Masculinity, Femininity, Self-Esteem, and Subclinical Depression

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A study involving 197 university undergraduates (83 males, 114 females) tested the hypothesis that depressive symptoms assessed by the short form of the Beck Depression Inventory (BDI) would be negatively related to masculinity (M) scores from the Personal Attributes Questionnaire (PAQ) but unrelated to femininity scores (F). It was also hypothesized that the negative relationship between masculinity and self-reports of depressive symptoms may be due to shared variance in self-esteem. The results supported predictions. In particular, the negative relationship linking masculinity to depressive symptoms disappeared when the effects of self-esteem were partialed out. Results are discussed in terms of the thesis that self-esteem may reflect in part the dominant masculine values of Western-type cultures and that manifestations of psychological ill health may occur when there is reduced opportunity to engage in behaviors that reflect these values.

The present study was designed to investigate relationships between self-reports of depressive symptoms and differences in degrees of masculinity, femininity, and self-esteem. Previous research suggests that masculinity has a more potent effect on psychological health than femininity. This is clear from the Taylor and Hall (1982) review of the relationship of masculinity and femininity to general measures of adjustment, a review that was conducted as part of a more general analysis of the concept of psychological androgyny. Taylor and Hall (1982) concluded that "Indicators of healthy psychological functioning typically showed relatively

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large and consistently positive masculinity effects and less consistent and almost always much smaller femininity effects" (p. 359) and that it was masculinity rather than some combination of masculinity and femininity that predicted psychological well-being. The Taylor and Hall (1982) conclusion suggests that, in relation to depression, higher levels of masculinity will tend to be associated with lower levels of depressive symptoms but that depressive symptoms may bear little or no relationship to levels of femininity.

Why might the predicted negative relationship between masculinity and depressive symptoms occur? In their review Taylor and Hall (1982) also mentioned numerous studies that indicated that masculinity showed considerably stronger relationships to self-esteem than did femininity, with masculinity and self-esteem correlating positively in both male and female samples. Studies that have used either the long or the short form of the Beck Depression Inventory (BDI; Beck, 1967; Beck & Beck, 1972) have obtained negative relationships between BDI scores and self-esteem (e.g., Feather, 1982; Feather & Barber, 1983). That is, people who are lower in self-esteem tend to report more depressive symptoms. Indeed, a negative view of self is often taken as a primary defining characteristic of depression (Beck, 1967). These various findings suggest the plausible hypothesis that, if a negative relationship is found between masculinity and depressive symptoms, then it may be due to the fact that both variables share common variance with self-esteem. Thus, the contribution of masculinity scores to our understanding of depressive symptoms may be almost entirely redundant to the variance accounted for by self-esteem. The main aim of the present study was to throw some light on this hypothesis by using partial correlation procedures. In particular, it was predicted that the expected negative relationship between depressive symptoms and masculinity will disappear when self-esteem differences are partialed out.

METHOD

Subjects and Procedure

There were 197 subjects (83 males, 114 females), who were enrolled in an introductory course in psychology at Flinders University in 1982. The mean age of the sample was 22.99 years and most subjects were from 17 to 25 years of age.[2]

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[2]In the analyses to be reported subsequently there were some missing cases due to the fact that a small number of subjects failed to provide answers to some of the items.

All subjects completed a questionnaire that contained the relevant measures. The questionnaire was distributed in a regular class session and subjects were requested to complete it in their own time and to return it to the Psychology Office as soon as possible. Subjects were asked to put their names on the cover sheet of the questionnaire. All subjects were assured that their answers would be confidential and they were asked to read the questionnaire carefully and to give their own true answers.

Questionnaire

The questionnaire involved the following sections (in the order presented): (1) a set of items designed to measure causal attributions for examination performance and attributional style (not the subject of the present report), (2) the revised version of the Rosenberg (1965) Self-Esteem Scale (Backman et al., 1978), (3) the Personal Attributes Question-naire (PAQ; Spence & Helmreich, 1978), (4) the short form of the Beck Depression Inventory (BDI; Beck & Beck, 1972), and (5) items designed to elicit demographic information (age and sex).

PAQ. The PAQ contains 24 items, each of which consists of a short trait description set up on a five-point bipolar scale. Subjects answer each item by circling a letter that best describes where they fall on the five-point scale. The 24 items provide three eight-item scales: masculinity (M), femininity (F), and masculinity– femininity (MF). The M scale contains items that are instrumental in content, i.e., they concern instrumental traits such as getting the job done, decisiveness, self-confidence, standing up under pressure, and being active, competitive, and independent. The F scale contains items that are expressive in content, i.e., they concern expressive traits such as being gentle, helpful, and kind, being concerned about others, and being warm and understanding.

Spence and Helmreich (1978) report that items on the M scale were judged in pilot work to be stereotypically more characteristic of men but socially desirable in both sexes. Similarly, the F-scale items were judged in pilot work to be stereotypically more characteristic of women but socially desirable in both sexes. In contrast, the MF scale contains items that were shown in pilot work to differ in their social desirability ratings, with the ideal man falling toward the stereotypic masculine pole and the ideal woman toward the stereotypic feminine pole (Spence & Helmreich, 1978). Examples of items in this scale are being aggressive, dominant, and worldly, needing approval and security, feeling easily hurt, and being excitable in a crisis. The MF scale is scored in the masculine direction. Recently, Helmreich et al. (1981) have presented evidence from a factor-analytic study of the PAQ items using oblique rotation that supports the existence of

separate masculinity and femininity factors and that also justifies the utility of retaining the separate MF scale. Total scores on the M, F, and MF scales could range from 0 to 32.

BDI. The short form of the BDI consists of 13 items that cover a range of depressive symptoms (e.g., sadness, pessimism, sense of failure, dissatisfaction, guilt, self-dislike, self-harm, social withdrawal, indecisiveness, fatigability, anorexia). Each item involves four alternatives that span increasing degrees of intensity for the depressive symptom that is involved. These alternatives are coded from 0 to 3. Subjects are asked to pick out the alternative for each item that "best describes the way you feel today, that is, right now." Total BDI scores could range from 0 to 39.

Self-Esteem Scale. The Self-Esteem Scale (Backman et al., 1978) consists of 10 items, each of which involves a statement (e.g., "I feel that I'm a person of worth, at least on an equal plane with others," "I am a useful person to have around"). Six items in the scale are worded positively and four have reverse scoring so as to control for acquiescence response set. The scale is concerned with general self-evaluation and does not contain items sampling specific personality traits (unlike the PAQ) or particular symptoms (unlike the BDI). Subjects are asked to check one of five answers for each item that relates to how true they think the statement is for self, ranging from "almost always true," through "sometimes true," to "never true." Responses were scored from 1 to 5 in the direction of increasing self-esteem, and total self-esteem scores could therefore vary from 10 to 50.

Means, Standard Deviations, and Cronbach Alphas

Table I presents the means, standard deviations, and interitem reliabilities (Cronbach, 1951) for the major variables together with the results of tests of significance (t tests) used to determine whether the

Table I. Sample Means, Standard Deviations, and Interitem Reliabilities[a]

Variable	Males			Females			t	Interitem reliability (alpha)
	N	M	SD	N	M	SD		
Masculinity (M)	82	20.78	4.39	114	18.80	4.38	3.12[c]	.76
Femininity (F)	83	21.40	4.08	114	22.81	3.60	2.57[b]	.74
MF	82	15.73	3.95	113	13.62	3.60	3.88[d]	.57
BDI depression	83	3.86	5.00	109	4.58	4.42	1.06	.84
Self-esteem	83	39.92	6.52	113	38.06	5.59	2.14[b]	.88

[a]Two-tailed tests of significance are reported.
[b]$p < .05$.
[c]$p < .01$.
[d]$p < .001$.

differences in mean scores between male and female subjects were statistically significant. Table I shows that male subjects tended to have higher M and MF scores but lower F scores compared with female subjects. These sex differences are consistent with previous results with the PAQ (e.g., Spence & Helmreich, 1978). Self-esteem scores were significantly higher for male subjects but there was no statistically significant sex difference in BDI scores. The mean BDI depression scores were in the minimal category of depression in terms of Beck and Beck's (1972, p. 84) categorization of degree of depression.

RESULTS

Zero-Order Correlations

Table II presents the zero-order product–moment correlations relating BDI depression scores and self-esteem scores to the M, F, and MF

Table II. Product–Moment Correlations and Partial Correlations[a]

| | Zero-order correlation | | | | | |
| | r with BDI depression | | | r with self-esteem | | |
Variable	Males	Females	Total	Males	Females	Total
Masculinity (M)	$-.25^b$	$-.24^c$	$-.26^d$	$.63^d$	$.67^d$	$.67^d$
Femininity (F)	.13	.03	.09	$-.00$	.12	.03
Masculinity–femininity (MF)	$-.20$	$-.05$	$-.14$	$.48^d$	$.41^d$	$.47^d$
BDI depression	—	—	—	$-.60^d$	$-.43^d$	$-.52^d$

| | | Partial correlation | | |
Relationship	Variable "partialed out"	Males	Females	Total
M with BDI	Self-esteem	.21	.07	.14
F with BDI	Self-esteem	.16	.09	.12
MF with BDI	Self-esteem	.13	.15	.13
M with self-esteem	BDI depression	$.62^d$	$.65^d$	$.64^d$
F with self-esteem	BDI depression	.10	.15	.09
MF with self-esteem	BDI depression	$.46^d$	$.43^d$	$.46^d$
Self-esteem with BDI	Masculinity (M)	$-.59^d$	$-.37^d$	$-.48^d$
Self-esteem with BDI	Femininity (F)	$-.60^d$	$-.43^d$	$-.52^d$
Self-esteem with BDI	Masculinity–Femininity (MF)	$-.59^d$	$-.44^d$	$-.52^d$

[a] $N = 197$. N's for the correlations were marginally different from the N listed due to missing cases. Two-tailed tests are reported for the correlations.
[b] $p < .05$.
[c] $p < .01$.
[d] $p < .001$.

scores from the PAQ. Table II shows that there was a statistically significant negative relationship between BDI depression scores and M scores for all subjects and for males and females separately. Thus, as predicted, subjects who rated themselves as high on the various instrumental traits associated with masculinity tended to report fewer depressive symptoms. In contrast, there was no statistically significant relationship between BDI depression scores and F scores. No such relationship between depressive symptoms and femininity was expected. The relationship between BDI depression scores and MF scores was negative but at a relatively low level.

In addition, Table II indicates statistically significant positive correlations between M scores and self-esteem and between MF scores and self-esteem and a statistically significant negative correlation between BDI depression scores and self-esteem. Thus, the two measures that were keyed in the masculine direction (M, MF) were positively associated with general self-esteem, and higher degrees of depression were associated with lower general self-esteem. All of these results replicate previous findings (e.g., Feather, 1982; Feather & Barber, 1983; Spence et al., 1975; Taylor & Hall, 1982, p. 360). Note that F scores from the PAQ were not involved in any statistically significant relationships with either BDI depression or self-esteem.

Partial Correlations

Table II also presents the partial correlations between variables when other variables were held constant. Analyses were also conducted in which sex of subject was partialed out but these results are not reported because controlling for sex of subject made no difference in the relationships presented in Table II.

The main item of interest in Table II is the partial correlation between M scores and BDI depression scores when differences in self-esteem were statistically controlled. It can be seen that when self-esteem was partialed out, the correlations between M scores and BDI depression scores became nonsignificant and positive in all cases. This results supports the prediction that the negative relationship between masculinity and depressive symptoms may be due to the common linkage that both variables have with self-esteem. Note also that the low negative and nonsignificant relationship between MF scores and BDI depression scores also shifted to low positive relationships when differences in self-esteem were statistically controlled and that these low positive relationships were also statistically non-significant.

The remaining partial correlations were very similar to the respective zero-order product– moment correlations listed in Table II. For example, the masculinity/self-esteem relationship was not affected when differences in BDI depression scores were partialed out. Nor was the self-esteem/depression relationship affected when masculinity scores were partialed out. These results together imply that self-esteem has a special role as a common variable that underlies the masculinity/depression relationship.

DISCUSSION

Taken together the results of the present study present a consistent package that involves the following components: (a) sex differences in M, F, and MF scores and in self-esteem scores; (b) no sex differences in BDI depression scores; (c) positive relationships between M and MF scores and self-esteem; (d) a negative relationship between BDI depression scores and self-esteem; and (e) a negative relationship between BDI depression scores and M scores that disappears when self-esteem differences are controlled.[3]

The fact that self-reports of depressive symptoms were negatively related to masculinity but unrelated to femininity is consistent with one of the main conclusions of the Taylor and Hall (1982) review concerning relationships among masculinity, femininity, and measures of psychological adjustment. The present results are also consistent with Baucom's (1983) recent finding that subjects who were classified high in masculinity were lower in depressed mood and higher in self-esteem following either a helpless or a nonhelpless induction involving performance on a concept formation task compared with subjects low in masculinity. Baucom's results extend the generality of the present findings because he used measures of masculinity, depression, and self-esteem that were different from those employed in the present study. Baucom (1983) also found that high-masculinity women were more likely to choose to be in control of team problem solving, and he speculated that the high rate of depression commonly found among women in our society "may result in part because

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[3]It is implausible to explain the present results in terms of highly overlapping item content, i.e., as an artifact of using the same items across scales (e.g., Nicholls et al., 1982). The three scales were different in their response format and in the specific content of items. The BDI listed a set of symptoms, the self-esteem scale contained very general statements concerned with self-worth, and the PAQ listed trait descriptions.

low-masculine women at times place themselves in contexts in which they lack control'' (p. 341).[4]

The present findings add another dimension to this picture. The important contribution of the study is the evidence from the partial correlation analysis that differences in self-esteem statistically account for the negative relationship between BDI depression scores and PAQ masculinity scores, while neither masculinity nor depression accounts for the other's relationship with self-esteem. Hence, the results implicate self-esteem as a crucial variable to consider when accounting for the negative linkage between masculinity and depressive symptoms. One interpretation of the obtained patterns of findings is that, for both sexes, self-esteem comes to reflect the values deemed to be important by the culture as a whole. In our Western-style culture these values relate more to the instrumental, masculine characteristics than to the expressive, feminine characteristics. Thus, the person who is independent, active, competitive, decisive, self-confident, and persistent and who feels superior and stands up under pressure is reinforced in various ways for these behaviors in a culture that emphasizes what Sampson (1977, 1978) refers to as "self-contained individualism." These ways of behaving are invested with social value, and one would expect a person's general level of self-esteem to be related to the opportunity to perform these behaviors successfully. When these opportunities are restricted or blocked, one would expect to find evidence of diminished self-worth and possible psychological maladjustment.

This argument implies that evidence of low self-esteem and psychological maladjustment would be more likely to be found among those who are aware of the dominant cultural values but who, for reasons of discrimination, economic crises, lack of basic competence, or whatever, have limited opportunities to be rewarded for behaviors that expresses the dominant values. Thus, the higher incidence of depression found in women in some populations may reflect in part a diminished self-regard that is associated with reduced opportunities for fulfilling the dominant value orientations of their culture.[5] So, too, the lower self-esteem and higher

[4]Note, however, that although a sex difference is frequently found in studies of depression (e.g., Beck, 1967; Silverman, 1968; Weissman & Klerman, 1977), such a difference is not always obtained with college students (e.g., Hammen & Padesky, 1977; King & Buchwald, 1982; Padesky & Hammen, 1981). Nor was it found in the present study. It is possible, therefore, that conclusions about sex differences in depression will have to be qualified in terms of the characteristics of the populations that are sampled and perhaps in relation to other procedural variables as well (King & Buchwald, 1982).

[5]The etiology of depressive disorder is obviously a lot more complex than this simple statement conveys. Furthermore, studies of sex differences in general self-regard typically find no evidence of statistically significant effects (Wylie, 1979, pp. 261–273). Our discussion highlights one possible basis for sex differences in global self-esteem when these differences occur. One must acknowledge, however, that there are many sources of self-esteem and that restriction in one source may be compensated for by other sources.

incidence of depressive symptoms reported by the unemployed are further evidence relating to this point (Feather, 1982; Feather & Barber, 1983).

Finally, the results indicate that the MF variable (scored in the masculine direction) was involved in weaker relationships with the BDI and self-esteem scores than was the M variable (see Table II). This difference may be a product of the lower interitem reliability of the MF scale compared with the M scale (see Table II). It may also be the case that the MF scale taps dimensions that are less clearly implicated in self-esteem and depression than are the instrumental characteristics of the M scale.[6] The difference may also relate to the fact that the two scales were constructed in different ways with regard to the social desirability of the items (see earlier description). Further research on this issue is needed.

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[6]The correlation between the M and the MF scores for all subjects was $r(192) = .52, p < .001$. MF scores were negatively correlated with F scores [$r(193) = -.35, p < .001$]. M and F scores, however, were essentially unrelated [$r(194) = .08$, ns].

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