Homosociality and Female Depression

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The disproportionately large number of women compared to men among those identified as victims of depression presents both a serious social problem and a challenge to our understanding of social processes and issues. Role-related explanations for this peculiar sex ratio do not adequately account for its incidence, its prevalence, or its persistence over time. The variable, "relational deficit," as particularly having to do with the different ways that men and women relate to their own sex (homosociality), is proposed as a potentially clarifying concept in this context. It is suggested that the female way of being social—whatever its basis—since it involves bonding and affiliative attachment renders women more vulnerable to social deprivation and hence vulnerable to depression. Alleviation of the discriminating practices which undercut the self-esteem and confidence of women and thus contribute to the helplessness which engenders depression is urged, as are self-initiated behaviors among women to change especially the negative view of woman's world and to rehabilitate female homosociality.

In this, the 1976 Kurt Lewin award paper, I would like to: (a) present a brief overview of the general topic of the sex ratio in depression, including comments on historical trends; (b) sketch briefly some of the role-related explanations for the sex ratio; (c) add another explanation to the hopper, namely one based on the concept of "relational deficit" (Weiss, 1973) resulting from the demise of female homosociality; and (d) glance at some of the ways proposed or in process for alleviating female depression.

What Do We Mean, Depression?

Although depression is second only to schizophrenia in significance (Silverman, 1968), clear-cut definitions escape us. Adolphe Meyer once admitted that we do not know how to define it, an ignorance we are told that still prevails (Zubin & Fleiss, [correspondence]

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Seligman (1975) lists some eighteen different kinds of phenomena, all of which are labelled depression. Perhaps "depressive states" would be a preferable designation for them. A respectable literature has analyzed the methodological difficulties involved in comparing different research projects which result. Epidemiological and hospital admission data tap quite different populations and deal with quite different kinds of depression (Guttentag, Note 1). In view of these difficulties, it would be ridiculous for me to make noises like a psychiatrist so I leave the hospital and treated cases to him/her.

I am a consumer rather than a producer of research on female depression. I am, as a matter of fact, a johnny-come-lately to the field. I became interested in it while tracking down the reasons for the relatively poor mental health of married women as compared to never-married women (Bernard, 1942/1974). The kind of depression I am interested in is, therefore, the so-called "normal" kind (Katz, 1971), the kind that is measured by instruments rather than diagnosed in a clinic, the everyday garden variety of depression, the depression of the woman who is "just dragging herself around," the kind caught, for example, by Pearlin's (1975) instrument, namely, a condition "of malaise, apathy, or weary disaffection" (p. 186). Or, as simply defined by Zubin and Fleiss (1971), "an inner feeling of sadness and dejection" (p. 17). My concern is with the depressed women found in epidemiological or community-survey studies or in community mental-health centers, who though depressed "may still be able to minimally handle family and home management" and who therefore, "since they are needed for these functions and are able to perform them to some extent," are not hospitalized (Guttentag, Note 1).

**The Sex Ratio in Depression**

It is not depression as a psychiatric entity per se—however defined—that is addressed here but rather the strikingly high sex ratio of women to men among its victims. Between 1936 and 1973 in our country, on the basis of hospital records (Weissman & Klerman, Note 2), whereas men predominated among cases of alcoholism and of drug-related and general personality disorders, the ratio of women to men in cases of depression was two to one, lower for manic-depressives, higher for neurotic depressives. With few exceptions (India, Guinea, New Guinea)
a similar preponderance of women shows up in other parts of the world. Epidemiological studies based on community surveys both in the United States and elsewhere show a similarly high ratio of women to men, in some countries—Denmark and Iran, for example—rising to almost four to one. Among attempted suicides, taken as an index of depression, the sex ratio since 1960 has fluctuated between two and three to one. Guttentag (Note 1) is surely understating the situation when she says that "such epidemiological studies strongly suggest a higher incidence of depression among women than among men" (p. 23).

Although the researchers do not feel ready to make firm estimates of either the prevalence or the incidence of depression in the general population (Katz, 1971), some have been offered, ranging from 3% or 4% (Lehman, 1971) to 8% for women and 4% for men (Beck & Greenberg, 1974). The lifetime risk may be on the order of 10% (Lehman, 1971).

There are some researchers who believe the preponderance of women among depressives is an artifact of the fact that women are more likely than men to perceive stress and its symptoms, to acknowledge and report them, and to seek help. Weissman and Klerman (Note 2) summarize the research relevant to this position and conclude that the high sex ratio is not an artifact. I am, in fact, inclined to believe that the sex ratio may be even higher than the research shows. Women are socialized to please, to give, to "stroke." An etiquette book in the nineteenth century advised married women to "suffer and be still" (Vicinus, 1973). They learn not to press their emotional needs, to be as vivacious and bright as possible, no matter how hard it is. The wallflower smiles determinedly. The efforts of a woman to be bright, gay, and charming, or at least interested, may, like the girdle in the television advertisement, be killing her; but as long as she can she will try to conceal her depression. I am aware of the Jourard (1964) thesis that women are more "transparent" than men. Still, women who are showing many symptoms of psychological distress, when asked if they are happy, reply, "Oh, yes, I am happy" (Bernard, 1972). But even if the recorded ratio of two to one obtains, that is still a matter of serious concern.

Despite the fact that women predominate among depressives, research on female depression is only now beginning to catch up with the considerable corpus of research, say, on alcoholism, which is often viewed as a male—self-treated—counterpart to female depression, or on male alienation, which has much in
common with female depression (Seeman, 1959). Between 1940 and 1976, 170 out of 181 studies referenced in a recent study of the sex ratio in depression date from 1960 (Weissman & Klerman, Note 2), and another bibliography on the sociology of depression listed 105 entries between 1967 and 1970 alone (Bart & Micossi, Note 3). I consider this increase a great plus. At least we are noticing.

The quality of much of this research has not kept up with the quantity. Thus two researchers tell us that "much of the literature on depression must be viewed skeptically" (Zubin & Fleiss, 1971, p. 17). Research on depression other than manic-depressive psychoses, we are told, is too lacking for us to draw definitive conclusions on the subject (Pederson, Barry, & Babigian, 1972). Since there is as yet so little consensus about conceptualizations, classifications, diagnoses—the psychiatrists are the first to admit it—I feel it is permissible to apply my own interpretation to their inconclusive findings. I beg permission to be rather free-wheeling.

Is the Sex Ratio Increasing?

There is, of course, no way to answer the question, "Is the sex ratio increasing?" Nor, in fact, the question whether or not depression itself is increasing. My Oxford Dictionary tells me that the word, "dejection," defined as depression of spirits appeared in 1450. But the seventeenth century seemed to need quite a few words to refer to depression. In 1605 came the word, "despair," meaning hopelessness; in 1621, "depression," to mean being cast down mentally; in 1647, "dispirited," to mean dejection; in 1653, "despondence," to mean depression by loss of hope or confidence. In 1681 more meaning was added to the old word, "dejection," now including to be cast down. In 1586 an old term referring to the black bile—melancholy—had begun to be used as a state of sadness, and by the seventeenth century it had become the accepted term for a state of mental illness. It was in the seventeenth century—in 1621—that the first treatise on depression appeared, namely Robert Burton's Anatomy of Melancholy, called by Sir William Osler the greatest medical treatise by a layman (cited in Evans

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1 There is a component of powerlessness in both. Seeman sees the powerlessness conception of alienation as "the expectancy or probability held by the individual that his own behavior cannot determine the occurrence of the outcomes, or reinforcements he seeks" (p. 789).
and, incidentally, almost three times as popular as Shakespeare. According to Burton, “melancholy” was so common that few escaped “the smart of it.” He estimated that “in this crazed age,” hardly one in a thousand were free of it. In early seventeenth-century England, depression is alleged to have reached epidemic proportions (Weissman & Klerman, Note 2).

Two quite different explanations are offered for this particular epidemic of depression. Berger Evans believes it was because “the early seventeenth century was a period of great intellectual turmoil; the old world of the theologians was plainly crumbling, and the new world of the scientists had not yet assumed sufficient clarity of outline to offer its specious hopes” (Evans & Mohr, 1972, p. vii). The other, not wholly apposite, theory is in terms of child-rearing practices. Lloyd deMause, a psychohistorian, believes that in the seventeenth century a so-called “ambivalent mode” of parenting prevailed which produced a kind of personality that was “guilty and depressed, insatiable in needs for love, status, sex, enormous superego demands” (deMause, 1976, p. 4). It would be diversionary to attempt to delve too deeply into the relative validity of these two approaches. The first is more consonant with current thinking, but the second is also worthy of further research.

Nor are statistical trends any more clear-cut. With respect to mental illness in general, including depression of course, there has been a persistent feeling that it has increased with civilization. Such an increase has never been documented by hard data, but the feeling persists. The “good old days” just had to be better than the present. Rosen (1959) has traced a number of such views, including that of Edward Jarvis who, as Rosen points out, though he could find no proof for the statement in his statistics nevertheless believed that “insanity is . . . part of the price we pay for civilization” (p. 383). Edgar Sheppard in 1873 downgraded the statistical evidence as “untrustworthy” but concluded nevertheless (1873, pp. 3–5) that “‘civilization’ may but express wear and tear, and high pressure” and argued therefore that insanity must be increasing. The data are indeed equivocal. One study based on hospital admissions in Massachusetts between 1840 and 1885 found no increase (Goldhamer & Marshall, 1953), but a more recent study in New York did find a relationship with the business cycle (Brenner, 1973).

My own view with respect to trends—though I would be hard-pressed to prove it correct—is that depression has fluctuated around a fairly constant level according to the stresses prevailing
from time to time and the supports available for bearing them. In times of scarcity, famine, plagues, catastrophic Acts of God, the stresses might take the form of threats to life itself and the supports available for bearing them be weak. In more affluent times the stresses might be more benign, taking the form of threats to status, position, "face," emotional security (Bernard, 1957), and the supports, strong.

There is little in either the historical or the statistical records to tell us whether the sex ratio has varied from time to time also. Until the eighteenth century female infanticide in Europe—documented by the historical demographers—might well have had a depressing impact on girls who "grew up in a filicidal atmosphere, knowing that their life was cheap, that their siblings were being killed through infanticide and neglect" (deMause, 1976, p. 22). In 1873, Edgar Sheppard raised the sex-ratio question with respect to insanity and concluded that though it was high it was a demographic artifact, that though the incidence was less for women, the prevalence was greater. "Women do not die," he told us, "and do not recover as we do; hence they accumulate. It is pretty certain that the occurring cases in the two sexes are about equal; perhaps an excess slightly obtains in the males" (p. 13). As related to depression specifically, a manic woman might well appear as a common scold, a bitch, or a witch, and so be likely to have attention called to her, but the depressed woman would tend to be more withdrawn, apathetic, "slothful," and hence not be so noticeable. In the nineteenth century, along with the cliché of the Sturm und Drang of the romantic movement there went also the cliché of the young woman who pined away, often of unrequited love or, perhaps, depression. Charlotte Bronte's heroine, Shirley, felt that "a vacant, weary, lonely, hopeless life" like hers "had no recompense" (cited in Vicinus, 1973, p. xi). If the married woman had to suffer and be still, "all social forces combined to leave the spinster emotionally and financially bankrupt" (Vicinus, 1973, p. xi). A friend of mine remembers her mother singing an old folk ballad:

So here is the future of poor womankind:
They are always objected, always confined.
They are controlled by their parents until they are made wives,
And slaves to their husbands the rest of their lives.

Over long periods of time, then, answers about either overall depression rates or the sex ratio among depressives are not available.

Even for shorter periods of time there is little consensus.
Thus Gove and Tudor (1973) believe that in overall studies of mental illness before 1950 men outnumbered women, but that in studies since that time women have outnumbered men. Dohrenwend and Dohrenwend (1974) attribute such changes to changing conceptualizations and definitions and to improved methodologies of research. Cases of characteristically female disorders are now more easily located than formerly. Weissman and Klerman (Note 2) believe that most studies support the assumption that “the female predominance in depression has been a long-term though not necessarily an increasing trend.” Summaries of neither hospital nor community studies show a recent rise in the sex ratio (Weissman & Klerman, Note 2).

One more point. Lack of evidence for an increase in the past does not tell us anything about coming trends. Demographers tell us that when illnesses are declining in a population they show relatively greater prevalence among older segments of the population; when they are increasing, among the younger. Depression seems to be rising among the young. We are told, for example, that “depression . . . is . . . increasingly associated with adolescence. A recent study listed depression second only to frequent colds, sore throats, and coughs in problem incidence” (Teeter, Note 4) in a study of 5600 young people of high-school age. More to the point, between 1945 and 1965, we are told that there was a “marked increase in young females with diagnosis of depressive reaction” (Rosenthal, 1966, p. 671). This may adumbrate an increase in the sex ratio in the future. An increase in rates of suicide attempts among young women is also alleged, but the data are not wholly persuasive.²

Because the alleged rise in female depression has coincided with the frustration of the rising expectations generated by the women’s movement, a causal connection is sometimes proposed (Weissman & Klerman, Note 2). Aside from the fact that the presumed increase, if there was one, predated the women’s movement, it might just as well have been in the other direction. Betty Friedan’s (1963) problem that had no name, which I believe could well be named depression, was instrumental in galvanizing suburban women, and the young women who gave the movement

²The sex-ratio for suicide attempters was three to one in a New York study in 1960 and two to one in New Haven in 1970 (Weissman & Klerman, Note 2). An increase among young women has been reported internationally since then (Weissman, 1974).
its radical turn merely translated the name of the problem from depression to oppression.

As I see it, the sex ratio among depressives has been high for as far back as we can trace it. I believe that what has changed is not the sex ratio so much as the components of depression in women, that the stresses women in the nineteenth century had to bear were probably more serious than those they confront today but that they had more support from one another in facing them.

ROLE EXPLANATIONS OF THE SEX RATIO

There have been several summaries of the kinds of explanations—biological (including genetic, physical, and hormonal), psychiatric (including psychoanalytic), psychological, and sociological—so far propounded to explain the sex ratio among depressives (Bart, 1974; Guttentag, Note 1; Weissman & Klerman, Note 2; Bart & Micossi, Note 3). In recent work there has been increasing attention paid to precipitating stressful events in the lives of depressed persons (Dohrenwend & Dohrenwend, 1974). Since my own approach is sociological, I limit my discussion here primarily to the role explanations which, as a matter of fact, I find can easily include most of the others.

Whichever explanation of their bases one accepts, the sex roles themselves, whatever they are due to, contribute overwhelmingly to explanations of the sex ratio in depression. In many ways the concept of role has come to take the place of anatomy in explaining female behavior. "Role is destiny" takes the place of "anatomy is destiny." Not that this substitution makes change any easier; changing sex roles may be almost as difficult as changing anatomy. Indeed, some individuals do find it easier to change their anatomies in order to be able to change their roles.

As I see it, the stresses to which the feminine role—or roles—subject women are different from those to which the masculine role subjects men. The masculine sex role—with its emphasis on macho, winning, achievement—subjects men to serious, even lethal, stresses—how serious I have only recently become sensitized to by the growing literature on the subject (Farrell, 1974; Pleck & Sawyer, 1974; Davis & Brannon, 1976). But the outcome—when the stresses are not lethal, as in war or the work "rat race"—is more likely to be anxiety than depression. Zubin and Fleiss (1971) separate depression from anxiety by factor
analysis, and Lehman (1971) finds depression the deadlier of the two. But rather than pit males against females in a competitive race to determine which sex is worse off, which sex is subjected to worse stress—a wholly counterproductive exercise—I would like to drop the discussion of the masculine sex role here and concentrate on the feminine role or feminine roles.

**The Roles of Women and Depression**

In addition to such specific roles as that of wife, of mother, of worker, there is also a generalized conception of the feminine role. As long as 21 years ago, Marie Jahoda (1955) was criticizing the role-adjustment criterion for mental health. With no reference to sex differences she pointed out that roles can be "defined in a manner which strains all resources of a personality to an extent that is hardly bearable" (p. 571). The evidence that the feminine role is indeed "defined in a manner which strains all resources of a personality to an extent that is hardly bearable" is unequivocal. Pauline Bart (1967), for example, found among the most depressed women those who had, in effect, over-conformed to the feminine role. And no wonder. On Katz's (1971) scale of depression, many of the components sound almost like a model of the feminine woman: feels lonely, feelings easily hurt, feels people don't care about her, gets very sad and blue, is self-critical, feels bad or useless, can't make decisions, has somatic complaints. It was not until Broverman, Broverman, Clarkson, Rosenkrantz, and Vogel (1970) made us face up to the fact that full conformity to the feminine role would produce a less than healthy adult that we took seriously the psychologically destructive nature of that role.

More recently the concept of "learned helplessness" (Seligman, 1974, 1975) has come to be recognized as related to depression. Lenore Radloff (1975) has tied it in with female depression:

> The main points . . . are that (1) helplessness is the defining symptom of depression; (2) it can be learned by learning that your responses are unrelated to rewards and punishments; and (3) it can be treated or prevented by learning under what conditions your responses are effective in producing (desired) results. (1975, p. 263)

The learned helplessness theory is to be distinguished from the relative powerlessness actually characteristic of the status of women as revealed in widespread discrimination. The helplessness, that is, is not only in their heads. Like laboratory experimental animals they learn that they actually are powerless, that what they do
It can easily be argued that women are both more susceptible (i.e., have experienced more training in learned helplessness) and [are also] more exposed to current situations of actual helplessness (i.e., where they have little control over what happens to them. (p. 263)

It may be noted that powerlessness or lack of control over their lives is also invoked in discussion of male alienation.

Weissman and Klerman (Note 2) see learned helplessness as the inevitable psychological consequence of the way girls are socialized for the feminine role so that they come to accept the dependency standard of femininity, believe it to be expected and proper. Women are thus limited in their ability to cope with stress (Bernard; 1975; Weissman & Klerman, Note 2). Jean Baker Miller (1976) adds the suggestion that girls are not only positively reinforced for dependency but also negatively conditioned against effectiveness: “Non-helplessness or effectiveness and competence has strong dimensions of threat. It can be a fearful and dangerous prospect.” The girl finds that effectiveness on her part elicits negative responses from men—husbands and others. “She is often left with only the sense that she is not actually going to be able to do, to act, or to be effective,” whatever her skills, talents, or potential may be. Jacqueline Wiseman (Note 5), who has been studying the spouses of alcoholics, presents data which illustrate in an impressive way how learned helplessness works. A wife who is supporting an alcoholic husband flinches from the idea of leaving him. Where would she go? Who would take care of her? The mere presence of even an alcoholic male body reassures her. She has been left “with the sense that she is not actually going to be able to . . . be effective.” The feminine role, in brief, prescribes for women crippling attitudes, beliefs, and behaviors which in and of themselves tend to generate depression.

Nor is the role of wife less vulnerable. Weissman and Klerman (Note 2) believe that “the most convincing evidence that social role plays an important part in the vulnerability of women to depression is the data that suggest that marriage has a protective effect for males but a detrimental effect for women.” I had arrived at the same conclusion (Bernard, 1973), as in fact had Gove (1972) and more recently Radloff (1975) and, in England, Porter (1970) and, in France, one of the pillars of my own discipline, Emile Durkheim (1897/1951) some eighty years ago. I might add parenthetically that all this research is probably less convincing to millions of people than the simple comment by television character, Mary Hartman, that “all happily married women are
unhappy” (April, 1976, syndicated TV series).

What it is about marriage that seems to have a depressing effect on so many women is not altogether clear. Durkheim (1897/1951) explained the benefits of marriage for men as due to “the advantages obtained by a man from the regulative influence exerted upon him by marriage, from the moderation it imposes on his inclination and from his consequent moral well-being”; the costs to women resulted from the “inflexible rule . . . [marriage] imposed on women [which was] a very heavy, profitless yoke for them” (p. 274). Read “role” for “yoke” and it sounds quite modern. In the 1840s, Tocqueville found young unmarried women to be of “singular address and happy boldness,” they were “full of reliance on their own strength” (1840, p. 209); but married women “appeared to be at once sad and resolute” (p. 216). There must have been something in the role of wife that had this effect.

Radloff’s (1975) study of depression by marital status offers interesting sidelights which tend to support the learned helplessness theory as related to the role of wife. Not all women learn the helplessness lesson. Both Gove (1972) and I had noted that never-married women fared better in terms of mental health than married women. But Radloff distinguished between never-married women who were heads of households and inferentially therefore independent, and never-married women who were not heads of households, perhaps dependent daughters, sisters, aunts. The never-married heads of households in which the household income was $16,000 and over—presumably successful career women—fared spectacularly well, as well in fact as married men, usually the best off in all the studies. But even the never-married women with lower incomes who were heads of households fared better so far as depression was concerned than never-married women who were not heads of households. Never-married women who were not heads of households, regardless of household income, were more depressed; living in even a relatively affluent household as a dependent was, apparently, quite depressing. (It is interesting to note that the category of never-married was the only one which included women who were better off than men.) A caveat is in order, however, with respect to using head-of-household as an index of learned helplessness. Separated and divorced women, often heads of household, show high levels of depression, especially if they have small children (Guttentag, Note 6).

In my own work I presented a scrap of evidence of a selective factor at work. It did seem that never-married women were likely
to be the kind who pulled themselves up by their bootstraps, the kind who had not learned the helplessness lesson (Bernard, 1973).

The role of mother can be depressing also. Durkheim (1897/1951) viewed children as mitigating factors in the mental health of married women. But even in the nineteenth century, Tocqueville (1840) found mothers watching their children with melancholy as well as joy. And recent studies do not support Durkheim either.

Radloff's (1975) data tend to corroborate the idea that parenthood has a depressing effect on women: "The average depression scores of parents are highest if children are under age 6, lower if children are 6 to 12, and lowest if children are over 12" (p. 261). Pearlin (1975) corroborates these findings. Although Fidell and Prather (Note 7) did not find motherhood per se having "directly adverse effects on the physical and mental well-being of women," Guttentag (Note 1) did at least by implication include the stresses of parenthood in the general depression syndrome. And, on the basis of hospital cases, Bart (1967, 1974) found that women who had invested themselves completely in the maternal role were most subject to depression when their children grew up, leaving them without this role.

One theory sometimes offered to explain the malaise of married women has to do with the nature of the role of housekeeper. Not until the twentieth century did the psychological hazards of the homemaker's role attract attention. By 1912, Mary Roberts Coolidge was pointing out the scrappy-mindedness and limited scope of thinking that the homemaker's role produced in women. She wrote of the "effect of housewifery in stunting women of exceptional ability who . . . were unhappy or ill-tempered" (1912, pp. 81, 97, 80). In 1936 Terman reported in a study of 533 women that, although a third showed great interest in the domestic arts, a tenth expressed little or no interest in them. He also found domesticity built into the feminine role; the conventional picture of a womanly woman was a domestic woman. On his masculinity-femininity test, domestic workers turned out to be the most feminine of women (Terman, 1936). In 1941 I reviewed the research up to that time, noting the effects of isolation, timing, the noncompetitive nature of housekeeping, its low social esteem, its frustrating nature, its close emotional tie-up with personal attachments, as well as its relative autonomy and opportunity for creativity (Bernard, 1942/1974). Betty Friedan's (1963) suburban housewives' problem showed
many of the symptoms of depression. Pearlin (1975) found in a sample of about 1334 urban women that most were midway between two extremes of finding housekeeping pleasant and finding it unchallenging, the attitudes relating to number and age of children and time in the life cycle. An English study, on the other hand, reported in 1974 that 70% of the women interviewed were dissatisfied with housework (Oakley, 1974).

The proportion of women who found housekeeping a satisfying role would be of no more interest than the proportion of women who found other kinds of work satisfying except for the fact that housekeeping is intrinsic to the role of women. It becomes the occupation of practically all adult women. It is as though we asked all men upon marriage to become janitors (Bernard, 1942/1974). Coolidge was already making this point in 1912: "The theory of mankind and of the Church was still: all women must be domestic, whether married or single; whether by temperament maternal or celibate; whether adapted to domestic detail or not. The vocation [read role] manacled the woman, the woman could not choose what she liked, or what she was fitted to do" (p. 79). As a result, an indeterminate number of women are square pegs in round holes. The depressing impact of housekeeping is not, therefore, so much in its intrinsic nature as in the fact that it is the required occupation for all women in the role of wife.

Closely related to the role of homemaker as a factor in female depression is the role of women as workers. A considerable part of the research on housewives contrasts them with women in the labor force and is especially relevant to another explanation offered for female depression, namely what Gove (1972) calls the dual-role explanation. His theory states that whereas men have two sources of satisfaction—work and family—women have only one. If one proves unsatisfying, men still have another. This explanation assumes that work provides a source of satisfaction and that if women also had two roles it would be better for their mental health. The research findings are, as is so commonly the case, equivocal. Some women do indeed thrive on the double load. Fidell and Prather (Note 7) found that the "employed women . . . seemed well adjusted and healthy, on the average, despite the additional strains imposed by outside employment." Radloff (1975) found working wives less depressed than housewives, but getting a job would not necessarily cure depression. Still, among women being treated for depression, those who were employed improved more than housewives (Mostow & Newberry, 1975),
even though the work was low-level. Guttentag (Note 6) concludes that "the work role at any SES can offer support and protection as a possible means of therapy for the depressed woman." A report of the National Center for Health Statistics in 1970 (Dupuy, Note 8) found a "housewife syndrome" of symptoms of psychological distress; housekeepers compared with working women had higher symptom rates for six of twelve symptoms, including nervous breakdown. Campbell (1976), on the other hand, found that slightly more employed married women than housewives—21% and 19% respectively—showed high stress indexes, but Pearlin (1975) found practically no difference in depression between housewives and employed married women.

Fidell and Prather (Note 7) found, however, that combining all housewives in one category was misleading. They distinguished two categories of housewives: Those who were not looking for work and those who wanted to work. Both the housewives who were not looking for work and the women in the labor force were psychologically well off; it was the housewives who wanted employment who were the worst off. Although income was a big factor in the differences, they remained even when income was controlled. "These results strongly suggest" to the authors that "'the Housewife Syndrome' pertains specifically to those women who might better be described as unemployed" rather than as housewives. A similar point has been made with respect to stress by Michelle Barcus Warren (Note 9). In her Detroit area sample the unemployed woman was psychologically worse off than either the housewife or the employed woman.

The dual-role theory presupposes satisfying work. Not all work is that. In some cases the second role becomes not a second source of satisfaction but a second source of stress. Thus for many women with two roles the story is less cheerful than for those reported above. Guttentag, basing her conclusions on records both from hospitals and from community mental-health centers—and therefore biased in the direction of lower socioeconomic status—found that among those most at risk for depression was "the poorly educated, married woman with children, with a low status, low paid job" (Note 6). She had "the greatest number of life demands." Unlike her white-collar sister who could turn to her husband for help, "she must cope with the demands of a job, and with the demands of family responsibilities, including husband, children, and household management. . . . She is caught in a traditional family role situation. She must fulfill all of the family role responsibilities traditionally ascribed to women, and
at the same time cope with the stresses of her dead-end job" (Note 6).

The work roles of women tend to be in menial, low-paying, low-status jobs, subject to discriminatory practices. And low socioeconomic status is almost universally recognized as a salient factor in explaining depression. It swamps most of the other variables. Radloff, for example, found that "the women with low education and income . . . are especially depressed" (1975, p. 256), and Guttentag also found that among those most vulnerable to depression were low-income women. Another study found that a socioeconomic variable that included education, income, and occupation was enough to explain all the sex differences in depression. It concluded that "non-marital factors such as low SES and being female are responsible for the higher rates among women" (Holzer, Arey, Warheit, & Bell, Note 10).³

Women are poor. A large proportion of them—29.1%—have no monetary income at all, which means they are dependent on others for money and support. Such dependency is undoubtedly closely related to feelings of helplessness in the kind of cash-nexus world in which we live. Among women who have monetary incomes, most have low incomes. In 1974 the median was $3079 and even for full-time year-round workers, only $6957. The importance of the socioeconomic variable in studies of female depression justifies Joyce Lazar's laconic comment that "a reduction of pay discrimination might be a greater preventive measure than an increase in mental-health services" (Note 11).

SEX DIFFERENCES IN SOCIALITY

At this point I will veer in a somewhat different direction, away from the preponderantly quantitative agentic-type or "outside" role studies toward more communion-type or "inside" studies dealing with the more intimate role relationships that may be related to female depression. I would like to throw into the explanatory hopper another variable for explaining female depression, namely, "relational deficit." It has to do with differences in sociality, the different ways that men and women relate to

³ Finding that being female explained female mental health verges closely on a biological interpretation. Holzer et al. recognize the dangers in their analytic procedures, that is, that the "assumption of other things being equal may or may not be realistic and thus caution must be exercised in the interpretation of specific coefficients" in their regression equations.
their own sex—homosociality—and to the other sex—heterosociality.

My Oxford Dictionary defines sociality as the state or quality of being social. And there is some evidence that there are individual differences in the state or quality of being social. Different people are social in different ways. Kurt Lewin (1936) was one of the early researchers to emphasize this fact. He distinguished between Americans and Germans in their sociality, a difference which Douvan and Adelson labeled as a difference between “sociability” and “intimacy” (1966). Lewin did not extend his discussion to sex differences, but others since then have done so.

Judith Bardwick, for example, has noted that the emphasis for men in our society has been on separation, for women, on communion (1974). Weissman and Klerman (Note 2) think there may be a biological basis for this difference, bred into the species by natural selection in the course of evolution; Miller (1976) looks more to socialization as the basis for the difference. In either case, the female way of being social—involving bonds, affiliation, attachment—renders women, because of their learned as well as actual helplessness, more vulnerable to the stresses of deprivation of such ties, and hence to depression.

The male sex role has fostered not expressivity—which is conducive to intimacy, communion, or attachment—but inexpressivity which is not. One team of sociologists refers to the inexpressive male as “a tragedy of American society” (Balswick & Peek, 1971). Only recently have men begun to protest the emotional superficiality intrinsic to the male role (Farrell, 1974; Pleck & Sawyer, 1974; Davis & Brannon, 1976). There is no evidence that men were more emotionally expressive with women in the nineteenth century than they are today. Indeed, the model of the strong silent man seems to have a fairly long history (Bernard, 1972, 1973). Leslie Fiedler (1960) finds the American male as portrayed in American novels to be in life-long flight from women, and Lionel Tiger’s (1969) tracing of what he calls “male bonding” throughout the social system suggests a similar mysogyny. (I note parenthetically that there is no analogous “mysandry” in female bonding, that in fact I

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4 There is a difference of opinion among men over the basis for male inexpressivity. Balswick and Peek tend to accept a socialization model; however, Sattel (1976) sees a strategic function also—it is useful in any confrontation, be it power or dalliance, not to betray one’s feelings.
must coin a word for it, at least none seems to be documented in the research literature.)

But—and this seems to me important—women in the nineteenth century could find attachment, bonding, affiliation, intimacy with other women, so that the deficit in response from men was compensated for by attachments with women. Such homosocial affiliative ties were approved of, even encouraged, and women were not embarrassed by or ashamed of them.

Carroll Smith-Rosenberg (1975), on the basis of letters, has portrayed female homosociality for us as it operated in the nineteenth century:

The biological realities of frequent pregnancies, childbirth, nursing and menopause bound women together in physical and emotional intimacy. It was within just such a social framework . . . that a specifically female world did indeed develop, a world built around a generic and unself-conscious pattern of single-sex or homosocial networks. These supportive networks were institutionalized in social conventions or rituals which accompanied virtually every important event in a woman's life from birth to death. (p. 24)

In this secure and empathic world women shared sorrows, anxieties, joys with the certain knowledge that other women had experienced them also.

It was not that these women were spared life stresses nor that they did not have occasion for depression. New England in the nineteenth century was not a stress-free place for women, as reflected at any rate in the works of Mary Wilkins Freeman. The westward movement may have been exciting for the men, but for many of the women the breaking of family ties was depressing in the extreme (Faragher & Stansell, 1975). When, however, they were sustained by the emotional support from other women in their orbits, they were spared the trauma of depression. I believe that the loss of this female homosocial structure in the twentieth century dealt women a vital blow, leaving a void not adequately filled from other sources.

The Demise of Female Homosociality

It would be diversionary to trace the deterioration of female homosociality. The world of women became denigrated. Women

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5 The story has yet to be worked out in detail, but it does not take more than is already available from the research of the historians to point to some of the more salient forces responsible, including the impact of mobility, the increased labor-force participation by women, and the emergence of other impersonal bureaucraticized services to supply the help women
as well as men came to despise it. Women did not want to be identified with it. They became ashamed of it. In time it was made fun of. The woman's page, women's magazines, soap operas were felt to be less than up to standard. Even when they expanded beyond Kinder, Küche, and Kirche, they were dealt with patronizingly. Smith-Rosenberg (1975) calls our attention to one of the most serious components of the change, namely the denigration of female homosociality and the upgrading of heterosociality. The strong bonds of affection permitted, even encouraged, among women were replaced by encouragement of heterosociality. The cliché arose that women could not be friends because they were competing with one another, either for men before they were married or for social position afterward.

Relational Deficit

It is only recently that we have become aware of the costs the substitution of heterosociality for homosociality may have inflicted on women. Since it had the effect of increasing their emotional dependence on men (Seiden & Bart, 1976; Weissman & Klerman, Note 2), it rendered them vulnerable to relational deficit, for men, as it turned out, proved a poor substitute—weak reeds to lean on for emotional support. Unlike the nineteenth used to supply to one another. The blighting effect of geographic mobility on female support networks was already being noted in the nineteenth century. One of the most poignant glimpses of what it meant for female kin- and friendship networks is supplied by the leave-taking of Lavinia Porter as she left for the West on the Overland Trail in 1860. As she recalled the sad parting, she first stood immobilized as her husband drove westward over the plains and her sister moved farther eastward, "for the time [knowing] not which way to go, nor whom to follow," finally rallying and joining her husband, though "the unbidden tears would flow in spite of [my] brave resolve to be the courageous and valiant frontierswoman" (cited in Faragher & Stansell, 1975, p. 123). On a more minor scale the same disrupting effect on female networks is noted in current mobility research (Tallman, 1969; Seidenberg, 1973). Research by sociologists in the 1950s and 1960s, attempting to demonstrate that kinship networks were still active and functioning, was oriented in the direction of economic and financial aid to male kin, with only passing and casual attention to the needs of women (Sussman & Burchinal, 1962). Except for Lipman-Blumen (1976) there has been little written about female homosociality.

The change may have been related to the changing sex ratio in the total population. Fairly stable from 1820 to 1910—fluctuating between 102 and 106—it began thereafter steadily to decline (Bogue, 1959). Also during that 1890-1910 span the proportion of males married rose from 52 to 54%; of females, from 55 to 57%.
century women who had been socialized to share one another's sorrows, anxieties, and joys, men were not socialized for this role. M. Esther Harding, a former student of Jung, is quoted as saying that for the most part men are "quite unable to give women the emotional satisfaction and security they can find with their women friends" (cited in West, 1975, p. 107). A study at the University of Michigan in 1974 found that women supply emotional support to their husbands far more than they receive it from them (Warren, Note 9). Men are not well-versed in the expression of affection, in intimacy. The strong silent type has been the accepted model for them (Bernard, 1972, 1973).

Blood and Wolfe (1960) found that, as reported by wives, many men do not perform what the authors call the "mental hygiene function" of marriage well. In a sample of 731 families, almost a third (31%) of the husbands responded to their wives' stress problems by criticism, by rejection, by dismissal of them as unimportant, or by merely passive listening. Almost a tenth (9%) gave advice, typical examples of which were to "get out for a while and forget it" or to "not to try to do so much." No wonder some of the women felt worse than before after telling their husbands their problems. A more recent study in England also showed that just as emotional support from husbands or boyfriends among working-class women protected them against depression, its absence could be dysfunctional (Brown, Bhrolchain, & Harris, 1975). And in a West Coast study, Worlds of Pain: Life in the Working-Class Family, (1976), Lillian Rubin documents the contrasting sociability patterns of husbands and wives:

When they try to talk, she relies on the only tools she has, the mode with which she is most familiar; she becomes progressively more emotional and expressive. He falls back on the only tools he has; he gets progressively more rational—determinedly reasonable. She cries for him to attend to her feelings, her pain. He tells her it's silly to feel that way; she's just being emotional. That clenched-teeth reasonableness invalidates her feelings, leaving her sometimes frightened. (p. 114)

I do not laugh derisively at the millions of women in groups seeking to become total women or to achieve fascinating womanhood, looking for ways to make men love them, to support them emotionally, to respond to them, to supply the intimacy women once enjoyed with one another. I think it is counterproductive; but I understand it. It may be a survival technique, a way to cope with depression.

The inexpressivity of blue-collar husbands has been fully
documented. But it is not characteristic of them alone. Simone de Beauvoir (1949) tells us that when she—even she!—once asked Sartre if he loved her, he replied cryptically, as any blue-collar worker might, “I’m here, am I not?” And many wives of professional men fight a losing battle against football every weekend. Pearlin thinks we are dealing with a lost cause. He recognizes that female homosociality can “serve as sources of emotional support,” conceding that “the immediate family [read husband] simply cannot easily satisfy by itself [himself] the full range of emotional and affiliative needs of women” (1975, p. 191).

**WHAT TO DO?**

The first Kurt Lewin award winner, George Brock Chisholm, in his paper (1948) deplored the lack of government interest in securing advice on mental health. Let alone on female mental health. If he were alive today he would be happy to learn that our government is no longer guilty of that particular deficiency. The National Mental Health Act, passed in 1946, authorized grants to states for research, personnel training, and preventive programs. There has been a great upsurge in research on mental health, resulting in a considerable corpus of work, including research specifically on women, not a small part of it by members of SPSSI itself and by its sister organization, SSSP. Joyce Lazar (Note 11) has compiled a list of research dealing with women and changing sex roles supported by NIMH as of January 1976, consisting of 127 studies in 15 areas.

On July 1 of this year, further, the Report of the National Commission on the Observance of International Women’s Year was presented to the president. It includes the recommendations of a Committee on the Special Problems of Women, among them recommendations dealing with mental health. It concludes also that if we are to improve our mental health programs, basic information is still needed on women’s various life situations—information, for example, on how women’s restrictive roles, limited economic opportunities, low self-esteem, or difficulties in developing a sense of identity affect their mental health. President Ford committed himself “to legal and economic justice for women” (White House, Note 12); the task was awesome, he reminded us, but we could win. During President-elect Carter’s term as governor of Georgia, community mental health centers in that state increased dramatically and Rosalynn Carter promises to make mental health one of her major commitments in the new administration.
Although there is not much that government can do about preventing female depression which results from genetic or endocrinological-physiological causes, it can make genetic counseling available and improve treatment services. But for alleviating role-related depression government can reduce if not wholly eliminate the discriminatory practices that contribute to helplessness. Indeed, all the programs and proposals and recommendations that undo discrimination should make a contribution, directly or indirectly, to the mental health of women, obviating many of the conditions that undercut their self-esteem and their self-confidence. These are what the IWY Commission asks the government to do for women.

So far so good. Even Dr. Chisholm would recognize, however, that there are limits to what governments can do. But there is much that women can do for themselves. There are, for example, do-it-yourself actions that rest on women’s strengths rather than on their vulnerabilities. In a paper sponsored by Division 35 (Bernard, 1976), I noted that paradigms have consequences. A model that emphasizes the disabilities of women vis-à-vis men is useful as a galvanizing force, but it may be debilitating. A model that emphasizes their strengths vis-à-vis one another may have greater power in the long run. In addition to the research called for by the IWY report I would like to see women develop a theory, a model, a conceptualization that would facilitate the rehabilitation of a woman’s world that modern women would not feel ashamed of, that they would not feel they had to disavow, that could tolerate differences in a capacious over-riding commonality, that could reconcile the inconsistent findings of our research, that would give women confidence in their own affiliative style, their own judgments. A world in which one could think “just like a woman” or act “just like a woman” without cringing or apologizing or feeling put down. I believe that having such a world behind them would go a long way not only to build self-esteem but also to mitigate the relational deficit so many women suffer from and thus to alleviate depression.

We are, I believe, well on our way in this do-it-yourself rehabilitation of female homosociality. There is, for example, now an effort to rehabilitate female friendships which until recently, like other aspects of women’s world, were dismissed as trivial. Seiden and Bart (1976) make the case for legitimizing them as major “good things in life.” Because such legitimization has been lacking in twentieth-century America, women as well as men have tended to deprecate them.
Not only does a rehabilitation of female friendships mark the current scene but also the emergence and proliferation of mutual-aid groups. They are not identical with the nineteenth-century version of mutual aid, but they are functionally similar. Like them, they follow "the biological ebb and flow of women's lives." Silverman and Murrow (in press) see them serving as sources of help to individuals in terms of role-transition during the whole life cycle. And Silverman (in press) concludes that such "mutual help increases the average individual's self-reliance and his (her) ability to take charge of his (her) own life." Viewed one by one, these small self-help groups may be faulted as limited in scope, even trivial in some cases, inconsequential vis-à-vis the great economic, sociological, and political forces operating to depress women today. But as relievers of stress and hence of depression they assume considerable significance, important enough to receive NIMH encouragement as an alternate service for those in need of help.

In addition, working women—professional, business, blue-collar—are beginning also to form their own support systems in the form of caucuses, networks, coalitions, alliances to affirm and legitimize their female identity.

Jean Baker Miller, a revisionist psychoanalyst, supplies the paradigm for this rehabilitation of female homosociality. She makes a strong case for recognition of the power women experience in their relationships with one another: "It is extremely important to recognize that the pull toward affiliation that women feel in themselves is not wrong or backward; women need not add to the condemnation of themselves... We can recognize this pull as the basic strength it is" (1976, p. 95). I might add that I view Miller's book as a vindication of the rights of women to be women in their own way, without apologies.

One final point. The achievement of such a goal will not be fast or easy. There will be failures as well as successes along the way. My heart sinks as far as anyone's when I note evidence of backlash, when I see regression rather than advance toward success. Or when I read of trashing among feminists. Or when I hear the almost daily requiems for the passing of the women's movement. But I have lived long enough not to be crushed by

7These groups range widely in scope and are nonideological. What they all have in common is that they are "based on the assumption that people who share a problem can solve it through mutual aid and support" (Guttentag, Note 6).
such setbacks. I once talked to a seventeen-year-old who complained that for a full year she had marched, demonstrated, picketed, sat in—still the Vietnam war went on. Perhaps one has to have lived a great many decades before one becomes reconciled to the seemingly glacial pace of change. For perspective one has to be able to remember, as I do, when blacks lived in peonage, when lynchings were numerous enough to warrant annual statistical accounting, when men were killed organizing unions, when hungry people scavenged garbage pails, when. . . . But why go on? Changes have occurred. And will continue to. All the changes the IWY Commission asks for will come about. The harsh edges of women's roles will be mollified. We will become so accustomed to the changes that we will take them for granted; we won't even notice them any more, as we no longer notice the achieving black people we see all around us.

And, hopefully, one way or another, women will also achieve a support world which will make up for the relational deficit so many experience today. I am sometimes criticized by my young consœeurs for my optimism, for seeing the half-filled glass rather than the half-empty one. I am like another little old lady who said she tried to be philosophical but cheerfulness kept breaking in. Like Jean Baker Miller, I have my eye on women's raised consciousness of their own worth, on women helping women, restoring a world of their own which, though not the same as the nineteenth-century version, will serve the same supportive function. And thus help alleviate their depression.

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