

SEX ROLE CHARACTERISTICS AND
DEPRESSIVE SYMPTOMATOLOGY AMONG ADOLESCENTS

by

B. Indra Hart

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APPROVAL

NAME B. Indra Hart
DEGREE Master of Arts
TITLE Sex Role Characteristics and Depressive
Symptomatology Among Adolescents

EXAMINING COMMITTEE:

Chair André Obadia

Janny Thompson
Senior Supervisor

✓ Jack Martin
Professor
Member

Marlene M. Moretti
Associate Professor
Department of Psychology
Simon Fraser University
External Examiner

Date:

Nov 28 1995

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**Sex Role Characteristics and Depressive Symptomatology Among
Adolescents**

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ABSTRACT

The present study examined the influence of several variables related to sex-role typing--instrumentality, silencing the self, and ruminating response style on self-reported depressive symptomatology among adolescents (mean age = 14.52, SD = .53; n = 78, 52% girls; 48% boys). Sex differences were found in depressive symptomatology and ruminating, but not in silencing the self. Significant positive correlations were found between depressive symptomatology and both ruminating and silencing the self, for both sexes. Instrumentality was significantly negatively correlated with silencing the self for both sexes, and with depressive symptomatology for boys. Results of a hierarchical regression indicated that instrumentality, silencing the self, and ruminating accounted for 55% of the variance in depressive symptomatology. Biological sex did not account for an additional increment in the variance in depressive symptomatology. It is therefore argued that the sex difference in depressive symptomatology among adolescents is related to sex-role typing. Specifically, low instrumentality and high negative feminine traits are associated with decreased levels of psychological adjustment among adolescents.

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I dedicate this thesis to my three children, Josh, Jamil, and Jeremiah. May you each gain fulfillment from life-long learning.

TABLE OF CONTENTS

Approval	ii
Abstract	iii
Acknowledgments	iv
Table of Contents	v
List of Tables	vii
Introduction	1
Defining Terminology	2
Depressive Phenomena	2
Sex, Sex-Roles, and Gender	3
Masculinity and Femininity	4
Sex-Role Learning and Identity Formation	5
Agents of Socialization	5
Sex-Role Stereotypes and Identity Formation	6
Personality Traits and Psychological Adjustment	9
Social Dependence, Autonomy, and Depression	9
Sex-Role Traits and Psychological Adjustment	10

Silencing the Self Theory	14
Ruminating Response Style	17
Rationale for Present Study	21
Hypotheses	22
Method	23
Procedure	23
Participants	24
Measures	25
Responses to Depression Questionnaire	25
Beck Depression Inventory	25
Silencing the Self Scale	26
Bem Sex-Role Inventory	28
Order of Presentation	29
Results	29
Distribution of Depressive Symptomatology	29
Sex Differences in Depressive Symptomatology, Ruminating, and Silencing	30

Correlates of Depressive Symptomatology and Instrumentality	30
Girls	31
Boys	31
Ruminating and Duration of Depressive Symptomatology	31
Hierarchical Regression Results	32
Discussion	32
Depressive Symptomatology Among Adolescents	32
Sex-Role Characteristics	33
Silencing the Self, Ruminating, and Depressive Symptoms	36
Limitations	37
Implications for Practice	39
Future Research	40
References	42
Tables	49

LIST OF TABLES

Table 1	Distribution of BDI Scores for Boys and Girls	49
Table 2	Means and Standard Deviations for Depressive Symptoms, Instrumentality, Silencing the Self, and Ruminating for Boys and Girls	50
Table 3	Correlations between Depressive Symptoms, Instrumentality, Silencing the Self, and Ruminating for Boys and Girls	51
Table 4	Descriptive Statistics and Hierarchical Regression of Depressive Symptomatology on Instrumentality, Silencing, Ruminating, and Sex	52

Sex-Role Characteristics and Depressive
Symptomatology Among Adolescents

A sex difference in depressive symptomatology begins at age 13 or 14, with approximately twice as many adolescent girls and women experiencing depression as their male counterparts (Nolen-Hoeksema, 1987; Weissman, 1987; Weissman & Klerman, 1977). Although a few studies have found no sex difference in adolescent depressive symptomatology (Baron & Joly, 1988; Friedrich, Reams, & Jacobson, 1982; Kaplan, Hong, & Weenhold, 1984), many more researchers in Canada (Campbell, Byrne, & Baron, 1992; Siddique & D'Arcy, 1984; Schonert-Reichl, 1994), the United States (Allgood-Merten, Lewinsohn, & Hops, 1990; Gore, Aseltine, & Colten, 1990; Teri, 1982), and the United Kingdom (Rutter, 1986; Wilson & Cairns, 1988), have reported a sex difference. Even though the sex difference in depressive symptomatology is well documented and numerous explanations have been proffered for it, no explanation is generally accepted as adequate (Boyd & Weissman, 1981; Nolen-Hoeksema, 1987; Weissman, 1987; Weissman & Klerman, 1977).

Because the difference in adolescent depressive symptomatology appears across Western cultures, consideration of the cultural expectations of females in Western society and of the differing developmental processes for males and females

Adolescent Depressive Symptomatology 2

could aid in explaining these differences. Thus, in the present study I considered the role of socialization in the developmental process and examined the differences in depressive symptomatology among adolescents from the perspective of sex-role identification. Specifically, I examined three variables--instrumentality, silencing the self, and ruminating response style--in an attempt to elucidate factors that might account for the sex difference in adolescent depressive symptomatology.

The following literature review consists of five sections: (a) an explanation of terminology used in the present study, (b) an overview of the literature regarding the processes of sex-role learning and identity formation, (c) a discussion of personality traits associated with sex-role identification and their impact on psychological adjustment, (d) a summary of the silencing the self theory of women's depression, and (e) a synopsis of the current research regarding ruminating response styles and depression. The literature review is followed by the rationale and hypotheses for the present study.

Defining Terminology

Depressive Phenomena

To avoid potential confusion that may arise in depression research, it is imperative to distinguish between two levels of depressive phenomena--depressive symptomatology and depressive disorders. Depressive symptomatology, or

depressed mood, comprises symptoms associated with depression, including affective and somatic complaints. Depressive symptomatology is generally assessed by administering self-report inventories, such as the Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock & Erbaugh, 1961), which do not include a measure of duration of symptomatology. Depressive disorders are categorically diagnosed and reflect the disease model of psychopathology, illustrated by the categorical diagnostic system of the Diagnostic and Statistical Manual, Fourth Edition (DMS-IV; American Psychiatric Association, 1994; Compas & Hammen, 1994). Such categorical diagnoses reflect (a) identifiable syndromes, (b) that cause some functional impairment, and (c) are present for a specified minimum duration. In the present study, depressive symptomatology refers to the severity of depressive symptoms as assessed by self-report inventories such as the BDI, whereas depression refers to cases of diagnosed depression.

Sex, Sex-Roles, and Gender

In examining sex differences it is essential to differentiate between the biological categories of male and female and the socially constructed classifications of masculine and feminine. Many researchers have referred to “gender” differences in psychological adjustment when describing differences based strictly on biological sex (e.g., Butler & Nolen-Hoeksema, 1994; Kavanagh & Hops, 1994; Oliver &

Toner, 1990; Pidano & Tennen, 1985). For clarification, in the present study I have used the term sex when referring to the biological categories of male and female, and the term sex-role or gender-role when referring to social traits and characteristics associated with the sexes.

Masculinity and Femininity

Theorists disagree about whether sex-role characteristics should be referred to as masculine and feminine or as instrumental and expressive (Spence, 1984). Bem (1981a) states that the Bem Sex-Role Inventory (BSRI) is a tool for measuring sex-typed individuals and that the BSRI does not merely measure instrumental and expressive traits. Based on gender schema theory, Bem (1981b) states that sex-typing is developed from gender-based schematic processing of information related to sex-linked impressions that reflect gender schema, and that self-concept is assimilated by these gender schema. Bem maintains that the BSRI does tap the broad constructs of masculinity and femininity.

Spence (1984), however, disagrees. According to Spence, the term sex-role refers to a theoretical construct that includes but is broader than the personality traits included in the BSRI. For example, self-report measures such as the BSRI do not assess sex-role preferences and attitudes or behavioral reactions to gender-role expectations. Rather the BSRI consists of socially desirable self-assertive personality

traits (e.g., willing to take risks, forceful, dominant, self-reliant) and interpersonally-oriented personality traits (e.g., sensitive to the needs of others, gentle, sympathetic, understanding). These sets of traits have been termed instrumental and expressive, respectively. As such, scores obtained from the scale should be regarded as capturing only one aspect, rather than the essence, of the broader constructs of masculinity and femininity. The present research adopts Spence's recommendations and has referred to masculinity and femininity, as measured by the BSRI, as instrumental and expressive traits.

Sex-Role Learning and Identity Formation

It is important to appreciate the main features of sex-role learning and identity formation when examining the impact of gender-roles on psychological adjustment. Ruble and her colleagues (Ruble, Greulich, Pomerantz, & Goehberg, 1994) maintain that there are two main features of sex-role development that influence the socialization of children. These include the actions and beliefs of socializing agents (including parents and teachers) and sex-role identity formation.

Agents of Socialization

Evidence indicates that boys and girls are treated differently by adults. Although the personality characteristics of a child will influence adult behavior, differential treatment of children extends beyond such reciprocal interaction (Ruble

et al., 1994). Several studies have attempted to determine the direction of effect by “changing” the sex of a child and observing how adults behave toward what they believed to be a boy or a girl (see Huston, 1983, for a review). Labeling a child a boy or a girl, research indicated, resulted in differential treatment by adults. For instance, Frisch (1977) examined the interaction styles of adults towards young children of “manipulated” sex. Results indicated that when adults believed the child to be male, they encouraged more motor activity; in contrast, when the sex of the child was thought to be female, more nurturant play was encouraged.

Other studies have concluded that adults encouraged girls to be dependent and nurturant, whereas boys were encouraged to be independent and active. For instance, Saegert and Hart (1976) reported that girls received closer adult supervision and control than boys, and that boys were encouraged to be self-reliant and to play and work independently. Gore, Aseline Jr., and Colten (1992) concluded that the result of such socialization practices is that girls are more motivated to please others than boys are, and that girls tend to react with fear and anxiety when approval from others is absent.

Sex-Role Stereotypes and Identity Formation

Part of the socialization process includes the schematic construction of what males and females are like (Ruble et al., 1994). Socially prescribed stereotypical

Adolescent Depressive Symptomatology 7

male behavior involves an emphasis on power, self-confidence, and competence--characteristics that are inconsistent with a depressive image. Women, in contrast, are stereotypically viewed as dependent, helpless, and passive--attributes that are consistent with a depressive nature.

Blos (1962) developed a theory of adolescent development that stresses the theme of separation-individuation. He maintains that the primary task of adolescents is to separate from the internalized influence of the parents and to develop an autonomous identity. According to Blos, this intrapsychic process of separation produces an enduring sense of individuality, a unique identity. Blos considers this process of separation-individuation central to the developmental process for both boys and girls.

Chodorow (1978), however, states that although individuation is an essential developmental goal for adolescent girls, they must individuate while in relationship with others. She maintains that boys separate by developing as autonomous, lone individuals, whereas girls' identities are formed in relation to others. Separation, then, is a more salient feature of identity formation for boys than girls.

Chodorow (1974) outlines how the developmental process differs for boys and girls in Western cultures. Because the primary caregiver during the first 3 years of a child's life tends to be female, the interpersonal process affecting sex-role

Adolescent Depressive Symptomatology 8

socialization differs for boys and girls, and affects sex-role socialization. Mothers perceive their daughters as more like themselves than their sons. Girls identify with their mothers, influencing the process of sex-role identification that, for girls, is associated with attachment. Mothers perceive their sons as different, contributing to boys' perception of self as masculine and their propensity to differentiate from their mothers. For boys, the degree of attachment is reduced and a sense of individuation and autonomy develops. Thus, girls have a less differentiated sense of self than boys, since their identities develop in relation to the world, continuous with others.

The value and importance of interpersonal relationships, then, are different for boys and girls. Relationships for boys, in accordance with their sex-role identity development, tend to focus on independence and separation. Masculinity, defined by separation from the mother, is of particular importance in boys' sex-role identity formation. For girls, in contrast, femininity is not associated with differentiation or separation, but with attachment. Based on this process of sex-role identity formation Gilligan, (1993) states that male sex-role identity is threatened by intimacy; whereas, female sex-role identity is threatened by separation. For girls, then, personal experience is defined by embeddedness and social interaction, while for boys it is defined by autonomy and individuation. Many researchers have examined the relationship between these sex-role orientations, or personality types, and psychological adjustment.

Personality Traits and Psychological Adjustment

Social Dependence, Autonomy, and Depression

Blatt and his colleagues (Blatt & Homann, 1992; Blatt, Quinlan, Chevron, McDonald & Zuroff, 1982; Blatt & Zuroff, 1992) and Beck (1983) have recently highlighted the importance of distinguishing between two types of depression--depression related to interpersonal issues and depression associated with issues of self-definition--and their corresponding personality types. Blatt and his colleagues describe depression that is related to interpersonal relatedness as anaclitic, or dependent, and depression associated with self-definition and autonomy as introjective, or self-critical. Individuals experiencing anaclitic depression (socially dependent personalities) have a fear of being abandoned and tend to focus on interpersonal relationships to provide well-being. Furthermore, individuals with such personality types tend to have difficulty experiencing anger because they fear the loss of interpersonal gratification. Individuals experiencing introjective depression are self-critical, experience feelings of failure and inferiority, and tend to be goal-oriented, competitive, and perfectionistic (Blatt & Homann, 1992). Thus, introjective depression is associated with a perceived lack of personal achievement.

Beck (1983) has similarly distinguished two prototypical personality types--the socially dependent personality and the autonomous personality--and proposed

that an interaction between personality type and specific life stressors may produce depression. Social dependency, or sociotropy, involves a preoccupation with positive interpersonal relationships and tends to predominate among females (Baron & Piexoto, 1991; Beck, 1983). Sociotropic types value acceptance, intimacy, understanding, and support. Life stressors such as perceived loss of relationships or rejection will likely precipitate depression among sociotropics. Autonomy, or individuality, refers to a focus on preserving personal independence, attaining meaningful goals, and protection of personal domain and is more characteristic of boys than girls (Beck, 1983). Autonomous individuals will seek to maximize control over the environment while attempting to minimize the possibility of failure. For autonomous individuals, depression is precipitated by defeat, achievement failure, or lack of control over the environment.

Sex-Role Traits and Psychological Adjustment

Researchers have used various terminology to describe personality characteristics and their relationship to psychological adjustment. Spence (1984) supports using the terms masculine and feminine traits or instrumental and expressive traits; whereas Bem (1981a) refers to global constructs of masculinity and femininity. Blatt and his colleagues refer to autonomous and dependent personality traits and the associated introjective and anaclitic depression. In a similar

vein, Beck (1983) distinguishes between socially dependent and autonomous personalities and the corresponding sociotropic and autonomous depression. Although the terminology differs, these researchers and theorists appear to be describing similar phenomenon-personality traits associated with personal achievement (instrumental) and traits associated with interpersonal relationships (expressive).

A review of the literature regarding instrumental and expressive traits and psychological adjustment provides overwhelming support for the idea that psychological well-being is associated with instrumental rather than expressive traits. For instance, Whitley and Gridley (1993) and Waelde, Silvern, and Hodges (1994) examined the relationship between instrumental and expressive traits, depressive symptomatology, and self-esteem among undergraduate university students. They found that high instrumental trait scores were associated with low levels of depressive symptomatology and high self-esteem for both men and women. However, they found no significant relationship between measures of expressive traits and favorable adjustment or depressive symptoms.

Similar findings have been reported for adolescents. Lamke (1982) examined the relationship between sex-role traits and self-esteem among adolescents. She found that high levels of instrumental traits were associated with high self-esteem

for both boys and girls. Expressive traits were not significantly associated with self-esteem. Furthermore, Lamke reported that the relationship between instrumental traits and self-esteem was stronger for girls than for boys.

In a recent study, Baron and Peixoto (1991) examined the relationships between sociotropy and autonomy and depressive symptomatology in adolescents. Results indicated that adolescents with high scores on the sociotropy dimension had more depressive symptomatology than those scoring low on the sociotropy dimension. Additionally, female adolescents had higher sociotropy scores than their male counterparts. Rather than measuring positive aspects of the feminine sex-role (expressive traits) which have been repeatedly found to be not associated with psychological adjustment, Baron and Peixoto (1991) measured negative aspects of the feminine sex-role (sociotropy). Their results highlight the importance of assessing negative feminine sex-role characteristics.

A survey of the literature regarding the sex difference in depressive symptomatology among adolescents reveals a pattern whereby girls' depressive symptomatology is more related to the quality of their family and peer relationships than is the case for boys. For instance, Ge, Lorenz, Conger, Elder, and Simons (1994) examined the relationship between stressful life events, parental warmth and support, and depressive symptoms among adolescents. Results indicated a

differential vulnerability between adolescent girls and boys. Adolescent girls were more sensitive to disrupted peer relationships and lack of maternal support than were adolescent boys. Such sensitivity to interpersonal relationships tended to reduce adolescent girls' resilience to various stressors, and was related to higher depressive symptoms than it was for boys (Ge et al., 1994).

Similarly, Rubin et al. (1992) investigated the relationships between negative life events, family and peer relationships, and depressive symptoms among adolescents. They reported a significant relationship between high stress and depressive symptomatology in adolescents. They found, however, that cohesive family relationships buffered the effects of high stress on adolescent girls. Additionally, Friedrich, Reams, and Jacobs (1988) examined protective factors against psychological distress, such as peer and family social support, and risk factors for psychological distress, such as stressful life events. They reported that adolescent girls' depressive symptomatology was correlated with perceived low peer support and lack of family cohesion; whereas for boys, depressive symptomatology was related to life stress and lower grades in school.

In contrast to the quantitative research cited above, Brown and Gilligan (1992) conducted a longitudinal, qualitative study over 5 years. Based on extensive interviews with girls, their study describes communication patterns among female

children and adolescents. They observed a shift in girls' attitudes and behaviors as they reached adolescence--adolescent girls engaged in self-silencing behaviors, sacrificing honesty and personal needs in order to maintain relationships.

These research findings support the notion that positive characteristics associated with the masculine sex-role (e.g., instrumentality) and negative characteristics of the feminine sex-role (e.g., sociotropy) are associated with psychological adjustment. Thus, the present study focuses on assessing the relationship between depressive symptomatology and both positive characteristics of the masculine sex-role and negative aspects of the feminine sex-role.

Silencing the Self Theory

Influenced by the work of Chodorow and Gilligan, Jack (1991) developed a theoretical model, based on self-in-relation theory and attachment theory, to account for the development of depression in women. Rather than focusing on stable personality traits that interact with environmental stressors to precipitate depression, as do Blatt and his colleagues (Blatt & Homann, 1992; Blatt, Quinlan, Chevron, McDonald & Zuroff, 1982; Blatt & Zuroff, 1992) and Beck (1983), Jack adopted a phenomenological, social constructivist perspective maintaining that women tend to develop gender-specific schemas about intimate relationships. Self-in-relation theory suggests that women organize their experience according to their relationships with

others and that depression is related to the value women place on establishing and maintaining close relationships (Gilligan, 1993; Jack, 1991; Kaplan, 1986). Self-in-relation theory proposes the “relational self” as the essence of the self-structure for women. A woman’s identity, in Western society, develops in relation to establishing and maintaining empathetic relationships (Jack, 1987a). Personal development, including creativity and self-esteem, evolves within the context of the relationship (Jack, 1987a).

Attachment theory stresses the significance of close relationships in the developmental process. Jack (1991) contends that women’s roles in close relationships, influenced by cultural norms, will contribute to depression. Schemas regarding cultural expectations about appropriate female roles and behavior contribute to vulnerability to depression in women—a process Jack calls silencing the self. Silencing the self involves devaluing one’s personal experience and emotions, repressing anger, and censoring experience in order to establish and maintain safe, intimate relationships (Jack & Dill, 1992).

The main premise of silencing the self theory is that women, and presumably adolescent girls, experience a loss of self in the roles of friend, daughter, wife, or mother while they pursue the selfless ideal. The selfless ideal—a cognitive schema regarding ideal feminine social behavior whereby women defer their needs and

desires to those of their families or friends--is used to judge the actual self. The conflict created from the comparison between the ideal and the actual self is hypothesized to contribute to depression in women (Jack, 1987b).

Although Jack implies that adopting a feminine sex-role increases one's vulnerability to depression, current research indicates that instrumentality, rather than socially desirable feminine sex-role traits, is related to psychological adjustment (e.g., Lamke, 1982; Whitley & Gridley 1993; Waelde, Silvern, & Hodges, 1994). It is possible, however, that silencing the self represents a negative aspect of the feminine sex-role and that such characteristics are indeed associated with reduced levels of well-being. For example, research regarding sociotropy and autonomy in adolescents (Baron & Peixoto, 1991) indicated that sociotropy, or extreme social dependence, was significantly related to higher levels of depressive symptomatology.

To measure the tendency to endorse self-silencing schema, Jack developed a self-report questionnaire, the Silencing the Self Scale (STSS), based on qualitative analyses of in depth interviews with twelve depressed women (Jack, 1991). Jack and Dill (1992) assessed the psychometric qualities of the STSS by administering it to three groups of women: female college students, women in shelters for battered women, and new mothers who used cocaine during pregnancy. Results indicated a strong relationship between STSS scores and depressive symptomatology for all

three groups. Additionally, there were significant differences between the three groups of women on STSS scores. Battered women had the highest scores, followed by the new mothers, followed by the college women. These findings supported the two main assertions of the silencing the self theory: that there would be a significant positive correlation between silencing the self and depressive symptomatology in women, and that the degree to which women silenced the self would be related to their social context.

Although the silencing the self theory and scale were developed based on research with adult women, it is likely that adolescent girls engage in similar self-silencing behaviors. For example, as mentioned above Brown and Gilligan (1992) observed that girls' attitudes and behaviors shifted as they reached adolescence. Adolescent girls began engaging in self-silencing behaviors, sacrificing honesty and personal needs, in order to maintain personal relationships.

In the present study, silencing the self was conceived of as reflecting negative aspects of the feminine sex-role and was therefore expected to be associated with higher levels of depressive symptomatology.

Ruminating Response Style

Nolen-Hoeksema (1991) has developed a cognitive theory that grew from an attempt to explain the sex differences in depression. Influenced by Seligman's

learned helplessness theory (1974) Nolen-Hoeksema developed a theory regarding individuals' response styles to depressive symptomatology. According to Nolen-Hoeksema (1991), the tendency to engage in self-focused rumination in response to depressed moods predisposes individuals to more severe and longer lasting depressed moods.

Self-focusing is a tendency to direct one's attention internally towards thoughts and feeling rather than externally towards the environment (Ingram, Cruet, Johnson, & Wisnicki, 1988). Chronic self-focusing leads to intensified negative affect (Ingram et al., 1988), increased self-criticism and self-blame, and a negative self-image (Greenberg, Pyszczynski, Burling, & Tibbs, 1992). Self-focused rumination involves focusing on depressive thoughts and symptoms, such as how sad, tired, or unmotivated one feels, and the likely antecedents and consequences of those symptoms (Nolen-Hoeksema, Morrow, & Fredrickson, 1993).

Nolen-Hoeksema et al. (1993) distinguish ruminating from what Beck and his colleagues refer to as automatic negative thoughts. Ruminating involves focusing intently on one's negative emotional state without taking action to alleviate the mood. Negative cognitions may result from a ruminative attentional style, but Nolen-Hoeksema (1993) stresses that the cognitive style, rather than specific cognitions, is significant in differentiating the two processes.

Nolen-Hoeksema et al. (1993) outlined three ways that ruminative responses may tend to exacerbate and prolong depressive episodes. First, by focusing on negative affect, individuals who ruminate tend to allow greater opportunity for depressed mood to influence their thinking than do those who distract themselves. Thus, ruminating tends to enhance the accessibility of negative cognitions and memories, increasing the likelihood of drawing negative conclusions about the causes and consequences of the depressed mood. Second, a ruminative response style may impede concentration, attention, and instrumental behaviors. An individual engaging in a ruminative response style may neglect personal health care and forget social engagements, thus contributing to a greater sense of failure and helplessness. Finally, the resulting lack of concentration and attention induced by a ruminative response style may impede problem solving.

In support of the theory, Nolen-Hoeksema and her colleagues have found that adults engaging in a ruminating response style tend to experience longer, more severe depressive episodes than those who distract themselves from depressive symptoms (Nolen-Hoeksema, 1991; Nolen-Hoeksema, Morrow, & Fredrickson, 1993). Morrow and Nolen-Hoeksema (1990) found that depressed adults who engaged in ruminative responses during a laboratory problem solving task produced fewer and lower quality solutions to problems than adults who distracted themselves

prior to problem solving. Nolen-Hoeksema and her colleagues (Butler & Nolen-Hoeksema, 1994; Nolen-Hoeksema, 1991; Nolen-Hoeksema, Morrow, & Fredrickson, 1993) reported a sex difference in response style, with women tending to ruminate and men tending to engage in distracting behaviors in response to depressed mood.

Extant literature does not include research that measures what Nolen-Hoeksema refers to as a ruminative response style in adolescents. However, Compas and his colleagues (Compas & Hammen, 1994; Compas, Malcarne, & Fondacara, 1988) examined sex differences in emotion-focused coping (focusing on regulating the affective states associated with stressful events) among adolescents and reported that adolescent girls engaged in more emotion-focused coping than boys in response to academic stress. Additionally, girls reported more depressive symptoms in response to stressors than boys. Although ruminative response styles have not been examined among adolescent populations, these results suggest a sex difference in coping styles among adolescents similar to those established for adults.

Although ruminating theory and silencing the self theory differ considerably, they have certain similarities--both theories stress cognition and socialization as factors that influence depressive symptomatology. For instance, Nolen-Hoeksema (1987) suggests that the origins of the sex differences in coping styles likely result

from sex-role stereotypes--males are considered active and ignore their moods whereas females are considered passive and emotional--and cognitive assimilation of such stereotypes. She outlines several factors that contribute to this process. First, children are able to describe themselves and others in terms of such sex-role stereotypes before they actually adopt sex-role stereotypical behaviors. Additionally, parents tend to discourage boys from stereotypical 'feminine' behavior, such as the display of emotions, and reward boys for active behavior. Girls, in contrast, are not rewarded as much as boys are for active behavior. Furthermore, since females are told they are naturally emotional, they may believe depressive symptoms are inevitable, thus reducing the likelihood of their acting to alleviate their depressed mood. Finally, Nolen-Hoeksema (1987) states that sex-typed socialization may increase the chances that females adopt helpless, passive behaviors and males adopt adaptive instrumental behaviors. Such findings strongly suggest that sex-typed behavior, such as ruminating, would be negatively associated with psychological adjustment and that it should be evident by adolescence.

Rationale for the Present Study

The importance of researching adolescent depressive symptomatology is that it is at this time that the sex difference appears. The present study focused on the role of sex-role in adolescents' depressive symptomatology. Both silencing the self

and ruminating theories implicate socialization in girls' and women's vulnerability to depression. In particular, these theories focus on what could be construed as negative or maladaptive aspects of the feminine sex-role: a lack of instrumental traits, a tendency to over invest in interpersonal relationships, and a tendency to focus on inner thoughts and feelings rather than on problem solving. Previous research has consistently failed to find an association between expressive traits and maladjustment, probably because expressive traits are desirable sex-typed traits that are, at best, neutral in terms of adjustment.

The present study was guided by several hypotheses derived from extant research, from silencing the self theory, and from ruminating theory. The project extended current research findings in two ways: (a) investigated silencing the self and ruminating with an adolescent sample, (b) examined the relationship between silencing the self, ruminating, instrumentality, and depressive symptomatology.

Hypotheses

1. Girls will endorse more depressive symptomatology than boys.
2. Girls will endorse more silencing the self items than boys.
3. Girls will endorse more ruminating response items than boys.
4. Depressive symptomatology will be positively associated with silencing the self.

5. Depressive symptomatology will be positively associated with a ruminating response style.
- 6 Duration of depressive symptoms will be positively associated with a ruminating response style.
7. Instrumental traits will be negatively associated with depressive symptomatology, silencing the self, and ruminating.
8. Sex differences in depressive symptomatology will be accounted for by sex-typed traits (i.e., instrumental traits, silencing the self, and ruminating).

Method

Procedure

Data were collected in a high school in a large suburb of a major Canadian city from students in five grade 9 English classes. I explained to the students that the study was about their thoughts and feelings. Interested students read and signed informed consent forms and were given parental consent forms to be signed and returned. I returned to the classrooms several times to remind students to return parental consent forms. Students with both consent forms signed participated in the study. (Of the 89 students that signed consent forms, 73 returned signed parental consent forms and participated in the study.)

Adolescent Depressive Symptomatology 24

Students completed the packages of questionnaires during regularly scheduled English classes. Students not participating in the project received a study block. I was present to answer student questions and to collect the questionnaires at the end of the class. The data were collected within a two day period. Students with Beck Depression Inventory (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) scores exceeding 18--reflecting moderate to severe depressive symptomatology--were reported to the school counsellor for a follow-up consultation. I returned 3 weeks after the data were collected to provide some preliminary results to the students as well as information about coping with depressive symptomatology.

Participants

The sample consisted of 73 grade nine students--52% ($n = 38$) girls and 48% ($n = 35$) boys. The mean age of the students was 14.52 ($SD = .53$). The distribution of cultural backgrounds was 43% Indo-Canadian, 40% Euro-Canadian, 12% Asian, and 1% Native. The remaining 4% of the participants did not report cultural background. A multivariate analysis of variance (MANOVA) with culture as the grouping variable was used to determine whether any cultural differences were evident on the dependent variables (depressive symptomatology, silencing the self, and ruminating). Results indicated that there were no statistically significant differences among the cultural groups.

Measures

Responses to Depression Questionnaire (RDQ; Nolen-Hoeksema, 1991).

The RDQ is a 21-item scale containing statements about ruminative responses to depression (e.g., “Isolate yourself and think about the reasons why you feel sad”; “Think about how alone you feel”). Respondents rate the extent to which they engage in each behavior when feeling depressed on a four-point scale ranging from almost never to almost always. In a study involving undergraduate students, Nolen-Hoeksema and Morrow (1991) reported an internal consistency alpha of .89 for the scale. Additionally, responses to the scale have correlated significantly ($r = .69$) with depressed mood for an adult sample (Nolen-Hoeksema, Morrow, & Fredrickson, 1993). Although the scale has not previously been used with adolescents, the internal consistency in the present study was excellent ($\alpha = .92$).

Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961). The BDI is a 21-item measure for assessing severity of depressive symptomatology. For each item, respondents indicate one of four statements, ranked from 0 to 3, that best describes their feelings during the past week. Total scores range from 0 to 63, with higher scores indicating more severe depressive symptomatology.

Beck, Steer, and Garbin (1988) reviewed 25 years of studies that assessed the reliability and validity of the BDI for psychiatric and nonpsychiatric populations. Results indicated high internal consistency for both populations, with alpha coefficients ranging from .76 to .95 for the psychiatric populations and from .73 to .92 for the nonpsychiatric populations. The BDI has been utilized in several studies of adolescent samples (e.g., Strober, Green, & Carlson, 1981; Teri, 1982) with reported internal reliabilities ranging from .79 to .86. Additionally, Strober et al. (1981) reported a test-retest reliability (5-day period) of .69 for a clinical sample of adolescents. In the present study, internal consistency was excellent ($\alpha = .91$). To obtain a measure of the duration of depressive symptomatology, the following question was added at the end of the BDI: "If you have circled one (1) or higher in any of the groups of statements, how long have you been feeling that way?"

Silencing the Self Scale (STSS; Jack, 1991). The STSS is a 31-item scale containing statements that measure beliefs about and behavior in relationships. The STSS was designed to identify the degree to which individuals endorse self-silencing thoughts and actions while attempting to establish and maintain safe, intimate relationships. Respondents rate the extent of agreement with each statement using a five-point scale ranging from strongly disagree to strongly agree. The scale consists of four rationally derived subscales. Externalized Self-Perception assesses the degree

to which respondents judge themselves by the standards of others (e.g., “I tend to judge myself by how I think other people see me”); Care as Self-Sacrifice assesses the degree to which intimate relationships are maintained by placing the needs of others ahead of one’s own needs (e.g., “Caring means putting the other person’s needs in front of my own”); Silencing the Self measures the degree to which respondents inhibit self-expression to avoid conflict or relationship termination (e.g., “I don’t speak my feelings in an intimate relationship when I know they will cause disagreement”); and the Divided Self assesses the extent to which respondents present a compliant demeanor in order to conform with feminine roles, but inwardly feel hostile (e.g., “I often look happy enough on the outside, but inwardly I feel angry and rebellious”). In the present study only the global scale was used.

Jack and Dill (1992) assessed the reliability and validity of the STSS using three samples: undergraduate females, new mothers who used cocaine during pregnancy, and women in a shelter for battered women. The STSS was internally consistent, with alpha coefficients ranging from .86 to .94 across the three samples. In the present study the STSS had comparable internal consistency for adolescents, with a reliability alpha of .87. The STSS correlated significantly with severity of depressive symptomatology assessed by the BDI ($r = .50$ to $.52$) for Jack and Dill’s

three groups of women.

Bem Sex-Role Inventory (BSRI; Bem, 1974, 1978). The BSRI is a 60-item scale consisting of 20 masculine traits, 20 feminine traits, and 20 gender-neutral traits. Each item is a personality characteristic (aggressive, shy, tactful). Respondents indicate the extent to which they perceive themselves to possess each characteristic on a Likert-type scale ranging from 1 (never or almost never true) to 7 (always or almost always true). For the purposes of the present study instrumentality was defined as the degree to which respondents endorsed masculine characteristics.

The BSRI was established on the concept that sex-typed individuals have internalized sex-typed standards for their behavior. Thus, item selection (masculine and feminine) was based on sex-typed social desirability rather than differential endorsement by males and females. That is, characteristics were judged to be masculine if the trait was considered to be more desirable for men than for women in American society, and feminine if characteristics were judged to be more desirable for women than for men (Bem, 1974). Bem (1974) reported reliabilities for Stanford university and junior college samples. Results indicated high internal consistency with alpha coefficients of .86 for the Masculinity scale. Test-retest reliabilities after four weeks were high (Masculinity $r = .90$). Lamke (1982) administered the BSRI to a group of early adolescents and compared scores on the Masculine scale of the

BSRI and another measure of sex-role identification, the Personal Attributes Questionnaire (PAQ; Spence, Helmreich, & Stapp, 1974). Results indicated a high relationship between the masculine scales on the two measures. Pearson's product-moment interscale correlation for the masculinity scales of the BSRI and the PAQ was $r = .78$, $p < .001$. Additionally, Galambos, Almeida, and Petersen (1990) administered the BSRI to grade six, seven, and eight students--alpha coefficients ranged from .70s to .80s for boys and girls across grades. Internal consistency for the present study was excellent (alpha = .87).

Order of Presentation

The questionnaire package consisted of six inventories that were presented to participants in the order in which they are described above. A demographic questionnaire was presented after the RDQ. An attachment measure, presented after the BDI, was not related to the present study and is not described.

Results

Distribution of Depressive Symptomatology

To describe the distribution of depressive symptomatology in the sample, the norms used for the BDI were no to minimal (scores of less than 10), mild to moderate (10 to 18), moderate to severe (19 to 29), and severe (30 to 63) symptomatology as suggested by Beck, Steer, and Garbin (1988).

Table 1 shows the distributions of BDI scores for boys and girls. For girls, the range of scores on the BDI was 1 to 45. For boys, the range of scores on the BDI was 0 to 29. A total of 68% of girls and 26% of boys reported mild to severe depressive symptomatology, reflecting a 2.6:1 sex difference.

Sex Differences in Depressive Symptomatology, Ruminating, and Silencing

To test the hypotheses that girls would obtain higher depressive symptomatology, silencing the self, and ruminating scores than boys, a Pillai-Bartlett trace MANOVA was used to assess multivariate significance because it is a conservative test appropriate for use with small samples. Means and standard deviations for depressive symptomatology, ruminating responses, and silencing the self scores are reported in Table 2. The MANOVA reached multivariate significance, $F(3, 69) = 10.26, p < .001$. The univariate F-tests confirmed the hypotheses that girls would obtain higher depressive symptomatology scores and higher ruminating scores than boys, $F(1, 71) = 16.97, p < .001, \omega^2 = .20$, and $F(1, 71) = 25.35, p < .001, \omega^2 = .27$ respectively. There was no sex difference on silencing the self.

Correlates of Depressive Symptomatology and Instrumentality for Boys and Girls

Zero order correlations were used to test the following hypotheses:

(a) depressive symptomatology would be positively associated with silencing the self and with ruminating, and; (b) instrumentality would be negatively associated with depressive symptomatology, silencing the self, and ruminating.

Boys. Correlations, reported in Table 3, supported the hypothesis that silencing the self and ruminating would be positively associated with depressive symptomatology. With regards to instrumentality, the results revealed that higher instrumentality was associated with less depressive symptomatology and less silencing the self. Ruminating, however, was unrelated to instrumentality.

Girls. Correlations, reported in Table 3, supported the hypothesis that silencing the self and ruminating would be positively associated with depressive symptoms. For instrumentality, results revealed that higher instrumentality was related to less silencing. Depressive symptomatology and ruminating were not related to instrumentality.

Ruminating and Duration of Depressive Symptomatology

Zero order correlations were used to test the hypothesis that ruminating would be positively associated with duration of depressive symptomatology.

Correlations supported the hypothesis for girls, $r = .43$, $p < .05$. For boys, however, the hypothesis was not supported.

Hierarchical Regression Results

Table 4 shows the results for the regression of depressive symptomatology on instrumentality, silencing the self, ruminating, and biological sex. To determine whether sex-role characteristics would account for the variance in depressive symptomatology, sex-role related variables were entered prior to biological sex. At step 1, instrumentality accounted for a statistically significant 11% of the variance in depressive symptomatology ($p < .01$). At step 2, silencing the self and ruminating accounted for an additional 44% increment in the variance accounted for in depressive symptomatology ($p < .001$). At step 3, biological sex accounted for a nonsignificant 1% of the variance in depressive symptomatology.

Discussion

Depressive Symptomatology Among Adolescents

Results of the depressive symptomatology scores support the hypothesis that girls would endorse more depressive symptomatology than boys. The 2.6:1 ratio of girls to boys for mild to severe symptoms is similar to the 2:1 sex ratio reported for diagnosed depression among adolescents and adults (e.g., Nolen-Hoeksema, 1987; Weissman, 1987; Weissman & Klerman, 1977).

Sex-Role Characteristics

The results of this study support the notion that sex-typed cognitive schema, response styles, and traits--such as silencing the self, ruminating, and instrumentality --are potentially important factors to consider in understanding the sex difference in depressive symptomatology among adolescents. Proponents of silencing the self theory and ruminating theory support the conception that factors such as self-silencing and ruminating arise from sex-role socialization. For instance, Jack (1991) states that silencing the self arises from cultural expectations of appropriate female roles and behavior, and as a result, contributes to a vulnerability to depression. According to Jack, individuals develop cognitive schema regarding ideal sex-role behaviors. The Silencing the Self Scale (STSS) was developed to assess the degree to which individuals engage in behaviors associated with a feminine sex-role orientation. However, I would argue that rather than measuring socially desirable behaviors associated with the feminine sex-role, the STSS is assessing negative qualities of the feminine sex-role. In contrast, the Bem Sex-Role Inventory (BSRI; Bem, 1974, 1978) was devised to assess socially desirable sex-role characteristics. Items on the femininity scale include traits such as "sensitive to the needs of others," "understanding," and "sympathetic." Such feminine-expressive traits could be viewed on a continuum from positive characteristics of the feminine sex-role at one

end to negative characteristics at the other. Thus, traits such as the ability to be understanding and sympathetic would be considered positive aspects of the feminine sex-role; whereas, endorsing behaviors such as “I often feel responsible for other people’s feelings,” “Caring means putting other people’s needs in front of my own,” and “In a close relationship, my responsibility is to make the person happy” (Jack, 1991) would reflect negative or maladaptive characteristics.

Similarly, a ruminative response to depressed mood, according to Nolen-Hoeksema (1987) reflects a feminine sex-role coping response. Nolen-Hoeksema suggests males and females adopt different coping styles that develop from sex-role stereotypes--males are considered active and ignore their moods whereas females are considered passive and emotional. Thus, in response to depressed mood, females tend to internalize problems and ruminate. Again, I would argue that such coping strategies reflect the negative aspects of the feminine sex-role. For example, the Responses to Depression Questionnaire (RDQ) elicits responses to statements about what individuals do in response to depressed mood such as: “Think about all your shortcomings, failings, faults, mistakes;” “Think about how angry you are with yourself;” and “Think about how passive and unmotivated you feel” (Nolen-Hoeksema, 1991). Again, it seems evident that such responses would not be associated with socially desirable characteristics of a feminine sex-role.

If these conjectures are accurate and the STSS and the RDQ are measuring negative aspects of the feminine sex-role, the combination of the positive qualities associated with the masculine sex-role (instrumentality) and the negative qualities of the feminine sex-role (silencing the self and ruminating) accounted for 55% of the variance in depressive symptomatology in the present study. Thus, these results strongly support the conception that the differential rates of depression for males and females are, largely, a consequence of sex-role socialization. Additionally, once these variables were entered into the multiple regression, biological sex did not account for a significant increment in variance in depressive symptomatology.

The results of the present study are consistent with other evidence that instrumentality is associated with psychological adjustment (e.g., Aube & Koestner, 1992; Lamke, 1982; Waelde, Silvern, & Hodges, 1994; Whitley & Gridley, 1993). These sources also reveal that expressive traits, as measured by sex-role inventories such as the BSRI, are not associated with psychological adjustment. I maintain that researchers must consider both positive and negative aspects of the sex-roles when investigating the relationship between sex-roles and psychological adjustment (cf. Aube & Koestner, 1992).

Silencing the Self, Ruminating, and Depressive Symptoms

The present results extend empirical evidence regarding the relationships between silencing the self and depressive symptoms, and between ruminating and depressive symptoms from adult to adolescent samples. Results support the hypothesis that silencing the self is positively associated with depressive symptoms; however, the hypothesis that girls would endorse more silencing behaviors than boys was not confirmed. Jack (1991) originally theorized, based on in depth interviews with women, that women would engage more silencing the self behaviors than men. This sex difference, however, has not been empirically supported. For example, Thompson (1995) reported that, among heterosexual couples, men endorsed more silencing the self items than their partners. Cowan, Bommersbach, and Curtis (1995) reported no sex difference in silencing the self among college students. Similarly, Jack and Dill (1992) reported that although college men endorsed silencing the self behaviors as much as women did, men's scores were not significantly correlated with depressive symptomatology. The apparent incongruence of these findings with Jack's theory may be understood by considering the method Jack used to develop her theory. That is, she conducted in depth interviews with women only--she did not interview men.

Consistent with Nolen-Hoeksema's (1991) theory and with results from adult samples (Butler & Nolen-Hoeksema, 1994; Nolen-Hoeksema, Morrow, & Fredrickson, 1993), adolescent girls endorsed more ruminating responses than did boys, and ruminating was related to higher self-reported depressive symptoms for both girls and boys. Also, ruminating was positively associated with reported duration of depressive symptoms for girls but not for boys.

Limitations

When interpreting the results of this study and speculating about their meaning, it is essential to remember their correlational nature. Conclusions about causal pathways among the variables are not warranted. In relation to the implications of socialization on psychological adjustment, I suspect that sex-typed behaviors predate depression. Longitudinal research would aid in revealing whether such speculations are accurate.

Further, it is important to consider what the Beck Depression Inventory (BDI) measures. According to Compas and Hammen (1994) scales such as the BDI assess general negative emotion and distress. For example, in some research, measures of depressed mood in children have been found to correlate strongly with other disorders such as anxiety disorders (Kovacs, 1990) and conduct disorder symptoms (Cole & Carpentieri, 1990; Kashani et al., 1987). Additionally, Quiggle,

Garber, Panak, and Dodge, (1992) reported that symptoms of depression in children were significantly correlated with aggression. Covariation of depressed mood with other disorders may indicate that measures of depressive symptomatology among children and adolescents are not assessing a distinct emotional state (Compas & Hammen, 1994). Thus, it is possible that the BDI is assessing transient distress, general distress, or adolescent angst, rather than strictly depressive symptomatology, and that such measures are not generalizable to diagnosed depression.

An additional limitation of the study is the exclusive reliance on self-report measures. The methodology in the present study precluded assessing alternative explanations for depressive symptomatology such as substance abuse or normal grieving (Coyne, 1994). Also, correlations in the present study could be inflated due to shared method variance. Such considerations highlight the importance of employing multimethod strategies in research of this kind. Coyne (1994) suggests employing semi-structured interviews to gain more definitive diagnoses rather than relying solely on self-report measures. According to Coyne (1994), self-reported depressive symptomatology is empirically and conceptually distinct from diagnosed depression. As such, results obtained from self-report distress measures, such as the BDI, should not be generalized to diagnosed depression.

A further limitation of the present study is related to the number of participants ($N = 78$). If data were collected from substantially more participants, perhaps 200, more detailed analyses could be performed. For example, the BSRI yields four potential sex-role types--androgynous, masculine, feminine, and undifferentiated. Insufficient numbers of participants in the present study precluded analyses based on these categories.

Finally, the restricted range of boys' BDI scores limits the findings reported in the present study. Only 3 boys reported depressive symptomatology in the moderate to severe range and no boys reported symptomatology in the severe range; in contrast, 13 girls reported symptomatology in the moderate to severe and severe range. The restricted range of boys' BDI scores may attenuate correlations, thus concealing potential relationships between variables. Again, more participants may help alleviate this limitation.

Implications for Practice

Despite the limitations of the present study, results suggest a strong relationship between sex-role socialization and psychological adjustment. It appears that positive attributes of the masculine sex-role are associated with well-being; whereas, negative qualities of the feminine sex-role are related to lower levels of psychological adjustment. However, it is important to note that BDI scores

represent only one measure of psychological adjustment. Attaining measures of conduct disorder symptoms or substance abuse might further illuminate these findings.

Additional research may help determine the causal pathways associated with depressive symptomatology and sex-role traits. In light of these preliminary findings it would be premature to suggest specific interventions or educational programs.

Future Research

Even though the present study found statistically significant relationships between aspects of sex-role and psychological adjustment, and the resulting multiple regression accounted for 55% of the variance in BDI scores, it is unclear whether sex-role behavior precedes depressive symptomatology or vice versa. Future longitudinal studies seem necessary to clarify possible causal relations among these variables.

Additionally, although performing semi-structured interviews with participants is costly and labor intensive, a research design that combined such interviews with self-report scales would be stronger. Specifically, including participants with diagnosed depression would eliminate some of the limitations of the present study: (a) the problem of shared method variance would be reduced by employing multimethod techniques; (b) results could be generalized, with slightly

more confidence, to depressed adolescents, and; (c) the limitation due to the restricted range of boys' depressive symptomatology could be eliminated by including equal numbers of depressed boys and girls. Finally, a larger sample would yield more power, and allow for more elaborate analyses of sex-role identity could be performed.

Also, questions remain regarding girls' stunningly high average BDI scores. What exactly do these scores indicate? Do the high BDI scores reveal transient episodes of normative adolescent angst? If these scores do represent transient moods associated with the adolescent experience, why are girls more at risk than boys? Do boys experience such angst differently or at a different time during adolescents? Qualitative research may aid in answering these questions. For instance, by interviewing participants with high BDI scores, results may reveal the source and nature of such self-reported distress.

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Table 1

Distribution of BDI Scores for Boys and Girls

	Boys (<u>n</u> = 35)	Girls (<u>n</u> = 38)
Score	Percentage (<u>n</u>)	Percentage (<u>n</u>)
No to minimal (< 10)	74% (26)	32% (12)
Mild to moderate (10 - 18)	17% (6)	34% (13)
Moderate to severe (19 - 29)	9% (3)	21% (8)
Severe (30 - 63)	0% (0)	13% (5)

Note. BDI = Beck Depression Inventory

Table 2

Means and Standard Deviations for Depressive Symptoms, Instrumentality,
Silencing the Self and Ruminating for Boys and Girls

	Boys		Girls	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
BDI	7.15 ^a	7.89	16.05 ^a	10.65
MASC	5.03 ^b	.86	4.42 ^b	.79
STSS	85.21	15.40	85.34	20.70
RDQ	35.94 ^a	8.23	48.18 ^a	12.13

Notes. BDI = Beck Depression Inventory; MASC = Instrumentality; STSS = Silencing the Self Scale; RDQ = Responses to Depression Questionnaire.

^a = significant sex difference ($p < .001$).

^b = significant sex difference ($p < .01$).

Table 3

Correlations between Depressive Symptoms, Instrumentality, Silencing the Self, and Ruminating for Boys and Girls

	Silencing the Self	Ruminating	Instrumentality
<u>Boys</u>			
Depression	.60**	.40*	-.39*
Silencing		.33*	-.37*
Ruminating			-.06
<u>Girls</u>			
Depression	.39*	.71**	-.11
Silencing		.31*	-.34*
Ruminating			-.03

* $p < .05$. ** $p < .01$, one-tailed

Table 4
Descriptive Statistics and Hierarchical Regression of Depressive Symptomatology on Instrumentality, Silencing, Ruminating, and Sex

Step	Independent Variables	<u>M</u>	<u>SD</u>	<u>r</u>	Beta	<u>R</u> ²	<u>ΔR</u> ²	<u>ΔF</u>	<u>df</u>	Dependent Variable = BDI	
1	Instrumentality	4.71	.88	-.34**	-.34**	.11	.11	9.02**	1,70		
2	Silencing the Self	85.29	18.27	.41**	.20*						
	Ruminating	42.40	12.09	.70**	.61***	.56	.44	33.77**	3,68		
3	Sex (0 = girl, 1 = boy)	.47	.50	-.43**	-.11	.56	.01	1.09	4,67		

Note. N = 72; beta = the value of the beta coefficient immediately after the block of variables in question was added to the model; BDI = Beck Depression Inventory

*p<.05. **p<.01. ***p<.001.