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Gender Differences in Depressive Symptoms: The Role of Daily Hassles, Coping Styles, Social Support and Personal Mastery

Sangeeta Bhatia and **Shohag Dey**
Gargi College, New Delhi University of Delhi, Delhi

The present study examines gender difference in depression and the relationship of these symptoms with the characteristic coping styles, appraisal of daily hassles, sense of personal mastery and perceived social support. 30 male and 30 female subjects from the community were selected. Standardized questionnaires such as Center for Epidemiological Studies - Depression scale, The Daily Hassles scale, Ways of Coping checklist, Personal Mastery scale, Emotional Support scale and Scale of Social Participation were used to collect data. Findings revealed a significant difference in the extent of depressive symptoms between gender with females scoring higher scores. Female subjects also showed a significantly higher use of wishful thinking strategy indicating emotion focused coping styles. Also, they perceived more number of daily hassles in the domains of health, household responsibilities, inner concerns and time pressures. No significant gender difference emerged on the dimension of perceived social support. Age and working status of women were not found to be related to the coping style, experience of daily hassles, mastery or extent of perceived social support.

Keywords: Coping styles, Daily hassles, Personal mastery, Depression

Women experience depression more often than men, whether depression is indexed by levels of depressive symptoms or by diagnosed unipolar depressive disorders (Kessler, McGonagle, & Swartz, 1993; Nolen-Hoeksema, 1990, 1995). Over the course of a lifetime, depression occurs in approximately 20 percent of women compared with 10 percent of men (Weissman & Oldson, 1995). One important theory maintains that men and women in general tend to respond differently to depressive feelings (Nolen-Hoeksama, 1990). Women are included to dwell on their sadness, to turn inward in an attempt to correct the problem. Men, on the other hand, may be more apt to engage in activities, such as sports or work, to distract themselves from the emotional pain. These different ways of responding to depressive symptoms affect the severity and duration of depression. Men's activity oriented approach provides a sense of control and mastery, thus lessening the duration and severity of symptoms, while the ruminating style common in women can serve to perpetuate feelings of depression. Although adaptive in one sense, the coping style of men makes them vulnerable to destructive activities, such as alcohol abuse. One risk that remains greater for men than women is the likelihood of contemplating suicide. Women are more apt to attempt suicide, but men are more likely to complete the act.

Hassles are irritants that range from minor annoyances to fairly major pressures, problems or difficulties in everybody's life. According to Kraaij, Arensman and Spinhoven (2002), Ravindran, Griffiths, Meralia, & Anisman (1996), both major depression and dysthymia were associated with increased reports of minor stressors (daily hassles), feelings of loneliness, and reduced uplifts.

Daily hassles and negative life events for males were significant factors related to suicidal ideation in a longitudinal study by Mazza and Reynolds (1998) on depression and suicide in adolescence.

According to the Stress theory of depression, stress is a causal factor of depression. Ongoing hassles are important source of psychological stress in everyday family life, in work settings, and in other contexts. Moreover, how persons construe or appraise the personal significance of their encounters with the environment will determine what is psychologically stressful to them. A person's appraisals reflect environmental circumstances as well as personality characteristics, such as goal hierarchies and beliefs about the self and world, and other factors may result in special sources of vulnerability to stress. According to Billings and Moos' (1981) Integrative Framework, these daily hassles or micro environmental stressors, along with other personal stressors, are appraised as harmful or negative (primary appraisal) and beyond control of the individual (secondary appraisal), such that it disrupts adequate coping, results in depression.

Although the existence of a gender difference in depressive symptoms is well established (Bertakis et al., 2001), the reasons for this gender difference are not clear and well documented. A variety of psychological, social/developmental, personality and biological explanations for women's greater vulnerability to depressive symptoms have been offered. According to Nolen-Hoeksema and Davis (1999), the chronic strains reported by many women were the grinding annoyances and burdens that come with women's lower social power. Women carried a greater load of the housework and child-care and more of the strains of parenting than men. Women felt less affirmed and appreciated by their partners than men. Women as compared to men experienced other strains more often, such as sexual harassment and the threat of violence also contribute to women's burden. These strains correlated with higher levels of depressive symptoms, suggesting that these strains do contribute to women's greater vulnerability to depressive symptoms compared with men. Spurlock (1995) reported a risk five times greater for women following crises involving children, housing and reproduction. There was no gender difference in risk for crises involving finances, work and marital relationship. The greater effect was a consequence of differential sensitivity to events, as a result of role differences, rather than women experiencing more events. In a study by Kraaij et al (2002), it was found that almost all negative life events had a modest but significant relationship with depression. The total number of negative life events and the total number of daily hassles had the strongest relationship with depression. According to Mazza and Reynolds (1998), daily hassles and negative life events for males and social support and depression for females are significant factors related to suicidal ideation. A study by Ravindran and colleagues (1996) found primary dysthymia to be associated with increased minor stressors (daily hassles), and reduced uplifts.

Franks and Faux (1990) report that degree of depression would be significantly correlated with feelings of powerlessness or lack of personal mastery. Halbreich and Kahn (2001) gave biological explanations for the female excess of mood disorders and studied the role of estrogen in the etiology and treatment of mood disorders. Periods of hormonal fluctuations or estrogen instability have been associated with increased vulnerability to depression among susceptible women.

According to Lazarus and Folkman (1984), coping skills are factors that moderate the effects of stress. Problem focused coping

manages or resolves the event or situation; that is, finds a solution, in contrast, emotion focused coping manages the emotional reaction to stress and reduces the threat that it poses to the person. Research has shown that individuals who use approach coping have better psychological adjustment, while avoidance coping may be effective in reducing the distress in the short run (Lazarus & Folkman, 1984). Although certain types of coping have been related to depression, it is not clear whether specific coping strategies lead to depression or whether depressed persons choose these strategies. Sahn and Mishra (1995) reported a significant positive relationship between family stress and acceptance and between society related stress and self-blame whereas Robbins and Tanck (1992), Billings and Moos (1984) studied appraised tangibility of a stress or as a modifier of the relationship between coping and depression and conclude that coping responses directed toward problem solving and affective regulation were associated with less severe dysfunction, whereas emotional discharge responses, more frequently used by women, were linked to greater dysfunction.

The present study is tentatively based on the Integrative Framework as given by Billing and Moos (1984). According to this framework, personal and environmental resources interact with the stresses, which may be personal and/or environmental in nature, get further mediated by the appraisal process and the coping abilities of the individual, resulting in either depression or normal functioning.

Attributional style, social skills, self-concept, and sense of mastery (personal resources) enable a person to appraise the stressors as benign and cope with them in an effective manner, thereby leading to an adaptive personal functioning. The stressors may be, by nature, personal (such as poor health, life responsibilities, such as parent or spouse) or environmental (such as daily hassles, socio-economic status, lot status, social climate, oppression) or both. In the case of depressed individuals, they may not have sufficient personal and environmental resources, or they may often appraise the stressors as potentially negative in nature (primary appraisal) and feel passive and a sense of being unable to act and control the situation (secondary appraisal acquired through unpleasant experiences and traumas that the individual tried unsuccessfully to control, bringing on a sense of helplessness). In response to this resulting stress, they engage in inadequate and non-adaptive coping often in the form of emotion focused strategies that maybe effective in reducing the distress in the short run, but are not very beneficial in long term psychological adjustment and often associated with decline in the sense of personal mastery, and development and exacerbation of depression.

Research Questions:

(i) To what extent do male and women subjects vary in their severity of depressive symptoms?

(ii) What daily events are appraised as stressful?

(iii) What is the nature of coping strategies, perceived social support and extent of personal mastery deployed by those exhibiting depression?

(iv) How are the variables of coping styles, perceived daily stress, level of mastery and extent of support related to the subject's age, gender, work status and severity of depressive symptoms?

Method

Sample:

The sample comprised 60 subjects, selected from the general population. 30 male subjects and 30 female subjects in the age group of 25 to 55 years were selected for this study; and the sampling used was purposive and incidental. All the subjects were

residents of urban Delhi, married, belonging to middle socio-economic class and their education varied from graduation and above. With respect to work-status, all the 30 male subjects were working, whereas within the group of female subjects, 17 were working and 13 were non-working.

Measures:

Center for Epidemiological Studies – Depression Scale (CES-D) (Radloff, 1977): It is a 20-item scale measuring the presence and severity of depression in adults residing in the community. The items selected from the previously developed scales, represent major components in the clinical syndrome of depression such as depressed affect, feelings of worthlessness and hopelessness, and affect. The items are scored 0 to 3 across all items, with a resulting range of scores from 0 to 60. A score of 16 or more was considered indicating depression.

The Daily Hassles Scale (Lazarus & Folkman, 1989): It consists of 117 items used to measure the frequency and severity of a person's transactions with the environment that are considered by the person to be stressful events. The scale presumes that how persons construe or appraise the personal significance of their encounters with the environment will determine what is psychologically stressful to them. Factors are distributed in eight areas, namely, Environmental, Financial responsibility, Future security, Health, Household responsibilities, Inner concerns, Time pressures and Work. Respondents rate the items from 1 "none or did not occur" to 4 "extremely often" on a 4-point Likert scale. The score is the sum of the ratings, with a range of 117 to 468.

Ways of Coping Checklist (WCCL) – Revised (Vitaliano et al., 1985): It consists of a series of predicates, each of which portrays a coping thought or action that people engage in when under stress. Respondents are required to focus on a current serious stressor and indicate whether they used each of these responses by making a rating on a multipoints scale. A total of 42 items are rated on a 5-point Likert scale (0 = never, to 4 = always). Ratings for items are summed according to the dimension it measures. Thus, total raw scores are obtained for each of the five dimensions separately.

Personal Mastery Scale (Pearlin & Schooler, 1978): It consists of seven items regarding the ability to control events and life chances being under one's control or that of the world around (i.e., fatalistically ruled), feeling helpless in dealing with problems of life, how much control of the future they had, and what they thought they could do in their lives. The respondents rate the items from 1 "seldom" to 4 "always". The rating were recorded such that a higher rating indicates a greater mastery. The score is the sum of the ratings, with a range of 7 to 28.

Assessment of Social Support

The present study examines two aspects of perceived social support-emotional support, and the extent of social participation by subjects to examine both the structural and functional aspects of subjects' social support.

(i) *Emotional Support Scale* (Antonucci & Akiyama, 1987): The scale measures the functional support that refers to the availability of support to meet certain needs as well as structural components that refer to the existence of social ties and is operationalized by measures of the composition of one's own network. Administration of the emotional support scale involves asking the respondents to list up to the 10 persons in their network who were important to them. Next, they indicated whether each person provided them with the following four types of emotional support (each coded as yes = 1 or no = 0): someone in whom they confide; a source of reassurance when feeling uncertain; someone to talk with when upset, nervous or depressed; and someone to show

them respect. A total score of emotional support is obtained by summing the availability of these four types of support from all members in the network. The score has a range of 0 to 40. Emotional support supplements measures of functional support and also accounts for available support outside the family context.

(ii) *Social Participation* (Li, Seltzer & Greenberg, 1997): Social participation as a structural support measure has also been by found past research to have a main effect on psychological well-being. Social participation is indicated by the frequency of social activities engaged in by the subjects, such as spending time with friends and relatives, going to a temple, and participating in recreational groups. Respondents rate the frequency of participating in five types of social activities from 1 (never) to 5 (more than once a week). These include spending social time with relatives, with people with whom the respondent works, or with friends and neighbors; attending social event at a religious place (temple); and participating in a group recreational activity. The sum of the rating of the types of social activities was used to indicate social participation. A higher score indicates that the respondent is more frequent participant in her social environment. The possible range of social participation is from 5 to 25.

Results

Results showed a significant difference in the depressive symptoms of the female and the male subjects, with females being significantly higher than males (Table 1). No significant differences were seen in depression of subjects with respect to the age of the subject or in relation to the working status of the female subjects.

In the present study, it was hypothesized that significant different coping strategies will be used by the more depressed group as compared to the group with lesser depression . Females, the more depressed group, used significantly more wishful coping strategy than male subjects (Table 2), thus verifying our hypothesis. No significant differences were found in the nature of the other coping strategies used by the subjects with respect to their gender. However, females indicated more use of avoidance, problem focused, and social support seeking strategies than males. No significant differences and correlation were found in the nature of coping strategies adopted by the subjects with respect to their age or work status in the case of female subjects.

Personal mastery and events perceived as stressful were not related to the gender, age or work status . With respect to the different factors constituting daily hassles,

Table1. Mean, SD on different variables of gender, age and work status (N = 60)

Variable		Total	Gender			Age			Work Status		
			M (n = 30)	F (n = 30)	t	<40yrs. (n = 27)	>=40yrs. (n = 33)	t	Non-Working (13)	Working (17)	t
Depression	X	18.4	16	20.8		20.41	16.76		19.38	21.86	
	SD	8.66	8	8.76	2.25*	8.96	8.18	1.65	7.9	9.46	0.77
Mastery	X	14.85	14.6	15.1		14.44	15.18		14.85	15.29	
	SD	3.16	4.51	2.47	0.53	2.03	4.52	0.78	3	2.05	0.49
Daily Hassles	X	181.63	173.13	190.13		190.15	174.67		186	193.29	
	SD	42.01	45.74	36.72	1.59	43.37	40.18	1.43	29.11	42.23	353
Emotional Support	X	19.58	17.83	21.33		19.09	20		23.08	20	
	SD	9.65	10.28	8.8	1.42	8.59	1054	0.37	8.68	8.91	0.95
Social Participation	X	13.2	12.73	13.67		13.44	13		13.77	13.59	
	SD	3.76	3.42	4.07	0.96	14.17	3.44	0.45	3.77	4.4	0.02

* p<.05

Table 2. Coping strategies as a function of subjects' gender, age and females' work status

		Avoidance			Blamed Self			Problem Focused			Seek Social support			Wishful Thinking		
Characterstics	N	Mean	SD	t	Mean	SD	t	Mean	SD	t	Mean	SD	t	Mean	SD	t
Total	60	16.23	4.12		5.07	1.9		31.43	8.21		10.32	3.54		13.2	4.79	
Male	30	15.93	4.66		5.1	2.02		30.33	8.48		9.47	3.77		11.73	5.17	
				-560			0.135			-1.039			-1.898			2.47*
Female	30	16.53	3.56		5.03	1.81		32.53	7.92		11.17	3.14		14.67	3.94	
Age																
<40 years	27	16.33	3.29		5.44	2.12		30	6.85		10.04	3.44		13.85	5.03	
				0.169			1.402			-1.229			-0.55			0.952
>=40 years	33	16.15	4.74		4.76	1.68		32.61	9.11		10.55	3.67		12.67	4.6	
Work Status (females)																
Non Working	13	16.46	4.14		4.46	1.85		30.15	7.12		10.77	3.3		14.31	3.97	
				0.095			1.55			1.468			0.599			0.43
Working	17	16.59	3.18		5.47	3.18		34.35	8.22		11.47	3.08		14.94	4.02	

*p<.05

Table 3. Factors of daily hassles as a function of subjects' gender, age and work status

Chara cterstics	N	Environment Mean	SD	t	Financial Reponsibilities Mean	SD	t	Future Security Mean	SD	t	Health Mean	SD	t	Household Responsibilities Mean	SD	t	Inner Concern Mean	SD	t	Time Pressures Mean	SD	t	Work Mean	SD	t
Total	60	14.3	6.8		10.85	3.2		6.83	2.3		15.83	4.9		19.38	7.44		15.05	4.9		15.7	4.47		9.88	3.27	
Male	30	15.37	8.41		10.63	3.02		6.9	2.23		14.37	4.38		16.87	4.87		13.53	4.54		13.97	4		10.1	4.1	
				1.221			0.521			0.24			2.413*			2.764**			2.504*			3.239**		0.51
Female	30	13.23	4.56		11.07	3.41		6.77	2.06		17.3	5.01		21.9	8.7		16.57	4.84		17.43	4.29		9.67	2.2	
Age																									
<40 yrs	27	14.15	4.41		10.96	3.01		7.52	2.24		16.41	5.73		19.63	4.82		16.22	5.73		16.33	4.83		10.07	2.89	
				.155			0.245			2.334*			0.819			0.23			1.704			0.994		0.406
>=40 yrs	33	14.42	8.33		10.76	3.4		6.27	1.89		15.36	4.12		19.18	9.11		14.09	3.93		18.18	4.15		9.73	3.58	
Work Status (in females)																									
Non Working	13	14.54	4.7		10.31	2.81		5.85	1.52		18	4.17		19.92	3.57		18	3.81		15.69	2.87		8.92	1.98	
				1.392			1.068			2.289*			0.663			1.092			1.445			2.049*		1.666
Working	17	12.24	4.32		11.65	3.79		7.47	2.18		16.76	5.31		23.41	11.05		15.47	5.35		18.76	4.78		10.24	2.25	

*p<0.05 **p<0.01

female subjects significantly appraised more of health, household responsibilities, inner concerns and time pressures as hassles (Table 3).

Subjects who were working significantly appraised more of future security and time pressures as hassles than non-working female subjects. With respect to the age of the subjects, subjects who were less than 40 years of age significantly appraised more of future security as stressful than those who were older. Further, significant correlation was found between subjects' appraisal of health, household responsibilities, inner concerns and time pressure factors of daily hassles with gender (Table 4). This study also identified the ten most frequent daily hassles for the present sample (Table 5), to determine the source of stress. These include concerns about pollution, traffic, noise, crime, health of family members, person's own inner concerns, thoughts about one's future, responsibilities, lack of time and sleep. Analysis of these hassles show that people are as concerned and affected by the environment they live in as by other personal and more immediate situations.

The major source of hassles for men in this study related to stressors at their work place. Unchallenging work, worries about job changing decisions coupled with concerns about getting ahead and future and financial security (they often experience troubling thoughts about their future and the inflation of prices of common everyday goods) Their other chronic strains include various environmental issues of pollution, traffic, increasing crime rates and noise levels.

The major hassles appraised by female subjects in this study included time pressures such as having many responsibilities and things to do, and not enough time to do things they feel are needed, inner concerns about the meaning of their lives and their inability to express themselves, future security such as having troubling thoughts about their future, household responsibilities leading to inadequate amount of rest, work pressures resulting in insufficient rest, health concerns about family members and environmental concerns such as increasing pollution.

In relation to age, significant correlation was found between age of the subjects and future security factor of daily hassles. Work status of the females correlated significantly with future security and time pressure factors of daily hassles. It was also found that there was a strong correlation between appraisal of hassles and severity of depression in the subjects (Table 6). The results of the present study also show the difference in perception of the emotional support and extent of social participation was not significant with respect to gender and work-status, though, female

Table 4. Interrelation among subjects' appraisal of different factors of daily hassles with depressive symptomatology, perceived social support, coping strategies and mastery level

Daily Hassles	DP	SP	ES	AV	BS	WT	PF	SS	PM
Environmental	.318*	.284*	-0.13	0.095	0.065	-0.137	0.092	0.015	0.168
Financial Responsibilities	.380**	-0.01	-0.235	0.217	0.32	0	-0.089	-0.81	0.247
Future Security	.368**	-0.004	-0.08	0.122	0.132	0.124	-0.003	-0.053	0.164
Health	.309*	.367**	-0.6	-0.68	-0.122	0.131	-0.118	0.249	0.182
Household Responsibilities	.421**	0.214	-0.038	0.096	-0.123	0.178	0.094	0.247	0.236
Inner Concerns	.591**	0.135	-0.011	0.015	0.18	0.184	-0.147	0.213	0.214
Tim Pressures	.547**	0.132	0.02	0.197	0.068	0.137	0.133	0.174	0.184
Work	.430**	0.126	0.078	0.1	0.247	-0.17	-0.79	0.044	0.034

*p < 0.05 ** p < .01

DP: Depression, SP:Social Participation, ES:Emotional Support, AV: Avoidance, BS: Blame Self

PF: Problem Focused, SS: Seek Social Support, PM: Personal Mastery

Table 5. Ten most frequent hassles (N=60)

S.No.	Item %Endorsing (in descending order)
1 Pollution	56.67
2 Traffic	46.67
3 Health of a family member	41.67
4 Troubling thoughts about future	40
5 Concerned about the meaning of life	36.67
6 Noise	33.33
7 Too many responsibilities	33.33
8 Not enough time to do things you need to do	33.33
9 Crime	33.33

Table 6.Ten most frequest hassles in males (N=30)

S.No. Item	%Endorsing
1 Pollution	60
2 Traffic	56.67
3 Concerns about getting ahead	40
4 Crime	36.67
5 Noise	36.67
6 Troubling thoughts about future	36.67
7 Health of a family member	36.67
8 Rising price of common goods	30
9 Unchallenging work	26.67
10 Worries about decisions to change jobs	26.67

subjects perceived higher levels of emotional support as compared to male subjects. Thus, these results show that women experience significantly more depression than men. Also, frequency of daily hassles such as future security, time pressures, work, household responsibilities, health, inner concerns, financial responsibilities, environmental; use of coping strategies based on avoidance and wishful thinking and extent of personal mastery are significantly related to depression.

Discussion

The results of this study suggest that the robustness of the gender difference in depression may be due to the relationship among appraisals of daily events as stressful (hassles), particular coping styles, extent of personal sense of mastery and availability of social support with depression, which keep some women caught in a cycle of passivity and despair. Data from international studies shows that women are about twice as likely as men to be depressed, regardless of culture, national origin, or socioeconomic group (Kessler, McGonagle, & Nelson,1994; Meltzer, Gill, Petticrew, & Hinds ,1995). No such data are documented in India.

In the present study, the significant difference in the depressive symptoms in men and women can be explained as a result of the interplay of the different psychosocial factors such as appraisal of stress, nature of coping styles, social support buffer and sense of mastery in their everyday lives. As explained by Billings and Moos (1984) in their integrative framework, the findings of this study may be attributed to both the personal resources as well as the environmental resources in the individual's life. Both these resources interact with the stressors, which are personal and/or environmental in nature, further mediated by the appraisal process and the coping abilities of the individual, resulting in either depression or normal functioning. This style may be related to sexual abuse in childhood as well as over-protectiveness, harsh discipline and perfectionist standards. The rates of childhood sexual assault are between 7 and 19% for females and between 3 and 7% for males (Cutler & Nolen-Hoeksema, 1991). Also, sex-stereotypical socialization practices are common in India, where parents are often overprotective of their daughters, show differential treatment in the form of harsh discipline and conservatism and the marriage of the girl child is a matter of transcendent concern for the family. In the society where the girl child is considered a burden, girls receive more negative feedback on their intellectual ability and failure is attributed to the lack of ability. Boys, on the other hand, are shown how to do things for themselves, are rewarded for achievement and competence, are

encouraged to be action oriented and attribute failure to task difficulty or other events or persons. Girls are taught to be passive and dependent, whereas boys are taught to be independent and achievement focused.

These childhood socialization practices have their inevitable consequences on other aspects such as social skills deficit. Depressed people often exhibit disrupted social skills, which make it difficult for them to obtain positive reinforcement from their relationships with other people. At the same time, their poor social skills make it difficult to avoid negative outcomes in social relationships. The inability to produce positive, and avoid negative social outcomes precipitates episodes of depression. Also, the family-of-orientation experiences associated with depression in such women are characterized by high rates of marital distress and parenting problems. Negative self-concepts contribute directly to depression and also interact with stressors to contribute to depression. In India, women merge their self-identity with that of their natal family before their marriage and with her husband's family after marriage. As such, when conflicts arise in these relationships or the relationships end, they find themselves helpless. Women in such situations may develop a negative self-evaluation schema of their worthlessness and self blame, coupled with negative views of the world and their future, and use cognitive biases such as arbitrary inference, selective abstraction, overgeneralization, magnification and minimization, thus leading to depression.

For women who are working, they often find themselves "sandwiched" more between the responsibilities at home and managing their careers with its inherent responsibilities. This can be seen in the higher means on depression obtained by women who are working as compared to their non-working cohorts. In their attempt to carry out these multiple roles along with the multiple expectations and responsibilities, women experience stress, conflict and frustration. Moreover, women carry a greater load of the housework and childcare and more of the strain of parenting than men. Lack of affirmation in close relationships, role burden, housework inequities, child-care inequities, other parenting strains and concerns about finances, health and neighborhood, thus act as daily hassles leading to the exacerbation of the stress. For these women, role overload may increase the risk of becoming depressed.

According to Spurlock (1995), women are more likely to experience multiple roles, often several at a time, for which different sets of responsibilities are designated. The multiplicity and overlapping of roles provoke conflicts and stress. Bird (1999) studied the impact of the amount of household labor performed and its division within the household on men's and women's depression levels, adjusting for prior mental health status and tested two alternative explanations of the contributions of household labor and the division of household labor to gender differences in depression: differential exposure and differential vulnerability. The results indicated that men's lower contributions to household labor explain part of the gender difference in depression where women were performing household labor beyond the point of maximum psychological benefit. Inequity in the division of household labor had a greater impact on distress than does the amount of household labor.

The findings of the present study with respect to the nature of coping strategies are in line with the study by Stanton, Danoff-Burg, Cameron, and Ellis (1994), who reported that women used significantly more emotional processing and expression in response to stressors than did men. Though women engage in more problem focused coping than men do (difference not significant), they at the same time use significantly higher wishful thinking coping strategy – a mode of emotion focused (escape-avoidance) coping, that

may be effective in reducing the distress in the short run though not very beneficial in long term psychological adjustment (Lazarus & Folkman, 1984).

The significant use of wishful thinking by women, the more depressed group, are reflective of their simplistic and unrealistic solution efforts to deal with problem. Women engage in wishful thinking to get temporary relief for the crisis situations they face. This short-term coping technique is not very effective often resulting in a fateful sense of helplessness. As a result of such non-productive flawed coping they prevent themselves from addressing the actual cause(s) of their predicament. Over time, the persistent use of flawed wishful thinking coping techniques actually leads to additional (and sometimes more drastic) difficulties. Due to the partial or whole irresolution of the problem(s) due to repeated use of wishful thinking, the problem(s) accumulate till the point is reached when they feel extremely helpless. According to the learned helplessness theory of depression, as women unsuccessfully attempt to control the unpleasant experiences and traumas of their lives, by engaging in wishful thinking and hence, avoid solving the problem, in a productive way, ideally through problem focused strategies, their passivity and sense of being unable to act and control their own life, brings on a sense of helplessness, and soon leads to depression.

It can also be inferred from the results that the extent of perceived sense of personal mastery can result in depression. The justification for such finding may be attributed to the fact that prior to becoming depressed, future depressives do not always subscribe to irrational beliefs, have lower expectations for positive outcomes or higher expectancies for negative outcomes. As a result they do not perceive themselves as having less control or mastery over the events in their lives. Moreover, the relationship between depression and negative thinking (leading to low sense of mastery) can work both ways — manipulating affect can change thinking, that is, depression could cause negative thoughts, and negative thinking can cause and worsen depression (Lewinsohn, Hoberman, Teri, & Hautzinger, 1985).

According to Nolen-Hoeksema and Davis (1999), women may accept family and work strains as “the way things are” and find ways to live with them. In such times, they may also shift their attention to aspects of their lives that they can control, thus maintaining a general sense of control over their lives. Also, at the same time some women may search for some understanding of why their lives are not going as they wish, why they feel frustrated and distressed so much of the time, what they can do to convince their partners to share in the work of the home and child care (happily), and how they might be better appreciated by their partners and families. This searching may be manifested as wishful thinking that we saw more often in women than in men. At the intersection of the interpersonal communication domain and the domain of general personal relationships, rejection may result because of the emotional contagion (the depressed make other people feel sad, distressed and hostile) and loneliness, finally resulting in depression (Segrin, 2001).

Research has shown that the protective effects of social ties on mental health are not uniform across groups in society. According to Fuhrer, Stansfeld, Chemali, and Shipley (1999), gender differences in social support tend to suggest that women have larger social networks and both give and receive more support than men. Nevertheless, although social support has been identified as protective of mental health, women have higher rates of psychological distress than men. But, they found that women have a larger number of ‘close persons’ than men although men have larger social networks. Social connections may paradoxically increase levels of mental illness symptoms

among women with low resources, especially if such connections entail role strain associated with obligations to provide social support to others (Kawachi & Berkman, 2001). According to Bullers (2000), demanding social ties have the strongest association with depressive symptoms, and that this relationship is much stronger for women than for men.

Since the present study is cross-sectional, hence longitudinal research is required to further understanding regarding how depression develops and diversifies with various developmental stages, transitional changes and life events in an individual's life. It is imperative to identify the vulnerable population- those who feel "sandwiched" between caring for young children and caring for sick or older family members. Also, to contextualize 'role salience' and focus on role enhancement rather than role-burden. Depressive disorders in women may be more closely tied to severe traumas such as sexual or physical abuse than to everyday strains. Future studies are required to address this area of research. Further, planning interventions oriented toward enhancement of personal coping skills that are more problem-focused and lead to increased self-awareness and improved social support, thus enabling the individual to deal effectively with stressful situations and help her function more efficiently. Visiting mental health professionals entails a stigma in some cultures, therefore, educating the public to understand the nature of problems, recognize the signs of incipient conditions and know the resources available to deal with them is a major task for researchers working towards alleviating distress.

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Sangeeta Bhatia, PhD, Associate Professor, Department of Psychology, Cargi College (University of Delhi), Siri Fort Road, New Delhi – 110 049

Shohag Dey, M.A Psychology, Delhi University, Delhi - 110008