Chapter II
REVIEW OF EARLIER LITERATURE
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Review of Earlier Literature

In this section the review of some earlier relevant studies are presented. Through the review of literature it is possible not only to find out the shortcomings of previous investigations and to formulate, clarify and modify the problem at hand; but also to organize the necessary knowledge pertinent to the research work and to sort out relevant variables (McGuigan, 1980). At this point it needs to be stated that although a thorough review of the earlier works have been most desirable, some important works may have been omitted and adequate details of some may not have been incorporated owing to the non-availability of the original papers. The researcher extends her apology for this lapse.

Studies published during the last 15 years (1988 to 2002) have been incorporated in the survey. Studies before 1988 have been cursorily mentioned only if considered particularly relevant to the issue at hand. The studies have been clustered according to the main theme and arranged chronologically within the cluster.

ARRANGEMENT OF THE CHAPTER

The review of literature considered relevant to the study have been categorized under the following headings:

1. Studies on sex difference and mental health
   a) Studies on sex difference and positive indices of mental health
   b) Studies on sex difference and negative indices of mental health
   c) Studies on sex difference and resource variables

2. Studies on gender role identity and mental health
   a) Studies on gender role identity and positive indices of mental health
   b) Studies on gender role identity and negative indices of mental health
   c) Studies on gender role identity and resource variables
3. Studies on gender role attitude and mental health
   a) Studies on gender role attitude and positive indices of mental health
   b) Studies on gender role attitude and negative indices of mental health
   c) Studies on gender role attitude and resource variables

4. Studies on life events and mental health
   a) Studies on life events and positive indices of mental health
   b) Studies on life events and negative indices of mental health
   c) Studies on life events and resource variables

Although the grouping has been done in terms of positive and negative indices of mental health, some studies have of course used both kinds of measures together. They have been discussed in detail in either of the sub sections and only mentioned in the other.

STUDIES ON SEX DIFFERENCE AND MENTAL HEALTH

Studies on sex difference and positive indices of Mental Health

This category of studies are concerned with sex difference in overall wellness or variables like self esteem, adjustment etc. Shek (1989) assessed sex differences affecting the psychological wellbeing of 2,150 Chinese students (aged 11-20 yrs). Various instruments were used to measure psychiatric symptoms and positive mental health. Females displayed significantly more psychiatric as well as somatic symptoms and scored low on scales reflecting positive mental health. Findings are generally consistent with those found in the Western literature but suggested that in the Chinese culture, sex differences in mental health begin to appear in adolescence.

Karim (1990) studied the impact of age, sex and cultural differences on self concept. Influence of these variables on personally perceived self were studied in experiment 1, and socially perceived self in experiment 2. A 3x2x2 factorial design was followed in three adolescence levels - preadolescent, adolescent and post adolescent, two sex groups male and female and two cultures. India and Bangladesh were included. The sample consisted of 600 adolescents, self concept of these adolescents were measured by employing an adopted version of Thakur and Prasad’s Self Esteem Inventory. Hindi version of the inventory was administered.
to Indian samples and Bengali version for Bangladeshi respondents. Sex and cultural differences have profound effects on both personally perceived self and socially perceived self. However, chronological age i.e. different levels of adolescence did not reveal any impact on either socially perceived self or personally perceived self.

Watkins and Yu (1993) examined possible gender differences in the source and level of self esteem of 99 male and 90 female undergraduates from mainland China. There was little evidence of a gender difference in the level of overall self esteem, but gender differences were evident in the subjects’ ratings of the importance to their self concept and their self-satisfaction with lower order facets of the self indicating the necessity for using multidimensional measures of the self and for preserving the self concept / self-esteem distinction.

Coyle and Morgan-sykes, (1998) observed that in recent years the development of an apparent ‘crisis’ in male wellbeing (and more specifically in male mental health) has become a focus of media and academic interest. This crisis has been linked to disruptions in the traditional system of gender relations, with men being problematically positioned within a changed social context, especially in relation to issues of emotion. In this study, article on men’s health in a British broad sheet newspaper were subjected to discourse analysis to examine the ways in which the crisis in male mental health has been rhetorically constructed. The analysis suggested that it is constructed as arising from the enactment of a traditional hegemonic masculinity (seen as militating against emotional expression), gender role changes in the employment and sexual domains and the advance of women. Despite an apparent acknowledgement of a need for change, alternative enactment of masculinity are undermined. The implications of these analyses were explored.

Chatham-Carpenter and Francisco (1998) explored the concept of self esteem from adult women’s perspectives. Based on qualitative interviews with 59 women, they found similar denotative definitions of self esteem, but differing connotative views and experiences. The identified three overall characteristics associated with high self esteem i.e: voice, self-perspective and concern for others’, viewing them as interconnected rather than isolated variables. They found self-esteem to be a reflexive, context-specific process, which is changeable over the life span. The women’s constructions of self esteem as a complex phenomenon were in contrast to traditional androcentric and essentialist self esteem scales in common usage. Their views of self esteem were socially constructed in dialogue with their
culture, other persons and themselves. Implications of taking such a social constructivist approach to studying self esteem are discussed.

Sehgal (1999) compared self efficacy, stress, wellbeing and health status between male and female college students in India. 100 male and 100 female college students (aged 16-18 yrs) were administered the PGI Well Being Scale by Verma and Verma, the generalized self Efficacy Scale by Schwarzer, the stress Symptoms Scale by Heilbrun and Pepe, and the Health Status Checklist by Mohan. Results showed that males obtained higher self efficacy and psychosomatic stress scores. No significant differences were found concerning wellbeing.


In another study Roberts and Chapman (2000), in a 30 year longitudinal Study of 104 adult woman, addressed 3 questions about changes in dispositional wellbeing: (1) Do men increase in dispositional wellbeing from young adulthood to midlife? (2) Are changes in dispositional wellbeing related to role quality? And (3) Are the correlates between changes in dispositional wellbeing and role quality dependent on the method one uses to calculate change scores? Three out of four measures of dispositional wellbeing showed little or no mean-level change from age 21 to age 52. The fourth measure of dispositional wellbeing, reflecting effective functioning or maturity, showed a statistically significant but substantively small increase over the same 30 yr period. The relation between change in dispositional wellbeing and role quality was tested across the 30 yr. span of the longitudinal study. Results show that positive role-quality was associated with increase on measures of effective functioning and wellbeing and decrease on measure of anxiety and psychoneuroticism. The method of calculating change scores did affect results with growth modeling and residualized change results being essentially identical and difference scores resulting in fewer statistically significant findings.

In India Sehgal (2000) investigated gender difference in locus of control, self efficacy, stress symptoms, happiness, psychological well being, health status and physical fitness among healthy school going adolescents. Boys scored more on Health status and physical fitness
checklist, which was also strongly associated with their happiness. In case of girls self efficacy was a major predictor of happiness.

Costa Jr., Terracciano and McCrae (2001) conducted a secondary analyses of Revised NEO Personality Inventory data from 26 cultures (N=23,031). Results suggest that gender differences are small relative to individual variation within genders; differences are replicated across cultures for both college-age and adult samples and differences are broadly consistent with gender stereotypes: Women reported themselves to be higher in Neuroticism, Agreeableness, Warmth and openness to Feelings, whereas men were higher in Assertiveness and Openness to Ideas. Contrary to predictions from evolutionary theory, the magnitude of gender differences varied across cultures. Contrary to predictions from the social role model, gender differences were most pronounced in European and American cultures in which traditional sex roles are minimized. Possible explanations for this surprising finding are discussed, including the attribution of masculine and feminine behaviours to roles rather than traits in traditional cultures.

**Studies on sex difference and negative indices of Mental Health**

A few studies in this area focused on sex difference patterns in negative emotions. McCann, Woolfolk, Lehrer and Schwarcz (1987) studied Type A behavior as a multi-dimensional construct that manifests itself differently in men and women.

White and Kowalski(1994) examined the myth of the non-aggressive female, considering relevant research data and provided a feminist interpretation of female aggression. The basis of the myth, factors supporting its maintenance and theories of female aggression were examined. Findings suggested that women have as much potential as men to be aggressive and that, given the appropriate circumstances were as likely to display aggression as men. A feminist reinterpretation of aggression that viewed women’s and men’s aggressive behavior within social structural arrangements that create and sustain differential power relations was presented.

In India Jahan (1996) studied a sample of 272 undergraduate students (155 males and 117 females ) drawn from the faculties of Arts, science and commerce of the Aligarh Muslim University and from 2 colleges of Moradabad who completed the frustration Test (Chauhan and Tiwari, 1972). Findings revealed that students in general were mildly prone to frustration. Sex differences were observed in regression and aggression aspects of frustration. While females
were found to be more prone to regression, males were more prone to aggression. No significant
difference was obtained in respect of fixation and resignation.

Campbell, Sapochnik and Muncer (1997) examined the level of indirect aggression among
women, investigated whether indirect forms of aggression might be usefully split into
expressive and instrumental forms and explored the relationship between sex, social
representations of aggression and different forms of aggressive behavior. 16 items measuring
different forms of aggressive behavior were given to 55 male and 50 female undergraduates
(aged 18-25 yrs.) together with Expagg, a psychometric measure of social representation of
aggression. Factor analysis of the aggression items revealed 3 scales: direct (verbal and
physical), indirect instrumental and indirect expressive aggression. Women scored higher than
men on the scale of indirect expressive aggression. There was also a significant sex difference
on Expagg with showing a more expressive representation of aggression. However the point
biserial correlation between sex and indirect expressive aggression were not diminished when
expressive representation of aggression was partialled out. It was argued that indirect expressive
aggression (involving bitching and avoiding) fails to show a relationship with social
representation because it lacks the formal requirements of intentional harm and consequently is
not an act of aggression.

Ramirez, Fujihara and Goozen (2001) reported a part of a series of cross-cultural studies
with the overall aim of investigating which biosocial processes may be involved in aggression.
A sample of 976 university students-195 in Japan (48 male, 147 female), 551 in the
Netherlands (187 male, 364 female), and 230 in Spain (56 male, 174 female)-read 17 vignettes
depicting anger proneness. Contrary to the predictions of some congruent gender differences-
for instance, that women focus on emotional stimuli and become more upset by condescending
and insensitive behaviour and that men are more likely to become angry in response to physical
aggression or injury to another person (Harris, 1993; Ramirez, Fujihara and
Goozen, 2001)—gender differences affecting anger disposition and arousal and aggressive
tendencies were small or nonexistent in the present results, with the exception of the Dutch
sample, in which the male participants showed significantly higher levels of anger.

Milovchevich, Howells, Drew and Day (2001) studied sex difference in anger. They
contended that studies have produced conflicting evidence for sex differences on measures of
anger often due to definitional confusion, methodological limitations, the use of non-random

samples and the use of student and clinical populations. Some previous studies have suggested that males and females do not differ in measures of anger and that gender role identification may be more predictive of patterns of anger experience and expression. This study aimed to investigate the influence of sex, gender role identification and sex of the target of anger on measures of state and trait anger in a community sample of the adult Australian population. Results supported the prediction that gender role identification rather than sex were related to anger experience, expression and control, with this finding being consistent across two situational contexts. Sex of the target of anger was found to provide a weak contextual influence on male and female expression of anger. The implications of these findings for future research and for those working with anger in clinical settings are discussed.

A number of studies have reported the sex differences in mental disorders. Jorm (1987) studied the personality trait of neuroticism thought to be an important risk factor for depression. In a study by Goldstein and Link (1988) the expression of schizophrenia was examined in 169 DSM III diagnosed schizophrenics. Findings indicated that schizophrenic women not only expressed more impulsivity and affective symptomatology than did men, but their psychotic symptoms covaried consistently with the expression of impulsivity, anger and other affective symptomatology. Men’s expression of schizophrenia covaried positively with withdrawal/isolation and an inability to function suggesting a possible negative symptom pattern. Kotila and Lonnqvist (1988) studied four hundred and twenty two consecutive hospitalized suicide attempts made 15-19 yr old girls and boys in Helsinki area. Boys had more severe adaptive problems. Their outcome was much worse than the outcome of the girls. Risk ratio for suicide during the 5 year follow up was 2.0 for boys and 0.55 for girls. Risk ratio concerning violent death was 2.43 for boys and 0.33 for girls. Another study by Shek (1989) dealing with sex difference in psychiatric symptoms has already been discussed earlier.

The famous study by Russo and Green (1993) summarized selected recent research related to women's mental health. The authors also summarized epidemiological findings on gender differences in patterns of mental disorder with particular attention to differences in patterns by race/ethnicity and marital roles and provided additional information on high prevalence disorders for women: mood, anxiety and eating disorders. The risk factors contributing to women's excess in psychopathology associated with reproductive events over women's life cycle were examined as well as women's work and family roles.

In India Pradhan and Misra (1996) investigated the difference in Type A behavior pattern as a correlate of burnout relationship in dual career medical professionals. The scale by Friedman and Rosenman for assessing Type A behavior and the Maslach Burnout Inventory were administered to 50 medical professional couples. Results revealed moderate level of type A behavior and low burnout. The two variables were positively correlated particularly for the females. There was no sex difference in overall burnout.

Prosser and McArdle (1996) reviewed the evidence for changing patterns of mental health over time in childhood and youth in Western Societies. Data regarding juvenile crime statistics, substance abuse and suicide rates were reviewed and direct evidence of changes in the prevalence of mental disorder itself was examined with reference to epidemiological studies of child, adolescent and young adult mental disorder. Official statistics were obtained from several sources including UK and US publications. Evidence suggested that the prevalence of major depression, substance abuse and offending behavior as well as the incidence of suicide was increasing in adolescent populations, particularly among males. There were also indications that problem behaviors among younger children are becoming more common. There was no evidence of a deterioration in the adjustment of the preschool population.

Blehar and Rudorfer (1998) briefly discussed the needs in women's mental health research. Five areas for research identified were (1) reproductive biology, (2) risk factors, (3) course of disorders during pregnancy and postpartum, (4) risks of untreated maternal disorder during pregnancy on child outcomes and (5) the influence of socially mediated variables on outcomes of disorders.

In India Sehgal (1999) studied sex difference in stress scores. This has already been reported. Watanabe (1999) investigated the mental health status of private University students, using a 30-item version of the General Health Questionnaire (GHQ) and determined the total
number of cases from students mental health consultations from 1990-1996. The students were 
taking psychology course in different University faculties. The results were based on Surveys 
completed by 2,165 male and 775 female students, and showed that: 1) 50.9 % of the students 
were mentally unhealthy ( GHQ scores of 8 or higher), with the highest percentage among 
liberal arts majors. 2) 61.2 % of female students were mentally unhealthy compared to 47 % of 
male students; 3) most students’ complaints were primarily of depressive mood and anxiety; 4) 
unlike mentally healthy students, unhealthy students were unsatisfied with school or daily life, 
uncertain about their life after graduation, and had only a few persons to consult about their 
problems; and 5) the total number of student consultations rose from 1990-1996. These findings 
suggested that mentally unhealthy University students tend to visit counselors rather than keep 
their problems to themselves.

In another study in India Kumar, Sinha, Chakrabarti, Baruah and Sinha (2000) investigated 
gender difference in resolution of mania. They studied 24 male and 16 female patients suffering 
from bipolar disorder and rated them at day 0, 3, 7, 21 and 28 on the scale for manic states 
developed by Cassidy et al. (1998). Comparison of females and males revealed that males 
settled faster than females which was evident on day 14. The rate of resolution was more in 
males in the first week, and remission was also reached earlier by males. Pradhan and Khattari 
(2001) reported an extension of their earlier studies where the predictors of burnout in 50 
employed doctor couples were examined.

Wetzel (2000) presented information about the global conditions of women and their high 
vulnerability to mental illness and emotional trauma and consideration of this issue of the UN 
Mental Health Day. The author developed a model for the promotion of mental health and the 
prevention of mental illness among women called 'development synthesis'. The model integrates 
personal, social and economic development programming with cross-cutting principles of 
mental health and theories of personal development.

Studies on sex differences and resource variables

This section compiles the studies relating to sex difference in ego strength and social 
support as well as the role of perception and attitude in psychological dysfunction.

Lewis (1990) Investigated the psychological, social and sexual dynamics of the feminist 
classroom as students struggle with the realities of violence against women and the negotiation
strategies women use to survive in a patriarchal society. Presenting a feminist critique of patriarchy the author analyzed student's resistance to such a critique and shares teaching strategies she has used to subvert the gendered status quo of classroom interaction between men and women.

Cramer (1991) studied the relationship between psychological distress and social support, along with various other health relevant variables, in a nationally representative sample of some 2050 women and 1873 men, who also returned the self completion questionnaire in the 1984-85 British Health and Life Style Survey. Psychological distress was measured with the 30-item General Health Questionnaire. Stepwise regression analyses indicated that the quality of family support accounted for a significant increase of 0.2-1.0 percent of the variance in the GHQ for women and 0.8-1.9 percent for men. The correlation between family support and distress was reduced from -.13 to -.04 for women and from -.15 to -.10 for men when all other variables were partialled out. It was highest (-.33) for the better qualified women and men in the youngest (18-24) age group.

Moran and Eckenrode (1991) examined gender differences in the impact of social stress and social support on adolescent's emotional wellbeing. 48 males and 70 females in grades 7-11 were administered the Beck Depression Inventory, the Rosenberg Self Esteem Scale and the Frankel Social Milieu Scale. Females reported greater depression, lower self esteem and greater problem focused support than did males. There were no significant differences in the amount of social stress or emotional support reported by males and females. Results reveal that social stress was strongly correlated with higher depression and lower self esteem scores for females but not for males. In contrast social support was correlated with lower depression scores and higher self esteem scores to a greater extent for males than females.

Meyer (1995) tested the hypothesis that women's social networks are better social resources for coping with stress than men's networks for maintaining and restoring mental health. A random sample of adults aged 20-64 yrs residing in an urban Swiss community were surveyed through interviews. It was assumed that the negative effects of social stress for women is more efficiently buffered by the support they receive and the more results in fewer psychological disorders than it does for men.

Villeneuve, Berube, Ouellet and Delorme (1996) examined several subjective components of adolescents' behavior concerning mental illness prevention. Adolescents' knowledge,
attitudes, subjective norms and thoughts about how they would concretely handle a psychological problem were measured. A self-administered questionnaire was completed by 438 male and female public high school students in grades 8 (mean age 14 yrs) and 11 (mean age 16.7 yrs). Gender and age differences were revealed: girls and older adolescents were more attuned to prevention. Male subjects placed less value on obtaining help. The influence on young people of peers and parents was also apparent; parents were seen as an important source of information. The authors conclude that adolescents perceive prevention concerning mental health as important.

Basu, Banerjee and Mukhopadhyay (1996) have demonstrated that there is some sex difference in ego functions as assessed by Bellak's Ego Function Assessment Scale. The sample consisted of 100 female and 100 male college students of Calcutta. It was observed that girls scored higher on six out of twelve functions, mostly those concerned with management of cognitive and social reality.

Ravicz (1998) in his book examined how and why women experience and perceive stress differently than men. The author argued that stress involves a complex interaction of process in which gender plays a part in producing differences between the male and female experience of stress. Prostress (or positive stress) is defined as involving pleasure, growth, challenge, and excitement that can promote physical and mental health. Stress management involved taking a look at the impact of both negative and positive stress on mental and physical well being. Stress reduction techniques were presented to reduce distress and increase prostress.

Offer, Kaiz, Howard and Bennett (1998) longitudinally assessed the emotional trait stability of a sample of males from adolescence (age 14 yrs; through young adulthood (age 19 yrs) and into middle adulthood (age 48 yrs), using the Offer Self-Image Questionnaire for Adolescents, the Identity Scale by Hess et al, and the SCL-90. Distinct emotional traits were found in 67 adolescent males that were important in determining their mental health status in adult life. Results demonstrated that certain adolescent emotional states tended to remain a problem in adulthood. Intervention work that could be done in order to change any adverse trajectories set by these variables is discussed.

Kunkel and Burleson (1999) assessed explanations for sex differences in emotional support. Research documents sex differences in interpersonal behaviors, such as comforting and emotional support, with women consistently being more likely than men to engage in
comforting behavior, to produce sophisticated comforting messages, to value comforting skills, to select friends based on comforting skills. Explanations for these gender differences included the "different cultures account" and the skill specialization account. 292 participants completed questionnaires assessing the types of comforting messages perceived as most sensitive and effective, preferences for the sex of comfort providers and priorities assigned to affective and instrumental goals in comforting contexts. The results indicated that men and women evaluated comforting messages similarly, preferred receiving emotional support from female providers and had similar priorities in comforting contexts. These results were most consistent with the skill specialization account and provided virtually no support for the difficult cultures account.

STUDIES ON GENDER ROLE IDENTITY AND MENTAL HEALTH

Studies on Gender Role Identity and positive indices of Mental Health

Some of the studies attempted to investigate whether a particular gender role identity actually resulted in greater mental wellness. Many of the studies reported here also have demonstrated the superiority of masculinity and androgyny in the area of mental health. Some early studies have been by Handal and Salit (1988), Grieve, Rosenthal and Cavallo (1988), Lau (1989), Markstrom-Adams (1989).

Long (1991) analyzed the relationship between Sex Role orientation and women's mental health using multiple measures of self-concept including time competency, inner-directed support, self-regard, self-acceptance, self-esteem and locus of control. 293 adult women (95 professionals, 86 students, 54 clients and 58 victims of domestic violence) completed 3 instruments: The Personal Orientation Inventory, the Tennessee Self-concept Scale and a Self esteem Scale. Results indicated a strong positive correlation between masculinity and all 6 measures of self concept as well as internal locus of control. Femininity scores, on the other hand, seemed to be largely irrelevant as predictors of self concept.

Seybolt and Wagner (1997) examined the extent to which self-reinforcement, sex and gender role predicted life satisfaction and explored the relations among these variables. These
relationships were evaluated by administering to 182 undergraduates (aged 17-39 yrs) the Bem Sex Role Inventory, the Satisfaction with Life Scale, and the Frequency of self-reinforcement Questionnaire. A regression analysis showed significant effects for self-reinforcement and gender role in the prediction of life satisfaction. No main effect was found for sex of participant and there were no significant interactions. Scores on measures of self reinforcement and life satisfaction were moderately correlated.

Contrarily, Lobel, Slone and Winch (1997) compared 166 Israeli 8.9-9.8 yr. old girls who evidenced more traditionally masculine characteristics to girls who evidence more traditionally feminine characteristics for popularity and various aspects of self-esteem (general, home, parents and social). Subjects were categorized into 4 gender-role orientation groups: feminine, masculine, androgynous and undifferentiated. Subjects completed a tomboyism questionnaire designed for the study, which included items representing components of gender-stereo types such as roles, physical appearance and occupation as suggested by K. Deaux and L.L. Lewis (1984), Version A of the S. Coopersmith Self-esteem Inventories and their sociometric status was measured. Results indicate that those girls who reported both traits and behaviors considered to be traditionally masculine comprised a unique group. They were less popular, they had lower social self-esteem and they were less satisfied with their gender.

A few other studies have explored in the dynamics of the obtained differences, and demonstrated that the effect of gender role identity on wellness is not that clear, and depends on other moderating factors like sex, work role and culture.

The satisfaction with feminine identity has been observed to be the social role of men by Kaye and Applegate (1990). They examined the relationship between gender orientation and the unique stress and gratification for men who are engaged in care-giving tasks traditionally performed by women. Mail Surveys were completed by 148 men ( aged 36-84 yrs ) participating in caregiver support groups throughout the US. The men reported having found emotional gratification an important motivating factor and they tended to ascribe to themselves many affective traits usually associated with the female role.

Another study by O'Heron and Orlofsky (1990) dealing with adjustment along with other negative indices will be reported later.
Spiro (1991) based on the work of G. Devos (1975) on motivation as it relates to cultural internalization. The question why the Burmese internalize a cultural system that proclaims the innate superiority of males is addressed. The social system of gender relations in Burma is also described. It is suggested that males are strongly motivated to internalize the ideology of the superior male because of the threat to their self-esteem posed by females and the males’ need to defend themselves against the threat.

Schwalbe and Staples (1991) explored gender differences in the importance of reflected appraisals, self perceived competence and social comparisons as sources of self-esteem. Gender differences are expected for several reasons: sex role socialization may lead men and women to develop abilities to exploit different sources of self-esteem; men and women may learn to embrace different criteria for self-evaluation; and opportunities to experience self-enhancement in various ways may be distributed unequally between men and women. It was found that women attached greater importance to reflected appraisals than did men and that men attached greater importance to social comparisons than did women. No difference was found for self-perceived competence. Men and women were also much alike, in that reflected appraisals were the most important source of self-esteem for both groups, followed by self-perceived competence and then by social comparisons. These finding were interpreted in terms of comparison / availability dynamic that is hypothesized to underlie self-esteem formation. Some implications of this analysis for modifying identity theory were discussed.

Gupta (1991) examined gender stereotypes and self concept among college students (70 men and 70 women) in India. Subjects rated “man”, “woman” and “me” on 7 point scales incorporating 4 factors: (1) Evaluation (e.g., good – bad) (2) potency (e.g., strong – weak), (3) activity (e.g., active – passive) and (4) “understandability” (e.g., predictable – unpredictable) “women” was rated as more pleasant, less non-violent more sensitive, less strong, less active, less suspicious, more predictable and more emotional than “men”. Subjects rated themselves more favorably in comparison to “man” than in comparison to “woman”. Men rated themselves to be more sensitive, more dependable, more cooperative and less emotional as compared to the self evaluations of women. Self concepts of male and female Subjects were similar with respect to intelligence, outgoingness, happiness, strength and rationality.
Ying (1992) examined the relationship of sex role orientation and psychological well-being among 111 male (mean age 26 yrs.) and 103 female (mean age 24.5 yrs.) Taiwan college graduates. The 32 item Femininity scale of the California Psychological Inventory was divided into 2 independent subscales: the Femininity (consisting of items more frequently endorsed by women) and the masculinity subscales (consisting of items more frequently endorsed by men). Well being was assessed by absence of depressive symptomatology and level of self actualization. For women lower levels of femininity significantly predicted lower depressive levels and higher actualization. For men, low femininity and moderately high masculinity scores predicted low depressive symptomatology, while low femininity and low masculinity levels predicted high actualization.

Josephs, Markus and Tafarodi, (1992) conducted a series of experiments to explore where self-esteem (SE) came from? Three experiments explored the idea that men’s and women’s SE arise, in part, from different sources. It was hypothesized that SE is related to successfully measuring up to culturally mandated, gender-appropriate norms - separation and independence for men and connection and interdependence for women. Results from Study 1 suggested that men’s SE can be linked to a individuation process in which one’s personal distinguishing achievements are emphasized. Results from Study 2 suggested that women’s SE can be linked to a process in which connections and attachments to important others are emphasized. Study 3 demonstrated that failing to perform well on gender – appropriate tasks engendered a defensive, compensatory reaction, but only in subjects with high SE.

Ramanaiah, Detwiler and Byravan (1995) tested the hypothesis that androgynous people are more satisfied with life than people of other sex role orientations. The personal Attribute Questionnaire and the Satisfaction with Life Scale (E. Diener et al, 1985) were administered to 245 students (mean age 22.6 yrs) classified into 4 sex role groups: Androgynous, masculine-typed, feminine-typed, and undifferentiated. Results showed that androgynous orientation was predictive of greater life satisfaction, separately for men and women. In men, the combined mean satisfaction score of the androgynous and masculine-typed groups was significantly greater than that of the feminine-typed and undifferentiated groups. However in women, a masculine orientation in the androgynous as well as masculine-typed subjects was predictive of
higher satisfaction than that of the feminine-typed and undifferentiated subjects. Results support the hypothesis for men, but not for women.

In India Trivedi (2001) studied androgyny and self esteem in adolescent boys in relation to the employment status of their mothers. 120 boys between the ages of 13 and 15 years from Jodhpur city were administered the Indian adaptation of BSRI and Thomas and Sanandraj Self esteem Inventory. Results indicated very high degree of undifferentiated gender role identity among boys of employed mothers.

**Studies on Gender Role Identity and Negative Indices of Mental Health.**

Some of the studies reported here have been concerned with normal people and the processing of their negative emotions as related to gender role identity.

Some early studies are those by Robbins (1989), Yamold, Bryant and Litsas (1989), Smith, Ulch, Cameron and Cumberland (1989). Krampen, Effertz, Jostock and Muller (1990) described 3 studies in which 247 women and 199 men, including 50 subjects and their same sex parents, completed sex role orientation measures; the Bem Sex Role Inventory; and measures of intelligence, anxiety and aggressiveness. The authors observed that differences in sex can be explained by psychological sex role orientation variables and that normative sex role orientation and gender related self concepts explain more variance in personality variables than morphophenotype sex. Results also confirm both hypotheses for aspects of intelligence, neuroticism and domain – specific self concepts. For all of these variables, the effect sizes of the psychological gender variables were larger than those of morphophenotype sex.

Kopper and Epperson (1991) investigated the relationship of sex and sex-role identity to the expression of anger to examine several common assertions about women’s experience and expression of anger. 242 female and 213 male college students completed questionnaires assessing sex role identity and multiple dimensions of the subjective experience and expression of anger. Measures included the Bem Sex-Role Inventory. Univariate analyses revealed consistent relationships between sex role identity and anger proneness, outward expression of anger, modulation or control of anger expression and suppression of anger. Significant sex
differences were not observed, sex did not appear to be the determining factor in anger expression or the tendency to suppress anger.

Sawrie, Watson and Biderman (1991) used H. Kohut's (1971) theory of self to examine the problem of aggression and sex roles among 174 male and 197 female undergraduates (aged 17-52 yrs.) through a sequence of questionnaires. Males were higher on 6 of 7 highly intercorrelated aggression measures. The psychology of self proved useful in exploring relationships between aggression and gender and in examining the mental health implications of traditional sex roles. Socially desirable forms of femininity had the advantage of being incompatible with aggressiveness, but they also failed to promote assertiveness. Androgynous, masculine, feminine and undifferentiated sex roles displayed largely predictable parallels with synthetic, internal, external and archaic narcissistic styles.

Shaffer (1992) discussed the connections between femininity and masochism as they have evolved in psychoanalytic thought. The initial psychoanalytic position developed by Freud (1924) emphasized masochism as an innate, organizing feature of a woman's sexual life. Culturalists such as K. Horney (1935) and C. Thompson (1950) asserted that cultural influence alone accounted for masochistic behavior in women. Contemporary psychoanalytic ideas of female development view the process of separation and individuation, rather than the oedipal conflict, as the situation most crucial to the formation of gender identity.

Arrindell, Kolk, Pickersgill and Hageman (1993) examined whether females' self-reports of being generally more fearful than males can be explained by psychological factors such as sex role orientation and masculine sex role stress. Also addressed are the bearing of dissimulation tendencies of findings relating self-reported fears to biological sex, sex roles and masculine sex role stress. A survey of 120 female and 84 male college students revealed females to be more fearful than males of social agoraphobic, harmless animals and sexual and aggressive scenes, even after holding constant the combined influences of masculinity and masculine sex role stress. Neither traditional nor androgyny theories of fear expression were supported by the survey data and only the masculinity hypothesis garnered good support across 4 out of 5 fear dimensions.

Kopper (1993) studied 407 female and 222 male college students investigating the relationship of gender, sex role identity and type a behavior to multiple dimensions of anger.
expression and mental health functioning. Significant multivariate effects were found for sex role and behavior pattern type for anger expression. Significant gender differences were not observed. Univariate analyses revealed consistent relationships between sex role identity and anger proneness, suppression and control and the tendency to express anger outwardly. Consistent relationships were found between behavior pattern type and both anger proneness and suppression. Significant multivariate effects were found for gender, sex role and behavior pattern type for mental observed in depression. Women obtained higher scores on indirect hostility, irritability and dependency and men obtained higher scores on assault and aggressiveness.

Fry and Gabriel (1994) argued that research on aggression is an outcome not so much of what is out there in the nature of things but a reflection of how western scholarship constructs its categories. It has constructed aggression as a stable (male) category, has paid little attention to female aggression and has produced theories on aggression from male centred research. In reality, the category aggression displays a variety of acts in which girls and women are involved.

Gallacher and Klieger (1995) investigated the relationship between sex role orientation and fear by assessing the various sex-typed groups (feminine, masculine, androgynous and undifferentiated) with both self-report and behavioral measures of fear. 82 male and 82 female subjects completed the Bem Sex Role Inventory, Fear Survey Schedule-III Snake Anxiety Questionnaire and Behavioral Avoidance Task. Female subjects reported significantly higher level of fear than did the male subjects. Individuals who identified with a feminine sex role reported significantly higher levels of fear than did individuals who identified with a masculine sex role. The prediction that subjects with a feminine orientation would score higher on fear scales than those with an androgynous or undifferentiated orientation was not fully supported. There was no significant differences in behavioral fear among subjects.

Koteswaraiah and Rani (1995) studied the impact of gender and gender role orientation on the expression of aggression among 200 men and 200 women (aged 20-60 yrs). An aggression scale and gender role inventory developed for the purpose were used. Results indicate that both gender and gender orientation had significant main effects on the expression of aggression.
Subjects with masculine and androgynous orientation expressed more direct and active forms of aggression than those with feminine orientation.

Basu, Chakroborty, Chowdhury and Ghosh (1995) in India studied the nature of gender stereotype, self ideal disparity in terms of gendered self schema, and neuroticism in 30 Bengali middle class families. Both the parents and one adolescent offspring in each family were administered the modified version of BSRI, a self ideal disparity format based on BSRI and Eysenck's Personality Questionnaire. Self ideal disparity and neuroticism were less among the androgynous and masculine subjects.

Kaye and Applegate (1990) dealt with stress scores of caregiver men, a study already described before. Mc Creary, Wong, Wiener and Carpenter (1996) hypothesized that the masculine gender role stress produced would be related to negative psychological outcomes for males, but should be unrelated to well being for females. The present study investigated the validity of the masculine gender role stress construct, specially with regard to the assumption that masculine gender role stress is related to negative psychological outcomes for males more than for females. Participants were a group of mostly Caucasian undergraduates. Results indicated that masculine gender role stress was related to depression, hostility and anxiety, but to the same degree for both males and females.

Kopper and Epperson (1996), using a sample of 445 female and 260 male college students, investigated the relationships between the experience and expression of anger and gender, gender role characteristics and general mental health variables. Factor analyses of 17 measures of anger, aggressiveness and hostility revealed a 3-factor pattern of aggressive acting-out, high anger proneness and poorly controlled verbally expressed anger and anger suppression. Correctional and hierarchical regression analyses indicated that the anger composites were strong predictors of the mental health variables. Masculinity but not femininity or androgyny, also made fairly consistent unique contributions to the prediction of the mental health variables. Gender did not uniquely contribute to the prediction of any of the mental health variables, nor did it moderate the relationships of these variables with other predictors.

Jansz (2000) discussed the ways in which men cope with their feelings. It argued that men tend to lace up most of their feelings, a phenomenon known as "restrictive emotionality". The
The author induced 4 local attributes of contemporary masculinity: autonomy, achievement, aggression and stoicism. The stoic attribute amounts to a strict control of pain, grief and vulnerable feelings. It was then argued that male stoicism generally leads to restrictive emotionality. The dysfunctional nature of restrictive emotionality then has a negative impact on men’s health. An explanation of restrictive emotionality was also provided. The author argued that the general inhibition of emotions among men is not “given” in men’s nature, but rather the result of a lack of practice.

Smith, Ellis and Benson (2001) examined the relationship between gender, gender roles, and attitudes towards violence. 161 Ss (aged 17-54 yrs) were administered the Bem Sex Role Inventory and a violence questionnaire. It was hypothesized significant number of non-androgynous people would have a great predisposition towards violence. The mean violence score was higher for men than for women, however there was no difference between androgynous individuals and others. The authors conclude that it may be that more and more people, regardless of their interpersonal style, are moving towards a view which does not condone violence.

Other studies have worked with specific disorders associated with each mode of gender role orientation. Some have commented upon the mental illness construct in general. Many have been concerned with the target disorder of depression and deviations and others with Personality disorders and Eating disorders.

Thomas (1996) discussed how gender differences in social roles and stereotypes might play a part in the different rates of mental illness in men and women. The author contended that even the language of our culture reflects a gender stereotype, with “masculine” words related to physical action and “feminine” words conveying emotional states. Ramification of this stereotype of the emotionally flat male are illustrated in changes in the nature of labor, the rise in male unemployment and the academic underachievement of young men. Implications for the mental well being of men are highlighted.

Miller and Bell (1996) reviewed evidence that suggested that most traditional psychiatric services fail to acknowledge the impact of inequalities on men’s mental health as comprehensively as they fail to acknowledge the impact of these inequalities on the mental.
health of women. A gendered analysis of masculinity is used to develop a map of men’s mental health that not only accommodate traditional categories of mental health difficulty, but other important consequences of the close association between masculinity and sexual inequality, especially the use of violence and the capacity to do harm. This analytical framework also invites consideration of the invisibility of male distress, the disallowing and desensitizing of “vulnerability” and their submersion in a kind of psychology of entitlement. Implications of this mapping exercise for mental health services and for working with men are provided.

Berger (1989) reviews the literature that has attempted to measure and explain alleged changes in the volume and character of female delinquency. Issues addressed include – 1) whether females have remained traditional in their delinquency patterns and 2) whether observed changes are real or the result of changing societal reactions. The effect of the woman’s liberation movement or changing gender roles on female delinquents was discussed and explanations of female delinquency derived from social control, power control, strain and subcultural theories were reviewed. It was argued that the concept of role strain offers a promising explanation of contemporary patterns of female delinquency.

O’Heron and Orlofsky (1990) examined the relations among sex role traits and behavior orientations, gender identity and psychological adjustment in order to test traditional and contemporary perspectives regarding the adjustment implications of stereotypic and non-stereotypic sex role trait and behavior orientations. Measures of sex role personality traits and behaviors and scales assessing depression, anxiety and social maladjustment were administered to 235 college men and women. In addition subjects completed measures of gender identity and gender adequacy. Contrary to traditional perspectives, androgynous men and women and cross-sex typed women were no less well adjusted than sex-typed individuals. However consistent with traditional perspectives, men who were low in masculine characteristics (and men and women low in both masculine and feminine characteristics) did appear less well adjusted on measures of depression, anxiety and social maladjustment. Furthermore, low masculinity men had less secure gender identities. No such gender identity disturbances were found in women.

Oliver and Toner (1990) investigated the influence of gender role typing on the expression of depressive symptoms in 360 female and 99 male undergraduates divided into masculine and
feminine groups according to the Bern Sex-Role Inventory. Depressive symptoms were measured by the Beck Depression Inventory (BDI). Gender role typing differences emerged on the BDI with feminine subjects reporting more emotional symptoms than masculine subjects and masculine subjects reporting more withdrawal and somatic symptoms than feminine subjects. Results were consistent with the hypothesis that depressive symptoms are influenced by societal expectations. A related study by Ying (1992) has been reported earlier.

Pleck, Sonenstein and Ku (1994) called attention to the potential role of masculinity ideology-beliefs about what men are like and how they should act as a factor in the etiology and maintenance of problem behaviors in adolescent males. They focused on the potential influence on problem behaviors of masculinity viewed as a sociopsychological dynamic concept, and developed the social constructionist perspective on masculinity, from which the concept of masculinity ideology is derived in the context of prior theoretical views of the male gender role. Furthermore, using data from the 1988 National survey of Adolescent males (15-19 yrs old) this study reported an exploratory analysis of the association between one aspect of masculinity, termed here masculinity ideology and problem behaviors in 4 areas namely, School problems, substance use, delinquency and sexual activity.

Huselid and Cooper (1994) tested the extent to which gender role attributes and gender role ideology account for sex differences in internally directed psychological distress and in externally directed deviant behavior in a random sample of 2,013 adolescents. Results indicate that gender roles substantially mediate sex differences in both types of pathology. Masculine instrumental attributes reduced internalized distress, whereas feminine expressive attributes reduced externalized behavior problems. In addition, conventional gender role attitudes were positively related to externalizing problems among male adolescents but were unrelated to pathology among female adolescents. These associations were largely equivalent across Black and White racial groups and across age groups (13-19 yrs.). Two alternative theoretical models linking gender roles and pathology were discussed.

In another study by Canetto (1995) evidence suggested that culture and gender socialization contributed to the low rates of nonfatal suicidal behavior and the high rates of suicidal mortality of US men. The article also reviewed the literature on males who survived a suicidal act. A brief
discussion of the nomenclature of suicidal behavior preceded the review of studies. Case studies of suicidal men have been presented and discussed in light of theory and available evidence.

Landrine (1989) tested the hypothesis that the gender distribution of personality disorders (PDs) stems from the resemblance between each PD and the role/role-stereo type (RRS) of the status group for whom the PD is prevalent. In experiment 1, 23 19-46 yrs old subjects attributed descriptions of each PD to the gender, social class and marital status of the group that tends to receive that level. In experiment 2, 14 20-51 yrs old subjects attributed the sadistic and self-defeating PDS of the Diagnostic and Statistical Manual of mental Disorders III-Revised (DSM III-R)) to white males and middle class females respectively. Results indicated that PDS may represent the RR subjects of both genders.

Pantony and Caplan (1991) designed a study as an antidote to some of the institutionalized sexism in the mental health system. The category of Delusional Dominating Personality Disorder (DDPD) was presented as a set of personality characteristics that resulted from rigid masculine socialization and constituted a serious psychological problem. Literature and research relevant to this phenomenon were also presented. 14 criteria of DDPD were discussed, including the inability to establish and maintain meaningful interpersonal relationships, inability to identify and express a range of feelings in oneself and others and difficulty in responding appropriately and empathetically to the feelings and needs of close associates and intimates.

Rienzi and Scrams (1991) To assess similarity between gender role stereotypes and the personality disorders prototypes, 31 female and 13 male University students (aged 17-40 yrs.) were asked to assign gender to 6 descriptions of personality disorders according to the diagnostic and statistical Manual of mental disorders III Revised (DSM-III-R). Descriptions of the paranoid, antisocial and compulsive disorders were viewed as male and descriptions of the dependent and histrionic disorders were viewed as female, suggesting that DSM III-R criteria for these disorders reflect gender role stereotypes. The descriptions of schizoid disorder was not gender typed.
Beren and Chrisler (1990) studied 20 eating disordered women and 27 control women volunteered to serve as subjects in a study of personality variables in college women. Each subject completed the Eating Disorders Inventory (EDI), the Texas Social Behavior Inventory (TSBI), the Social Desirability Scale of D. Crowne and D. Marlowe (1960) and the Bem Sex Role Inventory (BSRI). Disordered eaters scored significantly higher on the EDI Subscales of body dissatisfaction, drive for thinness and bulimia and on the BSRI item “childlike”. They scored significantly lower on the TSBI self-esteem measure. There were no other significant differences between groups. Results did not support the theory that there is a particular personality type that predicts disordered eating.

Paxton and Sculthorpe (1991) verified the socio-cultural model of disordered eating proposed by M. Boskind-white and W.C. White (1986) that predicts that women with disordered eating will be high in feminine characteristics, while that of C. Steiher-Adair predicts that they will ascribe to high levels of masculine traits in their ideal woman and perceive greater discrepancy between their actual and ideal masculine characteristics. To test these predictions 149 women (aged 17-26 yrs) completed questionnaires assessing sex role characteristics and eating attitudes. Positive correlations were found between measures of disordered eating and the extent to which women believed they possessed negative feminine characteristics. There was a greater discrepancy between self and ideal masculine positive scores in subjects with greater eating disturbances. Aspects of sociocultural models of disordered eating received support from the data.

Anderson, Stevens and Pfost (2001) investigated sources of sex role strain between alcoholic and nonalcoholic women. The authors compared 55 alcoholic and 51 nonalcoholic women on the presence of strain in their sex role identity and strain between sex role identity, attitudes and behaviours in 1996 by administering questionnaires. One source of sex role strain for alcoholic women was the discrepancy between their perceived femininity when intoxicated vs when sober. A second source of strain for alcoholic women was the discrepancy between their traditionally feminine sex role identity as well as attitudes toward marital, parental and educational roles and their participation in male-valued activities. The authors offer suggestion for future research.
Studies on gender role identity and resource variables

A number of studies have demonstrated that ego function, perception of social support and coping strategies are influenced by gender role identity.

Brooks, Morgan and Scherer (1990) examined the effects of sex role orientation (SRO) and type of stressful situation on total and individual coping behaviors reported by 60 male and 116 female college students (aged 18-55 yrs) only SRO affected the degree to which a greater or lesser amount of coping behaviors was included in an Subject’s repertoire. Subjects with a nontraditional SRO had a greater composite of coping behaviors than traditional subjects, regardless of gender or type of stressful situation encountered. A cluster of problem-focused coping behaviors contributed most strongly to this between-group difference. Traditional females had the most restricted range of coping resources, while non-traditional females used more social support than any other group. Nontraditional males and females employed more planful problem solving than traditionals. Implications are discussed with respect to the limiting effects of stereotypical sex roles.

In a study by Levit (1991) gender differences in ego defenses were hypothesized in adolescence with greater internalization by girls and greater externalization by boys. Through the inclusion of sex role constructs (masculinity and femininity, agency and communion and passivity-dependence) relational models as well as psychoanalytic theory were investigated as bases for sex differences. The Bem Sex Role Inventory were administered to 66 high school students (31 boys and 25 girls) aged 14-19 yrs. As expected boys scored higher on projection and aggression outward defenses and girls scored higher on turning against the self but girls failed to exceed boys on reversal. Multiple regression supported sex roles as moderating variables in gender differences in defenses. Alternative reconceptualizations of sex roles supported aspects of both psychoanalytic and relational models as explanations of gender differences in defenses.

Blanchard-Fields, Sulsky and Robinson-whelen (1991) examined age, gender, sex role and context differences in type of coping among 436 teenagers (14-19 yrs). Subjects were given measures of coping and sex role orientation for both relationship and achievement contexts.
Emotion focused coping decreased with age, with high femininity subjects reporting higher levels of coping. Older low-feminine subjects reported greater use of emotion-focused coping than all other subjects except adolescents. Problem focused coping showed an upward trend with age for low feminine subjects. High feminine subjects followed a similar trend until adulthood and then showed a decrease. Achievement and relationship contexts moderated the relationship between age, gender, sex role orientation and problem focused coping.

Grimmell and Stern (1992) investigated whether individual gender role ideals moderated the relationship between gender roles and psychological wellbeing. 57 female and 26 male undergraduates (mean age – 31.4 yrs) attending evening classes were given a battery of measures of gender role and psychological wellbeing. These include a modified Bem Sex Role Inventory and Rotter’s Internal-External Locus of Control Scale. Results confirm that masculine traits were more valued than feminine traits and suggested that the degree to which subjects’ gender specific traits represented met or unmet ideals was a better predictor of psychological adjustment than personal gender role alone. Results also suggest that gender roles could diminish psychological wellbeing by creating conflict between personal beliefs about the nature of appropriate behavior and the actual demands of life situations.

McCall and Struthers (1994) administered a self esteem scale, a coping scale and the short form of the Bem Sex Role Inventory to 107 female and 107 male undergraduates to investigate which factors predict differences in coping styles. Females used more support-focused coping, while males used both more cognitive-focused and avoidance coping styles. Androgynous subjects favored a broader array of coping approaches, including cognitive-focused, feeling focused and support focused subjects with low self esteem used more avoidance-focused coping, specially feminine males with low self esteem.

Martin and Doka (2000) offered a change from the popular gender stereotypes of grief, emphasizing that there are many healthy ways to cope with grief. Two specific patterns of grieving are examined; an intuitive pattern where individuals experience and express grief in an affective way (stereotyped as feminine); and an instrumental pattern where grief is expressed physically or cognitively ( stereotyped as male ). A 3rd pattern representing a blending of these 2 patterns is also introduced. The authors point out that such patterns are related to, but not determined by, gender and each has distinct strengths and weaknesses, organized into 3 main
parts, this text begins by defining terms, introducing and delineating grief patterns and rooting the book’s concept in contemporary theories of grief. A 2nd section speculates on the factors that may influence individual patterns of coping with loss (e.g. personality, gender, culture etc.). The final part considers implications and therapeutic interventions likely to be effective with different types of grievers.

STUDIES ON GENDER ROLE ATTITUDE AND MENTAL HEALTH

Studies on gender role attitude and positive indices of Mental Health

Literature in this area is scanty and heterogeneous in terms of methodology. Poole and Tapley (1988) examined whether 104 clinical psychologists expected similar behavior from males and females in contexts that were traditionally male vs. female in a modification of a task by I.K. Broverman et al. Subjects rated the appropriate behavior of a “mature, healthy, socially competent” man or woman in the house or work environment. There was a significant effect of environment, with ratings closer to the pole traditionally labeled masculine in the work environment. However subjects did not assign significantly different ratings to men vs. women. Data emphasize the need to specify the environmental context in research on sex role stereotypes.

Gupta (1991) attempted to analyze gender stereotypes and self concepts of 140 college men and women in India. The semantic differential technique was employed for evaluations of concepts of ‘man’, ‘woman’ and ‘me’ on twenty bipolar adjectives, each having a seven point scale. As compared to men, women were evaluated significantly more pleasant, less nonviolent, more sensitive, less strong, less active, less suspicious, more predictable and more emotional. Subjects rated themselves significantly better, more non violent, more tense, more sensitive, more cooperative, more predictable and less emotional. Female students perceived ‘woman’ more favorably as compared to the perceptions of male students of ‘woman’. Differences in self-concepts of males and females were significant only on four out of twenty scales.

Pyant and Yanico (1991) conducted an exploratory study with 78 Black female college students and 65 Black female non-students. Racial identity attitudes predicted mental health variables in both samples but were better predictors for non-students than for students. Pre-
encounter attitudes were a negative predictor of general wellbeing and self esteem for both groups and a positive predictor of depression in non-students. Encounter attitudes also significantly predicted all 3 mental health variables for the non-student sample, in a pattern of relationships to mental health variables identical to that of pre-encounter attitudes. Gender-role attitudes were not predictive of mental health in either sample. Results were discussed in relation to the W.E.Cross's (1971) model of black identity development and in relation to recent research.

Sharpe and Heppner (1991) examined 2 constructs pertaining to the male gender role (gender role and gender role conflict) in relation to a broad range of indices of psychological well being. 190 male undergraduates completed 7 instruments assessing the male role constructs and measures of psychological wellbeing. The scores on the Gender Role Conflict Scale by J.M.O'Neil et al. were not related to masculinity scores but were related to femininity scores. In addition, the results revealed that gender role conflict was negatively related to almost all of the measures of psychological wellbeing. Finally, a canonical analysis revealed at least 2 independent sources of covariation in the wellbeing and gender role constructs, traditional wellbeing and affiliative wellbeing.

Pryor (1994) investigated if self-esteem mediates the relationship between sex and gender role attitudes in 167 girls and 166 boys (aged 13-17yrs). Results found that young female subjects with low levels of positive feminine attributes and high levels of negative feminine attributes and high levels of negative feminine attributes were most likely to have low self esteem; young male subjects with low levels of feminine characteristics were most likely to hold stereotyped attitudes to gender roles. Self esteem was not found to be a moderator of gender role attitudes and gender roles made a considerable contribution to the variance in self esteem. Results were discussed in relation to the contribution of negative gender characteristics to wellbeing and the lack of discrimination between females and males shown by these negative scales.

Brems and Schlottmann (1998) investigated 15 male and 15 female American therapists-in-training (clinical and counseling psychology graduate students) who were asked to take the Minnesota Multiphasic Personality Inventory (MMPI) under each of two instructional sets. In one set, they were instructed to respond to the items as a healthy male would respond and in the
other, as a healthy female would respond. The MMPI profiles obtained from male and female subjects were not significantly different, indicating that these male and female therapists-in-training did not differ in their perceptions of healthy men and women. When the data for male and female subjects were combined, however, healthy women were perceived differently than healthy men on several scales, although the MMPI profiles obtained under both instructional sets were well within normal limits.

Studies on gender role attitude and negative indices of Mental Health

Some of the reported studies have dealt with negative emotions in relation to gender role attitude. Eisler, Skidmore and Ward (1988) suggested that male gender role identification affected whether specific situations were appraised as stressful. A questionnaire was developed to measure masculine gender role stress (MGRS). Correlational data and multiple regression were used to validate the MGRS Scale as a measure of gender-related stress in men and compare its predictive utility with Spence’s commonly used measure of masculinity. Findings indicated that stress appraisal was gender related, that is, men experienced more masculine-role stress than women. Further the construct of MGRS was distinguished from the concept of masculinity. Finally MGRS predicted increased anger, increased anxiety and poorer health behaviors.

Hines and Fry (1994) uses the construct “indirect aggression” to investigate aggressive behavior among middle class Argentine women and men by administering an attitude and self report survey to 59 female and 35 male inhabitants (aged 17-45 yrs) of Buenos Aires and by analyzing ethnographic interviews and observations conducted over a 9 mo period in 1992. An examination of sex roles in Argentina, including machismo and marianismo, provides a cultural context for interpreting aggression. Factor analysis reveal the presence of indirect aggression (e.g., social manipulation, gossip, exclusion) in addition to verbal and physical aggression, survey and ethnographic findings converge in suggesting that women employ more indirect aggression than men, while men use more physical aggression. While completion and aggression are salient elements of social life for both sexes, women and men tend to favor different approaches.
Reiser (1995) explored the problem of gender hostility among 117 female and 84 male undergraduates. High levels of anger were found regarding sex, work and power issues and how men and women treat each other generally. Men and Women differed significantly in their expressed anger when referring to male behavior or privilege. However, no significant differences were found when female behavior or privilege was the referent.

Tang and Lau (1996) examined the factor structure and the predictive, validity of the translated (Chinese) Masculine and Feminine Gender Role Stress (MGRS and FGRS) scales of R.M.Eisler and J.R. Skidmore and of B.L.Gillespie and R.M..Eisler respectively. 108 18-22 yrs. old college students and 374 professionals (mean age 31.17 yrs.) in Honkong completed both of these scales and the General Health Questionnaire. The 2 scales showed internal consistency and high inter factor correlations: Confirmatory factor analyses rejected a 5-factor structure for the scales, and a more parsimonious 3-factor solution was identified. Both structures, though, supported the assumption that stress appraisal was sex specific. The MGRS Scale predicted somatic complaint and anxiety whereas the FGRS predicted social dysfunction. College students perceived the depicted situations as more stressful than did the professionals.

Carter and Parks (1996) explored the relationship between womanist identity attitudes and the mental health of 67 black and 147 white women (aged 17-45 yrs) participants who completed the Helm’s Womanist Identity Attribute Scale and the Bell Global Psychopathology Scale. The Womanist Identity model consists of 4 stages labeled pre-encounter, encounter, Immersion-Emmersion and Internalization. Results suggest that Black and white women have different patterns of responses to both womanist and mental health Scales. For white woman, Immersion-Emmersion and to a lesser extent, encounter and pre-encounter attitudes were related to 7 types of psychological symptomatology. For Black women, no such relationship between womanist attitudes and mental health was found.

Kumari (1995) studied a sample of 100 college woman who completed the Sex-Role-Attitudes Inventory, the Bias in Attitudes Towards Male and Female and the Self Acceptance Scale. A 2-way ANOVA with 20 subjects in each cell was carried out with fear of success as the dependent measure. Findings revealed: (a) subjects with traditional sex role attitudes were significantly higher on fear of success compared to those who were nontraditional, (b) higher levels of fear of success were manifested by those high on self-esteem, (c) subjects with nontraditional sex role attitudes and low self esteem expressed least fear of success and (d) fear
of success was negatively related to self esteem and positively related to nontraditional sex role attitudes among college students.

Fischer and Good (1998) presented a new application of cluster analytic methodology to the study of gender role attitudes. The authors developed a preliminary typology of men's profiles of masculinity ideology in a sample of 217 upper level, male undergraduates stratified across all academic divisions at a large, Public University in the Midwest. Based on cluster analyses of 4 dimensions of masculinity ideology, 5 patterns of endorsement were identified: Moderately Traditional High Status/ Low violence, Nontraditional, High violence/ Moderately Traditional and Traditional. Preliminary validity of this cluster solution was demonstrated by significant differences by cluster in gender role egalitarianism.

Mahalik (1999) contended that although research on men's gender role conflict reveals that it adversely affects men's psychological health and interpersonal relationships, psychotherapists typically underuse knowledge of masculine gender roles in psychological assessment and treatment. Interpersonal psychotherapy was proposed as a useful framework for working with men whose rigid enactment of traditional male gender roles led to interpersonal and intrapersonal conflict (i.e., gender role conflict). Thus this article integrated knowledge of male gender role conflict and interpersonal psychotherapy to examine issues that men who experience gender role conflict bring to their important interpersonal relationships and the therapeutic relationship.

Philpot (2000) observed that gender has a very large influence on the way people think, feel and behave. It cannot be ignored by therapists without peril to the therapeutic endeavour. In this chapter, the author attempted to sensitize the reader to the importance gender plays in the lives of our clients and in our methods of conducting therapy. Rigid gender roles can be detrimental to both genders and to our relationships. Men and women have the capacity to access all human traits and to play all human roles, when appropriate. Traditional gender socialization has the effect of training us to reject half of ourselves. The goal of gender-sensitive psychotherapy is to help our clients and incidentally ourselves became whole again. Topics addressed in the chapter include theories of gender roles, prevailing gender role models, process and outcomes of gender socialization, negative results of traditional gender socialization, effects of the women's and
Some other studies have been concerned with general mental ill being, and disorders like depression, anxiety, anti-social behavior, alcoholism etc.

Some early studies are those by Reale (1987), Waisberg (1988). Schwartz (1991) developed a sex role norms paradigm to clarify and extend the position that women do not have generally higher mental disorder rates than men, but rather that they manifest different types of psychiatric disorders, thereby facilitating an empirical test of this position and the opposing perspective that women have higher rates due to sex role related stress. Psychiatric disorder rates were examined for 200 orthodox Jewish women living in 2 communities with contrasting sex role norms. The sex role stress hypothesis and the paradigm lead to different predictions regarding the comparative disorder rates among these women. The observed rates of disorder were not consistent with the role-stress hypothesis.

Good, Robertson, Fitzgerald and Stevens (1997) examined the relations between components of masculine gender role conflict and specific symptoms of psychological distress in a sample of men seeking counseling services. 130 male clients (aged 17-39 yr.) from 2 University Counseling Centers completed the Gender Role Conflict Scale and the Symptom Checklist-90-Revised. Participants reported moderate to high levels of psychological symptoms, which were correlated with components of masculine role conflict. Results of simultaneous multiple regressions supported previous findings in non-clinical samples of relations between masculine role conflict and depression and interpersonal issues. In addition, masculine role conflict significantly predicted paranoia, psychoticism and obsessive compulsivity. Implications for counseling and future research are discussed.

Belk and Snell (1989) studied stereotypic beliefs about women as moderators of stress distress relationships. They examined the extent to which the gender stereotypes measured by a Beliefs About Women Scale (BAWS) developed by the authors intensify the impact of stressful life experiences. 158 undergraduates completed the BAWS, the Beck Depression Inventory, the Hopelessness Scale and the Life Experiences Survey. Results indicated that when exposed to a recent history of stressful life experiences, subjects reported higher levels of depression and hopelessness to the extent that they personally adhered to the stereotypes that women are...
debilitated by menstruation, are less career-oriented, less intelligent, less decisive and less sexual than men.

Good and Mintz (1990) investigated the relationships between attitudes toward the male role, gender role conflict factors and depression in 401 male undergraduates. All 4 factors of gender role conflict (success, power and competition, restrictive emotionality, restrictive affectionate behavior between men and conflicts between work and family relations) were significantly related to depression. For college men, restrictive emotionality may represent a compound risk: an increased likelihood of depression coupled with a decreased use of psychological services. Another relevant study by Pyant and Yanico (1991) has already been reported.

Ruble, Greulich, Pomerantz and Gochberg (1993) examined gender socialization processes during childhood that may contribute to a higher incidence of depression or depressive symptoms (DPSs) in females than in males. Because of the actions of socialization agents and the impact of gender stereotypes on a child’s construction of gender identity, girls may exhibit higher levels of self-evaluative concerns that increase vulnerability to depression. Girls may be more susceptible to self evaluative concerns, particularly as reflected in lower expectations for future success, more maladaptive causal attributions for success or failure outcomes and negative behavioral and evaluative reactions to failure. Moreover an examination on sex differences in DPSs leads to conclusions that girls do not exhibit higher levels of DPSs prior to adolescence. Data suggest that sex differences in vulnerability to depression may be evident before adolescence.

Martin (1990) assessed attitudes toward tomboys (TBs) and sissies (SEs) and explored possible causes for differential evaluations of TBs and SEs. 40 female and 40 male undergraduates (aged 19-42 years) completed questionnaires assessing their attitudes toward TBs and SEs and their expectations for the future adult behavior of typical boys, typical girls, TBs and SEs. SEs were more negatively evaluated than TBs. Women were more accepting of and perceived more societal acceptance for cross-sex children, than were men. SEs more so than TBs were expected to continue to show cross-gender behavior into adulthood. Also SEs were rated as likely to be less well adjusted and more likely to be homosexual when they grow up than other children. The accuracy of these beliefs and their implications for child-rearing practices are discussed.
Good, Borst and Wallace (1994) examined and critiqued research regarding the psychosocial, biomedical and multicultural correlates of masculinity ideology and masculine role conflict. Use of professional health care services by men and professional biases against men were also discussed. In reviewing this body of research, 3 major criticisms were discussed: the use of inappropriate instruments, limited sampling, and research paradigm fixation. Recommendations for continued research on masculinity ideology and masculine role conflict are offered.

**Studies on gender role attitude and resource variables**

As in case of gender role identity, gender role attitude also may influence the coping strategies and internal processing of stress of individuals.

Vasudeva and Lehal (1986) studied the relationship of sex role attitudes of 498 female college students measured by Fand’s Sex Role Inventory to measures of anxiety, locus of control, ego strength and need for achievement. Persons scoring high on Fand’s Inventory were described as other-oriented and were conceptualized as traditional in outlook. While the self oriented women (low scores) were described as achievement oriented and seeking fulfillment through the maximization of their own potential. Self oriented sex role attitudes were found to be significantly correlated to lower anxiety, internal locus of control, higher ego strength and higher need for achievement.

Kuiper and Dance (1994) assessed the relationship between dysfunctional attitudes (i.e., extremely rigid and negative self-evaluative standards) and ratings of role stress. Initial findings indicated that individuals endorsing a large number of dysfunctional attitudes also rated their personal role experiences as more stressful. The relative contributions of both dysfunctional attitudes and role stress ratings to predictions of various outcome measures of wellbeing were also assessed. Study 1, with 62 undergraduates, found that higher levels of dysfunctional attitude endorsement and greater role stress ratings were both associated with increased depression and lower self-esteem. Study 2, with 90 undergraduates, indicated that only dysfunctional attitudes were able to predict depression, self esteem and positive and negative affect in longitudinal manner.
Blazina and Watkins (2000) examined the relationship of male gender role conflict (GRC) to attitudes about feminism and matters of attachment and separation / individuation. The Gender Role Conflict Scale, Attitudes Toward Feminism Scale, Inventory of parent and peer Attachment and Separation. Individuation Inventory were administered to 172 male college students. On the basis of the correlational result expected relationship were found between GRC and attitudes toward women, attachment to father and mother, and issues of separation /individuation, on the basis of the Canonical results, men who held less stereotypical views about women and who were less emotionally restrictive were found to experience less differentiation and relationship problems. Drawing on psychoanalytic theory, the meaning of the findings are discussed and some possible therapy implications are considered.

In a study by Cameron and Lalonde (2001) the nature of women’s and men’s gender-derived social identification was examined with a focus on the relationships between aspects of identity and gender related ideology . Measures of social identification, sex role ideology and the perception of women’s collective disadvantage were completed by 171 women and 91 men (mean age 21.19 yrs) who categorized themselves as either traditional, non traditional or feminist. Factor analysis provided support for a multidimensional conception of gender-derived social identification, with viable subscales reflecting in- group ties, cognitive centrality and in-group affect. For self identified non traditional and feminist women, the cognitive centrality of gender was greater and more consistently related to gender-related ideology, than for traditional women. Traditional men reported stronger in-group ties and more positive gender linked affect than did nontraditional men, but men’s levels of identification were generally weakly related to gender-related ideology. The utility of considering both multiple dimensions and ideological correlates of group identification is discussed with reference to social identity theory.

STUDIES ON LIFE EVENTS AND MENTAL HEALTH

Most of the reported studies in India and abroad have demonstrated that stressful life events impair mental health. Some of the earlier studies conducted in India are by Singh et al. (1981), Rangaswami (1983), Srivastava and Sinha (1989).
Studies on Life events and positive indices of mental health

Murray and Peacock. (1996) discussed the development of a model, [the automatic interaction detector (AID) program] for explaining subjective wellbeing in a large representative sample of African Americans by determining how these predictive variables relate to this phenomenon, under what conditions, and through what intervening process. Here the happiness and life satisfaction items were combined into a factor that represented the dependent variable. The independent variables were age, negative life events and social support items. The social support independent variables were a) degree of family closeness b) amount of family contact, c) number of friends they could call on, d) frequency of contact with friends, e) number of neighbours they could visit or call on and f) how often they visit with neighbours.

Stallings, Dunham, Gatz, Baker et al.(1997) studied the relationships between 11 major life events and change in psychological wellbeing in a three-generation sample: grandparents, their adult children, and their young adult grand children. Psychological wellbeing was measured using the Bradburn Affect Balance’ Scale. Life events included marriages, divorces, birth of children, death of spouses, children and parents, health declines, hospitalizations, improved standard of living, retirement and retirement of one’s spouse. Both positive and negative affect demonstrated similar stability over 14 years and were equally predictable from the life events. However consistent with a two-factor conceptualization of psychological wellbeing, for all generations, desirable life events predicted change in positive affect whereas undesirable events predicted change in negative affect, cross-domain prediction was minimal. Results further indicated that whether life events are expected may be more important in predicting subsequent psychological wellbeing than whether they are desirable or undesirable.

Eronen and Nurmi (1999) investigated the extent to which the cognitive strategies people apply in various situations and their subjective well-being, predispose them to certain life events. 210 undergraduates (aged 18-32 yrs) completed questionnaires measuring their strategy use, self esteem, and depression at the beginning of their studies. Self esteem and depression were also measured 4 and 5 yrs later. Subjects also completed a life-event questionnaire yearly between the first and last measurements. Four groups were identified based on the patterns of positive and negative life events. Moreover, the cognitive strategies young adults reported as the beginning of their studies, and their well-being, were found to predict group membership.
Subjects who had experienced many positive and only few negative life-events showed high well-being and adaptive strategies, whereas those who had faced many negative but only few positive events reported low well-being and self protective strategies. Groups that experienced many positive and many negative or only few positive and few negative events, were in between these two extremes. Life event patterning was also found to influence later well-being.

Robinson (2000) studied how daily life events cast impact on the affective and cognitive components of well being (WB). Results from cross-sectional (Ns = 129 and 64) and longitudinal (N = 129) studies of undergraduates suggest that there is a parsimonious answer to this question. Subjects completed questionnaires to measure self esteem, events, mood and cognitive WB. Results show that life events are closely related to mood states, mood states are closely related to cognitive WB. And mood states appear to serve as the nexus through which changing life circumstances affect cognitive WB. These results are consistent with a mood-mediation model, which assumes that mood states perform several functions for the individual. As a reactive index, mood states provide a hedonic summary of recent life experiences. As a prospective index, mood states inform the individual about one’s progress and prospects in important life domains. Together, the results show that affective experiences play a central role in linking daily life to cognitive representations of wellbeing.

McCullough; Huebner and Laughlin (2000) investigated the interrelationships among global self-concept, life events and positive subjective wellbeing (positive affect [PA], negative affect [NA], and life satisfaction [LS] on 4 scales in a sample of 92 high school students. The results demonstrated that life events contributed significant variance to predictions of PA, NA and LS, over and above that of global self-concept. Also, daily events contributed variance over and above that of major life events. Looking at the specific event types that related uniquely to the positive wellbeing measures, only negative daily events related significantly to PA and NA, and only positive daily events related significantly to LS. The results also indicated that the positive wellbeing constructs each contained unique variance and had different correlates, thus providing strong support for the multidimensionality of adolescent positive wellbeing reports. Implications for further research and intervention programs are discussed.
Studies on Life events and negative indices of mental health

Avison and Gotlib (1994) described various components of the stress process: Stressful life events, chronic strains, mediators, vulnerability to stress and mental health outcomes. The focus was on identifying emerging conceptual issues, formulating promising research questions and specifying new methodological techniques to address important empirical problems.

In another theoretical article Monroe and McQuaid (1994) examined the methodological issues involved with the assessment of life events, studied how might our subjective views of stress distort our scientific approach to measuring the construct, examined stress in relation to broader models of its influences on thought and behaviour, and were concerned with ideas of specificity of stress effects, both in terms of direct influences on mental health and in terms of influences on other matters that bear upon mental health.

Waelde and Hodges (1994) examined whether the relationships of gender and gender roles to self reported depression and suicidality differed among men and women, depending on the stressful life events experienced. The study focused on events in stereotypic male (achievement) vs. female (interpersonal) domains. 290 female and 247 male undergraduates (18-31yrs) completed the Beck Depression Inventory, the Personal Attributes Questionnaire and a measure of recent negative life events. In the presence of high achievement stress, high masculinity was related to low suicidality for men. In the presence of high interpersonal stress, high femininity was related to low self reported depression for women. Suicidality was related to interpersonal events for women and achievement events for men. High interpersonal stress was related to high self-reported depression more strongly among women than among men. Masculinity was negatively associated with suicidality for both men and women.

Hays and Zouari (1995) investigated stressors, coping strategies and mental health among 45 Tunisian women living in a rural Bedouin community, a mid sized village and Tunis who participated in semi structured individual interviews. Statistical analyses indicated no significant differences between the middle class village and urban woman on stressor levels, number of coping strategies used , or levels of psychological distress. The rural Bedouin women reported significantly greater stressor levels, use of coping skills and depressive symptoms than village and/or urban women. Qualitative data confirmed the greater stress of the rural environment,
largely due to extreme poverty. Results suggest that rapid social changes have improved the lives of middle class women in Tunisian villages and cities, but have had little impact on the situations of rural Bedouin women.

Hoffmann and Su (1998) studied how stressful life circumstances had myriad influences on human health and behaviour. Early research focused on the variable distribution of stress and its effects by SES, race and gender. More recent research indicates that variation by age is also an important consideration. For example adolescent reactions to stressful life events are often inconsistent with adult reactions to similar life situations and transitions. Moreover since most studies assess only a single outcome—usually depression—they risk classification bias since analyses exclude other potential stress related outcomes. The current investigation assessed the gender distinct effects of stressful life events on 2 outcomes among adolescents (aged 11-17yrs): substance use and depressive symptoms. The results of a 2nd order regression model show that life events affected female, but not male, depressive symptoms, specially when self esteem was low or mastery was high. Furthermore, life events affected substance use when peer drug use was high or when parental support was low, but this latter effect was limited to female adolescents.

Sanyal and Basu (1998) studied the role of life events in diabetes control among two groups, each consisting of 50 NIDDM patients with matched demographical variables. One group (Group A) had had patients with poor metabolic control while the other group (Group B) had those with adequate control. The investigators found that Group A female patients had higher number of life events in the one month preceding the date of study than the Group B female patients. The same was true for men patients, but the increase in life events spread over 6 months.

Kumar, Das, Bagchi and Pal (1998) studied 42 patients with first episode mania and 39 patients with first episode depression using The Presumptive Stressful Life events scale, Hamilton Depression Rating Scale for depression and Modified Manic State Rating scale for mania and a questionnaire for demographical variables. Stressful life events were experienced by 87% of depressives and 81% of manics. Financial loss was the most common event. Desirable events and illness and injury were more common among the depressives. There was no correlation between severity of life events and magnitude of illness.
Dohrenwend (2000) asserted that three lines of research provide strong evidence that environmental adversity is important in the occurrence not only of post-traumatic stress disorder (PSTD) but also of other types of psychopathology, including major depression, alcoholism, substance use disorders, antisocial personality disorder and nonspecific distress. Leads from this triad of studies are developed into a basic proposition about the nature of the role of adversity and stress. The core of this proposition is that the likelihood of onset of the above types of disorder increases with 2 factors: (1) the proportion of the individual’s usual activities in which uncontrollable negative changes take place following a major negative event; and (2) how central the uncontrollable changes are to the individual’s important goals and values. The role of environmental adversity in bringing about these uncontrollable changes varies with gender, ethnic/racial status and SES in the US and other modern, urban societies. The type of psychopathology that develop and their course vary with both the types of adversity (e.g., whether life threat is involved) and with the personal predispositions of the individuals who experience the adversity and stress (e.g., family history of particular types of psychopathology).

Mazure, Bruce, Maciejewski and Jacobs (2000) examined the direct and interactive effects of stressful life events and cognitive-personality style in predicting (1) episode onset in patients with DSM-IV unipolar depression vs community comparison subjects and (2) depressive symptom severity at the completion of a 6-wk standard antidepressant regimen. Multivariate models were used to test the effects of adverse life events, cognitive-personality style and the congruence of event type (interpersonal vs achievement) with cognitive-personality style on depressive onset and treatment outcome in 43 patients with major depression (mean age 39.3 yrs) and 43 healthy comparison subjects. Cognitive-personality characters were assessed by using Beck’s measures of sociotropy (interpersonal dependency) and autonomy (need for independence and control). The results show that adverse life events, sociotropy, and an autonomy factor need for control were each significantly related to depressive onset and predicted group status for 88 % of the subjects. Event types affected outcome differently and specific life event types interacted with cognitive-personality style in predicting response to treatment. It is suggested that adverse life events are a potent factor in predicting depression.

In a recent study by Agrawal and Jhingan (2002) in India 31 elderly depressive patients attending psychiatry OPD or geriatric clinic at All India Institute of Medical Sciences and 31
control non depressed attending the geriatric clinic were subjected to a semi structured interview to gather information regarding life events. It was found that the elderly depressed patients experienced significantly higher number of stressful life events as compared to normals. The stressful life events were specifically more in females, in low income groups and those who perceived crisis in the family.

**Studies on Life events and resource variables**

Dalgard, Bjork and Tambs (1995) conducted a study as a 10 year follow up of a survey done in 1986. From Oslo, 503 persons were reinterviewed using the earlier questionnaire. The questionnaire included information about social support, locus of control (LOC), mental health, negative life events and long-lasting mental strain during the year prior to the follow up. Only the 269 subjects who had relatively few psychiatric symptoms at Time1 were included in the analyses. Results supported the buffer hypothesis that social support protects against the development of mental disorder only when the individual is exposed to stressors, like negative life events. This buffering effect was especially strong for depression. The buffering effect only applied to subjects with an external LOC orientation.

Satija, Advani and Nathwat (1998) studied the influence of stressful life events and coping strategies in 50 depressed and 50 non-depressed persons. Apart from a Comprehensive Assessment of Symptoms and History format, they were also given the Beck Depression inventory and the Singh et al.'s Presumptive Stressful Life Events Scale. It was observed that depressives experienced significantly more stressful life events and were also using significantly more avoidance coping strategies as compared to their non-depressed counterparts. The moderate and severely depressed patients were exposed to more stressful life events and were using more avoidance coping strategies as compared to mildly depressed patients.

Hankin and Abramson (2001) reviewed descriptive epidemiological studies, showing that the female preponderance in depression begins to emerge around age 13. A developmentally sensitive, elaborated cognitive vulnerability transactional stress model of depression is proposed to explain the “big fact” of the emergence of the gender difference in depression. The elaborated causal chain posits that negative events contribute to initial elevations of general negative affect. Generic cognitive vulnerability factors then moderate the likelihood that the initial negative
affect will progress to full-blown depression. Increases in depression can lead transactionally to more self-generated dependent negative life events and thus begin the causal chain again. Evidence is reviewed providing preliminary support for the model as an explanation for the development of the gender difference in depression during adolescence.

SUMMARY AND IMPLICATIONS OF THE REVIEW

Survey of previous literature enabled us to generalize about a few issues:

1. Psychiatric disorder as well as general distress and wellness have been found by most studies to differ between the sexes. But the observed nature of difference was not consistent. Some studies reported here consistently found that women were more vulnerable to certain diseases (e.g., Shek, 1989; Russo and Green, 1993). In contrast however other few observed positive emotions among women (e.g., Campbell et al., 1997). It was also indicated that the coping strategies used by women and men were different (e.g., Cramer, 1991).

2. Most of the studies relating to the contribution of life stress to mental health variables indicated that negative events enhanced distress (e.g., Robinson, 2000; Dohrenwend, 2000). But a large number of studies revealed that the impact was moderated by personality factors.

3. So far as the relation between gender role identity and mental health was concerned the studies were equivocal. A considerable number of studies revealed that masculinity was associated with better mental health. Others indicated that presence of masculinity and femininity together was facilitatory to adjustment and wellness. Positive impact of femininity was suggested only in a limited number of studies and in limited domains like suppression of hostility (e.g., Sawry et al., 1991). Differential effects of gender role identity on coping styles have been observed in a few studies (e.g., Blanchard-fields et al., 1991).

4. Relatively few studies were concerned directly with gender role attitude and mental health. Even the few available studies yielded contradictory results. Some of the
studies observed that traditional role was associated with better mental health (e.g., Pryor, 1994). Others found positive relationship between traditionality and anxiety. Particular thrust has been put in the area of stress owing to male gender role requisites (e.g., Jansz, 2000). Most of the studies reported in connection with coping and gender role attitude are rather indirect in nature, and can only suggest a possible relationship between the two sets of variables.

5. On the whole most of the studies were more concerned with negative indices of mental health and relatively less with positive indices. Even fewer studies focussed on resource factors as dependent variables.

6. The generalization from the studies were often discrete and limited as many of them used only either outcome or resource variables. The theoretical positions as well as the methodologies of the studies in terms of sample characteristics and measures were also sufficiently different to restrict generalization. Quite a few studies yielded dubious findings owing to inadequate control.

7. Comprehensive studies in Indian context were very few. Since gender role is a highly culture sensitive domain the studies from the west can hardly be applied to Indian situation.

On the basis of the findings it may be stated that there is a need to transcribe the findings to the Indian culture within a properly framed, well controlled and comprehensive research paradigm. Since the findings in connection with the negative indices are plenty and more or less unequivocal the present study focused on the positive outcome and the resource variables.