

# Chapter 10.

## Gender Stratification, Stress, and Mental Illness

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*Among the clearest and most consistent patterns of mental illness are the differences between the sexes (Nolan-Hoeksema et al., 1991; Rosenfield, 1989, 1992; Weissman and Klerman, 1977). The differences encompass two major categories of mental disorder. Males predominate in externalizing disorders, which include aggression and other anti-social behavior. Females predominate in internalizing disorders, such as depression and anxiety (Miller & Eisenberg, 1998). These differences hold across cultures, in urban and rural areas, and over time. However, they cannot be completely explained by physical differences (Brooks-Gunn & Warren, 1989; Paikoff, Brooks-Gunn, & Warren, 1991) or response bias, such as a greater likelihood of admitting gender-syntonic behaviors (Ross & Mirowsky, 1995). Rather, as the Dohrenwends so aptly pointed out, something about the different social positions and experiences of males and females seems to lead them to different deviant paths (Dohrenwend & Dohrenwend, 1976).*

*The search for these social positions and experiences is the subject of this analysis. Major institutions, such as the workplace and the family, shape social roles and experiences. Stratified by gender, these institutions produce different stresses for males and females and differential access to social and personal resources. Furthermore, such gender inequalities are reproduced through differential socialization of males and females. Childhood socialization shapes core dimensions of the self that are consistent with adult social roles and positions. These socialization processes combine with adult experiences to produce different types of mental disorders in males and females throughout the life course.*

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*Key in this search for disorder-linked differences in social positions and social experience has been the thesis that gender shapes power through the economic resources and the social esteem associated with social positions (Weber, 1946). In the labor force, women earn less than men, even with comparable training and experience, partly because of the devaluation of women's skills (Kilbourne, England, Farkas, Brown, & Weir, 1994). The feminization of poverty further underscores women's economic vulnerability. And, within the home, women often have less decision-making power than their husbands (Rosenfield, 1989, 1992).*

*Gender also shapes the division of responsibilities and life domains. With the advent of industrial capitalism, public and private spheres were sharply divided by gender (Hagan, 1985; Weber, 1946). The private realm of domesticity and the values that upheld it, such as nurturing and caretaking, were separated from the public realm of productivity and its values of independence, assertiveness, and self-sufficiency. This division continues in women's greater responsibility for domestic labor, regardless of their employment status. It is exhibited in women's responsibility for emotion work, the management of personal and interpersonal emotional life, both in private relationships and in the service sector jobs women typically occupy (Hochschild, 1979). In terms of social relations, the ratio of giving social support to receiving it tips more toward greater giving for women than for men (Turner, 1994). Gender differences in values also endure. More often than men, women value compassion and responsibility for the well being of others as primary goals in life. More often than women, men value competition and material resources (Beutel & Marini, 1995). Women more likely abide by a moral system that Gilligan terms the "ethic of care", whereas men are more likely to be guided by more abstract principles of moral judgment (Gilligan, 1982). The greater social esteem accorded to masculine values, skills, and traits reflects the power differences that affect this division of domains (Jordan et al., 1991).*

## **Adult Social Conditions and Depression**

Divisions of power and responsibility shape adult social roles and positions. Most research connecting these positions with mental health has concentrated on women's higher rates of depression. To identify the roles and positions underlying these differences, I set out to find the social conditions in which rates of depression were equal for men and women (Rosenfield, 1980).

First, I compared women and men in more conventional roles with those in less conventional roles in terms of their economic resources and their division of life spheres. I hypothesized that gender differences in depressive symptoms would be less when relationships were less conventional. A sample of married couples was examined; Couples in which the wives were homemakers (a more conventional role) were compared with couples in which wives were employed (a less conventional role). I used data on employment status and mental health collected in the 1960s, when the increase in employment among married women nationally was just beginning and wives' employment was still unconventional. .

The data were collected by Bruce and Barbara Dohrenwend at Columbia's School of Public Health in the Washington Heights community of New York City, part of a larger prevalence study of mental health in the community. A sub-sample of married pairs was used for analyses of role relationships. Five highly reliable depressive symptom scales had covered psychosomatic symptoms, anxiety, immobilization, and sadness in the larger study, yielding a composite scale of demoralization, all of which were employed in the analyses of role relationships among married pairs.

I compared husbands and wives on their levels of depression when the wives were homemakers, and when the wives were employed; all husbands were employed full-time. In the analyses, I controlled for age, education, ethnicity, and total family income, as well as for occupational status of employed men and women. The results showed that, overall, husbands had significantly lower scores than wives on depressive symptomatology, as expected. When wives were homemakers, their scores were much higher than their husbands', and the differences were highly significant. However, when wives were employed, gender differences reversed and on average women had lower scores than their husbands. These reversals occurred in all of the symptom scales: psychosomatic symptoms, anxiety, immobilization, and sadness. But of these scales, the reversals were greatest in sadness.

This study did show that, when social positions are less conventional, women have the same or even lower levels of depression than men. The data were perplexing, however, in that women's employment was associated with significantly higher levels of depression for husbands but not much difference in levels of depression for wives-- a finding also reported in other research. Later studies comparing employed and unemployed women were even more equivocal, some reporting a positive effect for employment, others finding no effect (Rosenfield, 1989). Two big questions emerged: why is it that wives don't seem to benefit significantly from employment, and why do husbands seem to be depressed by their wives' participation in the labor force? I looked at these questions one at a time.

First, I examined why women don't consistently benefit from employment. The question I asked was why employment – even through it gives women more power in the family – is not positive psychologically. The power differences between men and women had been a major social explanation for gender differences in depression (Horwitz, 1982). As noted above, power is defined as individuals' ability to impose their will on other persons, an ability affected by the resources and prestige associated with social positions (Weber, 1946). We know from studies of social class that greater income, education and occupational status are associated with greater well being. Employment brings women greater economic resources and status compared to homemakers, and has been demonstrated to bring women greater decision-making power in the

family (Blood and Wolfe, 1960). Since employment does not consistently improve women's mental health, though, a straightforward power explanation did not seem to be sufficient to explain women's higher rates of depression. Is there something else about women's employment that results in a heavier burden, even though employment involves greater power?

Employment also involves increased demands on women, as they combine both job and family demands. Most employed women still have the primary responsibility for housework and childcare. One study finds that employed women average 15 hours of work more per week and one-half-hour less sleep per night than housewives (Pleck, 1985). Another finds that employed women work one extra month of 24-hour days per year compared to their husbands (Hochschild, 1989). Some argue that these responsibilities, rather than power differences, explain women's higher rates of depression in general (Aneshensel, Frerichs, & Clark, 1983; Barnett and Baruch, 1985; Cleary and Mechanic, 1983; Gove & Geerkin, 1977). Studies have found, for example, that employed women with children have higher rates of depression than those without children (Kessler & McRae, 1982; Radloff, 1975), and that women with more domestic responsibilities have higher levels of symptoms than those with fewer responsibilities (Kessler & McRae, 1982; Krause & Markides, 1985; Ross, Mironsky, & Huber, 1983;

## **Gender, Adult Psychosocial Resources and Depression**

Could it be that employment does not benefit women consistently because gains in power are offset by the overwhelming demands typically associated with working outside the home? But why would this affect depression? I hypothesized that both low power and greater demands compromise critical personal resources, specifically, the individual's sense of mastery or sense of control and influence in the social world (Pearlin, Lieberman, Menaghan, & Mullan, 1981). Research on a range of concepts, including learned helplessness (Seligman, 1975), locus of control (Rotter, 1966), and fatalism (Kohn, 1977), concur that mastery is essential for psychological well-being and is highly correlated-- negatively-- with depressive symptoms (Pearlin et al., 1981).

A perception of little control or mastery over one's environment results in feelings of helplessness and hopelessness that characterize depressive reactions. The perception of being unable to affect one's environment results in attributions of personal failure and in attacks on self-esteem that also typify depression. A low sense of control results in less flexibility and fewer attempts at coping with stressful situations. When they see no connection between actions and consequences, individuals are less able to learn from past experiences and less likely to try to cope with difficulties.

Low power obviously limits perceptions of personal control because it affects actual control of the environment. But high levels of demand can have a similar effect. Overwhelming demands exhaust time and energy and make satisfactory performance less likely. By thwarting the ability to meet any one demand fully, high demand levels produce the feeling of being out of control.

Thus, both low power and high demand levels produce depression by the same process. I hypothesized that married women have higher levels of symptoms than other women because they are more often either in positions of low power as homemakers (less economic resources, status &/or decision-making) or in high demand positions as employees. I further hypothesized that employment does not consistently reduce women's symptoms because power-based gains in personal control can be offset by the loss of control resulting from an overload in responsibilities associated with job and/or family life.

I tested this perspective using three data sets that examined mental health in community populations (Rosenfield, 1989). The Americans View Their Mental Health Restudy (AVTMH), a follow-up of an earlier study, was conducted by Joseph Veroff, Elizabeth Douvan, and Richard Kulka at the University of Michigan. It used a national sample that included 1356 married individuals. The Fifty Communities Study covered social relations and mental health in northern California and was conducted by Claude Fisher from Berkeley. This data set includes 554 married individuals. The Orange County Study was designed in part to address issues of women's employment and mental health and includes 229 married individuals.

Each data set contains measures of employment status, both full-time (more than 30 hours a week) and part-time, as well as personal income levels of spouses. I used this information to compute the relative income of husbands and wives as an indicator of power. (Relative income is the percentage of the total family income.) Familial demands were determined by the presence of children in the household, how often household members make demands (Fifty Communities Study), and who does the domestic work (mostly the respondent, mostly the spouse, or mostly shared; AVTMH). Perceptions of personal control were measured by questions about how much things turn out the way they were planned and feelings about whether outside forces control their lives. Symptoms were measured with a composite scale of anxiety and depressive symptoms in the Fifty Communities Study; the AVTHH and the Orange County Studies used the Gurin Index, a 20 item symptom scale that also includes questions on anxiety and depressive symptomatology; all of these scales have high reliabilities.

To examine the effects of women's employment, I controlled for age, education, total family income, and race, as well as occupational status when relevant. Employed married women with the most familial demands (employed full-time with children at home) have the highest levels of depressive symptoms of all groups of employed women. In fact, they are the only group of employed women with significantly more symptoms than men. Among women with no children, full-time employment is associated with low depressive symptom levels. Women who work part time and have children have low levels of depression. These results indicate the importance of the level of family demands.

I then controlled for the level of familial demands to examine gender differences. Under these circumstances, men and women have equal levels of depressive symptoms. Even among the women with the highest levels of symptoms (employed full time with children at home), rates decline to equal those of men. In this sense, high levels of family demands account for women's high rates of depression and anxiety. To test whether diminished personal control is the mechanism by which familial demands affect depression, I controlled for perceptions of mastery. When mastery is adjusted, the relationship between demands and depression disappears. Thus, full-time employed women with children have higher rates of depressive symptoms than men because the demands of their multiple roles reduce their perceptions of control.

These analyses partially explain why women's employment does not consistently benefit women and suggest the conditions under which it does; that is, when familial demands are less and/or when husbands share the domestic labor. Under these conditions, the income women earn from employment positively affects their mental health. The greater their income (especially relative to their husbands) the greater their well being. Higher income also improves women's mental health by increasing their sense of personal control (Rosenfield, 1989).

The disparities between men and women in family power and family demands do seem to account at least in part for women's higher rates of depressive symptoms, but what about husbands' reactions to their wives' employment? Structural dimensions of inequality should impact on the well being of men as well as women. Men should be affected by wives' employment for the same reasons women are, insofar as wives' employment affects the distribution of power and responsibilities in the family.

I tested this hypothesis on a more recent and larger sample of married couples from data collected by Bruce and Barbara Dohrenwend (Rosenfield, 1992). This community study of mental health included 172 married individuals and information on their employment status, personal income (for computations of relative income), and division of housework. The Psychiatric Epidemiology Research Interview, which involves scales of sadness, anxiety, poor self-esteem, hopelessness-helplessness, and insomnia, was used to measure symptoms. Selected items, predominantly from scales of anxiety and sadness, were combined for a composite scale of demoralization. (The reliabilities of the scales are high.) I controlled for the same demographic factors in this analysis as in the earlier studies described above.

Using this data set, I examined power in terms of the relative income and demands placed on each by housework responsibilities. Wives' employment had little overall effect on men-- just as found for women. But the more the wives earned relative to their husbands, the higher the husbands' depression scores. This significant effect is stronger than the impact of men's occupational status and educational level on their depression levels and stronger in upper income levels than in lower income levels. The additional income wives bring in may be more crucial in lower income brackets and thus relatively more important than who earns it, but in general, when women increase and men decrease in contributions to family income, men experience higher levels of depression.

## **Implications for Reducing the Level of Depression in the Population**

These findings have strong implications for possible points of intervention, each of which has advantages and disadvantages. We have seen that women have low levels of depressive symptoms when they are employed full-time and have no children at home. Women also have low levels of symptoms if they work part-time and have children at home. But most women are employed full-time and have children at home for a significant period of time. The only women in this situation who have lower levels of symptoms are those whose husbands share in the domestic labor. However, the only men who sustain low symptom scores when their wives are employed are those who do not share in domestic labor. The identification and development of methods for helping couples who are experiencing the negative fall-out of domestic labor requirements-- the demands, loss of control and emotional consequences for husband and/or wife-- appear to be required.

Another major point of intervention is the workplace. Since women employed part-time fare comparatively well, one possibility is an increase in more flexible jobs that allow women to work part-time or to schedule hours more compatible with childcare demands. However, with such solutions, women carry the burden of change and compromise career advancement and better income. More general changes in the workplace-- including childcare availability, leave time, and flexible schedules for both women and men (without penalty in benefits or advancement)-- could integrate and incorporate family considerations. Research shows these policies to be advantageous for employees in greater satisfaction and for employers in reduced turnover and increased productivity.

A third consideration involves the specific conditions of women's jobs. Along with family conditions, the nature of work conditions may also have an effect on depression. A major goal of my research with Mary Clare Lennon was testing whether certain work conditions could counteract negative conditions in the family (Lennon and Rosenfield, 1992). For example, could control at work compensate for the lack of control over familial demands? To test the interaction of family and job conditions that affect personal control, we looked at the interaction of familial demands with job autonomy, which is the work condition that most affects perceptions of mastery and control. We used the national AVTMH and the PERI community study. We defined familial demands in terms of the number of children and the sharing of housework. Job autonomy was measured differently in the two studies.

The community study used a more objective measure, called the Dictionary of Occupational Title or DOT codes, which are applied to respondents' descriptions of their occupations; the ratings are based on evaluations of various jobs made on-site by occupational analysts from the Department of labor. Autonomy is one of the ratings, characterized by direction, control and planning of others' activities. Twenty-eight percent of employed women in the sample were in occupations characterized as autonomous.

In the national study, job autonomy was measured by the extent to which individuals influence what happens to them and participate in decisions that concern them. Over half the women in the sample reported high autonomy, which exceeds the proportion considered autonomous by DOT measured autonomy, because the definition omitted control over other's work-- and jobs providing control over one's own work are more prevalent than those providing control over others' work as well. Psychological well being was measured with the Psychiatric Epidemiology Research Interview and the Gurin well being scale.

Results show that job autonomy had a significantly positive relationship with well being for women in both samples. We also found a significant interaction effect between the number of children women had and the amount of autonomy in their jobs. For women with low autonomy on the job, having more children under the age of 18 was associated with higher levels of depressive symptoms. For women with high levels of job autonomy, the number of children had no effect on level of symptoms; whether women had no children, one, two, or more, their scores on depressive symptoms were the same, and lower in general than scores of women with low autonomy at work. Thus, we found that job conditions can offset familial conditions. More recent analyses of a national data set collected in 1990 by Mary Clare Lennon also indicate that work conditions of autonomy and low time pressure reduce the stress women experience in combining jobs and families (Rosenfield and Lennon, 1995). These results provide evidence that conditions of both jobs and family life contribute to women's mental health and that power and demands are critical in assessing both domains

*Thus far, I have suggested that interventions should focus on the division of domestic labor in the family, or on incorporating family considerations into the workplace. The latter research suggests another opportunity for intervention: the availability of and training for jobs with greater autonomy and control for women. Such jobs also carry greater incomes. As a result, this research suggests multiple possible points for change in adult social conditions.*

## **Childhood Socialization and Self-Other Orientation in Early Onset Depressive vs. Antisocial Disorders**

Although much of the research on gender differences has focused on adult roles, substantial evidence suggests that sex differences in both depression and anti-social disorders emerge in childhood and early adolescence (Avison and McAlpine, 1992; Compas & Orosan, 1993; Kessler, Mc Gonagle, Schawrtz, Glazer, & Nelson, 1993; Peterson, Sarigiani, & Kennedy, 1991;). This evidence points to socialization and dimensions of the self as crucial causal factors. According to Pearlin (1989), such dimensions have been relatively understudied in sociological analyses of stress and illness. In addition, relatively little research attempts to explain the forms of disorder that often distinguish social groups (Aneshensel, Rutter, & Lachenbruch, 1991). Thus, this section explores research on a basic orientation of the self that distinguishes the sexes, crosscuts childhood and adulthood, and relates to both depression and anti-social behavior.

Some theories propose that gender stratification is linked to socialization dynamics and internal dispositions. These perspectives come from psychiatric sociology and the sociology of deviance and have been applied to depression and anti-social behavior, respectively.

- Within social psychiatry, Chodorow's approach holds that certain personal constellations of females and males derive from the fact that, within a context of gender stratification, women are primarily responsible for parenting (Chodorow, 1978). Because of the over identification of the mother with her daughters as opposed to her sons, daughters are held back from experiences of separateness and independence. Sons, in contrast, are pushed into a position of premature independence. These different relational stances underlie personality development, which is reinforced by later, more overt forms of gender socialization. Girls experience a greater preoccupation with relationships, which gives them the capacity for multi-layered social connections, more flexible ego boundaries, and greater empathy. Boys' greater separateness and distance enable them to adapt effectively to the work world.

However, each sex also suffers from tendencies toward problematic extremes. The lack of individuation for girls leads to dependency on others for a sense of self. The lack of a strong sense of self also comes from the guilt and overwhelming sense of responsibility that issue from their over connectedness to others. Low self-esteem results from identification with a mother whose own self-regard is often low and whose social position is devalued (Chodorow, 1974). Boys, on the other hand, more often identify with a more abstract and removed father figure and experience more problems with and fears of emotional connection. In sum, Chodorow writes that the present family dynamics result for girls and boys, respectively, in “either ego-boundary confusion, low self-esteem, and overwhelming relatedness to others, or in compulsive denial of any connection to others or dependence upon them.” (Chodorow, 1974; p.66).

- Research on sex differences in personal resources and traits provide some evidence for Chodorow’s analysis. In both childhood and adulthood, females experience a lower sense of mastery and greater learned helplessness than males (Avison and McAlpine, 1992;;Hughes & Demo, 1989; Radloff, 1975). Similarly, females experience lower self-esteem and greater interpersonal dependency than males (Barnett & Gotlib, 1988; Craighead & Green, 1989; Hirschfield, Klerman, Shodoff, Kerchin, & Barrett, 1976; Hughes and Demo, 1989; Nolen-Hoeksema, Girgus, & Seligman, 1991; Owens, 1994; Rosenberg et al., 1989;). Researchers have related these traits and resources to depressive symptomatology in adolescents and adults: low mastery, low self-esteem, low masculinity, high interpersonal dependence are each linked to elevated levels of depressive symptoms (Avison and McAlpine, 1992; Barnett & Gottlib, 1988; Craighead & Green, 1989; Hirschfield et al., 1976; Nolen-Hoeksema, 1987; Rosenberg et al., 1989).
- Turning to anti-social behavior, Hagan and his colleagues propose in their power-control theory of deviance that the separate spheres of men and women are reflected within the family and have consequences for personal traits (Hagan, Gillis, & Simpson, 1985; Hagan Simpson, & Gillis, 1987, 1988). Contrary to Chodorow’s emphasis on maternal identification as the mechanism, Hagan and colleagues claim that this reflection occurs through protectiveness and social control over daughters. Parents protect girls more than boys to prepare them for the division of adult spheres. They apply greater instrumental control over their daughters’ activities, which discourages risk-taking and independence, to prepare them for a primarily domestic life. Daughters’ stronger identification with their mothers-- who are typically more responsible for childrearing-- also provides a basis for relational control based on attachment. Parents exercise less control over sons to encourage a risk-taking, entrepreneurial spirit that fits into the adult realm of production. However, a greater willingness to take risks is also associated with delinquent acts against both people and property. In testing this perspective, Hagan and colleagues demonstrate that male predominance in

antisocial behavior is partly explained by the differences in risk-taking and risk-aversion between the sexes.

Building on this body of theory and evidence, I argue that gender stratification produces different styles of social orientation in males and females, which in turn shape the personal resources and traits associated with depression and antisocial behavior.

- The sex differences in power and life spheres result in different orientations of the self toward others. Gender stratification involves differences in power (resources and status) and in life domains (production and domesticity), as well as in values regarding autonomy and connection and in cultural norms regarding emotion work and support. These differences converge to produce basic cognitive-behavioral styles. This style dictates the degree of connection to other people and the balance of the individual's own interests, feelings, desires, and thoughts against those of others. These vary from an extreme of self-orientation to the opposite extreme of other-orientation. The mid-point represents an equality or balance between autonomy and connectedness—a balance between the importance of one's own interests and feelings and those of others. I would argue that these are general tendencies; those who put others' feeling first, for example, are more likely to also put others' opinions and interests before their own. But the specific dimensions-- the balance of cognitive and emotional priorities--may vary among individuals. This social orientation style and its dimensions could also vary somewhat in situations, in different relationships, and in specific interactions within the same relationship. Nevertheless, I would argue that individuals can be characterized in general on this continuum, from self or ego oriented to other oriented.
- Given the distribution of males and females in power and life domains, women tend toward the other-oriented side and men tend toward the self-oriented side. Females are more likely to lean toward the extremes of connectedness and males toward the extremes of autonomy and entitlement (Oldham and Morris, 1990; Jack, 1991).
- This style shapes the personal traits and resources described above which differentiate the sexes and are associated with depression and aggression. For example, on the other-oriented end, the more individuals take on and attend to the feelings and desires of others, the less they can act in their own behalf. Since feeling like one can act in one's own interest is a defining characteristic of a sense of mastery, taking others' interests too seriously compromises one's sense of control. A low sense of mastery predisposes individuals to the feelings of helplessness and hopelessness, which characterize depressive reactions. The reliance on others generates uncertainty and anxiety about one's own abilities and self-worth, which also distinguish depressive disorders (Pipher, 1994). In addition, the overwhelming responsibility that comes with making others so important leads to blaming the self for anything that goes wrong (Chodorow, 1974) and the generally negative preoccupation with the self associated with

depression. On the other side, identifying with another's interests and feeling what another might feel impedes harming another person. An act against someone else is experienced as an act against oneself. Thus, at the self-oriented extreme, focusing on one's own interests and feelings to the exclusion of others' allows one to act against them – others are an interference, objects to justifiably get out of the way. As a result, anti-social acts are seen as less problematic and risk-laden. The disregard for others' opinions and the over evaluation of one's own abilities and worth also makes acting against others less troubling.

In sum, gender stratification is incorporated within individuals in the form of social orientation styles. These differences in self-other orientation predispose the sexes to differential problems: extreme other-salience is associated with depressive symptoms and extreme self-orientation with aggression. Differences in this characteristic, in turn, facilitate gender inequality in social institutions and adult social roles.

With my colleagues, I have conducted preliminary analyses of this perspective by examining data on the impact of empathy-on these disorders (Rosenfield, Vertefuille, & McAlpine, 1994). Since this analysis applies to identification with others' emotional states, it is a limited test of the perspective discussed above. We argue that such identification is one indicator of the importance of others' feelings relative to one's own and the degree of connectedness with other people. A lack of identification with others' feeling suggests a higher degree of self-orientation, whereas a high level of identification implies a relatively greater importance placed on others. Thus, this test gives some indication of the validity of the general approach. Also past research indicates that lack of empathy is associated with aggressiveness (Miller and Eisenberg, 1988).

The theoretical framework above suggests that too little emotional identification and too much are both problematic. Tendencies toward high emotional identification among girls and low identification among boys should help explain the sex differences in both depressive symptoms and antisocial behavior. We examined these predictions using secondary analyses of a multiwave data set, collected by David Mechanic and Steve Hansell, originally designed to assess psychosocial correlates of health among adolescents (Mechanic & Hansell, 1987, 1989). Students in the 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grades in 19 schools in urban and suburban New Jersey were initially surveyed in the fall of 1984 and again one year later. Students from the seventh and ninth grades were surveyed again in the subsequent year. In the analyses, we used data from waves 2 and 3, which included the questions on empathy (age range = 12 through 16; N=803).

Depressive symptoms were measured in each wave of the study with the Center for Epidemiologic Studies Depression Scale (CES-D) (Radloff, 1977). In the third wave, adolescents were asked about a wide range of antisocial behavior, including how often they sold illegal drugs, gambled or bet large amounts of money, broke in a house or building, stole a car, intentionally destroyed or damaged property, insulted strangers, took part in a gang fight, or attacked a person with the intention of serious injury.

Three items measured emotional identification with others close to the respondent, specifically their friends. Students were asked how much these statements describe them. “When a friend feels happy, it makes me feel happy,” “When a friend feels sad, I tend to feel sad,” “When I sense that a friend feels uncomfortable in a situation, I feel some discomfort as well,” “When a friend feels sad, I tend to feel sad,” and “When I sense that a friend feels uncomfortable in a situation, I feel some discomfort as well.” The response choices were “very much, much, some, a little, or very little.” These items measure identification both with more extreme feelings and emotions (happiness and sadness) and with a less extreme feeling (discomfort). Although they are significantly correlated, we examined these items separately because of this variation.

- In analyzing the relationships between gender, emotional identification, and depressive and anti-social symptoms, we controlled for certain background factors, including race and ethnicity, grade in school, and parents’ education as an indicator of socioeconomic status. Results showed that, taking these background characteristics into consideration, adolescent girls score significantly higher in depressive symptomatology than boys, and boys score significantly higher in antisocial behavior.
- Next we examined differences between boys and girls in identifying with friends’ happiness, sadness, and discomfort. For each type of emotional identification, girls have significantly higher levels than boys. Results on dimensions of emotional identification and depressive symptoms show that the degree of identification with friends’ discomfort is significantly related to depression. The greater the identification with others’ discomfort, the higher the subsequent symptoms of depression.

- Neither identification with friends' happiness nor with their sadness has a significant impact on depression. In accounting for this variation, as noted above, these three can be seen to indicate different levels of emotional identification. Feeling uncomfortable is a more subtle emotional state than feeling happiness or sadness. Identifying with more subtle emotions in others may require higher levels of emphasis on and attention to others than identifying with more dramatic and obvious feelings such as sadness or happiness. In addition, feelings of discomfort in friends may vary largely with situations, while happiness or sadness may be relatively more stable. Given this greater subtlety and variation, identification with discomfort necessitates more focus on the feelings of others. In sum, empathizing strongly with minor and more transient emotions may reflect more extreme degrees of identification in general and thus the extreme of other-orientation which is proposed to have implications for depression.

Thus far, we have established that girls have higher levels of depression and of emotional identification than boys and that the more extreme degrees of identification affect depressive symptoms. *The final analysis with depressive symptomatology involves testing levels of emotional identifications as an explanation for sex differences. The analysis shows that the differences in depressive symptoms between girls and boys reduce to non-significance when adjusting for this dimension of identification. Differences are reduced by almost a third.* Thus, identification with discomfort accounts for a significant portion of the sex differences in depressive symptoms. On this basis, if adolescent girls and boys had similar levels of emotional identification, they would experience more similar levels of depressive symptomatology.

Emotional identification relates to sex differences in depression. But what about anti-social behavior?

- *As with depressive symptoms, emotional identification is significantly related to anti-social behavior. However, it is identification with sadness that is linked to antisocial acts. This relationship is negative, as predicted: The lower the identification, the more likely a person is to engage in antisocial behavior. Compared to discomfort, sadness is a more obvious and extreme emotional state. In this sense, low identification with friends' sadness may indicate a particularly low level of identification in general and thus the extreme of self-orientation, which is related to aggression.*

The final analysis concerns emotional identification as an explanation for the sex differences in antisocial behavior.

- *Analyses with the antisocial behavior scale show that when identification with sadness is controlled, sex differences are reduced, but not enough to render them non-significant. However, in investigating the separate behaviors, controlling for empathy does reduce sex differences to non-significance for selling drugs, skipping school, purse snatching, vandalizing property, using fake IDs, stealing cars, and shoplifting. Differences in insulting strangers and in breaking and entering are decreased by approximately 20%. In contrast, for gambling, gang fights, injuring someone, and carrying weapons, sex differences reduced by only a small amount, approximately 10%. Thus, for most of the acts, sex differences in emotional identification do contribute to differences in antisocial behavior. In these areas, if boys and girls had equal levels of identification, they would engage in similar levels of anti-social behavior.*

*In summary, there is a growing body of evidence that gender stratification shapes a fundamental dimension of the self that renders males and females susceptible to different types of mental disorders. This dimension varies according to the importance individuals confer on their own desires, cognitions, and feelings and on those of others. Extreme self-orientation, in which others' interests are of little consequence or are interferences, involves the ability to detach from others' pain-- which increases the likelihood of antisocial behavior. Extreme other-orientation, in which one's own interests are eclipsed by those of others, involves compromises in personal control and self-esteem that increase the likelihood of depressive symptomatology. Insofar as socialization by gender continues to push males and females toward the opposite extremes of*

*self-orientation and other-orientation, they remain prone to antisocial and depressive disorders, respectively.*

The findings on this socially based internal style, which develops from childhood, have implications for interventions. In fact, it may be easier to intervene with children than with adults because schools provide a convenient organizational setting. Suggested interventions for externalizing and internalizing disorders are focused on children and carried out in schools. Such interventions would aim at getting extremely self-oriented children to recognize the interests, feelings, and ideas of others, and getting extremely other-oriented children to identify their own desires and interests. Studies of both boys and girls indicate the significance of this step. Delinquent boys often misidentify the motives of others in an ambiguous situation as hostile. Beginning in early adolescence, girls are often unsure of their own desires and opinions in general and especially in the face of others' views (Brown & Gilligan, 1992). Interventions might also emphasize the weighting of one's own interests against another's, with the goal of promoting strategies of compromise or equitable exchange. Specific processes can draw on empathy interventions, aimed primarily at males, which have been successful in reducing aggressiveness (Miller & Eisenberg, 1988; Pecukonis, 1990) and on the principles and techniques of assertiveness training, which have been aimed primarily at females.

## **Conclusion**

Gender stratification shapes the adult social positions that produce differential mental disorders for men and women. Gender inequality also shapes socialization processes and the formation of the self in childhood, which in turn helps to sustain gender-stratified social institutions. This analysis suggests a model in which structural conditions of gender inequality are connected to institutional roles, socialization, and internal dimensions of the self. Within this broader model, all of these elements shape and are shaped by each other to produce mental illnesses.

The preceding analyses highlight the importance of parts of the larger model. The research supports the perspective that gender stratification helps to explain differences in mental health between males and females that emerge in adolescence and their persistence through adulthood. The results suggest that understanding the mental health implications of the changing division of labor in families may well require the addition of antisocial behavior to the outcomes considered, and self-other orientation to the mediating processes. Multiple points emerge for preventive interventions designed to reduce both the internalizing and the externalizing disorders to which males and females remain so differentially vulnerable.

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