

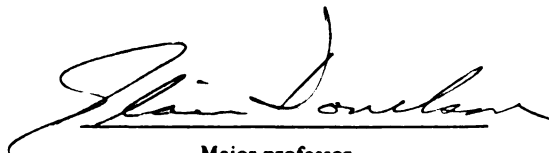


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SELF-DIFFERENTIATION, RELATIONAL STYLES,
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SELF-DIFFERENTIATION, RELATIONAL STYLES,
AND DEPRESSION IN COLLEGE WOMEN

By

Charlotte Jean Miller

A THESIS

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

MASTER OF ARTS

Department of Psychology

1991

ABSTRACT

SELF-DIFFERENTIATION, RELATIONAL STYLES,
AND DEPRESSION IN COLLEGE WOMEN

By

Charlotte Jean Miller

This study used self-in-relation theory, which emphasizes the role of connection and interdependence in women's identity formation, to investigate factors which may explain women's vulnerability to depression. Kaplan (1986) proposed that depression is the result of distortion in women's normative development. This study investigated the development of differentiation and relational style, and their relationships to depression.

Results demonstrated that a less differentiated identity in relation to the mother is related to higher levels of depression for women. Less differentiation in early relationships was also significantly associated with the development of a stronger relational style. Multiple regression analysis revealed little contribution of the connected relational styles to depression; however, a separate self orientation significantly contributed to higher levels of depression. Additional post hoc analyses were performed to better understand the relationship between differentiation, relational styles, and depression. Further research is suggested based on the results of this study.

To my family,
with love and gratitude

ACKNOWLEDGEMENTS

I am deeply grateful to my chairperson, Dr. Elaine Donelson, for her support and guidance throughout this study. She continually encouraged me and showed unending interest as the study unfolded from start to finish, even during the periods of doubt. Her breadth of knowledge, ability to integrate diverse ideas, and creativity will always serve as a model for me.

I would also like to thank my committee members for their valuable assistance and constructive comments. Dr. Bert Karon has been inspiring in his contributions to the field and in his belief in humanity; Dr. Ellen Strommen, in her dedication to enriching our notions of psychological development.

Jennifer Crystal and Cindy Sommers served as my research assistants. Their enthusiasm and hard work were deeply appreciated, especially as they persevered to learn a complex scoring system and to understand projective data. They were a joy to work with and to know.

Richard Myer has been a close friend, colleague, and source of support throughout these years. His critical review of this manuscript was greatly valued, as well as his astute observations and insights about human behavior. He

will add immensely to psychology's attempts to better understand and help others.

I also want to acknowledge Dr. Stuart Doneson who has been an inspiration to me as a person and as a clinical supervisor. He helped me to rediscover my vision, "... to be patient toward all that is unsolved in your heart and to try to love the questions themselves..." (Rainer Maria Rilke).

Finally, there are many other friends who have been an important part of the process. I especially want to thank Linda Stump who has been there for me in so many ways throughout graduate school, reminding me of the truly important things in life.

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INTRODUCTION

Depression, as a normal mood and as a pathological state, has been widely studied by mental health disciplines. This may reflect the increasing public attention to affective states which occurred during the 1970s and 1980s and the recognition by the public that depression is a seemingly ubiquitous health problem. Indeed, the 1980s has been termed the "age of melancholia" and it has been predicted that depression will become the distinguishing feature of the late twentieth century (Klerman, Weissman, Rounsaville & Chevron, 1984; Weissman & Paykel, 1974). Epidemiological studies have demonstrated that rates of depression have increased among successive birth cohorts across the decades of this century, and an earlier age of onset of first depressive episode has been observed with each successive birth cohort (Klerman, Lavori et al., 1985). Studies such as the Epidemiologic Catchment Area Study (Robins et al., 1984) have established its high prevalence in the U.S. population, with one in twenty adults experiencing a major depressive episode and one in thirty adults experiencing dysthymia at some point in their lifetime.

One trend that repeatedly surfaces in epidemiological studies is that rates of depression for women are higher than those for men. This is evident in both treated cases and community survey studies, with the ratio of women to men reporting depressive symptoms generally around 2 to 1 (Weissman & Klerman, 1977). In studies dating back approximately forty years, a higher prevalence of depression among women has been observed in the United States, in other Western nations, and some non-Western cultures (for reviews, see Nolen-Hoeksema, 1987, and Weissman & Klerman, 1977). This cannot be accounted for by the increased longevity (and therefore larger population) of women in the past century, since higher depression rates for women have been reported at every age group (Weissman & Klerman, 1977).

These consistent findings have prompted much investigation of possible reasons for the difference in reported rates by gender. "Artifact" explanations state that the observed gender difference can be accounted for solely by socioeconomic status, willingness of women to express or report more depressive symptomatology, or that depressive symptomatology for men takes another form, such as alcoholism. Nolen-Hoeksema (1987) and Weissman and Klerman (1977) argue that there is little empirical evidence for artifact explanations to adequately account for the differences in reported rates between men and women. Other explanations have attempted to use existing theories of

depression to explain observed differences. These theories will be briefly reviewed and critiqued, and then an alternative theory will be offered as a fuller explanation for gender differences in depression.

Genetic/Biological Explanations

Studies of genetic transmission of depression suggest that the location of the relevant locus is on the X chromosome. Therefore, if the trait is dominant, a female will have a greater likelihood of being affected. Studies investigating X-linkage have yielded results which are inconclusive and conflicting (Weissman & Klerman, 1985) and have found no difference by gender when investigating first degree relatives of probands with depression (e.g., Merikangas, Weissman & Pauls, 1985).

The question whether hormonal changes are likely to be associated with depressive symptomatology has not been well addressed (Nolen-Hoeksema, 1987; Weissman & Klerman, 1977). In a review of the research on hormonal-associated changes in mood, Al-Issa (1982) concluded that depressive symptomatology quite often is present in women before the onset of hormonal changes. For example, he noted that premenstrual symptoms tend to appear in "emotionally unstable" rather than well-adjusted women. Postpartum depression has been associated with the presence of depressive symptomatology before pregnancy. Community studies of premenopausal, menopausal, and postmenopausal

women indicate that there is no difference in rates of depression among those groups. Clearly, these studies demonstrate that there is not a direct link between changes in affective states and changes in the female reproductive cycle. Furthermore, progressive increases in rates of depression and earlier ages of onset cannot be explained by a single factor theory of genetics or biology (Klerman et al., 1985).

Psychoanalytic Theories

Several reviews have traced the development of psychoanalytic views of depression (e.g., Arieti & Bemporad, 1978; Lewis, 1981). According to Lewis (1981), one of the major controversies has been whether to conceptualize the infant as a "narcissistic" or a "social" self. Theories based on the idea that primary drives are physiological in nature view attachment as narcissistic.

Karl Abraham (1911) was the first psychoanalyst to publish an investigation of depression which is based on the concept that the infant is a narcissistic self (Lewis, 1981). Depression was said to result when a person "feels himself unloved and incapable of loving" (cited in Lewis, 1981, p. 172), and represented a regression to the oral phase of development. Thus, Abraham believed that depression resulted from trauma that was secondary to inadequate mothering (Arieti & Bemporad, 1978). He also noted the ambivalence which characterizes this state: the

depressed person destroys the internalized love object and also attempts to rectify the loss by orally reincorporating the destroyed object.

In Mourning and Melancholia (1917), Freud continued with Abraham's formulation of the origin of depression as a loss of self-esteem due to the loss of love or to a disappointment with a loved person in childhood. With this observation, Freud believed that melancholia is related to an object-loss withdrawn from consciousness. He believed that there is a narcissistic identification with the loved object. When disappointment occurred, the love relation itself was not given up, but the libido was withdrawn from the object and directed into the ego. This reasoning led to one of Freud's most influential concepts: the ego then treated itself as the object (accounting for the self-reproaches that are observed) (Lewis, 1981). This relation is characterized by ambivalence: "hate and love contend with each other; the one seeks to detach the libido from the object, the other to maintain this position of the libido against the assault" (Freud, 1917, p. 256).

Bowlby and others, on the other hand, conceptualize the infant as a social self, and formulated a theory of depression based on loss of relationship as inevitable, given a system where attachment is primary. Bowlby states that "once the child has formed a tie to its mother figure ... its rupture leads to separation anxiety and grief and

sets in train processes of mourning ... these mourning processes not infrequently take a course unfavorable to future personality development and thereby predispose to psychiatric illness" (cited in Lewis, 1981, p. 187). Others have related depressive reactions to sociability and the mother's role in mediating these reactions (Lewis, 1981), and have described the depressive's excessive dependency on the love, approval and attention of others (Arieti & Bemporad, 1978).

Although psychoanalytic theories recognize the interpersonal nature of the disorder and the way that self-esteem is related to relationships, most of them are gender neutral. They do not directly address why women may be more vulnerable to loss, and thus, depression. Some more recent theorists, such as Lewis (1981), have attempted to identify mediating factors in the causal chain of depression which may contribute to a higher incidence among women. These mediating factors (such as shame and field dependent styles) are related to presumably higher levels of sociability in women.

Nonpsychoanalytic Theories

Beck's Cognitive Theory

According to Lewis (1981), one of the more important movements among nonpsychoanalytic researchers has been to describe depression as primarily a cognitive deficit rather than an affective disturbance. One leader of this work is

Aaron T. Beck, who considered the primary cause of depression to be a cluster of three specific cognitive distortions (namely, negative expectations of the environment, a negative view of oneself, and negative expectations of the future). Beck (1976) ascribed the triad of cognitive distortions to a significant loss in the individual's life.

There is empirical evidence that women and men differentially engage in behaviors and underlying cognitions that are associated with depression. Compared to men, depressed women have been found to engage in more self-deprecatory and hostile statements (Funabiki, Bologna, Pepping & Fitzgerald, 1980), and engage less in behaviorally adaptive responses (Chino & Funabiki, 1984). It has been hypothesized that, compared to men, women tend to ruminate more (Nolen-Hoeksema, 1987), hold expectations that are lower for positive outcomes and higher for negative outcomes, and have more irrational beliefs (Amenson & Lewinsohn, 1981). Cognitive theorists have proposed that any or all of these findings are related to higher incidences of depression among women.

Cognitive theory has been criticized because it does not consider the interpersonal aspects of depression (Beeman, 1985), even though Beck (1976) does acknowledge that loss of relationship gives rise to cognitive distortions. However, he does not address how loss

culminates in cognitive distortions and why loss results in depression for certain people whereas for others it does not (Arieti & Bemporad, 1978). The same criticism can be applied to research on sex differences in cognition. That is, observations that women have more negative cognitive distortions do not explain why women are more likely to exhibit the cognitive distortions that result in depression. Research that has found differences between cognitive styles of depressed and nondepressed women (e.g., Dent & Teasdale, 1988) also does not address the reasons for these differences.

Seligman's Learned Helplessness

Martin Seligman (1975) generalized his findings of "learned helplessness" in experiments with dogs to human depression, and believed that depression was the result of a helpless state in which one has little control over reinforcements received from the environment. In his revised theory (Abramson, Seligman & Teasdale, 1978), the individual's causal explanation of original negative events explains the chronicity of helplessness and loss of self-esteem -- the depressed person uses internal, stable and global explanations for bad events (cited in Peterson & Seligman, 1984).

Research on learned helplessness in women has been varied (see Nolen-Hoeksema, 1988 for review). Some studies have shown that women who rate low on masculine sex-typed

behaviors respond with symptoms of helplessness in contexts defined as male-appropriate (Baucom & Danker-Brown, 1984). Women attribute success on academic tasks and other positive events to luck or to favors from others, whereas failures are attributed to lack of ability (Maiden, 1987). However, not all studies have demonstrated gender differences in explanatory styles (Hammen, 1982). For instance, Amenson & Lewinsohn (1981) found that men were less likely than predicted to attribute success to internal events and failure to external events.

Critics of Seligman's theory argue that he has taken the results of a depressive episode (helplessness) to be its cause. Helplessness may be the way in which the depressed person obtains meaning and gratification from others; that is, he or she is not really helpless (Arieti & Bemporad, 1978). According to Bibring (1953), the depressed person is helpless to regain an ideal state of the self; this loss, rather than the helplessness, is the cause of depression (cited in Lewis, 1981). Hence, it seems that the learned helplessness model has limited explanatory power for depression in women. At the very least, the research has not unequivocally borne out the hypothesis that women are more depressed because of explanatory styles. It also does not address why women are more prone to these styles.

Gender Roles

In recent years, the 2 to 1 difference between rates of depression for women and men has been decreasing, according to some epidemiological studies. This has contributed to a growing interest in how gender roles may impact the risk for depression (Murphy, 1986).

Researchers have found that women who score higher on masculine trait scales are better able to cope with life stressors (Roos & Cohen, 1987) and feelings of depression (Pidiano & Tennen, 1985). In problem-solving situations, women who possess traditional feminine traits are assigned smaller roles in enjoyable and creative tasks (by both males and females) than are women rated higher on masculine type behaviors (Baucom and Weiss, 1986). It has been hypothesized that depression may result because women with traditional role orientations experience a loss of control over important tasks identified with achievement in a male-oriented society (Baucom, 1983); what these women are "good" at is not valued (Herman, 1983). Depressive experiences do appear to be consistent with societal gender role expectations for women (Chevron, Quinlan & Blatt, 1978). For example, others attribute feminine traits more to depressed people (men and women) than to nondepressed people (Hammen & Peters, 1978; Landrine, 1988).

Gove and his colleagues were among the first to propose that the higher rates of mental illness observed for women

are related to their role in society (Gove, 1972; Gove & Tudor, 1973; Gove & Lester, 1974). They believed that the traditional role for women had lost much of its meaning in a technological society. Gove therefore hypothesized that married women have more mental illness than their unmarried counterparts or than married men.

Researchers have shown that married women score higher on depression scales than married men (Aneshensel, Frerichs & Clark, 1981; Ensel, 1982; Himmelfarb, 1984; Radloff, 1975). Also, women who work only in the home have higher rates of depression than those who are employed outside the home (Rosenfield, 1980). Furthermore, women with higher education are less depressed (Keith & Schafer, 1986; Ross & Huber, 1985; Spendlove, West & Stanish, 1984). However, there is research indicating that older women appear more satisfied with traditional roles (Krause, 1983). Employed married women, especially those who work part-time, have been found to display levels of depression similar to those of nonemployed married women (Aneshensel et al., 1981).

Therefore, it is not clear how social or gender roles interact with depression. These research findings do not explicitly specify how role conflict or undervaluation are involved as causal factors in depression (Nolen-Hoeksema, 1987). Also, this sociological theory does not specify why loss of identity or role may result in depression for women but not for men.

Depression and Alcoholism

It has been argued that men and women are both susceptible to depression, but that in men the susceptibility is manifested in "acting out behaviors." For example, Winokur & Clayton (1967) argue that depression in men takes the form of alcoholism (cited in Nolen-Hoeksema, 1987). Epidemiological studies do indicate higher prevalence rates of alcoholism for men (1 in 4) than for women (1 in 25) (Zucker, 1986). However, in his theory on the four types of alcoholism, Zucker (1986) notes evidence for a different etiology in the ontogenesis of alcoholism for males and females -- in women's alcoholism, depression and low self-esteem play a greater role than in men's alcoholism. Characteristics of the "negative affect" alcoholism, more frequently seen in women, include use of alcohol to cope with depression and the experience of unsatisfying social relationships. This may be similar to the observation by Gomberg (1979) that a later onset of alcoholism in women in their thirties and forties is related to depression. In women, depressive symptoms seem to be more related to heavy chronic (1 oz. or more of ethanol per day) rather episodic drinking (Wilsnack, Wilsnack & Klassen, 1984), and several studies have demonstrated that anxiety and depression are precursive elements in "negative affect" alcoholism (Zucker, 1986). The interaction of depression and alcoholism in women, while a theoretically relevant

area, is not well defined in the literature and needs further study to define the etiologic chain (Zucker, 1987). Therefore, it is thought to be outside the scope of the present study because of theoretical questions and methodological concerns.

In summary, aspects of psychoanalytic, cognitive, learned helplessness, and gender roles theories of depression do not fully account for the higher incidence of depression among women. Although some of the existing theories attempt to delineate differences between men and women, predicted results are not consistently obtained. One common element among these theories is that some type of loss is central to the experience of depression; however, the theories do not adequately address why women appear to be more vulnerable to loss and, thus, depression. One weakness appears to be that women are considered as a homogeneous group, and differences that may exist within the group of women are not directly addressed or explained. An alternative theory that may account more parsimoniously for higher rates of depression in the group of women as well as differences among females in terms of vulnerability to depression is a developmental theory of women, namely, the self-in-relation theory. In contrast to the previously discussed theories, which were not from the perspective of women specifically, "self-in-relation" is an evolving theory

which explicitly focuses on the psychological development of women.

Self-in-Relation Theory

Self-in-relation theory is receiving more attention in recent years, generally and specifically, as an explanation for women's vulnerability to depression. The theory has been influenced by object relations theorists who see attachment as primary for growth (e.g., Bowlby, 1969; Fairbairn, 1962; Winnicott, 1971). Self-in-relation theorists expand on the notions of attachment and relationship. "Separate self" theorists define growth by separation, a process of internalizing the attachment, and giving up the relationship (Surrey, 1985). In contrast, self-in-relation theorists define relationship as "the ongoing intrinsic inner awareness and responsiveness to the continuous existence of the other or others and the expectation of mutuality in this regard" (Surrey, 1985, p. 9). "Self-in-relation" essentially means that a woman's sense of self occurs within the context of her relationships with others (Chodorow, 1978; Gilligan 1982; Miller, 1984; Surrey, 1985). In support of this statement, cross-generational and cross-cultural studies have provided evidence that autonomy and separation do not characterize women's adult lives (Boyd, 1988; Chodorow, 1974; Jack, 1987). For example, some research has demonstrated that

"mutual mothering" is commonly found in the adult mother-daughter relationship, where both women tend to move back and forth between mothering and being mothered (Boyd, 1988).

The early mother-daughter relationship is a model for the daughter's mode of relating as an adult (Surrey, 1985). Chodorow (1974, 1978) argues that preoedipal experiences with the mother are different for the female child than for her male counterpart. The boy must renounce his identification with the mother in order to form his own identity -- that is, he must first differentiate in order to form his identity in relation to the father. Thus, development for the boy is characterized by early emotional separation and disidentification from the mother which fosters a relational stance of disconnection (Surrey, 1985). In contrast, the girl never abandons her preoedipal attachment to the mother, because she and her mother are the "same" vis a vis gender identity. The girl is first identified with the mother and then differentiates in order to become an individual. Hence, the "set" of object relations is different for the girl since maintaining connections (with mother) has been primary in her development (Notman, Zilbach, Baker-Miller & Nadelson, 1986).

In addition, Chodorow (1978) postulates that mothering a same-sex child involves, for the mother, a close identification with her own mother and a re-experiencing of

herself as "cared-for." Because of this close identification with the daughter, the mother helps with the daughter's differentiation less than the son's, so that issues of separation and individuation are more difficult for the girl. There is some evidence of this in the literature. For example, researchers have found that the rapprochement crisis is more difficult for girls to resolve compared to boys (see Boyd, 1985; Marcus, 1987, for reviews).

It has also been proposed that men and women typically comment on different types of losses -- men, the loss of an ideal or achievement-related goal, and women, disruptions in close relationships (Jack, 1987). Chevron, Quinlan & Blatt (1978) found that depressive experiences in females tend to center around issues of dependency and interpersonal relationships whereas for males, depressive experiences are associated with issues of self-concept and self-criticism.

The notion that depression is qualitatively different for men and women have led some theorists to consider the role that women's normative development plays in the etiology of depression. Kaplan (1986) argues that a better understanding of the high prevalence of depression among women could be gained by considering personality structures common to all women. Citing quotations from Arieti and Bemporad's (1978) work on depression, she replaces Arieti and Bemporad's use of the male pronoun with the female

pronoun and argues that the statements become descriptors of a woman's experience in our culture. For example:

The necessity to please others and to act in accordance with their expectations ... makes her unable to get really in touch with herself. She does not listen to her own wishes; she does not know what it means to be herself. When she experiences feelings of unhappiness, futility and unfulfillment, she ... tends to believe that she is to be blamed for them. (Kaplan, 1986, p. 236)

Thus, Kaplan believes that the self-in-relation theory can be used to conceptualize depression as a distortion of the key aspects of women's normative development.

Other theorists as well offer new perspectives of women's vulnerability to loss, low self-esteem, and experiences of inhibited anger and aggression, all central factors in the experience of depression. Lerner (1987) states that loss occurs when women sacrifice or betray themselves in order to maintain relationship harmony. Lowered self-esteem is then the result of self-betrayal. Miller (1976, 1984) maintains that women may perceive expression of anger as a disruption to the bonds of an important relationship. Lewis (1985) argues that "women's greater sociability pushes them to bear the culture's devaluation of sociability by devaluing themselves, thus

increasing their vulnerability to unresolved shame and depression" (p. 152). Because of the development of a self-in-relation identity, women experience the societal conflict of values differently than men. Lewis and others (e.g., Fenichel, 1945; Guntrip, 1989) see these conflicts in Western society in the division between interpersonal relationships (dependency needs) and individualistic, competitive strivings (self-sufficiency).

It has been argued, however, that it is misleading to link depression with greater relationship orientation in general (Lerner, 1987). That is, a valuing of relationships and sense of identity based on a connected network with others is not, in and of itself, a liability which predisposes women to increased risks of psychopathology. Several perspectives of self-in-relation theorists are consistent with this notion.

In an exploration of mother-daughter relationships in "matrifocal" societies such as Java, Chodorow (1974) describes the interdependency that characterizes relationships, forming a network that remains central for a woman's entire life. She describes the Javanese relationships as characterized by "mature dependence," as conceptualized by Harry Guntrip:

Mature dependence is characterized by full differentiation of ego and object (emergence from primary identification) and therewith a capacity for

valuing the object for its own sake and for giving as well as receiving; a condition which should be described not as independence but as mature dependence. (Chodorow, 1974, p. 62)

Hence, Chodorow contrasts mature dependence, an acknowledgement of interdependence with others, to "independence," a denial of need for relationship which reflects conflicts about dependence on others.

Related to this, Gilligan (1982) has conceptualized different stages of moral development in women. In one of the stages, "responsibility and its fusion with a maternal morality that seeks to ensure care for the dependent and unequal" results in "other" being cared for to the exclusion of self (p. 74). In a separate, more advanced stage, self and other are experienced as interdependent so that caring for other includes caring for self.

These perspectives of self-in-relation development provide support for Lerner's (1987) notion that a relational orientation does not automatically put women at risk for development of psychopathological disorders. There is a developmental process of differentiation, so that maturity is not "an independence of needs for other persons with whom to have relationship" (Guntrip, 1961, cited in Chodorow, 1974, p. 62), but rather a healthy acceptance of dependence between self and other. Therefore, it is possible that

increased risk for psychopathology is related to the extent a woman is differentiated from others. As suggested by Chodorow (1974, 1978), the nature of the mother-daughter relationship makes it more difficult for girls to separate. Because of greater identification with their daughters, mothers help them to differentiate less than sons. The daughter then has difficulty recognizing herself as separate; she experiences herself as an extension of her mother in early life and, later on, similarly in other relationships. This suggests that the development of self-in-relation identity is strongly affected by the degree to which the girl is successful in separating and establishing her own identity.

Purpose of Study

The relationship between relational needs and depression has been investigated by several researchers (e.g., Blank, 1988; Essex, Klein, Lohr & Benjamin, 1985). Blank (1988) found no relationship between depression and relational style, as defined using Gilligan's constructs. As noted by Blank, this may be due to the distribution of depression scores obtained, characterized by a low mean with little variability. Another problem may be the instrument used to assess depression in the study (the Center for Epidemiological Studies Depression Scale (CES-D); Radloff, 1977). Cutoff points in the CES-D have been related to a

high percentage of false negative rates.

The purpose of this study is to investigate the relationship between differentiation, self-in-relation identity, and depression, using a clinical instrument to more sensitively detect depression. Since depressed people have long been described by theorists as being "overinvolved" with others (Lewis, 1981), this suggests that there is a relationship between "enmeshment" (less differentiation) and depression. Thus, a preliminary step is to determine whether women identified as depressed are less differentiated in comparison to women who are not depressed. A developmental process of self-in-relation identity, as outlined above, suggests that different relational styles may also be related to self-differentiation, and to the experience of loss and depression. As suggested by Lewis (1985), "it requires an intuitive leap of understanding to connect women's greater sociability to their greater vulnerability to depression, which is above all the experience of sadness over social loss" (p. 153). Thus, the causal path of depression hypothesized for this study is:

- 1) Less differentiation from mother, resulting in a less developed personality structure.
- 2) The development of a relational style which contributes to a greater dependence on other for one's sense of self.

In Gilligan's (1982) terms, this relational style would be the primacy of other

care, in which one's own needs are sacrificed in order to maintain the relationship. 3) Less differentiation and a primacy of other care relational style would then account for greater vulnerability to loss, low self-esteem and inhibition of anger, resulting in a greater susceptibility to depression. Thus, this study is seen as a first step toward empirically answering the question whether the distortion of normal key aspects of the developmental process in females is responsible for the gender differential in depression rates.

Hypotheses

The hypotheses for this study are listed below. Although these hypotheses may apply for men as well (e.g., less differentiation may make them more vulnerable to experiences of depression), the cluster of phenomena (more difficulty in differentiating from other and self-in-relation orientation) is theoretically thought to be more prominent in women. It has also been argued that experiences of depression are qualitatively different for men (Chevron, Quinlan & Blatt, 1978; Hammen & Padesky, 1977). It is not the intent of this study to investigate differences in depressive experiences between men and women, but those factors which may differentiate women in terms of vulnerability to depression.

In order to investigate the relationship between differentiation from mother and differentiation in other relationships, the following hypothesis was formed:

Hypothesis 1:

Differentiation from mother is positively associated with differentiation from others.

Hypothesis 2 investigates the notion that there is a relationship between differentiation from others and depression.

Hypothesis 2:

Depression will be negatively associated with differentiation from others.

To investigate the idea that different relational styles, as characterized by Gilligan (1982), are related to the experience of loss and depression, the following hypotheses were formed:

Hypothesis 3:

There is an association between depression and relational style.

Subhypothesis 3A:

Depression is positively associated with primacy of care of other.

Subhypothesis 3B:

Depression is negatively associated with care of self and other.

Finally, the last hypothesis investigates the notion that differentiation is related to the development of a particular relational style:

Hypothesis 4:

There is an association between differentiation and relational style.

Subhypothesis 4A:

Differentiation is negatively associated with
primacy of care of other.

Subhypothesis 4B:

Differentiation is positively associated with care
of self and other.

METHOD

Research Participants

The participants of this study were seventy-two undergraduate women. They ranged in age from 18 to 35, with a mean of 19.0 and a standard deviation of 2.15. However, one subject 35 years of age increased the mean slightly. The modal age was 18. All participants were single, and 89 percent were Caucasian; six participants were of other races.

In this sample, 86 percent reported that they have experienced depression at some point in their life. Sixty percent reported that they experienced a death of someone close (grandparent and friend reported most frequently) in the past two years or another major loss more recently (primarily, the break-up of an intimate relationship in last six months). In addition, 30 percent of the total sample have sought help for depression from mental health, religious and school counselors. Of this 30 percent, 80 percent were those who experienced a significant loss (in the past two years or six months).

Instruments

Beck Depression Inventory (Beck)

This instrument was used to assess level of clinical depression (Beck, Rush, Shaw & Emery, 1979) (Appendix A). As noted in relation to Blank's (1988) study, there are a

number of problems with instruments designed to measure depressive symptomatology in the general population. Researchers have argued that a high score on an instrument which assesses depression in the community (e.g., Center for Epidemiological Studies Depression Scale; Radloff, 1977) should not be equated with a clinical diagnosis of depression (Amenson & Lewinsohn, 1981; Ensel, 1982). Therefore, the Beck was selected to circumvent these problems since it has also been used to detect depression in normal populations (Steer, Beck & Garrison, 1986, cited in Beck, Steer & Garbin, 1988).

The Beck is derived from observations about symptoms frequently seen in a clinically depressed population. These observations were organized into 21 symptoms (both somatic and psychological) and attitudes. Participants rate themselves in terms of intensity on each of the 21 items (from 0 to 3). The revised version asks respondents to describe themselves for the past week, including today, instead of "right now" as done in the original 1961 version. Changes in the 1979 version were also made to eliminate response sets and effects of memory. Thus, the revised version is thought to evaluate depression as a more enduring condition rather than a momentary mood (Beck et al., 1988).

Scores can range from 0 to 63. The following was developed by Beck and his colleagues as a guideline for cut-off scores: none or minimal depression, 0-9; mild to

moderate, 10-18; moderate to severe, 19-29; and severe, 30-63. Mean scores for each of the classifications are: minimal, 10.9 (SD=10.2); mild, 18.7 (SD=10.2); moderate, 25.4 (SD=9.6); and, severe, 30.0 (SD=10.4) (Beck, Steer & Garbin, 1988). Internal consistency estimates have yielded a mean coefficient alpha of .86 for psychiatric patients and .81 for nonpsychiatric subjects. Studies on test-retest reliability show correlation coefficients ranging from .48 to .90. Hatzenbuehler, Parpal and Matthews (1983) demonstrated that changes in classification (e.g., mild to moderate) over time are attributable to prior exposure to the test rather than to the instability of symptoms. Many studies have been conducted investigating content, discriminant, concurrent, and construct validity of the instrument (see Beck et al., 1988). For example, studies of undergraduates, using the Zung Self-reported Depression Scale and the Hamilton Psychiatric Rating Scale for Depression, have found Pearson product-moment correlations with the Beck ranging from .62 to .80.

Studies of the Beck in college populations have found that the distribution of the scores is highly skewed to the right (Lightfoot & Oliver, 1985; Oliver & Burkham, 1979). Mean scores have been shown to range from 4.7 to 7.28 in college populations (Hammen & Padesky, 1977; Lightfoot & Oliver, 1985; Oliver & Burkham, 1979). Although sex differences in rates of depression have not been found in

college populations, Hammen and Padesky (1977) found that different patterns of symptom expression emerged for males and females when discriminant function analyses of the responses on the Beck were performed. Females were more apt to endorse items which express self-dislike whereas males endorse items of somatic symptoms and a sense of failure.

Scores on the Beck have been shown to be stable when administered at different points in the university semester (Oliver & Burkham, 1979). Oliver and Burkham also found that one in six students (both genders combined) may experience depression (score of 10 or greater on the Beck) at any point in time. This suggests that mild depression may be normal in college students, especially among those less advanced in their degree programs.

Relationship Self Inventory (RSI)

This instrument was used to assess relational style (Strommen et al., 1987) (Appendix A). It consists of 60 items which are rated on a five point scale ranging from "not like me at all" to "very much like me," measuring the Separate Self (SS) and the Connected Self (CS) dimensions posited by Gilligan (1982). The concept of Connected Self theoretically consists of two subcategories -- the Primacy of Other Care (POC), where priority is given to care of others over care of self; and Self and Other Care (SOC), where care for others includes care for self. Thus, there are four separate scales consisting of separate items.

Data were collected on age groups from 16 to 78 in constructing this instrument; it is therefore appropriate for use with individuals in this age range, and is relevant to those in their twenties through their forties who are contending with issues of separateness and relatedness (Strommen et al., 1987). Patterns of scale intercorrelations are consistent with the theory underlying the development of the inventory and are similar across age groups. Internal reliabilities, scale intercorrelations across age for women and men, and item-scale total correlations are shown in Appendix B. Construct validity for the instrument is currently being investigated (Pearson et al., 1991). Briefly, means, standard deviations, and alphas have been highly consistent in administrations of the RSI with college students.

The SS scale was not considered in the hypotheses for this study because the construct of a separate/objective self was conceptually thought to be orthogonal to the concept of a connected/relational self and more descriptive of men's development than women's (Gilligan, 1986, cited in Pearson et al., 1991). The CS scale also was not considered in the hypotheses, because of interest in different types of the connected self and its interaction with self-differentiation and depression. Thus, POC and SOC are of primary interest in this study and the only ones for which hypotheses were made.

Thematic Apperception Test (TAT)

The TAT procedure was chosen to assess self-differentiation (Morgan & Murray, 1935) (Appendix A). It is a projective measure used to elicit themes, conscious and unconscious, of the intrapsychic world, such as wishes, motives, fantasies. It was developed as a method to elicit such material within a short period of time rather than through extended analytic investigations (Karon, 1981).

The following cards were selected because they generally are thought to sample the relevant domain of relationships:

Card 7GF. This represents a mother-daughter scene which elicits material relevant to differentiation from mother during childhood.

Card 10. This depicts a couple embracing; it is ambiguous as to age and gender of both people. It elicits themes of intimacy, connectedness, and separateness.

Family Scene Card. This card was developed by Neugarten and Gutmann (1958), showing adult-age intergenerational family relationships. It is thought to reflect issues of differentiation from the family.

Friendship Card. Symonds (1939, 1949) developed a set of pictures to study the fantasy life of adolescents, finding that the most valuable pictures a) were lacking in detail in the background, b) were vague in theme and incomplete in detail, and c) included characters of the same

age and sex. The Symonds card chosen for this study represents two females of similar age but different in physical appearance. It is said to elicit themes of love and socialness, and therefore is used in this study to investigate same-sex friendships among the college population.

Scoring Scale to Measure Differentiation

A scoring scale developed by Schwartz (1987) was used to measure self-differentiation in the TAT stories, along a continuum of merged to fully individuated (Appendix C). This scale is modified from a scoring system developed by Benjamin (1981) and Berry (1985).

According to object relations theorists, differentiation proceeds from a state of global undifferentiation to greater differentiation. Margaret Mahler, whose theory guided the development of Berry's scale, conceptualized differentiation to consist of two related, though distinct, factors. "Individuation" refers to the degree that aspects of the personality are developed and integrated; "separation" refers to the degree to which self and other are related or separated. Development of a more complex and differentiated personality structure is thought to give rise to more autonomy and independence in interpersonal relationships.

Berry (1985) formed a scale to measure these two different constructs (separation and individuation) in

tandem. Three levels of separation were specified as 'merged,' 'isolated,' and 'interrelated'; three levels of individuation were 'merged,' 'superficially individuated,' and 'fully individuated.' This resulted in a five point scale which measured differentiation (the two levels of 'merged' coalesce at the less-differentiated end of the continuum).

Schwartz added two more levels to Berry's scale. "Merged B" was created to categorize stories in which self and other were concretely described as separate but not psychologically separate. The other level, "Full Individuation, Merged," was ordered as the highest level and was added to code stories in which characters were described as fully individuated and sharing the same affective and thematic experiences. Since this is theoretically questionable (being fully differentiated from other but having self-other representations which are merged), and was not encountered in Berry's (1985) study, the level will be retained as an exploratory category if similar stories are encountered in this study. Schwartz also utilized more explicit instructions for coding full and superficial individuation, as conceptualized by object relations theorists (Kernberg and Horner) and the research of Benjamin (1983). Berry's "separation" dimension (termed "relational capacity" by Schwartz) is viewed from the perspective of Nancy Chodorow and other self-in-relation theorists, where

'interrelated' is considered to be more developmentally advanced than 'isolated' in terms of interpersonal differentiation.

In summary, the scale used for this study has six levels, theoretically ordered from lesser to greater differentiation. Individuation (intrapersonal differentiation) is represented as primary; separation (interpersonal differentiation) is secondary.

1. Merged
2. Merged B
3. Superficial Individuation, Isolated
4. Superficial Individuation, Interrelated
5. Full Individuation, Isolated
6. Full Individuation, Interrelated
- (7. Full Individuation, Merged - exploratory)

Procedure

Data Collection

This study was approved by the University Committee on Research Involving Human Subjects. Participants were recruited from the Michigan State University Psychology Department Subject Pool. All were enrolled in introductory psychology courses and received research credit for their participation. They were informed that the study was titled "Relationships in Women's Lives."

Data were collected in small groups of fifteen to

twenty participants in a single session, lasting approximately one and one-half hours. Participants were seated in a classroom and given the research packet, consisting of the consent form (Appendix D), four blank sheets of 8 1/2 x 11" paper, copies of the RSI, the Beck, and a brief demographic sheet (Appendix E).

First, subjects were instructed to read the consent form. Instructions for participation were then given as follows:

This is a study using two different types of research instruments; one subjective and one objective. With subjective instruments, you are the creator of the things you report. With objective instruments, you are asked to respond to specific questions. You will have experience with both types of research instruments.

You will find four pieces of paper in your packet. Please take them out and put the rest aside. You will be shown four slides, one at a time; you are to write a story for each picture. Your story should have a beginning, middle and an end. You should describe what is going on, what the characters might be feeling and thinking, what led up to the events you describe, and what the outcome might be. In other words, tell a good story. Write as you create your story. Write everything down--if you want to change the story, draw a line through the portion you wish to change or delete.

The four TAT cards were then projected on a screen in the front of the room, one at a time, in the following order: 1) Mother-daughter, 2) Intimacy, 3) Family Scene, and 4) Friendship. The participants were given ten minutes to record their stories for each card; ten minutes had been determined to be an adequate amount of time during a pilot run of the study. Subjects were then instructed to complete

the rest of the packet: the RSI, the Beck, and demographic sheet. This one order was chosen because it was thought that the RSI or the Beck, if given first, might affect the material elicited by the TAT cards. Also, more production on TAT stories was thought to occur if given when participants were more alert. Additionally, it has been argued that the order effect of instruments accounts for very little of the variance because of the small effect sizes typically found in psychological research (J.E. Hunter, personal communication, April, 1988). Therefore, consideration of quality of TAT stories was more important in this study. The RSI was given before the Beck in order to avoid possible contamination and since the RSI requires more thought. After completing the battery, participants were debriefed and given a brief description of the project (Appendix F).

Training of Coders

One upper level undergraduate student and one person with a Bachelor's degree in psychology served as data coders; both had previous courses in research methods and psychology of women. Both student coders were blind to the hypotheses of the study. Stories were coded to determine the relation of the main character (self) to other. When it was difficult to determine the main character, the story was not coded (six percent of the sample of 288 stories not scored, distributed as follows: Card 2, six stories; Card 3,

ten stories; Card 4, two stories).

Coders were trained by the investigator on a practice set of TAT stories which were collected during a pilot run of the study. For training purposes, stories were coded by the investigator and two coders, and differences were discussed until agreement was reached on both dimension ratings. Before coding of the data began, 75 percent agreement was reached between the two student coders. Each of the raters coded half of the data (288 stories total). During coding of the data, raters met with the investigator to determine percent agreement on the actual data. Every 15 stories were coded by both raters, and any difficulties discussed afterwards. During this phase, percent agreement was 69.

Statistical Analysis

The following variables were used in the statistical analysis in this study: 1) age; 2) differentiation from others (consisting of four variables, one score for each of the four TAT cards); 3) relational style, as measured by the RSI (consisting of four variables, one score for each of the four scales); and 4) depression, as measured by the Beck. Thus, there was a total of ten variables used in the analyses.

The statistical analysis had two main parts. The first was a correlation matrix consisting of all the variables listed above, providing a measure of the interrelationship

between a variable and each of the others. These correlations were corrected for attenuation, according to the procedure used by Levine and Hunter (1983). The TAT scores of the four cards were totalled into one variable to derive part-whole correlations; this was done in order to assess measurement issues for the construct "self-differentiation" as tapped by the four TAT cards. However, this total variable for differentiation was not used in any other analysis. As a final step, a hierarchical multiple regression was used to predict depression from relational style and differentiation.

In the second part, post hoc analyses (not related to initial hypotheses) were performed to assess the influence of relational styles (RSI) on each other as well as on other variables. This second part consisted of partial correlations, which were not corrected for attenuation because of the statistical package used. (Therefore, comparisons which were made between partial and zero order correlations used zero order correlations not corrected for attenuation.)

RESULTS

Descriptive Statistics

Table 1 reports the means and standard deviations for the research instruments. The observed mean for this sample of women (10.67) on the Beck is higher compared to other studies of college populations, which report means ranging from 4.7 to 7.3 for both sexes combined (i.e., no gender differences found) (Hammen & Padesky, 1977; Lightfoot and Oliver, 1985; Oliver and Burkham, 1979). Fifty-three percent of the sample scored in the range of mild to severe depression (score of 10 or greater) on the Beck.

The modal score for all TAT cards was 3 (Superficial Individuation, Isolated). This finding is consistent with developmental notions that personality structure is in the process of continual development and integration in this age group (modal age of 18). Furthermore, for this sample, self and other representations are more frequently experienced as isolated rather than interrelated. Means on the Relationship Self Inventory scales are similar to those reported in Pearson et al. (1991), suggesting that this sample is similar to the group from which the instrument was derived.

Table 1

Means and Standard Deviations for Research Instruments

<u>Variable</u>	<u>Normative Mean</u>	<u>Possible Range of Scale</u>	<u>Sample Mean</u>	<u>Standard Deviation</u>	<u>Observed Range of Scores</u>
<u>Beck Depression Inventory</u>	4.7- 7.3 ^a	0 - 63	10.67	7.40	0 - 35
<u>TAT^b</u>					
Card 1 (Mother)		1 - 6	3.28	0.78	1 - 5
Card 2 (Intimacy)		1 - 6	2.94	1.37	1 - 6
Card 3 (Family)		1 - 6	2.86	1.08	1 - 6
Card 4 (Friendship)		1 - 6	2.74	0.90	1 - 5
<u>Relationship Self Inventory</u>					
Separate Self	2.5 ^c	1 - 5	2.65	0.57	1.1-4.4
Connected Self	4.1 ^c	1 - 5	4.23	0.45	3.0-5.0
Primacy of Other Care	3.2 ^c	1 - 5	3.35	0.49	2.0-4.5
Self and Other Care	3.9 ^c	1 - 5	4.02	0.41	3.0-5.0

Note. Normative data not known for TAT measure.

^aReported in Hammen and Padesky (1977); Lightfoot and Oliver (1985); Oliver and Burkham (1979) for both genders combined (i.e., no gender differences found).

^bSample size for TAT cards as follows: Card 1 (n=72), Card 2 (n=66), Card 3 (n=62), Card 4 (n=70).

^cReported in Pearson et al. (1991).

TAT Measure of Differentiation

None of the stories were scored under the exploratory level (Full Individuation, Merged) of the TAT scoring system; that is, they were all categorized under the six existing levels. Sample stories for each level of differentiation are found in Appendix G.

A correlational matrix for the TAT measure which includes part-whole correlations is shown in Table 2. Total score for differentiation (TAT_{TOTAL}) was derived by summing the four individual TAT cards. Inspection of the TAT matrix shows Pearson correlations ranging from .03 to .29, suggesting that the four cards do not uniformly measure the construct "differentiation" as conceptualized in this study. The variability in the part-whole correlations, ranging from .41 to .64, is also evidence for this notion.

To further investigate the TAT measure, all stories were grouped on the basis of the two dimensions measuring differentiation for each card. Individuation measures the extent to which the personality is integrated and developed (intrapersonal differentiation) and relational capacity measures the extent to which self and other is separated or related (interpersonal differentiation). For the three categories of individuation, the stories were grouped as follows: merged (levels 1, 2); superficial (levels 3, 4); and, full (levels 5, 6). For relational capacity, levels

Table 2

Item - Total Correlations for TAT Cards

	<u>CARD 1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>TAT_{TOTAL}</u>
CARD 1	1.00	.09	.29**	.09	.47
2	.08	1.00	.13	.11	.64
3	.24*	.11	1.00	.03	.63
4	.08	.09	.03	1.00	.41
TAT _{TOTAL}	.45	.58	.57	.37	1.00

Note. Pearson correlations above the diagonal are corrected for attenuation.

* $p < .10$, $r = .21$

** $p < .05$, $r = .25$

1,3,5 and 2,4,6 were grouped into the categories of isolated and interrelated, respectively.

An intercorrelational matrix for these two dimensions is shown in Table 3. When categorized on the basis of relational capacity, phi coefficients are more consistent among the four cards compared to the correlational matrix in Table 2 (where the two dimensions are not divided). When stories are divided on the basis of individuation, the Pearson coefficients are near zero and there is somewhat more variability than in the relational capacity dimension. This suggests that relatedness between self and other is more consistently measured among the four TAT cards than is individuation (the degree to which various aspects of the personality are integrated). One explanation for this finding is that the relational dimension was easier to code as compared to the individuation dimension, which required evaluation of more variables.

Tests of the Hypotheses

A Pearson correlational matrix for all variables is shown in Table 4.

Differentiation from Mother and Others

Hypothesis 1 predicted that differentiation from mother would be positively associated with differentiation from others. Consistent with this prediction, the correlation of .29 between Cards 1 and 3 suggests that self-differentiation as defined in relationships with mother and with family is a

Table 3

Intercorrelations among TAT Cards Divided on the
Basis of Individuation and Relational Capacity

Relational Capacity (Isolated, Interrelated)

	<u>CARD 1</u>	<u>2</u>	<u>3</u>	<u>4</u>
CARD 1	1.00	.20	.04	.19
2		1.00	.17	.22*
3			1.00	.20
4				1.00

Individuation (Merged, Superficial, Full)

	<u>CARD 1</u>	<u>2</u>	<u>3</u>	<u>4</u>
CARD 1	1.00	.02	.01	-.08
2		1.00	.11	.03
3			1.00	.11
4				1.00

Note. Pearson correlations not corrected for attenuation.

* $p < .10$

Table 4

Intercorrelations among All Research Instruments

	AGE	BECK	SS	CS	POC	SOC	TAT1	TAT2	TAT3	TAT4
AGE	1.00	-.09	.05	-.22	-.52**	.25*	.38**	.09	-.07	-.07
BECK	-.08	1.00	.34**	-.15	.13	.01	-.30**	.01	-.14	.04
SS	.04	.27	1.00	-.33**	-.39**	.54**	-.26*	.29*	-.34**	-.19
CS	-.19	-.12	-.25*	1.00	.69**	.19	.04	-.11	.23	.22
POC	-.43**	.09	-.28*	.49**	1.00	-.41**	-.24*	-.28*	.19	.10
SOC	.22	.00	.42**	.15	-.30*	1.00	-.05	.16	-.25*	.05
TAT 1	.35**	-.24*	-.20	.03	-.18	-.04	1.00	.09	.29*	.09
TAT 2	.08	.01	.23	-.11	-.21	.13	.08	1.00	.13	.11
TAT 3	-.06	-.11	-.27*	.18	.14	-.20	.24	.11	1.00	.03
TAT 4	-.06	.04	-.15	.17	.08	.04	.08	.09	.03	1.00

Note. Pearson correlations above the diagonal are corrected for attenuation. TAT correlations are same as in Table 2.

* $p < .05$

** $p < .01$

similar construct ($p < .05$, confidence interval (CI) = .06 to .52). No other findings related to differentiation were statistically significant, suggesting that self-differentiation in other types of relationships, such as intimate relationships and friendships, is not directly related to differentiation in relation to mother. Furthermore, differentiation may be mediated by other variables not measured in this study.

Relationship between Differentiation and Depression

Hypothesis 2 predicted depression to be negatively correlated with differentiation. The assumption was made that this relationship would be observed across all TAT cards. Negative correlations were obtained for differentiation in relation to mother and family, but only on the mother card were results statistically significant ($r_{\text{BECK}, \text{CARD1}} = -.30$, $p < .01$, $\text{CI} = -.51$ to $-.09$; $r_{\text{BECK}, \text{CARD3}} = -.14$, ns, $\text{CI} = -.39$ to $+.11$) (Table 4). Thus, less differentiation from mother is associated with higher levels of depression.

Individual items on the Beck were correlated with the TAT cards in a post hoc analysis to assess if certain components of depression were more prominent in relation to self-differentiation (Appendix H). Inspection of this correlational matrix reveals that Beck items which highly correlated with differentiation from mother and family were

those describing negative attitudes towards oneself, guilt and disturbed mood ($r = -.20$ to $-.37$, $p < .10$).

Age significantly correlated with Card 1 ($r = .38$, $p < .01$, $CI = .18$ to $.58$), and was therefore partialled out of the correlation between depression and differentiation from mother. Results demonstrated that age is not totally responsible for the relationship between the Beck and the mother card. Although the first-order correlation is lowered somewhat from the zero-order, it is still significant ($r_{\text{BECK}, \text{CARD1} \cdot \text{AGE}} = -.23$, $p = .05$).

Finally, to investigate the relationship of depression to the dimensions of relational capacity and individuation, the TAT stories were again divided along these two dimensions, as described previously in this section. A pattern of results emerged on the relational capacity dimension which is more consistent with the prediction of Hypothesis 2 -- all correlations between depression and relational capacity are in the predicted negative direction, although not all are significant at the .05 level (Table 5). This suggests that a sense of isolation between self and other is related to higher levels of depression. Individuation (the extent to which one's personality structure is differentiated) appears to be inconsistently related to depression across different types of relationships.

Table 5

Correlations for Beck with TAT MeasureDivided by Relational Capacity and Individuation

	RELATIONAL CAPACITY (Isolated, Interrelated)			
	<u>CARD 1</u>	<u>2</u>	<u>3</u>	<u>4</u>
BECK	-.24**	-.16	-.15	-.20*
	INDIVIDUATION (Merged, Superficial, Full)			
BECK	-.17	.08	-.06	.12

Note. Pearson correlations not corrected for attenuation.

* $p < .10$

** $p < .05$

Relationship between Connected Self and Depression

Hypothesis 3 predicted that there would be an association between connected styles of interaction and depression. ("Connected" is used to describe self-in-relation styles of interaction where connection between self and other is maintained.) Subhypothesis 3A predicted that this association would be positive for Primacy of Other Care (POC), a style in which the needs of others are considered before the needs of self. While a positive correlation was obtained, it was not statistically significant ($r=.13$, ns, $CI = -.10$ to $+.36$). Subhypothesis 3B predicted a negative association between depression and Self and Other Care (SOC), a style in which caring for others includes caring for self. The obtained correlation was essentially zero ($r=.01$, ns, $CI = -.23$ to $+.23$). (See Table 4.)

Since age correlated highly with both connected styles ($r_{AGE,POC} = -.52$, $p < .001$, $CI = -.34$ to $-.68$; $r_{AGE,SOC} = .25$, $p < .05$, $CI = .02$ to $.46$), age was investigated as a possible mediator between relational style and depression. Correlations of the RSI scales and depression were still not significant when age was partialled out ($r_{BECK,POC \cdot AGE} = .07$, ns; $r_{BECK,SOC \cdot AGE} = .02$, ns).

Relationship between Connected Self and Differentiation

Hypothesis 4 predicted an association between connected style and differentiation. Consistent with subhypothesis 4A, which predicted a negative relationship between POC and self-differentiation, negative correlations were obtained for differentiation on Card 1 ($r = -.24$, $p < .05$, $CI = -.02$ to $-.46$) and Card 2 ($r = -.28$, $p < .05$, $CI = -.06$ to $-.50$). Thus, as predicted, women who have a stronger primacy of other care orientation were less differentiated in relation to mother and intimate other. While not statistically significant, positive correlations were obtained between POC and differentiation from family ($r = +.19$, ns , $CI = -.05$ to $+.43$) and same-sex friends ($r = +.10$, ns , $CI = -.13$ to $+.33$). (Table 4).

Subhypothesis 4B predicted a positive association between SOC and differentiation. The only significant association between SOC and differentiation was found on Card 3, in the opposite direction of that which was predicted ($r = -.25$, $p < .05$, $CI = -.01$ to $-.49$). In other words, women who rated themselves higher on the self and other care relational style were less differentiated from family.

Age was partialled out of the relationship between connected style and differentiation to determine if age mediated this relationship. There were no significant changes in the first order correlations, suggesting that age

does not mediate the relationship between a connected orientation and self-differentiation.

The Separate Self and Depression

While not predicted, depression was significantly associated with the Separate Self (SS) ($r=.34$, $p<.01$, $CI=.13$ to $.55$) (Table 4). This is a style in which independence and objectivity characterize interpersonal interactions. Findings indicate that a high rating on the SS was associated with higher levels of depression.

In order to further investigate the relationship between these two variables, a post hoc analysis was done, correlating the individual SS items with total score on the Beck (Appendix I). Separate Self items which are highly correlated with the Beck describe a style of denying the need for relationships ($r=.24$ to $.43$, $p<.05$) (e.g., "What it all boils down to is that the only person I can rely on is myself"). Overall score on the SS was also correlated with individual items on the Beck (Appendix H). Those which highly correlated with the SS describe a lack of satisfaction, pessimism about one's future, and feelings of impaired performance ($r=.26$ to $.34$, $p<.05$).

Relationship between RSI, Differentiation, and Depression

Finally, hierarchical multiple regression analysis was done, predicting depression from relational style (SS, SOC, POC) and differentiation variables (Table 6). Findings were statistically significant using the mother card

Table 6

Hierarchical Regression Analysis To Predict Depression
Using Differentiation from Mother and Relational Scales

<u>Variable</u> <u>Entered</u>	<u>R²</u>	<u>R²</u> <u>Change</u>	<u>F to</u> <u>Enter</u>	<u>p</u>	<u>Beta</u>	<u>p</u>
Card1	.06	.06	4.37	.04	-.19	.19
SS	.11	.05	4.01	.05	.32	.02
SOC	.12	.01	.96	.33	-.09	.45
POC	.14	.01	.99	.32	.12	.32

Note. Overall $F(4,67) = 2.628$, $p < .05$. Overall $R = .37$;
 $R^2 = .14$.

(multiple $R = .39$, $F = 2.628$, $p < .05$), revealing that a separate/objective style of interaction ($Beta = .32$, $p < .05$) and, to a lesser degree, differentiation in relation to mother ($Beta = -.19$, ns) are both associated with depression. Both of the connected styles evaluated in this study make less of a contribution to depression (POC: $Beta = .12$, ns; SOC: $Beta = -.09$, ns). These findings were consistently obtained, regardless of the order the variables were entered into the regression equation.

Other RSI Findings

Because of the relative lack of research on the Relationship Self Inventory (RSI), additional post hoc analyses were done in an attempt to provide information about the inventory, especially as related to depression and differentiation. The RSI does not allow a direct assessment of preference for relational style; that is, people obtain scores on all four scales of the inventory. This reflects the notion that both connected and separate styles of relating are found in both men and women (Pearson et al., 1991), although a stronger orientation towards one style is the result of socialization processes which push men and women toward a stronger separate/objective (men) or connected/relational (women) orientation.

The Separate Self and Depression

To further investigate the effect of the Separate Self (SS) on connected styles of interaction (POC and SOC) and depression, SS was partialled out of the relationship. First order correlations were larger, suggesting that SS may be an extraneous variable which masks the relationship between depression and relational style ($r_{\text{BECK}, \text{POC} \cdot \text{SS}} = .18$, ns; $r_{\text{BECK}, \text{SOC} \cdot \text{SS}} = -.13$, $p = .12$). While not statistically significant for this sample size, obtained correlations were in the predicted directions of Hypotheses 3A (positive) and 3B (negative). Of interest, the converse was not found to be true -- connected styles of interaction (POC and SOC) do not mediate the relationship between a separate/objective orientation and depression ($r_{\text{SS}, \text{BECK} \cdot \text{POC}, \text{SOC}} = .32$, $p < .01$).

The Separate Self and Differentiation

There was an interesting pattern of non-predicted findings for the relationships between SS and differentiation (Table 4). For differentiation on both the mother and family cards, significant negative correlations were obtained ($r_{\text{SS}, \text{CARD1}} = -.26$, $p < .05$; $r_{\text{SS}, \text{CARD3}} = -.34$, $p < .05$). That is, women who rated themselves as having a stronger separate/objective style of relating were less differentiated in early relationships than women who scored lower, contrary to general expectations. In contrast to the

negative correlations for the mother card and family card, a positive correlation between differentiation and SS was found on the intimacy card (Card 2) ($r=.29$, $p<.05$). When age and relational style (POC and SOC) were partialled out, there were no significant changes in the relationship between differentiation and SS (Appendix J).

Effects of POC and SOC

In order to control for the effect of "opposing" connected styles on each other, POC was partialled out of the relationship between SOC and differentiation (and vice versa). On Card 1, the partial correlation between differentiation and SOC ($r= -.23$, $p=.08$) is larger than the zero order correlation ($r= -.04$) (Appendix J). While not statistically significant, this suggests that POC may mask the relationship between differentiation from mother and SOC.

When SS as well as SOC is controlled in the relationship between differentiation and POC, the partial correlations approach zero for Card 2 ($r= -.07$, ns) and Card 3 ($r= .01$, ns) (Appendix J). While not significant, this suggests that relational styles which include the focus on self (both SOC and SS) may intervene in the relationships between primacy of other care and differentiation in intimate relationships and family. Thus, self-focused orientations appear to cancel the effect of a primacy of other care relational style.

In summary, there is evidence that the separate-objective and connected-relational orientations differentially mediate the relationships with depression and differentiation. However, all these effects are quite small and interpretation must be speculative.

DISCUSSION

This study investigated Kaplan's (1986) theory that depression is the result of distortion in women's normative development. Since differentiation from the mother is thought to be more problematic for girls, this suggested that a more poorly formed identity may increase vulnerability to loss. It was also hypothesized that less differentiation is related to the development of a relational style in which the needs of self are excluded in caring for others. Furthermore, it was predicted that both of these factors would be related to higher levels of depression.

Hypothesized relationships between differentiation, relational styles, and depression were partially supported by the results. The implications of associations between a Separate Self orientation, and differentiation and depression were also considered. Post hoc analyses investigated the possible mediating effects of different relational styles on differentiation and depression.

Of particular note, the sample for this study appeared to be more depressed than is typically found in studies among college students (cf. Table 1). More than half of the sample scored above the established cutoff point for mild

depression on the Beck Depression Inventory. The implications of this will be considered in a later section.

TAT Measure of Differentiation

It was expected that differentiation from mother would be reflected similarly in all other relationships, as assessed by stories told to four different TAT cards. Pearson product-moment correlations between differentiation scores revealed that the four TAT cards did not all correlate with one another. This suggests that the four cards did not uniformly measure the construct "differentiation" as defined in this study.

As predicted, there was a positive association between differentiation from mother and family ($r = .29$). These are both relationships which are central to early personality development. Self-differentiation in other types of relationships, measured in TAT stories dealing with intimacy and same-sex friendships (Cards 2 and 4), did not highly correlate with differentiation in relation to mother or family (Cards 1 and 3).

One explanation for this finding is that stories told to the mother and family cards largely describe relationships with adults, whereas the intimacy and friendship cards elicit stories about peer relationships. The "clustering" of the mother and family cards, and lack of association with the intimacy and friendship cards, may

reflect the fact that expectations in relationships with adults often differ from expectations in peer relationships. Thus, needs, wishes, and so forth may be more muted or indirectly expressed with peers.

Another consideration is measurement problems. That is, there may be other aspects which mediate sense of self in intimate and same-sex friendships that were not measured in this study. When the TAT stories were grouped by the dimensions of relational capacity (interpersonal relatedness) and individuation (development of self), there was greater variability in the individuation matrix as compared to the relational capacity matrix. This suggests that other factors may affect self-differentiation in different types of relationships. A post hoc inspection of the themes in the TAT stories suggests that variables such as envy, competition, tolerance of dependency (relationship) needs, and the ability to express affect need to be researched as mediating variables.

Self-Differentiation and Relational Style

Primacy of Other Care

Initial hypotheses predicted that the intrapsychic world of self-other relations (as reflected in self-differentiation) would directly translate into an interpersonal style of relatedness to others. A style of interaction which reflects the strong influence of others on

one's own behavior and attitudes (primacy of other care) was thought to be associated with a poorly developed identity, which necessitates the presence of others to assist with ego functioning. This style of interaction was thought to reflect a stronger tendency to sacrifice one's needs (since they would not be well defined) in an attempt to maintain relationships (reflecting a stronger need for others). Consistent with prediction, it appears that a less differentiated sense of self in relationship to mother and intimate other results in this stronger style of interaction ($r = -.24$ and $r = -.28$, respectively).

Self and Other Care

A positive association was predicted between differentiation and Self and Other Care, a relational style in which maintaining relationships includes caring for one's own needs as well as those of others. This prediction was not found for any of the TAT cards. The self and other care style was negatively associated with differentiation in relation to family ($r = -.25$, $p < .05$); that is, a preference for this style was associated with less differentiation from family.

These findings suggest that women who have a less-differentiated sense of self (presumably formed in early relationships) endorse a preference for relational styles in which connections with others form an integral part of one's identity. However, it is not clear why a more poorly

developed identity is associated with a stronger preference towards both styles, in which the self is included or excluded in decisions of caring for others. Contrary to initial hypotheses, these styles do not appear to directly translate into "healthy" or "unhealthy" ego functioning.

Effect of Separate Self

Unpredicted negative correlations were obtained between the SS scale and differentiation in relation to mother ($r = -.26$) and family ($r = -.34$). This suggests that a less differentiated sense of self (as formed in early relationships) is also associated with a stronger tendency towards a style of independence and objectivity in relating to others, similar to the findings between less differentiation and connected styles of interaction. Thus, a less differentiated sense of self can result in the development of either a more pronounced separate or connected stance in relation to others. This finding will be addressed in relation to depression.

Self-Differentiation, Relational Style, and Depression

Results of this study suggest that self-differentiation in those relationships integral to early personality development is related to the phenomenological experience of depression in women. A less developed identity, as formed in relation to mother, is associated with higher levels of depression ($r = -.30$), suggesting that less differentiation

is related to a greater vulnerability to experiences of loss. The division of TAT stories along the relational capacity dimension revealed an association between isolation from others and higher levels of depression across all types of relationships. This finding suggests that isolation of self from others is an integral dimension of depression (see Table 5).

A strong preference for an independent and objective style of relating is consistent with higher levels of depression ($r = .34$). This is a style which is thought to be more descriptive of male development. Findings in this study revealed that components of depression associated with the separate self orientation include feelings of impaired performance and pessimism about one's future. This is similar to Hammen and Padesky's (1977) findings that depressed males tend to endorse items on the Beck describing feelings of failure.

Hierarchical multiple regression analysis demonstrated that a separate-objective style ($\text{Beta} = .32$) and less differentiation from mother ($\text{Beta} = -.19$) both contribute to depression. When these factors are controlled, primacy of other care ($\text{Beta} = .12$) and self and other care ($\text{Beta} = -.09$) were shown to contribute less to depression scores. In other words, a stronger connected-relational tendency (POC or SOC) in less differentiated women was not found to directly translate into experiences of depression.

Thus, it appears that women who have a less integrated personality structure, as defined in relation to mother, are more depressed. Furthermore, they tend to emphasize self-sufficiency and objectivity in their relationships. For these women, their perception of a separate-objective stance may involve a tendency to deny dependency needs in their relationships. This explanation is consistent with the validity research of Pearson et al. (1991) on the Relationship Self Inventory. They found that high separate self scores for women were associated with lower nurturance, communion, and sociability scores. In addition, a stronger separate self orientation was problematic for women on a number of other variables, including self-esteem, depression and anger.

One explanation for these findings is that a separate self orientation in women is not rewarded by society, since women's position in society has not changed (cf. Gove, 1972). Results from this study also suggest that women with a separate self orientation may deny their dependency needs and relational capacity. Denial of a relational self appears to be similar to Lewis' (1985) notion that greater vulnerability to depression "is above all the experience of sadness over social loss" (p. 153). That is, depression may result because of the loss of an essential part of one's identity, the network of connections between self and other.

Additional Effects of Relational Styles

Post hoc analyses revealed that self-focused relational styles may mediate the relationship between differentiation and an other-focused relational orientation. The association between primacy of other care and differentiation from intimate other and family disappeared when relational styles that include a focus on self (SS and SOC) were partialled out ($r_{\text{POC}, \text{CARD2} \cdot \text{SS}, \text{SOC}} = -.07$; $r_{\text{POC}, \text{CARD3} \cdot \text{SS}, \text{SOC}} = .01$). In contrast, the connected styles of relating do not mediate the relationship between the separate self and differentiation or depression. While these effects are small and must be interpreted speculatively, it does suggest that the separate self influences the expression of the connected self.

Furthermore, the separate self may also mask the relationship between connected styles and depression. Partial correlations became larger, in the directions originally predicted (Subhypotheses 3A and 3B), when orientation to the separate self style was partialled out ($r_{\text{POC}, \text{BECK} \cdot \text{SS}} = .18$; $r_{\text{SOC}, \text{BECK} \cdot \text{SS}} = -.13$). While not statistically significant, these changes suggest that the separate self may be an extraneous variable which has an impact on the relationship between depression and connected relational styles. However, multiple regression analysis

demonstrated that differentiation from mother is an important factor in the relationship between the connected relational styles and depression, as these styles did not make a significant contribution to depression in the regression equation.

The mean score on the separate self scale (2.65) was lower than mean scores on either of the connected scales (POC=3.35; SOC=4.02), as is typically found in other samples of women (cf. Table 1). However, the self-focused relational styles (both SS and SOC) were highly correlated with one another ($r = .54$), as was the case in the sample from which the instrument was derived (Strommen et al., 1987) (Appendix B). Conceptually, this suggests that there is a component of the SOC which is similar to the SS. However, results demonstrate that the two scales were not defined similarly by women, since differential mediating effects were found in the relationships between depression, relational style and self-differentiation. It appears that women may perceive a separate self orientation as involving the denial of relationship needs to be self-sufficient and independent. In contrast, a care orientation which includes focus on self does not negate relational needs.

Altogether, these findings suggest that the relationship between the intrapsychic (differentiation) and the interpersonal (specific relational styles) realms is not direct. Relational orientations which are self-focused

appear to intervene in the relationship between primacy of other care and differentiation (in relation to intimate other and family). Neither connected style appears to impact the relationship between differentiation and a separate-objective orientation.

Hence, it appears that there is a dichotomy between the two dimensions of separate self ("agency") and connected self ("communion"). This finding is consistent with validity studies on the Relationship Self Inventory (Pearson et al., 1991) and with Chodorow's (1974) notion that independence and denial of need, which characterize "masculine" personality, are in conflict with notions of interdependence and a mature "self-in-relation" orientation in women. As suggested by Lewis (1985):

"the two tracks of self ... may begin by interacting positively and stop doing so when socialization processes begin to emphasize the culturally enforced contradiction between interpersonal relationships and individualistic, competitive strivings, when men begin to be trained to "agency" and women to "communion" (Bakan, 1966)...." (p. 168).

Deutsch noted almost fifty years ago that separation from mother, breaking of dependence, and establishment of an individuated sense of self is difficult for Western women (cited in Chodorow, 1974). The development of a separate-objective self is one way that women may have dealt with these difficulties more recently in our culture. There may be a tendency to overcompensate for dependency and relationship needs by taking a self-sufficient and independent stance. One result of this is that women become more vulnerable to experiences of depression.

Further work is needed to better understand how differentiation and relational style are related (e.g., how factors such as quality of relationship with mother affect development of separate or connected styles of relating), and whether relational style varies by context (i.e., type of relationship). Of interest, there was a strong association between age and the connected scales ($r_{AGE,POC} = -.52$; $r_{AGE,SOC} = .25$), and between age and differentiation from mother ($r_{AGE,CARD1} = .38$). These correlations suggest that more differentiation from mother and a preference for a self and other care relational style are associated changes in age. These findings are considerable, given that the range of age was restricted in this study. This is evidence that these years are an important time for young women. However, age does not solely account for the relationships

between relational style and differentiation, as first order correlations did not change when age was partialled out.

Limitations and Directions for Future Research

There are several factors to consider as possible shortcomings of this study. First of all, the title of the study, "Relationships in Women's Lives," may have selected a sample of women in which concerns and problems in this area were more prominent. This may be reflected in the fact that this sample of women was more depressed, more than half scoring above 10 on the Beck, than most studies on college students using the same depression instrument. In addition, the modal score on the TAT measure of differentiation was 3 (interpersonal differentiation is isolated). This is further evidence that many of the women in the sample were experiencing feelings of isolation in more central relationships, thus contributing to feelings of loss. The majority of women were in the first two years of college, a time of many changes in important relationships.

The "flat" correlational matrix for the TAT stories along the relational capacity dimension (Table 3) may reflect the fact that this dimension was easier to code, since relational capacity was a dichotomous variable (interrelated or isolated). In order to code the individuation dimension, more extensive evaluation of several variables was required. Hence, error of measurement may account for some of the findings of the TAT cards.

Findings for the RSI scales also suggest that relational style may be affected by context; this raises the question whether relational style can be measured out of context. One of the variables affecting context may include type of relationship, as suggested by the results of this study. Another possibility is type of "judgment" to be made. It is possible that preference of relational style varies by type of "decision" to be made; for example, a moral judgment versus relating in an everyday interpersonal exchange. It may be argued that viewing the TAT cards initially in the sequence of research instruments provided the context for subjects to think about relational style. However, one cannot be sure that the participants were thinking about personal relationships in their lives when answering all questions on the RSI. Further research may want to investigate the question whether differences in context affect relational style.

Summary

In spite of these considerations, this study provides evidence that early relationships have a great impact on development of self-differentiation, especially the relationship with mother, and relational style. There is a stronger tendency towards all RSI styles when self-representations are less differentiated from mother and family. However, it is the women who are less

differentiated from mother and those who have a stronger separate-objective style that are more depressed. Their experiences of depression center around negative affect and feelings of impaired performance.

Results from this study also demonstrated that the Connected Self scales and the Separate Self scale interact differentially with differentiation and depression, suggesting that these two dimensions are dichotomous. It appears that it is not the type of connected style that impacts upon depression, but the development of a style in which dependency needs and relational capacity are sacrificed by a stronger orientation towards a logical decision-making style and separate-objective style of interpersonal interactions.

In summary, these results are evidence for Kaplan's (1986) notion that depression is related to distorted aspects of a woman's normative development. It appears that "distortion" can be conceptualized as problems in differentiation, particularly from the mother. A greater probability of distortion in normative development for women may occur because of the nature of the mother-daughter relationship. Women may be more vulnerable to experiences of loss since early development is characterized by maintaining connections. However, women with a less differentiated sense of self tend to become depressed as a result of loss. In addition, the development of a

relational style which is perceived as self-sufficient and independent may result in the denial of dependency needs, thus compounding experiences of loss. Since less differentiation from the mother is associated with stronger relational styles (both separate and connected), further research is needed to investigate the quality of the mother-daughter relationship and how it affects the development of a particular relational style.

APPENDICES

APPENDIX A

RESEARCH INSTRUMENTS

BECK DEPRESSION INVENTORYInstructions:

This questionnaire consists of 21 groups of statements. After reading each group of statements carefully, circle the number (0, 1, 2, or 3) next to the one statement in each group which best describes the way you have been feeling the past week, including today. If several statements within a group seem to apply equally well, circle each one. Be sure to read all the statements in each group before making your choice.

1. 0 I do not feel sad.
1 I feel sad.
2 I am sad all the time and I can't snap out of it.
3 I am so sad or unhappy that I can't stand it.
2. 0 I am not particularly discouraged about the future.
1 I feel discouraged about the future.
2 I feel I have nothing to look forward to.
3 I feel that the future is hopeless and that things cannot improve.
3. 0 I do not feel like a failure.
1 I feel I have failed more than the average person.
2 As I look back on my life, all I can see is a lot of failures.
3 I feel I am a complete failure as a person.
4. 0 I get as much satisfaction out of things as I used to.
1 I don't enjoy things the way I used to.
2 I don't get real satisfaction out of anything anymore.
3 I am dissatisfied or bored with everything.
5. 0 I don't feel particularly guilty.
1 I feel guilty a good part of the time.
2 I feel quite guilty most of the time.
3 I feel guilty all of the time.
6. 0 I don't feel I am being punished.
1 I feel I may be punished.
2 I expect to be punished.
3 I feel I am being punished.
7. 0 I don't feel disappointed in myself.
1 I am disappointed in myself.
2 I am disgusted with myself
3 I hate myself.

8. 0 I don't feel I am any worse than anybody else.
1 I am critical of myself for my weaknesses or mistakes.
2 I blame myself all the time for my faults.
3 I blame myself for everything bad that happens.
9. 0 I don't have any thoughts of killing myself.
1 I have thoughts of killing myself, but I would not carry them out.
2 I would like to kill myself.
3 I would kill myself if I had the chance.
10. 0 I don't cry anymore than usual.
1 I cry more now than I used to.
2 I cry all the time now.
3 I used to be able to cry, but now I can't cry even though I want to.
11. 0 I am no more irritated now than I ever am.
1 I get annoyed or irritated more easily than I used to.
2 I feel irritated all the time now.
3 I don't get irritated at all by the things that used to irritate me.
12. 0 I have not lost interest in other people.
1 I am less interested in other people than I used to be.
2 I have lost most of my interest in other people.
3 I have lost all of my interest in other people.
13. 0 I make decisions about as well as I ever could.
1 I put off making decisions more than I used to.
2 I have greater difficulty in making decisions than before.
3 I can't make decisions at all anymore.
14. 0 I don't feel I look any worse than I used to.
1 I am worried that I am looking old or unattractive.
2 I feel that there are permanent changes in my appearance that make me look unattractive.
3 I believe that I look ugly.
15. 0 I can work about as well as before.
1 It takes an extra effort to get started at doing something.
2 I have to push myself very hard to do anything.
3 I can't do any work at all.

16. 0 I can sleep as well as usual.
1 I don't sleep as well as I used to.
2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
3 I wake up several hours earlier than I used to and cannot get back to sleep.
17. 0 I don't get more tired than usual.
1 I get tired more easily than I used to.
2 I get tired from doing almost anything.
3 I am too tired to do anything.
18. 0 My appetite is no worse than usual.
1 My appetite is not as good as it used to be.
2 My appetite is much worse now.
3 I have no appetite at all anymore.
19. 0 I haven't lost much weight, if any, lately.
1 I have lost more than 5 pounds.
2 I have lost more than 10 pounds.
3 I have lost more than 15 pounds
I am purposely trying to lose weight by eating less.
Yes_____ No_____
20. 0 I am no more worried about my health than usual.
1 I am worried about physical problems such as aches and pains; or upset stomach; or constipation.
2 I am very worried about physical problems and it's hard to think of much else.
3 I am so worried about physical problems that I can't think about anything else.
21. 0 I have not noticed any recent change in my interest in sex.
1 I am less interested in sex than I used to be.
2 I am much less interested in sex than now.
3 I have lost interest in sex completely.

RELATIONSHIP SELF INVENTORY

Instructions: Read each statement below and decide how much it describes you. Using the following rating scale, select the most appropriate response and blacken the corresponding circle on your answer sheet.

Not like
me at all
1

2

3

4

Very much
like me
5

1. I often try to act on the belief that self-interest is one of the worst problems facing society.
2. A close friend is someone who will help you whenever you need help and knows that you will help if they need it.
3. I cannot choose to help someone else if it will hinder my self-development.
4. I want to be responsible for myself.
5. In making decisions, I can neglect my own values in order to keep a relationship.
6. I find it hard to sympathize with people whose misfortunes I believe are due mainly to their shortcomings.
7. I try to curb my anger for fear of hurting others.
8. Being unselfish with others is more important than making myself happy.
9. Loving is like a contract: if its provisions aren't met, you wouldn't love the person any more.
10. In my everyday life I am guided by the notion of "an eye for an eye and a tooth for a tooth."
11. I want to learn to stand on my own two feet.
12. I believe that one of the most important things that parents can teach their children is how to cooperate and live in harmony with others.
13. I try not to think about the feelings of others when there is a principle at stake.
14. I don't often do much for others unless they can do some good for me later on.

Not like
me at all
1

2

3

4

Very much
like me
5

15. Activities of care that I perform expand both me and others.
16. If what I want to do upsets other people, I try to think again to see if I really want to do it.
17. I do not want others to be responsible for me.
18. I am guided by the principle of treating others as I want to be treated.
19. I believe that I have to look out for myself and mine, and let others shift for themselves.
20. Being unselfish with others is a way I make myself happy.
21. When a friend traps me with demands and negotiation has not worked, I am likely to end the friendship.
22. I feel empty if I'm not closely involved with someone else.
23. Sometimes I have to accept hurting someone else if I am to do the things that are important in my own life.
24. In order to continue a relationship it has to let both of us grow.
25. I feel that my development has been shaped more by the persons I care about than by what I do and accomplish.
26. People who don't work hard to accomplish respectable goals can't expect me to help when they're in trouble.
27. Relationships are a central part of my identity.
28. I often keep quiet rather than hurt someone's feelings, even if it means giving a false impression.
29. If someone offers to do something for me, I should accept the offer even if I really want something else.
30. The worst thing that could happen in a friendship would be to have my friend reject me.

Not like
me at all

1

2

3

4

Very much
like me

5

31. If I am really sure that what I want to do is right, I do it even if it upsets other people.
32. Before I can be sure I really care for someone I have to know my true feelings.
33. What it all boils down to is that the only person I can rely on is myself.
34. Even though I am sensitive to others' feelings, I make decisions based upon what I feel is best for me.
35. Even though it's difficult, I have learned to say no to others when I need to take care of myself.
36. I like to see myself as interconnected with a network of friends.
37. Those about whom I care deeply are part of who I am.
38. I accept my obligations and expect others to do the same.
39. I believe that I must care for myself because others are not responsible for me.
40. The people whom I admire are those who seem to be in close personal relationships.
41. It is necessary for me to take responsibility for the effect my actions have on others.
42. True responsibility involves making sure my needs are cared for as well as the needs of others.
43. The feelings of others are not relevant when deciding what is right.
44. If someone asks me for a favor I have a responsibility to think about whether or not I want to do the favor.
45. I make decisions based upon what I believe is best for me and mine.
46. Once I've worked out my position on some issue I stick to it.

Not like
me at all
1

2

3

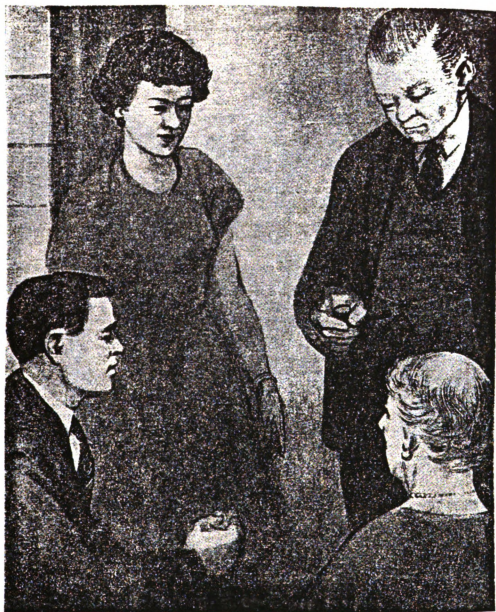
4

Very much
like me
5

47. I believe that in order to survive I must concentrate more on taking care of myself than on taking care of others.
48. The best way to help someone is to do what they ask even if you don't really want to do it.
49. Doing things for others makes me happy.
50. All you really need to do to help someone is love them.
51. I deserve the love of others as much as they deserve my love.
52. You've got to look out for yourself or the demands of circumstances and other people will eat you up.
53. I cannot afford to give attention to the opinions of others when I am certain I am correct.
54. If someone does something for me, I reciprocate by doing something for them.
55. Caring about other people is important to me.
56. If other people are going to sacrifice something they want for my sake I want them to understand what they are doing.
57. When I make a decision it's important to use my own values to make the right decision.
58. I try to approach relationships with the same organization and efficiency as I approach work.
59. If I am to help another person it is important to me to understand my own motives.
60. I like to acquire many acquaintances and friends.









APPENDIX B

RELATIONSHIP SELF INVENTORY
RELIABILITIES AND SCALE INTERCORRELATIONS
ITEM-SCALE TOTAL CORRELATIONS

RELATIONSHIP SELF INVENTORY

Table B1. Internal Consistencies (Cronbach's Alpha)

	Separate Self	Relational Self	Primacy of Other Care	Self and Other Care
Women	.77	.76	.68	.78
Men	.85	.76	.67	.77

Table B2.

Relationship Self Inventory Scale IntercorrelationsFor Women and Men

	Separate Self	Relational Self	Primacy of Other Care	Self and Other Care
Separate Self	---	-.23	.09	.40
Connected Self	-.33	---	.56	.52
Primacy of Other Care	-.01	.73	---	.10
Self and Other Care	.26	.58	.19	--

Note. Intercorrelations for women above the diagonal;
intercorrelations for men below the diagonal.
Corrected for attenuation.

Table B3. Item-Scale Total Correlations of the

<u>Relationship Self Inventory</u>		Item-Scale Correlation	
Item	SEPARATE SELF	Women	Men
47.	I believe that in order to survive I must concentrate more on taking care of myself than on taking care of others.	.50	.49
13.	I try not to think about the feelings of others when there is a principle at stake.	.36	.37
34.	Even though I am sensitive to others' feelings, I make decisions based upon what I feel is best for me.	.31	.41
43.	The feelings of others are not relevant when deciding what is right.	.39	.47
58.	I try to approach relationships with the same organization and efficiency as I approach work.	.21	.36
3.	I cannot choose to help someone else if it will hinder my self-development.	.50	.58
53.	I cannot afford to give attention to the opinions of others when I am certain I am correct.	.45	.59
9.	Loving is like a contract: if its provisions aren't met, you wouldn't love the person any more.	.41	.36
21.	When a friend traps me with demands and negotiation has not worked, I am likely to end the friendship.	.32	.36
6.	I find it hard to sympathize with people whose misfortunes I believe are due mainly to their shortcomings.	.43	.53
45.	I make decisions based upon what I believe is best for me and mine.	.32	.46
10.	In my everyday life I am guided by the notion of "an eye for an eye and a tooth for a tooth."	.43	.62

Note. Corrected for item overlap.

Item	Item-Scale Correlation	
	Women	Men
52. You've got to look out for yourself or the demands of circumstances and other people will eat you up.	.46	.54
33. What it all boils down to is that the only person I can rely on is myself.	.40	.48
19. I believe that I have to look out for myself and mine, and let others shift for themselves.	.57	.71
14. I don't often do much for others unless they can do some good for me later on.	.41	.49
26. People who don't work hard to accomplish respectable goals can't expect me to help when they're in trouble.	.47	.56
46. Once I've worked out my position on some issue I stick to it.	.23	.39

CONNECTED SELF

15. Activities of care that I perform expand both me and others.	.50	.60
55. Caring about other people is important to me.	.59	.67
49. Doing things for others makes me happy.	.51	.60
54. If someone does something for me, I reciprocate by doing something for them.	.42	.52
60. I like to acquire many acquaintances and friends.	.43	.30
27. Relationships are a central part of my identity.	.48	.39
37. Those about whom I care deeply are part of who I am.	.51	.45
41. It is necessary for me to take responsibility for the effect my actions have on others.	.40	.46
20. Being unselfish with others is a way I make myself happy.	.38	.35

Item	Item-Scale Correlation	
	Women	Men
36. I like to see myself as interconnected with a network of friends.	.42	.30
12. I believe that one of the most important things that parents can teach their children is how to cooperate and live in harmony with others.	.41	.44
18. I am guided by the principle of treating others as I want to be treated.	.39	.45

PRIMACY OF OTHER CARE

50. All you really need to do to help someone is love them.	.29	.35
29. If someone offers to do something for me, I should accept the offer even if I really want something else.	.41	.44
30. The worst thing that could happen in a friendship would be to have my friend reject me.	.35	.47
22. I feel empty if I'm not closely involved with someone else.	.32	.36
1. I often try to act on the belief that self-interest is one of the worst problems facing society.	.30	.33
40. The people whom I admire are those who seem to be in close personal relationships.	.33	.26
48. The best way to help someone is to do what they ask even if you don't really want to do it.	.43	.30
8. Being unselfish with others is more important than making myself happy.	.48	.52
25. I feel that my development has been shaped more by the persons I care about than by what I do and accomplish.	.37	.19
7. I try to curb my anger for fear of hurting others.	.41	.46

Item	Item-Scale Correlation	
	Women	Men
5. In making decisions, I can neglect my own values in order to keep a relationship.	.28	.23
16. If what I want to do upsets other people, I try to think again to see if I really want to do it.	.26	.30
28. I often keep quiet rather than hurt someone's feelings, even if it means giving a false impression.	.43	.45
2. A close friend is someone who will help you whenever you need help and knows that you will help if they need it.	.34	.27

SELF AND OTHER CARE

42. True responsibility involves making sure my needs are cared for as well as the needs of others.	.38	.40
23. Sometimes I have to accept hurting someone else if I am to do the things that are important in my own life.	.30	.17
56. If other people are going to sacrifice something they want for my sake I want them to understand what they are doing.	.40	.44
11. I want to learn to stand on my own two feet.	.53	.59
17. I do not want others to be responsible for me.	.35	.46
51. I deserve the love of others as much as they deserve my love.	.31	.32
44. If someone asks me for a favor I have a responsibility to think about whether or not I want to do the favor.	.43	.40
39. I believe that I must care for myself because others are not responsible for me.	.45	.46
35. Even though it's difficult, I have learned to say no to others when I need to take care of myself.	.31	.42

Item	Item-Scale Correlation	
	Women	Men
24. In order to continue a relationship it has to let both of us grow.	.52	.40
59. If I am to help another person it is important to me to understand my own motives.	.47	.38
4. I want to be responsible for myself.	.63	.50
38. I accept my obligations and expect others to do the same.	.47	.51
32. Before I can be sure I really care for someone I have to know my true feelings.	.37	.32
57. When I make a decision it's important to use my own values to make the right decision.	.43	.45
31. If I am really sure that what I want to do is right, I do it even if it upsets other people.	.42	.46

APPENDIX C

GUIDELINES FOR SCORING INDIVIDUATION
AND RELATIONAL CAPACITY

GUIDELINES FOR SCORING INDIVIDUATION AND RELATIONAL CAPACITY

Full Individuation

A character who is fully individuated is one who shows integration of parts of the personality. The following four aspects of personality integration should be considered. These concepts are derived from Benjamin's (1981) scales measuring self-other differentiation and integration of self fragments.

Time

An integrated character has a sense of time, meaning a sense of past, present and future. The character may be described as one who "used to be a hothead," or "when he was a child he felt" or "since he can remember, he's always felt annoyed by" The character may be working toward a goal, growing up, reflecting about the future, planning, changing, etc.

Affect

Integration of parts of the personality goes hand in hand with integration of affect. The following three aspects of affective functioning should be considered.

A. Process

The character is not overwhelmed by or stuck in an affective experience. For example: "This character is looking out the window, frozen with despair." Rather, the character is able to access other parts of the self to resolve affect. For example: "This character is looking out the window, feeling desperate. She will stand there a while longer, but then tell herself that these feelings will pass with time. She will then do something else for a while to make herself feel better, knowing that these feelings may return at times, until she slowly makes peace with the loss.

B. Simultaneous Contradictory Affect

There is a capacity to tolerate two contradictory affects simultaneously without having to decide between them to reduce tension. For example: "John loves Sally, but he is also mad at her for never being there for him." The character does not choose between two conflicting parts of the self. For example: "John is telling Sally he loves her, or else he is telling her he needs to go away and be by himself for a while. But, I think he is telling her he loves her."

C. Resolution

Affect is not prematurely resolved. This overlaps with the process concept (A). Examples of premature resolution include action resolution ("He was angry and so he left her forever ... He was angry and so he beat the other guy up"); a resolution with process ("She felt terrible about losing him, but suddenly it just didn't matter anymore and she became very cheerful"); or, a pollyanna resolution ("The cancer disappeared of its own accord and everyone lived happily ever after").

Reflective Thought

An integrated character is one who can reflect on his position, his actions, thoughts, feelings, etc. There is a sense of internal constancy, together with flexibility or openness. New experiences are added to an existing character structure. The existing character structure enables the person to reflect on an experience in his own way, and then decide on a course of action, or a belief or attitude toward the experience. For example: "He's thinking about what he should do. He has never wanted to do anything like this before, but he wonders if maybe it's time for him to try something different."

Self and Other

In interactions with others, an integrated character will perceive both self and other as constant. In object relations terms, object constancy will be achieved. This entails the ability to value an object (or person) for attributes other than those which satisfy needs of the self. A character may still decide to separate from another person, but with the realization that the two are too different to be comfortably together. The other will be seen as three-dimensional, a person in their own right, with their own needs, thoughts, affects, and, in general, their own character structure. The other will not be devalued or thrown out simply because they cannot satisfy the needs of the hero. Characters do not cling to each other defensively for a sense of safety. (Horner, 1984) For example:

These two characters have been together for several years. The woman is beginning to feel that she needs to separate from the man, to be independent for a while, as she struggles with her internal conflicts. The man is disappointed, but not surprised. He can remember feeling this way himself at times, and understands how strong those feelings can be. at the same time he feels sad and somewhat angry that things are this way at this point in time. He will go into the other room for a little while, but then

comes back after thinking the situation over. He will tell her that he feels angry and disappointed, but at the same time understands her feelings. They will part with mixed feelings.

Superficial Individuation

A character who is superficially individuated will not reflect the characteristics mentioned above. Any of the following may be present:

1. A character who has no past or future.
2. A character who has no description beyond their reaction to another character.
3. A character who is overwhelmed by and/or stuck in an affective experience.
4. A character who chooses between contradictory feelings rather than being able to tolerate both of them.
5. A character who acts, without reflection, to resolve affect.
6. A character who happily accepts a pollyanna resolution, rather than processing an event internally, or being changed as a consequence of an experience.
7. A character whose self-perception changes in response to the other character not fulfilling his/her needs. For example: "He told her that if she wouldn't make love to him, it proved that she never loved him in the first place and she should look for another boyfriend."

Merged

Two levels of merged will be coded.

At level 1 (Merged) the characters in the story are not acknowledged or described individually in any way. There is no mention of any independent thoughts or feelings of the characters. They are depicted as a single unit, all experiencing the same thing, as though they were one person. For example, "This family has just had dinner and they are relaxing together."

At level 2 (Merged B) one or both characters in the story appear to have no sense of self and so will be clinging to the other in a desperate way. The character will be described individually, but will have no self without the other. For example: "She feels that she needs him or she would not be able to survive ... She flings her body over the guard rail and screams "I cannot live without you!"

RELATIONAL CAPACITY

Two levels of relational capacity will be coded: Interrelated and Isolated. Code interrelated if the characters have dialogue, or clearly react to each other in some way. It is often difficult to determine when a character is isolated as most characters are acting in response to something -- often other people. The key consideration for the purpose of this study is: are the people reacting to/interacting with each other.

APPENDIX D

RESEARCH CONSENT FORM

CONSENT FORM

Dear Participant:

Thank you for your interest in participating in this research study.

This study is concerned with relationships in women's lives and the experiences associated with them.

You will be asked to write stories and fill out three brief questionnaires. It will require about one to one and one-half hours of your time.

To be sure you understand your rights as a research participant, please read the following statements:

I freely consent to take part in this study. I understand that it deals with relationships in women's lives and that my part in this project is to write stories and complete three questionnaires.

I understand that I am free to discontinue my participation in the study at any time without penalty.

I understand that the results of the study will be treated in strict confidentiality and that I will remain anonymous.

I understand that my participation in the study does not guarantee any beneficial results to me.

I understand that my compliance in completing the questionnaires and written stories constitutes my informed consent for participation in the study.

If you agree with the statements, then go ahead and begin work.

APPENDIX E

DEMOGRAPHIC SHEET

BASIC DATA SHEET

YOUR AGE: _____

MARITAL STATUS: _____ Single
 _____ Married
 _____ Separated
 _____ Divorced

CLASS: _____ **Freshman**
 _____ **Sophomore**
 _____ **Junior**
 _____ **Senior**

RACE: _____ **Black**
 _____ **Caucasian**
 _____ **Other**

SIBLINGS: _____ (**Age**) _____ (**Sex**)

YOUR BIRTH ORDER: _____
(for example, 2nd child)

PARENTS: _____ Married
 _____ Separated
 _____ Divorced
 _____ Divorced and Remarried
 _____ Widowed - Indicate which parent died and
 _____ when:

_____ Mother _____ Year of death
 _____ Father _____ Year of death

_____ Widowed (indicate parent above) and
Remarried

HAS ANYONE ELSE CLOSE TO YOU DIED WITHIN THE LAST TWO YEARS?

_____ No
Yes - Indicate nature of relationship:

(for example, brother, sister, friend)

HAVE YOU HAD ANY OTHER MAJOR LOSS IN THE PAST SIX MONTHS
(for example, the breakup of a romantic relationship)?

_____ No
Yes - Please indicate:

HAVE YOU CONSULTED ANYONE FOR PSYCHOLOGICAL PROBLEMS IN THE PAST?

_____ No
_____ Yes - Please indicate when _____

HAVE YOU EVER BEEN DEPRESSED?

_____ No
_____ Yes

HAVE YOU SOUGHT HELP FOR DEPRESSION?

_____ No
_____ Yes - Please indicate who:
_____ Mental health counselor (e.g.,
psychiatrist, psychologist)
_____ School counselor
_____ Religious counselor (e.g., rabbi,
priest, minister)
_____ Other - _____
(please indicate)

APPENDIX F

DEBRIEFING FORM

DEBRIEFING FORM

Thank you for participating in my research study.

As indicated before you started, this project is designed to look at how women experience significant relationships in their lives, and how these experiences affect them emotionally. Research and theory on the psychology of women describe the importance of relationships in the formation of a woman's identity as a normal and healthy process. At the same time, it has been hypothesized that the centrality of relationships in women's lives make them more vulnerable to experiences of sadness and loss. This study is investigating this hypothesis.

If you have any further questions about the study and/or you are interested in finding out the results of this study, you can contact me at the address below. I will send you a brief summary of the results when the study is completed.

If you are interested in readings on the subject, the books below are considered a good introduction to the psychology of women.

Thank you again for your participation.

Charlotte Miller
Graduate Student
Dept. of Psychology
39 Snyder Hall
East Lansing, MI 48824

Chodorow, N. (1978). The reproduction of mothering: Psychoanalysis and the sociology of gender. Berkeley: University of California Press.

Gilligan, C. (1982). In a different voice. Cambridge, MA: Harvard University Press.

Miller, J.B. (1976). Toward a new psychology of women. Boston: Beacon Press.

APPENDIX G

SAMPLE TAT STORIES

SAMPLE STORIES

The following TAT stories are from the data of this study and serve as examples of the differentiation scores for each of the six levels.

Level 1 - Merged (Family Card)

What a nice occasion. The family was finally getting to meet D--, J--'s soon to be husband. But would he pass the test? So far, so good-- but was anyone good enough for their baby girl. Although they believe that money isn't everything and maybe they've spoiled he (sic) too much --she wasn't suppose to fall for a man without any. How could he provide her with anything? O.K. so maybe he would love her but it takes more than love, or does it?! It is quite possible that J-- has finally realized her parents frequent reminding that material wants isn't the way to happiness. In any case, D-- is the man she loves and is going to marry. After all as grandma always says "You marry for love and build your fortune together!"

Level 2 - Merged B (Intimacy Card)

When J-- and C-- first met, they almost immediately became friends. Not long after that, they fell in love, and as time went on their love for each other grew stronger. It seemed as if they would be together forever, until J-- got a job transfer, and C--, who also had a great job in her hometown, was unwilling to follow him. J-- left C--, and it seemed as if their relationship would never be the same. They missed each other dearly. In a few years, J-- was transferred back to his original job. When he got back home, he immediately went to C--'s office. When they saw each other, their eyes filled with tears and they embraced.

Level 3 - Superficial Individuation, Isolated (Mother Card)

S--'s mother had gone away on a trip with her father. They had left their newborn with their maid M-- to look after her. S-- was jealous at all the attention the new baby J-- was receiving. All her aunts and uncles had been over with presents and toys for the baby. S-- felt left out of all the fun. But since her mother was leaving S-- sensed she would begin to like her younger brother more. S-- felt she would miss her mom but she also looked forward to staying with M-- and playing with little J--.

Level 4 - Superficial Individuation, Interrelated
(Friendship Card)

A-- and S-- were best friends since they were three years old. They loved being around each other and doing things together, through junior high and high school, until S-- got a boyfriend. S-- was very happy about her new boyfriend. A-- on the other hand was upset. Her best friend had been taken away, so she thought. S-- still did stuff with A-- even though she was going out with someone. In their senior year of high school, S-- kept spending more and more time with her boyfriend and less with A--. This made A-- mad. Finally A-- confronted S-- and told her about how she felt. S-- realized what a jerk she had been and started to spend more time with A--. They were both very happy and became best friends again.

Level 5 - Full Individuation, Isolated (Friendship Card)

There are two beautiful women who come in contact with each other daily (maybe due to their occupation). The blond is content with life, she has a happy home life, a fun love life, and a generally good life. The brunette is bitter about life, she lost her lover to a blond and resents the one she is standing near. She takes her bitterness out on the blond and the blond notices this but remains indifferent. She will not let her life be ruined due to undeserved hate nor will she try to cheer the brunette up. The blond has tried this before and was snapped at so she lets the brunette suffer in self pity while she tries her best to ignore it.

Level 6 - Full Individuation, Interrelated (Intimacy Card)

A young woman is being held, kissed and consoled by her father. Something tragic has occurred and she is turning to him for support. He is an understanding father and so he is there to help her through it. He cradles her for a while and soon thereafter she feels better -- not great. But she realizes that things will be okay and that she must go on with her regular schedule.

APPENDIX H

CORRELATION COEFFICIENTS FOR
INDIVIDUAL BECK DEPRESSION INVENTORY ITEMS
WITH RSI SCALES AND DIFFERENTIATION VARIABLES

Correlations for Individual Beck Depression Inventory Items
with Relationship Self Inventory Scales and TAT Cards

BECK ITEM	SOS	CRS	POC	SOC	TAT1	TAT2	TAT3	TAT4
1.	.09	-.14	.05	.01	-.21*	-.08	-.03	-.04
2.	.26**	-.14	.01	.02	-.22*	-.03	-.15	-.03
3.	.18	-.20*	.18	-.15	-.14	-.17	-.08	-.05
4.	.29**	-.10	.10	-.04	-.17	-.06	-.08	.02
5.	.12	-.12	.02	.00	-.06	.06	-.38**	.02
6.	.22*	-.19*	-.15	.12	-.10	.18	-.05	.04
7.	.17	.03	.17	.08	-.06	.01	-.08	.01
8.	-.07	.20*	.28**	-.06	-.11	-.19	.12	.04
9.	.19	-.08	-.02	.02	-.23**	.05	.02	-.02
10.	.08	-.24**	-.16	.09	-.08	.11	.07	.01
11.	-.07	-.09	-.13	.05	-.15	-.03	-.04	.02
12.	.27**	-.25**	-.16	-.06	-.15	.11	.10	.04
13.	.04	.20*	.40**	-.13	-.05	-.22*	-.13	.16
14.	.07	-.02	.18	-.14	-.09	-.12	-.16	.03
15.	.31**	.02	.32**	-.07	-.13	-.04	-.13	-.04
16.	-.05	.03	.08	-.10	-.07	.03	.02	.01
17.	.20*	-.09	.01	.02	-.11	.13	-.08	.09
18.	.14	.01	-.05	.09	-.24**	.10	-.09	-.06
19.	.02	.09	-.06	.13	-.05	.31**	-.08	.02
20.	.34**	-.10	-.15	.20*	-.18	.15	-.04	.05
21.	.34**	.05	-.31**	.16	-.11	.16	-.02	.00

Note. Pearson correlations not corrected for attenuation.

* p < .10

** p < .05

APPENDIX I

CORRELATION COEFFICIENTS FOR INDIVIDUAL SEPARATE SELF
SCALE ITEMS WITH BECK DEPRESSION INVENTORY

Correlations of the Separate Self Scale Inventory ItemsWith the Beck Depression Inventory

Item	SEPARATE SELF	Correlation to Beck
47.	I believe that in order to survive I must concentrate more on taking care of myself than on taking care of others.	.21
13.	I try not to think about the feelings of others when there is a principle at stake.	.12
34.	Even though I am sensitive to others' feelings, I make decisions based upon what I feel is best for me.	-.11
43.	The feelings of others are not relevant when deciding what is right.	.19
58.	I try to approach relationships with the same organization and efficiency as I approach work.	-.01
3.	I cannot choose to help someone else if it will hinder my self-development.	.04
53.	I cannot afford to give attention to the opinions of others when I am certain I am correct.	.35**
9.	Loving is like a contract: if its provisions aren't met, you wouldn't love the person any more.	.10
21.	When a friend traps me with demands and negotiation has not worked, I am likely to end the friendship.	.24*
6.	I find it hard to sympathize with people whose misfortunes I believe are due mainly to their shortcomings.	.05
45.	I make decisions based upon what I believe is best for me and mine.	.17
10.	In my everyday life I am guided by the notion of "an eye for an eye and a tooth for a tooth."	.43**

Note. Not corrected for attenuation.

* $p < .05$

** $p < .01$

Item	Correlation to Beck
52. You've got to look out for yourself or the demands of circumstances and other people will eat you up.	.36**
33. What it all boils down to is that the only person I can rely on is myself.	.28*
19. I believe that I have to look out for myself and mine, and let others shift for themselves.	-.01
14. I don't often do much for others unless they can do some good for me later on.	.01
26. People who don't work hard to accomplish respectable goals can't expect me to help when they're in trouble.	.07
46. Once I've worked out my position on some issue I stick to it.	.02

Note. Not corrected for attenuation.

* $p < .05$

** $p < .01$

APPENDIX J

ADDITIONAL STATISTICAL ANALYSES ON THE
RELATIONSHIP SELF INVENTORY

Partial Correlation Coefficients for RSI Scales
with Differentiation Variables

<u>Variable(s) Controlled</u>		<u>POC</u>			
		TAT1	TAT2	TAT3	TAT4
SOC (Zero order correlation)		-.23*	.13	-.20	.04
		(-.04)	(.13)	(-.20)	(.04)
		<u>SOC</u>			
		TAT1	TAT2	TAT3	TAT4
POC		-.19	-.11	.05	.10
		(-.18)	(-.20)	(.14)	(.08)
		<u>SS</u>			
		TAT1	TAT2	TAT3	TAT4
SOC		-.10	.10	-.14	.07
		(-.04)	(.13)	(-.20)	(.04)
POC		-.20	-.09	.06	.05
		(-.18)	(-.20)	(.14)	(.08)

Note. Correlations with one variable controlled: df = 53,
 $p < .05$, $r = .26$

* $p < .10$, $r = .22$

<u>Variable(s) Controlled</u>		<u>POC, SS</u>			
		TAT1	TAT2	TAT3	TAT4
SOC		-.16	.08	-.13	.09
		(-.04)	(.13)	(-.20)	(.04)
		<u>SOC, SS</u>			
		TAT1	TAT2	TAT3	TAT4
POC		-.24*	-.07	.01	.07
		(-.18)	(-.20)	(.14)	(.08)

Note. Correlations with two variables controlled: df = 52,
 $p < .05$, $r = .26$

* $p < .10$, $r = .22$

<u>Variable(s) Controlled POC, SOC</u>				
	TAT1	TAT2	TAT3	TAT4
SS	-.23* (-.20)	.18 .23	-.23* (-.27)	-.17 (-.15)

Note. Correlations with two variables controlled: df= 52,
p< .05, r=.26

* p< .10, r= .22

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