Gender, Race, and the Self in Mental Health and Crime

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Strong and consistent gender differences exist in mental health problems and crime. Females suffer more from internalizing problems, including depression and anxiety, while males predominate in externalizing problems, which include delinquency, aggression, and substance abuse. These gender differences vary by race, however. Although gender differences in externalizing problems remain considerable across race, gender differences in internalizing problems are far greater for whites than African Americans. In explaining these patterns, our perspective differs from prior theories in both mental health and criminology by focusing on the intersection of gender and race in relation to both internalizing and externalizing problems. We propose that gender and race affect internalizing and externalizing problems through their impact on schemas about self-salience, which refer to beliefs about the importance of the self versus the collective in social relations. In testing this perspective, we examine a sample of white and African American males and females in adolescence, the point at which these patterns arise. We find that gender and race interact to shape schemas about self-salience. Further, these differences in self-salience help to explain the disparities by gender and race in internalizing and externalizing problems.

Gender differences are among the most consistent patterns in criminal behavior and mental health problems. These differences first emerge in early adolescence and persist throughout adulthood (Avison and McAlpine 1992; Burke et al. 1990, 1991; Gore, Aseltine, and Colten 1993; Kessler 2000, 2003; Turner and Lloyd 1995). Overall, females suffer more from internalizing symptoms, including depression and anxiety, which turn problematic feelings inward against the self. Males predominate in externalizing behaviors, including substance abuse, delinquency, and aggression, which are more problematic for other people (Avison and McAlpine 1992; Kessler et al. 1994; Rosenfield, Lennon, and White 2005).

These differences vary by race, however. Extensive research shows that white females exceed white males in internalizing problems of depression and anxiety (Brown et al. 1999; Davies, Avison, and McAlpine 1997; Lipman, Offord, and Boyle 1997). In contrast, African American females experience low rates of internalizing symptoms that more closely resemble those of men (Brown et al. 1999; Hughes 2003; Williams and Harris-Reid 1999; Williams, Takeuchi, and Adair 1992). Only in phobias, one subtype of anxiety, do African American females surpass males (Brown and Eaton 1986; Brown, Eaton, and Sussman 1990). Although African American and white males differ in specific externalizing problems—African Americans are lower in substance abuse but similar or higher in antisocial problems—both groups

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greatly exceed females (e.g., Adrian 2002; Vega, Gil, and Zimmerman 1993a; Vega et al. 1993b; Walton, Blow, and Booth 2001; Warheit et al. 1996; Warner et al. 1995). Thus, gender differences in externalizing problems are considerable for both races, but gender differences in internalizing problems are far greater for whites than African Americans.

What accounts for these patterns? Most explanations focus on gender and race differences separately. In addition, they often concentrate only on the structural or the cultural aspects of gender or race. These theories also tend to focus on internalizing and externalizing outcomes independently (Aneshensel, Rutter, and Lachenbruch 1991). Furthermore, theories often come from different subfields: while internalizing problems are within the domain of mental health, externalizing problems are concerns within both criminology and mental health.

Our perspective differs by applying research on the self to explain the effects of both gender and race on internalizing as well as externalizing problems. We propose that race and gender interact to shape certain relational schemas that underlie these mental health patterns. We term these schemas self-salience to refer to beliefs and values about the importance of the self versus the collective in social relations. Schemas that privilege others over the self, at the extremes, increase the risk of internalizing symptoms. Those that promote the self at the expense of the collective raise the risk of externalizing behavior (Rosenfield et al. 2005; Rosenfield, Vertefuille, and McAlpine 2000).

In this article, we argue that self-salience schemas are pathways by which structural and cultural aspects of gender and race affect mental health. Conceptions of masculinity and femininity vary by race, giving rise to different schemas of self-salience. Gender socialization, and thus self-salience schemas, intensify over the course of adolescence (Chodorow 1978; Gove and Herb 1974; Nolen-Hoeksema 1990). We propose that these disparities in self-salience help explain the patterns in internalizing and externalizing problems by gender and race that develop over the same period. We explore this perspective using a sample of white and African American adolescent males and females.

We begin with a review of previous literature that has offered explanations for race and gender differences in internalizing and externalizing problems. We cover theories that emphasize those elements central to our perspective, namely, structural or cultural aspects of gender and race and socialized dimensions of the self. We then introduce our perspective on self-salience schemas and consider the ways in which self-salience may influence gender and race patterns in internalizing and externalizing problems.

**Gender and Race Differences**

**Gender Differences.** Within the mental health literature, explanations for gender differences often focus on adult social roles and their impact on internalizing problems. For example, some attribute the higher incidence of depression and anxiety among women to their lower economic resources and poorer job conditions (Bird and Ross 1993; Lennon and Rosenfield 1995; Phelan 1994; Rosenfield 1989, 1999a, 1999b; Ross and Mirowsky 1992). Others ascribe women’s greater likelihood of internalizing problems to their larger responsibility for devalued work inside the home and the overload of job and family demands that results when they are employed (Bird 1999; Lennon 1999; Rosenfield 1992; Ross and Mirowsky 1992).

The emergence of gender differences during adolescence, however, suggests that socialized dimensions of the self first underlie the disparities in internalizing and externalizing problems. Several explanations for gender differences focus on aspects of the self. Some posit that females’ lower self-evaluations predispose them to depression and anxiety (Avison and McAlpine 1992; Nolen-Hoeksema 1987; Pearl and et al. 1981). Others emphasize females’ higher levels of emotional reliance, interpersonal dependency, or empathy (Hirschfeld et al. 1976; Rosenfield et al. 2000; Turner and Turner 1999). Females are said to suffer more from
the “cost of caring”: a greater vulnerability to other people’s suffering (Kessler and McLeod 1984). Furthermore, females perceive that they have less power and fewer options in relationships (Lennon and Rosenfield 1995). Research establishes that these dimensions of the self help account for gender differences in symptoms of depression and anxiety (Avison and McAlpine 1992; Hirschfeld et al. 1976; Kessler and McLeod 1984; Lennon and Rosenfield 1995; Nolen-Hoeksema 1987; Rosenfield et al. 2000; Turner and Turner 1999). This work is consistent with other studies showing that low levels of masculine traits are associated with high internalizing symptoms (Barrett and White 2002; Horwitz and White 1987; Huselid and Cooper 1992; Whitley and Gridley 1993).

Criminologists also offer arguments suggesting that certain dimensions of the self may account for gender differences in externalizing problems. Socialization explanations emphasize that children internalize messages that equate masculinity with dominance and independence, and femininity with weakness and dependency (Steffensmeier and Allan 1991). Boys are taught to be assertive, dominant, and aggressive, but girls are raised to be nurturing and caring (Heimer 1995; Miedzian 1991). Others emphasize the different degrees of social control imposed on males and females by parents. Power-control theory, for example, posits that boys exhibit more independence and risk-taking behavior, in part because parents supervise their activities less closely (e.g., Hagan 1991; Hagan and Simpson 1985; Heimer 1995; Heimer and De Coster 1999). Studies focusing on structural factors indicate that girls are more strongly attached than boys to important institutions, such as family and school, which typically encourage law-abiding, responsible behavior, and bolster resistance to negative peer influences (Giordano, Cernkovich, and Pugh 1986; Mears, Ploeger, and Warr 1998; Rosenbaum 1987).

Race Differences. Explanations often focus on the cultural resources of African American subcultures in accounting for blacks’ similar or low rates of most internalizing problems compared to whites. For example, some mental health scholars hold that African Americans’ strong ethnic identity moderates the negative impact of social stressors, while others point to the high degree of social support offered by African American families and communities and the power of their church and religious involvement (Rudolph 1997; Samaan 2000; Teasley and Turner 2003; Vogt Yuan 2003; Williams and Fenton 1994). Research demonstrates that each of these resources serves to protect the mental health of African Americans (Rudolph 1997; Teasley and Turner 2003; Vogt Yuan 2003).

Other approaches focus on dimensions of the self, attributing race differences in internalizing problems and some externalizing problems to the fact that African Americans report higher self-esteem than whites (Hughes and Demo 1989; Twenge and Crocker 2002). Research confirms that African Americans’ greater sense of self-worth protects them from depression and alcohol abuse (Vogt Yuan 2003).

Within criminology, explanations for African Americans’ high levels of certain externalizing behaviors, such as violence, have traditionally emphasized either structural or cultural factors. Structural arguments posit that African Americans are more likely to be economically disadvantaged, contributing to feelings of frustration and thus aggression among this population (Sampson and Wilson 1995; Wilson 1987). Family dissolution is also more common within the African American community, reducing formal and informal social controls at the individual and community levels (Moynihan 1965; Sampson 1987). On the other hand, cultural explanations suggest that, due to their history of slavery and discrimination in the United States, African Americans have adopted a value system that condones violence in certain situations (Wolfgang and Ferracuti 1967). Scholars note that structural and cultural factors may well interact to promote violence among African Americans (Sampson and Wilson 1995). Higher levels of social and economic disadvantage in African American communities contribute to social isolation and segregation, reducing contact with groups of different class and racial backgrounds, particularly those representing mainstream society (Anderson 1990, 1999; Massey and Denton 1993). As a result, delinquent values may be learned in place of
conventional mores. Violence is authorized, embodied in a “code of the streets,” as a way to adapt to the difficult circumstances of these neighborhoods (Anderson 1990, 1999).

Some criminological theories are exceptional, addressing the interaction of gender and race in both common and violent delinquency. For example, the interactionist perspective suggests that structural inequalities by gender and race affect interactions, which yield varying social psychological motivations to engage in delinquency (Heimer 1995; Heimer and Matsueda 1994). Risk-taking behavior, associated with common delinquency such as minor theft and drug use, is linked to a group’s economic and political position within society. Those with the greatest power, males, are more likely to engage in this behavior, but minorities as a group are discouraged from valuing risk taking behaviors, since they are “privileges of the powerful in capitalist society.” Traditional beliefs about appropriate behavior and gender ideologies also influence patterns of delinquency by race and gender. Femininity is associated with conformity to rules and submission while masculinity reflects power and dominance. The theory notes that African American males, who are blocked by racial discrimination from achieving a masculine identity through conventional means such as economic power, more often resort to violence to express power and dominance (see also Messerschmidt 1993, 2000).

In sum, with few exceptions, independent literatures from separate subfields explain gender and race differences in internalizing and externalizing problems. But no single theory explains all the differences. The intersection of gender and race in relation to both problems implies that we need approaches that crosscut these social hierarchies and outcomes. By drawing on major elements in previous explanations, our approach offers a unifying perspective, integrating cultural and structural aspects of gender and race. We propose that structural inequalities between males and females combine with individualistic versus collectivist cultural orientations to produce the degree to which individuals privilege the self over others or others over the self. Extremely high or low levels of self-salience, in turn, raise the risk of externalizing or internalizing problems. We describe the details of the approach below, starting with our basic perspective on the self.

**Self-Salience**

Symbolic interactionism contends that humans’ ability to take themselves as an object is a fundamental process by which they become social beings (Mead 1934). We develop what Cooley calls a looking-glass self, that is, we see ourselves from others’ perspectives, and by this process internalize the attitudes of the social world as part of the self (Cooley 1902). Over the course of development, we internalize messages from larger and larger numbers of persons and groups, including subcultural reference groups, a process that culminates in a generalized other within the self that represents the perspective of the dominant culture (Mead 1934).

Evaluations of the self, in general, and in relation to others, are part of these messages. On the basis of these messages, individuals construct schemas about the salience of the self versus the collective (Rosenfield et al. 2005). Reflecting the relative importance of the self versus others, self-salience ranges from high levels that privilege the self over others to low levels that privilege others above the self. Several components, when taken together, make up this construct.

The first component involves schemas about worth. These include schemas about self-worth such as self-esteem and competence. Such self-evaluations are implicitly relational insofar as they are based on social comparisons (Harter 1999; Rosenberg 1989). However, this component of self-salience also includes direct assessments of our worth relative to others. Schemas of relative worth include, for example, the explicit comparison of esteem for oneself with esteem for others. Regardless of our assessments of ourselves, we can regard others as higher, similar, or lower in worth.

Another dimension of self-salience concerns the boundaries we draw between the self and others in relationships. These schemas vary from high degrees of independence to high degrees of connectedness to others. Individuals differ in the extent to which they see them-
selves as an autonomous self, separate from others, versus the extent to which they see themselves as fundamentally tied to other people (Turner and Turner 1999).

A third aspect involves the ranking of individuals’ own needs or interests relative to others’. These schemas involve the degree to which the interests of the self are given primacy compared to the interests of others. People can put their own needs above others’, regard their own and others’ interests as equally important, or put others’ needs above their own.

**Self-Salience and Mental Health Problems**

We argue that, at the extreme, self-salience schemas that privilege the collective but denigrate the self will facilitate internalizing types of problems (Rosenfield et al. 2005). Negative self-evaluations are more detrimental if people believe that others are not as damaged. Individuals’ self-dissatisfaction is compounded by the belief that they are worse off than others. Furthermore, strong connections imply a reliance on others, as well as a sense of responsibility for their welfare, and thus, they also imply tendencies to blame the self for others’ difficulties. Schemas that increase the chance of internalizing problems also reduce the possibility of externalizing behavior. Doubts about one’s impact on the world discourage taking risky, antisocial actions. Empathy with the feelings of others interferes with acting against their interests.

At the other extreme, schemas privileging the self and demoting others will encourage externalizing behavior. The belief that one is superior to others makes it easier to act against others’ interests. Those who see themselves as more important and valuable than other people are less likely to blame themselves for difficulties and more likely to see others as the source of problems. Other people become impediments to achieving their desired outcomes. It follows that schemas increasing the risk of externalizing behaviors decrease the likelihood of internalizing problems. Extreme assumptions of entitlement and superiority make hurting oneself inconceivable.

These relationships further imply that the combination of high self-regard and high regard for others guards against both self-destructive tendencies and those destructive to others. That is, equal levels of esteem for the self and others, of autonomy and connectedness, and of regard for one’s own and others’ interests should reduce tendencies toward both internalizing and externalizing problems.

This perspective is consistent with several lines of theorizing on the self and mental health. For example, theories of the stress process and of self-concept posit that low self-evaluations heighten mental health problems, especially internalizing symptoms (Brown et al. 1990; Mirowsky and Ross 1996; Pearl 1989, 1999; Pearl et al. 1981; Rosenberg 1989; Thoits 1999). Other approaches link overly high self-evaluations to externalizing problems, particularly when these evaluations are challenged (Baumeister, Smart, and Boden 1999; Beck 1999). Further, our perspective is compatible with certain cognitive theories of psychopathology, which emphasize the importance of schemas for mental health problems (Beck 1967; Dodge 1993; Epstein 1991; Harter 1999; Hoyle et al. 1999; Seligman 1975). Moreover, our framework is consistent with psychodynamic approaches such as object relations and interpersonal theories that focus on the consequences for mental health of internalized representations of relationships with significant others (Chodorow 1978; Fairbairn 1952; Sullivan 1953; Winnicott 1965). We concur with social control theory, which argues that weak attachments to people or important institutions can explain delinquent behavior (Hirschi 1969; Sampson and Laub 1993). In addition, our work agrees with theories about boundaries that view extreme connectedness or extreme autonomy as problematic when not counterbalanced by the other (Bakan 1966; Helgeson 1994; Rosenfield et al. 2000). Our perspective also fits with work on the self and emotions that connects independent self-conceptions with ego-focused emotions like anger and interdependent self-conceptions with other-focused emotions such as empathy (Markus and Kitayama 1991, 1994).
Finally, our approach particularly overlaps with the interactionist perspective on crime (Heimer 1995; Heimer and Matsueda 1994). This view holds that in decisions to engage in delinquent behavior, individuals consider the reactions of parents and peers to delinquency as well as their own attitudes about law-breaking, which are shaped by their commitment to reference groups and reference group beliefs (Heimer 1995, 1996; Heimer and De Coster 1999; Heimer and Matsueda 1994). Our conception of schemas corresponds to individuals’ attitudes in this approach, insofar as both originate in reference groups and are internalized through role-taking. Our notion of socialization messages is also similar to the concept of anticipated reactions—which involve the generalized expectations of a group—in interactionist theories. Our view differs from this approach, however, in explaining internalizing and externalizing problems (De Coster and Heimer 2001). The interactionist approach on crime holds that the identities that individuals develop from reflected appraisals predispose them either to internalizing symptoms or to delinquent behavior. In contrast, our perspective holds that the relational schemas people derive from reflected appraisals underlie their tendencies toward internalizing or externalizing problems. Although differences exist between these approaches, their commonalities suggest the usefulness of a broad interactionist perspective that integrates arguments from both criminological and mental health literatures.

In sum, we hold that individuals’ everyday assumptions about the self in relation to others influence their tendencies to internalizing or externalizing problems. We differ from previous perspectives by focusing on aspects of the self that are relevant to both mental health and criminal behavior, unlike much prior work, which has been confined to examining each outcome separately (Aneshensel et al. 1991). In addition, our conception of self-salience focuses on the hierarchy of the self and others, a particularly sociological aspect of the self that is absent from prior work. Specifically, we see these schemas as cognitive representations of the social hierarchies in which individuals are embedded. In this sense, self-salience is a pathway through which social inequalities such as gender and race shape well-being.

Prior research on the relationships between messages and schemas and between schemas and internalizing or externalizing problems supports this basic perspective on the self and mental health. This research also shows that self-salience helps to explain overall gender differences in mental health problems (Rosenfield et al. 2005; Rosenfield et al. 2000). The present work extends this line of theorizing and research to the intersection of gender and race.

**Gender and Race**

As stated earlier, white and African American conceptions of gender differ. Masculinities and femininities in these groups vary in levels of self-salience. Clearly, gender conceptions differ within as well as between the races, but in this study we emphasize the orientations that differentiate groups.

Dominant white conceptions of femininity tend to associate women with the private sphere of domesticity, primary responsibility for caretaking, and characteristics of nurturance, sensitivity, and emotional expressiveness—all of which emphasize the collectivity and the needs of others over the self (Connell 1995; Flax 1993). In contrast, dominant white conceptions of masculinity associate men with the public sphere of the market and with primary economic responsibilities, as well as characteristics of assertiveness, competitiveness, independence, and dominance—all of which emphasize the salience of the self over others.

African Americans’ general conceptions of gender tend to differ from those of the dominant, white culture for several reasons (Connell 1995; Duneier 1992; Harris, Torres, and Allender 1994; Hunter and Davis 1992; Lamont 1999; Patterson 1998). Economic inequality between men and women is lower among African Americans. For example, the discrepancy between African Americans men’s and women’s earnings is half that of white men and women (Anderson 1999; Billingsley 1992; Patterson 1998). African American women out-
number African American men in graduate and professional schools, and, compared to white women, more often marry men with lower educational levels than themselves, all of which tends to equalize status between the sexes (Patterson 1998).

Partly as a consequence, male–female relationships have different meanings among African Americans and whites. Marriage, for instance, does not exist as the same economic safeguard for African American women (Gerstel and Gross 1989). According to Patricia Hill Collins (1997), African American daughters are raised to be both economic providers (to obtain an education and a job to support themselves) and caretakers (to carry responsibilities for themselves, their family, and their communities). In contrast, the greater economic inequality among whites places more power in men’s hands (Lennon and Rosenfield 1995; Shelton and Daphne 1993). White women’s options for economic security are often greater within than outside of marriage, and thus the relative power differences between the sexes is exaggerated (Lennon and Rosenfield 1995).

Consistent with these differences, character traits associated with gender often differ. Connectedness and autonomy are more equally regarded and less divided by gender for African Americans (Collins 1997). Raised in a cultural tradition that elevates cooperation (Duneier 1992; Lamont 1999), both African American males and females are encouraged to be nurturing as well as independent and assertive (Nobles 1980; Pasteur and Toldson 1982). Families make concerted efforts to bolster the self-esteem of both daughters and sons in the face of racism, as part of racial socialization (Billingsley 1992; Collins 1997). African Americans tend to place a high value on individual uniqueness and personal expressiveness, which presumes the inherent worth of the individual, female or male (Billingsley 1992).

In sum, African Americans and whites differentially construct and enact gender, particularly femininity. As evidence, African American women describe themselves as more similar to men in masculine traits than white women (Harris 1996; Haynes 1998). They also portray themselves as more androgynous than white females (Harris 1996). African American women endorse expressiveness, warmth, and nurturance as part of their gender ideology, as do whites, but they reject the passivity, dependency, and subordination that white women tend to accept as part of the feminine role (Harris 1996; Napholz 1994).

Although African American men also describe themselves as more androgynous than white men, they do share fundamental commonalities in their conceptions of maleness (Harris 1996; Haynes 1998; Hunter and Sellers 1998). Both African American and white men define ambition, responsibility, economic viability, and an independent sense of self as core components of masculinity (Hunter and Davis 1992; Taylor, Tucker, and Mitchell-Kernan 1999). As R. W. Connell (1995) describes, even protest forms of masculinity that arise out of poverty or discrimination contain themes of dominant white masculinity (Nandi 2002). Indeed, in reacting against the dominant culture, protest masculinities often exaggerate claims to masculine privilege (Anderson 1999; Connell 1995; Majors and Billson 1992; Patterson 1998). Thus, compared to femininities, masculinities appear to be more similar across race.

Gender socialization transmits these conceptions of masculinity and femininity as part of the symbolic interactionist processes that form the self. Gender socialization begins in childhood but escalates in adolescence, as the physical changes in girls and boys identify them to others as women and men (Basow 1992; Brown and Gilligan 1992; Chodorow 1978; Galambos, Almeida, and Petersen 1990; Nolen-Hoeksema 1990). According to this process of gender intensification, male and female socialization achieve the full force over the course of adolescence, which parallels the emergence of disparities in mental health.

Given the differences above, messages and schemas about self-salience should vary by gender and race. Among whites, we expect males to receive messages and develop schemas that privilege the self in relation to others. Compared to females, white males should have higher self-esteem, more of a sense of self-containment and self-sufficiency, and a clearer vision of the importance of their own interests in social relations. On the other hand, white
females should receive messages and develop schemas that privilege others over the self. They should feel less of a sense of worth, stronger emotional attachments to others, and a priority for others’ needs over their own in social relationships.

In contrast, African American males and females should receive messages and develop schemas about self-salience that are more similar to each other. We predict that both highly value the self, autonomy, and personal interests in relationships. We also predict that such messages and schemas are balanced by a strong sense of connectedness, especially for females. Specifically, African American females should privilege the self and autonomy, but at the same time—and more than any other group—equally advantage connectivity. In this sense, we argue that African American females most strongly endorse the primacy of both the individual and the collective.

These varying levels of self-salience should help explain the patterns of internalizing and externalizing problems by gender and race. We hypothesize that schemas elevating the self over others help to account for the greater predispositions among males of both races toward reactions that turn against others. We expect that schemas privileging others over the self help explain the greater tendencies in white females toward reactions that disadvantage the self. The greater balance of high self-regard and regard for others among African American females should contribute to their relatively low levels of both internalizing and externalizing problems. These patterns have implications for gender differences in internalizing and externalizing problems. We predict that the differences in self-salience help explain the higher levels of internalizing problems that exist among white but not African American females, and the higher levels of externalizing problems among males of both races.

Methods

The data for this research come from the Rutgers Health and Human Development Project, a study of adolescent development (Pandina, Labouvie, and White 1984). Contacted through random telephone calls, the initial sample comes from a statewide survey of New Jersey. Field staff conducted home interviews with volunteering respondents and their parents. Afterward, respondents came to the test site for a full day of interviews (for details on participation rates, see Horwitz and White 1987). Respondents were first interviewed between 1979 and 1981 (Time 1) at the ages of 12, 15, and 18. They were retested three years later between 1982 and 1984 (Time 2) with the same instruments. The retest yielded a three-year follow-up rate of 95 percent.

The total sample for the present analyses is 1,308 New Jersey adolescents in three age groups. These respondents were ages 12 (n = 437), 15 (n = 455), and 18 (n = 416) at Time 1, and 15, 18, and 21 at Time 2. They have been followed up on two or three subsequent occasions until the ages of 28 and 31. Because we are interested in development during adolescence, we limited this study to the first two waves. In assessing general characteristics, the median income of respondents’ parents, between $20,000 and $29,000, is comparable to that of the entire state at that time (U.S. Bureau of Census 1981). Similar to the religious composition of New Jersey, half of the respondents are Catholic, 30 percent are Protestant, 9 percent are Jewish, and 11 percent are another or no religion. The sample is predominantly white (90 percent), which is somewhat higher than the 83 percent whites in New Jersey (U.S. Bureau of Census 1981).

We include respondents who described themselves as white (n = 1,227) or as African American (n = 106). Given the small sample of African Americans, this research should be considered exploratory. However, strong attempts were made during data collection to ensure the participation of all eligible subjects in the first contact and for each wave afterward. Overall, participants were comparable to refusers on selected demographic characteristics and behaviors that were assessed during an initial anonymous telephone interview,
except that participants displayed slightly higher levels of parental income and education. Yet, both of these variables exhibited heterogeneity in the sample. A comparison of central variables at Time 1 between those subjects who were retested and those who dropped out further indicated high comparability (for more detail, see Pandina et al. 1984). We also tested for the possibility that outliers may affect the results of analyses, especially for African Americans. However, the findings are similar to those reported below when we omit extreme cases and when we transform variables using logarithmic or square root transformations. As further evidence against selection bias, in these data the race differences in internalizing and externalizing problems replicate those found in previous research with larger samples.

**Measures**

**Self-Salience Messages.** The data set includes information on socialization messages about self-salience. Respondents were asked what adults expect of a girl or boy their age on a number of personality traits, which include the characteristics associated with masculinity and femininity in the Personal Attributes Questionnaire (PAQ) (Spence and Helmreich 1978). Since the expectations are from the perspective of the respondent, these questions represent the kinds of attitudes that individuals acquire in the process of taking the role of the other, that is, individuals’ perceptions of what others think of them (Cooley 1902; Mead 1934).

Several questions bear on messages about self-salience. Responses range from low to high on a five-point scale. We convert these responses to z-scores for constructing indicators of self-salience. We report ranges on both z-scores and original scale scores below.

In measuring messages, adolescents were asked how much self-confidence adults expect from a boy or girl of their age. We use this item as an indicator of the worth component of self-salience messages. The z-scores on this measure range from −2.9 to +1.3 (1 to 5 original scores) at both Time 1 and Time 2.

Adolescents were also asked how much adults expect them to be competitive, independent, empathetic, and helpful to others. We use these items as indicators of messages about boundaries in relationships. We average expectations promoting competition and independence to construct an indicator of messages about autonomy. We average expectations encouraging empathy and helpfulness as an indicator of messages about connectedness. We subtract messages favoring connectedness from those promoting autonomy to measure the boundary component. Z-scores vary from −3.7 to +4.1 at Time 1 (−4.0 to +3.5 original scores), and from −3.6 to +4.8 at Time 2 (−3.5 to +4.0 original scores).

Finally, adolescents were asked how much adults expect them to be superior to others. We use this item as a measure of the ranking component. Z-scores range from −2.1 to +1.9 at Time 1 (1 to 5 original scores) and from −2.3 to +2.1 (1 to 5 original scores) at Time 2.

We combine the items above to construct an overall indicator of self-salience messages. We add messages that encourage high self-salience, including expectations of self-worth, autonomy, and superiority. We then subtract the measure of low self-salience—connectedness to others—for an indicator of the balance of self-regard and regard for others. Z-scores for the combined scale range from −8.8 to +7.3 at Time 1 (−2.0 to +12.50 original scores) and from −7.8 to +7.0 at Time 2 (−.5 to +13.0 original scores). We use difference scores in constructing measures of messages as well as schemas of self-salience because they represent the most direct operationalization of this concept, that is, the balance of self-regard and regard for others. However, we obtained similar results when we examined self-salience as a ratio of high to low self-salience and as interactions between high and low self-salience.

We caution that the measures of messages in this data set are limited by single-item indicators of worth and ranking. Unfortunately, we do not have data on esteem for others for constructing a measure of relative worth. We also lack adequate data on subordination for developing a measure of ranking others more highly than the self. Clearly, better and more comprehensive measures are needed to fully test our predictions about these messages. However, these
data give us some information about how the messages that adolescents receive vary by gender and race.

Correlations among the measures of messages support the structure of components theorized to make up self-salience. The correlations among the high self-salience messages (self-confidence, autonomy, and superiority) are stronger in general than those between high and low self-salience messages (connectedness). Moreover, factor analysis with these messages yields three factors, the first of which correlates most strongly with boundaries, the second with worth, and the third with ranking.

**Self-Salience Schemas.** Adolescents were also asked to describe themselves. We use these questions as measures of self-salience schemas. As above, we convert responses to z-scores to construct the overall scale and the component scales of self-salience.

As part of the interview, respondents were questioned about how much self-confidence they have. Possible responses range from a low of 1 to a high of 5. We use this item as an indicator of the worth component of self-salience. At both waves, z-scores vary from −2.9 to +1.4 (1 to 5 original scores).

We use the Personality Research Form (PRF), which is composed of a number of scales, to measure other aspects of self-salience (Jackson 1974). Respondents answered true or false to questions on these scales. High levels of internal consistency and reliability have been reported for the PRF scales (Stricker 1974).

We use scales of autonomy and nurturance as indicators of the boundary component. For example, the autonomy scale includes items about whether respondents are independent of the opinions of others, whether they like to be alone, and whether they like feeling unattached. Examples of items on the nurturance scale, which measures the connectivity dimension of boundaries, are whether it is very important to respondents that they demonstrate that they are interested in others’ problems, whether they feel most worthwhile when helping someone, and whether they are highly disturbed when a friend is in trouble. We subtract scores on nurturance from scores on autonomy for an indicator of boundary schemas. The z-scores vary from −3.7 to +5.2 at Time 1 (−12 to +9 original scores) and from −3.6 to +6.1 (−12 to +11 original scores) at Time 2.

Scales of dominance and abasement indicate schemas about ranking. The dominance scale includes questions on whether respondents desire positions of power over other people, whether they are comfortable telling others what to do, and whether they try to control others rather than permitting others to have control over them. The scale of abasement includes items asking whether respondents tend to apologize when someone bumps into them, whether they are uncomfortable when others try to make them feel important, and whether they try to be a good sport when they think people are taking advantage of them. We subtract scores on abasement from scores on dominance for the measure of the ranking component. Z-scores range from −4.2 to +4.5 at Time 1 (−9 to +11 original scores) and −4.9 to +4.3 (−11 to +12 original scores) at Time 2.

We combine the separate measures for a general indicator of self-salience schemas. We sum scores on self-worth, autonomy, and dominance to indicate high self-salience. We add scores on nurturance and abasement to measure low self-salience. We subtract the second score from the first for an indicator of overall self-salience. The z-scores on the overall measure vary from −7.6 to +8.4 at Time 1 (−15 to +20 original scores) and from −9.6 to +9.7 at Time 2 (−18 to +23 original scores).

As with messages, correlations between these measures of schemas support the proposed structure of self-salience. In the Appendix, we show correlations of schemas about self-worth, autonomy, nurturance, dominance, and abasement at Time 2. Schemas correlate most strongly with others at the same (high or low) extreme, and with those within the same component of self-salience. For example, abasement is correlated more highly with nurturance—the other measure of low self-salience—and with dominance—the other indicator of the
ranking component—than with other schemas of self-worth and autonomy. Factor analysis with schemas yields three factors, each of which correlates most strongly with a different component of self-salience. These patterns of relationships are similar among Time 1 schemas.

**Internalizing and Externalizing Problems.** Internalizing problems include symptoms of depression and anxiety (Achenbach 1991). We measure these problems with the Johns Hopkins Symptom Checklist (SCL-90R), which has been shown to be a reliable indicator of psychological symptoms (Derogotis and Cleary 1977). Specifically, we use the subscales of depressive symptoms, general anxiety, and phobic anxiety as indicators of internalizing problems. The depression scale includes symptoms such as feeling lonely, blue, or worthless, feeling hopeless about the future, and having thoughts of suicide. The general anxiety scale includes symptoms of nervousness or shakiness inside, trembling, feeling fearful, having spells of terror or panic, and having thoughts and images of a frightening nature. Symptoms of phobic anxiety include feeling afraid in open spaces or in the streets, in crowds, in the house alone, when traveling on buses, subways, or trains, and having to avoid certain things, places, or activities because they are frightening. Responses are averaged for each scale and range from zero to four, which corresponds to experiencing symptoms very little to very much. Alpha coefficients are .80 or above for each of these scales.

Externalizing problems include a diversity of rule-breaking behaviors, including delinquent and antisocial behaviors (e.g., vandalism, theft, assault), and problematic substance use (Achenbach 1991; National Institute of Mental Health 2000). Although delinquency and aggression more clearly represent behaviors destructive to others, we include substance abuse to address the full range of externalizing problems. We use scales of delinquency, aggression, and alcohol problems as measures. Questions on delinquency ask respondents the number of times—whether not at all, 1 to 2 times, 3 to 5 times, 6 to 10 times, or more than 10 times—in the last three years they avoided paying for such things as movies, bus or subway rides, and food; broke into a building to look for something to steal or to steal something; stole (or tried to steal) a motor vehicle, such as a car or motorcycle; stole things worth less than $50.00; and stole things worth more than $50.00. Since the delinquency scale is composed of behaviors that differ in severity, we divide the overall measure into subscales of minor and major delinquency. Major delinquency includes breaking into a building to look for something to steal or to steal something; stealing or trying to steal a motor vehicle, such as a car or motorcycle; and stealing things worth more than $50.00. Minor delinquency consists of avoiding paying for such things as movies, bus or subway rides, or food, and stealing things worth less than $50.00. Questions on aggression similarly ask respondents the number of times in the last three years they had: used a weapon like a club, knife, or gun in a fight; hit or struck one of their parents; hurt someone badly enough that the person needed bandages or a doctor; used a knife or gun or some other thing (like a club) to get something from a person (robbed someone); or damaged property on purpose (such as slashing tires, breaking windows, setting fire to someone else’s property). Possible scores on the overall delinquency and aggression scales range from 5 to 25. Because these scales are composed of several behaviors that would not necessarily be expected to occur together in the same individual, we did not compute a reliability coefficient.

We measure alcohol problems with questions about the frequency of experiencing negative consequences as a result of or while drinking (White and Labouvie 1989). Scores are derived by summing the frequency of each of 42 potential problems that might follow alcohol use, such as getting into fights, wanting to stop drinking but being unable to, losing a job, having an accident, being told by a physician to cut down, being in trouble with the police, and having a drink before or instead of breakfast. Respondents are asked how often they experienced these negative consequences during the last three years. The response choices range from never to more than 10 times on a 5-point scale. Possible scores range from zero to 168. We also did not compute reliability coefficients for this scale because experiencing one
specific consequence does not necessarily mean that someone experienced a second. However, the odd-even split-half reliability is greater than .90 at both test occasions.

**Demographic Characteristics.** Gender is coded 0 for males and 1 for females. We categorize race into African American (coded 0) and white (coded 1). Social class is measured by the highest educational level attained by either parent. The levels of education (coded 0 to 6) include eighth grade or less, some high school, high school graduate, post high school, some college, college graduate, and post-graduate. As described above, age is categorized into three groups of 12, 15, and 18 years (coded 0 to 2) at baseline. In all analyses of gender and race, we control for social class and age. We treat age and social class as continuous variables, but results were substantively the same when, in exploratory analyses, we treated them as categorical.

**Analysis**

We begin by examining the means for white and African American males and females on self-salience, adjusted for age and social class, in order to establish the ways in which messages and schemas vary by gender and race. To illuminate the patterns of mental health problems, we next present the adjusted means for internalizing and externalizing problems by race and by gender.

To determine whether varying self-salience schemas can help to explain the gender and race patterns for internalizing and externalizing problems, we apply multivariate multiple regression (MMR) analysis. MMR is an extension of multiple regression analysis to allow for multiple dependent variables. Essentially, this technique determines whether each independent variable is related to the collection of dependent variables. MMR combines these dependent variables into one analysis, thereby reducing the probability of type 1 error—that is, getting significant results by chance—that increases with multiple outcomes. Thus, this technique is particularly advantageous for the analysis of multiple mental health problems.

We present separate MMR analyses for internalizing and externalizing problems. In our longitudinal analysis, we first examine gender, race, age, social class, and the interaction of gender and race in relation to internalizing and externalizing problems at Time 2. We then control for self-salience schemas at Time 1, which tests for the impact of self-salience at baseline on the level of subsequent problems. Finally, we add controls for Time 2 schemas to examine how changes in self-salience over time contribute to these problems. Although we focus on this joint analysis for the above-mentioned reasons, we also report the univariate analyses of the same relationships for each mental health problem. Furthermore, we report the amount that self-salience reduces gender and race differences in each problem based on the separate regression analyses.

**Results**

**Messages and Schemas about Self-Salience**

To show the ways in which self-salience varies by gender and race, we present mean scores, adjusted for age and social class, on messages and schemas at Times 1 and 2 for white and African American males and females in Table 1.1 We indicate the statistical significance of gender differences within race and of race differences within gender.

1. In Table 1, scores on overall self-salience messages and schemas are slightly different from the sum of the components because of the differences in computation, as described in the methods section. To recall, component scales subtract the measure of low self-salience from the measure of high self-salience within each of the areas of worth, boundaries, and ranking. To compute the overall scale, we first add together the indicators of high self-salience and the indicators of low self-salience across the components. We subsequently subtract this combined low self-salience measure from the combined high self-salience measure to construct overall self-salience.
The top panel of Table 1 shows the means on overall messages. These messages encourage greater self-salience in boys than girls among whites only. In contrast, the differences between African American girls and boys are not significant. To illustrate the extent of the variation, the disparity between males and females in overall self-salience is more than 12 times greater among whites than African Americans at Time 2. Further comparisons show that this variation is due to the differences between girls. Adults expect significantly less self-salience from white females than from African American females. Messages to African American girls resemble those to boys more than they resemble messages to white girls.

Analyses of specific components parallel this pattern. Adults expect significantly less self-confidence, independence, and superiority from white girls than white boys. Messages to African Americans boys and girls more closely resemble one another. We also note that messages to African American girls cultivate significantly greater self-salience in every component compared to white girls. Messages to boys are generally more similar.

The lower panel of Table 1 displays the means on schemas. Consistent with messages,
only white girls possess schemas that are significantly lower in overall self-salience than boys. African American girls and boys more closely approximate each another. The gender differences in schemas are over seven times greater for whites than they are for African Americans at both time periods. Further comparisons show that white girls’ sense of self-salience falls significantly below that of African American girls as well as boys of both races. In contrast, African American girls’ self-salience stands between white girls and boys of both races, but it lies closer to the levels of white and African American boys than to white girls.

In analyses of components, only white boys and white girls differ significantly in schemas about worth, boundaries, and ranking, while African American boys and girls have more comparable schemas about their own worth and ranking in relationships, surpassing those of whites in most cases. In fact, African American boys significantly exceed white boys in their sense of self-worth. Schemas about boundaries are also characterized by relatively strong connections for both boys and girls, although more so and earlier among females.

These results demonstrate that messages African American and white boys and girls receive, and the schemas they form as a result, differ in self-salience in the anticipated ways. Underscoring these patterns, regression analyses demonstrate that gender and race significantly interact in shaping messages and schemas (not shown). Schemas in race and gender groups largely parallel the messages they receive, a finding consistent with prior research connecting messages to schemas more generally. Disparities in messages and schemas are larger between white than African American boys and girls. While white girls are lowest in self-salience and both groups of boys are highest, African American girls more equally balance self-regard and regard for others.

These variations reflect the differential gender conceptions and practices among African Americans and whites. For example, the relatively greater economic equality between African American males and females is represented in messages to and schemas of African American girls that combine high self-confidence, autonomy, and high self-ranking—all of which signify less dependence on others and more reliance on taking care of oneself. In contrast, the greater inequality between white males and females is reflected in messages and schemas remanding white females to a more childlike level of dependency and subordination.

The differential construction of gender by race is also reflected in boundary messages and schemas. African American and white females—as well as African American males to a lesser extent—share a strong emphasis on connectedness to and caring for others. This emphasis is combined with low evaluations of the self among white girls but high evaluations among African Americans. Such patterns imply the importance of cultural meanings, which define the relationship between autonomy and connection. Connectivity is coded as feminine in white conceptions of gender and comes at the expense of autonomy, self-worth, and interpersonal power, which are coded as masculine. In African American constructions, connectivity coexists with autonomy, self-confidence, and power in relationships, which are coded as both masculine and feminine.

**Internalizing and Externalizing Problems**

To clarify the ways in which mental health problems differ by gender and race, we present the mean scores on each problem by race and gender in Table 2. This analysis adjusts the means for age and social class and tests for gender differences within race as well as race differences within gender. The findings confirm that white girls suffer from higher levels of internalizing problems than do boys. Differences are significant in depressive symptoms and phobias, and marginally significant in general anxiety. In contrast, African American girls are similar to boys in depressive symptoms and fall somewhat below boys in general anxiety. Thus, gender varies by race in these internalizing problems. Only in phobias are African American girls higher than boys. These results are consistent with previous research showing that, with the exception of phobias, gender differences in internalizing problems are far greater for whites than African Americans.
With regard to externalizing behaviors, we find that boys exhibit higher levels than girls among both African Americans and whites. These differences are significant for whites in delinquency, aggression, and alcohol problems. Differences for African Americans are significant in aggression and marginally significant in alcohol problems. The disparities in overall delinquency fail to reach significance. However, males and females significantly differ in the major delinquency subscale, that is, in the more serious types of delinquent acts (not shown). Finally, African American girls and boys experience substantially fewer alcohol problems than their white counterparts. As with internalizing problems, these patterns of externalizing behavior are generally consonant with previous studies.

**Self-Salience as an Explanation for Race and Gender Differences in Mental Health Problems**

We now investigate whether self-salience schemas can explain these patterns by race and gender in internalizing and externalizing problems. Table 3 presents the MMR analyses, which examine the contribution of schemas at both points in time to differences in problems at Time 2, controlling for social class and age. We show the multivariate $F$ statistics for each variable, which test the null hypothesis that the regression coefficients equal 0 for all dependent variables.

The first columns of Table 3 report results for internalizing problems. Model 1 shows a significant interaction effect between gender and race. That is, race and gender jointly shape internalizing symptoms. Social class and age also influence these problems. Depressive symptoms, general anxiety, and phobias are lower among adolescents from higher social classes (Eaton and Muntaner 1999). Phobias, which are most highly related to age, decline as adolescents get older.

Models 2 and 3 show that schemas of self-salience are significantly related to joint internalizing problems. The univariate analyses (not shown) indicate that this relationship holds for each type of problem (Rosenfield et al. 2005). The less that adolescents privilege the self relative to others, the more likely they are to suffer from internalizing symptoms. Specifically, those who see themselves as strongly adaptive and connected to others, but low in confidence, autonomy, and interpersonal power, live with greater fears and depressive symptoms.
Table 3 • Multivariate Multiple Regression: Gender and Race Differences in Internalizing and Externalizing Problems at Time 2

<table>
<thead>
<tr>
<th></th>
<th>Internalizing Problems</th>
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<th>Externalizing Problems</th>
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<tbody>
<tr>
<td></td>
<td>Model 1</td>
<td>Model 2</td>
<td>Model 3</td>
<td>Model 1</td>
</tr>
<tr>
<td></td>
<td>Multivariate F</td>
<td>Multivariate F</td>
<td>Multivariate F</td>
<td>Multivariate F</td>
</tr>
<tr>
<td></td>
<td>Model 1</td>
<td>Model 2</td>
<td>Model 3</td>
<td>Model 1</td>
</tr>
<tr>
<td></td>
<td>Multivariate F</td>
<td>Multivariate F</td>
<td>Multivariate F</td>
<td>Multivariate F</td>
</tr>
<tr>
<td>Main effects</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>4.290**</td>
<td>2.982*</td>
<td>2.642*</td>
<td>3.082*</td>
</tr>
<tr>
<td>Race</td>
<td>.302</td>
<td>.129</td>
<td>.135</td>
<td>1.605</td>
</tr>
<tr>
<td>Social class</td>
<td>3.148*</td>
<td>2.715*</td>
<td>1.922</td>
<td>8.562***</td>
</tr>
<tr>
<td>Age</td>
<td>15.759***</td>
<td>13.412***</td>
<td>13.794***</td>
<td>42.164***</td>
</tr>
<tr>
<td>Interaction effects</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender by race</td>
<td>2.667*</td>
<td>1.873</td>
<td>1.840</td>
<td>1.025</td>
</tr>
<tr>
<td>Covariates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-salience schemas</td>
<td>3.931**</td>
<td>.443</td>
<td>3.836**</td>
<td>1.791</td>
</tr>
<tr>
<td>Time 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-salience schemas</td>
<td>13.615***</td>
<td></td>
<td></td>
<td>8.542***</td>
</tr>
</tbody>
</table>

*p < 0.05    **p < 0.01    ***p < 0.001.

Schemas at both Time 1 and Time 2 are significantly associated with internalizing problems. Thus, adolescents with low self-salience at baseline suffer from more depressive symptoms and anxiety three years later, which is consistent with a causal direction from schemas to problems. Moreover, those who decline in self-salience from any baseline level also experience greater symptoms. Certain components are most responsible for this relationship between self-salience and internalizing problems (Rosenfield et al. 2005). Schemas about self-worth and ranking are the strongest predictors of depressive symptoms, general anxiety, and phobias.

Models 2 and 3 also test whether self-salience helps to explain the interaction of gender and race in internalizing problems. Indeed, this interaction is no longer significant when these schemas are controlled, suggesting that self-salience contributes to the disparities in internalizing problems. Social class differences also become non-significant, controlling for self-salience.

We note that the findings are similar when each internalizing problem is analyzed separately. Univariate analyses indicate that the gender differences among whites are no longer significant when self-salience is held constant. More specifically, separate regressions show that these gender coefficients in depressive symptoms, anxiety, and phobias decrease by over 70 percent, once self-salience is controlled. The gender differences among African Americans in phobias also decline, though less so than differences among whites. Analyses of the components of self-salience show that these disparities diminish the most when the worth and ranking schemas are controlled (the two components that most strongly predict internalizing problems, in general).

Results for externalizing problems appear in the last columns of Table 3. Model 1 reveals

2. We also tested this relationship controlling for Time 1 problems, since self-salience may be correlated with symptoms at this point in time. This analysis examines the relationship between changes in self-salience and changes in internalizing problems. We find similar results. Thus, adolescents who decline in self-salience experience more internalizing symptoms. In addition, cross-sectional analyses show that the lower the self-salience, the higher the symptoms at each point in time.

3. $R^2$s = .013 for depressive symptoms, .008 for general anxiety, and .038 for phobias. Adding controls for problems at Time 1, $R^2$s = .045 for depressive symptoms, .037 for general anxiety, and .072 for phobias.
a significant main effect for gender, and no interaction between gender and race. We find that externalizing problems also vary with social class and age. As with internalizing problems, externalizing problems decline as class background increases (Eaton and Muntaner 1999). The relationship with age varies for different problems. Antisocial problems, particularly aggression, decrease as adolescents get older, while alcohol problems increase with age.

Models 2 and 3 demonstrate that self-salience significantly affects the joint externalizing problems. In addition, the univariate analyses (not shown) reveal significant relationships with the individual externalizing behaviors (Rosenfield et al. 2005). Thus, the more that adolescents privilege the self over others, the more likely they are to exhibit antisocial behavior and problems with alcohol. That is, those who see themselves as higher in worth, autonomy, and power than they are in attachment and accommodating to others’ interests commit more aggressive and delinquent acts and experience more drinking problems. As with internalizing problems, self-salience at both time points is associated with externalizing problems. Individuals with higher baseline levels of self-salience subsequently exhibit more externalizing behaviors, consistent with a causal relationship from schemas to problems. Those who increase in self-salience from any starting point also act out and have problems with alcohol more often at Time 2. Among the components of self-salience, ranking schemas highly predict each externalizing problem (Rosenfield et al. 2005). In addition to ranking, schemas about boundaries strongly influence delinquency and aggression; schemas about worth greatly affect alcohol problems.

Models 2 and 3 also test self-salience as an explanation for gender differences in externalizing problems. These differences become non-significant when self-salience is controlled. Results using the major subscale of delinquency are similar. Further regression analyses reveal that gender differences diminish in these behaviors to varying degrees (not shown). Gender disparities in aggression decrease by only 13 percent when self-salience is controlled. They reduce somewhat more in alcohol problems, by 15 percent, and become non-significant when self-salience is held constant. The differences between the genders decrease the most in delinquency, declining by 32 percent controlling for self-salience. These disparities further diminish when we control for the components that most highly predict each problem: namely, ranking and worth for alcohol problems, and ranking and boundaries for the antisocial behaviors. Under these conditions, the gender coefficients decline by about 20 percent for aggression and alcohol problems, and by 40 percent for delinquency.

In sum, these findings indicate that self-salience contributes to disparities in externalizing problems, particularly delinquency, as well as to internalizing problems. Were self-salience schemas the same for African American and white boys and girls, they would resemble each other more closely in both types of problems. If the schemas of white girls increased in self-regard to match their high regard for others, their risk of internalizing symptoms would diminish to other groups’ levels without increasing the risk of externalizing behavior. If schemas of boys of both races increased in regard for others to equal their high self-regard, their rates of externalizing problems would decrease without raising the risk of internalizing symptoms. African American girls come closest to this balance, and in so doing, suggest that such changes are possible.

4. We also conducted analyses of the relationships between the separate measures that make up overall self-salience and mental health problems. Consistent with the overall self-salience scale, the indicators of high self-salience, including self-worth, autonomy, and dominance, are negatively related to internalizing problems and positively related to externalizing problems. The indicators of low self-salience, including nurturance and abasement, are positively associated with internalizing problems and negatively associated with externalizing problems.

5. Analyses holding Time 1 externalizing problems constant also find that increases in self-salience are associated with a rise in externalizing problems between Time 1 and Time 2. Additionally, cross-sectional analyses demonstrate that individuals who are high in self-salience are also high in externalizing behaviors at each of the time periods.

6. $R^2s = .035$ for delinquency, .071 for aggression, and .099 for alcohol problems. Adding problems at Time 1 and 2, $R^2s = .061$ for delinquency, .074 for aggression, and .107 for alcohol problems.
Discussion

We have argued that messages and schemas about self-salience are pathways through which gender and race shape mental health. Depending on their social locations within these intersecting hierarchies, individuals receive differing messages and develop varying schemas about the relative importance of the self versus others. By this process, gender and race differentially pattern internalizing and externalizing problems.

Data on adolescents largely support this perspective. Messages communicate that white boys are held in higher esteem and importance than white girls. In contrast, messages convey more similar worth and importance to African American boys and girls. Only in expectations about connectivity do African American girls more closely resemble white girls. Schemas about self-salience reflect these messages. While schemas of white boys are characterized by high personal worth, autonomous stances in relationships, and dominance over others, white girls more often hold opposing schemas of low self-worth, social ties based on emotional connection, and subordinate positions in hierarchical relationships. African American males and females both internalize more of the configuration that characterizes males. As in messages, African American and white girls are more similar only in schemas of connectivity.

These schemas help explain patterns of internalizing and externalizing problems of African American and white males and females. Specifically, self-salience contributes to white females' high likelihood of internalizing problems relative to males. It contributes, as well, to the greater resemblance of African American females to males' low levels of internalizing problems. Self-salience also substantially contributes to the gender differences among whites and African Americans in externalizing behaviors of delinquency, and of aggression and alcohol problems to a lesser extent.

These results raise the question of why self-salience explains more of the gender differences in delinquency than in alcohol problems and aggression. One reason, noted above, is that antisocial behavior more clearly represents problems that are destructive for others than substance abuse. Thus, our perspective pertains more directly to delinquency than to alcohol problems, which would account for the variation in explanatory power (also see Rosenfield et al. 2005). Self-salience may explain less of the gender differences in aggression because of the low frequency of aggressive acts in these data, especially for girls. Only 13 percent of girls report any form of aggressive behavior. This floor effect may be due to the extreme types of behaviors in the aggression scale. Thus, more sensitive measures of aggression, larger samples, or both, are required to test predictions on gender and aggression.

These analyses are limited in other ways. As noted, the sample size of African Americans is small. The measures lack full information on all components of self-salience. The data were also collected several years ago, as the first waves of a longitudinal study. However, recent research finds similar patterns of mental health problems and self-salience (Rosenfield 2003). In other problems, the analysis of messages is based on information from the respondent only. Information from other sources would provide a more complete test of the perspective. We also recommend exploring other outcomes of self-salience. For example, conflicts in schemas about self-salience between men and women may have repercussions for marriage stability (Mansbridge 1999; Patterson 1998). We need research that expands the present investigation in these ways.

Causality is also an issue in these analyses. Two points in time are not sufficient to establish a causal direction, in this case, from self-salience to mental health problems. It is also possible that mental health problems affect self-salience. We explore this potential reciprocal relationship using two-stage least squares regression. We examine the association between self-salience and mental health problems at Time 2, using Time 1 self-salience and mental health problems as instrumental variables. Self-salience remains a significant predictor of mental health problems, even controlling for reciprocal relationships (Rosenfield et al. 2005). However, we need further research, using more points, to gain greater certainty about causation.
Even considering these limitations, this research suggests a way to understand an anomaly in the mental health literature on social inequalities: why some disadvantaged groups have better mental health than expected from their positions in dominant social hierarchies. On the basis of these hierarchies, African Americans, particularly females, should have higher symptoms than whites. We hold that cultural as well as structural factors are necessary to explain African Americans’ mostly lower rates. Based in social evaluation theories, cultural approaches emphasize individuals’ relative positions in social hierarchies, which arise from the subjective perceptions of their positions and their choice of reference groups. We contend that conceptions of gender recast dominant inequalities into relative inequalities between African American males and females and white males and females. These relative inequalities are internalized as the hierarchies of the self and others in schemas of self-salience.

As represented by African American femininity, messages and schemas that balance the importance of the individual and the collectivity may promote individual well-being. African American women have relatively low rates of both internalizing and externalizing problems, the only race–gender group that does not substitute low rates of one problem for high rates of the other. That they represent this balance in the face of economic hardships and discrimination is all the more remarkable. However, we caution against idealizing African American females, given these disadvantages. For purposes of this analysis, African American women represent the possibility that schemas considered mutually exclusive in the dominant culture can be combined to psychological advantage. Such a balance can be aimed for and attained under more socially propitious circumstances.

These differences by gender and race also underscore the social basis of internalizing and externalizing problems. Given the current dominance of biological explanations for deviance, research that can address both social and biological explanations becomes increasingly important. One strategy is to test whether differences between groups vary under certain social circumstances. For example, if gender differences in mental health problems are biological, they should hold regardless of social context. Research points to a social root if these differences vary by social condition. Accordingly, the variations by race in these analyses support a social basis of gender differences in mental health.

Conclusion

This study advances our knowledge about the impact of social inequalities on criminal behavior and mental health. We go beyond previous work that examines gender and race separately to investigate their intersection. It is increasingly recognized that the interactions among multiple statuses alter the effects of each (Gerson 1998). Our research is thus consistent with a growing body of theory and research that attests to the importance of contextualizing social statuses and identities.

This work also advances theorizing about the social determinants of mental health problems and criminal behavior. We explore a previously unexamined dimension of self-concept that affects internalizing as well as externalizing problems. In this way, our perspective contributes to theory in mental health and criminology in general. Moreover, we identify a specific social psychological mechanism that helps account for the gender-by-race disparities in these problems. Thus, we also contribute to theories on social inequalities, offering a unifying perspective to explain how multiple sources of inequality affect crime and mental health. This perspective fits with symbolic interactionist theories of crime, pointing toward an overarching interactionist approach that crosscuts both areas.

Finally, this research has implications for interventions to reduce internalizing and externalizing problems. First, this work helps identify high risk groups, at both extremes of self and other regard, in particular need of intervention. In addition, this work has implications
for the content of interventions, pointing to changes in schemas of self-salience as a way to reduce internalizing and externalizing problems. Groups with a combination of high self and other regard provide a guide for these interventions. Such interventions would aim for a balance between valuing the self and others to reduce the risk of both externalizing and internalizing disorders. These strategies have as a goal the development of a sense of self that is more equally worthy, equally tied, and equally powerful in relation to others.

Appendix

Table A • Correlations between Measures of Self-Salience Schemas at Time 2

<table>
<thead>
<tr>
<th></th>
<th>Self-Worth</th>
<th>Autonomy</th>
<th>Nurturance</th>
<th>Dominance</th>
<th>Abasement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-worth</td>
<td>—</td>
<td>.134*</td>
<td>—</td>
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*p < 0.05.

References


Burke, Kimberly C., Jack D. Burke, Darrel A. Regier, and Donald S. Rae. 1990. “Age at Onset of Selected Mental Disorders in Five Community Populations.” *Archives of General Psychiatry* 47:511–18.


Rosenfield, Sarah, Mary Clare Lennon, and Helene Raskin White. 2005. “Mental Health and the Self:


Vogt Yuan, Anastasia S. 2003. “Black–White Differences in Coping Resources and Adolescent Mental Health.” Presented at the annual meeting of the American Sociological Association, August, Atlanta, GA.


