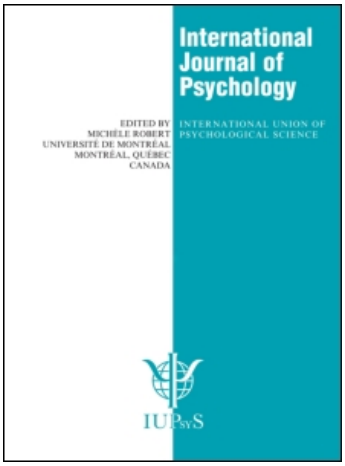

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Depressed mood: The role of negative thoughts, self-consciousness, and sex role stereotypes

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Depressed mood: The role of negative thoughts, self-consciousness, and sex role stereotypes

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Research typically finds that depression is twice as common among women as among men. This may relate to differences in socialization that result in different emotions, cognitions, and coping reactions. Sex-role stereotypes, employment and marital status, and differential social pressures may also be significant in making women more vulnerable to the development of depression. Women may have less decision-making power, face more adverse life events, and have limited access to resources, which may lead to feelings of helplessness and low self-esteem. Low self-esteem and negative cognitions about the self in turn may be proximal factors predictive of negative mood. Additionally, women may be more prone to ruminative self-focus rather than active coping, a significant risk factor for depression. This study examined individual predictors of depressed mood for each sex, including coping, self-esteem, negative thoughts, self-consciousness (rumination), as well as social factors such as the endorsement of sex-role stereotypes and decision-making power in the family. Results indicated that social factors were not related to depressed mood in either sex, but were related to coping styles and self-esteem. Depressed mood was associated with individual characteristics, such as avoidant coping styles, social anxiety for women, and ruminative self-focus for men. Regression analysis showed that coping through denial and negative thoughts explained depressed mood, and the latter was particularly true for men. These results point to the significance of examining both individual and social factors when attempting to understand depression in men and women.

La recherche trouve typiquement que la dépression est deux fois plus commune chez les femmes que chez les hommes. Ceci pourrait être relié aux différences dans la socialisation qui pourraient entraîner diverses émotions, cognitions et réactions d'adaptation. Les stéréotypes des rôles sexuels, l'emploi et le statut marital ainsi que les pressions sociales différentielles peuvent aussi être significatifs en rendant les femmes plus vulnérables au développement de la dépression. Les femmes peuvent avoir moins de pouvoir décisionnel, font face des événements de vie plus adverses et ont un accès plus limité aux ressources, ce qui peut entraîner des sentiments d'impuissance et une faible estime de soi. Une faible estime de soi et des cognitions négatives par rapport à soi peuvent être à leur tour des facteurs prédicteurs proximaux d'une humeur négative. De plus, les femmes peuvent être plus enclines à une centration sur soi ruminative plutôt qu'à un processus d'adaptation (coping) actif, ceci étant un facteur de risque significatif pour la dépression. Cette étude a examiné les prédicteurs individuels de l'humeur dépressive pour chacun des sexes, incluant le processus d'adaptation, l'estime de soi, les pensées négatives, la conscience de soi (la rumination) ainsi que les facteurs sociaux comme l'approbation des stéréotypes reliés aux rôles sexuels et du pouvoir décisionnel dans la famille. Les résultats ont indiqué que les facteurs sociaux n'étaient pas reliés à l'humeur déprimée chez aucun des sexes; ils étaient plutôt reliés aux styles d'adaptation et à l'estime de soi. L'humeur déprimée était associée aux caractéristiques individuelles comme les styles d'adaptation évitant, l'anxiété sociale pour les femmes et la centration sur soi ruminative pour les hommes. Une analyse de régression a montré que le processus d'adaptation à travers le déni et les pensées négatives a expliqué l'humeur déprimée et cette dernière était particulièrement vraie pour les hommes. Ces résultats soulignent l'importance d'examiner à la fois les facteurs individuels et sociaux lorsque nous tentons de comprendre la dépression chez les hommes et les femmes.

Típicamente, las investigaciones encuentran que la depresión es dos veces más común entre mujeres en comparación con los hombres. Éste puede ser el resultado de las diferencias en socialización relativas a diferentes reacciones emocionales, cognitivas y de resolución de problemas. Los roles estereotípicos de género,

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empleo y el estado civil, junto con distintas presiones sociales también pueden hacer las mujeres significativamente más vulnerables a la depresión. Las mujeres pueden tener menos poder en la toma de decisiones, hacer frente a más sucesos vitales adversos teniendo acceso limitado a los recursos lo cual puede conducir a los sentimientos de indefensión y baja autoestima. Baja autoestima y los pensamientos negativos acerca de si mismo pueden ser predictores de afecto negativo. Además, las mujeres pueden ser más propensas a ruminaciones enfocadas en si mismas, en vez de las estrategias activas de resolución de problemas y éste es un factor de riesgo significativo para el desarrollo de depresión. Este estudio analiza factores individuales predictores de un estado de ánimo depresivo para cada uno de los sexos, incluyendo resolución de problemas, autoestima, pensamientos negativos, auto-conciencia (ruminación) tanto como los factores sociales tales como los estereotipos relacionados con roles de género y el poder de toma de decisiones en la familia. Los resultados indican que los factores sociales no se relacionaron con el estado afectivo depresivo en ambos sexos pero sé se relacionaron con los estilos de resolución de problemas y autoestima. El estado de ánimo depresivo se asociaba con las características individuales tales como estilo de evitación en resolución de problemas, ansiedad social en mujeres y ruminaciones auto-enfocadas en los hombres. El análisis de la regresión demostró que las estrategias de resolución de problemas mediante negación y los pensamientos negativos explican el estado de ánimo depresivo y este efecto fue más fuerte en los hombres. Estos resultados revelan la necesidad de analizar tanto los factores individuales como sociales para poder entender la depresión en los hombres y mujeres.

Depression includes many debilitating symptoms and is associated with high suicide rates (Lewinsohn, Rohde, & Seeley, 1993). Even subclinical depressed mood can impair quality of life and daily functioning. An aspect of depression that may shed light on its aetiology involves sex differences in prevalence: In childhood there are either no sex differences, or boys are more likely to be depressed (Nolen-Hoeksema, 1987). At puberty, there is a dramatic reversal of the statistics, with women being twice as likely to develop depression. Over 70% of those diagnosed with depression and dysthymia are women (Weissman, Bruce, Leaf, Florio, & Holzer, 1991). Reasons behind these differences remain largely unclear.

Theories addressing these prevalence rates have alternatively emphasized environmental or gender-specific traits as making the difference. Sex roles, socioeconomic status, and social stereotypes have been described as very important in making women vulnerable (Chorpita & Barlow, 1998). This vulnerability can interact with individual characteristics or proximal factors, such as lack of social support, low self-esteem, helplessness schemas, heredity, and childhood abuse (Brown, 2002) to increase chances of depression, in the presence of later negative life events, which are usually the immediate precursors of depression episodes (Maciejewski, Prigersin, & Mazure, 2001).

Researchers have often attributed the vulnerability of women to their social role, especially their lower power status in society (Bebbington, 1998; Radloff, 1975). Many women face a multitude of practical difficulties stemming from their multiple social roles (Nolen-Hoeksema, 1991), and deal with many potential stressors (childrearing, relationships, jobs, finances, housing, and caring for the elderly). Epidemiological evidence shows that they face poverty more than men and are often the victims of violence and abuse (Cutler & Nolen-Hoeksema, 1991; Molnar, Buka, & Kessler, 2001). Their access to financial resources is often limited, since due to other responsibilities they may be unable to hold high-paying careers. This theoretical argument, of course, addresses the higher risk of women as a social class: Whether an individual woman develops depression depends on her own specific circumstances, life events, personality, supportive others, and access to resources.

Objective life difficulties, relationship loss, and limited decision-making power (Gilbert, 1992; Strickland, 1992) may increase chances of depression through poor self-esteem and negative cognitive schemata. Self-esteem is a major vulnerability factor, predicting both an increased rate of negative events and a poorer response to them (Bifulco, Brown, Moran, Ball, & Campbell, 1998; Brown, Bifulco, & Harris, 1987). Women with poor self-esteem may react helplessly (Seligman, 1975), for instance by not pursuing high-paying careers or by not leaving abusive relationships (Nolen-Hoeksema, Larson, & Grayson, 1999).

Social stereotypes about how men and women should cope with difficulties may directly affect self-esteem and cognitive schemata: Unlike men, who are socialized to be independent, active, masterful, instrumental, and rational (e.g., Eccles, Jacobs, & Harold, 1990), women may learn to depend on others, be nonassertive, and ruminate over their negative feelings (Wupperman & Neumann, 2006) instead of searching for practical solutions. While these expectations may permit them to ask for help when they need it, they

may also relate to feelings of helplessness, which are central to mood and anxiety disorders (Barlow, 1988).

Rumination can be a vulnerability factor that is particularly characteristic of women (Ingram, 1990; Ingram, Cruet, Johnson, & Wisnicki, 1988). Rumination is an aspect of self-focused attention and self-consciousness, i.e. awareness of internal processes, thoughts, and feelings (Duval & Wicklund, 1972). Spasojević and Alloy (2001) consider it a proximal vulnerability mechanism through which other predisposing factors are filtered. It increases negative memory and attention bias (Neshat-Doost, Taghavi, Moradi, Yule, & Dalgleish, 1998), thus worsening a negative view of the self (Beck, Rush, Shaw, & Emery, 1979; Lyubomirsky & Nolen-Hoeksema, 1995).

Social expectations may lead men to depression through a different route: Instead of ruminating, they may follow the "macho" stereotype of denying feelings, or engaging in distraction. Often this proves therapeutic, since getting people engaged in activities is a common component of depression therapies (Beck, 1976), but it may also mean that men find it difficult to seek social support or psychological help (Alexander, 2001; Tudiver & Talbot, 1999).

This study examines social and individual factors associated with depressive symptoms in a community sample. Although results from analogue studies on community samples cannot easily be generalized to clinical depression, they have the advantages of easier accessibility to sample and of studying individuals whose cognitive and emotional processes are not altered by psychotropic medications, therapy, or comorbid psychopathology. Since the sample was nonclinical, depressive mood rather than depression per se was examined.

It was hypothesized (1) that depressive mood would be associated with negative cognitions, increased ruminative self-focus, decreased self-esteem, and passive coping styles among women; (2) that among men, active coping styles would be associated with decreased depressive mood, and passive coping styles with increased depressive mood; (3) that these individual correlates of depressive mood should be associated with social factors, specifically adherence to gender stereotypes and decision-making power within the family. It was predicted overall that strict adherence to gender-stereotyped roles and behaviours would be associated with greater depressed mood because it would deprive individuals of access to a wider array of coping behaviours.

METHOD

Sample

Respondents (N = 148; 77 women, 71 men) were recruited among (1) parents of students at two elementary schools, and (2) teachers at four schools in Cyprus. Participation was voluntary. All respondents were white, Greek Cypriots, aged 18 to 66 years (M = 37.4, SD = 9.73); 41.9% had a high-school or lower education, 46.7% had at least some college, and 11.5% had post-graduate education. Seventy percent were married, and 95% of the men and 80% of the women were employed. Seventy-two percent had at least one child (range 1 to 5).

Instruments

Depressed mood. Depressed mood was assessed using the six depression items from the BSI (Derogatis & Spencer, 1982), a screener for psychological symptoms. Internal consistency using Cronbach's α was .86. Questions were answered on a 0–4 scale where higher score indicates greater depression. A total score was obtained for each subject.

Self-esteem. The Rosenberg (1965) scale was used. This is a 10-item instrument answered on a 1–4 scale. Higher scores indicated lower self-esteem. Internal consistency was α = .75.

Self-consciousness. Self-consciousness (or trait self-focus; Panayiotou, 2004) with its three dimensions, private and public self-consciousness (SC) and social anxiety, was assessed using the 23-item Self-Consciousness Scale (Fenigstein, Scheier, & Buss, 1975; Panayiotou & Kokkinos, 2006), scored on a 1–5 scale with higher scores indicating greater self-consciousness. To test the factorial validity of this measure, items were subjected to exploratory principle components analysis (EFA) with oblique rotation, with a specified 3-factor solution. This explained 45% of variance, with 18 items loading on their appropriate factors (KMO = .76). In this study, we observed good internal consistencies for private self-consciousness (α = .65), public self-consciousness (α = .77), and social anxiety (α = .71). These reliabilities are comparable to those for the US standardization sample. The relatively low reliability of private SC is consistent both with US norms and with Panayiotou and Kokkinos (2006), where it is discussed in detail. In order to measure

rumination most directly, *self-reflectiveness* (SR) was computed additionally, which is a subscale of private SC consisting of 5 items (α = .65). This reflects a "negative" variant of self-awareness, consisting of rumination and preoccupation with negative thoughts (Trapnell & Campbell, 1999). An example of a self-reflectiveness item is "I constantly examine my motives." Mean scores for each of the four subscales were used in analyses.

Negative thoughts. The Automatic Thoughts Questionnaire (Hollon & Kendal, 1980), a 30-item instrument adapted into Greek for the purposes of the present study, was used to measure negative thoughts. Internal consistency was α = .96. Answers were on a 1 (*rarely think this thought*) to 5 (*very often think this thought*) scale. Total scores were obtained.

Coping. Coping was measured using the Brief COPE (Carver, 1997) adapted into Greek: It consists of 28 items describing 14 coping strategies. Items were answered on a 1–4 scale (from *I don't do this at all* to *I do this very often*). Reliabilities for the 14 scales ranged from α = .39–.80. Scale means were used in analyses.

Decision making. Four questions were included to examine involvement in decision making at home. The aim was to assess how consistent participants' behaviour was with traditional roles, where men were expected to hold most decision-making power. Two domains were assessed: decision making (1) in the family of origin, and (2) in the current family. Each domain contained two questions, one assessing decisions about important issues and one about finances (e.g. "the decisions about important matters in my family were made by …" with choices of answers including "my father," "my mother," "both parents and the children," "both parents without the children"). The domains were confirmed using EFA, so that the two questions pertaining to the family of origin and the two pertaining to the current family loaded on separate factors (total variance explained: 72.76%). Questions about family of origin were converted to a 3-point categorical scale in order to best reflect the construct we wanted to measure, which was "distance" from the stereotypic role of men in the household holding decision-making power: For this reason, if the mother made the decisions a score of 2 was given, if the father made the decisions a score of 0 was given, whereas if the whole family, or both parents, were involved a score of 1 was given. Similarly, questions about the current family were scored as follows: 2 if the respondent makes the decisions, 0 if someone else (spouse, spouse and children, someone else) makes the decisions, and 1 if the respondent makes the decisions jointly with others. For analyses, ratings on the two questions for each dimension (family of origin, current family) were collapsed. For current family, higher score reflects higher decision-making power in the respondent. For family of origin, higher score reflects higher decision-making power in the women.

Sex-role stereotypes. In order to have a short instrument that reflected stereotypes in this particular culture, and that pertained to both sexes, a questionnaire was created for this study—the Sex Stereotypes Questionnaire—that assessed endorsement of a number of stereotypes regarding social expectations of men and women. Fifteen statements were included about women and the same statements were asked again about men, i.e., there were two similar items assessing each stereotype, worded so that one would pertain to men and one to women. Stereotypes assessed had to do with the role of the person in the home, sexual behaviour, and ability to cope independently. Examples were: "Women should always take care of their appearance and look attractive" and for men "Men should always take care of their appearance and look attractive." Answer scales ranged from 1 (*totally agree*) to 4 (*totally disagree*). Internal consistency for the items pertaining to women was α = .65, and for items pertaining to men α = .49. The scores for stereotypes pertaining to each sex were collapsed separately for analyses.

Procedure

Questionnaires were sent home to the parents at two schools, and also given to the teachers at four schools to complete at home. In each family, one spouse completed the questionnaire. Questionnaires were returned to the school in sealed envelopes. All questionnaires were administered in the same order to all participants.

RESULTS

Sex differences

Analyses of variance (ANOVAs) were computed using sex as the between-subjects factor and demographic, individual, and social factors as dependent variables one at a time. For the demographic factors, three differences were

observed: Men were significantly older, $F(1, 144) = 12.67$, $p<.01$, less educated, $F(1, 145) = 4.98$, $p<.02$, and more likely to be employed, $F(1, 143) = 8.03$, $p<.01$, than women. Depressive symptoms were overall low, as should be expected in a community sample: About 90% of participants scored below the midpoint of the scale. No significant sex differences emerged, $F(1, 145) = 0.7$, $p = .40$. To test further for the possibility of more depression among women, the sample was split on the median of their depression score. A chi-square statistic was computed to assess differences in the distribution of men and women in the high and low depression groups. The distribution was significantly different, $\chi^2(1, 146) = 3.74$, $p = .05$, with more men represented in the low depression, and more women in the high depression, group. Self-esteem had a mean of 19.00 ($SD = 4.57$) and there were no significant sex differences, $F = 0.53$, $p = .47$. Similarly, no significant differences were observed on negative thoughts (ATQ), $F = 1.14$, $p = .29$. The mean ATQ score was 47.08 ($SD = 20.88$) out of 150. Men and women were not significantly different in decision making in their family of origin, but did show significant differences in their current family, with men reporting higher decision-making power, $F(1, 139) = 29.40$, $p<.001$. With regard to self-consciousness, significant sex differences emerged for social anxiety, $F(1, 147) = 3.48$, $p = .02$, and self-reflectiveness, $F(1, 147) = 4.37$, $p = .04$, with women reporting higher levels than men. Men and women were significantly different in their coping strategies. Men reported significantly more problem solving, $F(1, 146) = 4.72$, $p = .03$, whereas women sought more emotional, $F(1, 146) = 6.69$, $p = .01$, and instrumental support, $F(1, 145) = 7.24$, $p = .01$, and relied more on religion, $F(1, 145) = 5.46$, $p = .02$. Separate ANOVAs were conducted on the stereotypes pertaining to men and women. Women endorsed significantly fewer stereotypes about women, $F(1, 147) = 4.28$, $p = .04$, and marginally fewer stereotypes about men, $F(1, 147) = 3.53$, $p = .06$, compared to men.

Correlates of depression

Table 1 shows correlations between depressed mood, demographic, individual, and social factors for men and women separately. For both sexes, depressed mood was associated primarily with low self-esteem and negative thoughts and with "avoidant" coping styles, but not with social factors.

As Table 1 shows, depressed mood is not directly associated with social factors. However, social factors may be associated with personal characteristics (proximal factors) that our findings indicated are indeed associated with depressed mood (Brown, 2002). For this reason correlations between individual and social factors were computed. For men, decision making in the current family was associated with substance abuse, $r = .37$, $p<.01$, and lower self-esteem, $r = .30$, $p<.05$. Decision making in the family of origin related to less use of planning, $r = -.27$, $p<.05$. Holding fewer stereotypes about men was associated with greater reliance on religion, $r = .25$, $p<.05$, whereas holding fewer stereotypes about women was associated with more coping through acceptance, $r = .25$, $p<.05$. For women, significant correlations indicated that fewer stereotypes about

TABLE 1
Correlations of depressed mood with demographics, individual, and social factors

	Depressed mood	
	Men	*Women*
Demographics		
Age	− .09	− .03
Education[a]	− .27*	.03
Number of children	− .07	− .10
Employment[b]	− .24	.24*
Marital status[c]	− .29**	− .16
Self-consciousness		
Private	.21	.17
Public	.20	.20
Social anxiety	.04	.36**
Self-reflectiveness	.24*	.19
Coping		
Distraction	.34**	.05
Problem solving	.12	− .01
Planning	− .03	− .07
Denial	.33**	.26*
Substance abuse	.12	− .01
Emotional support	.19	.18
Instrumental support	.16	.18
Behavioural disengagement	.20	.26*
Self-blame	.14	.10
Humour	.05	.13
Religion	.13	.14
Venting	− .02	.21
Acceptance	.01	− .11
Positive reframing	.03	− .18
Self-esteem	.13	.29*
Negative thoughts	.67**	.46**
Decision making		
Current family	.11	− .01
Family of origin	.02	− .12
Stereotypes		
Attitudes towards men	.09	.17
Attitudes towards women	− .07	.17

[a] For education, the higher the score the more educated the individual. [b] For employment, 0 = not employed, 1 = employed. [c] For marital status, 1 = married/engaged, 0 = single. * $p<.05$; ** $p<.01$.

men and women were associated with increased seeking of instrumental support, $r = .25$, $p = .03$, and $r = .28$, $p = .01$.

Prediction of depressed mood

Because we hypothesized sex differences in the predictors of depression, a multiple regressions analysis was run on the whole sample in which all main effects, i.e., all significant correlates of depressed mood for both sexes, were included stepwise in the first block, sex entered in the second block, and the interaction effects of each predictor variable with sex entered stepwise in the third block. Predictor variables (except sex, employment, and marital status) were centred before the analysis. Table 2 shows significant predictors of depressed mood for the whole sample. The only significant interaction was Negative Thoughts × Sex, showing that this variable better explained depressed mood among men ($B = .17$) compared to women ($B = .09$).

DISCUSSION

Differences in socialization (Aneshensel, Frerichs, & Clark, 1981) may result in differential rates of depression in men and women. Social roles may affect depression directly through exposure to stress and resources, and indirectly through self-esteem, cognitive schemas, and coping. This study examined individual and social correlates of depressed mood in a community sample, attempting to delineate sex differences. It was anticipated that strict adherence to gender-stereotyped behaviours would be associated with greater depressed mood because it would deprive individuals of access to a wider array of coping strategies, such as seeking emotional support for men, or problem solving for women.

Men and women did not differ significantly on depressive mood, negative thoughts, or self-esteem. This limits somewhat the interpretation of the results, but since the sample included many educated, employed women, absence of differences is consistent with studies showing that employed women report similar depression levels to men. These women may have gained a sense of mastery, control, and value from their work (Christensen, Stephens, & Townsend, 1998) at the same time as their multiple roles may have increased stress, as it was found that employment correlated with more depression among women. Research shows that work usually affords well-being to both men and women, but this interacts with satisfaction and mastery at other social roles and perceived support (Harenstam & Bejerot, 2001). In this cultural context, where men still occupy traditional roles at home, women often find themselves caring for the household and children alone simultaneously with holding a career. Holding multiple roles may lead to burnout at the same time as being associated with a sense of mastery. Thus, it may be the

TABLE 2
Regression of depressed mood on significant demographics, individual, and social factors and their interaction with sex (accepted models)

Model		*B*	*Std. Error*	*t*	*p*
		$R^2 = .33$, $F = 64.75$, $p<.001$			
1	(Constant)	4.85			
	Negative thoughts	0.14	0.02	8.05	.001
		$R^2 = .36$, $F = 37.68$, $p<.001$			
2	(Constant)	4.84			
	Negative thoughts	0.13	0.02	7.53	.001
	Coping through denial	1.22	0.45	2.73	.007
		$R^2 = .36$, $F = 24.95$, $p<.001$			
3	(Constant)	4.90			
	Negative thoughts	0.13	0.02	7.46	.001
	Coping through denial	1.23	0.45	2.73	.007
	Sex[a]	− 0.12	0.70	− 0.18	.860
		$R^2 = .39$, $F = 20.85$, $p<.001$			
4	(Constant)	4.97			
	Negative thoughts	0.09	0.02		
	Coping through denial	1.27	0.44	2.87	.005
	Sex	− 0.13	0.70		
	Negative thoughts × Sex	0.08	0.03	2.41	.017

For sex, 1 = male, 0 = female.

balance between gains and losses afforded by the multiple roles of women, along with their personal characteristics, that predict depressed mood.

Our results indicated that the best predictor of depressed mood was the presence of negative thoughts followed by coping through denial, and that negative thoughts are even more predictive among men. Negative thoughts are a hallmark of depression and their association with depressed mood is not surprising. In a community sample, where levels of depression were quite low, the presence of negative thoughts may be a significant risk factor that needs to be taken into consideration.

Social factors (sex-role stereotypes and decision-making power) did not emerge as significant correlates or predictors of depressed mood. However, these factors correlated significantly with proximal predictors of depressed mood for men, indicating that they may exert an effect on depressed mood indirectly: Decision-making power in the current family was associated with increased substance abuse and lower self-esteem, whereas female decision-making in the family of origin was associated with use of less planning, a typical masculine coping approach. Low endorsement of stereotypes was associated with coping involving religion and acceptance, which are atypical for men. Thus, adhering to inflexible male roles was associated with a narrower range of coping styles, including ineffective ones such as substance abuse, with lower self-esteem and more depressed mood.

At the individual level, we replicated prior evidence that women engage in more self-focus and rumination (Spasojević & Alloy, 2001), as they scored higher than men in the social anxiety and self-reflectiveness scales of SC. However, self-reflectiveness was related to depressed mood only for men, whereas social anxiety was significant for women. Social anxiety may be a risk factor for women, who rely on social relationships for coping. Here, too, they were found to seek more emotional and instrumental support compared to men. Social anxiety is associated in the literature with high self-focused attention to negative self-evaluations—a landmark of depression—and thus it deserves further attention by researchers as a trait that may increase vulnerability. It is less clear why self-reflectiveness was correlated with depressed mood for men but not women, though as Wupperman and Neumann (2006) found, rumination is less associated with biological sex and more with socialized masculinity. The latter was not examined in this study.

Depressed mood in men was associated with distraction and denial coping styles. This finding argues against theories positing that men are less vulnerable to depression because they distract rather than ruminate. It may not actually be distraction that buffers men against depression, but the simultaneous use of active coping. Men in this study indeed relied on problem solving, an active coping approach, more than women.

In sum, results support the hypothesis that depressed mood is associated with coping, ruminative self-focus, self-esteem, and negative thoughts. No link between depression and social factors was observed for women, whereas these indirectly affected depressed mood in men. Limitations of this study include opportunistic sampling and the fact that women may have been more educated and professional than the norm. In requesting that only one spouse answered the questionnaire, we may have introduced bias in who participated. These limitations narrow the generalizability of findings and call for replications with a better selection of participants. Nevertheless, the study verifies the importance of examining both social and individual factors when studying sex differences in depression, and the need to examine further the path that connects proximal and distal predictors of depressive mood.

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REFERENCES

Alexander, J. (2001). Depressed men: An exploratory study of close relationships. *Journal of Psychiatric and Mental Health Nursing*, *8*, 67–75.

Aneshensel, C. S., Freirichs, R. R., & Clark, V. A. (1981). Family roles and sex differences in depression. *Journal of Health and Social Behavior*, *22*, 379–393.

Barlow, D. H. (1988). *Anxiety and its disorders. The nature and treatment of anxiety and panic*. New York: Guilford.

Bebbington, P. E. (1998). Sex and depression. *Psychological Medicine*, *28*, 1–8.

Beck, A. T. (1976). *Cognitive therapy and the emotional disorders*. New York: International Universities Press.

Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). *Cognitive therapy of depression*. New York: Guilford Press.

Bifulco, A., Brown, G. W., Moran, P., Ball, C., & Campbell, C. (1998). Predicting depression in women: The role of past and present vulnerability. *Psychological Medicine*, *28*, 39–50.

Brown, G. W. (2002). Social roles, context and evolution of the origins of depression. *Journal of Health and Social Behavior*, *43*, 255–276.

Brown, G. W., Bifulco, A., & Harris, T. O. (1987). Life events, vulnerability and onset of depression: Some

refinements. *British Journal of Psychiatry*, *150*, 30–42.

Brown, G. W., & Harris, T. O. (1978). *Social origins of depression: A study of psychiatric disorder in women*. London: Tavistock.

Carver, C. S. (1997). You want to measure coping but your protocol's too long: Consider the Brief COPE. *International Journal of Behavioral Medicine*, *4*, 92–100.

Chorpita, B. F., & Barlow, D. H. (1998). The development of anxiety: The role of control in the early environment. *Psychological Bulletin*, *124*, 3–21.

Christenson, K. A., Stephens, M. A. P., & Townsend, A. L. (1998). Mastery in women's multiple roles and well-being: Adult daughters providing care to impaired parents. *Health Psychology*, *17*, 163–171.

Cutler, S. E., & Nolen-Hoeksema, S. (1991). Accounting for sex differences in depression through female victimization: Childhood sexual abuse. *Sex Roles*, *24*, 425–438.

Derogatis, L. R., & Spencer, P. M. (1982). *The Brief Symptom Inventory (BSI) administration, scoring and procedures manual*. Baltimore, MD: John Hopkins University, School of Medicine, Clinical Psychometric Research Unit.

Duval, S., & Wicklund, R. A. (1972). *A theory of objective self-awareness*. New York: Academic Press.

Eccles, J. S., Jacobs, J. E., & Harold, R. D. (1990). Gender role stereotypes, expectancy effects and parents' socialization of gender differences. *Journal of Social Issues*, *46*, 26–43.

Fenigstein, A., Scheier, M. F., & Buss, A. H. (1975). Public and private self-consciousness: Assessment and theory. *Journal of Consulting & Clinical Psychology*, *43*, 522–527.

Gilbert, P. (1992). *Depression: The evolution of powerlessness*. New York: Guilford Press.

Harenstam, A., & Bejerot, E. (2001). Combining professional work with family responsibilities—a burden or a blessing? *International Journal of Social Welfare*, *10*, 202–214.

Hollon, S. D., & Kendall, P. C. (1980). Cognitive self-statements in depression: Development of an automatic thoughts questionnaire. *Cognitive Therapy & Research*, *4*, 383–395.

Ingram, R. E. (1990). Self-focused attention in clinical disorders: Review and a conceptual model. *Psychological Bulletin*, *109*, 156–176.

Ingram, R. E., Cruet, D., Johnson, B. R., & Wisnicki, K. S. (1988). Self-focused attention, gender, gender role, and vulnerability to negative affect. *Journal of Personality and Social Psychology*, *55*, 967–978.

Lewinsohn, P. M., Rohde, P., & Seeley, J. R. (1993). Psychological characteristics of adolescents with a history of suicide attempt. *Journal of the American Academy of Child and Adolescent Psychiatry*, *32*, 60–68.

Lyubomirsky, S., & Nolen-Hoeksema, S. (1995). Effects of self-focused rumination on negative thinking and interpersonal problem solving. *Journal of Personality and Social Psychology*, *69*, 176–190.

Maciejewski, P. K., Prigersin, H. G., & Mazure, C. M. (2001). Sex differences in event-related risk for major depression. *Psychological Medicine*, *31*, 593–604.

Molnar, B. E., Buka, S. L., & Kessler, R. C. (2001). Child sexual abuse and subsequent psychopathology: Results from the National Comorbidity Survey. *American Journal of Public Health*, *91*, 753–760.

Neshat-Doost, H. T., Taghavi, M. R., Moradi, A. R., Yule, W., & Dalgleish, T. (1998). Memory for emotional trait adjectives in clinically depressed youth. *Journal of Abnormal Psychology*, *107*, 642–650.

Nolen-Hoeksema, S. (1987). Sex differences in unipolar depression: Evidence and theory. *Psychological Bulletin*, *101*, 259–282.

Nolen-Hoeksema, S. (1991). Responses to depression and their effects on the duration of depressive episodes. *Journal of Abnormal Psychology*, *100*, 569–582.

Nolen-Hoeksema, S., Larson, J., & Grayson, C. (1999). Explaining the gender differences in depressive symptoms. *Journal of Personality and Social Psychology*, *77*, 1061–1072.

Panayiotou, G. (2004). Performance effects of self-focuses attention among evaluatively anxious and normal individuals: A review of the literature. *Psychology: The Journal of the Hellenic Psychological Society*, *11*, 255–268.

Panayiotou, G., & Kokkinos, C. (2006). Self-consciousness and its role in psychological distress: A study using the Greek SCS. *Personality and Individual Differences*, *41*, 83–93.

Radloff, L. S. (1975). Sex differences in depression: The effects of occupation and marital status. *Sex Roles*, *1*, 249–267.

Rosenberg, M. (1965). Society and the adolescent self-image. Princeton, NJ: Princeton University Press.

Seligman, M. E. (1975). *Helplessness: On depression, development and death*. San Francisco: Freeman.

Spasojević, J., & Alloy, L. B. (2001). Rumination as a common mechanism relating depressive risk factors to depression. *Emotion*, *1*, 25–37.

Strickland, R. B. (1992). Women and depression. *Current Directions in Psychological Science*, *1*, 132–135.

Trapnell, R. G., & Campbell, J. D. (1999). Private self-consciousness and the Big Five model of personality: Distinguishing rumination from reflection. *Journal of Personality and Social Psychology*, *76*, 284–304.

Tudiver, F., & Talbot, Y. (1999). Why don't men seek help? Family physicians' perspectives on help-seeking behavior in men. *Journal of Family Practice*, *48*, 47–52.

Weissman, M. M., Bruce, M. L., Leaf, P. J., Florio, L. P., & Holzer, C. (1991). Affective disorders. In L. N. Robins & D. A. Regier (Eds.), *Psychiatric disorders in America: The epidemiologic catchment area study* (pp. 53–80). New York: Free Press.

Wupperman, P., & Neumann, C. S. (2006). Depressive symptoms as a function of sex-role, rumination, and neuroticism. *Personality and Individual Differences*, *40*, 189–201.