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RELATIONSHIP SELF STYLE, MASCULINITY, AND SELF-ESTEEM
AS PREDICTORS OF DEPRESSION: RESULTS OF A PATH MODELING
APPROACH

presented by

Diane K. Windischman

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Major professor

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RELATIONSHIP SELF STYLE, MASCULINITY
AND SELF-ESTEEM AS PREDICTORS OF DEPRESSION:
RESULTS OF A PATH MODELING APPROACH

By

Diane K. Windischman

A THESIS

Submitted to
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ABSTRACT

RELATIONSHIP SELF STYLE, MASCULINITY AND

SELF-ESTEEM AS PREDICTORS OF DEPRESSION:

RESULTS OF A PATH MODELING APPROACH

Diane K. Windischman

Relationship self style (RSS) refers to the extent to which maintaining connection with other persons (Connected Self, CON; Primacy of Other Care, POC; Self and Other Care, SOC) or de-emphasizing relationship while focusing on one's own achievements (Separate Self, SEP) is central to self-organization. Using path analysis, this study examined how RSS influenced the relationships among masculinity (Mas), self-esteem (SE), and depression (CES-D) in 195 women and 89 men.
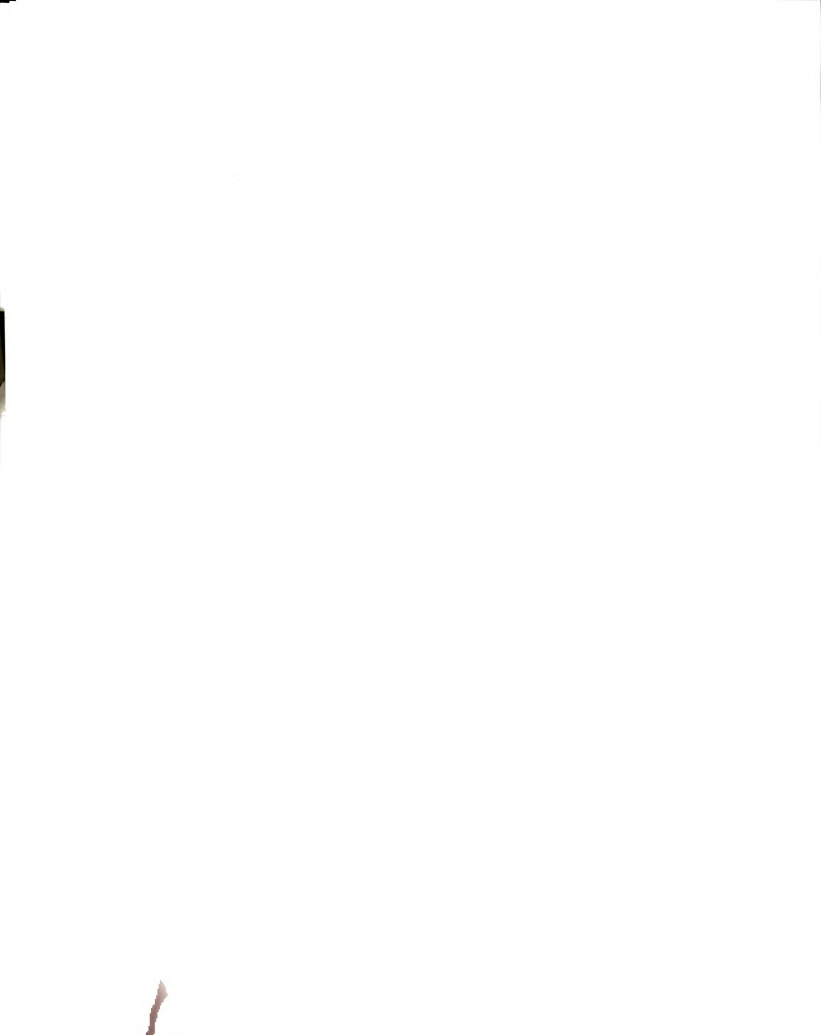
Mas predicted SEP in women and men; in women SEP predicted CES-D and mediated the Mas-SE relationship, which mediated a SEP-CES-D relationship. Mas predicted SOC in women and in men; in men SOC positively predicted SE, and through SE, CES-D. SOC did not predict SE in women, but did unexpectedly predict CES-D. Mas negatively predicted POC, significant in men only. SE mediated a POC-CES-D relationship in women and in men. CON positively predicted SE in men only. SE mediated the CON-CES-D relationship.
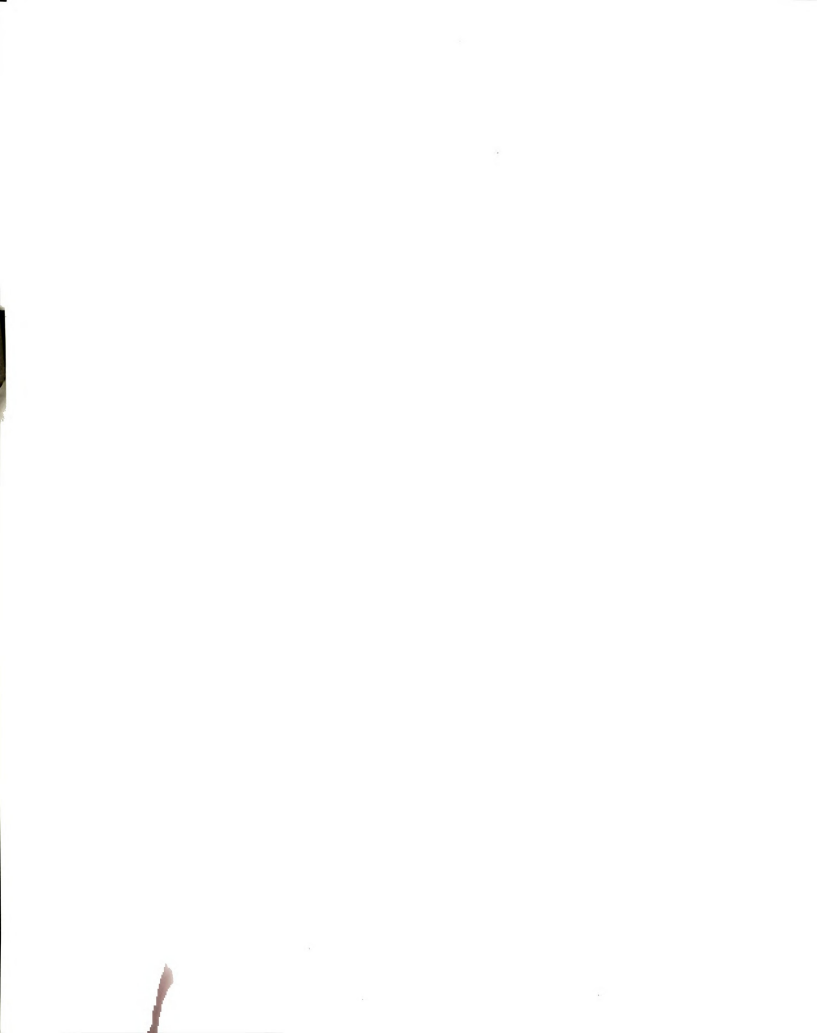
DEDICATION

This thesis is dedicated with love and
gratitude to my Mother, who has just
turned a lively 80, and
in loving memory of my Father.

ACKNOWLEDGEMENTS

v

Last, but not least, I would like to acknowledge my children; Woody, Robin, Erik, Jenny, Judith, Danny, Geoff, Lana, Seaver, Sarah, and most recently, Derik, for all the time that I didn't spend with them while I worked on my education, and for their pride in Mom or Grandma. I love you all.

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# INTRODUCTION

The aim of this research is to examine relationship self style, masculinity, and self-esteem as predictors of depression.

Depression is a common, well documented problem, with women affected almost twice as often as men. Masculinity (or instrumentality) has appeared to offer some protection from depression, and that protective function has been attributed to self-esteem. The relationship between masculinity and depression weakens or disappears when the level of self-esteem is taken into account (Feather, 1985; Tennon and Herzberger, 1987; Whitley, 1984).

Relationship self style is a mode of being in relationship with others; this will be described in subsequent sections of this chapter. Aspects of relationship self style, particularly the separate self style and the primacy of other care style, are correlated with masculinity (Donelson, Strommen, Frasetto and Reinhart, 1990). Aspects of relationship self style are also correlated with depression and with self-esteem (Pearson, Reinhart, Donelson, Strommen, Barnes, Blank, Cebollero, Cornwell, and Kamptner, 1985), with patterns differing for women and for men. However, there has

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been no previous examination of whether <u>or how</u> relationship self style affects the connection between masculinity, self-esteem, and depression. The following sections of this chapter will expand these statements about relationship self style, depression, and masculinity.

## Relationship Self Style

"Relationship self" is a term which refers to the mode of being in relation to others which is characteristic of a healthy person's self-organization (Pearson, et al., 1985). Drawing upon Gilligan (1982), one can differentiate between two styles of relationship self, which provide a foundation for patterns of interaction with others. They are the separate self, based upon what Gilligan (1982) calls the justice voice, and the connected self, based on what Gilligan calls the care voice.

The separate self, or justice voice, is centered upon individual achievement and emphasizes separation from others. Moral judgments are based on consideration of individual rights, equality and fairness. One with this orientation may be especially vulnerable to isolation and to threats of enmeshment with others. This style is thought to be more characteristic of men. Gilligan suggests that the justice voice is familiar to us from theories such as those of Kohlberg, Piaget and Erikson, but that there is no similar theoretical representation of the care voice.

The connected self, or care voice, is centered upon relationships and emphasizes attachment and connection with others. Moral judgments are based upon issues of care, nurture, equity and compassion. People with this orientation are vulnerable to threats of abandonment and to be coming enmeshed with others. This style is thought to be more characteristic of women.

The connected self draws not only on Gilligan (1982), but also on the similar notions of self-in-relation, a theoretical concept from J. B. Miller, Jordan, Surrey, Kaplan, Stiver and others at Stone Center, Wellesley College. These theorists also note the absence of self-in-relation and the emphasis on separation in prevalent psychodynamic theories and clinical orientations. Gilligan and Miller and her colleagues agree that care voice/self-in-relation are more characteristic of women. Gilligan, however, is careful to point out that both men and women use both voices, and that the particular voice used depends upon context, as well as one's sex.

The connected style may be further subdivided into two styles of relating to self and others, similar to and based upon, Gilligan's (1982) levels of care voice. Primacy of other care describes a less mature form of self-in-relation in which the needs of others are primary. This style closely matches the cultural prescription for women. Self and other care describes a more mature form of care orientation in which one considers one's own needs, as well as those of others. While

the Stone Center group did not specifically label these two orientations, they did discuss in a number of their papers the importance of valuing self, and the risks and vulnerabilities of women where orientation is primarily towards others (Pearson, et al., 1985).

Pearson et al. (1985) explored the relationship of relationship self style in women and men to variables including depression (measured with the Center for Epidemiological Studies Depression Scale (CES-D)), and self esteem (measured with the Rosenberg Self-Esteem Inventory). These measures were intended to access the psychological health of subjects endorsing the various self styles.

A second study (Donelson, et al., 1990), compared the relationship self style to related concepts such as sex roles, measured by the Bem Sex Role Inventory and the Spence and Helmreich's Personal Attributes Questionnaire (PAQ).

Interesting relationships were demonstrated with relationship self style, depression and self-esteem on the one hand, and relationship self style and gender roles on the other. However, when comparing results of the two studies and thinking about what might be expected based on studies of sex, depression, and self-esteem in the literature, there appeared to be some anomalies. This observation piqued my interest and served as the spur to the present study.

For example, one finding of interest in the first study is that for women there are positive correlations between

Primacy of Other Care (POC) and depression (r=.19, p=.01), and negative correlators between Primacy of Other Care and self-esteem (r=-.12, p=.05). Women who put others' needs first tend to be depressed and have low self-esteem. For men, Primacy of Other Care (POC) was not significantly related to depression or self esteem (Pearson, et al., 1985). Women's scores on Separate Self also showed a positive correlation with depression (r=.16, p<.01) and a negative correlation with self-esteem (r=-.18, p<.01). Men's scores in Separate Self were not significantly correlated with depression or with self-esteem. When women experienced themselves as more separate, they appeared to experience lowered self-esteem and more depression, while men did not seem to be negatively affected by a separate self style.

In the sex role study, Donelson, et al. found that in women there is a positive correlation between Primacy of Other Care and femininity (r=.22, p<.01), and a negative correlation between Primacy of Other Care and masculinity (r=.23, p<.01) on the Bem Sex Role Inventory. If masculinity is hypothesized to protect against depression through self-esteem (Feather, 1985; Tennon, et al., 1987; Whitley, 1984), it would make theoretical sense that women whose scores positively correlate with Primacy of Other Care (POC) and negatively correlate with masculinity might have scores that associate positively with depression and negatively with self-esteem, as was the case in the Pearson, et al., study.

In contract, Separate Self Style scores in women correlated positively with masculinity (r=.29, p<.01) on the BEM, yet in the Pearson, et al. study, Separate Self style was associated positively with depression and negatively with self-esteem. One might wonder, in the case of Separate Objective Self style in women, if masculinity is failing to protect against depression, and why. This is one question that the present research addresses.

## Conceptualizing Masculinity and Femininity

Ann Constantinople (1973), wrote a critique of then current conceptions of masculinity (M) and Femininity (F) which challenged a number of widely prevalent assumptions: that F and M were "whatever distinguishes males from females," that physical and psycho-social makeups are equivalent, that following gender stereotypes is normal while any deviation from them is not. Another assumption was that M and F are opposites, with F falling at one end of a bipolar scale and M at the other. In this view, as one is more F, one is less M, or vice versa. Some M-F tests, created within this tradition, were developed by choosing items that men and women answered differently in describing themselves (Donelson, 1996); used only men as subjects, assuming any statement that they did not endorse must be feminine, or, even more extreme in its implicit assumption, the M-F scale of the Minnesota Multiphasic Personality Inventory (Hathaway and McKinley,

1943) was developed on 13 gay men, assuming gay men were feminine.

Constantinople's (1973) critique influenced psychologists' thinking about M-F in a number of ways. Femininity and masculinity are no longer inherently assumed linked to biological sex, nor are they considered polar opposites. Two improved instruments for M-F measurements, the Personal Attributes Questionnaire (Spence, Helmreich, and Stapp, 1974), and the Bem Sex Role Inventory (Bem, 1974), showed three features that distinguished them from earlier instruments (Donelson, 1996).Both measure F and M on separate, unipolar dimensions, low to high, so that M and F are not opposites. One can be high or low on either, or both. Both also use a social rather than a biological criterion of M-F, and both were developed to have the two scales be equally desirable so that feminine people don't have to say more negative things about themselves than masculine people do. Since this research concerns the Mas scale and not the FEM scale, FEM is not discussed.

Spence, Helmreich and Stapp (1975) suggested a four-fold classification of M-F scores, which is possible with the unipolar measurement of M and F as separate dimensions. People are categorized as above or below the median in M or F. A sex-typed person is one who scores above the median at the dimension corresponding to biological sex and below the median on the other. A cross-sex typed person shows the opposite

pattern, scoring low on the dimension corresponding to biological sex and high on the dimension for the sex not one's own. A person who scores high on both dimensions is considered androgynous, one who scores low on both dimensions is undifferentiated. While this classification scheme has been criticized for loss of information and lack of reliability (Blanchard-Fields, Suhrer-Roussel and Hertzog, 1994; Cohen and Cohen, 1975; Pedhazur and Tetenbaum, 1979; Spence, 1984, it has nonetheless been productive in research. For example, one frequent finding is that both women and men in a given category behave similarly to each other in ways that differentiate them from people in other categories. Scales can also be used to measure differences between women, or between men.

## Androgeny, Masculinity and Adjustment

Psychologists had long assumed that to be healthy and happy, a woman should be feminine or a man should be masculine. This is the traditional or congruence model of adjustment (Whitley, 1983, 1988). With newer views of M-F, the androgeny model was favored. Androgenous people are assumed to be healthiest because they are more flexible and have a broader range of skills with which to respond in more situations than a sex-typed person (Bem and Lenny, 1976). However, current research gives strong support for the masculinity model; masculine people of either sex have better

general adjustment. Androgenous people, like masculine people, are high in masculinity; thus masculinity may be the critical element in general adjustment as defined in this culture (Anthill and Cunningham, 1979, 1980; Bern, 1977; Spence, et al., 1975; Kelly and Worrell, 1977, O'Heron and Orlofsky, 1990; Orlofsky and O'Heron, 1987; Whitley, 1982, 1988). For both men and women, masculinity is positively correlated with general measures of adjustment, such as self-esteem, lack of depression and lack of anxiety (Stein, Newcomb and Bentler, 1992). One defining feature of masculinity is instrumentality. Instrumentality at age 12 predicted the adjustment of both women and men when they were 31 and 41 (Aube' and Koestner, 1992).

Self-Esteem

One reason for this pattern may be that masculine characteristics have more adaptive significance for a person than do feminine characteristics in this culture (Jones, et al., 1978; Orlofsky and Stake, 1981; Whitley, 1984). The relationship of instrumentality, as a part of masculinity, to adjustment may be due to self-esteem (Feather, 1985; Tennon and Herzberger, 1987; Whitley, 1984). It may not be possible to disentangle instrumentality, self-esteem and culture. Self-esteem is based on having traits considered important in the culture. In certain cultures those traits have been ones associated more with instrumentality assigned to men than with
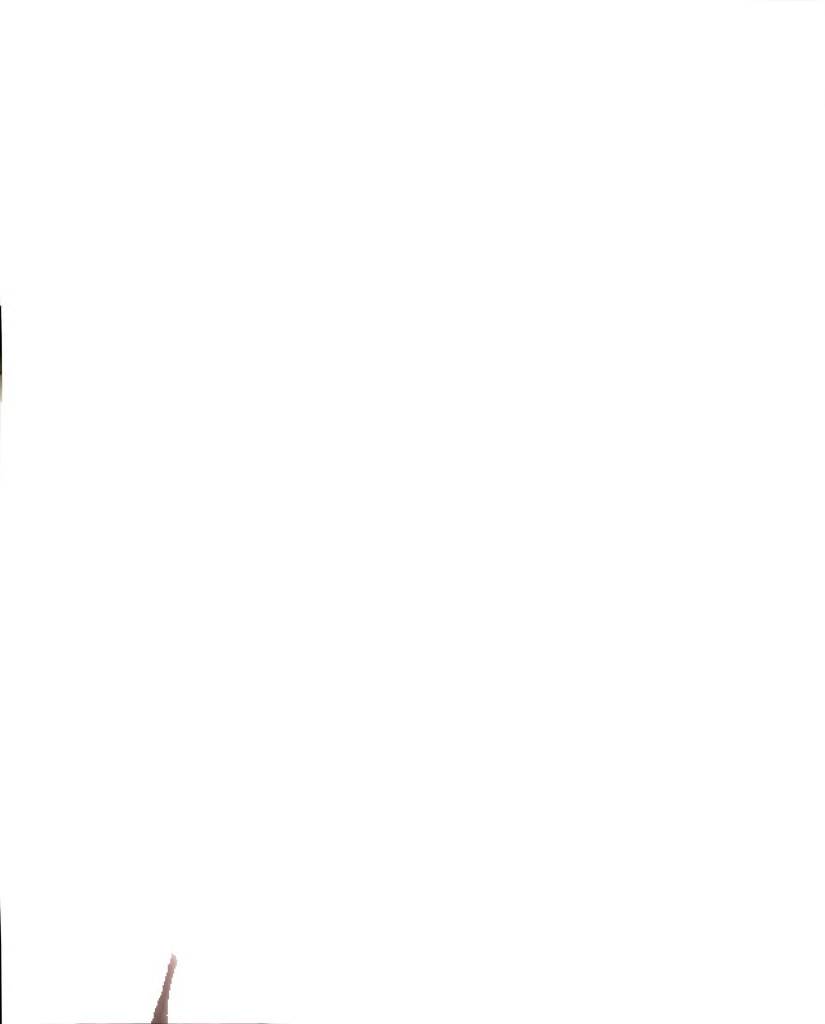
expressiveness assigned to women (Donelson, 1986). Certainly, this would appear to be reflected in psychological theory and research in the previously-mentioned attention to separateness, considered more characteristic of men, and lack of attention to connectedness, considered more characteristic of women.

As discussed and explored here, self-esteem is a positive or negative attitude or evaluation of the self, with high self-esteem expressing the feeling that one is "good enough," a view of oneself as a person of worth, a self-respecting, but not a self-aggrandizing position (Rosenberg, 1965). Neither deficiencies nor strengths are exaggerated or ignored, and self-acceptance anticipates future growth and self improvement. Low self-esteem implies a negative view of the self as not worthy of esteem, an expression of self-dissatisfaction or, more extreme, self-rejection and self-contempt.

For both women and men, masculinity is more strongly related to self-esteem than is femininity (Spence, Helmreich and Stapp, 1975; Welter, 1975).

Environmental support for one's self-view is very important: self-esteem in one's role depends on the environment allowing behavioral experience relevant to one's self-view, and rewarding one's efforts in ways that are personally meaningful. Most variation in self-esteem is likely based on the content of one's self-concept and ideals, with

low self regard experienced when felt deficiencies concern central characteristics of one's self-concept, in relation to the attributes rewarded, censured or ignored in the environment (Donelson and Gullahorn, 1977).

## Depression

Depression has been well documented as a substantial, pervasive and serious problem for women: 20 to 30 percent of all women are estimated to suffer from depression, often moderately severe, at some time in their lives (Weissman and Klerman, 1977). Sex differences in depression are a consistent finding across institutional settings, where twice as many women as men undergo depressive episodes, and three times as many women as men in the age groups 25-44 seek help for depression through outpatient services (Carmen, Russo and Miller, 1984). Surveys of nonpatient populations produce similar statistics (Weissman and Klerman, 1977). Other research indicates that these results are not artifacts reflecting gender differences in help seeking behavior, willingness to acknowledge psychological symptoms, or diagnostic labeling biases. Such replication of findings thus represent real sex differences in depression, for which current understandings of biological, endocrinological, and genetic contributions provide insufficient explanation (Carmen, Russo and Miller, 1984).

Among preschool and elementary school children, gender differences are not found, or else there is a slight tendency for boys to be more depressed than girls (Nolen-Hoeksema, 1991). Most studies found that sex differences in rates of depressive symptoms (sleep disturbance, low energy levels, low self-esteem, concentration difficulties, pessimism) became apparent in adolescence (Block, Gjerde, and Block, 1991; Kovacs, 1989). For example, 29 percent of girls and 15 percent of boys aged 14 to 16 report depressive symptoms of at least moderate severity (Kashani et al., 1976). Studies of clinical depression in the United States, as well as in other countries, show that about twice as many women as men have been diagnosed as depressed, although there is some variation from country to country in the exact proportions (Nolen-Hoeksema, 1987, 1991). Questionnaires and inventories have been used to assess depression in community samples. Most studies of large heterogeneous samples show more depression among women, at about twice the rate of men (Nolen-Hoeksema, 1987, 1991). This difference remains, even when account is taken of income levels, education levels, and occupation (Donelson, 1996).

Exceptions to the sex differences are Old Order Amish, recently bereaved adults, elderly adults, and college students (Nolen-Hoeksema, 1987). College students do not necessarily show the gender differences, but similarly-aged people not in college do (Faden, 1977). Generally, goals and lifestyles of

men and women in college are more similar than they are in non-college populations (Hammen and Pedesky, 1977).

The attempts to explain the higher rates of depression in women are many and complex. Many life circumstances may contribute to depression in men and women, including being young, poor, uneducated, nonwhite, unemployed, in low status jobs, or ill (Donelson, 1996, Bele, 1990; Golding, 1988; Horwitz, 1982; Radloff, 1975; Radloff and Monroe, 1978). Women are more likely to experience many of these conditions, in addition to the stress of violence, which also contributes to depression (Doyle and Paludi, 1991). Poor women are disproportionately exposed to crime and violence, and minority women are also exposed to discrimination, including discrimination-provoked violence (Bell, 1990).

Thus, depression is greatest among young, low-income women with young children, especially if they are divorced, separated or unemployed (Bell, 1990). Ethnic minority women are more likely to be undereducated and living in poverty, to be poor longer, and more prone to be the victims of violence, all conditions leading to elevated depression (Donelson, 1996, in process).

Within the broader categories of people at risk for depression, there are individual differences (Donelson, 1996). Relevant variables include employment and marriage. However, for the purpose of this study, we will focus on a third

variable, the role and nature of relationships in one's personal identity.

Jean Baker Miller (1986) stated that a major risk factor for depression in women is the socialization practices that result in a sense of self-worth, which is contingent upon the success of significant relationships.

Kaplan (1984) argues that central dynamics of depression are essentially a distortion of aspects of women's normative development in Western society. She uses self-in-relation theory to illustrate how women's felt responsibility for relationships can lead to vulnerability to loss, inhibition of action and assertion, inhibition of anger, and low self-esteem when connection is thwarted, threatened, or devalued. Related approaches to the study of depression explore predisposing personality factors (Salzman, 1974; Chodoff, 1974) in individual personality structures; Kaplan examines features of personality structure common to women as a group, linking them to existing accounts and descriptions of depression.

A model developed by Dana Jack (1991; Jack and Dill, 1992) shows how views about how to create and maintain safe, intimate relationships lead women to silence certain feelings, thoughts, and actions. The self-silencing contributes to a fall in self-esteem and feelings of a "loss-of-self," as a woman continually experiences the self-negation she thinks is required for feminine social behavior.

Actual loss of relationships and feelings of rejection or abandonment may also trigger depression in women (Donelson, 1977; Miller, 1986), as well as men (Zuckerman, 1989).

For persons with self-concepts organized around performance or personal achievements, experiences of loss other than relationship (e.g. loss of job, failing on exam, losing a competition) may be just as devastating in their challenge to identity, role, values, and existential purpose (Bibring, 1953). So, to the extent that women's experiences of self are organized around being able to make and maintain affiliations, the threat of disruption of these ties is perceived not just as loss of a relationship, but as a total loss of self (Miller, 1976).

Submission to a dominant personality and subsequent failure to thrive as a person can also contribute to depression (Arieti, 1982; Carson and Butcher, 1992). Inequalities in marriage are related to a woman's depression (VanFossen, 1981). For Mexican-American women, a major predicator of depression was not having anyone to talk to about important life events (Donelson, 1996, in process). Pearson et al. (1985) showed that there are correlations between relationship self styles and depression, which will be presented in more detail in following sections.

Masculinity, Femininity and Depression

If, indeed, women are more subject to depression than men, are feminine people more subject to depression than masculine people? (Donelson, 1996, in process). Masculinity is correlated with general adjustment, by measures that include depression, anxiety, and self-esteem, but femininity is correlated with social adjustment, by measures that include social self-esteem, sociability, and satisfaction with relationships (e.g., Whitley, 1984; Nezu and Nezu, 1987).

Masculinity is usually associated with positive mental health characteristics, while the role of femininity varies. The relationality and expressiveness of femininity are an asset in developing relationships and are particularly valuable in some living and work situations (Donelson, 1996, in process). The value of femininity, as well as that of masculinity, was shown in a study of women who were nurses (Sternbarger and Greenberg, 1990). Nursing is a profession with both instrumental and interpersonal demands. Women who were high on both femininity and masculinity reported the least occupational distress, as well as the least amount of depression.

Differences among college women in distress were due mainly to the fact that those classed as masculine reported the lowest stress of the four gender role groups of women. In contrast, differences among the gender role categories for men were due to high distress for feminine men. Masculinity helped

women; femininity hurt men. The relationship of gender roles to anxiety and depression was also shown when considering negative events college students experienced during a semester (Rovsand and Cohen, 1987). As expected, masculinity was significantly related to low anxiety and depression both at the beginning of the semester and eight weeks later, while femininity was related only to access to social support.

## Relationship Self Style, Self-Esteem, M-F, and Depression

In the Pearson, et al. (1985) study, self-esteem is correlated with relationship self style. Women who endorsed a Connected Self Style (CON) scored within the normal range for self-esteem and depression. Men whose scores were high on CON correlated positively with self-esteem (r=.13, p<.05) and negatively with depression (r=.13, p<.01). However, women who scored high on Primacy of Other (POC) showed negative correlation with self-esteem (r=-.18, p<.01) and positive correlation with depression (r=+.19, p<.21). Scores of women who endorsed a Separate Self Style (SEP) also correlated negatively with self-esteem (r=.12, p<.05) and positively with depression (r=.16, p<.01).

Donelson, et al. showed that women who scored high on SEP also scored higher on masculinity (r=.29, p<.01) and lower on femininity on the Bem Sex Role Inventory (BSRI) (r=-.11, p<.05). If we could compare the two groups, it would appear that masculinity is not protecting against depression in women

as it does in men. Women who scored high on Self and Other Care also scored high on masculinity (r=.33, p<.01) as well as femininity (r=.17, p<.05) on the BSRI. For men, SOC is correlated with masculinity (r=.34, p<.01) on the BSRI.

As originally conceptualized, no measure of Masculinity-Femininity was included in Pearson et al., 1985. However, a Mas scale has been developed from Gough's ACL, which was one of the scales administered in that study. This made it possible to draw on findings of both earlier studies to examine Mas, relationship self style, and self-esteem as predictors of depression.

<u>Hypotheses</u>

Predictions pertaining to all relationship self styles:

1.  Masculinity will not directly contribute to depression in women or in men.

2.  Masculinity will contribute to depression through self-esteem in women and in men.

3.  The self-esteem-depression relationship will differ for women and men.

4.  Masculinity will contribute to self-esteem in a positive direction.

5.  Self-esteem will contribute to depression in a negative direction.

Predictions pertaining to the Connected Self Style (CON):

1.  Masculinity will contribute little to CON.

2.    CON will contribute little to self-esteem or depression in women.

3.    CON will contribute positively to self-esteem in men.

Predictions pertaining to Self and Other Care (SOC):

1.    Masculinity will contribute positively to SOC in men and in women.

2.    SOC should contribute positively to self-esteem in men, but not in women.

3.    SOC will then contribute to depression through self-esteem in men, but not in women.

4.    SOC will contribute little to depression directly in men or women.

Predictions pertaining to Primacy of Other Care (POC):

1.    Masculinity will contribute to POC in a negative direction, more so for men than for women.

2.    POC will contribute to self-esteem in a negative direction for women and for men.

3.    POC will contribute to depression through self-esteem for women and for men.

4.    POC will contribute little to depression directly.

Predictions pertaining to Separate Self (SEP):

1.    Masculinity will contribute to SEP for women and for men.

2.    SEP will contribute to self-esteem for women in a negative direction.

3.    SEP will contribute to depression through self-esteem for women.

4.   SEP will contribute directly to depression in women.

METHODS


The data used for this research were drawn from a data base collected in the period of April, 1985, through June, 1985. Participants were asked to complete packets of instruments, including the measures used in this study.


## Subjects

Subjects included the following groups: 50 students enrolled in a large West Coast High School (32 women, 18 men); 534 undergraduates enrolled in a large Midwestern University (350 women, 184 men); 524 adults (516 women, 8 men) attending a four-day, on-campus Adult Enrichment Program at a large Midwestern University, and 37 recently divorced or separated persons (29 women, 8 men).


## Instruments

Copies of all instruments are included in Appendix B.

**Relationship Self Inventory**

There is a relative absence of empirical studies of the care voice and self-in-relation (Pearson, et al., 1985). Gilligan and her students used qualitative methods of narrative interpretation, and the Stone Center group drew from

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clinical experience. The Relationship Self Inventory (RSI) was developed to offer a paper-and-pencil inventory which would provide a contrasting methodology for measurement of these orientations (Pearson, et al., 1985).

The authors' assumptions and interest in developing the scales making up the inventory were:

> "That these orientations reflect contrasting organizations of the self, which in turn affects the organization of responses to moral dilemmas, attributes featured in self-descriptions, and characteristic modes of handling self in interactions with others."

The Relationship Self Inventory (RSI) is a measure of relationship self style. The inventory in its present form is made up of four scales: Separate Self (SEP), measures justice voice as described by Gilligan; Connected Self (CON), measures care voice and self-in-relation; and two scales that measure different manifestations of CON - Primacy of Other Care (POC), describing the less mature form of self-in-relation which also closely matches the cultural prescription for women; and Self and Other Care (SOC), describes the more mature form of care orientation in which one considers one's own needs as well as those of others.

The 60 items were prepared as a test booklet and administered to all subjects. Participants rated the self-descriptive value of items on a five-point scale: 1="Not like me at all," to 5="Very much like me." Scale alphas are satisfactory for all scales (see Table 1).

Table 1

Revised Relationship Self Inventory Internal Consistencies (Cronbach's Alpha)

|  | Separate/ Objective Self | Connected/ Relational Self | Primacy of Other Care | Self and Other Care |
|---|---|---|---|---|
| Women (N=930) | .77 | .76 | .68 | .78 |
| Men (N=228) | .85 | .76 | .67 | .77 |

The scale intercorrelations (see Table 2) show relationships between scales which fit with theory. The inventory is appropriate for use with men as well as women. However, the theorizing on which the RSI is based has been drawn primarily from women's development. Thus, patterns of inter-connection between Relationship Self and other psychological phenomena have been articulated for women more than for men.

Table 2

Revised Relationship Self Inventory Scale Intercorrelations for Women and Men (From Original Study)

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

Note. n = 1145
   Intercorrelations for women above the diagonal;
   Intercorrelations for men below the diagonal
   Corrected for attenuation

## Center for Epidemiological Studies Depression Scale

Depression was assessed using the Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977). This scale was chosen because it is more oriented toward assessment of nonclinical depression than other widely used depression scales. The CES-D (Radloff, 1977) is a 20-item self-report scale designed to measure a wide range of depressive symptomatology in the general population, not in a clinical sample. Respondents are asked to indicate how often within the past week they have experienced the items as applicable to themselves, using a 4-point rating scale of frequency per week, where 1=Rarely or None of the Time (less than one day), 2=Some or a Little of the Time (1-2 days),

3=Occasionally or a Moderate Amount of Time (3-4 days), and 4=Most or All of the Time (5-7 days).

Radloff (1977) reports high internal consistency (.85) and adequate test-retest reliability (.54). Validity was established by patterns of correlations with other self-report measures, by correlations with clinical ratings of depression, and by relationships with other variables which support its construct validity (significant life events, perceived need for treatment, improvement after treatment). Reliability, validity and factor structure were similar across a wide variety of demographic characteristics in the general population samples tested.

**Rosenberg Self-Esteem Inventory**

The Rosenberg Self-Esteem Inventory (Rosenberg, 1965) was used to measure self-esteem. This is a 10-item self-report scale which asks respondents to strongly disagree, disagree, agree, or strongly agree with items reflecting positive or negative attitudes toward the self. Rosenberg (1965) reports test-retest reliability of .92 and internal consistency of .72. The scale has been shown to be empirically related to depressive affect, anxiety, and peer-group reputation (Rosenberg, 1979). Convergent validity has been shown with measures of the same concept based on different methods: Kelly Repertory Test (a self-ideal discrepancy test), a self-image

questionnaire, and psychiatrist's ratings (Silber and Tippett, 1965).


## Masculine Attributes Scale of the Gough-Heilbrun Adjective Checklist

The Gough-Heilbrun Adjective Checklist (ACL) (Gough and Heilbrun, 1971), consists of 300 adjectives which can be scored for a number of personality variables. The original scales of interest were *nurturance, autonomy, expectation*, and *achievement.* However, the scale of interest for this research is a more recently developed scale, measuring masculinity (Heilbrun, 1976).

The Masculine Attributes Scale (Mas), a subscale of the ACL, (Heilbrun, 1976), selected items which discriminated between college males who identified with masculine fathers and women who identified with feminine mothers. MAS contains 22 items scored +1 for endorsement. This scale is intended to serve three functions of measurement: (1) to distinguish between male and female respondents, (2) to place individuals along a continuum on which higher scorers will be described as more masculine by observers or acquaintances and lower scorers as less masculine and, (3) to differentiate between individuals having modal vs. non-modal sexual preferences (Gough and Heilbrun, 1980).

Items on the Mas are not all socially desirable. Robert Wilson and Ellen Piel Cook (1984) examined concurrent validity of the ACL, Mas and FEM scales (Heilbrun, 1976), PAQ (Spence,

et al. 1974), BSRI (BEM, 1974), and the ANDRO scale (Berzins, et al., 1978), through the use of correlational and factor analytic techniques. One factor, instrumentality, attracted masculinity scale factors (Parsons, 1976) from all four instruments and appeared to define the common items of the masculinity scales. Salient first order factors included a dominance-leadership factor which included six items from the ACL-Mas. The ACL-mas also had four items in a "gender identified" factor (masculine, handsome, tough, strong), as well as two items in "perseverance," two items in "friendly self-confidence," six items in "uncaring narcissism," and six items in an "ingenuity" factor.

Since scores are correlated with total number of adjectives checked, separate norms for the masculinity (and femininity) scales were developed by quartile of behaviors checked. Standard scores in which the effect of numbers checked is removed must be used in studies of the diagnostic and predictive implications of the scale (Gough, 1983). The necessary adjustments were made to our data using the conversion table provided in the ACL manual.

The scale contains 22 items, all scored +1 for endorsement (see Appendix B for a complete list of Mas items). Examples are *assertive, enterprising,* and *masculine.* The normative sample of 5,238 males had a raw score mean of 8.62 on Mas, SD=4.41. The 4,164 females had a mean of 6.71, SD=3.90. The difference of 1.91 in favor males was highly

significant (f=21.94, p<.001). The point-biserial correlation for the differences was .22 (Gough, 1983).

**Other Instruments**

Other instruments administered, not relevant to this study, included selected scales from the EASI-III Temperament Survey (Buss and Plomin, 1975); Reinhart's Agency and Communion Scales (Reinhart, 1985); and two subscales of the Interpersonal Dependency Inventory (IDI; Hirschfeld, Kierman, Gough, Barrett, Korchin, and Chodoff, 1977). For analysis of these instruments, see Pearson, et al., 1985.

<u>Procedure</u>

Subjects completed packets containing the RSI, all of the measures previously described, and a survey requesting demographic information. The RSI was always administered first to avoid effects of test order on responses to the RSI. The remaining instruments were divided into four sets which were arranged in four different orders chosen so that each set appeared in first, second, third, and fourth testing orders. Approximately equal numbers of packets in each order were distributed at each test session. The packets took about an hour to complete.

Undergraduate students were recruited from courses in Introductory and Developmental Psychology for participation in group testing sessions. The adult women from the on-campus

enrichment program were recruited through distribution of the materials to interested persons as they went to lunch, for completion at their convenience. Large boxes were placed in convenient locations for returning packets; participants could also mail in their packets at a later date. About 1,000 packets were originally distributed; of these, about half were returned complete. RSI's were included in the scale development analysis. However, not everyone who filled out an RSI also completed the remaining materials. The numbers of participants for whom scores on both RSI and other scales are available is 289; 195 women (including both students and adults), and 89 men (all students).

This research was approved by UCRIHS in March, 1985.

Analyses

Descriptive statistics for the sample were calculated providing frequencies, means and standard deviations.

A correlational matrix was completed to explore hypotheses regarding expected patterns of correlations for the relational perspectives of CON, POC, SOC and SEP, with the variables of masculinity, self-esteem and depression.

A series of path analysis were executed to explore the hypotheses regarding the association of the variable masculinity with the variables relationship self styles (CON, SOC, POC AND SEP), self-esteem and depression. See Figure 1.
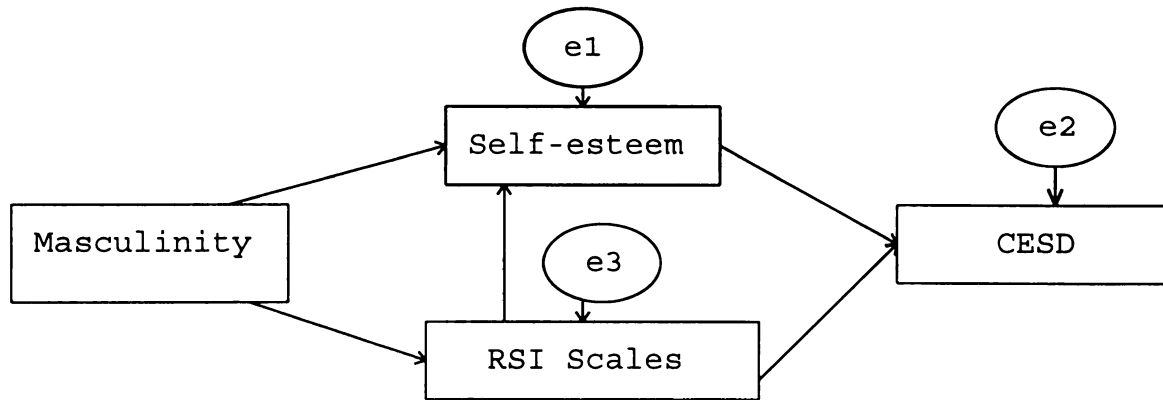
Figure 1 - Path Model

Separate path models will be executed for the total sample, females, and males combined with each of the relationship self styles, 12 models in all.

RESULTS


The sample selected for this research consisted of those participants who completed all relevant measures. The resulting sample consisted of 195 women whose mean age was 29.76, with a standard deviation of 15.59; and 89 men whose mean age was 23.64, with a standard deviation of 10.90. Table 3 presents the means and standard deviations for the resulting sample for the variables Connected Self (CON), Primacy of Other Care (POC), Self and Other Care (SOC), Separate Self (SEP), depression, self-esteem and masculinity, listed by total sample, women and men separately.

Table 3

<u>Descriptive Statistics for the Observed Variables</u>

| Variable | Women | | Men | | Total | |
|---|---|---|---|---|---|---|
|  | M | SD | M | SD | M | SD |
| Connected Self | 4.05 | .56 | 4.00 | .45 | 4.03 | .51 |
| Primacy of Other Care | 3.25 | .53 | 3.25 | .44 | 3.25 | .50 |
| Self and Other Care | 3.86 | .50 | 3.91 | .46 | 3.88 | .49 |
| Separate Self | 2.60 | .51 | 2.75 | .59 | 2.64 | .54 |
| Depression | 1.66 | .54 | 1.80 | .52 | 1.70 | .54 |
| Self Esteem | 3.25 | .53 | 3.24 | .52 | 3.24 | .52 |
| Masculinity | 13.26 | 5.12 | 13.67 | 5.06 | 13.39 | 5.10 |

<u>Note.</u> Total <u>n</u> = 284; <u>n</u> for women = 195; <u>n</u> for men = 89

Relationships Among Relationship Self Styles and Other
Variables

Pearson correlations were computed to explore intercorrelations among all variables. Correlations for the total sample are presented in Table 4, and for women and men in Table 5, with correlations for women presented above the diagonal and correlations for men presented below the diagonal. Correlations for women and men, corrected for attenuation, appear in Appendix C.

Table 4

Intercorrelations Among the Observed Variables for the Total Sample

|  | V1 | V2 | V3 | V4 | V5 | V6 | V7 |
|---|---|---|---|---|---|---|---|
| V1.Connected Self | 1.00 | .47** | .39** | -.22** | -.05 | .08 | .05 |
| V2.Primacy of Other Care |  | 1.00 | .09 | .06 | .20** | -.23** | -.12* |
| V3.Self and Other Care |  |  | 1.00 | .26** | -.01 | .14** | .22** |
| V4.Separate Self |  |  |  | 1.00 | .18** | -.09 | .30** |
| V5.Depression |  |  |  |  | 1.00 | -.50** | -.09 |
| V6.Self Esteem |  |  |  |  |  | 1.00 | .24** |
| V7.Masculinity |  |  |  |  |  |  | 1.00 |

Note. n = 284
    ** Correlation is significant at the p<.01 level (1-tailed)
    * Correlation is significant at the p<.05 level (1-tailed)

Table 5

Intercorrelations Among the Observed Variables for Women and Men

| | V1 | V2 | V3 | V4 | V5 | V6 | V7 |
|---|---|---|---|---|---|---|---|
| V1.Connected Self | | .51** | .36** | -.20** | -.01 | .05 | -.06 |
| V2.Primacy of Other Care | .33** | | .07 | .08 | .17** | -.21** | -.10 |
| V3.Self and Other Care | .47** | .14 | | .25** | .08 | .08 | .21** |
| V4.Separate Self | -.29** | .02 | .27** | | .15* | -.08 | .32** |
| V5.Depression | -.15 | .26** | -.25** | .18* | | -.43** | -.09 |
| V6.Self Esteem | .19* | -.29** | .30** | -.10 | -.65** | | .26** |
| V7.Masculinity | .00 | -.18* | .25** | .27** | -.10 | .20* | |

Note. For Women (N=195, above the diagonal), for Men (N=89, below the diagonal
** Correlation is significant at the p<.01 level (1-tailed)
 * Correlation is significant at the p<.05 level (1-tailed)

As anticipated, in women, CON showed significant positive correlations with POC and SOC, and a significant negative correlation with SEP. SOC also showed a significant positive correlation with SEP. Masculinity showed expected significant positive correlations with SOC, SEP, and Self Esteem. Self Esteem, in turn, showed expected significant negative correlations with POC and depression. Depression showed significant positive correlations with POC and SEP, as expected.

In men, CON showed the same pattern of significant positive correlations with POC, SOC, and negative correlations with SEP. In addition, in men CON showed an anticipated significant positive correlation with self-esteem. As expected, masculinity showed significant negative correlation with POC in men, and significant positive correlations with

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SOC and SEP and with self-esteem, although the correlation with self-esteem was weaker than the corresponding correlation in women. Self-esteem also showed strong negative correlations with POC and Depression.

Depression showed significant positive correlations with POC and SEP, and a strong negative correlation with SOC. This was expected, but different from women, in whom SOC does not correlate significantly with depression.

Path Analyses

In order to answer the questions in the research hypotheses, a path analysis with manifest variables was used. For the sake of parsimony, and to avoid multicolinearity, each of the RSI variables was entered in a separate path model. All path models are shown in Figures 2, 3, 4, and 5.

Each of the four models, one for each RSI scale, was analyzed separately for the total group, women and men. Models for Connected Self (CON), Self and Other Care (SOC), Primacy of Other Care (POC), and Separate Self (SEP) are designated as Models 1, 2, 3, and 4, respectively. Models for total group, women and men separately, are designated as a, b, and c, respectively under each Relationship Self Style. For example, Model 2a is Connected Self (CON), total sample.

## Model Fit

AMOS (James L. Arbuckle, 1996) was used to conduct the path analysis. Four estimates of goodness of fit are reported in Table 6, including the Chi-Square Estimate, the Goodness of Fit Index (GFI; Joreskog and Sorbom, 1989), the Adjusted Goodness of Fit Index (AGFI), and the Normed Fix Index (NFI). Model Fit was excellent in each case. However, in the first run of Model 1a, b, and c, the from Mas to CON was not significant. That path was dropped path to allow CON to become an exogenous variable, allowing for two separate paths to SE in this model.

Table 6

Four Estimates of Goodness of Fit

|  | GFI | AGFI | NFI |
|---|---|---|---|
| Model 1 - Connected Self Style (CON) |  |  |  |
| a. $x^2$ (2, $n$ = 284) = .97, p< .62 | 1.00 | .99 | .99 |
| b. $x^2$ (2, $n$ = 195) = .86, p< .65 | 1.00 | .99 | .98 |
| c. $x^2$ (2, $n$ = 89) = .17, p< .92 | 1.00 | .99 | 1.00 |
| Model 2 - Self and Other Care (SOC) |  |  |  |
| a. $x^2$ (1, $n$ = 284) = .176, p< .67 | 1.00 | 1.00 | 1.00 |
| b. $x^2$ (1, $n$ = 1905) = 0.0, p< .99 | 1.00 | 1.00 | 1.00 |
| c. $x^2$ (1, $n$ = 89) = .332, p< .56 | 1.00 | .98 | 1.00 |
| Model 3 - Primacy of Other Care (POC) |  |  |  |
| a. $x^2$ (1, $n$ = 284) = .564, p< .45 | 1.00 | .99 | .99 |
| b. $x^2$ (1, $n$ = 195) = .159, p< .69 | 1.00 | 1.00 | .99 |
| c. $x^2$ (1, $n$ = 89) = .320, p< .57 | 1.00 | .98 | .99 |
| Model 4 - Separate Self (SEP) |  |  |  |
| a. $x^2$ (1, $n$ = 184) = .06, p< .80 | 1.00 | 1.00 | 1.00 |
| b. $x^2$ (1, $n$ = 195) = .12, p< .73 | 1.00 | .98 | 1.00 |
| c. $x^2$ (1, $n$ = 89) = .00, p< 1.00 | 1.00 | 1.00 | 1.00 |

Note. Estimates include: 1. Chi Squared Goodness of Fit Test ($X_2$) 2. Goodness of Fit Index (GFI), 3. Adjusted Goodness of Fit Index, and 4. Normed Fit Index (NFI)

Results Common to All Relationship Self Styles

Results that apply to all Relationship Self Styles will be discussed first, followed by discussion of each Model (1-4) that represents a particular style. Path models for CON, POC, SOC and SEP, with significant paths (CR>1.69) denoted by an asterisk, are illustrated in Figures 2-5, respectively.
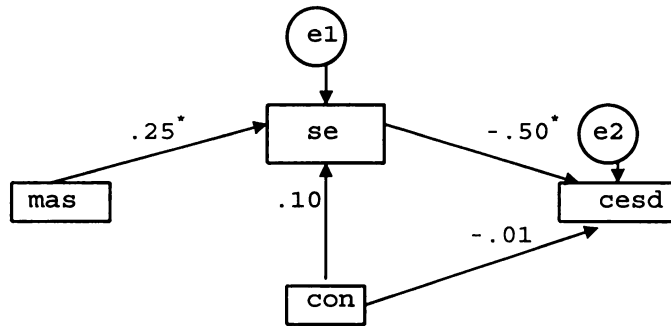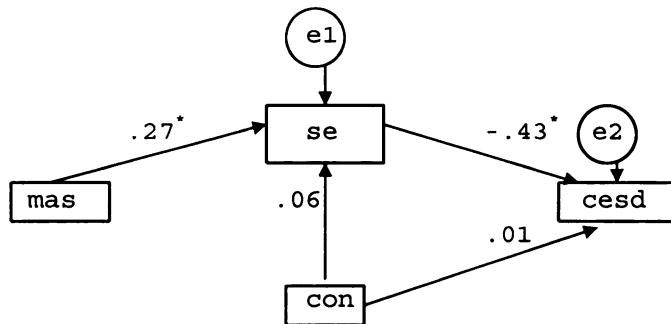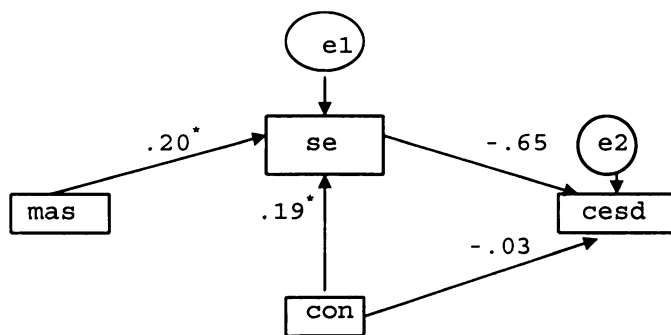
Figure 2: Path Models Containing the Variable
            Connected Self (CON)

Note. Significant paths noted by asterisk.
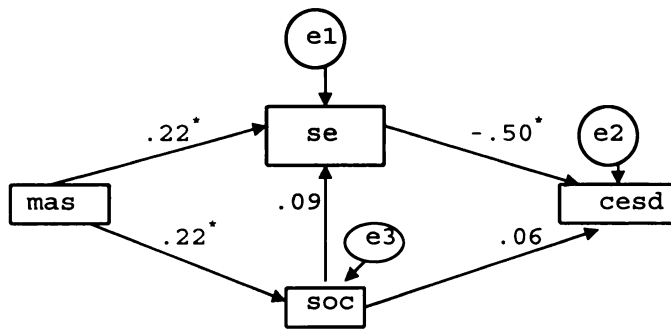
3a. Total Sample
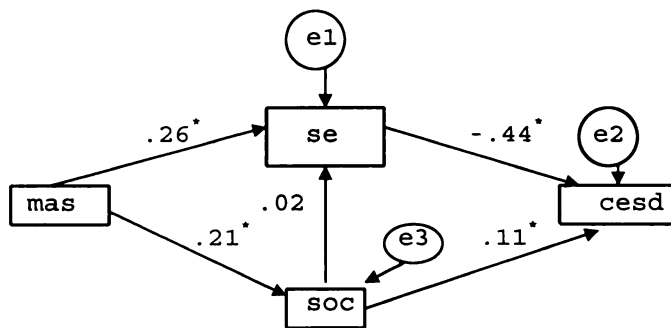
3b. Female Sample
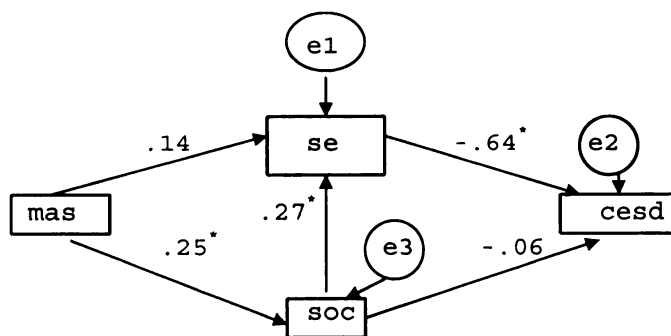
3c. Male Sample

Figure 3: Path Models Containing the Variable Self and Other Care (SOC)

Note. Significant paths noted by asterisk.
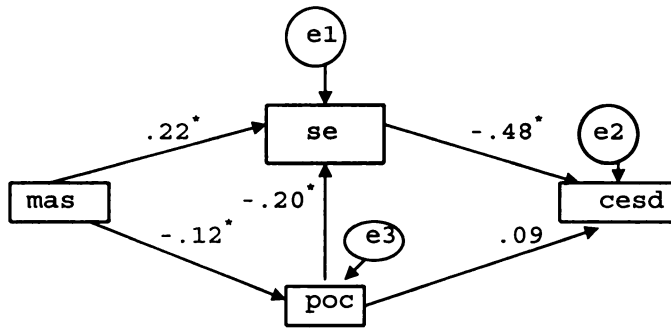
4a.  Total Sample
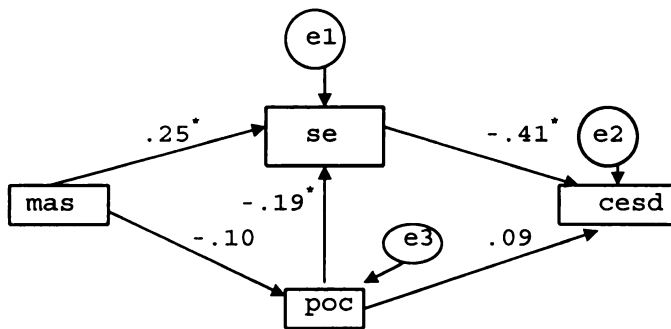
4b.  Female Sample
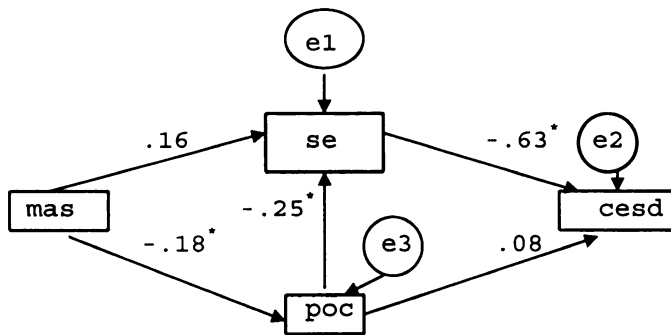
4c.  Male Sample

Figure 4: Path Models Containing the Variable Primacy of Other Care (POC)

Note. Significant paths noted by asterisk.
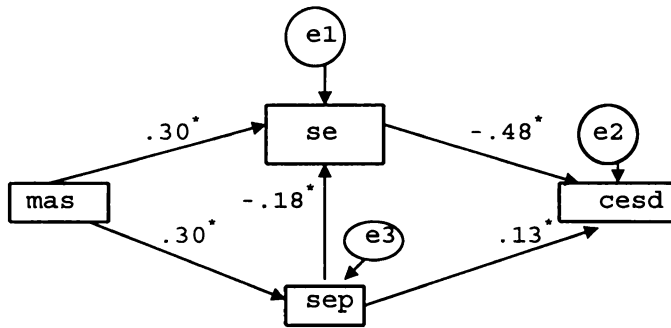
5a.  Total Sample
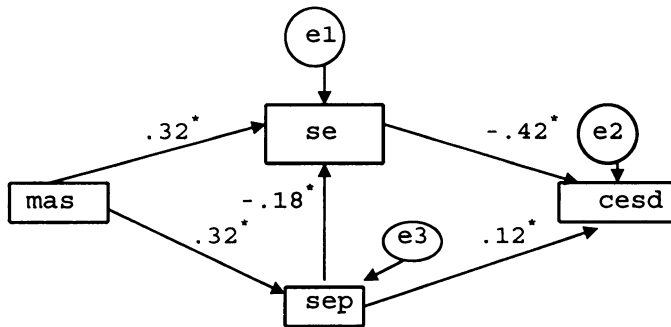
5b.  Female Sample
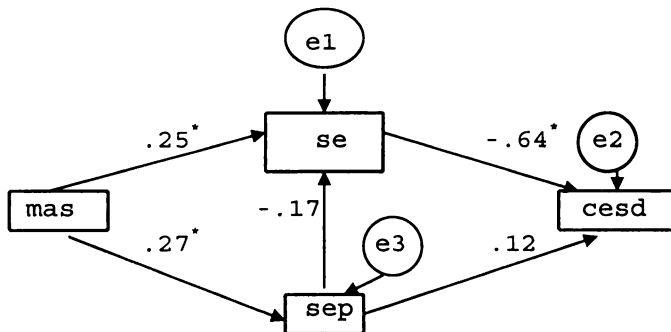
5c.  Male Sample

Figure 5: Path Models Containing the Variable
            Separate Self (SEP)

Note. Significant paths noted by asterisk.

All hypotheses pertaining to all relationships were supported. As predicted, the direct path between masculinity and depression in women or in men was not significant. Masculinity did not directly contribute to depression. The path from Masculinity (Mas) to Self-esteem (SE) was positive and significant, as predicted, in all Relationship Self Styles for women, and in CON and SEP for men; and positive but not significant in POC and SOC for men. The path from SE to Depression (CES-D) was negative and significant in every case, with $\beta$'s for women smaller than for men in each case. Beta weights for women ranged from $\beta = -.41$ to $-.44$, and for men, $\beta = -.63$ to $-.65$. This finding was stable, occurring in all Relationship Self Styles and was as predicted.

## Results Specific to Each Relationship Self Style

All hypotheses pertaining to CON were also supported. As predicted, Mas did not contribute to Connected Self (CON), (see Figure 2) so, as previously mentioned, the path from Mas to CON in Model 1 was deleted. CON contributed positively to SE in men, but not in women, as predicted.

The first three hypotheses pertaining to SOC were supported. The fourth was not. The path from Mas to Self and Other Care (SOC) was positive and significant in both women and men, as predicted. Also, as predicted, the path from SOC to SE was significant and positive for men, but not for women. However, the path from SOC to CES-D in women was positive and

significant. This was not expected; nonsignificant paths in both women and men were predicted. The path from SOC to CES-D in men was not significant.

All hypotheses pertaining to POC were supported. The path from Mas to Primacy of Other Care was negative in both men and women, but only significant in men, as predicted. The path from POC to SE was negative and significant in both women and men, as predicted. The path from POC to CES-D is not significant in men or women, as predicted.

It appears that the significant POC-CES-D correlations reported in Table 4 are attributable to the negative relationship of POC with Mas and its corresponding reduction in self-esteem.

All predictions pertaining to SEP were also supported. The path from Mas to Separate Self is positive and significant, and the path from SEP to SE is negative and significant, as predicted. In women, the path from SEP to CES-D is positive and significant, as predicted; in men, this path does not reach significance, also as predicted.

In summary, all hypotheses were supported except for the unanticipated significant path from SOC to CES-D in women.
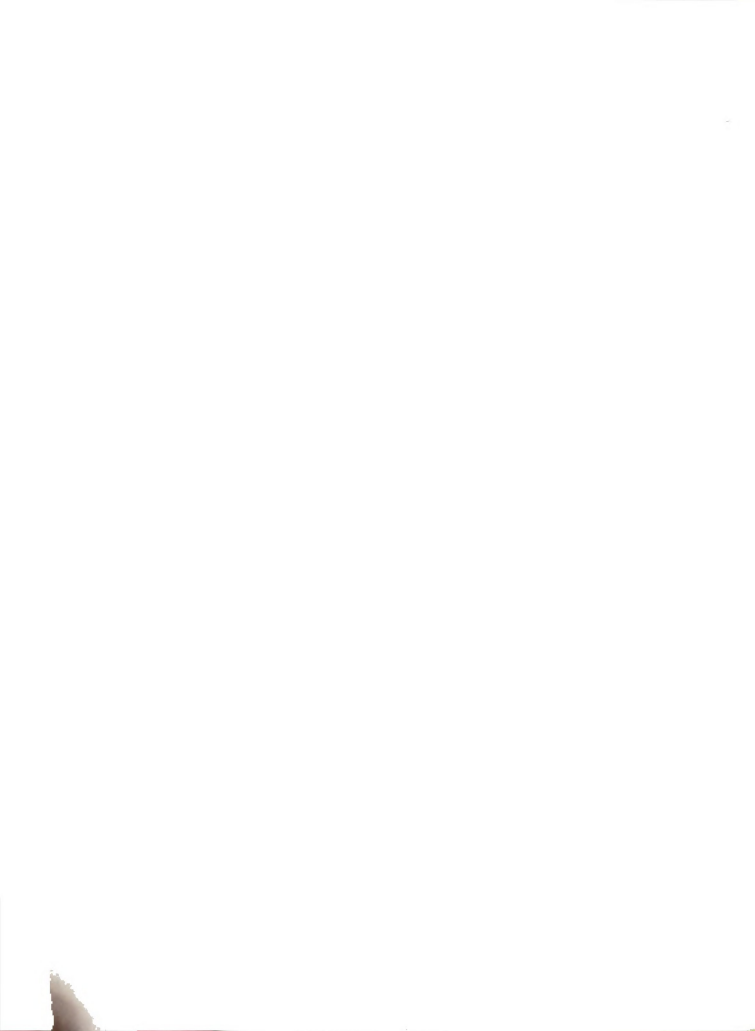
DISCUSSION


This research is an effort to examine ways in which the
variables masculinity, relationship self style, and self-
esteem impact depression. A further interest is to explore
ways in which the paths to depression differ for men and
women. Overall, the hypotheses of the study were well
supported. I will first discuss those hypotheses pertaining to
all relationship self styles, then examine hypotheses related
to each style individually.


Findings Common to All Relationship Self Styles

The hypothesis that there was no direct link from
masculinity to depression was upheld. As other researchers
(Feather, Feather and Stoppard, 1985) have observed, and I
also hypothesized, masculinity contributed to depression
through self-esteem, and it did so in both men and women. The
hypothesized positive path from masculinity to self-esteem,
especially in women, may explain why masculinity appears to
protect against depression. In women, the positive path from
masculinity to self-esteem was significant in each model.
Masculinity appears to be an important element of womens'
self-esteem in all relationship self styles. This may add

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support for the masculinity model of adjustment in this culture. For men, the path from masculinity to self-esteem was positive, and significant in the models for Connected Self and Separate Self, but accounted for less of the variance in Self and Other Care (SOC) and Primacy of Other Care (POC). Masculinity is an important predictor of self-esteem for men, but an orientation in which other care plays a role may be equally or more important depending upon the orientation in question. SOC and POC, connected styles in which the needs of others are explicitly factored in, contribute more to self-esteem in men than does masculinity in these instances.

This is not the case for women; CON and SOC do not contribute to womens' self-esteem. Perhaps a connected style is socially taken for granted in women. Might this then contribute to strong socialization for these attributes, thus reducing the variance? For men, on the other hand, a connected style in conjunction with masculinity may contribute positively or negatively to valuing or esteem of self, depending on the particular relationship self style. As CON or SOC increases, a man may do well in many arenas. As POC increases, in contrast, self-esteem suffers in men and women, but more so in men. While caring for others can be a healthy style, if one does not also take into account one's own needs, lower self-esteem and depression may be the outcome in both women and men.

The path from self-esteem (SE) to depression (CES-D) is negative and significant for both men and women in all relationship self styles. While self-esteem is an important predictor of depression in men and women, it is more important for predicting depression for men than for women. This difference is stable across all relationship self styles. Why is this so?

It does not seem to matter what "goes in" to self-esteem, self-esteem seems to impact depression more in men than in women. More of male identity may be tied up in self-concept or self-efficacy, so that men are more vulnerable to changes in self-esteem. Or perhaps changes in womens' self-esteem do not as readily lead to depression; more of womens' depression may be determined by external events, or coping styles such as rumination. This would seem to be an area where additional research could help to explain this finding.

## Findings Specific to Each Relationship Self Style

Hypotheses for CON were supported. Mas was unrelated to CON in men or in women. CON did not contribute directly to self-esteem or to depression in women. As mentioned, a CON style in men does make a significant positive contribution to self-esteem, and through self-esteem, to depression. In the CON style, SE mediates both the masculinity-depression relationship and the CON-depression relationship in men.

Predictions concerning SOC were upheld, with one exception. Masculinity does indeed contribute to a SOC orientation, as predicted, in both men and women. In order to actively care for oneself, one could draw upon characteristic Mas attributes (from the ACL), such as confidence, assertiveness, self-confidence; perhaps cleverness, frankness, steadiness, and strength. In men, SOC contributes significantly to the variance in self-esteem, but does not contribute directly to depression. For women, SOC leads not to self-esteem, but to depression directly and positively. It may be that for women, the potential disruption in relationships brought about by choosing oneself and one's own care, possibly at the expense of other important relationships, leads to depression. It may be a choice between losing aspects of oneself to sustain a relationship or risk the relationship to assert one's own needs; a double bind which may be depressing. Or it may be the "other" care that leads to depression, either by creating conflict in relationships or complicated feelings (such as guilt) about caring for oneself. Whatever the reason, self-esteem is not the issue here. It is the direct path from SOC to depression in women that was not predicted. In a sample of college-age men, it may also be the case that SOC pertains to family of origin, with sustained connections and good relationship leading to self-esteem, while college women may be asserting themselves and renegotiating the relationships

with family of origin; the disruption could lead to depression.

Predictions pertaining to Primacy of Other Care (POC) were supported. Masculinity contributes, or rather, lack of masculinity, contributes to POC significantly for men. The path from Mas to POC in women was negative, but not significant. The higher one is in POC, the less masculine they are likely to be. Men and women who endorse POC would be unlikely to consider themselves confident, frank, egocentric, or forceful (see complete list of 22 adjectives in Mas scale in Appendix B). The path from POC to self-esteem is negative and significant for both women and men. Self-esteem mediates the POC-depression relationship. The path from POC to depression is not significant in men or in women. POC in men contributes more to the variance in self-esteem than does masculinity. This is not the case for women. A style in which one cares for others even at one's own expense predicts lower self-esteem, thus more depression. POC may be particularly difficult for men, whom society expects to be more separate; indeed, for him separation is a mark of mental health. As a man increases in POC, which is the societal stereotype for women, he could be subject to derision from others. It may be especially hard for men who are considered sissies. Such stigmatization could lead to self-criticism, a sense of inadequacy as a man, and thus depression. For women, in contrast, SE mediates the Mas-CES-D relationship. The more

masculine, the lower the POC scores and the higher the SE scores. Thus, for both men and women, the negative zero-order correlation of POC and CES-D is mediated, but by different routes.

As predicted, Mas made a significant contribution to a Separate Self Style (SEP). In fact, Mas contributed more to the variance in SEP than in any other self style. As predicted, SEP contributed to lower self-esteem in women and men, but the path to SE from SEP was not significant for men, for whom SEP is socially accepted. The direct path from SEP to depression is also significant for women, as hypothesized. In the case of SEP, there are three routes to depression for women; through self-esteem, through SEP to self-esteem, and through SEP to CES-D. It seems possible that for women, to whom society assigns a communal function, a separate self style leads to loneliness, to a sense of alienation, and a sense of inadequacy as a woman.


Further Discussion, Limitations of Research and Future Directions for Research

For women and men, masculinity predicts positive self-esteem, unless masculinity leads to a separate self. Then it leads to lower self-esteem and to depression, especially in women, whom society expects to have a connected self style. It seems likely that, with a larger sample of men, the paths from SEP to SE and CES-D would also be significant. While a connected style seems more salient for men than women in

masculine, the lower the POC scores and the higher the SE scores. Thus, for both men and women, the negative zero-order correlation of POC and CES-D is mediated, but by different routes.

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predicting SE and CES-D, a SEP style seems more salient in women. Important sex differences appear in how important SE is in predicting depression, in how SOC and CON relates to SE, and in how SOC relates to depression. Self-esteem mediates the Mas-CES-D relationship, and in most cases SE also mediates the self style-CES-D relationship. Exceptions include the SOC-SE and CON-SE relationships in women. Relationship self style also mediates the Mas-depression relationship in SOC and SEP in women. Overall, in most cases, the road to depression is primarily through self-esteem.

Self-esteem clearly predicts depression, with masculinity acting through self-esteem in men and women to predict depression. Masculinity acts through SEP and POC, then through self-esteem in women to predict depression; and through SOC and POC, then through self-esteem in men. SEP and SOC contribute directly to depression in women, and masculinity also interrelates to depression in women through SEP and SOC.

A limitation of this research is the use of the ACL-Mas scale to measure masculinity. One criticism of masculinity scales which very likely applies to the ACL is that they represent multiple factors, so that one cannot be sure to what to attribute significant effects.

While this research focused on the role of masculinity in predicting depression, it would be interesting to see what femininity would contribute to this model. Research that focused upon the difference demonstrated between the influence

of self-esteem upon depression in women and men could help to explain this finding.

Another direction for further exploration would be to include minorities in the sample, or do a cross-cultural comparison. It might also be interesting to see if changes have occurred in the college population in the ten years since the data for this study was collected.

APPENDIX A

RESEARCH CONSENT FORM

APPENDIX A


June 1985

Dear College Week Participant:

During College Week 1984, a research project took place that asked many of the participants how relationships were a part of their identity. The results were very clear. Last year's College Week women were consistently a "caring" group, who highly valued being interconnected with others. We found these results so important that Jane Pearson is currently teaching a course for this year's College Week that describes, discusses and expands upon our research. It is titled, "Women's Development: The Importance of Empathy, Care and Relationships." We also presented the results of the research at a psychology conference, and have found a high level of interest in this topic from other social scientists.

We are continuing this line of study, and hope that you will decide to participate. This year, we are asking that all College Week participants take an hour or so to sit down and complete the enclosed questionnaire packet. Please note that your participation is purely voluntary. If you participated in last year's study and are interested in participating this year, we would greatly appreciate your input again. You'll notice that your answers are confidential--do not put your name or other identifying information on the questionnaire itself. While we hope that you will complete the entire packet, you are free to stop at any point if you choose to do so.

After you have completed the packet, return it, and the pencil, in the envelope to your main dorm desk, where there will be a box labeled "Relationship Identity Project," and simply leave it in the box. If you choose to complete only part of the packet, or none at all, please return your packet in the envelope as well.

If you would like to receive a brief summary of this year's project outcomes, please fill out your name and address on the last page of the packet, and return it to the same box separate from your envelope containing your packet.

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

I freely consent to take part in the study of relationship identity being conducted under the supervision of Dr. Ellen Strommen, Professor, Department of Psychology, Michigan State

University. I understand that the study deals with relationships in people's lives; I have been given a clear explanation of my part in this work, which is to complete a questionnaire.

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. Within these restrictions, group results of the study will be made available to me at my request.

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

I understand that, at my request, I can receive additional explanation of the study after my participation is completed.

I understand that my compliance in completing the questionnaire constitutes my informed consent for participation in the study.

If you agree with the statements, then go ahead and begin work on the questionnaire. Thank you for your assistance in completing the questionnaire.

Sincerely,


Ellen A. Strommen
Professor

APPENDIX B

INSTRUMENTS

## Revised Relationship Self Inventory (RSI)

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                                              Very Much
Me at All                                              Like Me
      1             2             3             4             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 it's provisions aren't met, you wouldn't love the person anymore.

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.

| Not Like Me at All | | | | Very Much Like Me |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

14. I don't often do much for others unless they can do some good for me later on.

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 loosely 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                                                    Very Much
Me at All                                                    Like Me
   1                  2                3                4                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 own 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.

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 | | | | Very Much Like Me |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 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 to 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 of 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 my 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.
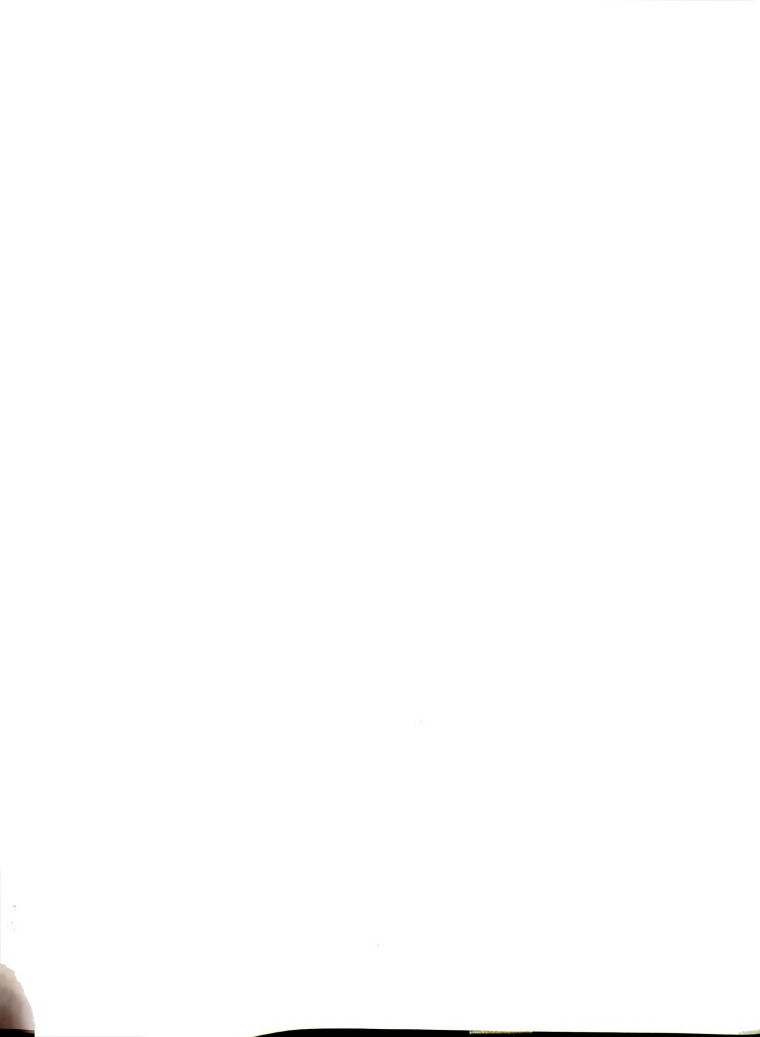
APPENDIX B


<u>The Gough-Heilbrun Adjective Checklist</u>          #1

<u>Instructions</u>: Reach each of the following adjectives and decide whether it describes you or not. If the adjective describes you, blacken a "1" on your big blue answer sheet. If it does not describe you, blacken a "2" on your answer sheet. Mark the adjective which describes you as you really are, not as you would like to be. Work quickly, don't spend too much time on any one item.

1 = Describes me          2 = Does not describe me

| | | |
|---|---|---|
| 1.  efficient | 19.  sympathetic | 37.  disorderly |
| 2.  loyal | 20.  self-centered | 38.  disorderly |
| 3.  alert | 21.  severe | 39.  friendly |
| 4.  queer | 22.  bitter | 40.  ingenious |
| 5.  leisurely | 23.  frivolous | 41.  autocratic |
| 6.  conventional | 24.  deliberate | 42.  unscrupulous |
| 7.  spineless | 25.  irritable | 43.  adventurous |
| 8.  unambitious | 26.  rude | 44. individualistic |
| 9.  distractible | 27.  moody | 45.  poised |
| 10.  aloof | 28.  forceful | 46.  original |
| 11.  industrious | 29.  wholesome | 47.  demanding |
| 12.  soft-hearted | 30.  rattlebrained | 48.  polished |
| 13.  cautious | 31.  cold | 49.  thrifty |
| 14.  frank | 32.  patient | 50.  unexcitable |
| 15.  mannerly | 33.  charming | 51.  complaining |
| 16.  irresponsible | 34.  unrealistic | 52.  hasty |
| 17.  show-off | 35.  strong | 53.  playful |
| 18.  blustery | 36.  fearful | 54.  impatient |

1 = Describes me          2 = Does not describe me

| | | |
|---|---|---|
| 55. unintelligent | 79. rebellious | 104. excitable |
| 56. good-natured | 80. tactless | 105. tolerant |
| 57. flirtatious | 81. obnoxious | 106. distrustful |
| 58. energetic | 82. interests wide | 107. boastful |
| 59. methodical | 83. effeminate | 108. sociable |
| 60. fairminded | 84. kind | 109. worrying |
| 61. quiet | 85. nervous | 110. superstitious |
| 62. shallow | 86. independent | 111. robust |
| 63. spunky | 87. handsome | 112. outgoing |
| 64. anxious | 88. absent-minded | 113. dependent |
| 65. enterprising | 89. indifferent | 114. outspoken |
| 66. lazy | 90. touchy | 115. aggressive |
| 67. cool | 91. initiative | 116. interests narrow |
| 68. withdrawn | 92. emotional | 117. tense |
| 69. whiny | 93. precise | 118. assertive |
| 70. rigid | 94. intolerant | 119. stingy |
| 71. foolish | 95. self-punishing | 120. loud |
| 72. helpful | 96. headstrong | 121. realistic |
| 73. generous | 97. calm | 122. gloomy |
| 74. apathetic | 99. retiring | 123. stable |
| 75. quitting | 100. cruel | 124. serious |
| 76. courageous | 101. clear-thinking | 125. warm |
| 77. cooperative | 102. suspicious | 126. infantile |
| 78. high -strung | 103. dependable | 127. unemotional |

1 = Describes me          2 = Does not describe me

| | | |
|---|---|---|
| 128. witty | | 154. spontaneous |
| 129. self-confident | | 155. unfriendly |
| 130. weak | | 156. simple |
| 131. shrewd | | 157. formal |
| 132. trusting | | 158. relaxed |
| 133. self-pitying | | 159. ambitious |
| 134. wary | | 160. unconvential |
| 135. fault-finding | | 161. informal |
| 136. shiftless | | 162. pessimistic |
| 137. progressive | | 163. evasive |
| 138. noisy | | 164. self-denying |
| 139. conscientious | | |
| 140. rational | | |
| 141. resentful | | |
| 142. smug | | |
| 143. sarcastic | | |
| 144. talkative | | |
| 145. deceitful | | |
| 146. sophisticated | | |
| 147. discreet | | |
| 148. complicated | | |
| 149. determined | | |
| 150. meek | | |
| 151. prudish | | |
| 152. humorous | | |
| 153. dissatisfied | | |

APPENDIX B


<u>The Gough-Heilbrun Adjective Checklist</u>                    #2


<u>Instructions</u>: Continue with these adjectives as you did before, now starting with number 1 on THE SECOND BIG BLUE ANSWER SHEET.


       1 = Describes me          2 = Does not describe me


| | | |
|---|---|---|
| 1.  thorough | 17.  cowardly | 33.  adaptable |
| 2.  dull | 18.  sexy | 34.  thoughtful |
| 3.  daring | 19.  unkind | 35.  conservative |
| 4.  timid | 20.  despondent | 36.  self-seeking |
| 5.  confident | 21.  logical | 37.  bossy |
| 6.  reserved | 22.  greedy | 38.  mischievous |
| 7.  mature | 23.  good-looking | 39.  loving |
| 8.  painstaking | 24.  tough | 40.  zany |
| 9.  fickle | 25.  nagging | 41.  tactful |
| 10.  idealistic | 26.  vindictive | 42.  opportunistic |
| 11.  clever | 27.  conceited | 43.  reflective |
| 12.  feminine | 28.  commonplace | 44.  coarse |
| 13.  sharp-witted | 29.  awkward | 45.  dreamy |
| 14.  hurried | 30.  reliable | 46.  understanding |
| 15.  arrogant | 31.  quick | 47.  modest |
| 16.  forgetful | 32.  stolid | 48.  peaceabable |

1 = Describes me          2 = Does not describe me

| | | |
|---|---|---|
| 49. self-controlled | 74. cheerful | 99. stern |
| 50. natural | 75. unassuming | 100. peculiar |
| 51. sentimental | 76. forgiving | 101. hard-headed |
| 52. foresighted | 77. sincere | 102. unselfish |
| 53. pleasant | 78. steady | 103. active |
| 54. capable | 79. honest | 104. impulsive |
| 55. reckless | 80. spendthrift | 105. preoccupied |
| 56. dominant | 81. unstable | 106. healthy |
| 57. selfish | 82. opinionated | 107. undependable |
| 58. suggestible | 83. appreciative | 108. silent |
| 59. defensive | 84. immature | 109. insightful |
| 60. optimistic | 85. versatile | 110. argumentative |
| 61. jolly | 86. sulky | 111. curious |
| 62. fussy | 87. imaginative | 112. sly |
| 63. artistic | 88. practical | 113. attractive |
| 64. considerate | 89. persistent | 114. moderate |
| 65. confused | 90. wise | 115. intelligent |
| 66. slow | 91. stubborn | 116. persevering |
| 67. sensitive | 92. mild | 117. enthusiastic |
| 68. easy going | 93. slipshod | 118. submissive |
| 69. affected | 94. obliging | 119. prejudiced |
| 70. cynical | 95. civilized | 120. shy |
| 71. dignified | 96. temperamental | 121. snobbish |
| 72. uninhibited | 97. affectionate | 122. contented |
| 73. careless | 98. hostile | 123. restless |

1 = Describes me         2 = Does not describe me

124. gentle

125. inhibited

126. resourceful

127. egotistical

128. inventive

1129.     pleasure-seeking

130. reasonable

131. masculine

132. changeable

133. quarrelsome

134. unaffected

135. praising

136. thankless

137. organized

APPENDIX B


## ACL Mas Scale Items (Gough & Heilbrun, 1980)


Masculine attributes: <u>Mas</u>


Indicative item (N=22) aggressive, argumentative, assertive, clear-thinking, clever, confident, conservative, cool, egotistical, enterprising, forceful, frank, handsome, hard-headed, masculine, robust, sarcastic, self-confident, sharp-witted, steady, stern, strong.

APPENDIX B


(CES-D) Center for Epidemiological Studies Depression Scale


Below is a list of some of the ways you may have felt or
behaved. By using the same small red answer sheet, indicate
how often you have felt this way during the past week by
darkening the appropriately numbered circle. Use the following
scale to mark your responses.

| Rarely or None of the Time (less than 1 day) | Some or a Little of the Time (1-2 days) | Occasionally or a Moderate Amount of Time (3-4 days) | Most or All of the Time (5-7 days) |
|---|---|---|---|
| 1 | 2 | 3 | 4 |

1.   I was bothered by things that don't usually bother me.

2.   I did not feel like eating; my appetite was poor.

3.   I felt that I could not shake off the blues even with
     help from my family and friends.

4.   I felt that I was just as good as other people.

5.   I had trouble keeping my mind on what I was doing.

6.   I felt depressed.

7.   I felt that everything I did was an effort.

8.   I felt hopeful about the future.

9.   I thought my life had been a failure.

10.  I felt fearful.

11.  My sleep was restless.

12.  I was happy.

13.  I talked less than usual.

14.  I felt lonely.

15.  People were unfriendly.

16.  I enjoyed life.

17.  I had crying spells.

18.  I felt sad.

19.  I felt that people disliked me.

20.  I could not get "going."

APPENDIX B

Rosenberg Self-Esteem 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 the same blue answer sheet.

| Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|---|---|---|
| 1 | 2 | 3 | 4 |

1. I feel I'm a person of worth, at least on an equal plane with others.

2. I feel that I have a number of good qualities.

3. All in all, I am inclined to feel I am a failure.

4. I am able to do things as well as most other people.

5. I feel I do not have much to be proud of.

6. I take a positive attitude toward myself.

7. On the whole, I am satisfied with myself.

8. I wish I could have more respect for myself.

9. I certainly feel useless at times.

10. At times I think I am no good at all.

APPENDIX B

## Rosenberg Self-Esteem 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 the same blue answer sheet.

| Strongly Agree | Agree | Disagree | Strongly Disagree |
|:---:|:---:|:---:|:---:|
| 1 | 2 | 3 | 4 |

1.  I feel I'm a person of worth, at least on an equal plane with others.

2.  I feel that I have a number of good qualities.

3.  All in all, I am inclined to feel I am a failure.

4.  I am able to do things as well as most other people.

5.  I feel I do not have much to be proud of.

6.  I take a positive attitude toward myself.

7.  On the whole, I am satisfied with myself.

8.  I wish I could have more respect for myself.

9.  I certainly feel useless at times.

10.  At times I think I am no good at all.

APPENDIX C

RSI ITEM-SCALE CORRELATIONS

Table C1. <u>Item-Scale Total Correlations and Scale</u>
<u>Reliabilities of the Revised Relationship Self Inventory</u>

| | Women | | Men | |
|---|---|---|---|---|
| Separate/Objective Self | | | | |
| Item | Item-total Correlation[a] | Scale Alpha | Item-total Correlation[a] | Scale Alpha |
| I believe that in order to survive I must concentrate more on taking care of myself than on taking care of others. | .50 | .77 | .49 | .85 |
| I try not to think about the feelings of others when there is a principle at stake. | .36 | | .37 | |
| Even though I am sensitive to others' feelings, I make decisions based upon what I feel is best for me. | .31 | | .41 | |
| The feelings of others are not relevant when deciding what is right. | .39 | | .47 | |
| I try to approach relationships with the same organization and efficiency as I approach my work. | .21 | | .36 | |
| I cannot choose to help someone else if it will hinder my self-development. | .50 | | .58 | |
| I cannot afford to give attention to the opinions of others when I am certain I am correct. | .45 | | .59 | |

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APPENDIX C

| Item | Item-total Correlation[a] | Scale Alpha | Item-total Correlation[a] | Scale Alpha |
|---|---|---|---|---|
| Loving is like a contract: If its provisions aren't met, you wouldn't love the person any more. | .41 | | .36 | |
| When a friend traps me with demands and negotiation has not worked, I am likely to end the relationship. | .32 | | .36 | |
| I find it hard to sympathize with people whose misfortunes I believe are due mainly to their own shortcomings. | .43 | | .53 | |
| I make decisions based upon what I believe is best for me and mine. | .32 | | .46 | |
| In my everyday life I am guided by the notion of "an eye for an eye and a tooth for a tooth." | .43 | | .62 | |
| What is all boils down to is that the only person I can rely on is myself. | .40 | | .48 | |
| Once I've worked out my position on some issue I stick to it. | .23 | | .37 | |

APPENDIX C

| Item | Item-total Correlation[a] | Scale Alpha | Item-total Correlation[a] | Scale Alpha |
|---|---|---|---|---|
| You've got to look out for yourself or the demands of circumstances and other people will eat you up. | .46 | | .54 | |
| I believe that I have to look out for myself and mine, and let others shift for themselves. | .57 | | .71 | |
| I don't often do much for others unless they can do some good for me later on. | .41 | | .49 | |
| People who don't work hard to accomplish respectable goals can't expect me to help when they're in trouble. | .47 | | .56 | |

Relational/Connected Self

| Item | Item-total Correlation[a] | Scale Alpha | Item-total Correlation[a] | Scale Alpha |
|---|---|---|---|---|
| Activities of care that I perform expand both me and others. | .50 | .76 | .60 | .76 |
| Caring about other people is important to me. | .59 | | .67 | |
| Doing things for others makes me happy. | .51 | | .60 | |
| If someone does something for me, I reciprocate by doing something for them. | .42 | | .52 | |
| I like to acquire many acquaintances and friends. | .43 | | .30 | |

APPENDIX C

| Item | Item-total Correlation[a] | Scale Alpha | Item-total Correlation[a] | Scale Alpha |
|---|---|---|---|---|
| Relationships are a central part of my identity. | .48 | | .39 | |
| Those about whom I care deeply are part of who I am. | .51 | | .45 | |
| It is necessary for me to take responsibility for the effect my actions have on others. | .40 | | .46 | |
| Being unselfish with others is a way I make myself happy. | .38 | | .35 | |
| I like to see myself as interconnected with a network of friends. | .42 | | .30 | |
| 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 | |
| I am guided by the principle of treating others as I want to be treated. | .39 | | .45 | |

Primacy of Other Care

| | | | | |
|---|---|---|---|---|
| All you really need to do to help someone is to love them. | .29 | .68 | .35 | .67 |

APPENDIX C

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

APPENDIX C

| Item | Item-total Correlation[a] | Scale Alpha | Item-total Correlation[a] | Scale Alpha |
|---|---|---|---|---|
| I try to curb my anger for fear of hurting others. | .41 | | .46 | |
| In making decisions, I can neglect my own values in order to keep a relationship. | .28 | | .23 | |
| If what I want to do upsets other people, I try to think again to see if I really want to do it. | .36 | | .30 | |
| I often keep quiet rather than hurt someone's feelings, even if it means giving a false impression. | .43 | | .45 | |
| 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 Chosen Freely

| Item | Item-total Correlation | Scale Alpha | Item-total Correlation | Scale Alpha |
|---|---|---|---|---|
| True responsibility involves making sure my needs are cared for as well as the needs of others. | .38 | .78 | .40 | .77 |
| Sometimes I have to accept hurting someone else if I am to do the things that are important in my own life. | .30 | | .17 | |

APPENDIX C

| Item | Item-total Correlation[a] | Scale Alpha | Item-total Correlation[a] | Scale Alpha |
|---|---|---|---|---|
| If other people are going to sacrifice something they want for my sake I want them to understand what they are doing. | .40 | | .44 | |
| I want to learn to stand on my own two feet. | .53 | | .59 | |
| I do not want others to be responsible for me. | .35 | | .46 | |
| I deserve the love of others as much as they deserve my love. | .31 | | .32 | |
| 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 | |
| I believe that I must care for myself because others are not responsible for me. | .45 | | .46 | |
| Even though it's difficult, I have learned to say no to others when I need to take care of myself. | .31 | | .42 | |
| In order to continue a relationship it has to let both of us grow. | .52 | | .40 | |
| If I am to help another person it is important to me to understand my own motives. | .47 | | .38 | |

APPENDIX C

| Item | Item-total Correlation[a] | Scale Alpha | Item-total Correlation[a] | Scale Alpha |
|---|---|---|---|---|
| I want to be responsible for myself. | .63 | | .50 | |
| I accept my obligations and expect others to do the same. | .47 | | .51 | |
| Before I can be sure I really care for someone I have to know my true feelings. | .37 | | .32 | |
| When I make a decision it's important to use my own values to make the right choice. | .43 | | .45 | |
| If I am really sure that what I want to do is right, I do it even if it upsets others. | .42 | | .46 | |

[a]Corrected for item overlap.

Table C2. <u>Intercorrelations Among the Observed Variables</u>
<u>for Women and Men, Corrected for Attenuation</u>

|  | V1 | V2 | V3 | V4 | V5 | V6 | V7 |
|---|---|---|---|---|---|---|---|
| V1.Connected Self |  | .98 | .61 | -.33 | -.01 | .08 | -.11 |
| V2.Primacy of Other Care | .46 |  | .14 | .15 | .29 | -.38 | -.19 |
| V3.Self and Other Care | .61 | .19 |  | .41 | .11 | .13 | .35 |
| V4.Separate Self | -.36 | .02 | .34 |  | .22 | -.13 | .54 |
| V5.Depression | -.19 | .33 | -.30 | .20 |  | -.60 | -.13 |
| V6.Self Esteem | .24 | -.38 | .38 | -.12 | -.77 |  | .43 |
| V7.Masculinity | .00 | -.25 | .31 | .33 | .90 | .80 |  |

<u>Note.</u> For Women ($\underline{n}$ = 195, above the diagonial), For Men ($\underline{n}$ = 89, below the diagonal

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