As noted previously, 164 out of the original 358 questionnaires distributed were returned. This constitutes a 45.8% response rate which was regarded as satisfactory. Subjects were thanked for their participation by means of messages conveyed through class representatives and lecturers.

The procedure described here differs from that of Feather (1985) in that the latter asked his subjects to write their names on their questionnaires whereas the present researcher did not. Although all Feather's subjects "were assured that their answers would be confidential" (p 493), it was felt that the approach employed in the current study was preferable - subjects could be absolutely certain that their responses could not be identified in any way and were thus more likely to respond frankly. It seems that more detailed instructions were provided to subjects in the present research than in Feather's investigation - the latter reports merely asking all subjects to "read the questionnaire carefully and to give

their own true answers" (p 493). It is modifications such as these that make the current study a constructive replication of that of Feather. It should be clear that, had the original intention to administer questionnaires in tutorial sessions (and hence under standardised conditions) materialised, this would have represented a further "constructive" dimension of the present investigation with respect to that of Feather (as noted, Feather's subjects completed his research instrument in their own time).

2.4 STATISTICAL ANALYSIS

Hypotheses (a), (b) and (c) (Section 1.5.1) were tested by means of calculation of appropriate zero-order product moment correlations, partial correlations (correlations between two variables with the effects of a third variable held constant) and Fisher's z scores (to test for the significance of differences between correlations ; in this case, between specific zero-order correlations on the one hand and partial correlations on the other) (Chapter 3 : Table V). Hypotheses (d) and (e) (Section 1.5.1) were tested by means of calculation of appropriate zero-order product moment correlations (Chapter 3 : Table IV).

Hypotheses (f) and (g) (Section 1.5.2) were tested by means of two-way (3x3) Analysis of Variance (ANOVA) (Chapter 3 : Tables VIII and X). In order to carry out the Analysis of Variance, it was necessary to categorise the sample. It was decided to trichotomise the sample in terms of low, medium and high masculinity and femininity rather than to use median splits (as used by Spence, Helmreich and Stapp [1975] and adopted by Bem [1977]). Median splits were considered inappropriate as they result in small differences in the independent variable leading to allocation to supposedly markedly different groups. This procedure is common in small sample research. Trichotomisation of the sample was therefore preferred but may still be criticised on two counts. Firstly, the relative magnitude of scores is not taken into account and hence the ranges of scores defining the three subgroups may not be comparable with those in other research studies. Secondly, categorisation results in a loss of sensitivity in the data set as extreme scores are grouped together with less extreme scores and it is these extreme scores that exercise the most significance in most statistical procedures (Forshaw

1984). Notwithstanding these criticisms, and given the constraints imposed by only a modest sample size and the nature of Analysis of Variance, it was felt that trichotomisation was the most appropriate method to be used for categorisation. The cut-off points for femininity were 4,79 and 5,10 and for masculinity 4,41 and 4,83.

A personal computer with appropriate packages (Lotus 123 and SPSS-PC) was used to calculate the statistics described above.

The analyses conducted as part of a replication of Feather's (1985) work (i.e. testing hypotheses [a], [b] and [c]) paralleled those performed by him, except for the fact that he did not test for the significance of the difference between the relevant zero-order and partial correlations. Thus, the present writer's use of z scores constitutes another "constructive" aspect of her replication of Feather's research foci. Silvern and Ryan (1979) have noted the failure of researchers in the area to test for the statistical significance of differences between correlations.

Chapter 3

RESULTS

3.1 INTRODUCTION

In section 2.4, the various statistical analyses conducted to test the research hypotheses were described. The results of these analyses are presented in this chapter. Discussion of the results of the analyses (for example, in terms of the hypotheses) takes place in Chapter 4.

3.2 SCALE RELIABILITIES

Before considering any statistics based on the data gathered by means of questionnaires, it is appropriate to consider the reliability of these instruments in relation to the current data base. Accordingly, internal consistency (inter-item/coefficient alpha) reliability (Cronbach 1951) figures were calculated for the various scales employed. Mathematically, internal consistency estimates of reliability equate to the "mean of all split-half coefficients resulting from different splittings of the test" (Anastasi 1976 p 118) and consequently tend to underestimate the true split half reliability. The method does, however, yield a satisfactory indication of the internal consistency of a scale for research (as opposed to scale development) purposes. Coefficient alphas are presented in Table II overleaf for each of the scales applied in the current investigation.

Table II

**INTERNAL CONSISTENCY RELIABILITY ESTIMATES
(Coefficients Alpha)**

#	Scale	#	Coefficient Alpha	#
#	Masculinity	#	0.8734	#
#	Femininity	#	0.8099	#
#	Neutral (Social Desirability)	#	0.6662	#
#	Depression	#	0.7713	#
#	Self-Esteem	#	0.7865	#

Anastasi (1976) quotes figures of 0,8 to 0,9 as acceptable reliability estimates while Nunnally (1967) specifies 0,5 to 0,8. The measures of masculinity and femininity conform to Anastasi's requirements while the other reliability estimates meet Nunnally's less stringent specification. The figures for depression and self-esteem approach the level set by Anastasi.

The reliability figures for the masculinity, femininity and neutral scales displayed in Table II are similar to those found by Bem (1974) for her normative samples (the average inter-item reliability estimates across her two samples are : 0,86 [masculinity] ; 0,81 [femininity] and 0,73 [neutral]). It should be noted at this point that Bem does not provide separate reliability figures for her male and female subjects. The similarity of results obtained from administration of the Bem Sex Role Inventory between the writer's study and that of Bem provides further evidence (In addition to that of Lobban [1972] and Donsky [1981], mentioned in Section 2.2.2) of the applicability of the BSRI to South African samples.

With regard to the measure of self-esteem, Bedeian, Teague and Zmud's (1977) reliability estimate of 0,71 for the women in their sample (quoted in Section 2.2.3) is similar to that obtained here, as is that calculated by Van Tuinen and Ramaniaiah (1979) (0,83). Coopersmith's (in Robinson and Shaver 1973) low inter-item correlations (average 0,13), mentioned in Section 2.2.3, are very discrepant from those obtained here. In general, the reliability estimate for the

Coopersmith Form C in this research indicates that its use in the present sample was acceptable. Clearly, there is a need for research as to why satisfactory reliabilities are obtained on Form C with some groups and not with others.

Feather's (1985) reliability estimate for depression of 0,84 for his female subjects is comparable to that found in the present investigation.

3.3 DESCRIPTIVE STATISTICS

Table III presents the means and standard deviations for the variables of interest in the author's research.

Table III

SAMPLE MEANS AND STANDARD DEVIATIONS

# Variable	# No of Cases	# Mean	# Std Dev	#
# Masculinity	# 103	# 4.64	# 0.76	#
# Femininity	# 103	# 4.94	# 0.62	#
# Neutral (Social Desirability)	# 103	# 5.06	# 0.48	#
# Depression	# 103	# 7.95	# 5.55	#
# Self-Esteem	# 103	# 17.66	# 4.44	#

The Masculinity, Femininity and Social Desirability (Neutral) means and standard deviations are, as was the case with the reliability figures, comparable to those found by Bem (1974) when analyzing the data from her normative samples - if the relevant statistics for the Stanford University and Foothill Junior College (female) samples are averaged, a masculinity mean of 4,56 (standard deviation 0,72), a femininity mean of 5,05 (standard deviation 0,55) and a Neutral mean of 4,99 (standard deviation 0,52) are obtained. With respect to the standard deviations (the variability) of masculinity and femininity scores, Taylor and Hall (1982) have noted that, for a number of measures of sex-role orientation, including the Bem Sex Role Inventory, "norming data show greater variability to exist in masculinity

than in femininity" (p 361) (the BSRI figures have just been provided, so the reader can make the comparison for himself). Reference to Table III will indicate that the statistics for the present sample do not deviate from this pattern (which Taylor and Hall describe as "consistent across the literature" [p 361]). The possible implications of this will be discussed in Chapter 4.

The similarity of results obtained from administration of the Bem Sex Role Inventory between the present study and that of Bem (1974) provides further evidence of the applicability of the BSRI to South African samples.

Feather's (1985) masculinity and femininity means and standard deviations cannot be compared to those obtained in the present research since a different measure was used. The same applies to his self-esteem measure. However, both Feather and the writer employed the Beck Depression Inventory to tap depression so that a comparison can be drawn in this respect. The difference between the depression standard deviations for the two studies is not marked (for Feather's female subjects, the depression standard deviation was 4,42). The depression mean (4,58) is, however, somewhat lower than that obtained here (it falls in the "mild" range whereas the mean for the present sample would be classified as "moderate" [refer back to Section 2.2.4]).

As regards the self-esteem statistics displayed in the table under discussion, the mean for the present sample accords with Coopersmith's statement that "In most studies the distributions of SEI scores have been skewed in the direction of high self-esteem ..." (p 8). He quotes means for Form A (the School Form) (Section 2.2.3) as falling in a range from 70 to 80, with standard deviations ranging from 11 to 13. If the appropriate conversion (Section 2.2.3) is carried out to make these figures applicable to Form C, then ranges of 17,5 to 20 (means) and 2,75 to 3,25 (standard deviations) are obtained, the former overlapping strongly with the findings of this study and the latter not differing too markedly from it. It must be borne in mind, of course, that these comparisons are being made across different groups - Form A is suitable for school-going children while Form C is for adults (Section 2.2.3). From this point of view, a comparison with the findings of

Bedeian, Teague and Zmud (1977) is more appropriate. As noted in Section 2.2.3, these researchers applied the Adult Form to 103 college students. They found a mean of 19.48 and a standard deviation of 3.26, these being broadly comparable to those presented in Table III.

3.4 DEPRESSION DISTRIBUTION

In Table IV, the depression scores obtained in the study are grouped and categorised according to Lewinsohn, Munoz, Youngren and Zeiss (1978).

Table IV

DEPRESSION DISTRIBUTION
(Lewinsohn, Munoz, Youngren and Zeiss's [1978] categorisation)

#	Score on BDI	#	Depression Category	#	N	#	%	#
#	0 - 4	#	Absence of or minimal depression	#	31	#	30.1	#
#	5 - 7	#	Mild depression	#	24	#	23.3	#
#	8 - 15	#	Moderate depression	#	37	#	35.9	#
#	16+	#	Potentially serious depression	#	11	#	10.7	#
#	Total	#		#	103	#	100	#

In accordance with the comparison made earlier between the depression mean obtained in the present study and that of Feather (1985), Table IV shows that a large proportion of subjects in the former research obtained scores on the Beck Depression Inventory which classify them as "moderately depressed" (although the actual scores ranged from 0 to 26). The second largest group comprised those reporting "minimal or no" depression (Feather does not provide a breakdown of depression scores but it can be deduced that his subjects would probably have fallen primarily in the "mildly" depressed group, with the "minimal or no" depression category probably also being second largest). In accordance with Section 1.2.4, it was assumed that the "potentially serious" group could also be described as "clinically", as opposed to "subclinically", depressed. This was the smallest group, accounting for only 10.7% of the sample. It was on the basis of these results that the investigation has been described as focusing on "subclinical" depression. The researcher's decision to include all groups in her

investigation and to make no distinction between them in the analysis is discussed in Chapter 4, as is the above-mentioned assumption.

3.5 CORRELATION MATRIX

Zero-order product moment correlations between all the variables investigated are presented in Table V.

Table V

ZERO-ORDER CORRELATION MATRIX

#	Variable	#	Masculin	#	Feminin	#	Neutral	#	Self Est	#	Depress	#
#	Masculin	#	1	#		#		#		#		#
#	Feminin	#	-0.0520	#	1	#		#		#		#
#	Neutral	#	0.0228	#	0.3740**	#	1	#		#		#
#	Self Est	#	0.4671**	#	0.0661	#	0.4065**	#	1	#		#
#	Depress	#	-0.2146*	#	-0.1668	#	-0.4185**	#	-0.6304**	#	1	#

* : $p < 0.05$

** : $p < 0.01$

These correlations indicate that depression scores decrease as levels of each of the other variables (with the exception of femininity) increase, and vice versa. Depression and femininity are not significantly correlated. Apart from the non-significant correlations between masculinity and femininity, all the other variables are significantly and positively associated with each other.

Discussion of the correlations presented here in relation to the various hypotheses will take place in Chapter 4. Of relevance here is the observation that none of the correlations is so large as to suggest that the variables involved should not be considered as theoretically separate. This issue will also be returned to in the following chapter.

The non-significant correlation between masculinity and femininity accords with Bem's (1974) results for her normative samples. To quote : "... the Masculinity

and Femininity scores of the BSRI are logically independent. That is, the structure of the test does not constrain them in any way, and they are free to vary independently. The results from the two normative samples reveal them to be empirically independent as well ... this vindicates the decision to design an inventory that would not artifactually force a negative correlation between masculinity and femininity" (p 159). The above should bring to mind the discussion in Section 1.3.2.1 where it was explained that masculinity and femininity have come to be seen in terms of a dualistic concept, with the implication that they are independent and complementary.

The positive relationship between femininity and the neutral (social desirability) scale accords with Bem's (1974) normative findings. Bem also found, however, such a relationship for the masculinity scale, while analysis of the current data yielded a non-significant relationship between the two variables. Bem describes the correlations she found as being "as expected". This is because of "the fact that the masculine and feminine items are all relatively desirable, even for the 'inappropriate' sex" (p 159). Further discussion of this in relation to the present study follows later.

3.6 PARTIAL CORRELATIONS AND COMPARISON WITH ZERO-ORDER CORRELATIONS

Table VI overleaf displays the partial correlations between the variables under investigation (the relationships between two specific variables with another variable held constant). Some of the zero-order correlations presented before (in Table IV) are also included in this table for comparative purposes (Z scores were discussed in Section 2.4).

Table VI

PARTIAL CORRELATIONS AND COMPARISON WITH ZERO-ORDER CORRELATIONS

#	Variables	#	Variable	#	Partial	#	Zero-Order	#	Fisher's	#
#	Correlated	#	Partialled	#	Correlation	#	Correlation	#	Z	#
#		#	Out	#		#		#		#
#	Masc - Dep	#	SE	#	0.1163	#	-0.2146*	#	2.37*	#
#	Fem - Dep	#	SE	#	-0.1251	#	-0.1668*	#	0.30	#
#	Masc - SE	#	Dep	#	0.4376**	#	0.4671**	#	0.27	#
#	Fem - SE	#	Dep	#	-0.0510	#	0.0661	#	0.83	#
#	Dep - SE	#	Masc	#	-0.5302**	#	-0.6304**	#	1.06	#
#	Dep - SE	#	Fem	#	-0.6194**	#	-0.6304**	#	0.14	#

* : $p < 0.05$

** : $p < 0.01$

Support, or lack thereof, for the central hypotheses in relation to the results presented above will be reviewed later. At this point, it needs to be observed that calculation of Fischer's Z shows that the only correlation significantly affected by the statistical partialling-out process is that between masculinity and depression (the zero-order correlation between the two variables is significantly larger than the correlation between them with self-esteem differences removed).

3.2 INTERACTION BETWEEN MASCULINITY AND FEMININITY IN TERMS OF SELF-ESTEEM

To explore the interaction between masculinity and femininity in terms of self-esteem, two-way Analysis of Variance (ANOVA) (3 x 3) was carried out. Cell and factor means and sample frequencies for the trichotomised sample are presented in the table overleaf.

Table VII

CELL AND FACTOR MEANS AND SAMPLE FREQUENCIES

		Factor A Masculinity					
		Low	Medium	High	Total		
# # # # # # # # # #	# Low	# X = 15.83 # n = 12	# X = 17.29 # n = 7	# X = 18.13 # n = 15	# X = 17.15 # n = 34	#	
	# Medium	# X = 15.77 # n = 13	# X = 18.92 # n = 13	# X = 21.22 # n = 9	# X = 18.34 # n = 35	#	
	# High	# X = 14.11 # n = 9	# X = 17.73 # n = 15	# X = 20.10 # n = 10	# X = 17.47 # n = 34	#	
	# Total	# X = 15.35 # n = 34	# X = 18.09 # n = 35	# X = 19.53 # n = 34	# X = 17.66 # n = 103	#	

Calculation of the ANOVA was complicated by the unequal cell sample sizes. Following Howell (1976), an "unweighted means solution" was utilized in preference to weighting each mean in proportion to its sample size. In contrast to what the term implies, in the "unweighted means solution" the means are actually weighted equally by using a form of average sample size (the harmonic mean of the cell frequencies).

Results of the analysis of variance are presented in the following table.

Table VIII

ANALYSIS OF VARIANCE : SELF-ESTEEM

# Source	# DF	# SS	# MS	# F-Ratio	# Significance	#
# A	# 2	# 343.35	# 171.68	# 9.87	# p < 0.01	#
# B	# 2	# 45.42	# 22.71	# 1.31	# p > 0.05	#
# AB	# 4	# 43.15	# 10.79	# 0.62	# p > 0.05	#
# Error	# 94	# 1634.34	# 17.39	#	#	#
# Total	# 102	# 2066.26	#	#	#	#

The summary table indicates that no significant interaction between the masculinity and femininity factors in terms of self-esteem was obtained ($p > 0,05$). Thus, any differences in self-esteem between levels of masculinity are the same across all levels of femininity and vice versa. With a non-significant interaction effect, the A and B main effects were tested for significance. The B main effect was found to be non-significant ($p > 0,05$), indicating that self-esteem does not differ across levels of femininity. The A main effect was, however, found to be highly significant ($p < 0,01$), implying that self-esteem does vary across levels of masculinity. As there are more than two levels of the masculinity factor, it was necessary to conduct Tukey's Pairwise Comparisons to explicate the nature of the significant main effect. Note that the unweighted means method requires that pairwise comparisons be conducted on the adjusted, equally weighted means. Thus, means for self-esteem of 15,24 ; 17,98 and 19,82 were used in the Tukey's calculations for the low, medium and high, respectively, levels of masculinity rather than those presented in Table VII above. Tukey's HSD for pairwise comparisons based on these treatment means are presented below :

Low - Medium	$t' = 3,73$ $p < 0,05$
Low - High	$t' = 6,24$ $p < 0,01$
Medium - High	$t' = 2,50$ $p > 0,05$

The pairwise comparisons revealed that the significant A main effect was based on significant differences in self-esteem between the Low and Medium as well as the Low and High masculinity categories but with no significant difference (albeit with a strong trend) between the Medium and High levels. It is clear that higher self-esteem tends to be associated with higher levels of masculinity. This is consistent with the significant positive correlation found between masculinity and self-esteem.

3.8 INTERACTION BETWEEN MASCULINITY AND FEMININITY IN TERMS OF DEPRESSION

To explore the interaction between masculinity and femininity in terms of depression, two-way Analysis of Variance (ANOVA) (3 x 3) was carried out. Cell

and factor means and sample frequencies for the trichotomised sample are presented in the table overleaf.

Table IX

CELL AND FACTOR MEANS AND SAMPLE FREQUENCIES

		Factor A Masculinity					
		Low	Medium	High	Total		
Factor B Femininity	Low	X = 9.75 n = 12	X = 7.43 n = 7	X = 8.73 n = 15	X = 8.82 n = 34		
	Medium	X = 9.92 n = 13	X = 6.00 n = 13	X = 6.78 n = 9	X = 7.66 n = 35		
	High	X = 9.00 n = 9	X = 7.93 n = 15	X = 5.10 n = 10	X = 7.38 n = 34		
	Total	X = 9.62 n = 34	X = 7.11 n = 35	X = 7.15 n = 34	X = 7.95 n = 103		

As for the previous ANOVA on self-esteem, an unweighted means solution was utilised to cope with the unequal sample sizes. Results of the analysis of variance are presented in the following table :

Table X

ANALYSIS OF VARIANCE : DEPRESSION

Source	DF	SS	MS	F-Ratio	Significance
A	2	142.37	71.19	2.9	p > 0.05
B	2	30.88	15.44	0.50	p > 0.05
AB	4	66.97	16.74	0.54	p > 0.05
Error	94	2917.20	31.03		
Total	102	3157.42			

The summary table indicates that no significant interaction between the masculinity and femininity factors in terms of depression was obtained ($p > 0,05$). Thus, any differences in depression between levels of masculinity would be the same across all levels of femininity and vice versa. With a non-significant interaction effect, the A and B main effects were tested for significance. Both main effects were found to be non-significant ($p > 0,05$), indicating that levels of depression do not differ significantly across levels of either masculinity or femininity. The non-significant result for femininity is in line with the absence of significant association between this variable and depression reported earlier. The non-significant result for masculinity, however, differs from the significant negative correlation found between this variable and depression. The explanation of this inconsistent result lies in the loss of sensitivity in the database arising from the partitioning of masculinity into three discrete categories (Section 2.4). More specifically, the partitioning procedure results in extreme masculinity scores (and associated depression scores) being grouped together with less extreme scores in the "Low" and "High" masculinity categories. In correlation, of course, the full sensitivity of the data set is retained through analysis of continuous variables (at least in this study). Given the preceding comments, the contradictory result accordingly suggests that it is at the extremes of masculinity (or at least at one of the extremes) that the association with depression is strongest.

The chief purpose of conducting the analyses of variance was to test for interactions between masculinity and femininity in terms of self-esteem and depression. It has been reported above that no such interaction was found. The significance of this will be discussed in Chapter 4.

Chapter 4

DISCUSSION

4.1 THE PRESENT STUDY AS A CONSTRUCTIVE REPLICATION OF FEATHER'S (1985) WORK

The results of the writer's study provide support for hypotheses :

- (a) H_1 (Table VI: the negative relationship between masculinity and depression was significantly reduced [to a nonsignificant relationship] when self-esteem differences were partialled out);
- (b) H_0 (Table VI: the positive relationship between masculinity and self-esteem was not significantly affected when depression differences were partialled out);
- (c) H_0 (Table VI: the negative relationship between self-esteem and depression was not significantly affected when masculinity differences were partialled out).

The hypotheses referred to here appear in Section 1.5.1.

Implied in the above lies establishment of the expected underlying relationships (Section 1.5.1) (Table V: a significant negative relationship was found between masculinity and depression; a significant positive relationship was found between masculinity and self-esteem; a significant negative relationship was found between self-esteem and depression).

Support was obtained for the null hypotheses pertaining to femininity (Section 1.5.1.) - a non-significant relationship was found between femininity and both self-esteem and depression (Table V).

The researcher's results are thus consistent with those obtained by Feather (1985). Hence, as a constructive replication of the latter's work (Section 1.3.5. and Chapter 2), the study provides evidence of the generalisability of his results and the conclusion he draws from them (chiefly, it will be recalled, that self-esteem is "a crucial variable to consider when accounting for the negative linkage between masculinity and depressive symptoms" [Feather 1985 p 498] [Sections 1.3.4 and 1.3.5]). The reader is referred back to Section 1.3.3.6 for an explanation of the relationship between self-esteem and depression as understood by Feather within the framework of the masculinity model. The understanding of the relationship between masculinity and self-esteem (and hence depression) was provided in Section 1.3.2.4.

It follows from the above that the results yielded by the present investigation can serve as an argument in favour of devoting the time and other resources needed to investigate the cause-effect relationships implicit, but untested, in Feather's (1985) and the writer's research (Sections 1.3.2.4 and 1.3.6). It was explained in Section 1.3.6 that the potential implications of Feather's work as regards intervention and prevention with respect to depression can only be "actualised" if such cause-effect research is conducted, but that caution needed to be exercised about advocating this type of endeavour before subjecting Feather's findings to further testing. The researcher's study, as part of the latter, tested and confirmed the "descriptive adequacy" (Whitley 1983 p 772) of the hypotheses underlying Feather's work. Interpretation of results cannot go beyond the descriptive to the explanatory (implying causality). As Krames, England and Flett (1988) state : "although the nature of the relations among masculinity, femininity and adjustment is becoming clear, the direction of causality is still unresolved" (p 719). The results of the present endeavour can be seen as contributing to the former but also as subject to the latter qualification. Hence, it justifies research which will go beyond the descriptive to the explanatory.

It is interesting to note the relative size of the correlations between both masculinity and self-esteem and self-esteem and depression on the one hand and that between masculinity and depression on the other, with the former two larger than the latter (Fisher's $z[5,12]$ significant at 0,01 level). This is as would be expected in terms of the causality implied in the masculinity model. To explain : if high (low) masculinity gives rise to high (low) self-esteem, which in turn, gives rise to low (high) depression then, in the causal chain, masculinity and depression are "further apart" than either masculinity and self-esteem or self-esteem and depression (Van Dijkhuizen 1980). In the final analysis, however, whether or not the pattern described here is founded on causality can, of course, only be established by appropriate research. At this point, it is relevant to pose the question as to how future research might go about investigating the issue of causality. Ideally speaking, one would need to set up an experiment in which subjects would be randomly assigned to sex-role orientation, with self-esteem and depression as the dependent variables. Given that this is impossible, future researchers will need to make use of quasi-experimental methods, such as cross-lagged panel correlational analysis (in which correlational patterns across time would be examined) (Brewer and Blum 1979 ; Flett, Vredenberg, Filner and Krames 1985 ; Signorella, Jamison and Krupa 1989 ; Whitley 1983). More generally speaking, the call is for longitudinal research and/or such experimental work as it is possible to design without fundamental distortion of the variables involved.

It was also suggested in Section 1.3.6 that the generalisability of Feather's (1985) findings should be tested before devoting resources to meeting the demands of testing clinically depressed individuals. The present study provides support for such allocation of resources.

4.2 THE PRESENT STUDY AS A CONSTRUCTIVE REPLICATION OF RESEARCH SUPPORTING THE MASCULINITY MODEL OVER THE ANDROGYNY MODEL

The writer's work also constitutes a constructive replication of that research

supporting the masculinity model over the androgyny models of the relationship between sex-role orientation and psychological well-being (Section 1.3.6). At the risk of overstressing the point : " although the masculinity hypothesis appears to describe the relations between sex-role orientation self-esteem (and depression) best, it cannot be said that a masculine orientation causes high self-esteem (or low depression)" (Whitley 1983 p 772, writer's inserts). Again, the writer's study justifies future, more complex research - into the "prescriptions for well-being" (Whitley 1983 p 766) proffered by the masculinity model, with the causal connotations implied herein.

A diversion from the central train of thought being followed is called for in order to provide an explanation of what has just been said regarding support for masculinity as opposed to the androgyny models. Briefly, the lack of significant relationships between femininity and both self-esteem and depression is not consistent with the predictions of the additive androgyny model, which conceptualises both masculinity and femininity as contributing positively to the psychological well-being of the individual (Section 1.3.2.2). Not even the "weak" version of this model is supported, as it would have been had femininity been significantly related to self-esteem and depression (in a positive direction with respect to the former and negative as regards the latter), but less strongly so than masculinity (Section 1.3.2.4). As indicated by the support for hypotheses (f) H_0 and (g) H_0 (Section 1.5.2.) the balance androgyny framework receives no confirmation either - the correlations between masculinity and the "dependent variables" are not dependent upon levels of femininity (or vice versa).

4.3 THE PRESENT STUDY AS A CONSTRUCTIVE REPLICATION OF RESEARCH INVOLVING SELF-ESTEEM

To return to the main theme of the discussion, it was explained in Section 1.3.6 that the writer's research can also be seen as a constructive replication of those studies which have demonstrated an inverse relationship between self-esteem and depression. It was, further, noted that the study is important with respect to psychological health generally in that it investigated the relationship between sex-role orientation and self-esteem, with the latter being generally considered to be of

widespread significance to mental well-being (i.e. not just in terms of depression) (Section 1.3.2.4. and 1.3.6). Once again, cause-effect research will need to be undertaken before the implications of these findings for practical applications can be actualised. At this stage, the results of the study can be seen as potentially important in terms of such implications but chiefly as motivating for further (cause-effect) research on the basis of its "success" as a constructive replication of past investigations.

4.4 GENERALISEABILITY OF FINDINGS

It needs to be noted that, as a constructive replication of Feather's (1985) (and others') work, this study can only generalise their findings to the particular sample (and method) employed by the writer. As regards the former, the advantages of a homogenous sample in terms of controlling for potential confounding variables (Section 2.1) are, of course, offset by limitations on the generalisability of findings. The method of questionnaire administration (Section 2.3) also implies that the results can only, strictly speaking, be generalised to the "type of person" who had the motivation to complete and return the questionnaire "under their own steam". Future research may further test the generalisability of work such as that of Feather and the writer. For example, in commenting on the research into the different models of the relationship between sex-role and mental health, Whitley (1984) observes that " It is important to note that the vast majority of the studies was conducted with subjects drawn from 'normal' samples, primarily college students more research (is needed) dealing with clinical populations and non-clinical control groups" (p 220, writer's insert). This study has generalised Feather's results to a sample in which most subjects were "moderately" depressed - Feather's sample consisted chiefly of "mildly" depressed individuals. It has already been indicated (Section 1.3.6) that if Feather's thoughts are to be applied to treatment and prevention of serious depression, research will need to be conducted as to whether results such as those of this study hold for clinically as well as subclinically depressed individuals (Nezu and Nezu 1987). Krames, England and Flett (1988) and MacDonald, Ebert and Masor (1987) have stressed the general importance of extending research in the area to populations other than college students (for example, the elderly).

Let us return to the issue of clinically versus subclinically depressed individuals. In Section 3.4 it was assumed that the "potentially seriously" depressed subjects could be described as clinically depressed. The reader may argue that those falling within the "moderately" depressed category could also be said to be clinically depressed. It is the opinion of the writer that this becomes something of a semantic issue. What is really important is that the writer's findings hold for a group with a higher level of depression than that of Feather's (1985) subject pool and that further research is needed to find out if the same would occur with individuals the majority of whom were "potentially seriously" depressed. The point that is being made is that the present study justifies not only the allocation of resources required for research into the causal assumptions underlying Feather's thought but also those involved in the taking on of the demands involved in conducting research focussed upon those suffering from serious depression (for example, those hospitalised due to the disorder). Perhaps future research could combine both elements.

4.5 IMPLICATIONS IF THE CAUSALITY IMPLIED IN THE MASCULINITY MODEL IS CONFIRMED

Bearing in mind what has been said about the need for further, more sophisticated, research before inferences can be drawn as to the practical applications of the results of investigations such as those of Feather (1985) and the writer, it will be interesting to consider what such implications would be *if* the causality implied in the masculinity model is confirmed, that is, if masculinity fosters high self-esteem which, in turn, reduces the likelihood of depression (any further discussion which implies such a causal chain is subject to this qualification). If the results of future research also generalise to the clinically depressed then such implications, of course, become even more interesting. Suggestions could be made as to how to help people suffering from low self-esteem and/or depression (subject, in the case of clinical depression, to the qualification specified above). To quote Long (1989) : "A clear implication for counseling is that these specific qualities and characteristics identified as masculine by Bem's (1974) Sex Role Inventory are indeed important to help develop in individuals. Of particular significance is that this applies to both men and women" (p 87). The research of Marsh and Richards (1989) points to a

fairly extreme approach to the enhancement of masculinity : one could attempt to enhance the masculinity of individuals through their participation in programs designed for this purpose (in the case of the study just mentioned, taking part in Outward Bound programs was found to enhance masculinity). On a somewhat more moderate note, Kenworthy's (1979) comments on the implications of the concept of androgyny for psychotherapy can be adapted to our purposes here. She suggests that an understanding of androgyny "can offer clients and therapists an objective basis for examining previously unquestioned attitudes and beliefs, and thus increase options and opportunities for recording one's own behaviour as well as assisting others through the maze of similar shifts" (p 232). As is, in fact, implied in Kenworthy's argument, the same clearly applies to an understanding of masculinity. Kaplan's (1976) suggestions as to "an approach to psychotherapy that counteracts the deficits in traditional sex-role socialisation" (p 352) can, fundamentally, be interpreted in the same way. In other words, Feather's contention (Section 1.3.7) that manifestations of psychological ill-health may occur when there is reduced opportunity for engaging in masculine behaviour may lead the therapist to initiate activities whereby she attempts to help her client create or find such opportunities as part of a broader endeavour to expand her client's awareness of different behavioural possibilities and his or her potential for exercising the masculine dimensions thereof. Cognitive-behavioural techniques such as cognitive restructuring, activity scheduling and rational-emotive therapy (Beck and Greenberg 1974 ; Robson 1981) could subsume such an approach. Earlier discussion on the importance of self-esteem in areas other than depression (Section 1.3.2.4) should make clear to the reader that these potential applications of the principles of the masculinity model could be seen as important in promoting mental health generally. Branching off from this point, we need to note that, given the relationship found in this and other studies between self-esteem and psychological well-being, any means of improving self-esteem should be considered by the therapist (as will be discussed later, masculinity is not the only factor relevant to self-esteem).

4.6 THE POSITION OF FEMININITY

Returning to the main thrust of the present discussion, what are the implications of this research as regards femininity? (the reader is reminded again of the

qualifications regarding causality which must be borne in mind throughout such a discussion). It could be argued, in the light of findings such as those of the writer, that attempts to improve the psychological lot of others need not involve attention to this variable. However, Silvern and Ryan (1979) stress that their conclusion that masculinity is predominantly important as a predictor of psychological adjustment (Section 1.3.2.4) should not be interpreted as evidence that traditionally masculine traits are inherently of greater value than feminine characteristics - "while masculine traits may be more associated with personal comfort or adjustment feminine traits such as "compassionate" may be highly valuable for different reasons" (p 761). In accordance with this line of thought, some authors (e.g. Zeldow, Clark and Dougherty 1985) have made, or implied, the point that, while masculinity promotes subjective well-being, femininity is conducive to the well-being of others or society generally. In accordance with this, significant (positive) relationships have been found between femininity and : willingness to help (Eisenberg, Schaller, Miller and Fultz 1988) ; empathy (Zeldow and Dougherty 1987) ; tendency to respond to relationship problems and to attempt to improve relationships (Rusbult, Zembrodt and Iwaniszek 1986). By way of adding to the argument that it is femininity, and not masculinity, which is "good for others", one can point to Jones, Chernoveiz and Hansson's indication of a correlation between masculinity and drinking problems, Carroll's (1989) finding that masculine individuals are significantly more narcissistic than androgynous, feminine and undifferentiated people, Payne's (1987) demonstration of a relationship between masculinity and aggression and Meyer and Salmon's (1984) observation that the "higher rate of disruptive behaviours in school, aggressive crimes, and drug and alcohol disorders" (p 245) in men may be attributable to the "assertive and action-externalising" (p 245) behaviour which is central to masculinity. Clearly this also indicates that masculinity is not always "good for the self" either but the point is that it helps the person avoid direct experience of painful emotions by, for example, converting them into behaviours such as those just described, these then "defending" the individual while being detrimental to others.

In the light of the above, the author proposes that using the results of research such as her own to advocate promotion of masculinity and "ignoring" of femininity

constitutes a maintenance of the status quo, a perpetuation of the masculine-oriented values of our society which may have harmful implications for society as a whole (Jones, Chernovetz and Hansson [1978] observe that we need to consider the "long-term implications for a society that rewards agency, perhaps to the exclusion or detriment of communality" [p 311]). Taking this argument further, one might advocate striving for greater flexibility as regards what is valued by society. Taylor and Hall (1982) can be seen as thinking along the same lines : " evidence of a societal reward structure favouring 'masculine' instrumental behaviour serves as a natural take-off point for critiques of a male-dominated social structure" (p 362). They go so far as to argue that seeking "psychological solutions" to "problems entailed in current sex-role definitions" represents "a kind of false consciousness" in that the focus should rather be on "social structural solutions" (p 362). The writer hopes to have indicated that her approach would be to attempt to work at both levels - one has to deal with the reality of the problems faced by those who do not display the valued masculine traits (perhaps in the ways suggested above) in addition to attempting to modify that which is considered valuable. It must be stressed at this point that assisting someone in enhancing their "masculinity" does not imply that one would detract in any way from their "femininity", or that one would not promote the latter.

It has been observed that, while masculinity is related to certain "dependent variables", femininity seems more relevant with respect to others. Thus far, the suggestion has been that masculinity is associated with subjective well-being and femininity with enhancing the well-being of others. This is something of an oversimplification - Schiff and Koopman's (1978) research indicates that femininity contributes to the well-being both of others and of the individual herself. Working in the area of psychological health rather than (although not exclusive of) the more limited concept of subjective well-being, they demonstrated significantly higher levels of ego development amongst androgynous, undifferentiated and feminine subjects than those reported by masculine individuals. (It will be recalled that their results with regard to self-esteem are consistent with the masculinity model [Section 1.3.2.4]). Long (1989) argues that " it seems reasonable to expect that these expressive traits may correlate with other aspects of mental health, such as the ability to achieve intimacy" (p 87). As a further example of

research showing that masculinity, and not femininity, can be associated with "negative" factors, Payne's (1987) analysis of his data yielded a positive correlation between masculinity and Type A (coronary-prone) behaviour and a nonsignificant correlation between the latter and femininity.

Brownlee (1987) and Taylor and Hall (1982) suggest that androgyny may be more beneficial than are the sex-typed positions as regards ".... adaptability and flexibility" (Taylor and Hall 1982 p 363). Indeed, as Brownlee states, "the concept of role flexibility is basic to androgyny theory" (p 82) ("Two orthogonal sets of skills are potentially better than one" [Zeldow, Clark and Daugherty 1985 p 490]). Some of the early work on androgyny, in which this view was first presented (e.g. Bem 1975, 1977 ; Bem and Lenney 1976) supported it. Rosenweig and Dailey's (1989) work provides an example of androgyny being more beneficial than either masculinity or femininity - androgynous subjects were found to be significantly more sexually satisfied and better adjusted in their dyadic relationships than their stereotypic counterparts. Similarly, Bailey, Hendrick and Hendrick (1987) found that sex-stereotyped couples had more difficulties in their romantic relationships than did androgynous partners due to discrepancies in their attitudes toward love and sex.

Clearly, there is scope for research into the "robustness" of the masculinity model and Feather's (1985) understanding thereof, across a variety of "dependent variables". It is being suggested that the masculinity model may be the most accurate framework for understanding the relationship between sex-role and mental health when focussing upon certain indicators of well-being but not others. This, of course, has important implications as regards practical application of findings such as those of the author. Taylor and Hall (1982) are touching upon this stance when they say : "... it may be highly misleading to develop any conceptual scheme discouraging the separate consideration of masculinity and femininity because such separate consideration reveals that masculinity and femininity differ not only in qualitative essence but also in quantifiable consequences" (p 363). Krames, England and Flett (1988), Payne (1987) and Zeldow, Clark and Daugherty (1985) make a similar point. The reader may realise that an aspect of what is being advocated is, in fact, the additive androgyny

model, but from a slightly different perspective to that outlined in Section 1.3.2.2. According to the latter, masculinity and femininity would both have been expected to have a positive influence with regard to the *same* adjustment index (such as self-esteem). The suggestion here, on the other hand, is that they may both be beneficial but for *different* reasons (in relation to *different* adjustment indices). This, then, serves as another reason for not taking the evidence in favour of the masculinity model as advising the therapist to concentrate exclusively upon "encouraging development of masculine characteristics" (Kenworthy 1979 p 236). Of course, it is possible that, in the case of some dependent variables, both masculinity and femininity may be equally important, as suggested by the original model.

4.7 MEDIATORS BETWEEN MASCULINITY AND PSYCHOLOGICAL HEALTH

Just as the masculinity model cannot necessarily claim to account equally well for different measures of psychological well-being, so Feather's (1985) inclusion of self-esteem as a mediating variable may not be equally applicable to all aspects of mental health. By way of illustration : the relationship of masculinity to depression may exist for different reasons to the relationship between masculinity and low anxiety levels (Section 1.3.2.4.). In fact, each of the empirically observed relationships described in Section 1.3.2.4. may be the "surface manifestations" of very different underlying processes. From a less extreme position, the various relationships may represent differing "combinations" of such processes, with the degree of "overlap" varying from dependent variable to dependent variable. The issue of mediating variables will be reopened shortly.

4.8 THE MASCULINITY MODEL AS AN OVERSIMPLIFICATION OF PSYCHOLOGICAL LIFE

Our discussion of the practical implications of the present research, seen against a background of the numerous other studies supporting the masculinity model, is focussed at present upon the contention that this model, and Feather's (1985) extension to it, is an oversimplification of the human psyche. The very complexity of the field of Clinical Psychology and the theories abounding therein attests to this. To add to the argument : masculinity is not the only factor related to self-

esteem, and self-esteem (and, indirectly, sex-role orientation) is not the only variable of relevance to depression. With respect to the former point, Feather himself says : "One must acknowledge that there are many sources of self-esteem and that restriction in one source may be compensated for by other sources" (p 498). This coincides with the "Role Loss" model of depression (Section 1.3.3.3.), according to which the more sources of self-esteem an individual has, the more "immune" to depression he should be (Coleman and Antonucci 1983 ; Kessler and McRae 1982 ; Williams 1977). Clearly, the model upon which this work is focussed does not allow for this type of "compensation", basically because it only considers the relevance of sex-role orientation to mental health. If one assumes the relationship between masculinity and self-esteem, then the contention that masculinity is not the only factor relevant to self-esteem is supported by research indicating that "black" men in the United States who are subject to structural constraints which keep them from assuming a masculine role in American society (Franklin 1986) has not resulted in their reporting lower self-esteem than their "white" counterparts (Burns 1979, cited in Brownlee 1987). Similar findings have emerged for other "oppressed" groups - Momborg and Page (1977), for example, researching in South Africa, found no difference in self-esteem between English, Afrikaans and "Coloured" scholars and university students. The reader will also recall that some writers have reported no difference in the self-esteem of men and women (Section 1.3.6.). Examples of factors thought to be relevant to self-esteem which are not directly considered by the masculinity model include the quality of early interpersonal relationships (Coopersmith 1967 ; Fromm 1942 ; Horney 1946 ; Sullivan 1953) and parental self-esteem (Brownlee 1987 ; Coopersmith 1967). Although it can be argued that factors such as these cannot be separated from the degree of masculinity displayed by an individual (high-masculinity individuals may, for instance, have been less subject to childhood derogation [an important aspect of early interpersonal relationships, according to Sullivan] than their low-masculinity counterparts), the point is clearly made that Feather's model is focussing on a rather limited area of human experience. The work of Brownlee (1987), Horrocks and Jackson (1972) and Ziller, Long, Ramana and Reddy (1968) points to a further important aspect of the area of concern not taken into account in the present research due to the limitations of its underlying model. They observe that it may not be only sex-role orientation per se that is relevant to an individual's self-

esteem but that the degree of congruence between his sex-role identity and how he would *like* to be is also of import (lack of value conflict is seen as central to maintenance of high self-esteem such that mental health will be greatest for those for whom socially prescribed roles are congruent with their fundamental personality or temperament and self-concept). The logic of the masculinity model (i.e. the reason proffered as to why masculinity benefits a person), and the research supporting the model (Section 1.3.2.4.), suggest that high levels of masculine traits will be associated with lower levels of incongruence. What is being stressed here is that, although the individual may be rewarded by *society* for masculine behaviour, his or her *own* experience of such behaviour needs to be considered (this will vary with the differing values, temperaments and personalities of different people).

Depression, too, is initiated and maintained by a "complex process" (Hendler 1985 p 42), as is obvious from even the most cursory examination of relevant theories (as, for example, in Section 1.3.3.). Examples of factors which have been implicated in depression and which are not specifically accounted for within Feather's (1985) framework include : genetic background (Allen 1976 ; Hendler 1985 ; Meyer and Salmon 1984 ; Rosenhahn and Seligman 1984) ; biochemical factors (Hendler 1985 ; Meyer and Salmon 1984 ; Rosenhahn and Seligman 1984) ; fixation at the oral phase of psychosexual development in combination with early loss of a loved significant other (Hendler 1985 ; Meyer and Salmon 1984 ; Mendelson 1974) ; parental deprivation or overprotection (Meyer and Salmon 1984 ; Parker 1979).

Stoppard and Paisley's (1987) work can serve as a useful example of research illustrating the need to "expand" the masculinity model. Their results revealed that life stress related to environmental influences accounted for a greater proportion of the variation in depression than did masculinity. The study thus emphasised a point similar to that made by Krames, England and Flett (1979) (who note that "Masculinity, femininity and adjustment have generally been studied independent of the social context in which they are expressed" [p 719]) and highlights the need to look at the context in which an individual finds himself and not only at his or her sex-role orientation.

The central point being made throughout the above is that any implications drawn for practice from future research confirming the causality implied in the masculinity model and Feather's (1985) work thereon must be tempered by an awareness of the limitations of the model. An important aspect of this will be the incorporation of the masculinity model into a much broader framework wherein the sex-role orientation of the individual will be seen as only one of many relevant elements to work with in attempting to assist the individual as regards his or her psychological well-being. Kenworthy (1979) highlights the importance of such an approach when she points out that no matter how the individual grows with respect to the behavioural possibilities open to her, "the clinician must not fail to assist (her) in coping with and surmounting the real problems encountere(d) in a sexist society" (p 238).

The comments made on the simplistic nature of the model underlying the writer's investigation have implications not only regarding practical applications but also future research. Whitley (1983) observes that much of the research into the relationship between sex-role orientation and psychological well-being has examined "only a few simple hypotheses" while "It is possible that this relation could be affected by other variables Investigation of more complex relations should be one goal of future research" (p 755). The reader will realise that the "other variables" referred to here include those mentioned in the preceding paragraphs (for instance, " the degree of congruence between one's ideal and real sex-role orientations" [Whitley 1983 p 755]). The need for more research into the differential effects of masculinity and femininity is also relevant here.

Given the above, in what specific ways can research focus upon more complex aspects of the relationship between mental health and sex-role identity? There are two paths which researchers may follow : Firstly, the investigation of factors which influence self-esteem and/or depression independently of masculinity and in interaction with masculinity ; secondly, research into the mediating effect of variables other than self-esteem (both independently of and in combination with the latter, as well as other mediators). These two research foci can be seen as

overlapping to some extent.

In a sense, the present research (and that of Feather [1985]) can be seen as part of a trend toward focussing on more complex aspects of the relationship between sex-role orientation and mental health in that self-esteem has been introduced as a mediating variable in the relationship. However, the preceding discussion indicates that there is scope for far more complex hypotheses than those tested here. To provide an actual example : Whitley (1983) suggests another potential mediating variable in the form of "centrality of sex-role to one's self-concept" (p 755) and it would be interesting to consider its influence in combination with the "degree of congruence" variable mentioned earlier. It would also be interesting to investigate the relationship of these two factors to self-esteem within the context of the association between sex-role orientation and psychological well-being.

4.9 OTHER VARIABLES WHICH MAY MEDIATE BETWEEN MASCULINITY AND MENTAL HEALTH

While focussing upon the issue of mediating variables in the relationship between masculinity and psychological well-being, it is pertinent to look at explanations for "why masculinity works" which can serve as alternatives, additions and/or modifications to Feather's (1985) understanding (Section 1.3.2.4.). Baucom's (1983) work suggests that a sense of being in control may mediate between masculinity and depression (and, possibly, other dimensions of mental health). It was found that high masculinity subjects were more likely to put themselves in a position of control than were participants reporting relatively lower levels of masculinity. "(I)f having control is important in escaping learned helplessness" (Baucom 1983 p 341) (Section 1.3.3.3.), then Baucom's results provide another hypothesis as to why masculinity and depression are inversely correlated. Just as Baucom's work suggests that the sense of being in control facilitated by masculinity is what underlies the association between masculinity and mental health, so a number of authors have proposed other factors as mediating between masculinity and psychological well-being. These factors include : attribution of successful outcomes to the self and ascription of failures to external causes (Feather 1987) ; employment of active-behavioural, problem-focussed

coping styles in stressful situations as opposed to avoidance and emotion-focussed styles (Nezu and Nezu 1987) ; use of "defences that externalise blame and aggression" (Schaub 1986 p 117), in other words, that externalise conflict (by contrast to internalising ego defence mechanisms such as "Turning Against Self" [p 83] associated with femininity) ; "utter complacency (arrogance)" (Zelkowitz, Clark and Daugherty 1985 p 488) compared to the "humility" [p 489] characterising people reporting high levels of femininity ; perceived competence (possibly related to "arrogance") (Wilson and Cairns 1988) ; concern for, or protection of the self, as opposed to "feminine regard for others to the detriment of oneself" (Lundy and Rosenberg 1987 p 92).

The variables suggested above as potential mediators in the relationship between masculinity and psychological well-being may fulfil this role in a number of ways some of which will already have been implied. For instance, bearing in mind Feather's (1985) model, according to which self-esteem "comes between" masculinity and depression (in the sense that masculinity promotes self-esteem which then promotes protection against depression), they may "come between" masculinity and self-esteem and/or between self-esteem and depression (the possibility of a "feedback loop" operating between self-esteem and these variables and/or between them and depression also exists ; for example, a sense of being in control may enhance self-esteem which may then, in turn, promote the individual's feeling that [s]he is in control). The suggested mediating variables may also operate independently of self-esteem or in some type of interaction with self-esteem other than that just mentioned. Thus, it is possible that the high self-esteem associated with high masculinity may have a greater effect on depression in the presence or absence of certain levels of one or more of the proposed mediators. Further, they may be "part of" masculinity (or femininity), self-esteem and/or depression (or vice versa). To illustrate : a sense of lack of control (perceived helplessness) may be an integral part of low self-esteem (Section 1.3.3.3.) ; emotion-focussed coping styles may be a feature of depression (depressed individuals show less effectiveness in formulating alternatives and making decisions regarding interpersonal problems than do those who are not depressed [Gutlib and Asarnow 1979 ; Nezu and Nezu 1987]) ; problem-focussed coping skills may be an aspect of masculinity (assertiveness, an element of

masculinity [Section 1.2.2.] "can be viewed conceptually as an example of an 'active-behavioural, problem focussed' coping style" [Nezu and Nezu 1987 p 212]). When one considers that the factors being discussed may operate in some type of combination and/or interaction with each other, and/or may represent aspects of each other, then the potential complexity of the area becomes even more apparent and the scope for research limitless.

4.10 MODERATOR VARIABLES

Still on the topic of the complexity of the area of research within which this study falls, the writer's comments on the limited generalisability of her findings should be brought before the reader's attention again. These comments imply the possible existence of variables which may "moderate" between sex-role orientation and factors such as self-esteem and depression. In other words, the relationships found may hold for certain "types" of subjects, situations and/or research methods (tests, procedures) but not for others. Jordan-Viola, Fassberg and Viola (1976) and Long (1989) obtained results supporting this suggestion as regards "type of subject" (refer back to Section 1.3.2.4.). The possibility of the "strength" of relationships varying with such factors also exists. Comments to be made later regarding sex of subject influencing findings point to gender as a potential moderator variable. Here again, the scope for research is enormous.

4.11 USEFULNESS OF FUTURE RESEARCH

Many directions for future research have been indicated in the preceding paragraphs. Studies formulating and testing more complex hypotheses could help to cast light on the reasons for conflicting results yielded by some studies in the area - despite the fact that the masculinity model has in general received the most support (Section 1.3.2.4.), not every set of data obtained by researchers has conformed to this pattern ("in the literature, there are studies which support each model, as well as studies which fail to support each model" [Whitley 1984 p 210]. The literature review provided in Section 1.3.2. demonstrates this). By way of illustration : future research may point to those specific individuals, situations and/or research methodologies for which the model does not hold and provide reasons for this. The type of research advocated for the future could also

elucidate differing *patterns* of support obtained for the masculinity model in different research endeavours - for instance, why femininity is sometimes unrelated to measures of adjustment (as in the present investigation and others mentioned in Section 1.2.2.4.), sometimes related to such indices but less strongly so than masculinity (Section 1.3.2.4.) and sometimes related in a "negative" sense (Section 1.3.2.4.). There is, for example, a connection here with the comment made earlier as to the need for further investigation of the differential relationships of masculinity and femininity to differing "dependent variables" (perhaps different patterns of findings hold for different "dependent variables"). Conflicting findings on the moderating effect of sex of subject (see above) may be elucidated by research considering the simultaneous effect of a number of moderator variables. The complex interaction of moderator variables may also be relevant as regards the fact that, while many studies (including this one) did not find an interaction between masculinity and femininity, some have - perhaps for some groups of women in some situations the double bind effect to be discussed below is more powerful than for other women in other circumstances.

4.12 HOMOGENEITY VERSUS HETEROGENEITY AND THE "DOUBLE BIND" EFFECT

Before proceeding, further points need to be made as regards the issue of homogeneity versus heterogeneity of the sample (an issue which was mentioned earlier in this discussion). Firstly, it needs to be observed that the constructive replication of Feather's (1985) and other researcher's work conducted by the writer may have yielded more powerful results had the focus been upon a less homogeneous sample - with a heterogeneous group, variability in scores may have been greater and, hence, results "stronger". Secondly, turning to a particular aspect of the sample's homogeneity, the fact that all participants were female may have caused the results of the study to be more moderate than they might otherwise have been for a reason further to that just mentioned. It could be that the masculinity model, and Feather's (1985) version thereof, hold less markedly for women than men, due to a "watering down" of the beneficial effects of masculinity, this being attributable to the double-bind society places women in. To explain : the suggestion is that society values masculinity more than femininity (Section 1.3.2.4.) but, at the same time, sees femininity as "ideal" for

women (Archer and Lloyd 1982 ; Brownlee 1987 ; Kaplan 1983 ; Lipman-Blumen 1984 ; Miller 1986 ; Taylor and Hall 1982) (" the evidence that masculinity pays off for women as well as men cries out for reconciliation with other kinds of evidence that women are punished for displaying 'masculine' behaviour To the extent that social penalties are indeed incurred by women displaying 'masculine' behaviour, these penalties may be unpleasant and conflict-producing" [Taylor and Hall 1982 p 362] ; "Reasons for the double standards may stem from the 'adjustment' notion of health. That is, health consists of good adjustment to one's environment. Adjustment thus implies effective socialisation into the sex-roles that the particular culture concerned assigns each individual by virtue of his or her biological sex. For a woman to be healthy, from this point of view, she must adjust to and accept the behavioural norms for her sex, even though these behaviours are generally considered, at least in Western cultures, to be less socially desirable and less healthy for the mature, competent adult. She is caught in a double-bind situation for in order to be a healthy adult she must, by definition, be a maladjusted female, or in order to be an adjusted female she must, by definition, be a maladjusted adult" [Brownlee 1987 p 13-14]). The congruence model (Section 1.3.2.3.) can be described as representing such an "adjustment" model of mental health.

Feather's (1985) study, including both male and female subjects, did yield somewhat "stronger" results in some respects that did the research under discussion (e.g. compare his correlation across the sexes between masculinity and self-esteem [0.67] with that of the writer [0.47]). However, the correlation for his female participants was also 0.67. Perhaps the "stronger" result was obtained because his sample was more heterogeneous than this researcher's due to factors other than inclusion of both sexes as participants - for instance, the fact that he did not control for other demographic variables (such as socioeconomic level [Section 2.1.]). His larger sample size (197) could also be relevant.

In the light of the foregoing discussion of the "double-bind" in which women may find themselves, one could hypothesise that high levels of masculinity will be more beneficial for women who are also high on femininity than for those who score low on the latter dimension (or, conversely, that women high on femininity will receive

more societal rewards if they are also high on masculinity than those whose femininity is accompanied by low levels of masculine behaviour). In other words, females who conform to society's *ideal* and display those traits *valued* by society may be in the best position. To quote Brownlee (1987) : "It is likely that the most successful woman is she who can combine masculinity and femininity, so resolving to a certain extent the contradictions" (p 68). The fact that this investigation, like many others (Section 1.3.2.2.), did not find an interaction effect between masculinity and femininity (Tables VIII and X), i.e. did not find support for the interactive androgyny model (Section 1.3.2.2.), is contrary to this contention. Instead, from the perspective of the masculinity model, the research attests to the extent of the importance of masculinity in Western societies by indicating that the value attached to masculinity is so great that it outweighs the view that "women should be feminine" (the lack of support for the congruence model in studies such as those reviewed by Taylor and Hall [1982] and Whitley [1983, 1984] [Section 1.3.2.3.] could be interpreted in the same light). As regards the present research, perhaps the pressure on women at university to be feminine is less marked than that on women in other situations ("... college students - that group, by virtue of education, least likely to show sex differences favouring men" [Smith 1986 p 72] ; Brownlee [1987] also observes that the more educated segments of society show less sex differentiation). This argument does not accord, however, with the significant positive correlation between femininity and social desirability and the lack of relation between masculinity and social desirability found for the present sample (Table IV). The latter findings can again be interpreted as highlighting the significance of masculinity - despite the fact that it is femininity, and not masculinity, which is related to social desirability for the women in the sample, it is masculinity which is positively associated with self-esteem and negatively with depression. Proponents of the masculinity model would interpret these results in terms of the ideal value attached to femininity and the functional value associated with masculinity in Western societies. Of course, there is an assumption being made here - that the social desirability of femininity refers to its ideal rather than its functional value. If this is not, in fact, the case, then the results are not consistent with the *explanation* for the significance of masculinity to psychological well-being provided by the masculinity model and with the evidence presented in favour of this hypothesis (Section 1.3.2.4.). Other explanations have been provided above.

The preceding paragraphs imply the value of research including both male and female subjects so as to allow for comparisons between the two groups (for instance, to investigate whether or not the double bind under discussion reduces the benefits of masculinity for women relative to men). This highlights a limitation of the writer's endeavour in view of the fact that it only included females, Worell (1978) has stressed the importance of acknowledging that sex roles may influence men and women in differing ways (that sex x sex-role interactions may be significant). Kenworthy (1979), in contrast to the logic suggested above by the writer, proposes that androgyny may be more beneficial for men than women ("where her male androgynous counterpart is seen as humane, she is seen as the castrating female" [p 234]). Some research has focussed on the issue of differing patterns for men and women. The findings have been conflicting - for instance, Feather (1985) and Nezu and Nezu (1987) did not obtain different results for their male and female subjects, whereas Jones, Chernovetz and Hansson (1978) did (as outlined in Section 1.3.2.4., the latter's results accorded most closely with the masculinity model but, given this, it also emerged that "greater support for Bem's formulations [i.e. in terms of the advantages of androgyny] was obtained with female subjects" [p 310]). Hellbrun (1981) also found that androgyny had greater adaptive value for women than for men.

4.13 CRITICISMS OF THE BASIC DESIGN OF THE STUDY AND RELATED ISSUES

Discussion of the limitations of the present research has focussed chiefly on the fact that the study was based upon an oversimplified model of factors pertaining to psychological health. Further criticism centres around weaknesses, or possible weaknesses, in its basic design. Future research must address these problems if implications for practice are to be drawn with full confidence.

Some criticisms of the type just mentioned have already been touched upon - for instance, those pertaining to the homogeneous nature of the sample (with associated restrictions on potential for generalising findings and for comparing results for male and female subjects) and to the correlational nature of the

research (with attendant limitations as regards interpretation of results). The fact that the investigation was based entirely upon self-report measures lays it open to further stricture. More specifically, it could be argued that the relationships found are a reflection of "shared measurement variance" (Whitley 1983 p 77?) rather than the "real" existence of relationships between the constructs (Anastasi 1976 ; Whitley 1983). Shared measurement variance refers to relationships which are artifacts of similarities in the way constructs are measured (in this context, by self-report). ("Shared measurement variance refers to the fact that two psychometric instruments can be correlated not only because of relations between the constructs they measure but also because of similarities in the way in which they measure the constructs" [Whitley 1983 p 773]). For example, correlations may result from the operation of response sets (Anastasi 1976). Anastasi has described the social desirability response set as a "facade effect or tendency to 'put up a good front'" (p 516). If masculinity, high self-esteem and low depression are socially desirable, then the relationships found between them may be due to (artifacts of) questionnaire-answering in terms of the corresponding response set (Fleming and Watts 1980 ; Whitley 1983). In other words, the results may be explicable in terms of the social desirability of the items instead of their specific (masculinity and/or self-esteem and/or depression) content (Marsh, Antill and Cunningham 1987). Discussion of this point in the light of the author's results will take place shortly. Defensiveness and need for approval have been described as types of "social desirability effects" (Robson 1988 p 8). With respect to the former, Blagglo and Nielson (1976), Gall (1969) and Williams and Bayors (1968, cited in Maccoby and Jacklin 1974) have put forward the idea that masculine individuals may be less able or willing to share vulnerabilities than their feminine counterparts. Thus, support for the masculinity model may be nothing more than an artifact of this lack of openness, which consistently influences the manner in which individuals describe themselves on self-report instruments. (The possibility of a close relationship between the "arrogance" factor mentioned earlier and defensiveness as discussed here should be apparent). One should, on the other hand, also consider the possibility that masculinity enables individuals to deny, or in some other way avoid direct experience of, psychological distress or discomfort. From this perspective, the lack of openness of the masculine person can be associated with his broader defensive style (discussed above) and the advantages hereof as regards subjective well-being.

Remaining with the topic of social desirability : some writers have contended that the relationship between femininity and psychological adjustment may be reduced by the fact that, contrary to Bem's (1974) description of the Bem Sex Role Inventory scales as including only desirable traits, the femininity scale includes items of low social desirability (Pedhazur and Tetenbaum 1979 ; Richardson and Wirtenberg 1983 ; Silvern and Ryan 1979). Here again the implication is that research results supporting the masculinity model (e.g. those of Feather [1985] and the writer) may be an artifact of the influence of the social desirability factor. Spence, Helmreich and Holahan (1979) developed negatively valued masculinity (M-) and femininity (F-) scales "to supplement the positively valued masculinity (M+) and femininity (F+) scales of the Personal Attributes Questionnaire" (p 1673). Analysis of their data revealed that self-esteem was positively correlated with M+ and F+, uncorrelated with M- and negatively related to the F- scales. However, the correlation with M+ was larger than that with F+. These results are broadly consistent with those of Silvern and Ryan - when they modified the BSRI so that its femininity scale increased in social desirability, they found that this "reduced the degree of difference between masculinity and femininity in their relations to adjustment" (p 739) but that superior adjustment was still more largely associated with masculinity. This pattern of research findings constitutes a defence of the masculinity model (including studies such as this one which support it) against the argument presented above. The same can be said of Bem's (1979) explanation that some relatively undesirable items had to be kept on the BSRI Femininity scale to bring its overall social desirability down to the level of the masculinity scale. The present author's results are particularly interesting within the present context : masculinity was found to be unrelated to social desirability while femininity was positively correlated with social desirability scores (Table IV). These findings correspond with those of Marsh, Antill and Cunningham (1987) and with Taylor and Hall's (1982) observation that "there is certainly no evidence of a consistent social desirability difference favouring M-scale traits" (p 360-361). They can, as already explained, be said to actually strengthen the evidence provided by the writer in favour of the masculinity model. The results under discussion certainly challenge the suggestion that the relationships found for masculinity can be attributed to the confounding role of

social desirability. It should be obvious that the fact that femininity, positively correlated with social desirability, is unrelated to self-esteem and depression (bearing a positive and negative relationship to social desirability respectively) also constitutes such a challenge - if social desirability was operating as a confounding factor, one would expect femininity to be more strongly related to the "dependent variables" than masculinity.

The arguments made in connection with the relationships involving social desirability found in the writer's study are based upon the assumption that the neutral scale of the Bem Sex Role Inventory is an adequate measure of social desirability. The author was unable to find any research pertaining to this. Thus, her study could have been improved through inclusion of another measure of social desirability, such as the Marlowe-Crown Social Desirability Scale (Crown and Marlowe 1964). This stands as a recommendation for future research.

Let us now consider the argument against the masculinity model on the basis of the relative social desirability of masculinity and femininity, putting aside the specific findings of this investigation. Richardson and Wirtenberg (1983) and Taylor and Hall (1982) both make a powerful case against the argument by pointing out that greater social desirability of one sex role is not something to be "eliminated" Referring to questionnaires, such as the short form of the Bem Sex Role Inventory (Bem 1979) which attempt to effect such an elimination, Richardson and Wirtenberg (1983) state that : "since the newer sex role scales are intended to include only positive attributes, questions can be raised about the implications of omitting negative traits since negative attributes may be a functional part of some or all sex role orientations" (p 123). Taylor and Hall's defence of the research favouring the masculinity model follows a similar line : " if the traits associated with men are more valued than those associated with women in this society, that is a fact to be squarely acknowledged, not camouflaged by scale adjustments. Such differences are not artifact - they are the point." (p 361). Whitley (1983) is clearly thinking in the same vein when he says : " It can be argued that social desirability is inherent in both psychological masculinity and self-esteem and thus presents no problem for sex role theory" (p 774) (the argument could, obviously, be extended to include [low]

depression). From this perspective, a positive correlation between masculinity and social desirability would not have presented a problem in terms of the potential confounding influence of the latter variable. Indeed, the points just made may have caused the reader to realise that the lack of relationship between masculinity and social desirability could be seen as contradicting Feather's (1985) explanation for the advantages of masculinity to the individual (Section 1.3.2.4.). (S)he is referred back to the writer's point that, for the present sample, social desirability may pertain to the "ideal" value of the sex role orientation (femininity for this female sample), as opposed to the "functional" value of masculinity proposed by Feather.

Whitley (1983) suggests that "whether social desirability is conceptualised as inherent in sex role orientation or as a confounding variable, research must be designed and conducted so that the unique aspects of the relations between sex-role orientation and other constructs involving social desirability can be assessed" (p 774). He advocates isolating the effects of social desirability through appropriate statistical methods (such as "blocking or covariance analysis" [p 774]). This would constitute an interesting extension to the present research.

Closely related to the issue of common method variance, and in some senses overlapping with it, is the position that the relationships found between masculinity, self-esteem and depression merely indicate that these variables do not represent separate constructs (that high [low] masculinity and/or low [high] self-esteem and/or high [low] depression represent a "single common latent personality construct" [Whitley 1984 p 219] or, at least, that they represent aspects of each other) (Marsh, Antill and Cunningham 1987 ; Whitley 1984, 1988). The possibility that the latent construct or source of overlap may refer, for example, to a tendency to respond in a socially desirable direction clarifies the connection between the issue of concern here and that of common method variance. Approaching the matter from a somewhat different angle, the fact that items from the Bem Sex Role Inventory masculinity scale have been used as part of a self-esteem measure (Stake 1979 ; Whitley 1983, 1988) highlights the possibility that masculinity and self-esteem scales may be tapping "similar latent constructs" (Whitley 1983 p 773). Pointing to the work of Cook (1985), Marsh

(1987) and Marsh and Myers (1987), Marsh, Antill and Cunningham (1987) observe that : "The suggestion that esteem measures, typically including such stereotypically masculine characteristics as self-confidence, instrumentality and assertiveness, are inherently more masculine than feminine is not original" (p 880). In a similar vein, Lundy and Rosenberg (1987) contend that "the frequently-reported masculinity - self-esteem relationship is an artifact of the inclusion of a 'strong self-image' component in the masculine stereotype" (p 91). Turning now to self-esteem and depression, Section 1.3.3.2. included mention of the view held by many workers in the field that low self-esteem is an intrinsic aspect of depression. As in the case of masculinity and self-esteem the "overlap of items between some self-esteem and depression scales" (Robson 1988 p 8) emphasises the possibility of their being similar, or inherently overlapping, constructs.

It thus emerges that Feather's (1985) and the writer's results could be interpreted as simply providing evidence of overlap between the constructs masculinity, self-esteem and depression (e.g. the results obtained when self-esteem was partialled out could point to high self-esteem being part of [or equivalent to] masculinity, with low self-esteem bearing the same relation to depression). The possibility of the correlations demonstrated being an artifact of measurement overlap is inextricably related to this interpretation. From such a point of view, interpretation of the findings of the two studies as supportive of the "validity" of Feather's version of the masculinity model is challenged. If the reader casts his/her mind back to the discussion of factors other than self-esteem which may mediate between masculinity and (low) depression (psychological well-being), (s)he will recall the observation that these factors may overlap with masculinity, self-esteem and/or depression. Here again, the possibility that Feather's, and the writer's, results reflect measurement of a common factor (a confounding "third" variable) raises its head.

Whitley's (1983) manner of dealing with the problem of common method variance also addresses the issue of actual overlap between variables. He argues that common method variance is only a problem if the constructs are conceptualised as independent. If, on the other hand, the constructs are seen as possessing

both unique components *and* overlapping (shared) components, then the "shared method variance is a function of the constructs themselves, rather than being a confounding variable" (p 774). The latter viewpoint can be applied to the constructs masculinity, self-esteem and depression (e.g. "self-esteem is an integral part of the masculinity construct and the measurement overlap therefore presents no problem" [Whitley 1988 p 428]). Indeed, the purpose of this research could be reworded as the ascertaining of the degree of importance of self-esteem as an aspect of masculinity and depression (in the context of these two variables' relationship to each other). (In Section 1.3.3.6. it was noted that Feather points to low self-esteem as being an integral part of depression). The size of the correlations between masculinity, self-esteem and depression (Table IV) is consistent with Whitley's description of variables having some unique and some overlapping components - as noted in Section 3.5. the correlations are significant but not so large as to suggest that the variables involved are actually the same. If the writer's and Feather's (1985) findings were simply an artifact of general overlap between , or equivalence of, the variables tapped, then one would also have expected to find the relationship between masculinity and self-esteem to be removed when depression was partialled out and the correlation between depression and self-esteem to be eliminated when masculinity was controlled for. This was not the case (Table V).

Continuing in defence of this study with specific regard to the issue of common method variance one can turn to Feather's (1985) contention that it is "implausible to explain" his results as an artifact hereof since "the three scales were different in their response format and in the specific content of items. The BDI listed a set of symptoms, the self-esteem scale contained very general statements concerned with self worth, and the PAQ listed trait descriptions" (p 497). The same can be said of the instruments administered by the present writer. Nevertheless, it must be acknowledged that the presentation of all the instruments in one questionnaire (Section 2.2.1.) made it possible for "contamination" across instruments to occur (through, for instance, the operation of a response set whereby the participant attempts to make all his responses consistent with each other [Anastasi 1976]).

In general, as regards the problem of common method variance, it would have

been preferable for the research design to have made provision for administration on different occasions of the instruments tapping the different constructs. Perhaps even more desirable would have been the avoidance of an exclusive reliance on self-report measures. This could have been achieved by, for example, a combination of self-report measures and "peer and professional ratings" (Zeldow, Clark and Daugherty 1985 p 490). Feather and Barber (1983) speak of the importance of "convergent information that goes beyond questionnaire measurement" (p 188) and cite clinical diagnosis as an example (they refer specifically to depression but the point they make is broadly applicable). The strategies suggested here were not followed by this writer due to practical limitations. They should obviously be borne in mind by those considering further research on the topic (an argument has been made for the allocation of more resources to the area). The potential role of a phenomenological approach to research in dealing with the issue of construct overlap will be addressed later.

The points made in connection with common method variance (including social desirability) offer an alternative interpretation of this study's results : that which claims that they are supportive of Feather's (1985) "version" of the masculinity hypothesis. Another such alternative explanation which could also imply a criticism of the research on the basis of the way in which it measures the relevant variables revolves around discrepancies in the variability of scores obtained on measures of the two sex-roles. The contention is that the evidence in favour of the masculinity model can be attributed to the greater variability of masculinity scores in comparison with femininity ratings (Hoffman and Fidell 1979 ; Taylor and Hall 1982). The variability of masculinity scores yielded in this research is, indeed, greater than that of the femininity scores (Table III) so that the argument just explained is applicable. However, by way of a counterargument, the discrepancy in question is not very large. Further, as in the case of social desirability differences, Taylor and Hall claim that this difference reflects a "substantively important aspect of social reality", that "the feminine role may be more sharply delineated than the masculine role" such that it is not "an artifact calling for scale adjustment" (p 361) and does not provide a reason to "overturn the substantive conclusion that it is primarily masculinity that pays off for individuals of both sexes" (p 362).

By way of pointing out another limitation of the present research, useful information may have been obtained if the statistical analyses had been conducted at different levels of masculinity, self-esteem and depression (for example, high, medium and low or, in the case of depression, absent (minimal), mild, moderate and potentially serious). Such a method of analysis might, for instance, have demonstrated curvilinear relationships whereas the approach followed allowed only for linear relationships. (It will be recalled that the correlation between masculinity and depression is strongest at the extremes of depression [Section 3.8]). With specific regard to depression, it was mentioned earlier that this study generalises Feather's (1985) results to a sample in which most subjects were "moderately" depressed and that more research is needed to test whether its findings can be generalised to "potentially seriously" depressed individuals. The reader will have observed that the writer's sample did include some of the latter type of individuals. The point being made here is that the research would have been more informative had there been enough of these subjects for results to be analysed separately for the different categories of depression (or, at least, for the clinically and subclinically depressed). This, of course, would constitute the above-advocated research as to whether Feather's results can be generalised to the "potentially seriously" depressed population. At another level, the study can be criticised for including clinically depressed persons when its focus, by virtue of the depression distribution obtained, was the subclinically depressed.

Further, and in connection with this point, if a different pattern of results holds for the clinically depressed subjects then their inclusion may have distorted the findings of the research undertaking (an argument has already been made for promoting homogeneity of the sample). The small number of subjects in question constitutes the writer's defence in this regard. Another potentially important variable which the researcher did not take into account was duration of the symptoms of depression. Different results may have been obtained for those with chronic symptoms as compared to those reporting temporary symptoms such that combining the two groups may have resulted in the emergence of a distorted picture.

Just as it would have been interesting to analyse results at different levels of depression, so too would the research have been more valuable if the same could have been done for people differing as regards language, marital status, socioeconomic status, age, course of study and "race". Inclusion of the latter variable may be controversial in terms of perpetuation of unjust divisions in South African society. However, in the writer's view, such divisions and their effects cannot be ignored because they are unjust and an analysis of results for different "race" groups may have made her research more relevant to the South African situation. The general issue under discussion here refers, of course, to the earlier-mentioned limitations imposed when one works with a homogeneous sample.

The study can also be criticised for treating sex-role orientation, self-esteem and depression as unidimensional factors. The question could be raised as to which particular aspects of masculinity are beneficial to the individual (Lips and Colwill 1978) and which particular aspects of self-esteem and depression are related to masculinity. They point out that "although masculinity is correlated with cognitive measures of depression, it is conceivable that femininity may be correlated with social adjustment" (p 715) (the latter representing another index or dimension of depression). Turning now to the argument in favor of examining specific dimensions of masculinity (and femininity), taken to its extreme this could lead to abolition of the use of the terms "masculine" and "feminine", these being replaced by more specific descriptions of personality traits and/or behavioural characteristics. Writers such as Locksley and Colten (1979) and Kenworthy (1979) have argued that use of the terms "masculine" and "feminine" perpetuates the very stereotypes against which feminists have fought. As regards self-esteem, Flaherty and Dusek (1980), Franks and Morolla (1976, cited in Stake and Orlofsky [1981]) and Simpson and Boyle (1975) have challenged the usefulness of a global concept of self-esteem (such as that in the present study). They argue that self-esteem cannot be understood as a "unidimensional factor" (Stake and Orlofsky 1981 p 653) and hence cannot be defined by a single measure. These authors would advocate use of specific, as opposed to global, self-esteem measures. Specific self-esteem refers to self-evaluation specific to a situation or

role. For example, sociability self-esteem "refers to a person's sense of adequacy or worth in social interaction with people in general" (Whitley 1983 p 767). Parallel definitions can be derived for other "types" of self-esteem. Thus, amongst university students, achievement self-esteem would be described as "area-specific self-evaluation" (Robson 1988 p 7) involving self-assessment with respect to academic and career oriented performance, or goal attainment at university. As mentioned in Chapter 2, the writer intended to investigate the role of specific types of self-esteem (achievement and sociability self-esteem) in the relationship between masculinity and depression but had to abandon this project due to the poor reliabilities obtained for the measures of achievement and sociability self-esteem (Form C of the Questionnaire in Appendix I). The fact that the scales consisted of a very limited number of items (two in the case of achievement self-esteem and three in the case of sociability self-esteem) probably accounts for the low reliabilities obtained. The researcher used such measures in accordance with her need to limit the length of her questionnaire. It was her opinion that, had her questionnaire been longer, the quality and rate of subject responses might have been adversely affected.

Continuing with criticisms which may be made of the present research endeavour, examination of Section 2.3. reveals that administration of the questionnaires was not well standardised in all respects. For instance, subjects answered the questionnaires in their own time rather than at a fixed time under specific conditions. This increased the risk of "error variance through differences in implementation" (Brownlee 1987 p 97). Closely related to this, "random irrelevancies" (p 97) were not controlled. The limitations imposed on generalisability of the research results by the procedure followed have already been mentioned. It can be countered that the procedure implemented enhanced the likelihood of participants answering honestly, it being possible for them to ensure that no-one was present while they were completing their questionnaire. Further, had the students felt "trapped" into filling in the instrument, as they might have done if a lecture or tutorial session had been put aside for the purpose, they might have responded in a careless or random fashion. It also needs to be noted that much of the work in the area has been conducted as in the present investigation and, further, that pains were taken by this researcher to provide her

subjects with exact instructions as to how they should go about answering the questionnaire and to stress the importance of following these instructions (refer to Appendices I [covering letter in questionnaire] and II).

Potential weaknesses of the specific instruments employed in the research were outlined in Section 2.2. It is also worth observing at this point that the method used to determine socioeconomic class of the participants may have been somewhat crude or oversimplified. Other reserachers have used more variables than just parental occupation to determine this factor. For example, Coopersmith (1967) took income and place of residence into account in addition to occupation. The author's assumption was that income and place of residence could be "subsumed" under occupation (for instance, occupation determines income which determines residential area) but her research would have been more rigorous had each factor been directly tapped. The need to keep the questionnaire as short as possible had to be weighed against this consideration.

Clearly, the findings of a study cannot be accepted with full confidence if the measures used are open to criticism. Robson (1988), for instance, observes that " failure to find positive associations is sometimes attributable to lack of instrument power" (p 9). The lack of relationship between femininity and both self-esteem and depression could, for example, be interpreted in this light. Such criticisms, together with the fact that no single instrument can be entirely without limitations, points to the need for a multi-measurement approach, whereby each variable is tapped in more than one way (Whitley 1983). "Research using multiple operational definitions of constructs would be useful" (Whitley 1984 p 220). Earlier suggestions as to alternatives to self-report measures are obviously relevant here (according to the multimeasurement approach, both self-report and these alternative methods would be used). Robson (1988) adds to the range of possibilities by drawing attention to " a number of ... abstract measures ranging from the draw-a-person procedure through to projective techniques such as thematic apperception or Rorschach interpretation" (p 8). Whitley (1983) provides another, not unrelated, reason for following the multimeasurement route : "Because both sex role and self-esteem (or, more generally, psychological well-being) are latent rather than directly observable

variables" (p 775). A further justification is that it would constitute a further test of the "robustness" or generalisability, across different instruments, of the findings of this study (and, of course, those of Feather [1985]). Feather and Barber (1983) state that "use of multiple measures of each variable provide(s) for convergent validity" (p 195).

From advocating a *multimeasurement* approach (with the implication that one is to remain within the natural scientific paradigm, characterised by an emphasis upon quantification [Glogri 1970]), one can move to advocating a *multimethod* approach ("Psychology, being a multi-paradigmatic discipline, has at its disposal a range of research methodologies" [Smith 1986 p 6]). Much of the above discussion has indicated the importance of acknowledging the complexity of the area of interest and it is the opinion of the writer that a greater emphasis on phenomenological or qualitative research is needed to tap the complexity spoken of. This implies embracing psychology as a human science (Glogri 1970 ; Smith 1986). Smith's (1986) research, involving use of both questionnaires (which could be scored) and interviews, is an interesting example of how quantitative research can be combined with qualitative methods - of use of "convergent methodologies In order to uncover data that is meaningful and at the same time scientifically valid" (Smith 1986 p 8). What is being suggested here may constitute a future solution to another problem faced by the writer ; namely, the fact that it is impossible to control for all potentially confounding factors that may operate in the area of interest (for example, religion [Brownlee 1987], locus of control [Long 1989], intelligence and developmental level [Robson 1988 ; Smith 1986]). The author's study can be seen as providing for "token" control of extraneous factors in that some are kept constant but many are not taken into account. An alternative approach would be, through adoption of a human scientific perspective, to attempt to *tap* the complexity referred to here, rather than attempting to control for it (for example, to find out descriptively how sex-role orientation and mental health are related *for a particular individual in his or her particular circumstances* - possible "confounding variables" then become, not a problem, but a part of the complexity to be explored).

It was noted at the beginning of this discussion, that the causal assumption

implied in the masculinity model remains an assumption and that future research should focus upon this issue. It remains a possibility that causality operates in a direction opposite to that assumed by the masculinity model. To illustrate : research by Flett, Vredenberg, Fliner and Krames (1985) "suggests that the experience of depression has an influence on one's self-reported degree of masculinity" (p 432). Similarly, Coopersmith's (1967) observation that high self-esteem leads to a greater chance of being competent, independent and capable of direct action suggests that high self-esteem may contribute to high masculinity. These authors do, however, also allow for the possibility that low instrumentality "could serve to precipitate subsequent episodes of depression" (Flett, Vredenberg, Fliner and Krames 1985 p 433), thus introducing the masculinity model's understanding of the relationship between masculinity and psychological adjustment. The situation is further complicated by the fact that "both dimensions may be determined complexly by some as yet unknown third variable" [Flett, Vredenberg, Fliner and Krames 1985 p 432]). This possibility has, in fact, already been touched upon by the present writer. It could be that the attempt to apply the concept of causality to the relationships observed is actually inappropriate - rather than masculinity "causing" other ways of being which are conducive to mental health, or vice versa, it may be that masculinity is part of a cluster of behaviours or approaches to life which are psychologically beneficial or which reflect mental health. In other words, we are not talking about causality as such, but, to use a phenomenological term, a "structure" (Giorgi 1970 p 25) of psychological well-being of which high masculinity, high self-esteem and low depression are part. This structure may, of course, also include the other potential mediating variables suggested earlier (such as a sense of being in control). It should be clear that the problem of overlap of constructs ceases to be a problem within a framework such as that being discussed here. From this point of view, the correlational nature of the present investigation need not be seen as "stopping short" of a full analysis (in terms of causality). Expansion upon the correlational findings by means of qualitative (phenomenological) research would be appropriate. This does not, of course, preclude the importance of investigating causality in the ways posed earlier. Indeed, it may be that both a causal and a structural understanding are relevant. Again, the possible complexity of the area is confronted.

4.14 CONCLUSION

The study, as a constructive replication of Feather's (1985) work, extended the generalisability of his findings. Given the potential implications of Feather's work for intervention and prevention with respect to depression, this investigation thus provides justification for devoting the time and other resources needed to test the causal assumptions underlying Feather's thought and to attempt to extend his findings to the clinically depressed. Future research should also focus upon more adequately taking into account the complexity of the area - perhaps the chief conclusion of the study is that the masculinity model, and Feather's understanding thereof, represents an oversimplification of the factors relevant to the psychological health of the individual. A combination of phenomenological or qualitative methods with a quantitative approach may be necessary to adequately tap the full complexity of the issues focused upon in the present research.

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APPENDIX I

QUESTIONNAIRE

Dear Potential Participant

YOUR CO-OPERATION IN ANSWERING THE FOLLOWING QUESTIONNAIRE IS ESSENTIAL FOR THE SUCCESSFUL COMPLETION OF MY RESEARCH PROGRAM AND WILL THEREFORE BE VERY MUCH APPRECIATED.

Understanding how different people see themselves and certain aspects of their psychological lives is of considerable relevance to many areas of Psychology. The present research program (which is being conducted under the auspices of the Psychology Department at the University of the Witwatersrand) is concerned with gathering information in this regard.

All information received will be treated with the strictest confidentiality and will be used only for research purposes. You need not provide your name and are therefore assured of anonymity.

I hope that you will participate in this research and that you will find answering the questionnaire interesting and enjoyable.

Please remember that, in order for this questionnaire to yield valid information, it is important that you:

1. answer the questionnaire on your own, in a place where you are free from distractions;
2. read the instructions for each section carefully;
3. answer all questions accurately and frankly;
4. give your own, personal answers without being concerned about what you think other people may answer (there are no "right" or "wrong" answers);
5. do not spend too much time thinking about your answers (very often your first response is the most accurate one);
6. answer each question as it is asked, without going back to compare answers, even if you feel that a question is repeating what other questions have asked;
7. answer all questions, even if you are unsure about a specific question;
8. refrain from discussing the questions or your responses with anybody else.

IE/.....

If you wish to discuss any aspect of the questionnaire, or your experience of completing it, please feel free to contact me at the Psychology Department (716-3687). Once the data have been analysed, the results of my research will, of course, be available to all interested participants.

Thank you for your contribution

K. T. Forshaw

(KAREN FORSHAW).

FORM A

Please provide the following background information:

1. AGE: _____
2. HOME LANGUAGE: _____
3. OCCUPATION OF PARENTS: _____

4. SEX: FEMALE _____ (please tick)
 MALE _____
5. MARITAL STATUS: SINGLE _____
 MARRIED _____ (please tick)
 DIVORCED _____
6. RACE: BLACK _____
 COLOURED _____
 ASIAN _____ (please tick)
 WHITE _____
 OTHER _____ (please specify) _____

FORM B/.....

FORM B

On the following page, you will find a list of statements about feelings. If a statement describes how you usually feel, put a tick (✓) in the column "LIKE ME". If a statement does not describe how you usually feel, put a tick (✓) in the column "UNLIKE ME".

There are no right or wrong answers.

Example:

	LIKE ME	UNLIKE ME
I am a hard worker	()	()

Begin at the top of the page and mark every statement.

There are 25 statements to be answered.

I often/....

	LIKE ME	UNLIKE ME
1. I often wish I were someone else.	()	()
2. I find it very hard to talk in front of a group.	()	()
3. There are lots of things about myself I'd change if I could.	()	()
4. I can make up my mind without too much trouble.	()	()
5. I'm a lot of fun to be with.	()	()
6. I get upset easily at home.	()	()
7. It takes me a long time to get used to anything new.	()	()
8. I'm popular with persons my own age.	()	()
9. My family usually considers my feelings.	()	()
10. I give in very easily.	()	()
11. My family expects too much of me.	()	()
12. It's pretty tough to be me.	()	()
13. Things are all mixed up in my life.	()	()
14. People usually follow my ideas.	()	()
15. I have a low opinion of myself.	()	()
16. There are many times when I would like to leave home.	()	()
17. I often feel upset with my work.	()	()
18. I'm not as nice looking as most people.	()	()
19. If I have something to say, I usually say it.	()	()
20. My family understands me.	()	()
21. Most people are better liked than I am.	()	()
22. I usually feel as if my family is pushing me.	()	()
23. I often get discouraged with what I am doing.	()	()
24. Things usually don't bother me.	()	()
25. I can't be depended on.	()	()

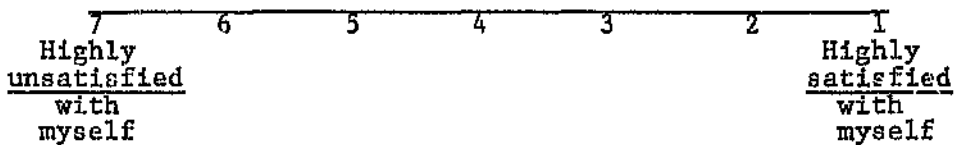
FORM C

1. Please rate your satisfaction with the following aspects of your life by circling the appropriate number on the scales provided.

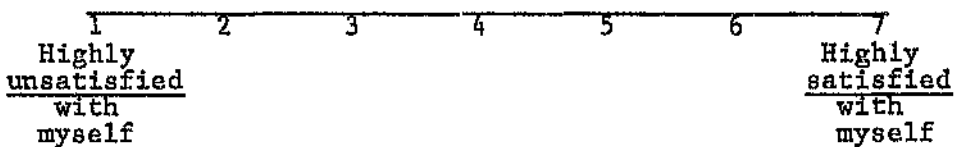
(a) Achievement of academic goals



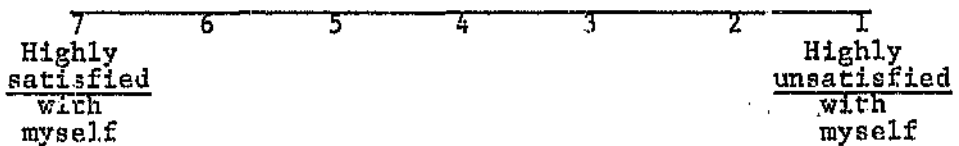
(b) Progress toward achieving career goals



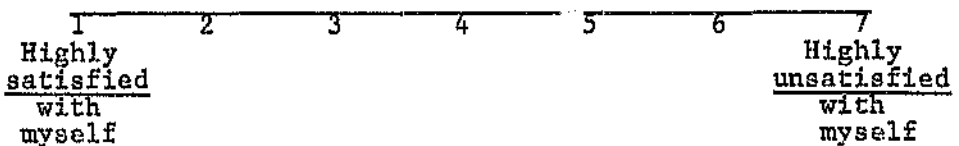
(c) Quality of family relationships



(d) Quality of heterosexual relationships
(relationships with members of the opposite sex)



(e) Quality of peer (other than heterosexual) relationships



Please/...

2. Please rate the importance, for you, of the following aspects of your life by circling the appropriate number on the scales provided.

(a) Achievement of academic goals

2 _____ 1 _____ 0
 Important Fairly Not
 important important

(b) Progress toward achieving career goals

0 _____ 1 _____ 2
 Important Fairly Not
 important important

(c) Quality of family relationships

0 _____ 1 _____ 2
 Not Fairly Important
 important important

(d) Quality of heterosexual relationships

2 _____ 1 _____ 0
 Important Fairly Not
 important important

(e) Quality of peer (other than heterosexual) relationships

0 _____ 1 _____ 2
 Not Fairly Important
 important important

FORM D/....

FORM D

On the next page you will find listed a number of personality characteristics. I would like you to use those characteristics to describe yourself, that is, I would like you to indicate, on a scale from 1 to 7, how true of you each of these characteristics is. Please do not leave any characteristic unmarked.

Example: sly

Write a 1 if it is never or almost never true that you are sly.

Write a 2 if it is usually not true that you are sly.

Write a 3 if it is sometimes but infrequently true that you are sly.

Write a 4 if it is occasionally true that you are sly.

Write a 5 if it is often true that you are sly.

Write a 6 if it is usually true that you are sly.

Write a 7 if it is always or almost always true that you are sly.

Thus, if you feel it is sometimes but infrequently true that you are "sly", never or almost never true that you are "malicious", always or almost always true that you are "irresponsible", and often true that you are "carefree", then you would rate these characteristics as follows:

Sly	<u>3</u>	Irresponsible	<u>7</u>
Malicious	<u>1</u>	Carefree	<u>5</u>

Defend/....

1	2	3	4	5	6	7
Never or almost never true	Usually not true	Sometimes but infrequently true	Occasionally true	Often true	Usually true	Always or almost always true
Defend my own beliefs		___ Adaptable		___ Flatterable		___
Affectionate		___ Dominant		___ Theatrical		___
Conscientious		___ Tender		___ Self-sufficient		___
Independent		___ Conceited		___ Loyal		___
Sympathetic		___ Willing to take a stand		___ Happy		___
Moody		___ Love children		___ Individualistic		___
Assertive		___ Tactful		___ Soft-spoken		___
Sensitive to needs of others		___ Aggressive		___ Unpredictable		___
Reliable		___ Gentle		___ Masculine		___
Strong personality		___ Conventional		___ Gullible		___
Understanding		___ Self-reliant		___ Solemn		___
Jealous		___ Yielding		___ Competitive		___
Forceful		___ Helpful		___ Childlike		___
Compassionate		___ Athletic		___ Likable		___
Truthful		___ Cheerful		___ Ambitious		___
Have leadership abilities		___ Unsystematic		___ Do not use harsh language		___
Eager to soothe hurt feelings		___ Analytical		___ Sincere		___
Secretive		___ Shy		___ Act as a leader		___
Willing to take risks		___ Inefficient		___ Feminine		___
Warm		___ Make decisions easily		___ Friendly		___

FORM E/...

FORM E

Below you will find groups of statements. Please read the entire group of statements in each category. Then pick out the one statement in the group which best describes the way you usually feel. Circle the number beside the statement you have chosen. If several statements in the group seem to apply equally well, circle each one. Be sure to read all the statements in the group before making your choice.

- A. 0 I do not feel sad
 1 I feel blue or sad
 2a I am blue or sad all the time and I can't snap out of it
 2b I am so sad or unhappy that it is quite painful
 3 I am so sad or unhappy that I can't stand it
- B. 0 I am not particularly pessimistic or discouraged about the future
 1 I feel discouraged about the future
 2a I feel I have nothing to look forward to
 2b I feel that I won't ever get over my troubles
 3 I feel that the future is hopeless and that things cannot improve
- C. 0 I do not feel like a failure
 1 I feel I have failed more than the average person
 2a I feel I have accomplished very little that is worthwhile or that means anything
 2b As I look back on my life all I can see is a lot of failure
 3 I feel I am a complete failure as a person (parent, spouse)
- D. 0 I am not particularly dissatisfied
 1 I feel bored most of the time
 2a I don't enjoy things the way I used to
 2b I don't get satisfaction out of anything anymore
 3 I am dissatisfied with everything
- E. 0 I don't feel particularly guilty
 1 I feel bad or unworthy a good part of the time
 2a I feel quite guilty
 2b I feel bad or unworthy practically all the time now
 3 I feel as though I am very bad or worthless

F. I don't/...

- F. 0 I don't feel I am being punished
 1 I have a feeling that something bad may happen to me
 2 I feel I am being punished or will be punished
 3a I feel I deserve to be punished
 3b I want to be punished
- G. 0 I don't feel disappointed in myself
 1a I am disappointed in myself
 1b I don't like myself
 2 I am disgusted with myself
 3 I hate myself
- H. 0 I don't feel I am worse than anybody else
 1 I am critical of myself for my weaknesses
 2 I blame myself for my faults
 3 I blame myself for everything that happens
- I. 0 I don't have any thoughts of harming myself
 1 I have thoughts of harming myself but I would not carry them out
 2a I feel I would be better off dead
 2b I feel my family would be better off if I were dead
 3a I have definite plans about committing suicide
 3b I would kill myself if I could
- J. 0 I don't cry any more than usual
 1 I cry more than I used to
 2 I cry all the time now. I can't stop it
 3 I used to be able to cry but now I can't cry at all even though I want to
- K. 0 I am no more irritated now than I ever am
 1 I get annoyed or irritated more easily than I used to
 2 I feel irritated all the time
 3 I don't get irritated at all by the things that used to irritate me
- L. 0 I have not lost interest in other people
 1 I am less interested in other people now than I used to be
 2 I have lost most of my interest in other people and have little feeling for them
 3 I have lost all my interest in other people and don't care about them at all
- M. 0 I make decisions as well as ever
 1 I try to put off making decisions
 2 I have great difficulty in making decisions
 3 I can't make any decisions at all anymore

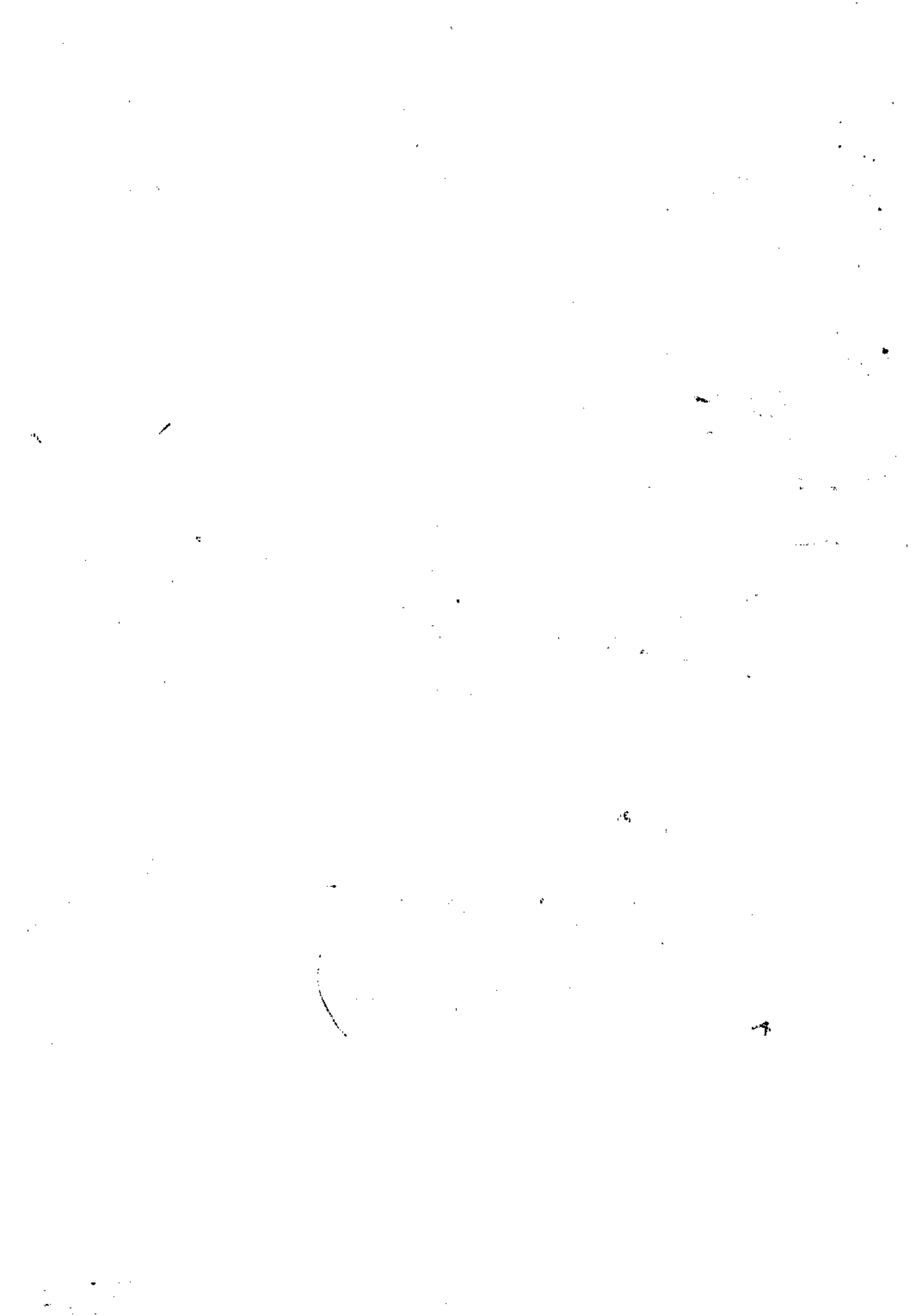
N. I don't/...

- N. 0 I don't feel I look any worse than I used to
 1 I am worried that I am looking old or unattractive
 2 I feel that there are permanent changes in my appearance and they make me look unattractive
 3 I feel that I am ugly or repulsive looking
- O. 0 I can work as well as before
 1a It takes extra effort to get started doing something
 1b I don't work as well as I used to
 2 I have to push myself very hard to do anything
 3 I can't do any work at all
- P. 0 I can sleep as well as usual
 1 I wake up more tired in the morning than I used to
 2 I wake up 2-3 hours earlier than usual and find it hard to get back to sleep
 3 I wake up early every day and can't get more than 5 hours sleep
- Q. 0 I don't get any more tired than usual
 1 I get tired more easily than I used to
 2 I get tired from doing nothing
 3 I get too tired to do anything
- R. 0 My appetite is not worse than usual
 1 My appetite is not as good as it used to be
 2 My appetite is much worse now
 3 I have no appetite at all
- S. 0 I haven't lost much weight, if any, lately
 1 I have lost more than 5 pounds
 2 I have lost more than 10 pounds
 3 I have lost more than 15 pounds
- T. 0 I am no more concerned about my health than usual
 1 I am concerned about aches and pains or upset stomach or constipation
 2 I am so concerned with how I feel or what I feel that it's hard to think of much else
 3 I am completely absorbed in what I feel
- U. 0 I have not noticed any recent change in my interest in sex
 1 I am less interested in sex than I used to be
 2 I am much less interested in sex now
 3 I have lost interest in sex completely

APPENDIX II

TALK TO POTENTIAL SUBJECTS

Hello everyone. My name is Karen Forshaw and I'm doing a Masters in Clinical Psychology. One of the requirements for my course is that I do a thesis. My thesis is going to be based on information that I collect by means of this questionnaire (copy of questionnaire held up). I need about 100 completed questionnaires and I've chosen English students as part of my sample. Which is why I'm here - to ask you all to complete a questionnaire for me. Your participation is, of course, voluntary - you are under no obligation to fill out a questionnaire - but I would really appreciate it if you would help me. Basically, if I don't manage to get these questionnaires completed, I don't have a thesis so this is a very earnest request. You don't have to put your name on the questionnaire so you are assured of confidentiality. It shouldn't take you long (one of the instructions is not to think too much about the items, to give your first response) and if you do this you should be able to get through the questionnaire in about 15 minutes. I don't want to tell you about the exact purpose of my thesis at this stage because, once you know the purpose, it may be difficult for you to be spontaneous in your answers. But, as I explain in the covering letter in the questionnaire, anybody who completes the questionnaire can get feedback from me if they are interested and then I can explain more fully what it's about. Please also feel free to contact me if you have any questions about completing the questionnaire. If you do decide to take part in my research, please read the covering letter carefully because it gives you important instructions about how to answer the questionnaire. In fact, these instructions are so important that I'd like to go through them with you now (points 1 to 8 read through). I really want to stress the importance of answering the questionnaire on your own, in a private place, and not discussing your responses with anybody because this may make it difficult for you to give your answers and to be completely honest. Just to emphasise how important it is that you follow the instructions in the letter : I would rather that you did not complete a questionnaire than that you did one without sticking to the instructions. Let me end by saying that I would really appreciate your assistance and that, if you do participate, I hope that you will find the questionnaire interesting and enjoy filling it out. You can take a questionnaire from the people standing at the back of the lecture theatre as you go out. I will collect them tomorrow and the next day at the end of the lecture period (I'll wait outside the lecture theatre). Would the class reps. please stay behind for five minutes? Thank you all very much.



Author: Forshaw Karen Lynette.

Name of thesis: Masculinity, Feminity, Self-esteem And Subdinal Depression.

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