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WOMEN IN THE NONPROFIT SECTOR:
LEADERSHIP FOR SOCIAL CHANGE

A Dissertation Presented

by

LUCILLE MARTIN PRITCHARD

Submitted to the Graduate School of the
University of Massachusetts Amherst in partial fulfillment
of the requirements for the degree of

DOCTOR OF EDUCATION

February 2000

Social Justice Education

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LEADERSHIP FOR SOCIAL CHANGE


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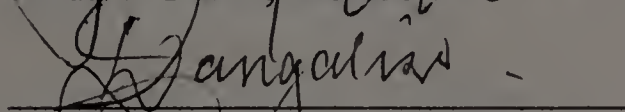
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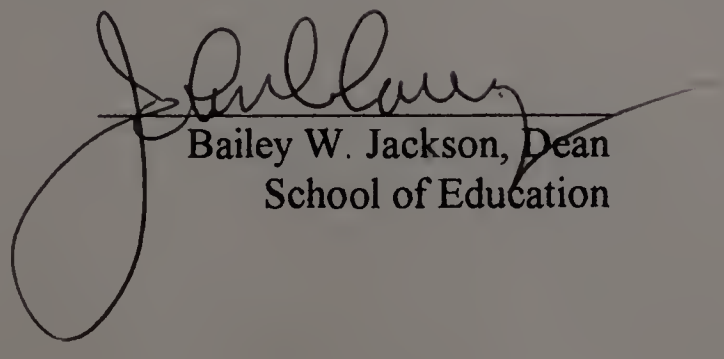
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Finally, I would not have been able to do this work without the unwavering love and support of my family. All the things that they did from household chores to technical support truly made this a family project.

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ABSTRACT

WOMEN IN THE NONPROFIT SECTOR:
LEADERSHIP FOR SOCIAL CHANGE

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The purpose of this study was to examine the characteristics and behavior of women who are functioning in visible leadership roles in a nonprofit sector organization in order to document the effectiveness of their leadership as measured by the outcomes they achieve. The study population included thirty-eight women who were Executive Directors or Chief Executive Officers in Mental Health Associations (MHA's) in the United States. The study was intended to provide a better understanding of the leadership aspirations, styles and achievements of women who work within the context of an organization dedicated to social change for people with mental illnesses.

The study was guided by the following research questions:

- What were the influences in the lives of the women that led them to work for an organization focused on pursuing social justice for persons with mental illnesses (i.e., family background, education, history of mental illness in self or family, role models)?
- What do participants see as the essential components of leadership?
- How do the participants assess their own leadership outcomes in the context of their employment with the Mental Health Association?
- What were the leadership behaviors and strategies used by the participants and to what extent did they use collective power to accomplish their organization's goals?

The research was conducted as a descriptive case study utilizing qualitative methods including a participant profile. A particular emphasis was made to include leaders who are women of color and leaders who are consumers of mental health services in the study. The study found that study participants generally viewed leadership as nonhierarchical and often saw themselves as a catalyst or facilitator who enabled others to act collectively toward the accomplishment the mission and goals of the Mental Health Association.

The study is a partial replication of a study developed by Helen Astin and Carole Leland in 1991 (Women of influence, women of vision. San Francisco: Jossey-Bass) which focused on understanding the dynamics of leadership used by female leaders in the women's movement of the 1970's and 1980's. This study supported the findings of Astin and Leland in their initial study.

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CHAPTER I

INTRODUCTION

Purpose of the Study and Research Questions

The purpose of this study is to examine the characteristics and behavior of women who are functioning in visible leadership roles in a nonprofit sector organization in order to document the effectiveness of their leadership as measured by the outcomes they achieve. The study population was thirty-eight women who were Executive Directors or Chief Executive Officers in Mental Health Associations (MHA's) in the United States. Conducting a detailed examination of women leaders in the MHA was expected to provide a better understanding of the leadership aspirations, styles and achievements of women who work within the context of an organization dedicated to social change for people with mental illnesses.

The study was guided by the following research questions:

- What were the influences in the lives of the women that led them to work for an organization focused on pursuing social justice for persons with mental illnesses (i.e., family background, education, history of mental illness in self or family, role models)?
- What do participants see as the essential components of leadership?
- How do the participants assess their own leadership outcomes in the context of their employment with the Mental Health Association?
- What were the leadership behaviors and strategies used by the participants and to what extent did they use collective power to accomplish their organization's goals?

Background of the Study

Traditional literature on leadership, as well as much of the literature on leadership and women, has evolved from a male paradigm. Historically, most studies on leadership have utilized white males as the focus of the study and generalized the findings to all people. The literature focused on women has generally utilized those findings and focused on teaching women how to adapt to the male culture, rather than the culture adapting to the needs of women. Feminist researchers were among the first to challenge the traditional ways of viewing leadership and organizational culture. These scholars questioned the efficacy of applying the male paradigm of leadership to women and, as an alternative, called for research based on studying women employed in leadership positions in order to understand the female perspective.

Despite the pervasiveness of the male paradigm in organizations, women are a major force in the labor market in all employment categories. When one examines the management level of both private sector and government women, however tend to occupy lower level management positions and are paid substantially less than their male counterparts. In the nonprofit sector, where women hold fifty-eight percent of the managerial positions, a researcher has an opportunity to study a significant number of women occupying executive level leadership positions. The nonprofit sector also has been the center of most major social change efforts in the United States since the nineteenth century and women have played a key role in utilizing the nonprofit sector to achieve major social reforms. The Mental Health Association which had its' roots in the asylum

movement of the mid-nineteenth century is illustrative of social reform movements where women play key roles.

Utilizing major elements of research developed by Helen Astin and Carole Leland, I conducted a qualitative study of women who were Chief Executive Officers or Executive Directors of Mental Health Associations (MHA's) in the United States. Founded in 1909 by Clifford Beers, a consumer of mental health services, the National Mental Health Association (NMHA) is a social justice movement dedicated to promoting mental health, preventing mental disorders and achieving victory over mental illnesses through advocacy, education, research and service. The NMHA envisions a just, humane and healthy society in which all people are accorded respect, dignity and opportunity to achieve their full potential free from stigma and prejudice. The NMHA is the only organization dedicated to all aspects of mental health and mental illnesses. There are currently 332 NMHA affiliates in the US. Women lead approximately 168 of the Mental Health Associations. The remaining are lead by men (64), or are lead by a voluntary Board of Directors.(100) (NMHA, 1997; 1998) The history and current status of the NMHA and its' affiliates will be discussed in more detail in Chapter Two of this study.

The Mental Health Association was chosen as a vehicle for this study because I have worked for the MHA for 23 years on the local, state and national levels. On the local level as Chief Executive Officer for the MHA in Ulster County, NY and on the state level as the Executive Director of the MHA in New York State. Most recently I was the Director of State Healthcare Reform for the National Mental Health Association. In addition, I served for ten years, as a volunteer on the Board of Directors of the American Society of Mental Health Association Professionals (ASMHAP), and for three years was

Chair of the Board. I was also elected to the NMHA Board of Directors as one of three staff members representing the affiliate MHA's on the national board. Since I am well known in the organization, I anticipated a good response to the research and willingness on the part of many of the women to participate in the study.

My own experience in the Mental Health Association with many women leaders has demonstrated that the scarcity of resources may have forced women leaders in the MHA movement to be creative in meeting the organization goals. Since public support for the cause is generally relatively small, most of the women have had strong personal motivations for the work they do and are resolute in their pursuit of the organizations' mission. I have consistently observed that many of these leaders, generally working in isolation from their peers, have been able to organize others in their communities to achieve the organizational mission. In doing so, they have utilized the type of collective and empowering leadership style demonstrated by the leaders in Astin and Leland's study. The dissertation was an effort to examine this in a more formal way..

The research was conducted as a descriptive case study utilizing qualitative methods including a participant profile. The profile was originally sent to 56 women leaders. A particular emphasis was made to include leaders who are women of color and leaders who are consumers of mental health services in the study. It is important to note that the choice of a single term to describe individuals who have a history of mental illness is a difficult one. Depending on their political and cultural beliefs, and their experiences, the individuals involved in the mental health movement will use terms such as consumer, recipient, psychiatric ex-inmate, and psychiatric survivor as a form of self-identification. There is no universally accepted way within the movement of identifying individuals who

have a history of mental illness or individuals who have a mental illness diagnosis. For the purpose of brevity, I will use the term “consumer” to identify individuals who have some history of mental illness. I have specifically chosen to allow the participants in the study to determine whether they considered themselves a “consumer” and have provided no definition for the term within the survey instruments.

The Astin and Leland study focused on understanding the dynamics of leadership used by female leaders in the women’s movement of the 1970’s and 1980’s. Their study found that the women generally viewed leadership as nonhierarchical and often saw themselves as a catalyst or facilitator who enabled others to act collectively toward the accomplishment of a common goal. This conceptual model provides a framework to study leadership that includes an investigation of the personal characteristics of leaders, as well as the context, processes and social change outcomes of leadership. A study of women who are Executive Directors and Chief Executive Officers in Mental Health Associations in the United States would enable the researcher to move beyond the traditional focus of research on gender differences. The focus was instead on the ways in which women actually function in leadership positions and the outcomes they are able to achieve which lead to social change for people with mental illnesses.

Overview of the Astin and Leland Study

In 1991, Helen Astin and Carole Leland published the results of a study on women and leadership. Unlike previous studies that focused on leadership within the traditional frameworks of position or process, the authors were interested in understanding not only what leadership means, but what constitutes effective leadership for social change.

Inspired by the effectiveness and commitment of leaders in the modern women's movement, the researchers were interested in the way in which these leaders were able to achieve the goals of the movement and the effect of those goals in promoting positive social change for all women. From Astin and Leland's perspective the effects of the leader's efforts has lead to fundamental challenges in the way our society looks at work, family, sexuality, equality and justice. This has happened not only as a result of the collective leadership of women in the movement, but also by the efforts of many individual woman leaders working in their communities to give shape and direction to the movement in its diverse forms. Their research preceded from the position that "...leadership manifests itself through activity aimed at bringing about change in an organization or institution or social system in order to improve people's lives...leadership as a creative process results in change" (1991, p. 7).

Astin and Leland designed a study that described and analyzed the characteristics and behaviors of individual women leaders from the women's movement who were functioning in visible leadership roles. The study had three goals: to profile and compare women who provided leadership during the first two decades of the modern women's movement; to document the experiences, prospective and accomplishments of women leaders; and to develop a conceptual model for future studies of leadership. (1991, p. xvi-xvii) This was not designed as a comparative study focused on gender differences in leadership, but rather a descriptive one to stimulate more research about women and leadership.

Influenced by the work of Edwin Hollander (1978, 1985), Astin and Leland believe that in order to expand our understanding of leadership we need to understand what the

goal is of any leadership effort, analyze the nature of collective leadership and redefine leadership beyond the position held by the leader. In his work, Hollander stressed the need for studies examining leaders of social movements. He believed this would enable researchers to focus on the outcomes of any leadership effort and move beyond traditional studies that focused most generally on the influence of the leader on the followers. Hollander's approach emphasized a macro-level view of leadership embedded in the concept of leadership, as the primary ingredient needed for any social change. He also stressed the importance of understanding the origins of leadership by examining the motivational factors in the individual leaders. He suggested the need to design studies that established links between leader motives, aspirations and actions.

The larger issue involved may be to secure adequate or better performance indicators. This is the outcome question that also asks a sequence of actions, presumed to be initiated by the leader, produced by way of consequences. Too often in past research this has been left off at asking whether the leader was influential, and to what degree, without asking 'toward what ends' (Hollander, 1985, p.527).

For their study, Astin and Leland identified 77 women who were key leaders in the modern women's movement. The leaders they identified did not constitute a cohesive, connected group of women who were dedicated to a unified social movement. Many of them worked very independently. In addition, aspects of their styles, political affiliations and standards for addressing the results of their work would tend to separate them as a group. Yet, Astin and Leland found "...they are united by their passionate, consistent dedication to personal and social justice for women throughout the world" (1991, p. 18-19). The authors administered surveys to each participant and eventually conducted an in depth interview with each of the 77 participants.

The conceptual framework that they used to conduct their study had five key elements that were similar to those identified by Hollander (1985):

1. **The Positional Role of Leadership.** Astin and Leland included women in their research who worked in educational settings and who had visible leadership positions in the women's movement. In addition, they also included women who worked outside the formal structures of the movement. These women were most often scholars whose work influenced the movement or women who developed their own organizations outside of the mainstream to promote the movement.
2. **The Macro-Level Analysis of Leadership.** The study was designed to examine the role of leadership in social change. It focused on examining leadership efforts that improved the situation of women within our society as a whole.
3. **The Origins and Motives for Leadership.** The study explored the experiences of women leaders in their early lives and sought to identify those factors that may have prompted their interest in social change.
4. **Leadership Succession.** The study focused on the influence of role models and mentors for the women leaders.
5. **The Nature of Shared Leadership.** The research examined the way in which women leaders used networks, support systems and empowerment of others to achieve changes in social institutions. (Astin & Leland, 1991, p. 6-7)

In addition, their work is grounded in three constructs found in feminist theory. The first is that knowledge is socially constructed. What we know about leadership is strongly influenced by our social, cultural and historical context. This premise would call for the researcher to challenge existing frameworks for leadership and develop new

paradigms incorporating diverse experiences and perspectives when formulating a model for leadership. Secondly, the experiences of people are generally interdependent and not done in isolation. Therefore, it is logical to view leadership as a collective effort rather than an activity that one individual performs in a vacuum. Finally, the authors see power as energy, not as control. A leader can exercise power by sharing it with others.

Within these conceptual frameworks, Astin and Leland studied four aspects of leadership: the leader as the facilitator of social change; the context or institution in which leadership takes place; the leadership processes such as empowerment and communication; and the outcomes or desired change in the organization which could improve some aspect of the quality of life. (p. 7-8)

For Austin and Leland leadership is defined as "...a process by which members of a group are empowered to work together synergistically toward a common goal or vision that will create change, transform institutions and thus improve the quality of life. The leader - a catalytic force - is someone who, by virtue of her position or opportunity, empowers others toward collective action in accomplishing the goal or vision" (p.8).

Significance of the Study

The need for responsible and ethical leadership has become a major concern of this country. It is ironic that in the United States, a country that was started by brilliant political leaders and developed by strong business leaders, that the lack of strong leadership in politics, government and business is a national concern, not only in the popular media, but also with leadership scholars. (Bennis, 1990; Bennis & Goldsmith, 1997; Gardner, 1990.) The use of cooperative and empowering leadership styles are not

inherently female, but have been successfully used by women to achieve social change. As we seek more effective and appropriate styles of leadership, studies which focus on the process used by groups of women to achieve desired social outcomes could be useful in assisting organizations with their own leadership development efforts.

Very few studies have been done focusing on women working in nonprofit community based organizations. The majority of these organizations have missions based on social change and they appear to be one area where women have successfully held executive level positions for many years. Understanding how women in this sector achieved the goals of their organization could be useful in strategizing for future social change efforts.

Limitations of the Study

The purpose of this research is to understand the leadership aspirations, styles and achievements of a few women in depth. It is not intended to be representative of all women who are in leadership positions or, even of all women who are employed in leadership positions in Mental Health Associations. In the same vein, the women in this study are employed as staff leaders of independently incorporated organizations that voluntarily agree to become affiliates of the National Mental Health Association. As independently incorporated entities they do not necessarily share the same mission, vision and values of the NMHA. If they do share the same mission, they are not compelled to respond to them in any way that is prescribed by the NMHA. The intent of this research was not to make generalizations about all women leaders who are employed by nonprofit organizations or by MHA's. It was also not the intent to make generalizations about all

nonprofit organizations or all MHA's. The purpose was to develop a working hypothesis about how the women in this study have lead social change efforts in their communities. The focus was to determine the similarities and differences in their styles, and their success in achieving the outcomes they desired.

Some limitations naturally arose from the research methodology. This study employed a survey as the basic methodology. While every attempt was made to make the initial sampling as representative as possible of women employed as Chief Executive Officers or Executive Directors of MHA's, this study cannot claim to represent the opinions of all women leaders within the MHA. These two issues will be discussed in more detail in Chapter Three.

My choice of study participants and my prior involvement with that group makes it evident that I have certain biases concerning the MHA and the women who work for the association around the country. I obviously have a long-standing commitment to the organization and a dedication to its mission, vision and values. In addition, having taught leadership courses at the annual training institute for over ten years, I have a particular interest in working with women on leadership development issues. I am also aware that I may be seen as a mentor to many of the women in this organization. With this background it was tempting for me to enthusiastically support efforts which advance the organizations mission and to be critical of those that I believed did not go far enough or missed the point of the mission entirely. It would be also natural for me to assume a mentoring role with the women that I needed to modify in order to effectively and ethically maintain my position as a researcher. The way I handled these issues will be discussed in more detail in Chapter Three.

Finally as a researcher I am inevitably limited by the reality of my social identity and the impact this has on how I view the world. I am white, female, middle class, middle aged, able-bodied and heterosexual. Since the research involved interpreting data from women of color as well as women who had a history of mental illnesses, it was essential that I remain aware that my own social identity was always present as the lens in which I would view my research. As a member of nearly every social group with power, I have a responsibility to be aware of my own racism as a white person, my own prejudices regarding disability as an able-bodied person and my own assumptions of privilege as a member of the middle class. At the same time, as a woman, I have an enormous sense of compassion and connection to the woman in the study. Peshkin (1988) and Krieger (1991) have argued that subjectivity, which is the researcher's own prior knowledge of the subject, is the basis for a distinctive contribution to research. This comes from joining personal interpretations with the data that have been collected and analyzed. The critical point for the researcher is to explicitly acknowledge their subjectivity to the readers.

I think that often in social research, this is what we really do. We see others as we know ourselves. If the understanding of self is limited and unyielding to change, the understanding of the other is as well. If the understanding of the self is harsh, uncaring and not generous to all the possibilities for being a person, the understanding of the other will show this. The great danger of doing injustice to the reality of the 'other' does not come about through the use of self, but through the lack of use of a full enough sense of self, which, concomitantly produces a stifled, artificial, limited and unreal knowledge of others (Krieger, 1991, p.182).

Overview of the Chapters

This study comprises five chapters. Chapter One has provided the context for the study. It has focused on presenting the work of Astin and Leland (1991) as the organizing

framework for this study. It has presented the purpose and research questions and addressed its significance and limitations.

Chapter Two provides a search of the literature relevant to the research. It includes sections on the benchmark literature on leadership, a discussion of gender bias, and a framework for analyzing the literature on women and leadership. In addition there is information on women in the workforce, the history of the nonprofit sector and the history of the mental health reform movement in this country. Finally the chapter concludes with a more detailed look at the history and current status of the NMHA.

Chapter Three lays out the design of the study including the choice of methodology, selection of the participants, review of the survey questions, and issues in the collection and analysis of the data.

Chapter Four is a presentation of the data. This includes the early influences on the lives of the participants, their assessment of the current priorities of the Mental Health Association and the essential components of leadership, and the actual leadership behaviors and strategies used by the women to accomplish their goals. Also included is a discussion of themes emerging from the research.

Chapter Five is a discussion of the results and theoretical and research implications of the data. This chapter summarizes the conclusions drawn from the research and proposes future directions that could be explored as an extension of this study.

CHAPTER II

LITERATURE REVIEW

The purpose of this study is to examine the characteristics and behavior of women who are Executive Directors or Chief Executive Officers of Mental Health Associations in order to document the effectiveness of their leadership as measured by the outcomes they achieve. There is however, no apparent consensus on the definition of leadership and, until recently, there have been very few books that have specifically focused on women and leadership. Most of the works on leadership through the early 1980's, were studies of males in leadership positions. Although there is a body of literature on women and leadership in the traditional female occupations such as nursing and teaching, it was not until the 1980's that a significant number of books began to appear addressing women and leadership in the non-traditional arena of business management. The term "leader" was therefore synonymous with white males in leadership positions and very little was known about women in leadership positions. Despite this lack of knowledge about women and leadership, women are slowly emerging in leadership positions in many American workplaces.

This chapter will review some of the theoretical frameworks for the study of leadership in the United States and examine how the general literature on leadership is reflected in the literature that is focused on women and leadership. In addition to discussing how leadership has been defined in the literature, there will be a focus on evidence of gender bias in the benchmark literature. An additional focus will be the ways which the traditional definitions of leadership have been reflected or rejected in the more

recent literature specifically addressing women and leadership and the paradoxes that are evident when comparing the research done on women employed in leadership positions. This will lead to a discussion of leadership in the nonprofit sector and the experiences of women in the sector in relationship to employment and social change. Included will be a discussion of the mental health reform movement in the United States and the development of the National Mental Health Association. Finally, this chapter will address the implications of the findings to women who either find themselves in leadership positions or are unable to attain the positions of leadership they desire.

Leadership: An Historical Perspective

The subject of leadership has been taken as a serious subject of inquiry for many years. The word "leader" was first used in 1300 AD, but the term "leadership" did not appear until the first half of the nineteenth century and was used to describe the methods of political influence and control within the British Parliament. James McGregor Burns (1978) noted that for at least two millennia leaders of thought had been grappling with issues of rulers versus the ruled.

Long before modern sociology, Plato analyzed not only philosopher-kings, but the influences on rulers of upbringing, social and economic institutions and responses of followers. Long before today's calls for moral leadership. . . Confucian thinkers were examining the concept of leadership in moral teaching and by example. Long before Ghandi, Christian thinkers were preaching non-violence. . . rich literature in rulership flourished in the classical and middle ages. (Burns, 1978, p.2)

In their 1985 study of leadership, Warren Bennis and Burt Nanus described the field as having over "350 definitions of leadership. . . each providing a sliver of insight, but

each remaining an incomplete and wholly inadequate explanation" (p. 17). Nonetheless, decades of analyses have given us academically recognized studies that have set the tone for our concept and practice of leadership development in the United States.

Any discussion of leadership would be incomplete without briefly summarizing the history of management in the United States. Prior to the late 1970's, the terms leadership and management were used interchangeably. The history of management as a profession can give some insight into its development as a male dominated profession.

The growth of management as a profession coincided with the age of business mergers and occurred between 1890-1910. Prior to that time companies were small and run by their owners. As the mergers occurred and companies became much larger the position of professional manager came into being to run the daily functions of the new corporation. "Modern administrative practices were invented, first in banks and later spreading to other organizations. More and more formerly independent occupations became located inside large organizations under the guidance of professional managers" (Kanter, 1977, p. 19).

Kanter goes on to explain that early management theory, following the emerging principles of scientific inquiry, developed rationality as the central ideal of the new corporations and as the specific province of the new managerial professions. Under theorists such as Frederick Taylor and Chester Barnard "organizations were considered the tools for generating rational decisions and plans" (Kanter, 1977, p. 22).

From the beginning, a masculine ethic can be identified as part of the early image of managers. "This masculine ethic elevates traits assumed to belong to some men to necessities for effective management" (Kanter, 1977, p. 22). These included a strict

problem solving approach, abstract analytical abilities, a focus on task accomplishment, and an elimination of personal and emotional considerations in decision-making which would lead to a cognitive superiority in both decision-making and problem solving. These characteristics supposedly belong to men; but then, practically all managers were men from the beginning. However, when women tried to enter management jobs, the masculine ethic was evoked as an exclusionary principle. The first thrust in management theory- planning and decision-making to order the tasks and functions of an impersonal bureaucracy- put the rational man into management. (Kanter, 1977, p. 22-23)

Peter Drucker (1989) has pointed out that while this growth in large business enterprise was taking place as early as the 1870's the only precedent in terms of developing management systems that was used as a model for business was the military. Therefore, it is not surprising that the command and control structure became the model for the men who were developing the railroads, steel mills, banks and department stores in the late nineteenth century. The command and control model which consisted of a very few individuals at the top of an organization giving orders to a great many people below them, and an expectation that those orders were to be obeyed, has remained the norm in management for nearly a century. (p. 222-231)

Kanter (1977) continues that in the 1930's and 1940's another theory of management developed which assumed that people were motivated by social, as well as economic, rewards and that their behavior and attitudes regarding work were a function of being members of various work groups. "The model emphasized the roles of participation, communication patterns and leadership in affecting organizational outcomes" (Kanter, 1977, p. 23). The human relations theories of Elton Mayo, Frederick

Herzberg and others did not challenge the rational model of management but instead added the worker's emotional needs as an additional element to be taken into account in rational planning by business managers. While Kanter saw this as adding a feminized element to the old masculine ethic, the masculine ethic has continued to dominate the study of management and has defined the image of management in this century. The masculine ethic according to Kanter (1977) continued to tell men how to be successful as men in the new organizational settings.

As the management profession was growing theorists began to look at the components of the field. Studies tended to focus on two arenas: what leader/managers actually do in their jobs; and identification of the personal qualities of a good leader/manager. The historical basis for many of the assumptions this country has regarding leadership lies in the work of Max Weber (1864-1920), the German sociologist and economist. Weber's The Theory of Social and Economic Organization (1947) was a fundamental contribution to the modern theoretical social sciences. His focus was to study the sociological and institutional foundations of the modern economic and social order. In his development of a theory of authority, he was postulating the basis for the legitimacy of one person being able to issue commands to others and thus have legitimate authority over them. He stated that the three ideal-typical forms of authority (leadership) could arise from legal-rational grounds, traditional grounds or charismatic grounds. Also called the "Great Man" theory, charismatic leadership has had a major influence on the development of the dominant traditional models for leadership and a profound impact on organizations throughout most of the twentieth century.

The ideas of men like ... Max Weber... are the ghosts that haunt our halls of management. Most of us grew up in organizations that were dominated by these men, the fathers of the classic bureaucratic system. Bureaucracy was a splendid social intervention in its time-nineteenth century. In his splendid (and deadly) prose Weber first brought to the world's attention that the bureaucratic, machine model was ideal for harnessing the manpower and resources of the Industrial Revolution. To this day, most organizations retain the macho, control and command mentality intrinsic to that increasingly threadbare model. (Bennis, 1992, p. x)

Elements of Weber's three traditional forms of authority are vested in a Western tradition of patriarchy and continue to be seen in many mainstream studies and prescriptions for leadership. As these dominant traditional forms have developed both theoretically and practically within organizations, Weber's notions of authority are perpetuated.

Characteristically, leadership has been performed by men; and characteristically notions of leadership have implicitly assumed that leaders are to be men. Hence, leadership may be assumed to imply maleness, and maleness may be assumed to carry with it inherent qualities of leadership that women lack. (Hern & Parkin cited in Adler & Izraeli, 1988, p. 20)

A final historical issue that needs to be addressed in the study of leadership, is the distinction between leadership and management in the literature. Prior to 1978 the two terms were used interchangeably. If there was a distinction, it was that leadership tended to be used when presenting individuals as outstanding examples of leaders. This would follow Weber's "Great Man" theory of authority. Management was used more when looking at the skills needed in the business setting. This distinction will be seen in later sections of this study.

In 1978, a conference was called by Time, Inc. to discuss leadership in America. At that time, a debate started which surrounded the differences between the two terms. Out of this conference, the Harvard Business Review (1977) published an article by

Abraham Zaleznik in which Zaleznik differentiated leaders from managers. Managers, according to Zaleznik, direct their energies toward problem solving within an organizational climate. The goals of a manager rise out of organizational necessities and, as such, are generally deeply embedded in the history and culture of the organization. Managers function much like mediators, trying to find some constructive balance between people and ideas to make things happen. They tend to work with people in rational, non-emotional ways to reconcile differences, seek compromises and establish a balance of power to attain organizational goals. In doing so, they tend to be committed to maintaining the status quo.

On the other hand, Zaleznik sees leaders as more entrepreneurial in spirit. While they frequently work for an organization they often see themselves as separate from it. Their goals are usually very personal and their work involves opening up choice and developing fresh approaches to long-standing issues or to emerging issues. They generally work from high-risk positions and relate to people through strong feelings of identity with their shared goals.

Zaleznik postulated that through our history we have focused on the success of technological and scientific methods to solve problems and this has carried over into the realm of business. When this approach fails, we are drawn to strong leadership as an innovative way to address changes that were not predicted and cannot be solved by the older scientific principles of management.

A technologically oriented and economically successful society tends to depreciate the need for great leaders. Such societies hold a deep and abiding faith in rational methods of solving problems, including problems of value, economics, and justice. Once rational methods of solving problems are broken down into elements, organized and taught as skills, then society's faith in technique over personal

qualities in leadership remains the guiding conception for a democratic society contemplating its leadership requirements. [When this rational approach fails] the democratic society needs to find leaders who use themselves as the instruments of learning and acting, instead of managers who use the accumulation of collective experience to get where they are going (Zaleznik, 1977, p. 70).

Abraham Zaleznik further refined his argument in The Managerial Mystique (1989) where he stated that American business has continued to erroneously believe that management and leadership are synonymous and that if a person manages according to widely accepted management principles, they are, in fact, leaders. The result of confusing these two, Zaleznik believes, has led to the corporate crisis in America. He is not alone in this belief, as several other leadership theorists have stated similar positions (Bennis, 1985, 1989, 1990, 1992; Kotter, 1988; Nanus, 1989, 1992). Precisely because managers are bound to a set of principles, they are unable to distinguish between form and creativity. They become focused on process, how to do something correctly, rather than questioning whether it is the right thing to do. A leader focuses on imaginative ideas and vision. Their work, according to Zaleznik, is to stimulate and drive others to create reality out of their ideas and what this leads to is challenging the status quo.

In sum, organizations run by managers function well and herein lies their main problem. People are not inclined to look for trouble or to solve problems that are not seriously affecting them at the moment...Managers can unconsciously hide problems from themselves and from other people. This disguise is neither intentional nor malicious. It results from a way of thinking and acting that is simplistic, attempts to take up problems one at a time as they are presented, builds on the psychology of calculation and compliance, and above all, uses politics. It presses people to measure short term costs and returns, including, especially, the transactions of power (Zaleznik, 1989, p. 58).

For Zaleznik and the other theorists previously cited, leadership goes beyond encouraging or ordering people to seek solutions to existing problems. Leadership must move business beyond problems to opportunities. It involves substantive thinking about

what needs to be done rather than how to do it. It involves a vision which projects a company's future and which has the staying power over time to see that vision to its conclusion. This theme of the differences between leadership and management appears in some form in the majority of the works reviewed in this study.

Gender Bias in the Literature

In order to determine if there is evidence of gender bias in the literature on leadership, it is important to understand the various components of gender bias. It is also important to distinguish gender bias from sexual differences. The difference between sex differences and gender bias is a significant one. Sex differences refer to actual biological characteristics that differentiate one individual from another. In the case of males and females, it could include chromosomal composition or reproductive systems. Gender on the other hand, is a term that is used in a social context. It can be defined as a categorization of individuals that uses biological differences as the basis for assigning social differences.

Thus, the study of sex differences examines how males and females actually differ. In contrast, the study of gender differences focuses on how people think that males and females differ. . . Sex differences influence how people actually behave in work settings. Gender differences influence how people react to others in such settings (Powell, 1988, p.44).

Bias refers to the predilection or preconception to view one group or individual in a more favorable light than another group or individual generally based on preconceived subjective criteria. When looking at gender bias in leadership, we are viewing a social construction of males and females which categorizes them by gender into those who can contribute value to an organization or business and those who cannot. (Leong, Snodgrass,

& Gardner, 1992) In other words, is there some indication in the traditional definitions of leadership that, through gender bias, exclude women as positive contributors to leadership within organizations. For the purposes of this paper, gender bias will be determined utilizing three factors: the characteristics of the subject population in the author's research; the use of sexist language in the text; and the inclusion of women by authors in more recent texts addressing leadership.

The role of any research is to clarify the relationship between a specific proposition and the broader context of theory and previous research. In both quantitative research and qualitative research studies, experimental designs are developed to determine aggregate differences between groups or classes or subjects and how the findings could be applicable within another context or with a similar population. (Rudestam, 1992; Marshall & Rossman, 1989) In looking at the subjects used in leadership studies, particular attention will be paid to whether the subjects were diverse enough in gender to enable the research findings to be applied to all persons, male or female, in leadership positions.

Because interaction with others always involves either verbal or nonverbal communication, it is through communication that our patterns of sexist interaction are learned and perpetuated. According to Nancy Henley and Barrie Thorne (1977), it is important for us to understand linguistic sexism and the important role that language plays in ignoring, defining, and deprecating women in our thoughts and action. Language, according to Henley and Thorne, ignores females most obviously by the use of "he" to refer to human beings in general. Language also helps maintain women's secondary status in our culture by defining her, and her place. This occurs through seeing and defining women in relational terms relative to the males that own them (e.g., losing name upon

marriage, naming possessions such as cars and machines as female), and through the use of occupational stereotypes, which reinforce our bias around propriety and competency in relation to jobs. Language aids in deprecating women in the connotations and meanings of words applied to male and female things. "Words for leadership and power are often derived from terms referring to males, while words referring to females more often connote unpredictability or treachery" (Henley & Thorne, 1977, p. 204). The question for this study is what language do the authors use to identify leadership and qualities of leadership? Is it sexist language that might contribute to the ignoring, defining, or deprecating of women or has this been replaced in some way with non-sexist language forms?

Finally, gender bias will be viewed through the works of some authors over time. In their later books, has the same author addressed the issue of gender in any way differently than in their earlier books?

Traditional Definitions of Leadership

According to Bass and Stogdill (1981, 1991) in their survey of theory and research, discussions on leadership are found in Plato, Caesar, and Plutarch from the classical era, and appear in Chinese, Greek, and Egyptian writings. However, while leadership is a universal phenomena appearing in virtually all cultures, "there are almost as many different definitions of leadership as there are persons who have attempted to define the concept" (Bass & Stogdill, 1981, p. 7). Bass and Stogdill recognized that many models and theories of leadership developed in the last 30 years. However, these new theories were not as divergent or conflicting as one might expect when looking at the

quantity of the work. For purposes of this study, the author is reviewing selected literature on leadership, particularly from authors who have defined the standard for leadership that has influenced the field in the last fifteen years. This will include James McGregor Burns, John Gardner, Warren Bennis, Burt Nanus, Max DuPree, and Peter Vaill, who focus on the qualities of leadership; and Peter Drucker, Joe Batten, John Kotter, James Kouzes, and Barry Posner who focus on what people in leadership positions actually do.

The Qualities of Leadership Theories

In his monumental study on presidential leadership, James McGregor Burns developed a politically oriented definition of leadership that focused on power as a key element. Following the tradition of studying great men, Burns nonetheless made a strong tie between leadership and followership denouncing previous studies that only focused on leaders.

One of the most serious failures in the study of leadership has been the bifurcation between the literature on leadership and the literature on followership. The former deals with heroic or demonic figures in history, usually through the medium of biography and with the matriculated major premise that fame is equaled with importance. . . The leadership approach tends often unconsciously to be elitist; it projects heroic figures against the shadowy background of drab, powerless masses (Burns, 1978, p. 3).

Burns saw leadership as the ability of certain leaders to get followers to act for certain goals that represented the values and motivations of both the leader and the follower. The essential strategy of any leader is to make those shared values visible through words and action in order to make change within the existing environment.

Burns defined two types of leadership: transactional leadership and transforming leadership. Transactional leadership occurs when leaders approach the followers with the

goal of exchanging one valued thing for another. For example, a worker does his or her job in exchange for payment. Transforming leadership, on the other hand, involves a change that leads to higher levels of morality and motivation between the leader and the follower. Using Ghandi as an example, Burns states that transforming leadership occurs when leadership "raises the level of human conduct and ethical aspiration of both leader and led, and thus it has a transforming effect on both" (Burns, 1978, p. 20).

Using transforming leadership as the model of choice, Burns sees leaders shaping the future to the advantage of groups with which they identify. Their goals are defined in the broadest possible terms and at the highest levels of morality and in doing so function as leader/educators to their followers. The problem for them as educators, and as leaders, is not to promote narrow, egocentric, self-actualization but to extend awareness of human needs and the means of gratifying them to improve the larger social situation for which educators or leaders have responsibility and over which they have power. (Burns, 1978, p. 448-449)

While Burns focuses on male leadership models in his 1978 text, he does discuss the assumption held in many cultures of female leadership. These assumptions are especially held at the higher levels of power, positions generally held by men. The stereotyping of femininity as "dependent, submissive and conforming" (Burns, 1978, p. 50) has led to an assumption that women are lacking in basic leadership qualities and are cut off from the access routes to leadership. In addition to influencing men with decision making authority, he goes on to state that the pervasiveness of this attitude and situation

has led to a consciousness in women of a subordinate or outgroup status. He believed this consciousness could be more detrimental and long lasting than the actual discrimination by men.

Thus a girl born into a society that legally or culturally debars females from political participation and leadership will find no means of solving this problem (assuming it is a problem for her) beyond the traditional resort to influence in harem, boudoir or court. . . Since we are concerned with all the human materials that may be sources of the processes that culminate in leadership, we must consider biology [which] helps shape, but does not predetermine destiny. (Burns, 1978, pp. 61-62)

At that time, Burns believed that this transforming concept of leadership would enable women to "be more readily recognized as leaders" (Burns, 1978, p. 50). As a result, men would move away from the traditional command-control type of leadership historically accepted in this country.

John Gardner, former Cabinet Secretary, founder of Common Cause, and co-founder of Independent Sector, has also focused on the moral aspects of leadership. In a study written for Independent Sector (1987), Gardner stated that the four moral goals of leadership were: (1) to release human potential; (2) to balance the needs of the individual and the community; (3) to defend the fundamental values of the community; and, (4) to instill in individuals a sense of initiative and responsibility.

In a more recent work, Gardner expands on his definition to follow one very similar to Burns. Gardner defines leadership as the process of persuasion or example by which an individual (or leadership team) induces a group to pursue objectives held by the leader or shared by the leader and his or her followers. (Gardner, 1990, p. 1) He acknowledges the impact of leaders on the course of history as well as the emergence of leaders from historical circumstance. However, he is primarily focused on leadership in

organizations and sees the role of the leader as empowering or enabling the organization to reach the goals it must achieve. In many ways, the practical examples of the characteristics of leaders and the functions of leaders are an attempt to demystify leadership. Gardner does not distinguish between the leader and the manager because he believes many leaders have to make managerial decisions and many "first-class managers" have many leadership characteristics.

Ironically, in an early work on leadership, Gardner (1984) expressed an optimistic viewpoint on the impact of the women's movement in accessing leadership position:

The women's movement may be, in the long perspective of history, more epoch-making than the fight for racial justice. With the rarest exceptions, women have been subjugated by civilizations of every race and skin color. Their emergence into the light is an event of extraordinary significance and -compared to the racial struggle - may ultimately have more far reaching consequences for human social organizations. Despite the occasionally gloomy views of minority and women's leaders, neither of these movements can ever be reversed. Aspirations and expectations have been released that can never be put back in the box (Gardner, 1984, p. 41-42).

In On Leadership (1990), Gardner has lost some of the optimism of his earlier work. He states that there continue to be serious barriers to women who have leadership potential. Since most of the gatekeepers are men who have difficulty accepting women as leaders, the upward path is still very difficult particularly to top leadership positions. Gardner goes on to state that this is not a problem of performance but a problem of opportunity:

No doubt male attitudes are changing and one could argue that if we would only be patient, women will eventually reach a point of fair-minded acceptance. My guess is that this would take us well into the later years of the twenty-first century. The preferable path is unrelenting legal and social pressure on all institutions to speed the pace (Gardner, 1990, p. 81).

Perhaps one of the most recognized and prolific writers on the qualities of leadership is Warren Bennis. Bennis also comes out of the "great man" tradition with an emphasis on the qualities of leadership through the use of interviews with persons in positions of power. For his major work on leadership with Burt Nanus, Leaders (1985), Bennis interviewed 90 successful Chief Executive Officers, all of who were corporate leaders. Commenting on the shortcomings of this study, Bennis stated "almost all were white males, reflecting the legacy of sexism and racism in the corporate world" (Bennis & Nanus, 1985, p. 25). There were six women in the group of 120 people interviewed and for all of those six, the author noted that they had to make "special efforts to identify them" (p. 25).

Bennis has been fairly consistent in his definition of leadership over the years. He sees it as "influencing, guiding in direction, course, action and opinion" (Bennis & Nanus, 1985, p. 21). Leadership, for Bennis, gives organizations vision and involves translating that vision into reality through mobilizing employees to change. He comes out of the tradition of Burns in his belief in transformation leadership "which is morally purposeful and elevating. . . and can move followers to higher degrees of consciousness, such as liberty, freedom, justice, and self-actualization" (Bennis & Nanus, 1985, p. 118).

In his book On Becoming a Leader (1989), Bennis further defines the leader's role as "first being, then doing. Everything the leader does reflects what he or she is" (p. 141). This book is intensely focused on the personal qualities that make it possible for someone to become a leader. Again, this book is based on a series of interviews with 30 leaders, only 9 of whom are women.

In his most recent books (1990, 1992), Bennis consistently uses both "male and female" inclusive language when referring to leaders but these books are still based on limited interviews with women. Ironically, Bennis is concerned about the lack of leadership in this country. He sees today's leaders as gamblers who have lost their character and conscience in the name of personal success. Leaders, according to Bennis, are no longer "willing to take on the world and its problems by living up to their own visions of excellence and using their talents to the fullest" (1990, p. 10). The irony for Bennis is that the United States developed modern leadership and management theory "...has no leaders at all today. Instead we have. . . men and women who are vastly clever and ambitious, but have no real understanding or vision" (1990, p. 102). As early as his work with Nanus in 1985, Bennis was calling for "raising the search for new leadership to a national priority. We desperately need women and men who can take charge" (p. 229). And, he acknowledged the sexism that was embedded in bureaucracy at that time. But, in 1990, Bennis included women, whom he had previously acknowledged as having very limited access to leadership positions, as part of the problem in the decay of leadership in this country.

Burt Nanus, who co-authored Leaders with Bennis in 1985, has continued to explore leadership along similar paths as Bennis with a focus particularly on the role of vision in leadership. In The Leaders Edge (1989), Nanus saw the leader's role in articulating a future vision for an organization and enabling the organization to move in that direction to an articulation of the vision.

Effective leadership empowers an organization to maximize its contribution to the well-being of its members and the larger society of which it is a part. . . leaders are

known for being masters in designing and building institutions: they are the architects of the organization's future. (Nanus, 1989, p. 7)

In further defining visionary leadership, Nanus (1992) sees the four roles of a leader as the direction setter for the organization, the change agent within and outside the organization, the spokesperson who embodies the organization's vision, and the team builder/coach who empowers individuals with the organization to make the vision a reality. (p. 14) Like Bennis, Nanus based much of this work of his previous research on leadership and the existing literature on leadership that he had acknowledged in Leaders as lacking female models. In this book, his use of female examples continues to be very limited to brief mentions of Susan B. Anthony, Betty Friedan, Frances Hesselbein, and Patricia Aburdene.

Two more recent influential books that focus on the qualities of leadership reflect a movement to be inclusive in language. Both Max DePree (1989) and Peter Vaill (1991) use either the inclusive language of "men and women" or nouns such as leader/manager to describe leadership. They are both focused on qualities of leadership that are needed in today's turbulent environment.

Max DePree is focused on leadership as "having the opportunity to make a meaningful difference in the lives of those who permit leaders to lead" (1989, p. 19). He sees leadership from his own experience as a business leader and from examples of other male leaders as "much more of an art, a belief, a condition of the heart, than a set of things to do. The visible signs of artful leadership are expressed, ultimately, in its practice" (DePree, 1989, p.136).

Vaill also is concerned with the art of leadership since he sees the "Grand Paradox of management. . . in the modern world is to take responsibility for controlling what is less and less controllable. As the world becomes less stable and predictable, the paradox intensifies" (1991, p. 16). As today's fast changing environment renders any accepted managerial set of policies out of sync with existing needs, the leadership model becomes far more appropriate because the leader's role is to constantly invent strategies that are intended to incorporate and implore the organization's response to its present and future environment. The role of the leader in these turbulent times is to work smarter by "1) working collectively smarter, 2) working reflectively smarter, and 3) working spiritually smarter" (Vaill, 1991, p. 29).

Both authors are much more philosophical in their approach to leadership and more focused on the elements of leadership which are non-quantifiable. There is a lack of any reference to gender in both books and total inclusiveness in language. In the Vaill book, however, most of the references are to male leaders and researchers and for DePree, his work is based on his experience as a male corporate leader.

Process of Leadership Theories

The second major stream of leadership studies focuses on what leaders actually do and how leadership needs to be developed within organization. These studies have their roots in the early scientific management schools of Taylor and Barnard where leadership focused on defining sets of practices and principles that exemplified effective leadership. They do not focus on "great men" to study leadership, but rather on what actually needs to occur in an organization in order for that organization to succeed.

One of the most prolific writers who focused on what executives need to do to achieve results is Peter Drucker. In Managing for Results (1964), Drucker is concerned with identifying what successful executives (always referred to as male) are doing to effectively deal with the myriad of tasks that face them. He develops a discipline which he feels will enable executives to do their job with less effort while achieving greater impact. Drucker sees that "the man of knowledge in business" (p. 226) has to have a commitment to make his knowledge and efforts lead to positive economic results, a commitment to concentrate on the work he is responsible for and a commitment to the systematic purposeful discharge of his own job and that of the total business. By doing these things:

The knowledge workers in business enterprise. . . have emerged as a new leadership group in industrial society. And every leadership group has indeed responsibilities well beyond its own immediate task and scope. . . Managers have become a leadership group in the last two decades largely because they have developed such a discipline for the managerial half of their job: the planning, building, and leading of the human organization of business. . . All over the world, executives have committed themselves to management as a discipline... It offers intellectual challenge, the reward of accomplishment and the unique enjoyment derived from bringing order out of chaos" (Drucker, 1964, pp. 227-228).

In recent years, Drucker has focused his energy and commitment on the not-for-profit sector as in Managing the Nonprofit Organization (1990). In doing so, Drucker has established a foundation to study effective practice and innovation in this sector. In a retrospective work, The New Realities (1989), Drucker reflects that business provided an opportunity for social mobility for women, even though it was a limited mobility:

Prior to the nineteenth century, there were almost no channels of social mobility. Son followed father behind the plow, most remaining hired hands all of their lives. If a young woman did not have a dowry, she went into domestic service. The jobs in business which the nineteenth century created were the liberators...

There were not too many job opportunities to rise into the middle class from a job in the factory or as a sales clerk. Those few were, however, the only opportunities that existed anywhere (Drucker, 1989, pp. 182-183).

While more inclusive in his language, Drucker does state that the fundamental task of management has not changed since his earlier work "...to make people capable of joint performance through common goals, common values, the right structure, and the training, and development they need to perform and to respond to change" (Drucker, 1989, p. 222). What has changed is that manager/leaders in organizations once had previously controlled a workforce of largely unskilled labor, are now with the growth of technology and service organizations need to work with a group of highly educated knowledge workers. Because of this new reality, the new leader has to draw on the fundamentals of knowledge, self-knowledge, psychology, philosophy, economics, history, and ethics but still needs to focus this broad knowledge on effectiveness and results.

Joe Batten also compares an earlier work (1963) within a more recent text (1989). Having first written Tough Minded Management in 1963, he stated that at that time, procedures were much more important than people. "In 1963 we all lived in a vastly different world. Management was thought to be an amalgam of procedures, processes, materials, and methods. People were too often perceived as necessary items of overhead. Equity in the workplace for women and minorities was scarcely mentioned" (Batten, 1989, p. ix). Batten now sees motivation of a vastly different workforce as one of the key developments in management. He now defines leadership as the "development of a clear and complete system of expectations in order to identify, evoke, and use the strengths of all resources in the organization- the most important of which is people" (Batten, 1989, p. 35). When discussing the success of a former female student, he identifies her success

stating, "She is using one of the world's most underused resources - woman power - with courage, commitment, enthusiasm, tough mindedness, and action. She has begun to lead" (Batten, 1989, pp. 23-24).

John Kotter, who focuses on leadership development within organizations, defines leadership as "the process of moving a group (or groups) in some direction through mostly non-coercive means. Effective leadership is defined as leadership that produces movement in the long-term best interests of the group(s)" (Kotter, 1988, p. 5).

While Kotter's studies included interviews and questionnaires with over 1200 business executives, there is no indication of the gender of the subjects. He does, however, state that unless business develops leadership on all levels of the corporation, it will not be capable of meeting today's competitive thrusts. Therefore, managers need to consider leadership potential in all hiring decisions "which in turn, would probably have the additional benefit of focusing more firms to broaden their labor markets by more aggressively pursuing women, minorities, and foreigners" (Kotter, 1988, p. 124).

One of the most popular current approaches to the study of leadership comes from management consultants James Kouzes and Barry Posner. The authors cited a significant amount of research, particularly in middle management and therefore includes findings from female managers in much greater numbers than other texts studied; anywhere from 12 percent to 32.9 percent. (Kouzes & Posner, 1990) Their research found that there were no significant gender differences between male and female managers with the exception of what they call "encouraging the heart," which is encouraging the followers to carry on in the face of failure, exhaustion, and diversity. In their study, Kouzes stated that

"female managers assessed themselves as emerging in 'encouraging the heart' behavior significantly more than did male managers" (Kouzes & Posner, 1990, p. 315).

Their list of five key leadership practices (challenging the process, inspiring a shared vision, enabling others to act, modeling the way, and encouraging the heart), while somewhat more humanistic in description, does actually relate to all of the previous theorists who stress the importance of vision, morality, and skills which move an organization toward a preferred future.

Summary of Traditional Leadership Literature

In summary, whether the theorists come from a qualities of leadership perspective or the perspective of defining what leaders actually do, there is some consistency across their works, particularly in the most recent works. In general, all of the theorists focus on people/subordinates as a key resource for leaders and the development of collaborative relationships between the leader and the follower to achieve shared goals. There is also a focus on morality and ethics as part of the process and, a future orientation expressed in terms of vision and planning.

In gender related issues, women continue to be a relatively small component of leadership research studies with many of the researchers acknowledging sexism in the industry. However, there was a movement from he/man generic use of language to the more inclusive use of she/he language by the mid 1980's. In all cases, the research findings or theoretical positions on leadership were generalized to both men and women by the mid 1980's, even though women were not included or only a small part of the research cohort.

Literature on Women and Leadership

Starting in the late 1970's, books began to appear addressing the issue of women in management/leadership positions. Based on the findings of previous sections of this study, this section will focus on the ways in which the literature targeted to women reflected or rejected the traditional definitions of leadership and, in what ways these positions expanded or limited women's choices in aspiring to or assuming leadership positions.

In studying this literature, it became evident that there were emerging evolutionary themes reflected in the approach of the various authors. For purposes of this study, these themes have been categorized as follows: the Adaptive Model; the Androgynous Model; the Organization Culture Model; and the Revisionist Model.

The Adaptive Model

Books that fall within this model often focus on a career development path for women. They acknowledge in very strong terms that the world of business is a male world dominated by male values and rules and that women need to learn to play by those rules:

In most organizations the informal system of relationships finds both its origins, and present function in the male culture and in the male experience. Its forms, its rules of behavior, its style of communication, and its mode of relationships grow directly out of the male development experience. This cannot be viewed as either good or bad. It is real. . . And if organizations in general are dominated by a male culture, then we need to note that at the management level, and particularly in its higher ranks, the informal system is truly a bastion of the male life-style. (Hennig & Jardim, 1976, p. 13)

Books following this model often see early childhood experiences of women as detrimental to their success in business. Things such as birth order, lack of self-esteem,

lack of assertiveness, lack of experience in competitive sports, and conforming to expected behaviors have all been cited as issues which affect women in later life and make it more difficult to achieve and sustain leadership positions:

What their mothers, teachers, husbands, friends, and employees have taught them - deliberately or unwittingly - has managed to distort their perspective, warp their judgment, pervert their trust, exploit their goodwill, distract their common sense, and divert their energy to helping everyone but themselves" (Harragan, 1977, p. 21).

Even though Harragan's book could be looked at as radical in its time, the message was still the same as the more conservative approaches in this model. "The key purpose is not to join them but to surpass them. Key maneuvers are contingent on making accurate predictions of your opponent's moves, then outwitting them at their own game" (Harragan, 1977, p. 44).

Using explanations steeped in military and sports metaphors, these writers explained the external and internal systems that govern American business, in order that women would be able to gain some equality on the playing field. Their approach is one of giving women the strategies needed to understand the male environment and to succeed in that environment, not change it. The concise description of the Adaptive Model comes from a 1985 book by Edith Highman which focuses on how women can build a career through understanding and adapting to the organizational culture and personnel:

A woman who wants to get ahead in a business firm has to start with a businesslike attitude. This means avoiding emotionalism, personalization of business decisions, undue sensitivity to criticism, pettiness, complaints, and gossip. It means conservative dress. It means not expecting special treatment because of being a woman; and avoiding undue emphasis on her sex, or playing sex games to gain favors, or as a substitute for ability and performance. It also means that in her organization there exists some degree of male chauvinism, discrimination, and unequal treatment, plus occasional sexual harassment; and learning to deal with

their presence up to a point - changing employees where difficulties cannot be resolved (Highman, 1985, p. 22).

For a woman to achieve a leadership position in this model, she needs to understand the male developmental experience, learn those things she did not learn as a child, see how the male ethic operates overtly and covertly in her business environment, play by those rules, and hopefully be promoted. It is a model that has thoroughly incorporated the traditional definitions of leadership by attempting to help women understand the organization's culture and thereby gain access to leadership positions.

The messages in these books are certainly not all a passive acceptance of things as they are. In Paths to Power (1980), Natasha Josefowitz focused on self-empowering behaviors for women. She proposes ways in which women can gain authority while keeping their integrity and their relationships. While she states that women must expand their knowledge of the internal and external structures of business, she sees this as necessary in order for them to become players on the business field. "Those who don't play don't usually get to make or change the rules. Only the insiders, the players, have a chance to modify them" (1980, p. 20). Nonetheless, this double yardstick of trying to maintain behavior that is culturally considered gender appropriate while trying to achieve managerial effectiveness often leaves women in an untenable double bind. (Jamieson, 1995; Nichols, 1993)

The Androgyny Model

In their 1975 study Bringing Women into Management, Gordon and Strober discuss the concept of androgyny. Androgyny came from the Greek words for man and

woman. It relates to the blending of traditional male and female behaviors to produce a complete, well-balanced individual who is not encumbered by sex role stereotypes.

As women began entering the workforce, efforts were focused on having them fit into what was previously a male domain. In that domain, behaviors were expected to be rational, aggressive, autonomous, task oriented and tough minded, and males had been socialized to exhibit those behaviors from childhood. Females, on the other hand, were traditionally socialized to be caring, intuitive, feeling, supportive, and dependent. In her book The Androgynous Manager (1981), Alice Sargent reaffirms the trend that we have seen in the traditional leadership definitions that one of the key roles of leaders is to work with individuals and groups to accomplish organization goals.

If, indeed, the management of people is as important as the management of task, then effective managers need to acquire and value both instrumental ("masculine") and expressive ("feminine") behaviors. Broadly speaking, these might be characterized as rational problem-solving and analytical skills and, as nurturing, helping and interpersonal skills. Managers who develop a combination of masculine and feminine behaviors will be able to employ a full range of management styles as they work to develop and empower, as well as lead and evaluate, employees (Sargent, 1981, p. 38).

Proponents of androgyny believe that the primary impact of bringing women into leadership positions is not to develop a separate feminine leadership style but instead, to open up a full range of human behaviors. They do not see these behaviors as antithetical, but rather very complimentary and absolutely necessary in today's business environment.

The concept of androgyny represents a synthesis of the two, offering the possibility of a wider repertoire of behaviors. Instead of taking an either-or or good-bad position, . . . androgyny envisions individuals who are capable of behaving in integrative feminine and masculine ways, asserting and yielding, independent and dependent, expressive and instrumental. Androgynous men and women more fully utilize their total range of characteristics (Hart, 1980, pp. 5-6).

In 1985 Naisbitt and Aburdene saw the business world is being reinvented into a place where the leader's role is changing to more of a "facilitator, teacher, and nurturer of human potential" (p. 242). Unlike the Adaptive Model, the Androgynous Model states that women have the skills necessary to transform the workplace, not by giving up their personal values, but by expressing them. "The point is: successful human beings possess a combination of masculine and feminine traits. . . Cardboard, one dimensional females and males alike are doomed to failure" (Aburdene & Naisbitt, 1992, p. 262).

The Organizational Culture Model

The Organization Culture approach to studying women and leadership is most closely associated with the Center for Creative Leadership and the work of Morrison (1987, 1992). In their seminal work, Breaking the Glass Ceiling (1987), the Center found that there exists a transparent barrier for women in corporations that kept them from advancing to higher level positions, not because of any personality or behavioral differences in women, but solely because they are women. In numerous studies of women in management positions, Morrison found that organizations expected women to demonstrate more strengths and fewer faults than their male counterparts. In business, women leaders are operating in a hostile environment where expectations are driven by stereotypes of sex role behaviors that have led to unrealistic expectations. For women in leadership positions "their mission was to do what wasn't expected of them while doing enough of what was expected of them as women to gain acceptance. The capacity to combine the two consistently, to stay within a narrow band of acceptable behavior, is the real key to success" (Morrison, 1987, p. 55). In his study of the research on sex difference

in management, Powell (1988) also found ample supporting evidence that the only meaningful difference between men and women at higher levels of the corporation was in the environments in which they operate.

This approach looks at the procedures and policies within organizations that systematically restrict access to women. The Center studies have found that the six most significant are prejudice, poor career planning, a lonely and hostile environment for non-traditional managers, a lack of organizational savvy, greater comforts in working with one's own kind, and the difficulty of balancing career and family. (Morrison, 1992) The double standard that has existed between men and women in a broader context has now been displaced to the corporation. As a man rises up the corporate ladder, he may get frustrated, often during the mid-life crises, because "he has reached the end of his talent rope. Whereas a woman gets frustrated because she is at the end of her opportunity rope" (Hardesty & Jacobs, 1986, p. 276).

The Revisionist Model

Deriving from a feminist standard, the Revisionist Model questions judging women based on the values and perspective of established norms and systems which are based on a male paradigm where "men are the standard for whatever women do - and that men are the judges too" (Marshall, 1984, p. 42).

Additional theorists who come from this perspective (Adler, 1988; Amott & Matthaei, 1991; Cockburn, 1991; Helgesen, 1990; Loden, 1985; Rizzo & Mendez, 1990; Sekaran & Leong, 1992) all stress the influence of the masculine ethic on the female experience in corporations. They also challenge the assumption on the part of most

researchers that a woman's experience was the same as a man's experience. Research agendas, according to this model, are too often framed based on male standards without any validations whether women make sense of their world in a similar fashion. In raising this question, these theorists are posing a fundamental shift in the way women are judged within an organizational context. The actual work on looking at a female paradigm for leadership, however, is only in its infancy.

Summary of Women and Leadership Literature

In reviewing traditionally accepted definitions of leadership, several themes have emerged. Whether focusing on the traits of individuals necessary for leadership or the actual components of a leadership job, vision, and a focus on people as a primary resource are shared themes. Also, from a research perspective, women rarely represented significant numbers in any studies. However, particularly in recent years, the findings based on primarily male subjects have been generalized to include women. The literature on women and leadership has generally reflected the male paradigm in its focus on adaptation and procedural changes within organizations.

The literature from the Adaptation Model accepts traditional definitions by giving women a blueprint of the corporate structure and suggestions on how to assimilate their styles into that culture. The burden of change is placed on the woman to understand the environment, learn the formal and informal rules, and play the game. Whether the voice of the author is moderate or strident, the message is still the same: to succeed in business, you must play by the existing rules.

In the Organization Culture model, the focus shifts somewhat from the woman to the organization as these theorists begin to look at systems and structures within organizations that inhibit the advancement of women. Solutions are based on adapting organizational policies and procedures to enable women to function in a predominantly male environment and culture. This model accepts the premise of a male culture but urges the culture to adapt, to some extent, in order to bring women into management. This is encouraged to more accurately reflect the marketplace and to open up a new pool of educated workers to management.

The Androgynous model focuses on the trend in management to focus on people as a valuable human resource for business. If one of the key emerging roles for leaders is to work with employees to reach organization goals, leaders will need a balance of instrumental (masculine) and expressive (feminine) behaviors to be most effective. The emergence of women in the workplace opens up the full range of human behaviors with the most effective manager/leader being able to use behaviors from both realms. This model only challenges the existing male paradigm when looking at the traits of leadership. It calls for an expansion of leader behaviors to include the traditionally stereotyped female behaviors, but says nothing about changes in the culture in which those blended behaviors are to operate.

It is only with the Revisionist Model that we begin to see a basic challenge to the male paradigm operating in organizations. Feminist scholars, in particular, are beginning to question the efficacy of applying male values and perspective to the female experience. This offers a promising avenue for research and a breakthrough in traditional ways of looking at leadership and applying those findings to women.

Implications for Women from the Leadership Literature

Studying the world of women and leadership is like walking through a mine field of conflicting findings. There is optimism based on the increasing numbers of women in management versus the pessimism of where they are actually employed, and at what pay scales. The theory of critical mass is tempered by the appearance of backlash. The studies based on an equity model are challenged by studies emphasizing a complementary contribution model. Finally, the social cognitive development findings related to differences in women can be contrasted to the organizationally based findings of similarity in comparison to men. The nature of these paradoxes and their implications for women in leadership positions important to understand as one begins to undertake any study of women in leadership positions.

The Demographic Paradox

Demographic analysis has played an important role in studying the impact of women in the workforce in this country. The history of working age women in the labor force who are working or actively seeking work for pay outside the home has been a history of dramatic increases in the twentieth century. Women, who made up less than twenty-percent of the labor force before 1900, constituted more than forty-five percent of the labor force by 1990. In 1890, fewer than five-percent of married women were in the labor force while more than forty-percent of single woman were working for pay. By 1988, almost sixty-percent of married white women and sixty-five percent of married women of color were in the labor force. In addition, sixty-nine percent of white single

women and fifty-six percent of single women of color were in the 1988 labor force.

Generally this increase in the labor force participation of women is attributed to the attainment of higher education. In 1990, more than eighty-percent of women who had completed more than four years of college were employed for pay outside the home. This compares to sixty-nine percent of female high school graduates and forty-six percent of those with less than a high school education who were in the labor force. The labor force participation for married women with children (under six years old) has also shown dramatic increases. In 1960, over eighteen-percent were working outside the home but, by 1995 this had increased to over sixty-three percent. (Dwyer & Cuneo, 1991; Mandelson, 1996; U.S. Bureau of the Census, 1996)

Despite these major increases in general labor force participation for women, the gap between the earnings of men and women remained relatively constant for three decades (1950-1980). During that period women employed full time earned only about sixty cents for every dollar earned by men employed full time. Over the last two decades this gap has slowly narrowed with current estimates for women at seventy-two percent of the wage rate for men. (Dunn, 1996, p.61-63) By the early 1990's the average earnings for a woman with a college degree was \$26,000 per year compared to \$39,000 for men. The impact of this gap over a forty-year work life represents a difference of \$420,000 for women. (Schneider and Schneider, 1993, p. xxvi) By 1990, for all women in full time positions, the average annual salary was \$18,545 while the average salary for the same group of men was \$27,342. For college educated women, 25 years or older, the median income was \$21,659. This is only a few dollars more than her male counterpart with only a high school diploma, who earns \$21,650. Only twenty-five percent of the female labor

force earned more than \$25,000 per year while more than fifty-percent of men did (Cohen, 1996, p. 143-147).

Generally speaking, men earn more than women and white women earn more than black women. And, generally, during the 1980's the weekly pay of men was relatively lower than in the 1970's, while pay increased for women- thus significantly decreasing the earning inequity between genders (Taeuber, 1996, p. 74).

In 1987, the Hudson Institute reported the following employment trends in their Workforce 2000 study:

- a) Predictions are that sixty-one percent of all women of working age will have jobs by the year 2000.
- b) Younger women are currently joining the workforce at rates approaching those of their male counterparts.
- c) More than fifty-percent of all women with children aged one and up are employed, most of them full time.
- d) Women are rapidly increasing as job-holders in traditional male occupations, particularly those positions requiring advanced education. They hold a growing share of managerial and professional jobs. (Johnson & Packer, 1987)

According to the Bureau of Labor Statistics, in 1988 at the time of the Workforce 2000 study, women held just over thirty-nine percent of the fourteen million executive, administrative, and management jobs which was nearly double the amount held in 1972. (Mintz & Kellogg, 1988) By the mid 1990's women held forty-two percent of the administrative and managerial positions in this country. The positions held by women were most heavily concentrated in the medical/health, personnel/ labor relations and education/ administration areas. (Fageson & Jackson, 1994, p.384) Taken on the surface, this

demonstrates an increasing role for women in the workplace, as well as significant growth for women in management positions. Upon closer look, however, the picture is not totally encouraging. When looking at Bureau of Labor Statistics demographics on women in administration and management, it is important to understand that the Bureau uses a very broad range definition of "manager" that includes heads of fast food restaurants to executives of major corporations. As early as 1977, Rosabeth Moss Kanter stated that "women populate organizations, but they practically never run them, especially large businesses and public establishments. . . [the use of the term man] did not reflect an unwitting failure to use a better generic term for all humanity; there were then, and still are so few women in management that 'the organization man' meant exactly what it said" (p. 17).

If one looks below the senior management level, fifty-percent of middle managers are women. In a study conducted by Korn/Ferry International and the University of California, it was revealed that "people of color and white women hold fewer than 5 percent of senior management positions in major corporations" (Dominguez, 1990, p.65). The proportion of women in top level management positions continues to be very small and is generally no more than two-percent according to most surveys. Reflecting Kanter's findings ten years earlier, Gary Powell found that there has been a growing number of women in management, but "what hasn't changed is that women are concentrated in the lower levels of management and hold positions with less authority overall than men" (Powell, 1988, p.13).

What is even more discouraging is information from a recent poll of 201 chief executives of America's largest companies conducted for Fortune magazine. In that

survey, only sixteen-percent of the CEOs believed that it was "very likely" or "somewhat likely" that they would be succeeded by a female CEO within the next decade. Only eighteen-percent thought it "very likely" that after twenty years, a women would be chosen to run their companies. The CEO's in this survey admitted that the biggest barrier to women reaching the CEO position was discrimination. (Fisher, 1992)

Women managers have not achieved salary equity with their male counterparts. While women now account for forty to fifty-percent of managers, only two-percent of women managers earn more than \$50,000 annually compared with fourteen-percent of men. By 1992 women were earning sixty-percent of the male manager's compensation. (Fagenson, 1994; Matthes, 1992)

Finally, a point needs to be made about the research on women and management. For the most part, the research and the writing on women in management reflect white women in management. Very little of the research distinguishes between the experiences of white women and women of color. In the research reviewed by this author, the researchers have generalized the experience of the findings from predominantly white women who have succeeded in management to women of color. In not explicitly mentioning the specific experience of women of color, they have implied that their research is applicable to the experience of all women. Betters-Reed and Moore found in a 1992 review that:

Essentially, the current women in management research and writing strongly suggests that the term 'women in management' means white women in management . . . Bringing white women to the Board room has not necessarily paved the way for women of color. . . If the progress of women in management is but a whitewash, then it will not continue nor last as it fails to represent accurately all women and their diversity (Betters-Reed & Moore, 1992, pp. 34-35).

By 1995, women held forty-two percent of the executive, administrative and managerial positions. Of that total, seven-percent were held by black women and just under five-percent were held by Hispanic women. This represents a growth from 1983 when thirty-two percent of these positions were held by women with five-percent held by black women and three-percent by Hispanic women. (US Bureau of the Census, 1996)

So, the current status of white women and women of color in management represents a very mixed picture. Progress has been made in that jobs previously held only by white men have now become more diverse, but upward mobility has been slow in most areas. While the income gap is large, it has been narrowing. It is expected that between 1990 and 2000 about two-thirds of new workforce entrants will be women with women of color making up the largest share. It is expected that black women will increase their employment by thirty-three percent and Hispanic women by eighty-five percent. (Schneider, 1993, p. xxvii) Unfortunately, with this growth there is a perception that women are gaining jobs and being promoted into management positions at the expense of white men. The evidence does not support this. In government jobs white men still dominate top level positions. In corporate settings white women and women of color are almost absent from the highest levels and, when represented in middle management, they are most likely found in segregated or racialized positions that are almost never avenues to the top. (DiTomaso, 1996; Smith and Tienda, 1988)

The Critical Mass versus the Backlash Paradox

There is a growing concept that the entrance of women into management and the workplace in general has reached a critical mass and is now self-sustaining. The idea of

critical mass originated in physics but has been applied to many aspects of life including social and political movements. How many people are necessary to adopt a new practice, product or belief system before it becomes a chain reaction that persuades the majority of people to adopt the practice, product, or belief? "Critical mass is like a landslide; it is when a trend becomes a megatrend, it is the point when one accepted social paradigm no longer makes sense and is replaced by another" (Aburdene & Naisbitt, 1992, p. xvii).

Theorists who subscribe to this theory (Aburdene & Naisbitt, 1992; Gardner, 1984; Jameison, 1995; Naisbitt & Aburdene, 1985) believe that the impact of women in the workforce is transforming the corporation through new models that integrate work and family life. They see this as an irreversible trend that will change the basic structure and assumptions of organizations from this time forward.

Contrasted with the critical mass theorists is the writing focusing on backlash against women (Faludi, 1991; French, 1992). The backlash theorists believe that the last decade has seen a powerful assault on women's rights that has resulted in a retraction of the hard-won victories that women have gained over many years. The current backlash facing women has presented the development of feminism as the reason for all the social ills faced in society.

Just as Reaganism shifted political discourse to the far right and demonized liberalism, so the backlash convinced the public that women's 'liberation' was the true contemporary American scourge - the source of an endless laundry list of personal, social, and economic problems" (Faludi, 1991, p. xviii).

The backlash theorists focus on the details behind the demographics. They point out that while businesses and institutions claim that they place no barrier on the promotion of women "few advance, and professional and managerial women earn considerably less

than their male counterparts. This phenomenon has been documented in business, academia, law, and medicine" (French, 1992, p. 133). The reality of sex-role spillover and habitual ways of doing business challenge the conventional wisdom that real institutional change will occur if women simply hold a greater number of leadership positions. Critical mass alone is not sufficient for substantive changes to occur in the workplace.

As long as sex continues to be a major defining characteristic of workplace interactions, women's relationships at work will continue to be characterized negatively. We must move beyond counting numbers and begin effecting changes that count (O'Leary & Ryan, 1994, p.75).

The Equity Model versus the Complementary Contribution Paradox

In a breakthrough work written in 1988, Adler and Izraeli presented two fundamentally different assumptions about the role of women in management. The first which they labeled an equity model is based on the assumed similarity between male and female managers and the second, called a complimentary contribution model is based on assumed differences between men and women in management.

The equity model is found most predominantly in the United States and assumes that women are identical to men as professionals, and are capable of contributing to an organization equally and in similar ways as a man. The question raised in this model becomes one of access to opportunity; are women given the opportunity to demonstrate their competence?

Given the emphasis on access (to the previously and currently male-dominated management world), the process for women entering management becomes one of assimilation: women are expected to act, dress, and think like men who currently hold the aspired-to management positions. Effectiveness is then understandable measured against male norms. . . The potential for women to make a unique, different but equivalent contribution remains outside the logic of the equity model, and therefore invisible (Adler & Izraeli, 1988, p. 6).

In the complementary contribution model which Adler and Izraeli found prevalent in many other areas of the world, there is an assumption of difference made between male and female managers. Each gender is assumed to be capable of making different but equally valuable contributions to the organization. While in the equity model, fair treatment is assumed to be measured by statistical representation, in the complementary contribution model, it is measured by the equivalent recognition of males and females different patterns and styles of contribution. An organization interested in encouraging the unique contributions of men and women would have to create enabling conditions for both types of contribution to be made and rewarded within the organization. The organization would have to seek out ways in which men's and women's contributions can be combined to form new and more powerful managerial processes and solutions to the organization's problems.

When assessing the progress of these two models, one is measuring entirely different things. The equity model looks at quantitative statistical measures of the number of women in an organization and their rank, salary, and status. The complementary contribution model should look at more qualitative measures of the way in which organizations allow and encourage, through their policies and procedures, the unique contributions of men and women. The paradox of these two models is that each model would be labeled heresy when viewed through the eyes of the other.

From the perspective of the equity model, seeing women (or blacks, Hispanics, francophones, or older managers for that matter) as different is tantamount to seeing them as inferior. From this point of view, there is one best way to manage, and women should be given equal access to that way. By contrast, from the perspective of the complementary contribution model, there are many equally valid, yet different, ways to manage, the best way being based on recognizing,

valuing, and combining the differences. From this second point of view, not to see women's uniqueness is to negate their identity and, consequently, to negate their contribution to the organization (Adler & Izraeli, 1988, p. 7).

It is also important to note that in their very extensive research on women in management Adler & Izraeli found that in all countries the proportion of women holding managerial positions falls far short of men, and that the higher the ranking, the fewer women are found. They found that this held true in oriental and occidental cultures, communist, socialist, and capitalist systems, and in economically developed and developing countries. They see this as neither coincidental nor random. "The barriers are both structural-legal, educational, cultural, social and historical - and psychological" (Adler & Izraeli, 1988, p. 7).

Social Cognitive Difference versus the Organizationally Based Similarity Paradox

In commenting on her work at a Harvard University conference ("Learning from Women" April 30, 1993), Jean Baker Miller noted that "as you speak to women, you are lead to questioning all assumptions that dominate our culture." There is a large body of research on the social cognitive development of women which suggests that women and men may have different expectations or frames of reference when interpreting their world (Belenky, Clinchy, Goldberger & Tarak, 1986; Gilligan, 1982; Miller, 1976). In this literature, the major theorists have found that women have significantly different ways than men of thinking about their own identity, their moral judgments and their relationships. Miller (1976) has pointed out that the central feature of women's self-development is "...organized around being able to make and then maintain affiliation and relationships" (p. 83) A loss of relationships can result in a loss of self. Gilligan (1982)

also found in the area of moral development women's descriptions of adulthood convey a very different sense of social reality than descriptions based on male based studies.

In their portrayal of relationships, women replace the bias of men toward separation with a representation of the interdependence of self and other, both in love and in work. By changing the lens of developmental observation from individual achievement to relationships of care, women depict ongoing attachment as the path that leads to maturity (Gilligan, 1982, p. 170).

Ironically, with all the differences between women and men found in the developmental research, there is a whole body of literature on organizations that finds no significant differences between women and men in the workplace. "Based on evidence from several research studies, then, we can conclude that there are few personality or behavioral differences between executive women and executive men...As individuals, executive women may be virtually identical to executive men psychologically, intellectually, and emotionally" (Morrison, White & Van Velsor, 1987, p. 53-54).

The question for this researcher is, if there is ample research to prove that women have developmentally different frameworks for making sense of their world, why do these frameworks seem to disappear when women enter leadership positions in the workplace? An answer may lie in the pervasiveness of the patriarchal paradigm in our culture.

The developmental theorists have found that "...developmental theory has established men's experience as the baseline against which both men's and women's development is then judged often to the detriment or misreading of women..." (Belenky et al. 1986, p.7). The world of work and leadership has also been viewed through a male lens. In studying women and leadership, "it is not easy to see what is happening in women's culture if we look through male paradigms of values" (Marshall, 1984, p.83).

In 1963, Betty Friedan discussed the pervasiveness of masculinism within our culture. In The Feminine Mystique Friedan finds that the subjugation of women into a masculine ideal of wife and mother “ has succeeded in burying millions of American women alive” (p.325). While Friedan was focused primarily on glorification of the role of housewife, she traced the impact of masculinism through education, sociology, psychology, anthropology and the media. At the most basic level, the role of women in management and leadership has been embedded within the context of masculinism. If women bring a unique style and outlook to management in the American workplace, most organizations continue to require an adherence to a set of standards that apply to all and subjugate that uniqueness. Until very recently, most studies of managers have been based on observations of male managers. Researchers focused on women in management (Loden, 1985; Powell, 1988; Marshall, 1984) have pointed to an inherent bias in research studies in which women have been excluded from the analysis:

Knowledge is not objective, independent of people’s attempts to know, but is structured by the frameworks we bring to it...what western society accepts as science is a world almost solely to men’s questioning. Feminist analysts challenge society’s classification of subject areas, identification of topics, methods of research, and subsequent theoretical models because women have played no part in their construction...Women’s absence from this process has contributed to their invisibility and to the omission of their meanings (Marshall, 1984, p. 50-51).

If masculinism is so pervasive within our organizations, where might one begin to look for distinctive female themes in management? Several theorists have suggested that the nonprofit sector might provide that opportunity. (Cockburn, 1991; Drucker, 1990; Helgesen, 1990; Sekaren & Leong, 1992) Because the human service sector has been traditionally devalued in this country, jobs in that sector have often resulted in lower status and lower pay. Perhaps, for this reason, women are often found in executive positions in

the nonprofit sector. It may be possible within the nonprofit sector to study women in leadership positions in an arena where the organization's culture is not necessarily predetermined by masculine values. Since the social aim/mission of most nonprofit organizations is generally clearly defined, these organizations may offer the researcher the opportunity to begin to determine the extent to which the male paradigms of leadership exist and the general effect this has on women in leadership positions in the sector. Even more importantly, research utilizing female leaders in the nonprofit sector may offer the researcher an opportunity to look beyond any issues of gender differences in leadership and focus instead on how women actually function in leadership positions and what outcomes they are able to achieve. The nonprofit sector, not only has a significant number of women in leadership positions but, since the nineteenth century it has been the key sector for instituting social change in this country.

Women, the poor, American Indians, and African Americans were all excluded from direct political action for all or part of the nineteenth century. Women fought for and won enfranchisement and some measure of economic independence by using nonprofit organizations to bring pressure on government and for profit organizations. In this case, as in so many others (minority rights, freedom of speech, environmentalism) the nonprofit sector was a mechanism for dramatic reallocation of power and opportunity in American society. The phenomenon is still visible and strong (O'Neill, 1994, p.11).

History of the Nonprofit Sector

The history of the nonprofit sector can give some insight into the development of the sector as a key source of employment for women. Prior to the American Revolution very few corporations of any kind existed in America. Colonial legislatures lacked the power to create corporations and many colonists expressed a pronounced hostility to those existing corporations that they associated with the British monarchy and the Church

of England. With the establishment of state constitutions after the Revolution political and legal conditions existed that were favorable to the establishment of corporations.

However, only the New England states actively granted incorporations to both private for-profit and nonprofit enterprises. In the remaining states religious and political obstacles prevented much corporate development. It was not until the Gerard Will Case in 1844 that the United States Supreme Court focused on the legality of charitable trusts. In that decision, private nonprofit corporations were placed on a legal footing under federal law. (Hall, 1987, p. 3-6) The notion of private responsibility for the public good had its' roots in religion, but in the United States after the Civil War, this concept was transformed into a scientific justification of the roles and responsibilities of the upper class to the masses. As a result, people of wealth in the private sector began concentrating their work in two arenas: building private business enterprises capable of operating on a national scale and; transforming nonprofit organizations, especially colleges and universities into institutions that would help them achieve that end. They gained their influence through generous donations. (Hall, 1987, p. 8-9)

With the rise of urban poverty during the Industrial Revolution of the late 1800's reformers from the middle and upper classes began to establish charitable organizations. These ranged from traditional funds for the relief of the sick, poor and disabled to new forms of nonprofit organizations like the settlement house and the mental asylum. The Progressive Movement of the early part of this century continued to establish the commonly held position that "...social justice should come through the activity of the private sector assisted, but not directed by government" (Hall, 1987, p.11). During this entire period in American history, the support for nonprofit enterprise came primarily from

private for-profit businesses. Donations were either given to the nonprofit organization directly from the owner of a business or given to corporate and family foundations that supported charitable ends. This movement to charitable donations was made possible by a 1917 change in the federal tax code that allowed tax deductions to individuals giving charitable donations. By 1936, another change in the federal tax code allowed corporations to take tax deductions for charitable donations.

The Depression proved to be a massive challenge to the nonprofit sector. While private corporations continued to make charitable donations during that time, the scope of the problems during the Depression led to an increased involvement of government in addressing the issues facing our nation. World War II also played a key role, not only in the direction of the nonprofit sector, but also in changing the traditional separation that existed between government and the sector. Prior to 1936 the nonprofit and private for-profit sectors worked together with encouragement from the government to deliver basic social, cultural and welfare services. With the war, the thrust became more of a nonprofit/government partnership with the federal government emerging as the financial supporter of the nonprofit sector. This was especially true in universities and research institutes where basic and applied research was needed after the emergence of international rivalries in arms and space exploration. The War on Poverty in the 1960's extended that partnership and funding into the nonprofit addressing social needs. Since the 1980's the government has not developed a consistent policy on the nonprofit sector. On the one hand efforts to cut federal spending in social and cultural areas have led to rhetorical support for private volunteerism. However, this can be contrasted with tax

reform efforts that are aimed at eliminating or reducing the charitable deduction in the tax code. (Hall, 1987, p.17-21)

Defining Nonprofit Organizations

By 1990, six-percent of all organizations operating in the United States were nonprofit organizations. Of that, just over four-percent would fall under the category called the independent sector. (Hodgkinson & Weitzman, 1992, p.15-16) When we look at the nonprofit sector today we are faced with some difficulty in defining just what types of organizations comprise the sector. In general nonprofit organizations tend to be service organizations which are labor intensive. (Rudney, 1984; Becker & Glenn, 1985) More specifically, they have three characteristics which distinguish them from proprietary forms of organizations “...(1) no one owns the right to share in any profit or surplus of a nonprofit; (2) nonprofits are exempt from the taxes on corporate income; (3) some nonprofits receive a variety of other subsidies - donations to them are tax deductible and they are exempt from many other forms of taxation in addition to the tax on corporate profits” (Weisbrod, 1988, p.14).

The major difference in compiling and analyzing the data on the nonprofit sector lies in its’ diversity and ambiguity. It can be conceptualized either broadly or narrowly when focusing on the provision of service but, it is important to remember that it is first and foremost a legal term defined by the Internal Revenue Service (IRS). The IRS identifies twenty-three types of tax exempt organizations from congressionally sponsored organizations like the American Red Cross to membership groups like the League of Women Voters, to unions, chambers of commerce, country clubs, service clubs, etc.

The independent sector is the term given to the largest component of the nonprofit sector. These are organizations primarily classified by the IRS as 501(c)(3) and include religious, charitable, scientific, literary and educational organizations. Contributions to this group are tax deductible. It also includes 501(c)(4) organizations such as social welfare organizations, local employee organizations and civic leagues that while tax exempt cannot receive tax deductible contributions. In 1990 the independent sector comprised seventy-one percent of almost one and one-half million nonprofit entities identified by the IRS. It employed ninety-two percent of the sixteen million nonprofit sector staff members. In total employment in the United States the nonprofit sector as a whole accounted for eleven-percent of estimated employment compared with seventy-one percent in the for profit sector and eighteen percent in government. (Hodgkinson, 1992, pp. 23-29)

However, it is important to understand that the nonprofit sector is dominated by a large number of very small organizations about which very little is known. As long as a nonprofit organization has total revenue less than \$25,000 it does not need to provide financial data to the IRS. In 1989 over seventy-percent of the nations 460K, 501(c)(3) organizations, excluding religious organizations and foundations fell within this category. (Hodgkinson, 1992, p.11)

Women and the Nonprofit Labor Force

The profile of the nonprofit labor force is dramatically different than that of business or government. In the nonprofit sector sixty-five percent of the employees are women as contrasted with forty-four percent in business and fifty-three percent in government. On the surface the aggregate of women' and men's wages are almost at

parity in the nonprofit sector as contrasted with a twenty to thirty percent gap in business and government. Finally, women are much more likely to be found in administrative and managerial positions in the nonprofit sector than they are in business or government organizations (O'Neill, 1994, p.5).

The passage of the Equal Pay Act in 1963 and the Civil Rights Act of 1964 opened job opportunities to women that until that time had been virtually closed. These two acts paved the way for a series of legislative initiatives that attempted to institutionalize equal treatment for men and women in various forums. Women made important inroads into business and government during the 1970's and 1980's and they also continued to enter the nonprofit workforce in increasing numbers. While very little research has been conducted to determine why this was occurring, Preston (1994) has cited several explanations:

First, as the for-profit sector was increasing opportunities for women, the government sector was downsizing and reducing its employment opportunities. Second, the nonprofit sector greatly increased its management opportunities for women. Third, the nonprofit sector has a degree of flexibility that may not be present in other sectors. It has the highest percentage of part-time workers...[and] part-time female workers earn higher wages in the nonprofit sector than in the for-profit sector...Furthermore, in 1991 75 percent of the nonprofit workforce was female. Therefore, it is likely that workplace policies in this sector are more favorable to working women than policies in the for-profit sector. Finally, occupational and wage distributions, which are approaching equality across genders, must be important drawing cards for women interested in the nonprofit sector (p. 72).

In 1990, for the first time, the US Census differentiated between private nonprofit and private for-profit employment. According to the 1990 census 592K of the women employed in the nonprofit sector held executive, administrative and managerial positions

as compared with 431K male nonprofit employees. That is that the women held fifty-eight percent of such positions in the nonprofit sector by 1990. (O'Neill, 1994, p. 12)

According to a study done by the Council of Better Business Bureau's Philanthropic Advisory Service the chances of women becoming chief executive officers of charitable organizations are far greater than their chances of becoming CEO's of for-profit companies. An analysis of 222 nonprofit organizations showed that eighteen-percent were run by women in contrast to a rate of one-half of a percent of 1000 for-profit companies that had female CEO's. However, it was noted that in this survey, the female CEO's of charitable organizations earned eighteen-percent less than their male peers. (Career Opportunity News, 1994 May/June) While on the average from 1973 to 1991, men and women employed in the nonprofit sector earned comparable salaries, this begins to break down when occupational distributions are examined.

Within the managerial professions women were paid wages that were roughly twenty-two percent lower than men's wages. (Odenthal, 1994; Fagenson, 1994) In her economic study of the nonprofit sector, Preston (1994) states that the wage differential in the leadership positions may reflect in part the difference in experience levels related to women leaving the labor force to have children. She emphasizes that the sector as a whole has demonstrated a degree of gender equality not replicated anywhere else in the economy. On average women's wages were one to two-percent lower than men's wages. Even controlling for the low pay structure of the clergy, the difference remains less than eight-percent. While she focused her study on statistics, she did acknowledge that the career choices for women resulting in the differential "...may also be linked to

discriminating forces, if a lack of labor market opportunities open to women contributes to their decisions to interrupt work” (Preston, 1994, p. 68-71).

A consistent theme in feminist literature has been the trivialization of the work and roles of women. (Anderson, 1988; O’Neill, 1994; Reskin & Phipps, 1988; Stromberg & Harkness, 1988) Any discussion of the nonprofit sector must examine whether the sector has developed in a way that allocates power and status primarily to men by reserving the leadership of the largest and most prestigious organizations to men. All other occupations are distributed according to gender with women occupying the least paid and least valued positions. Once again, the findings are not all positive. Of the 138.3 million people who were employed in the country in 1990, 14.4 million (10.4 percent) were employed in the independent sector. The total wages and salaries paid by the sector were \$144 billion which was six-percent of all wages earned by the employed labor force. Employees in the sector earned seventy-four percent of the average of all other organizations in the for-profit and government sectors. The average salary for a nonprofit sector employee was \$17,298 compared to an average salary of \$23,433 for all other organizations.

(Hodgkinson, 1992, p 113-116) Steinberg and Jacobs (1994) believe that the lower level of wages is a function of, not only the devaluing of the work of women, but also a devaluing of the sector as a whole because it is so heavily populated by a female workforce. They offer several indications that nonprofit organizations are gendered institutions in addition to the fact that the workforce is overwhelmingly female. They see the sector as characterized by organizations in which a small male elite holds power and sets the agenda for a female pool of employees and volunteers. The content of the work is often associated with work done by female volunteers and therefore is rendered

non-compensable and the work involves images, stereotypes, ideologies and metaphors that justify its low wage structure. (Steinberg & Jacobs, 1994, p. 90-99) Their position is supported by Reskin and Phipps (1988) who believe that discriminatory practices, unconscious attitudes about sex roles, the segregation of women in less powerful, less prestigious and less well paying jobs all continue to hamper women's chances for true equality. (p.203)

When looking at the distribution of women in the sector they are most heavily concentrated in health services (seventy-eight percent), social and legal organizations (seventy-five percent) and foundations (seventy-one percent). (Hodgkinson, 1992, p.215-216) In looking at the distribution of jobs held by women in healthcare as an example, Steinberg and Jacobs found that if the woman was a professional "...she is likely to be a nurse, social worker, teacher or librarian. If not, she is likely to be a clerical worker, housekeeper or food service worker" (1994, p.94). This finding was also supported by Leighninger (1996) who reported that in 1993, sixty-nine percent of social workers were women, but women were far less likely to be in management particularly in the higher ranks of agency administration. Although there were proportionately more women in social work they held only nineteen-percent of the administrative positions. (p.127) In noting that those percentages are still significantly higher than in any other sector, Bergmann (1986) stated that this could be in part the result of long held cultural attitudes against women supervising men. It may be easier for women to enter a profession where they will predominately supervising other women. (1986, p.114-116)

Finally, the activities performed by the nonprofit sector are often associated with charity, service and good works. While these activities may be valued as socially necessary

and productive, they are not viewed as economically productive "...both because of where they have been performed and because of who [women] perform them. Not surprisingly, when [these previously volunteer activities] became paid work, those who perform the work are paid relatively low wages" (Steinberg, 1994, p.102).

Once again it is important to note that the research on women in the nonprofit sector is generally focused on the experiences of white women. While in 1991 black professional and managerial women found the majority of their opportunities in the government and nonprofit sectors, in both sectors black women lost ground relative to all women employed in the two sectors. By 1991 only twenty-three percent of black professional women were employed in the for-profit sector, fifty-one percent held government jobs and twenty-six percent held nonprofit jobs. In all three sectors, the wages of black women declined from the period of 1973-1991 but that decline was most pronounced in the nonprofit sector. In 1991, black women's salaries in the nonprofit sector were less than ninety-five percent of white women's salaries. Clearly while black women have continued to make progress in terms of their representation in the sector, their salaries continue to lag behind those of white women. (Preston, 1994, p. 69-70)

Even less is known about Latinas, Native American and Asian American women working in the sector because of the dearth of research in these areas. For many women of color because of class and racial prejudices, there was a movement and a need to form their own mutual aid and social service organizations. While these organizations have women of color in leadership positions, their numbers are small and the salaries are low. (Burbridge, 1994, p. 123-124)

Nonprofit Organizations and Social Change

Social change has been defined as "...intentional steps that move society in the direction of equality, support for diversity, economic justice, participatory democracy environmental harmony and waging and resolving conflicts nonviolently" (Lakey, Lakey, Napier & Robinson, 1995, p.5). Historically, the nonprofit sector has been the locus for social change in this country. Despite the real concerns regarding wage differentials and job distribution which have been documented above, women in leadership positions in the sector have been able to affect significant social change. From the onset, feminist scholars have linked women's liberation to participation in the nonprofit sector. Through their work in voluntary organizations women became aware of their own oppression and their connection to all women in the struggle for equality. The sector provided women the opportunity to exercise power through their donations of time and money in order to advocate for a social change agenda. (Berg, 1978; Flexner, 1959; Garland, 1988)

If only the political record is examined for the first half of the country's history, the notion of American democracy is a little more than a sham. Women, the poor, American Indians and African Americans were all excluded from direct political action for all or part of the nineteenth century. Within this milieu, philanthropy and nonprofit organizations played an exceedingly important role, allowing disfranchised groups to participate in local and national policy-making debates (McCarthy, 1994, p.34).

The work of nonprofit organizations in the realm of advocacy and social change is viewed as the unique function of the sector that distinguishes it from the for-profit and government sectors. While the traditional images of altruism and charitable giving might suggest very limited roles for women, the sector has provided opportunities for a multiplicity of roles. Not only are they staff members in paid jobs, but for many women the

work has provided opportunities for social change as they address conditions related to specific disadvantaged groups, often including their own. These roles were more than the traditional role of care-giver. They were active and productive roles that moved women beyond traditionally defined charitable responsibility into voluntary and paid leadership positions. The roles are directly related to advocacy and social change. The irony of the sector is, that although women often had to exercise enormous power to achieve social change, that power "...has not automatically been associated with women, despite their involvement as leaders in major social movements such as abolition, temperance and welfare reform" (Lott, 1994, p. 166). The experiences of Dorothea Dix as the leader of the mental health reform movement in this country is illustrative of the roles played by women in major social change efforts as early as the nineteenth century.

Mental Illness, Social Reform and the National Mental Health Association

Historically, the treatment of persons with mental illness in the United States had its' roots in England and the English Poor Laws. In Europe, after the Reformation, as the traditional powers of the church were eroded, the concept of a central government began to emerge that would eventually assume some of the powers and responsibilities that were formerly held by the churches. National programs to treat the mentally ill were instituted at a time when European governments were seeking solutions to the problems of poverty and criminality. The English Poor Laws that were consolidated by Elizabeth I in 1601, were designed to deal with increasing numbers of paupers associated with the dislocations related to the decline of agriculture and the growth of industry. Included in that group were people with mental illnesses who were unable to support themselves or be supported

by their family. As the colonies developed in America, the poor relief measures of England were transplanted to North America. Once the witchcraft phobia subsided, colonial governments in New England and other regions adopted measures based on those of England to handle the issues associated with being poor and having a mental illness.

(Armour, 1981, p. 2-4)

In the American colonies the care of the mentally ill was seen as an economic issue rather than a medical one. The care of the individual remained a family responsibility unless the effects of the illness fell outside the family and impacted the community. The English principle required that society had a corporate responsibility for the poor and dependent and the colonies followed this principle by requiring that localities make provision for various classes of dependent people. All the colonies had some legislation related to the care of the dependent. Virtually none of this legislation referred to the medical treatment of mental illness. It was solely focused on the social and economic consequences of the disorder.

After the American Revolution the English tradition was continued. The Constitution left the states the responsibility for caring for the sick and the poor that they had assumed since colonial times. Each individual colony with its own widely different economic and social conditions adopted the principles of the English Poor Laws to their local needs. Alms houses were opened as early as 1662 in Boston and other colonial cities and later in the eighteenth century work houses began to appear to care for a heterogeneous population of poor, disabled, diseased and mentally disturbed people. There were a few institutions specifically opened to treat the insane in Virginia (1770) and

in Philadelphia (1752), but for the most part this pattern of undifferentiated care would persist well into the 19th century. (Armour, 1981, 64-66)

Two new therapeutic models that emerged from England and France in the early nineteenth century would provide the foundation that ultimately took people with mental illnesses out of the poorhouses and prisons of the post Revolutionary era. In France Philippe Pinel began to study the nature of mental disease in 1798. He particularly focused on the behavioral aspects of insanity and was interested on the outcomes of various treatments. He found the type of isolation and corporal punishment utilized in existing institutions totally ineffective and began the groundwork for the development of institutions focused solely on the care of the insane. Pinel rejected the prevailing thinking that insanity was incurable. He believed that a therapeutic environment could be created which would persuade patients to internalize the behavior and values of normal society and thus promote recovery. At the center of Pinel's "moral treatment" was the establishment of the asylum. (Grob, 1994, p. 25-29)

At the same time, an English Quaker, William Tuke established the York Retreat in 1792. Intended to treat Quakers with mental disorders, the basic objective of treatment at the Retreat was to assist patients in developing some internal means of self-control and self-restraint in order to live normally in the community. Organized in the traditions of the Quakers, the Retreat was intended to provide a religious environment to soothe the troubled minds of the residents. Tuke and his associates were not concerned with theoretical explanations of insanity, but in their focus on moral treatment, they were moving on a similar path to that forged by Pinel in France. (Deutsch, 1949, p. 92-95)

Pinel and Tuke through the asylum and the Retreat provided an alternative to local means of care and to confinement in poorhouses or prisons. Their therapeutic models of care provided the impetus for nineteenth century American reformers to convince the government to adopt more enlightened policies related to the treatment of the mentally disabled.

The nineteenth century reformer viewed mental disorders as treatable and the asylum was the institution to provide that care. The reformers came to view government as the only agent capable of making new treatments widely available; government alone had the financial resources to construct and staff a network of institutions to care for the mentally disordered. Thus governments, national and local, became the targets of intense lobbying campaigns mounted by mental health reformers (Armour, 1981, p. 81).

Perhaps the most well known of the nineteenth century mental health reformers was Dorothea Lynde Dix. Born in 1802 in Maine, Dix spent her early years as a teacher and writer of children's books. After an extended illness in 1836 she traveled to England where she learned first hand about the York Retreat. After returning to Massachusetts she began teaching Sunday School in a prison in East Cambridge. It was there that she encountered mentally ill women who were confined in an unheated part of the jail. Horrified by the living conditions as well as seeing mentally disturbed women confined with prisoners, she began a lifelong career devoted to improving care for the mentally ill in America. She began by conducting an extensive survey of all the jails, almshouses and prisons in Massachusetts and writing all her findings in the form of "memorials" which were presented to the state legislature.

Dix belonged to a generation of social reformers who interpreted their religious views as a mandate for social reform. This religious imperative made it possible for her to

exercise substantial power at a time when women were excluded from the political process. After her work in Massachusetts she went on to investigate the prisons and almshouses in Rhode Island, New York and many other states before her death in 1887. She continued to use the same successful approach of writing extensive "memorials" which were brought before the state legislature.

Dix's moral appeals on behalf of the insane underpinned her particular view that institutions provided the best treatment, that the state and national government should assume the responsibility for matters of individual welfare, that the treatment of the mentally ill rightly fell to the medical establishment, and that the asylums could provide the benefits of a well-ordered family. The persuasiveness of her appeals, the extensiveness of her own fieldwork, and the tirelessness of her lobbying efforts made a huge impact on the direction of mental health reform (Lasch-Quinn, 1997, p.69).

In the Victorian age, she sponsored and drafted legislation, was responsible for having major institutions built around the country and forced this country to confront one of the nation's most perplexing social problems. While she did not invent the concept of the asylum she was the first to place mental illness squarely in the center of public policy. "Her dream was public policy that was broad (if not universal) and nonstigmatizing, a policy meant to be social insurance against catastrophic mental disease. In the case of the insane poor, Dix rejected the idea that medical welfare was charity. She insisted that it was a right" (Gollaher, 1995, p.450).

Despite her beliefs, Dix's vision of the asylum providing effective therapeutic care for people with mental illness was weakened as the institutions were developed around the country. The prevailing concept during most of the nineteenth century was that people could only be cured in an institution. The focus was to build the institutions and to determine how to run them. The focus on treatment would lag far behind these

administrative functions. Since the practice of psychiatry had little scientific foundation, even the best asylum offered little more than custodial care to its' patients. During the last half of the century the number and type of institutions increased dramatically. In addition to the state run hospital, privately owned for-profit asylums and those run by nonprofit entities were developed. (Deutsch, 1949)

By the beginning of the twentieth century another major reform movement began to impact the direction of mental health reform in this country. The trend toward prevention in social welfare and in public health would be the key to the new movement toward mental hygiene in the care of the mentally ill. Social welfare and public health reformers wanted to break the inevitable link that they saw between disease and poverty. This was the era that saw the elimination of many of the plagues that had killed so many in the past. The scientific discoveries of Louis Pasteur, Robert Koch and Walter Reed increased the conviction that disease could be prevented and therefore cured utilizing the scientific approaches developed by these scientists. The first decade of the century saw an enormous rise in a number of organizations dedicated to collecting and organizing data on prevention and making the general public aware of these new discoveries. The National Association for the Study and Prevention of Tuberculosis (1904), the American Federation for Sex Hygiene (1910), and the American Association for the Prevention of Infant Mortality (1909) were typical of the prevention oriented organizations of the time. In 1909, Clifford Beers started the National Committee for Mental Hygiene (NCMH). It would later become the National Mental Health Association (NMHA). The mental hygiene movement originated out of the same broad forces that were impacting other movements;

the need to understand the nature of mental disorder in order to discover a preventative cure (Armour, 1981; Deutsch, 1941; Grob, 1983, 1994).

As the founder of the National Committee for Mental Hygiene, Clifford Beers was unique among the reformers in that he was a former mental patient. Born in New Haven, Connecticut in 1876 Beers had a fairly stable childhood. Graduating from Yale in 1897, he began a career in business. When his older brother developed what was thought to be epilepsy, Beers became obsessed with the thought that he would also develop the disease. In June of 1900 he attempted suicide and was hospitalized for three years in three different hospitals. The treatment he received in all three hospitals included beatings, being choked, being left in isolation rooms for days and being left in a straight jacket for as much as three weeks at a time. During the first two years of his incarceration he was overwhelmed by his illness. It was in the last year, because of the brutality and lack of treatment he experienced, he began to write about starting a national movement focused on mental hygiene reform and he began to keep an extensive record of his own experiences. After he was discharged in 1903, he returned to his business and began organizing his notes into a book which told of his experiences as a mental patient and also instructed readers on the importance of a national mental hygiene movement. In order to increase the impact of the book and the likelihood of a national movement Beers made contact with several prominent professionals, William James and Adolf Meyer. James wrote the introduction to Beers book A mind that found itself (1908). The book recounted his experience with mental illness and issued the call to organize “ a central organization by which the best ideas in the world may be crystallized and passed along” (Beers, 1953, p. 217). William James’ introduction immediately brought the book instant credibility. Meyer endorsed the

idea of a national association but urged Beers to first develop a state association as a demonstration of the effectiveness of his approach. In the spring of 1908 Beers founded the Connecticut Society for Mental Hygiene and by February 1909 the National Committee for Mental Hygiene (NCMH) had its first meeting. Meyer, a psychiatrist, and James, a psychologist, served on the Board of Directors, and Clifford Beers was appointed Secretary to the NCMH, the equivalent of Executive Director. (Armour, 1981; Dain, 1980; Deutsch, 1941; Grob, 1994)

Early activities of the NCMH were under the leadership of its medical director, Dr. Thomas W. Salmon. Activities included gathering data on the conditions of psychiatric facilities in the U.S., the design of psychiatric screening instruments for World War I inductees and treatment programs for persons who were psychiatric casualties of the war. A major concern of the NCMH from 1915 on was children's mental health. After conducting a series of surveys throughout the states the Committee began advocating for specialized psychiatric clinics for children. By the 1920's the NCMH developed a Division on Delinquency and its Prevention and began to work very closely with the emerging child guidance movement. (Ridenour, 1961)

With the hiring of Salmon, Beers concentrated his efforts on developing the national movement. By the 1930's there were over 50 state and local mental hygiene societies. In 1930, Beers was instrumental in starting the International Committee for Mental Hygiene that later became the World Federation for Mental Health. In 1928 Beers also started the American Foundation for Mental Health which became the financing arm of the NMHC. (Deutsch, 1941).

With the start of World War II, a new mental health advocacy movement began to emerge. Over 3000 conscientious objectors served in state psychiatric facilities and training schools for the mentally retarded under the Mental Hygiene Program of the Civilian Public Service Program. This was an alternative to active duty. Working primarily as attendants on wards, they began to provide documentation of the dismal and dehumanizing conditions in the state hospitals. In 1946 several leaders from the Mental Hygiene Program formed the National Mental Health Foundation (NMHF). This was a lay organization dedicated to informing the public about "... America's mental institutions as we have observed them...In this context, we want to explain the underlying problems which are hampering their abilities to serve as hospitals in the true sense of that term. And we also plan to offer our recommendations for bringing about changes in public attitudes and commitments needed to effect these changes" (Sareyan, 1994, p.143).

In the fall of 1950, after several years of working together, the National Committee for Mental Hygiene, the National Mental Health Foundation and the Psychiatric Foundation (an arm of the American Psychiatric Association) merged to form the National Association for Mental Health (NAMH). The new association had three primary objectives:

“Facilitate the best possible care and treatment resources for those suffering with mental illness

Stimulate research that will lead to the cure and amelioration of mental diseases

Promote activities that will lead to the prevention of mental and emotional disorders” (Sareyan, 1994, p. 210).

From the 1950's through the 1970's the Association continued to expand its advocacy efforts into local communities by providing support services to people with mental illnesses and their loved ones. They also focused on education to dispel the myths

and prejudices associated with mental illnesses. In 1979 NAMH changed its name to the National Mental Health Association (NMHA).

In the 1980's and 1990's the NMHA and its network of state and local affiliates reaffirmed the mission of the NMHA to be "...dedicated to promoting mental health, preventing mental disorders and achieving victory over mental illnesses through advocacy, education, research and service" (NMHA, 1997, p.7). The NMHA regularly coordinates advocacy efforts and public education campaigns to deal with issues such as insurance parity, state healthcare reform, violence prevention, depression and children's mental health. In addition the NMHA operates the National Information Center that provides free educational brochures on mental illnesses and referrals for the general public. The NMHA network consists of 332 affiliates called Mental Health Associations. There are 36 state affiliates primarily responsible for legislative advocacy and public policy development on the state level. The remaining MHA's are generally county or regionally based. While they have a commitment to advocacy they often provide direct services to adults with mental illnesses and/or children with emotional disorders and their families. These services can vary from support groups, housing, psychiatric rehabilitation programs, therapeutic foster care, etc. They are often involved in providing education programs for the general public on mental health related topics and are usually a source of information and referral to community based mental health services. Each MHA operates independently so the programs and services they run can vary greatly from state to state, but also between MHA's in the same state. The budgets of the MHA's also vary from a low of \$10,000 for non-staffed MHA's up to \$10 million for major service provider MHA's. Since the MHA's are independently incorporated, the NMHA can only recommend standards to its'

affiliates. It does this through an affiliation agreement that looks at programs, governance, fund raising, Board development, diversity, etc. It is a peer review process which is meant to assist affiliate MHA's in achieving the mission of the organization in ways that are consistent with their community needs.

Chapter Summary

Traditional literature on leadership, as well as much of the literature on women and leadership, has evolved from a male paradigm. Historically, most studies on leadership have utilized white men as the focus of the study and generalized the findings to all people. The literature focused on women has generally utilized those findings and focused on teaching women how to adapt to the male culture rather than the culture adapting to the needs of women. Feminist researchers were the first to challenge the traditional ways of viewing leadership and organizational culture. These scholars questioned the efficacy of applying the male paradigm of leadership to women and, as an alternative, call for research based on studying women in leadership positions in order to understand the female perspective.

Nonetheless, despite the pervasiveness of the male paradigm in organizations, women have begun to be a major force in the labor market in most categories of employment. However, when one examines the management level of organizations, women tend to occupy lower level management positions and are paid substantially less than their male counterparts. In addition, any advances made by women in leadership positions have not been shared equally by women of color. For the most part, much of the research on women and leadership involves studies of primarily white women with the

findings being generalized to all women. Women of color are not in leadership positions at the same level as white women and their wages are lower than the wages of white women in the same positions.

An area where women hold significant numbers of leadership positions is in the nonprofit sector where sixty-five percent of the total employees are women and fifty-eight percent of the managerial positions are held by women. While both white women and women of color earned substantially less than their male counterparts, the nonprofit sector does offer the researcher an opportunity to study a significant number of women occupying executive level leadership positions. In addition, the nonprofit sector has been the center of most major social change efforts in the United States. Women have played a key role in utilizing the nonprofit sector to achieve major social reforms. The Mental Health Association movement, which had its roots in the asylum movement of the mid-nineteenth century is illustrative of social reform movements in which women have played, and continue to play key roles. A study of women who are Executive Directors and Chief Executive Officers in Mental Health Associations in the United States enabled this research to move beyond the traditional focus on gender differences in leadership. The focus of this study is on the ways in which women actually function in leadership positions and the outcomes they are able to achieve.

CHAPTER III

RESEARCH

Purpose of the Study and Research Questions

The purpose of this study is to examine the characteristics and behavior of women who are functioning in visible leadership roles in a nonprofit sector organization in order to document the effectiveness of their leadership as measured by the outcomes they achieve. The study population was thirty-eight women who are Executive Directors or Chief Executive Officers in Mental Health Associations (MHA's) in the United States. By making a detailed examination of women leaders in the MHA this research was conducted to provide a better understanding of the leadership aspirations, styles and achievements of women who work within the context of an organization dedicated to social change for people with mental illnesses.

The study was guided by the following research questions:

- What were the influences in the lives of the women that led them to work for an organization focused on pursuing social justice for persons with mental illnesses (i.e., family background, education, history of mental illness in self or family, role models)?
- What do participants see as the essential components of leadership?
- How do the participants assess their own leadership outcomes in the context of their employment with the Mental Health Association?
- What were the leadership behaviors and strategies used by the participants and to what extent did they use collective power to accomplish their organization's goals?

The study is a partial replication of a 1991 study by Helen Austin and Carole Leland that described and analyzed the characteristics and behaviors of individual women leaders from the modern women's movement. Their study, which was intended to stimulate more research about women and leadership, had three goals: to profile and compare women who provided leadership during the first two decades of the modern women's movement; to document the experiences, perspectives and accomplishments of women leaders in a social change movement; and to develop a conceptual model for future studies of leadership. Utilizing survey and interview questions initially developed by Astin and Leland (1991) this study attempted to see if the Astin and Leland findings are present with the women leaders in the Mental Health Association movement.

Replication studies provide a very valuable tool to determine the degree to which research findings can be generalized across populations. Generally, qualitative studies cannot be totally replicated because they depend on recording the complexity of situational context and personal interactions as they occur. While one cannot totally duplicate all of the conditions of a previous study, the researcher can duplicate critical elements and extend the initial inquiry into new domains in order to determine the degree of generalization. (Borg & Gall, 1989; Locke, Spirduso & Silverman, 1987; Marshall & Rossman, 1989)

For the cumulative development of a grounded body of social science theory and knowledge, replication and extension of previous studies is essential...research designs which demonstrably build on previous work are more likely to be useful not only for the development of theory but also in a policy context, where isolated studies carry very little weight (Hakim, 1987, p.127).

Research Design

I chose to conduct this research as a descriptive case study using qualitative methods including an in-depth participant profile survey. My purpose in utilizing the case study approach in this research was to make a detailed examination of women who are staff leaders in the Mental Health Association in order to understand their leadership aspirations, styles and achievements within the context of social change. The use of qualitative research methods is integral to this study because it is consistent with the theory and content of the research. The assumptions of qualitative research are based on a holistic view of research in that the researcher seeks to understand phenomena in its entirety. It begins with an inductive approach to the phenomena utilizing specific observations moving toward the development of general patterns that emerge from the study. Finally, it is based on naturalistic inquiry intended to understand phenomena in their naturally occurring settings. (Borg & Gall, 1989; Lincoln & Guba, 1985; Patton, 1980; Rudestram & Newton, 1992.) The result of a qualitative approach is 'grounded theory' that is theory that follows the data rather than theory that precedes the data. (Glaser, 1978; Glaser & Strauss, 1967) Qualitative research is grounded in a philosophical position that is broadly interpretive in that it is concerned with "...how the social world is interpreted, understood, experienced or produced...based on methods of analysis and explanation building involve understanding of complexity, detail and context" (Mason, 1996, p.4).

Feminist methodologies share many of the same values and assumptions as qualitative research. In her discussion of feminist research, Du Bois also echoed a similar theme. "To address women's lives and experiences in their own terms, to create theory grounded in

the actual experience and language of women is the central agenda for feminist social science and scholarship” (1983, p.19).

Utilizing these principles, I operated under the assumption that leadership is ‘knowable’ through an examination of leadership outcomes utilizing qualitative research methods grounded in feminist social science. Both individuals and institutions are meaningful components of the social world. Therefore, the way in which individual leaders interact to achieve organizational goals will be informative on the issue of leadership and social change.

Survey Instrument

Qualitative researchers view the case study as an important research method. (Borg & Gall, 1989; LeCompte, Millroy & Preissle, 1992) This study utilized a descriptive cross sectional approach that included an in-depth participant profile. All potential participants were sent a letter of consent that outlined the purpose and the process of the study (see Appendix A on page 177). The Participant Profile (see Appendix B on page 179) consists of 40 questions divided into three sections. Section one is focused on family and individual background information including education and employment history. Section two focuses on data related to their current employment as an Executive Director or Chief Executive Officer of a Mental Health Association. This section includes information on career choice, early influences and mentors. Section three contains questions related to leadership in general, and the participant’s assessment of her own leadership qualities and strengths.

In their original study, Astin and Leland developed a survey primarily focused on collecting background information on all their participants. Since they intended to conduct an in-depth interview with every participant they did not include many open-ended questions regarding leadership in the survey. These questions were part of the interview process. Since I was unable to conduct interviews with the participants it was necessary to modify Astin and Leland's survey to include more direct and open-ended questions related to leadership and leadership outcomes. These questions are in section three of the survey.

In order to ensure the effectiveness of the questions in the participant profile, I conducted a pilot study with three women who were Chief Executive Officers of Mental Health Associations. The women were not randomly selected to participate in the study. I asked them to respond to the survey and provide any feedback they felt would be useful in conducting the study. From their responses I was able to determine the time that would be required to respond to the survey. I also added one question related to best and worst parts of the job that was suggested by one of the pilot study participants. It became evident from their responses that the survey would be able to generate the data needed to complete the study.

Data Collection Procedures

There are currently 168 women who are Executive Directors or Chief Executive Officers of state and local Mental Health Associations in the United States. The Participant Profile survey was sent to 56 women or thirty-three percent of the total group. There were thirty-eight Participant Profiles returned which was a sixty-eight percent response rate.

The specific questions asked in the participant profile were intended to gather in-depth information initially developed by Astin and Leland. (1991, p.14) The areas of research were:

- (1) the social and historical context to establish what factors initially influenced the women to become active in mental health reform;
- (2) the leadership process itself to identify antecedents, characteristics, styles and strategies, critical events and other key elements of leadership;
- (3) peer and work relationships including mentoring, support networks and the role of colleagues as change agents;
- (4) personal and professional development including the demands and satisfactions of leadership, sources of personal support and career and personal agendas for the future; and,
- (5) issues and legacies of the mental health reform movement including assessment of accomplishments, current and future issues, and leadership responsibilities.

The participant profile was designed to have the women indicate not only their assessment of themselves as leaders, but also to look at the social change resulting from their leadership. In this case, they assessed changes on behalf of adults and children with mental illnesses.

Study Population

The population that is the focus of this study is women who are Executive Directors of Chief Executive Officers of Mental Health Associations in the United States. There are currently 168 women in this group. It was important in this study to select

groups of women who were representative of the full array of the characteristics and multiple realities of the total group. (Borg & Gall, 1989; Hakim, 1987; Mason, 1996) For this reason I determined that purposive sampling was more appropriate than random sampling which might miss some of the non-typical subjects which were essential for inclusion in the study. I wanted to utilize a sampling methodology to ensure that women of color and women who had a history of mental illness (also called consumers of mental health services) were represented in the data. The Mental Health Associations are predominantly lead by white women. Women of color and women who are consumers would be "outliers", in terms of representation, but their experiences are of special importance for this study.

Feminist theorists have argued that knowledge must be grounded in experience and that human experience differs according to the kinds of activities and social relations in which people engage (Harding & Hintikka, 1983). The social and historical context is critical in shaping a person's experience and perspectives. Yet, as we have seen in the literature, the experience of white middle class males in leadership positions has been generalized to represent the experience of all people. From male experiences, general theories, concepts and methodologies have been developed which are designed to increase our knowledge of leadership, not as a male experience, but as a human experience. As feminist researchers create new models to look at leadership it is critical that we do not create a parallel scenario where we present the experience of leaders who are of white middle class women as representative of the experience of all women. Therefore, it was critical that the research be more inclusive in process and in content. The experience of a wide range of women was consciously and intentionally included in the research.

Purposive sampling methodology was used because it supported the specific inclusion of women of color and consumers in this study, who might otherwise have been overlooked had random sampling been utilized.

In order to identify Mental Health Association leaders, who were women of color and/or women with a history of mental illness, I worked with the Vice President of Affiliate Relations at the National Mental Health Association (NMHA). Prior to coming to the NMHA five years ago, she was the Executive Director of an MHA affiliate and active in ASMHAP for many years. Between the two of us we personally know about eighty-five percent of the women leaders in the movement and have some knowledge of the women of color in the movement. Identifying women who are consumers was a more challenging job since the social stigma associated with having a mental illness often encourages people to maintain silence about their illness. Nonetheless, there were a few Mental Health Association Directors who have been very open about being consumers of mental health services. From this process we were able to identify eleven women who were sent initial surveys. The remaining forty-five MHA leaders were chosen utilizing the NMHA list of affiliates by a random selection process. Once the initial group of women of color and women consumers was designated, every third person on the list was mailed a profile survey for a total of fifty-six surveys. This represented one-third of the women who were Executive Directors and Chief Executive Officers in MHA's. Based on the questions in the survey, additional participants identified themselves as women of color and consumers.

Analysis of the Data

The intent of this research is not to make generalizations, but to see if the findings of Astin and Leland (1991) on women and leadership are relevant to the female leaders in the MHA. Through the profile survey the women provided a construct of how they have defined leadership, worked to achieve their own and their organization's goals and created meaning in their lives. "Data, are, so to speak, the constructions offered by or in the sources; data analysis leads to a reconstruction of these constructions" (Lincoln & Guba, 1985, p.332). The framework for analyzing the data was drawn from the findings of Astin and Leland with the content of the profile survey as constructs applied to how this group of women made meaning of their experiences as MHA leaders.

Miles and Huberman (1984a, 1985, 1994) identify three concurrent aspects of data analysis. These include data reduction, data display and conclusion drawing and verification. Data reduction is the process of selecting, focusing, simplifying, abstracting and transforming the raw data. Data display involves organizing the data in a way that allows conclusion drawing and action taking. Conclusion drawing and verification notes possible explanations and regularities in the data. These three activities are interwoven before, during and after data collection.

In this view, the three types of analysis activity and the activity of data collection form an interactive, cyclical process. The researcher steadily moves among these four 'nodes' during data collection, then shuttles among reduction, display and conclusion drawing/verification for the remainder of the study" (1984a, p24).

The data in this study were analyzed according to a similar process. However, as a replication study, data reduction was achieved by using a categorical indexing approach.

By using the structured framework of Astin and Leland for the profile survey questions there is an ordered sequence of categories in place for organizing and reducing the data.

It was important in utilizing this categorical indexing to pay particular attention to data that did not fit within the current frameworks when women indicated experiences that were different from the findings of Astin and Leland, or from other women in the study. Particular attention was needed to ensure that these examples were included since they could represent emerging themes which would need to be identified and explored. (Mason, 1996)

While the use of the profile survey was contained and in many ways easy to categorize, the wealth of information provided by the participants made it a challenge to consistently apply an organizing framework to the material. Patton called the process of choosing what to include and what to leave out the "agony of omission" (Patton, 1980). Each time the data is reduced the researcher is attempting to balance the telling of a story with illustrating a concept. In determining what is central and integral to the research, you are often faced with leaving out interesting responses that could potentially be emergent themes.

To analyze the participant profiles, I marked responses to the specific categories of questions and then began to categorize those responses by noting themes that were repeated by several women. Responses to each question/category were grouped together in order to identify patterns, similarities and differences. These were compared to the findings of Astin and Leland. Finally, excerpts were chosen to illustrate particular perspectives, findings and issues.

Establishing accountability and trustworthiness

In 1985 Lincoln and Guba raised the issue of assuring trustworthiness when conducting naturalistic (qualitative) research. "The basic issue in relationship to trustworthiness is simple: How can an inquirer persuade his or her audiences. . . that the findings of an inquiry are worth paying attention to, worth taking account of? What arguments can be mounted, what criteria invoked, what questions asked, that would be persuasive on this issue? (p. 290). They argued that all researchers need to be aware of this concern and developed four ways of establishing accountability and trustworthiness that were appropriate to qualitative research. These involve establishing standards for credibility, transferability, dependability and confirmability.

Credibility involves demonstrating that the researcher's interpretations of data are credible to those who provided the data. The use of the exact words of the participants to illustrate findings begins to address the issue of credibility. Data from the profiles was collected and analyzed from different perspectives. Particular emphasis was also placed on identifying negative case samples which were responses were significantly different from the other participants or that did not reflect the findings in the original Astin and Leland study.

Transferability relates to providing enough information about the context of the study so that anyone wishing to apply the findings somewhere else can make the determination whether it would be reasonable and possible. In order to do this I needed to provide the reader with "thick descriptions" (Geertz, 1973; Rudestram & Newton, 1992) of all the data in order for them to determine the degree of similarity between the women in this study with women in any other setting.

To address the issues of dependability and confirmability I also kept an audit trail which records how decisions and analyses were made, as well as a research journal. The journal was used to record and reflect on the dissertation process and includes personal and methodological issues and insights that arose in doing this research.

CHAPTER IV

PRESENTATION OF THE DATA

In this chapter, the study data are presented. The chapter is divided into four sections that correspond to the four research questions. The first section will address the early influences in the lives of the women that led them to work for an organization focused on social justice for persons with mental illnesses. The second section will look at the institution in which these women work. It will also examine their responses to what they consider to be the components of leadership in general. Section three will present the actual leadership behaviors and strategies used by the women in accomplishing their goals. Section four will present themes emerging from the data. In each section findings will be presented from all the study participants. This will be followed by a report of the findings from the participants who identified themselves as consumers of mental health services and the participants who identified themselves as women of color. In order to protect the anonymity of the participants, each was assigned an identification number. Quotes from the participants are included to support the data and credited to each participant using their identification number.

Section One: Origins of Leadership

This section will focus on the influences and experiences of the women leaders who are Executive Directors and Chief Executive Officers of Mental Health Associations in the United States while they were growing up. It will explore the factors that prompted their interest in social justice for persons with mental illnesses. Those factors will include

family background, influences of family members, early role models and mentors, a history of mental illness in their family or themselves, and other key experiences that may have influenced the development of their leadership skills.

Family Backgrounds

While the backgrounds of the women in the study were varied, there were many similarities as well. The average age of the women is 52 years old though they ranged in age from 29 to 78 years (see Table 1). All but one were born in the United States and the majority were Caucasian, as illustrated in Table 2 on page 94.

Table 1. Age of Participants

Number of Participants	Age Bracket
1	20 –29
4	30 –39
12	40 –49
13	50 –59
6	60 –69
2	70 –79

Table 2. Ethnicity of participants.

Number of Participants	Ethnicity
2	African American
34	Caucasian
1	Hispanic/Latina
1	Native American

Ninety-five percent of the participants' parents were also born in the United States. Seventy-four percent of the parents had earned at least a high school education but the fathers were more likely to have graduated from college than the mothers. The educational level of the parents of the participants is shown in Figure 1 on page 95 and the educational background of the participants is shown in Table 3 on page 95. As can be seen in Table 3, the participants had all graduated from high school with over half completing post-baccalaureate degrees.

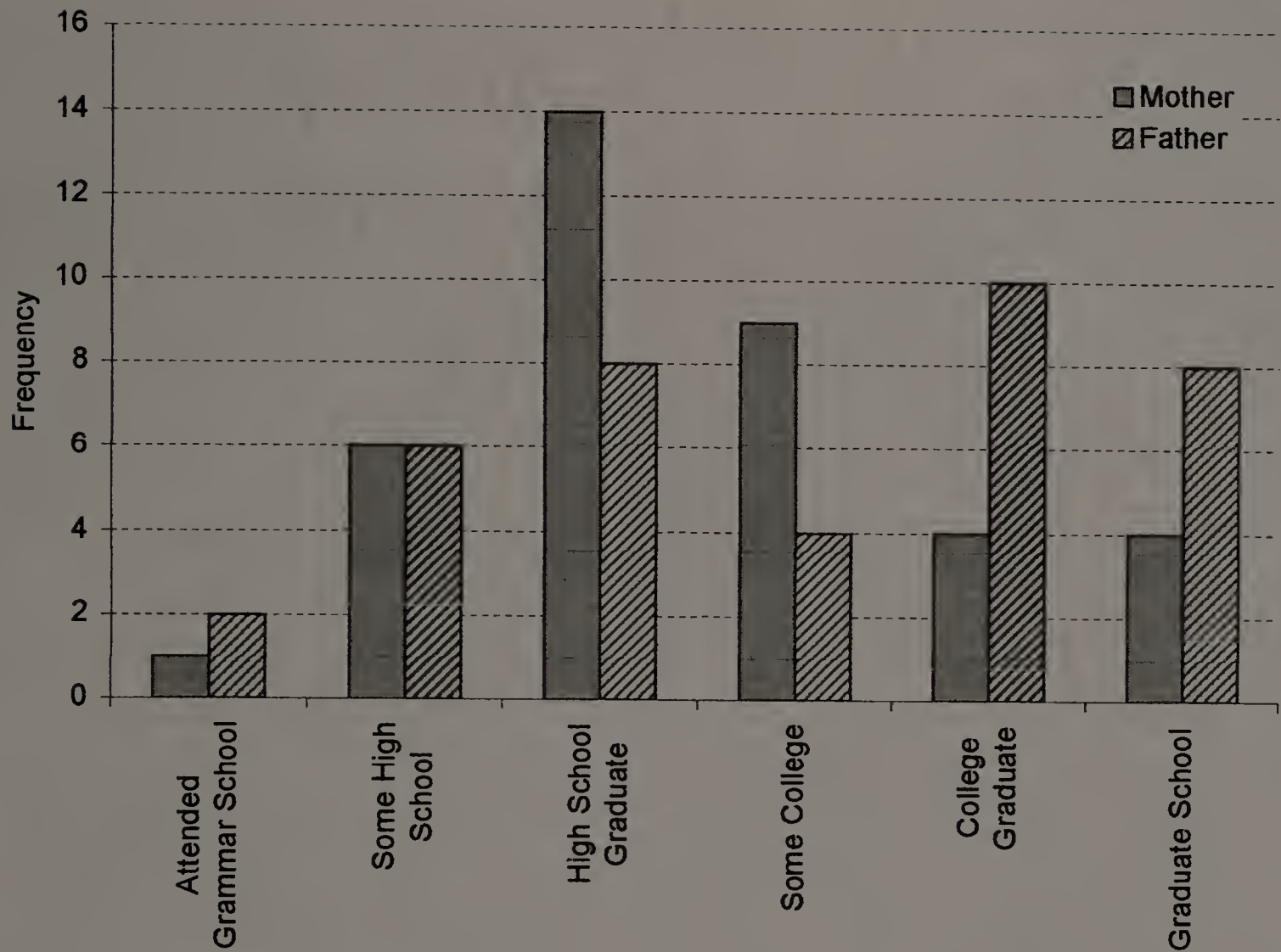


Figure 1. Educational background of parents.

Table 3. Educational background of participants.

Number of Participants	Educational Background
2	High School Graduate
1	Associates Degree
12	Bachelors Degree
21	Masters Degree
1	Doctorate
1	No response

Ninety-eight percent of the fathers were employed in non-mental health related fields. Fifty-eight percent of their mothers were employed while the participants were growing up with eighty-two percent of their mothers working full-time. Ten percent of the mothers were employed in a mental health related field with the remaining working in a non-mental health related field. Forty-two percent of the mothers did not work out of their home.

Twenty-two of the participants (fifty-eight percent) are currently married with seven (eighteen percent) having been previously divorced. The remaining nine participants have never been married (two), are remarried (four), are widowed (one), or live with an intimate partner (two). Eighty-two percent of their present spouses/partners are college graduates with most of them (eighty-eight percent) employed in non-mental health related fields. Eighty-four percent of the women have children with most (sixty-two percent) having two or fewer children. Fifty-two percent of the participants were first born or only children.

Influence of Parents and other Family Members

Parents and other family members were the most important early influences for the women in the study. They were identified as role models because of their own achievements, their ability to overcome difficult situations and their commitment to their families and their children. They were powerful agents in the development of their daughter's potential.

Mothers were often cited for their ability to deal with and rise above a difficult childhood and marriage. "As a single parent [my mother] was tireless at raising children

who believed that they could succeed.” (38)¹ Another woman admired her mother “...for her strength through tragedies, commitment and total unconditional love for me and others. She basically was the caretaker and managed everything alone.” (3) Several mentioned situations where their mothers experienced a difficult childhood and turned that experience into the driving force behind their own parenting. One mother was an only child whose father was an alcoholic. As a result of his drinking, the family moved at least twice a year when her mother was growing up. The participant related that her mother “...was determined that her children would have a better life than hers.” (5)

Many of the mothers were seen as self-actualized women despite often having a lack of formal education. As one of the women clearly stated, “[my mother]...never let her lack of formal schooling keep her from educating herself. She is one of the most educated women I have ever met, and my best friend.” (5) Another cited her mother who “...with almost no education...became a very successful restaurateur after age 60. She was also a role model of strong, assertive, ethical womanhood.” (55)

Many of the comments regarding the influences of their mothers as role models did focus on their ability to parent and to recognize the individual capabilities of their children. A typical comment in this realm stated “My mother was an outstanding individual in her understanding, teaching and care of children. She was hardworking, goal-oriented and highly effective in her relationships. Each of her [children] felt unique and special in the love she gave.” (20)

Fathers were also seen as powerful role models for the women, but their influence was generally expressed in relationship to their ability to set and achieve goals. One

¹ The identification number following direct quotations was assigned to each study participant in order to

woman leader saw her father as "...determined, motivated, being persistent, hard working and [dedicated] to the goals that you set." (33) Another spoke about her father setting an example for her by being a "... very hard worker [who taught] the value of hard work and goal setting."(14)

The women were also influenced by their father's general enthusiasm for living. Several talked about fathers who had values they admired such as "...integrity, fun, adventurous, trust, interested in the world and engagement in life." (12) Another spoke of her father as "...very personable, non-judgmental, family centered, dependable, loving, giving, honest and patient." (30) One woman had the opportunity to work for a summer in the company where her father worked. Her father became a role model for her through his work as a manager in the company. "I very much admired my Dad's managerial abilities." (56)

While the women often spoke of the influences of their mothers in relation to their families and their fathers more often in relation to their work ethic, several of the women cited their grandmothers as a major role model in their lives. Often it was the grandmother who was respected for encompassing success in both family and career. "[My grandmother] ... reared 4 children and formulated her own construction company as a *widow-lady* [and she was]...great fun too!" (13) Very much admired and respected by their granddaughters, several saw them as women who were ahead of their time. "My grandmother was my role model. She was strong, assertive, opinionated, politically active and devoted to her family. She played basketball [in college] in 1908! She was a feminist

protect her anonymity.

before we knew what that meant.” (48) Another stated “[my grandmother] told me over and over I could do anything if I gave it my all.” (30)

Parent’s Commitment to Community Service and Social Justice

Many of the women grew up in families where there was a commitment to community service. Often, either one or both of their parents emphasized the responsibility to give time and support to their communities. For some families this came from “... a strong religious background with a tradition of service to others.” (15) For others, the parent “...was always an advocate, always caring about what the condition of human kind was about.” (23) One participant was particularly focused on assessing the contribution of each parent’s influence on her own commitment to community service and social justice.

“[My father]...taught me that one could learn a great deal about oneself by helping the community. Furthermore, as someone who had been fortunate enough to be born into a middle class American family, I had a responsibility to contribute my skills to the community. My mother has always been a caring, nurturing woman who taught me the importance of including everyone. She is also very intuitive and tries to analyze situations to understand what makes people tick.” (28)

Besides involvement in community service a few women had direct involvement in social justice issues through their parents. “[My parents]...stressed the importance of non-violence and its importance in social change. My parents participated in the sit-ins and my brother and I marched along with them.” (34)

Other Early Role Models and Mentors

Another important role model for the women in the study was their teachers. The teachers played an important role in motivating and broadening the horizons for the

women and influenced them through their compassion for others. As teachers they were identified as leaders who directly influenced their lives. The participants spoke of the influence of teachers as early as elementary school through graduate school. Words mentioned most often by the women when describing these teachers were “fairness”, “kindness”, “caring for others” and “compassion.” Teachers also encouraged the women to “try their best” and “work hard to succeed.” One of the women expressed the influences that two of her teachers had on her life. “...both expected a great deal from me but told me through words and actions that I was capable of achieving many things. Both...were actively involved in their jobs, churches and communities and still had time for family and friends. I’ve tried to follow their examples.” (54)

As the women began their careers, thirty of them (seventy-nine percent) identified themselves as having mentors that were equally split between work colleagues and college professors. Of the women identifying mentors, the common elements of their influence included teaching the participants specific skills that helped them in their career (forty-three percent), giving them confidence in their ability to succeed (thirty-six percent), influencing their choice of career (twenty-three percent) and providing personal and professional support (ten percent). Of the participants responding, thirty percent specifically mentioned that their mentors were women.

For those participants who felt that their mentors were most influential in teaching them skills, the skills mentioned included general management skills, personnel management, time management and professional ethics. These skills were cited as “...tangible, realistic and effective techniques that ultimately added in my own success.”

(2) The mentors taught the women “... through instruction and example how to leverage

support for issues in the community through effective cultivation of influential individuals who had the power to influence or make changes in the community.” (34) Their mentors also were role models who demonstrated effective behavior for a staff leader. “[My former supervisor] was a dynamic individual who introduced me to the art of being an [Executive] Director. I was most impressed by her considerable time management skills and *people schmoozing* skills.” (28) Another mentor was described as “[a supervisor who] taught me about true empowerment of co-workers, consumers and families.” (38)

The most moving testimony concerning the influence of mentors came from participants who saw their mentors as giving them confidence and increasing their self-esteem. For many, the mentor was the person who demonstrated through their actions that they believed in the ability of the participant to succeed against all odds. According to one participant, “...one of the profound elements [exhibited by my mentor] has been high expectations, trust and confidence in me.” (49) “Both [mentors] emphasized that I was capable of more than I thought. [I] needed to extend myself more-take risks.”(32) Another stated “[My mentors] helped me to grow up in the professional world-were often proactive, but always willing to lend an ear...they really cared about me and my future.” (11)

The mentors that influenced career choices were often college teachers who encouraged the participants to pursue their education in order to work with people with emotional disabilities within the non-profit sector. In one instance the participant stated that the faculty member “...supported me for two years as I studied for my master’s.” (5)

Other Major Life Events Influencing Career Choice

The majority of the participants reported that the experiences that had the most significant impact on their choice of career involved previous paid and volunteer work. This was the same finding for consumer participants. The woman of color each had separate individual responses to this question and therefore there were no evident trends. The data is reported in Table 4 on page 104. The previous jobs, whether they were for pay or as a volunteer, work exposed the participants to people in need or to actual job in opportunities in the mental health field. After working in schools or hospital settings the participants often cited their inability to find appropriate resources to meet the needs of the people they saw in their work. Participants also expressed the strong sense that their more direct involvement could make a difference. One participant changed her career from teaching to the Mental Health Association in order “[To address her] angst as a primary teacher. [I saw] too many youngsters [who were] neglected-abused etc. [I] needed to get in the *grown up* world to make a difference as an advocate” (2)

While teaching experiences were often cited by participants as influencing their current career choice, the work experiences that impacted them were not limited solely to schools. “After working in many hospital settings I have witnessed [that] we can only heal outside hospitals, in communities with proper resources...I have seen how important the mind is in healing the whole person.” (13) Another participant found her work in the prison system as the motivating force behind her move into mental health. “My work in the division of prison...exposed me to many people with mental illness who were incarcerated and who needed alternatives to prison and mental health treatment.” (34)

For the participants who cited previous work as influencing their choice of career, the responses were equally divided between both paid and volunteer work. Again, the volunteer work exposed them to people in need with very little in the way of resources. "I have always been interested in community service. I began volunteering during my childhood and continued during my adolescence and college. I joined the Peace Corps...where I learned a great deal about myself as well as the remarkable strength and ingenuity of people who live in impoverished conditions." (28) This response was indicative of several of the respondents who found the roots of their current career in volunteer experiences that occurred in childhood, primarily in local hospital settings.

For the women citing adult volunteer experiences as a major factor in their current career choices, they emphasized the opportunity to develop skills that their volunteer work provided them, as well as the exposure as a viable candidate for a paid position once one became available. "My volunteer work...really provided the opportunity to hone the skills needed for working with volunteers and for fund raising that I have utilized working for a not-for-profit." (8) Several participants mentioned working as a volunteer for the MHA and being offered a paid job based on that experience (14,3,5). One participant who was specifically recruited by the MHA for a paid position stated "...I was sought after because of my volunteer career...[with United Way and other non profit organizations in her community]. (39)

Table 4. Other Major Life Events Influencing Career Choice

Other Influences	All Participants	Consumers	Women of Color
Previous Paid Employment	37%	50%	25%
Volunteer Work	30%	25%	0%
Childhood Experiences	21%	25%	25%
Other	12%	0%	50%

Influence of Mental Illness in the Family

Twenty-four of the women participating in the study (sixty-three percent) indicated that they have a family member (relative or partner) who has a mental illness. The data reporting the influence that this had on participants is reported in Figure 2 (see page 105). When analyzing their responses to what life events influenced them the specific influence of a family member's mental illness was explained in detail by only twenty-four percent of the participants. The women who did discuss this were more likely to discuss the influence of the mental illness of their children (sixty-percent). Only one participant went into any depth with her response and detailed the mental illness of her son, sister and niece as greatly influencing her choice of career. She also indicated the success of recent medications with her son and explained "... he is doing very, very well on [medication]."

(55) The other participants who indicated that the mental illness of a family member greatly influenced their choice of career did not detail this in any way throughout the survey.

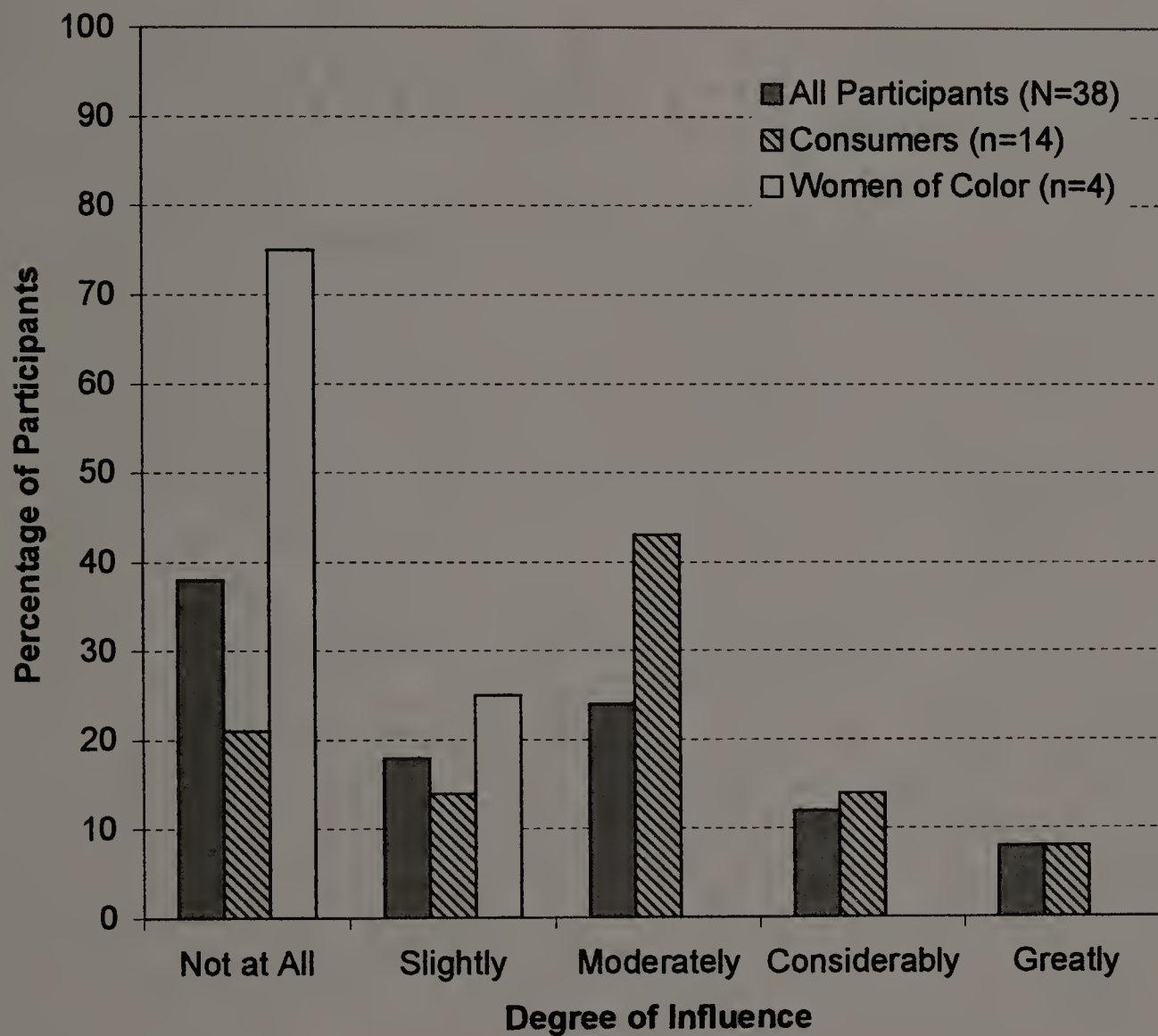


Figure 2. Influence of mental illness on career choice.

Consumers: Origins of Leadership

Fourteen (thirty-six percent) of the women who participated in the study voluntarily identified themselves as consumers of mental health services. Nine of the consumers also indicated that they had a family member with a mental illness. Data

reporting the influence mental illness had on their choice of career is reported in Figure 2 (see page 105). Like their colleagues, they did not talk specifically about the influence of their illness. More often, their comments were focused on addressing the negative conditions in hospitals. Typical comments included: “[I feel a strong need to address] the lack of rights of persons with mental illness”(23) and, “[I am concerned about the] horrible treatment of people [experienced when they are hospitalized for a mental illness].”(30)

When looking specifically at the people and life events that influenced their choice they are again very compatible with their other non-consumer colleagues. The greatest influence were parents (fifty percent) with most of the women citing their mother’s influence. Their comments were generally focused on personal qualities such as loving and caring, strength and intelligence. When other family members were mentioned they tended to be grandmothers and aunts who provided positive role models and encouraged the women to succeed. “[My family] influenced me to have noble ideals, high standards, charitable values and ambition.” (49) For the consumer participants both high school and college teachers taught them specific skills that influenced their choice of career and believed in their ability to be successful.

A significant finding was that the only participants who stated that they had no mentors, were all consumers of mental health services. While most of them responded with a brief “no” and with no additional explanation to the question, the response of one of the consumer participants might be telling. She stated “...being socially isolated...I was on my own. Also in college I continued to be a private person as my self esteem was so low I doubted my ability to succeed.” (24)

Women of Color: Origins of Leadership

Only four women (nine percent) of the women in the study identified themselves as women of color (see Table 2 on page 94). Since this minority representation is so small, the reader is cautioned to not view the results as representing significant trends in the minority population. The results reported are for exploratory purposes only.

Like their counterparts the women of color identified their parents as the greatest influence on their choice of career. They identified the activism of their parents as well as their example of service to the community as significant elements of their influence. The African American women also identified the influence of national black leaders in their choice of career. “[Black leaders like Martin Luther King, Barbara Jordan and Shirley Chisholm were role models because they] stressed the importance of non violence and its importance to social change...” (34)

Their mentors in school or work encouraged them to set high goals and pursue advanced education. Their mentors in work also helped them to develop the skills that they would use as they pursued their careers. “A local attorney and social advocate taught me through instruction and example how to leverage support for issues in the community through effective cultivation of influential individuals who had power to influence or make changes in the community.” (34)

The data representing the influence of mental illness on their choice of career for women of color is presented in Figure 2 (see page 105). Only one participant in this group stated that she had a family member with a mental illness and she saw this as having only a slight influence on her choice of career.

Summary of the Origins of Leadership

In reviewing the responses to the question about the early influences and experiences of the participants that influenced their choice of career several themes emerge:

- Parents and other family members had the most important influence on the women in their choice of career;
- Many of the women grew up in families where there was a commitment to social justice and community service;
- An important role model and mentor for the women were teachers from elementary school through high school and college;
- Many of the women were influenced by the presence of mental illness in their families and / or themselves in their choice of a career;
- Previous paid work and volunteer activities influenced career choice;
- Participants self-identified as consumers identified influences in their early life that were similar to the non-consumer participants; and
- Participants self-identified as women of color identified influences in their early life that were similar to all other participants.

Section Two: Components of Leadership

This section will focus on examining the participants' assessment of the components of leadership. The first part will address information on their employment with the Mental Health Association and their assessment of various aspects of their jobs. The second part will address their assessment of the various aspects of leadership and their

self-assessment of their own leadership qualities. The last part will identify any emerging themes in their assessment of the components of leadership.

Employment with the Mental Health Association

The participant's employment with the Mental Health Association spanned those employed less than one year to those employed more than sixteen years. The Data regarding employment of the participants is summarized in Figure 3 on page 110.

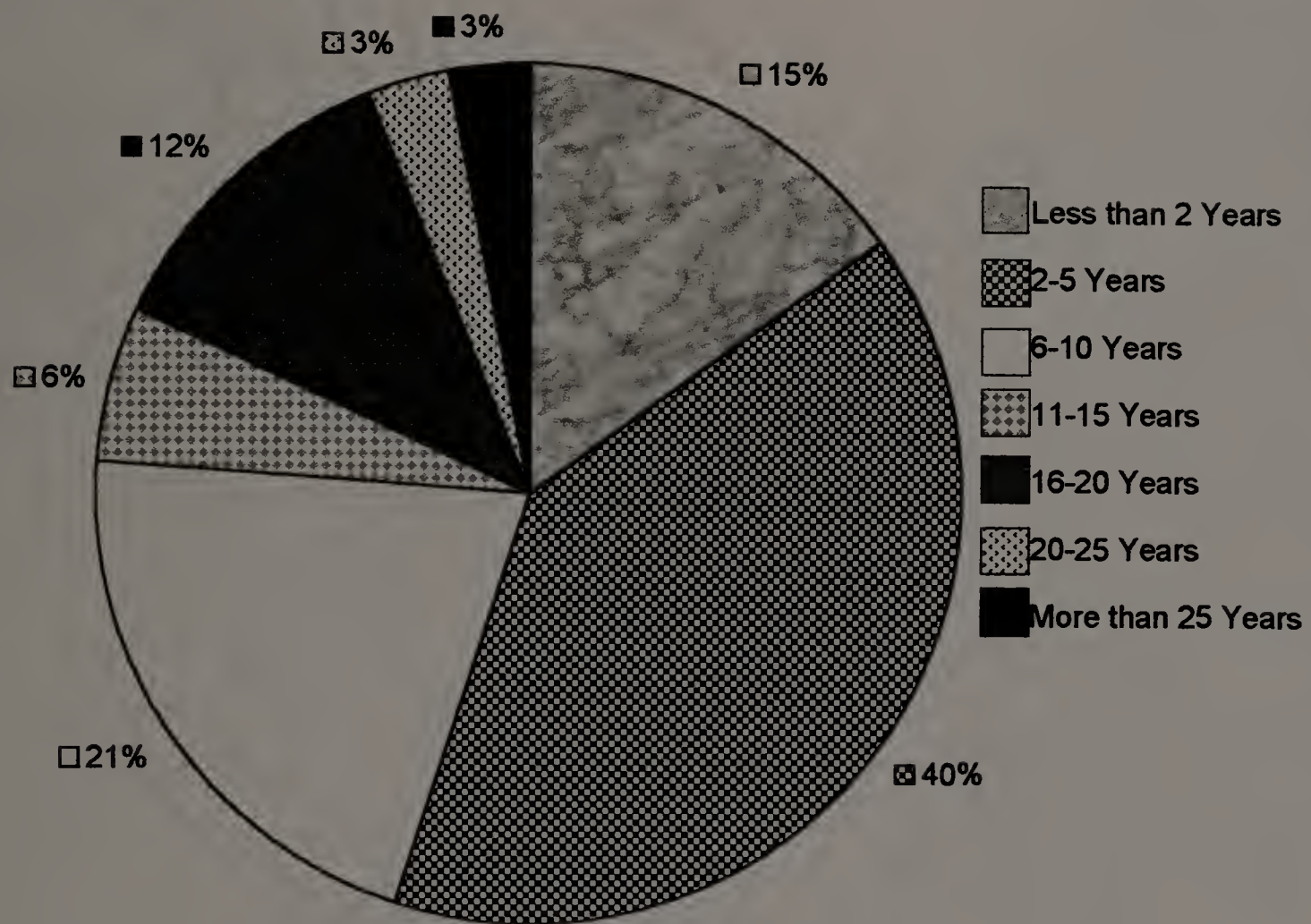


Figure 3. Number of years employed by the Mental Health Association.

The data regarding the size of the budget of the participant's Mental Health Association is summarized in Figure 4 on page 111. The majority of the women work in small agencies with budgets ranging from \$100K to \$500K.

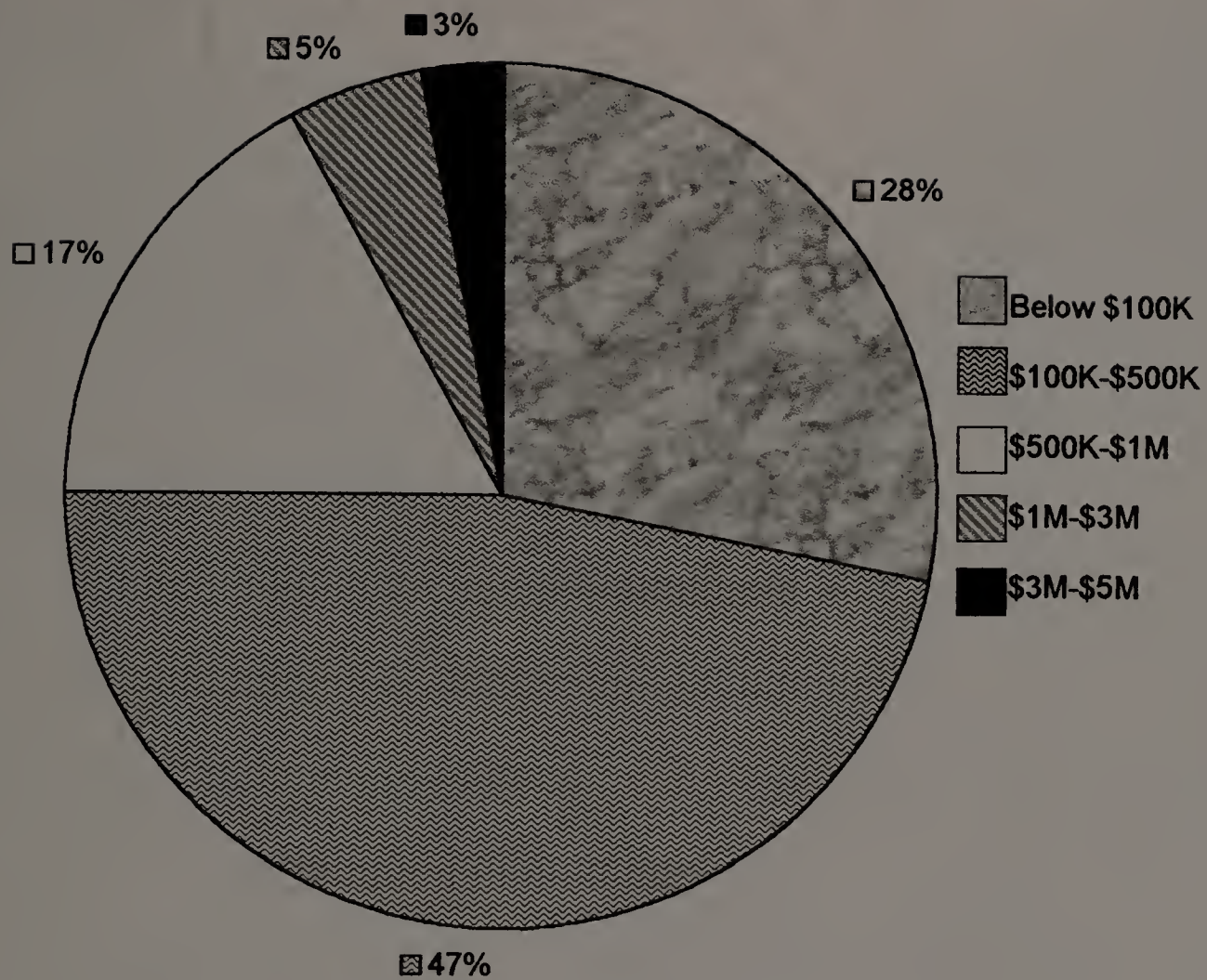


Figure 4. Agency annual budget.

Mental Health Association Mentors and Role Models

Since many of the participants were relatively new to the Mental Health Association it would be of interest to assess if they were provided any formalized mentoring support. In an organization so diverse, the presence of some system that encourages the development of mentoring relationships can help to unify and strengthen the leadership. Therefore, the participants were asked if they had any mentors or role models within the Mental Health Association movement and to specify the nature of that support. Twenty-five of the study participants indicated that they did have mentors and

role models once they began working with the Mental Health Association. Eleven (forty-four percent) identified other Mental Health Association Executive Directors as their mentors or role models, with seven participants (twenty-eight percent) identifying members of their Board of Directors playing that role. For those identifying another Executive Director as their mentor, the Director was either their previous supervisor or a colleague that they met at national or state meetings.

Their previous Executive Director gave the women a chance to develop their skills and understand the mission of the organization. "My [Executive Director] was a major factor in my becoming committed to mission. He also permitted great flexibility & creativity in accomplishing my work. He basically pitched me the ball, and let me have it..." (3) Another participant cited her former Director because "[he] got me started - gave me a lot of *rope* - backed me up!" (12)

Participants identifying other Executive Directors as their mentor often cited the impact of training their mentors provided at national meetings. "[While attending a training] I met many MHA staff [who] made me aware of the real mission of the MHA, and taught me a lot about mental illness and leadership..."(5) Another participant stated that she was influenced by "[other MHA Directors who] shared the vision, mission, leadership skills [which] gave impetus to [my] advocacy efforts. [They also] shared experiences, fund raising hints, board relations skills, hiring, etc." (56) Several participants also mentioned being inspired by other Executive Directors in the "...desire for excellence that they demonstrated." (8)

Participants identifying Board members as role models and mentors cited reasons that were very similar to those cited for the Executive Directors. Generally they

encouraged the women to develop skills and to use those skills to expand the work of the Association. One participant described her Board President as "...a very dignified, disciplined woman who expected excellence from staff and board alike. She was also a caring, deeply committed volunteer who shared her skills and knowledge with the MHA."

(28) Another describes her Board member as a "...volunteer who is very dedicated to the advocacy cause of speaking in behalf of the population who are unable to speak for themselves. I became more of an advocate for this target group due to her influence..."

(33)

Consumers: Mental Health Association Mentors and Role Models

When asked whether they had any Mental Health Association mentors or role models seven of the consumer participants also identified other Mental Health Association Executive Directors. In addition, three identified national celebrity leaders, some of whom were connected to the National Mental Health Association, as role models. Another three stated that they had no mentors from the Mental Health Association movement. The remaining two consumers identified other colleagues and friends as role models and mentors.

The consumers either learned skills from their mentors or were inspired by their example. This was similar to the influences reported by the general participants. One participant described training she had received from another Executive Director. "[The training] was timely and effective, focusing on [the] concepts and tools that assisted my own leadership developmental processing that eased transition from a Mom & Pop agency to a professional & cogent agency" (2) Another worked for a former Executive Director

“...with tremendous negotiating skills [who was] great at coalition building. I learned much from her...” (14) Other participants mentioned being inspired by the examples of “...dedication to the organization’s mission, their energy, and their compassion.” (54) they saw demonstrated by other Executive Directors.

Board members have also provided encouragement and inspiration, as well as necessary skills to consumer participants. One consumer described a board member who “...demonstrates a passion for the movement and what it represents. She continually gives her time and shares her knowledge and experiences to help me stay focused, plan effectively for the excellence I strive for with our MHA.” (30)

Consumer participants were the only group to identify celebrity spokespersons as role models (twenty percent). The spokespersons included Clifford Beers, Kay Jamison, Rosalyn Carter and Tipper Gore who were cited for the inspiration they provided and the courage they demonstrated through their work. (11, 24, 18)

Women of Color: Mental Health Association Mentors and Role Models

Two of the women of color also identified other Mental Health Association Directors as mentors and role models (forty percent). However, the other two stated that they had no mentors from the Mental Health Association. One participant stated that her State Executive Director who devotes “...endless hours of time...keeps me going.” (43) This same participant also finds a former board member “...truly inspiring.” (43). The most interesting quote came from a participant who stated that the reason she had no mentors was because “...I’m new to MHA movement. I have only been in the business 3 years.” (7)

Most Rewarding and Least Rewarding Aspects of the Work

The data representing what participants identified as the most rewarding aspects of their job is presented in Table 5 (see page 120). The majority of the participants reported that working with consumers was the most rewarding part of their job. The comments were very consistent around this issue. "The most rewarding aspect of my work is seeing the changes [sometimes small] we help to make in the lives of consumers" (5). Another stated that her most rewarding experiences involved "...seeing those forward steps that make life better for people with mental illness." (12) "Helping people make life worth living, helping people see there is hope, helping people know they are not alone" (13) was also a consistent theme. Finally, the ability of a person to have an identity beyond that of their mental illness was mentioned as a rewarding aspect of the job: "Seeing people who grow, take on new challenges [and are able to] move away from [their] identity as mentally ill." (32)

When focused on the education aspects of their jobs, the women discussed their public education efforts that help to increase understanding of mental illness and reduce stigma. Many of the women are involved in numerous presentations in their communities that are given in a variety of venues including schools, prisons, social service clubs and conferences. Again, their themes were consistent. "Knowing that we educate many people each year about mental illness and hopefully reduce stigma" (5) and "Expanding awareness of need for reduction in stigma and enhancement of the programs for persons with mental illnesses" (55) were important components mentioned by the participants. Several mentioned their work with consumer education specifically and took pride in helping consumers understand the nature of their illness. "Helping several hundred people, many

of whom are primary consumers, to understand mental illness.(is a rewarding aspect of my job.” (39) Like several participants, this leader also enjoyed her work in special settings like schools and prisons. “I feel most helpful and appreciated in my advocacy and education in our jail and then in our High Schools.” (39).

For those participants who found the advocacy components of their jobs most rewarding, their focus was on their ability to initiate systems change. They saw as beneficial to improving the lives of consumers. According to one participant, “Helping major system change occur to more adequately address the needs of people with [mental illness] and their families [is most rewarding].” (48) Another stated that “...sharing the MHA vision of a full life for persons with Mental Disorders-the *it's time for justice!* issue [is most rewarding]. This involves teaching and advocacy which are two of my favorite things.” (56)

The least rewarding aspect of their work for the participants who were all Chief Executive Officers or Executive Directors of Mental Health Associations in the United States related to raising the funds to do the work (See Table 6, page 120). Typical of the comments were that the women found this “...never ending quest for funding” (28) time consuming and very challenging. One participant seemed to speak for many as she stated “ The most difficult aspect of this work is constantly trying to keep this agency on a good financial basis-writing proposals, grants, seeking funds, doing United Way budgets, justifying your efforts to funding groups who expect great results is very frustrating.” (15)

Consumers: Most Rewarding and Least Rewarding Aspects of the Work

Participants who identified themselves as consumers of mental health services indicated the same most rewarding aspects of their job as their non-consumer colleagues, but they ranked them differently. This is illustrated in Table 5 on page 120. Although the consumers also found that working with other consumers the most rewarding aspect, they identified advocacy and systems change as more rewarding than community education to reduce stigma.

The responses of the women regarding helping consumers mirrored the responses of their non-consumer colleagues. Their comments include statements that may indicate their identification with the struggle faced by consumers recovering from a mental illness. For example, comments such as "...Learning that a caller/client has actively pursued treatment - faced their demon" (2); and, "...offering support and resources to desperate situations" were more typical of the more personalized comments made by consumer participants. Several consumers identified this aspect of their job as continually reminding them of what is most important in their work. As one participant indicated "...I enjoy direct interaction with consumers to see the continued struggle and progress toward autonomy by those who have lived most of their lives in protected and limiting environments. [This] makes me remember why I am doing this work." (24)

While the priorities the consumer participants assigned to advocacy and education were reversed in relation to their non-consumer colleagues, the reasons they cited regarding their interest in these two areas was similar to the non-consumers. Their interest was focused on achieving systems change to positively impact the lives of individual consumers. With education, their interest was on increasing an understanding of mental

illness that might lead to a reduction of stigma. For one of the consumers who was faced with “cleaning up” her Mental Health Association internally, the possibility of “...finally getting to the job of real advocacy ...actually getting my feet wet hasn’t occurred. I’m so excited about the horizon of possibilities.” (11) As one of the consumers summarized these issues “...advocating / educating destigmatizes and clears the way to easier access [to services for individual consumers]” (21)

For consumer participants, the least rewarding aspect of their work was focused on management involved in running the agency, as shown in Table 6 on page 120. The management issues of concern were equally divided between handling personnel issues and dealing with the management of a Board of Directors. When discussing Board management issues, the consumers indicated that it was often a matter of “...educating the Board to the importance of what we are all about.” (11) In the personnel arena the consumer participants were concerned about the time those issues took away from their other work as reflected in one participant’s comment: “The most difficult aspects have been keeping all the balls in the air - so many important issues. [I] wasn’t prepared for the amount of time personnel issues would take.” (38)

When discussing fund raising issues, the comments of the consumers mirrored those of their non-consumer colleagues. “The most difficult aspect of the job is fighting year after year for less than we currently have to fund our programs. Our fight can not even be for increases-we have to fight to reduce the proposed cuts” (30)

Women of Color: Most Rewarding and Least Rewarding Aspects of the Work

The majority of the women of color participating in the study identified working with consumers as the most rewarding aspect of their jobs, as illustrated in Table 5 on page 120. The comments focused on the “growth of self esteem” (7) and seeing individuals empowered to “...live, work and thrive independently.” (34)

The women of color were less consistent than their counterparts in identifying the least rewarding aspect of their job (see Table 6, page 120). While one participant identified “chasing money - fund development...” (43) as the least rewarding aspect of her job, the remaining two saw the political aspects of the job, particularly in relation to dealing with issues of stigma, as most challenging. The latter is reflected in the following comment: “The total lack of understanding by most of the government officials who make decisions that impact the daily lives of consumers [is most difficult].” (34) The last participant was dealing with a difficult local situation that was most challenging for her. She reported that “The most difficult [aspect of the job] is the inability to prevent suicides - one a [month] in our small rural community.” (19)

Table 5. Comparison of Most Rewarding Aspects of the Job.

Job Component	All Participants	Consumers	Women of Color
Working with consumers	46%	47%	60%
Community education	20%	13%	20%
Advocacy	20%	40%	20%
Other	4%	0%	0%

Table 6. Comparison of Least Rewarding Aspects of the Job.

Job Component	All Participants	Consumers	Women of Color
Fund Raising	41%	29%	25%
Management	18%	36%	0%
Number of issues	9%	21%	0%
Difficulty in reducing stigma	18%	14%	50%
Suicide Prevention	0%	0%	25%

The Components of Leadership

The participants were asked an open-ended question in which they identified from their perspective, the essential ingredients of leadership. The results of this data are reported in Table 7 on page 124. The majority of the participants reported that a strong commitment to the mission and vision of the organization was a critical component of leadership. The next most frequently identified components were the ability to motivate and inspire others and the ability to demonstrate both self-respect and respect for others. Participants also cited the need for strong interpersonal communication skills as an essential component of leadership. One participant was eloquent in her presentation of these elements when she stated leadership includes the following elements:

“...[a] comprehensive understanding of purpose of the organization and a vision of where and how to fulfill that mission, [the] ability to engage members of the community in supporting that mission through contributions of time and money, [the] ability to delegate tasks/projects and to trust the individual to successfully accomplish the assignment...to assist and teach them when they don't perform, [a]willingness to be honest, informative and to ultimately accept responsibility if problems occur” (28)

Another participant stated “Vision! Ability to listen. Ability to articulate ideas. Ability to help others become excited about what you care about. Ability to organize others and delegate responsibility.” (48) The theme of respecting others came up often, as well. As one participant stated a leader, “[needs to have] respect for those you lead [and an] ability to delegate and let go. [A leader is] a person who trusts and can be trusted” (39)

When identifying women who they felt embodied the qualities of leadership they respected, the majority of the participants identified local female leaders and reiterated the same themes of commitment to an organization or individual mission or vision and a

charismatic ability to inspire others to act. The public figures identified by the women most often were Mother Theresa and Barbara Jordan. Mother Theresa was seen as a person who put others needs above her own and "... had a powerful enough impact on the world to focus attention on her cause." (5) For Barbara Jordan, the terms most often mentioned were "...intelligence, charisma (and) courage." (48)

Consumers: Components of Leadership

Consumer participants also identified the commitment to mission and vision as the primary component of leadership. The data is reported in Table 7 on page 124. They tended to emphasize this as a quality focused on being able to see and understand the big picture. For example, "Leaders need many qualities to be effective including integrity, sincerity, confidence, flexibility, insightfulness, [and an] ability to see the big picture while attending to the details" (49) As another consumer participant stated, "[a leader must have] the ability to see the whole forest while keeping an eye on the individual trees." (54)

Like their colleagues, consumer participants also focused on respect for self and others as a critical component of leadership. Most often the comments reflected the need to focus "...attention on those you lead [and be open] to other ways of thinking. " (24) Another participant described leadership "[as being willing to give] affirmation of others talents/skills..." (53) The remaining responses focused on an ability to inspire and motivate others.

Women of Color: Components of Leadership

The majority of the women of color participating in the study identified that the essential components of leadership were a commitment to mission and vision followed by

an ability to motivate and inspire others and strong interpersonal communication skills (see Table 7, page 124). One participant described this in the following way: “Effective leadership requires one to be able create a high level of synergy among key members of the organization in order to harness talent, experience and commitment to fulfill the organization’s goals.” (34)

Table 7. Essential Components of Leadership

Essential Components	All Participants	Consumers	Women of Color
Commitment to Organization Mission and Vision	35%	32%	42%
Ability to Inspire and Motivate Others	24%	18%	29%
Self-respect and Respect for Others	21%	27%	0%
Strong Interpersonal Communication Skills	20%	23%	29%

Describing Yourself as a Leader

Participants were asked an open-ended question to describe themselves as a leader. The most commonly identified components are presented in Table 8 (see page 128). The participants identified their ability to be a collaborative team player as their highest attribute. This was followed by their responsibility and tenaciousness in following through

on tasks, and their respect for the ability of others. The participants were also asked to rate themselves on a chart listing individual characteristics (see Appendix B, page 179). The results of their individual rankings are presented in Figure 5 (see page 129). The qualities of perseverance, loyalty/commitment, strong interpersonal skills and resourcefulness were all rated in the high range on the scale.

In identifying themselves as collaborative team players the participants described themselves as leaders whose "...greatest strength [is] my ability to facilitate collaboration and build confidence and competence in people, who then make me look successful. I then give them credit for that." (29) Another stated that she was able to motivate and collaborate with others "...by mentoring, modeling, rewarding advancing and turning over responsibility to others [Board, staff, volunteers and consumers]." (39) Two underlying themes appeared in the quotes: never give anyone something to do that you are not willing to do yourself; and giving people credit for what they accomplish.

The participants identified as a major strength their sense of responsibility and tenaciousness in achieving their goals. "I see myself as a very tenacious person who will get the problem solved and who does not give up. I have a very non-defeatist attitude." (15) Many reflected this theme very simply with statements similar to "...when I start a task, I finish it." (56)

Finally, many expressed a deep sense of respect for others and a confidence in the ability of others to do well. This belief is reflected in the following statements: "I value the inherent worth of all persons." (39); "[I have] respect for others ideas [and I am] able to encourage others to excel." (48); and "I believe in others and support them fully. I

inspire others to do their best.” (56) As one participant so expressively identified this strength, “I love to encourage others to attempt something they don’t think they can do!” (13)

Ironically, while identifying their leadership skills, twenty-four percent of the participants were reluctant to claim the title of leader and used more modest terms to describe themselves. Phrases such as “[I am a] non traditional, off the cuff, home grown, selfless leader...” (3); “[I am an] average leader.” (5); and “[I see myself as a] casual leader.” (24) were often interspersed with descriptions of their real skills as leaders. A typical example of this occurred as one participant stated “[I am] hard working, able to implement ideas, good follow through, make things happen [and], not into an ego trip of how important I am as a leader...[I am] *quietly competent*.” (32)

Consumers: Describing Yourself as a Leader

Consumers identified their skills as being a collaborative team player and a responsible, tenacious person equally as their strongest leadership skills. This was followed by respect for others, a strong sense of compassion and social justice and strong communication and interpersonal skills that were rated equally. These findings are illustrated in Table 8 on page 128.

When looking at collaboration one consumer participant stated “...I am a consensus builder and find ways to identify and utilize the strengths of everyone. This has created a lot of loyalty in others and a good base of *followers*.” (49) Another described

herself as a "...servant leader. The further away I get from those I serve, the more difficult I find it to be effective. This includes staff, consumers, families and my board of directors all of whom I serve." (38)

When identifying their sense of responsibility and tenaciousness, the participants who were consumers reflected the responses of their non-consumer colleagues. "[I approach] even the smallest tasks/responsibility as one of importance-follow through essential - tenacious - accurate." (2) As one participant stated "...failure is simply the next step forward." (11)

Those who identified respect for others as an important component of leadership used statements like "...I always value everyone's contribution." (14); and "[I have] fierce loyalty and expectations of others." (23) This participant, like several others, mentioned her "strong sense of rightness, justice, passion for rights of individuals..." (23)

The consumer participants who identified their ability to communicate as important, mentioned their speaking ability and "[an ability] to think on my feet. In general [I can make] others feel comfortable even in situations that are emotionally charged." (24)

Women of Color: Describing Yourself as a Leader

The women of color also identified being a collaborative team player and being responsible for follow through as important leadership attributes. They were the only group to also mention the ability to focus on goals while seeing the bigger picture. This data is presented in Table 8 on page 128. One participant combined these qualities in the following response: "I would describe myself as a democratic leader who requires autonomous colleagues in order to be successful. The key characteristic I bring to my

work is the ability to focus on the big picture and visualize and implement the steps needed to get there.” (34)

Like all other groups, the women of color saw their ability to “get things done” (19) as essential to their success. As one participant stated “I have strength enough for everyone” (7)

Table 8. Description of Yourself as a Leader

Category	All Participants	Consumers	Women of Color
Collaborative team player	22%	26%	23%
Responsibility and tenaciousness	18%	16%	33%
Integrity, honesty and justice	18%	18%	11%
Respect for the ability of others	13%	11%	0%
Ability to see the larger picture	10%	7%	22%
Energy, enthusiasm and humor	9%	10%	0%
Courage	4%	2%	11%

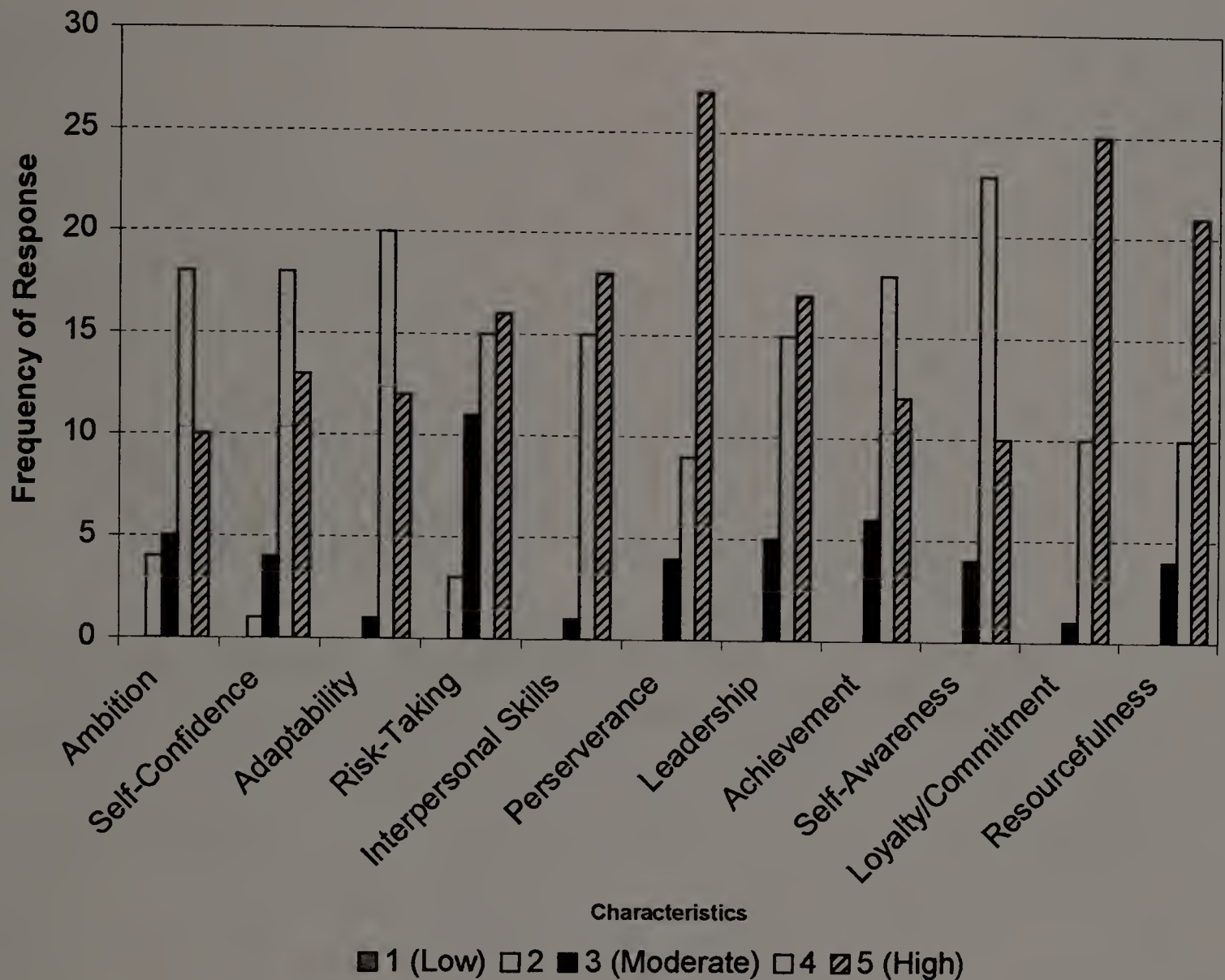


Figure 5. Self-assessment of personal characteristics.

Summary of Leadership Strategies and the Components of Leadership

In reviewing the questions related to their employment with the Mental Health Association and the components of leadership several themes emerge:

- The most rewarding aspect of their jobs for the majority of all participants was working directly with consumers of mental health services.
- The least rewarding aspects of their jobs for the majority of participants involved raising the money/funding to do the work.

- The main component of leadership identified by the majority of participants was a strong commitment to the mission and vision of the organization.
- When describing themselves as leaders the majority of participants identified their ability to be a collaborative team player as their greatest strength as a leader.
- The responses of consumer participants and women of color to the questions on leadership strategies and the components of leadership were similar to the majority of all participants.

Section Three: Leadership Outcomes and Strategies

This section will focus on the leadership behaviors and strategies utilized by the participants to achieve their goals. It will address the assessment made by the participants regarding the success of the Mental Health Association in achieving its' goals. This will be followed by the participant's assessment of the priorities that need to be addressed by the Mental Health Association in the future. Finally, the section will address a major success identified by the participants and the strategies they used to achieve their organizational goals.

Assessment of Mental Health Association Outcomes

The participants were asked to rate the progress of the Mental Health Association over the past two decades in addressing the present situation of people with mental illnesses. The results are reported in Table 9. The majority of the participants, including consumers and women of color, believed that while there had been some progress and

some visibility regarding the issues, the real gains for people with mental illnesses are relatively few. All groups believed that the Mental Health Association still had considerable challenges ahead to meet the needs of persons with mental illnesses

Table 9. Participant Assessment of the Mental Health Association Movement

Assessment of MHA Progress	All Participants	Consumers	Women of Color
Two-thirds of goals have been achieved	0%	0%	0%
Fifty percent of goals have been achieved	45%	39%	25%
One-third of goals have been achieved	55%	61%	75%

Assessment of Future Mental Health Association Priorities

Participants were asked to identify the one item in the list of issues and concerns that should be addressed by the Mental Health Association in the next five to ten years. The purpose of this question was to assess what the participants saw as the most important issue impacting their work with the Mental Health Association in the future. The results are reported in Table 10 on page 135. The majority of the participants

identified access to treatment and services that are effective and affordable as the major issue or concern that the MHA needed to address in the next five to ten years. This included access to services for children and employment for adults as well as insurance parity for mental health services. The second priority identified by the participants was the elimination of stigma. The same priorities were also identified by the consumer participants and the women of color.

Participants identifying the lack of affordable and accessible treatment and services as a major issue often expressed a concern for the lack of inclusion of persons with a mental illness into the main stream of community living. A typical response to this question was that “ [there is] a need for community acceptance of mental illness and support for [the] integration [of people with mental illnesses] in community housing, employment, etc.” (20) Several participants saw this situation as a direct result of the lack of parity for mental health treatment in most health insurance plans. One participant stated that the inability to pay for services is often due to a “...lack of insurance [that] prohibits many people from receiving treatment.” (15) These themes and the lack of employment opportunities for persons with mental illnesses were consistent responses to this question. As one participant summarized this issue, “[there needs to be a] recognition that disabilities can limit people but they don’t need to be all or none - recognize variations in people and support (them) accordingly.” (32)

The elimination of stigma was also related to access to services, and an area identified as needing to be addressed. One participant responded that “[we need to] continue to eliminate the stigma for people who suffer from mental illness and the stigma the general public has placed on people who suffer from mental illness.” (51) One of the

participants suggested that the Mental Health Association “[needed to find a way to impact] the training of mental health professionals in colleges and universities to include language, attitudes and treatment that includes jobs/work as a major part of recovery for persons experiencing mental illnesses. Anything less, does not fully empower consumers to take charge of their lives. A paradigm shift is needed from *this is a damaged sick person to this person with an illness can be productive and capable.*” (39)

Consumers: Assessment of Future Mental Health Association Priorities

The majority of the consumer participants also identified access to treatment that is effective and affordable as the issue needing to be addressed in the next five to ten years. The second issue identified by this group was the elimination of stigma. This data is reported in Table 10 on page 135. As one consumer participant stated, while access to services was the key issue “...access to appropriate services... often don’t exist, and if they do, access is limited by inability to pay.” (14)

For consumers these issues were often expressed in more personal terms. Typical statements included “[Our main goal should be] helping [consumers] to live positive and respectful lives with appropriate work and dignified living opportunities and health care benefits appropriate to their achievement of health as they individually define it!” (11)

While one consumer saw the elimination of stigma as the need to “[break] through the cultural denial regarding the prevalence of mental illness.” (2), another stated that “the stigma associated with mental illness and those who deal with it needs to be eliminated. The stigma, in my opinion, is the root of discrimination, lack of insurance parity and many of the other issues that concern MHA’s today.” (30)

Women of Color: Assessment of Future Mental Health Association Priorities

Participants who identified themselves as women of color also saw the access to services and the elimination of stigma as the two key issues facing the Mental Health Association in the next five to ten years. This data is reported in Table 10 on page 135. One participant specifically mentioned “[the importance of addressing the elimination of stigma] especially in the Black community.” (43) Another participant combined these issues with the statement that “...until we recognize mental illnesses as equals with other illnesses the issues related to stigma, access to treatment, etc. will always be barriers to significant understanding and change.” (34) There were no apparent trends in the remaining responses from the women of color.

Table 10. Assessment of Mental Health Association Priorities (Five to Ten Years)

Identified Priorities	All Participants	Consumers	Women of Color
Access to treatment and services	53%	60%	50%
Elimination of stigma	30%	40%	16%
Research for a cure	6%	0%	0%
Other	11%	0%	34%

Identification of Individual Priorities

The participants were asked to identify what their highest priority or primary concern was at this point in their life. The majority of the participants identified stated that work related concerns were their highest priority. This was followed by family concerns. A smaller number identified health and lifestyle issues as their greatest concern. This is illustrated in Table 11 on page 139.

For the participants identifying work as their highest priority, the concerns ranged from stabilizing the financial status of the MHA to identifying and training their successor as they approach retirement. "My highest priority at this point in my life [is] to double the size of this MHA in five years. Most of my effort and energy is being used on developing

my skills so this can be accomplished.” (5) Another participant stated: “My highest priority is to build a solid future for MHA and the services it provides. Most effort [is] devoted to...building leadership in younger staff [and] empowering families and adults...”

(20)

Those concerned with retirement issues often expressed a concern about their own financial security as well as a concern about boredom. “I have only [a short time] until I leave my role as Executive Director. For the immediate [future] I have got another major fund-raiser to see to successful fruition. Beyond that I have to figure out what I am going to do to make enough money to live on - that is my major concern/priority.” (8) Another stated: “I am at a stage in life when I am trying to decide whether I should retire, how much I should retire [and] when I should retire. I also have a husband making retirement noises. I am finding that this job does not allow me to travel as much as I would like. On the other hand, I tend to bore easily so (I) can't stay at home.” (41)

For the participants identifying family as their greatest priority, most mentioned the struggle they had to maintain a balance between work and family. “It's always a struggle to balance family and work - a lot of energy goes to work but when push comes to shove, family comes first.” (12) For another participant this means adjusting the length of her day to accommodate both priorities. “My daughter is my primary concern which means I am often doing MHA work between 10PM and 1AM.” (26) For a participant who was recently widowed, “[my priority is] still my work and making the MHA the best it can be while I am still there. The time I had spent with my husband has been redirected to work where I gain much personal gratification and to my children (adult) when they are available. I want to, but spend way too little time, on personal health and affairs.”(3) In an

additional comment one participant expressed her concern over her struggle in trying to maintain a balance in her life. "I am finding that the stronger I am professionally the more problems I seem to have in maintaining (or even finding) a strong intimate relationship."

(48)

Consumers: Identification of Individual Priorities

The consumer participants also identified work concerns as their highest individual priority. This was followed by family concerns and health and lifestyle concerns. This is reported in Table 11 on page 139.

As with their non-consumer colleagues, the work concerns revolved around assuring financial stability for the MHA and succession when facing retirement. "There are still things I want to accomplish for [the MHA] and myself. Getting the MHA on firm financial footing is a goal though we're getting there. My work is still an important sense of satisfaction for me. I am considering running for the (State) General Assembly." (14) Developing new leaders was an issue mentioned by several women. "My highest priority is to mentor those who will follow in my footsteps. My primary concern for MHA is to create a cadre of individuals who share the vision and possess an *institutional memory* of the MHA's 45 year history." (2)

The women identifying family as a primary concern often linked that with the demands of their job and trying to maintain a balance in their lives. Comments like "My highest priority is my family. Even though this is absolutely clear to me I put most of my effort & energy into my work - the basic rewards are great (also the demands are incredible)." (49) The women also recognized the value of their relationships in their lives.

“I’m splitting myself between my work and building my home. My relationships tend to keep me sane - when I abandon them, work suffers. I put in overtime when needed, but I take it back when possible...” (11)

The women trying to find a healthy lifestyle like their colleagues were trying to balance the demands of the job with the need to take care of their health and their spiritual needs. “[I am always struggling with} balancing a healthy and enjoyable life style with a job which requires demanding hours to accomplish an overwhelming amount of worthwhile goals.” (6). A concern for their self-development and spiritual lives was also a theme that was identified by this group. Typical comments were: “[My priority is] moving closer to being Authentic with myself and others and contentment...” (53); and, “My priority is to be a Godly woman who seeks to treat others with respect and dignity and help them reach their full potential.” (54)

Women of Color: Identification of Individual Priorities

For the participants who identified themselves as women of color, the highest priority was also addressing work-related issues. Their concerns, after that, were equally divided between family and health and lifestyle concerns. This is reported in Table 11 on page 139.

Their responses echoed those of their colleagues. One participant wanted to develop an individual program that reflected her concern for children (19). Another was concerned about preparing her MHA for the future. “[My] highest priority is the success

and growth of my association within my own community. Effort and energy are going to educate our board, staff, funders and [the] community so that we can exist for another fifty years.” (7)

The women also addressed a focus on their spiritual life. “My highest priority to be obedient to the will of God in my work, and my life. My energy is directed at understanding (knowing) my *truest* self.” (34) The struggle to balance the demands of their work and family life was also presented. “I struggle with this area as the [MHA] seems to get most of my energy. Our work is never ending. However, my daughter ... needs me more than I give her (time, attention & details). My husband and daughter [are] where I need to spend much more of my time and I’m learning to give me some time too!” (43)

Table 11. Identification of Individual Priorities of Participants.

Category	All Participants	Consumers	Women of Color
Work-related concerns	57%	50%	50%
Family	23%	28%	25%
Health and Lifestyle	17%	22%	25%
Other	3%	0%	0%

Leadership Outcomes

Participants were asked to identify a major success that they accomplished in their MHA. The responses are reported in Table 12 on page 141. The majority of the participants identified the development of a specific program as their major success. Their remaining answers were equally divided between their involvement in public policy, the empowerment of consumers and families and the growth of the agency. The specific programs identified by the participants were also equally divided between public education programs, early intervention and prevention school based programs for children and programs and services for adult consumers.

For consumers, the major success identified was equally divided between a specific program and the growth of the agency. The consumers most frequently cited public education programs and the development of services and support groups for adults as the specific programs they developed. There was no mention of services to children this group. The statements around the growth of the agency were remarkably similar within the consumer participant group. Their comments centered on developing funding, hiring new staff and empowering the board and the staff to develop a professional agency. A typical response to this question was "Our MHA was in serious trouble when I came on board. My major success was in turning the agency into a strong Association, quadrupling our budget and expanding our programs and services. To make it happen I empowered staff, consumers..." (30)

The women of color also identified a specific program as their major success.. The remaining responses were equally divided between the growth of the agency and the empowerment of consumers as a major success. When discussing an empowerment

strategy, one participant stated that her greatest accomplishment was “Walking the Talk - Hiring consumers to work on a daily basis in the office as...staff.” (7)

Table 12. Identification of a Major Accomplishment.

Major Accomplishment	All Participants	Consumers	Women of Color
Development of a Specific Program	52%	29%	50%
Growth of the Agency	16%	29%	25%
Empowerment of Consumers and Families	16%	21%	25%
Involvement in Public Policy	16%	21%	0%

Leadership Strategies

When asked to identify the strategies they used to accomplish their goals, the majority of the participants identified networking and the use of coalitions as their major strategy. This included a strategy of the empowerment of others to achieve organizational goals. The data is reported in Table 13 on page 145. The identification of hard work and a

commitment of their time as a major strategy followed this. The remaining participants identified the strategy of educating themselves on the issue and overcoming personal concerns to accomplish their goals.

The combined strategies of networking, educating and enlisting others with a common vision was consistently mentioned by the participants as their primary leadership strategy. This was true regardless of the program or outcome they were seeking. In setting up a mental health / legal system for the county, one participant described working with the court system “[to train] police officers, emergency room personnel, medics, social services personnel, MD’s etc...”(15) This system eventually became a model adopted for us throughout her state. In developing a primary prevention program in seven school systems in her county, another participant stated “I enlisted a group of players with a common vision i.e.: school psychologists, school administration, the school psychology Master’s program [at a local university] and MHA volunteers. I facilitated the coordination between the players starting in three school districts and expanding to the present status.” (29) That program has since expanded to five surrounding counties. Another participant discussed developing a wide variety of education programs in the schools, for the general public and through the media, including a weekly newspaper column and weekly radio show. “[My strategy was] to sit on many coalitions and committees as the voice of mental health and weasel into every arena where decisions are made about mental health.” (39)

When addressing the issue of their time commitment and the work that was necessary to secure their outcomes comments like “[I] gave 100% of time, attention (and love) to make the center the most attractive and desirable place for consumers... to spend

time.” (8) A participant who addressed all three of these areas discussed developing her MHA “...from being disrespected as unknown to a viable, credible and visible nonprofit... [by] keeping & finding key board members and volunteers, developing education forums... and working with the media. [This involved] unbelievable hard work and time commitment by me, and later, finding others who would also make working for the MHA a priority. {My primary strategy was] networking - I got involved with way more than good for my own health, but it has paid off for MHA and me. [Accomplishing this meant] overcoming dread of asking for help (financial and time).” (3)

Consumers: Leadership Strategies

The majority of participants who were consumers also identified their primary leadership strategy as networking and the use of coalitions. The results of the data are reported in Table 13 on page 145. Several consumers participants focused on empowerment issues for consumers and discussed “[reaching out to consumers through] constant and caring networking within consumer community” (2) Another discussed her efforts to initiate the family and consumer movement in her county by “...providing significant services to enable both movements to begin.” (24) One participant stated “[My] disclosure about my mental illness [had assisted me in achieving my goals.”(53) Like their non-consumer colleagues, these participants used networking and coalitions to develop new programs and strengthen their agency. “As a member of the State planning council I requested the membership look into persistent violations of the rights of the mentally ill. The council voted unanimously to establish a task force - I have [recently] been appointed as chair.” (24) Another participant reported: “Our MHA was in serious trouble when I

came on board. My major success was in turning the agency into a strong Association, quadrupling our budget and expanding our programs and services. To make it happen I empowered staff, consumers and networked with providers, businesses and individuals in our community.” (30)

For the participants this often involved long hours, hard work and training in the skills needed to obtain the outcomes they desired. One participant discussed her strategy to establish her MHA as the provider of education and professional training about the treatment of mental illnesses. The participant stated: “[I] worked with many other groups, both as a volunteer and as MHA Executive to network and establish credibility with mental health professionals, educators, physicians, clergy, local government, and law enforcement officials.” (54) Another Executive Director who needed to develop funding in order to accomplish agency goals, had as her first strategy “...to learn about development work and apply the knowledge to locate funds.” (6) For some participants the work and the networking has extended beyond their community to the state level. In order to increase public awareness of mental illness one participant found a successful strategy “...through focusing on a public policy issue (parity) and organizing key players around the issue [state-wide]”(49)

Women of Color: Leadership Strategies

Participants who are women of color also indicated that networking was their most frequently used strategy as reported in Table 13 (see page 145). Time commitment and overcoming personal concerns were equally represented as the next most frequently cited strategies used by these participants.

Reflecting the experiences of their colleagues, these women also used networking and empowerment to achieve their goals. In developing a shelter for homeless teenage mothers and their babies, one participant stated that "...our most successful strategy was the strong involvement of our community members and collaborations with many others."

(43) When overcoming personal concerns in order to bring a national art exhibit to her community one participant stated "[It took] courage [for me] to inquire if it could come to [my] small community..." (19)

Table 13. Leadership Strategies Used to Accomplish Goals

Identified Strategies	All Participants	Consumers	Women of Color
Use of Coalitions, Networking and Empowerment	72%	76%	50%
Commitment of Time and Hard Work	20%	12%	50%
Overcoming Personal Concerns	8%	12%	0%

Summary of Leadership Outcomes and Strategies

In reviewing responses to the questions involving an assessment of the Mental Health Association's achievement of its goals and future priorities, as well as the priorities for the participants and the strategies they use to achieve their organizational goals, the following themes emerge:

- Participants and women of color saw the Mental Health Association as having been successful in achieving half of its goals in the last decade. The assessment made by consumer participants was lower. They indicated the achievement at between one-third and one-half of the goals.
- All participants identified access to affordable and effective treatment and services as the major issue needing to be addressed by the Mental Health Association in the next decade.
- All participants identified work concerns as their highest priority.
- Participants identified the development of a specific program as a major success for them in their work.
- Networking and the use of coalitions was identified as the major leadership strategy used by all the participants.

Section Four: Emergent Themes

When reviewing the findings presented in the previous three sections, the following themes begin to emerge from the responses of the participants:

- The antecedents of leadership for the participants were parents and other family members who provided the women with early examples of commitment to others through community service and support for social justice issues.
- Parents and teachers were the most significant role models and mentors for the women in this study.
- While the presence of mental illness in themselves or their family did influence their choice of career, very few of the participants went into any detail regarding the nature of that impact.
- All participants identified the commitment to the organization's mission and vision as the primary component of leadership and their ability to work collaboratively with other individuals and groups as their major leadership strategy.
- The responses of consumers of mental health services and women of color were similar to the responses of the general participants in all categories.

A more in-depth discussion of these themes and others will be presented in the next chapter.

CHAPTER V

DISCUSSION, RESEARCH IMPLICATIONS AND CONCLUSION

In the four sections of this final chapter the findings of this study and their significance for expanding future research will be presented. In Section One I will review the results of the original study conducted by Helen Astin and Carole Leland (1991). My study was a partial replication of their original work. Section Two will present the results of this study and discuss those results in relation to the Astin and Leland findings. Section Three will provide a broader discussion of this study and consideration of possible directions for additional research. Finally, Section Four will present some concluding remarks.

Section One: Astin and Leland Research Findings

This section will provide an overview of the original research that was the model for this study. The first part will provide an overview of the original research conducted by Helen Astin and Carole Leland and the population and purpose of the study. The remaining parts will discuss their findings.

Astin and Leland: Purpose, Population and Process

The original goal of the Astin and Leland study was to profile and compare women who provided leadership during the modern women's movement in the United States (1960's and 1970's). They wanted to document the experiences, perspectives and accomplishments of the women in order to develop a conceptual model of leadership.

Their research was a descriptive study based on the belief that examining how women accomplished their goals while in leadership positions would stimulate more study in the research and practice of leadership in general. They also believed that this would generate more research and writing about women as leaders. Their approach examined four aspects of leadership: the leader as the catalytic force or facilitator of the process; the context which was a broadly defined social institution or movement; the outcomes which were the desired change either in the institution or within society which improved the quality of life; and, the leadership process which were the strategies used by the leaders to accomplish their goals.

“According to this conceptual framework, leadership is a process by which members of a group are empowered to work together synergistically toward a common goal or vision that will create change, transform institutions and thus improve the quality of life. The leader - a catalytic force - is someone who, by virtue of her position or opportunity, empowers others toward collective action in accomplishing the goal or vision.” (1991, p. 8)

While their main objective was to document the type of leadership practiced by women who were focused on producing social change in the women’s movement, they also used their study as a way of testing this conceptual model of leadership.

Their total study included seventy-seven women who were active leaders in the modern women’s movement working in educational institutions, foundations, government agencies, national and professional associations, publishing houses, and as individual scholars and researchers. The study also contained a cross-generation component that examined the perspectives of women in three different generational cohorts. (1991, pp. 12-13) Their study included leaders who “...brought about significant reforms in

legislation and other areas of society, and general new knowledge that is being incorporated into academic disciplines and curricula.” (1991, p. 157)

After identifying the participants the researchers utilized a case study methodology which included a personal in-depth interview of each participant, and a background questionnaire and supporting materials. The interview focused on five areas: the social and historical context in which the women grew up and began working; the leadership processes used by the women; peer and work relationships; personal and professional development; and, issues and legacies of the women’s movement. The background questionnaire provided information on demographic characteristics, personal and professional activities and a leadership self-assessment. (1991, pp. 13-14)

Astin and Leland: Findings

This part will review the findings of the Astin and Leland research in relation to the four aspects of leadership they examined: the leader; the context; the outcomes; and the leadership processes used by the women to achieve their goals.

The Leader

In their original study, Astin and Leland found that no matter how eclectic their backgrounds were, leadership potential for the women in their study had its roots in their families. The study found a strong identification of the women with their fathers, but also identified the influence and presence of self-actualized women in their lives who were often their mothers and or grandmothers. The parents generally demonstrated a

commitment to human rights and social justice and emphasized a responsibility that their children had to use their talents and strengths to make a difference in the world. (1991, pp. 42-47)

Role Models and Mentors

The significance of role models and mentors in the lives of their study participants was emphasized by Astin and Leland. "Role models and mentors give us permission to aspire and to act. We are given permission to be ourselves and to transcend prescribed gender roles. Role models and mentors also inspire us to try to realize our greatest potential." (Astin and Leland, 1991, p. 47)

The women in the Astin and Leland study who were over 50 years old did not identify mentoring as a common experience. They more often identified supportive relationships from people they worked with or faculty in academic settings as role models. This may be because, as the authors suggested, there were very few women in leadership positions who were available to mentor the older women in the study. In fact, participants who were over 50, were often the first women in leadership positions in many settings.

For all others in the study, the most important role models were either parents or teachers in high school and college. The women identified their parents as role models based on their personal and professional achievements, their integrity and their commitment to justice issues. The participants saw their teachers as often the only women in leadership positions in their lives, and identified them as leadership role models. Most also found these teachers provided them great personal support while they were growing up. (1991, pp. 47-55)

Key Experiences

For the women in the Astin and Leland study, school, work and volunteer activities helped to shape the development of their leadership skills and interests. Their participants had extensive academic backgrounds. Since many of them were in academia, more than half held a doctorate degree and all had completed at least a master's degree. Half had graduated from women's colleges. Their college experiences gave them various opportunities to develop leadership skills, personal awareness and self-confidence.

Workplace opportunities also shaped their values and influenced their eventual career choices. For the participants, these experiences offered them opportunities to develop and validate their skills. In addition to paid work, volunteer activities also encouraged the emergence of leadership potential and in many instances provided them an initial leadership experience. (1991, pp. 55-65)

The Context

The context for the Astin and Leland study was the contemporary women's movement that they identified as extending from the 1960's through the 1970's. They were studying both positional leaders in this movement as well as non-positional leaders. Positional leaders were those who held traditional positions of authority in specific organizations, institutions or coalitions associated with the women's movement. Non-positional leaders were academic scholars and educators who influenced the movement by their writings and teachings. Because of the scope of the movement and the variety of settings in which the women worked, the study was not focused on any one institution, but on the women's movement as a whole.

The Outcomes

The study focused on the leadership strategies utilized to develop a variety of initiatives that reflected and represented the women's movement in the United States during the 1960's through the early 1980's. The initiatives fell within five general categories: programs within higher education specifically geared toward recruiting and retaining women in colleges; coalitions and groups in the broader educational community (i.e., Women in Higher Education - 1973, Project on the Status and Education of Women-1971); organizations focused on the educational needs and backgrounds of women (i.e., Catalyst - 1962, The Center for American Women and Politics - 1971); publishing companies and other means of distributing information (i.e., The Feminist Press - 1970, Signs - 1975); and, specific legislation and national policy which addressed women's issues (i.e., Title IX - 1972). The focus in this part of their study was not on the context of these individual organizations and policy initiatives. The initiatives were seen as representing the outcomes of the work of the study participants. The authors were focused on the type of leadership strategy used by the women to achieve these outcomes.

The findings from this part of the study indicated that the structures and approaches taken by the women often did not exist prior to their interventions. They were able to make things happen through their leadership. Secondly, they were frequently able to translate their ideas across constituencies and existing institutions in the face of limited or no funds. Finally, their results underscored the importance of their energy, vision, support and collaboration in order to achieve these outcomes. (1991, pp. 85-89)

The Leadership Process

The study found that three elements emerged as significant factors in the accomplishments of the women: collective action; passionate commitment; and, consistent performance. Virtually all of the women in the Astin and Leland study identified leadership as a collective activity and a process of working with and through others to accomplish their goals. They frequently made use of existing networks and, where networks didn't exist, they developed networks to forward their cause.

The women also demonstrated a consistent method of instituting change. "First, they identified problems and accepted complexity as both a challenge and an opportunity. They developed a network of like-minded people and worked together within and outside the system to transform it." (1991, p. 158) Their specific strategies emphasized their clarity of values, strong communication skills, an ability to take risks, and an ability to listen to and empower others. (1991, pp. 155-157)

Section Two: Comparison of the Findings

This section is intended to compare the research findings of the Astin and Leland study with the findings in my study. The first part will provide an overview of the population, purpose and process of the study. The remaining parts will compare the findings.

Purpose, Population and Process

The purpose of my study was to examine the characteristics and behavior of women who were functioning in visible leadership roles in a nonprofit sector organization in order to document the effectiveness of their leadership as measured by the outcomes

they achieve. The study population included thirty-eight women who were Executive Directors or Chief Executive Offices in Mental Health Associations in the United States. This study was intended to provide a better understanding of the leadership aspirations, strategies and achievements of women who work within the context of an organization dedicated to social change for people with mental illnesses. This study utilized a Participant Profile which combined the survey and interview questions initially developed by Astin and Leland (1991) to determine whether their findings regarding the characteristics and behaviors of the women leaders in their study would be present with the woman leaders in the Mental Health Association.

The process of selection of the women for this study is detailed in Chapter Three. The study utilized a purposive sampling methodology in order to ensure those women with a history of mental illness (also called consumers of mental health services) and women of color would be represented in the data. Thirty-eight women responded to the Participant Profile.

The Profile included the original background questions in Astin and Leland's survey in addition to questions regarding family history with mental illness, questions related to their employment with the Mental Health Association, and several open ended questions on leadership which Astin and Leland had originally used as interview questions with all their participants. For the purposes of this study and its' financial limitations, I developed a survey which combined the interview questions and background questionnaire into one document titled the Participant Profile (see Appendix B, page 179).

This study was initially guided by the following research questions:

- What were the influences in the lives of the women that led them to work for an organization focused on pursuing social justice for persons with mental illnesses (i.e., family background, educational attainment, history of mental illness in self or family, role models)?
- What do participants see as the essential components of leadership?
- How do the participants assess their own leadership outcomes in the context of their employment with the Mental Health Association?
- What are the leadership behaviors and strategies used by the participants and to what extent do they use collective powers to accomplish their organization's goals?

These questions reflect the four aspects of leadership examined by Astin and Leland: the leader, the context, the outcomes and the leadership process. The findings of this study will be compared to Astin and Leland's study utilizing that framework.

The Leader

As in the Astin and Leland study, for the participants in this study, family members provided the most important earlier influences for their leadership development. Unlike the finding of Astin and Leland, mothers and grandmothers were more often specifically cited by women for their influences than their fathers. In my study, fathers and grandfathers who were specifically mentioned by the women were admired for their work related achievements and their general enthusiasm for living. While they were strong role models for women, it was generally the influence of their mothers and grandmothers that the women mentioned most often. Their mothers and grandmothers were cited for their

ability to overcome difficult situations as well as their achievements as parents and in their professional lives.

This finding of having the presence of self-actualized women in their lives was consistent with Astin and Leland's findings. For this study, the women cited mothers and grandmothers for their ability to succeed despite experiencing a difficult childhood and/or lacking an education. They admired their ability to parent, and to balance parenting with successful careers. The women often cited and admired their grandmothers for being what they considered to be ahead of their time.

As in Astin and Leland's study, many of these women also grew up in families where there was a commitment to community service and social justice. The commitment to community service was occasionally expressed as having its roots in a strong religious background of service to others. More frequently however, the women expressed this as a responsibility instilled by their parents to give back to the community through service to others less fortunate. The women saw their parents do this as they were growing up and, by example, it led to their own development of a strong value of community service.

The issue of social justice was less pronounced in this group when discussing their parents. However, their experiences with community service often led these women into volunteer settings in which they experienced the unfair treatment of others. The exception to this was the women of color who mentioned early involvement with their parents in the civil rights movement.

Role Models and Mentors

While parents were clearly indicated as the primary role models for the study participants, teachers also had a great influence in their lives. Participants identified teachers from elementary school through college as broadening their horizons and motivating them to achieve, often resulting in their achieving far more than the participants initially thought they were capable of achieving. This finding was consistent with Astin and Leland. The teachers provided great personal support and encouragement to the women while they were growing up, and also provided role models to them of compassion and caring for others. In addition, they also influenced their choice of careers. This was particularly evident in relation to college professors who gave the women the encouragement to explore different career options as well as providing some initial leadership experiences.

In this study seventy-nine percent of the women were able to identify mentors who influenced them in the early part of their careers. The mentors were equally divided between work colleagues and college professors who were cited for teaching them specific skills to help them succeed in their careers, giving them the confidence to succeed, and influencing their choice of career. Unlike the findings in the Austin and Leland study, this finding held true for all the women regardless of age. The one exception to this was with consumers of mental health services. While fifty percent of the consumers indicated that they did have mentors, all of the women indicating that they did not have a mentor were consumers. This may be the result of the isolation experienced by many consumers as a result of their illness. This component of my study was relevant to the population of this study and was not addressed by Astin and Leland.

In the Astin and Leland study, the researchers found that women over 50 years old could not identify mentors. They concluded that in many instances they were the first women in leadership positions in their organizations. A similar statement could be made about consumers within the Mental Health Association movement. The experience of having a person with a history of mental illness as the chief executive officer is new to most organizations. They can be viewed, as "trail blazers" for the consumer movement and, like the older Astin and Leland participants, may not have access to mentors having the same life experiences and backgrounds

Key Experiences

The women in this study also had extensive educational backgrounds with ninety-four percent completing a college degree and fifty-eight percent holding a Master's degree. Unlike the Astin and Leland participants, only two percent hold doctorate degrees. This probably reflects the emphasis on including women employed in university settings that was central to the Astin and Leland study. While their college experience was influential in exposing them to various leadership opportunities and career choices, the women in this study reported that the most significant impact on their choice of career involved previous paid and volunteer work. This work either exposed them to people in need, or to work in the mental health field that led to their current employment.

The most frequent influences for the women in paid positions involved previous work as teachers or in hospital settings as nurses, where they cited their inability to find appropriate resources for the children and adults with whom they were working. For

them, there was a strong sense that their direct involvement in these issues could make a difference. This often led to a career change into the mental health field.

The woman also identified volunteer work they did as adolescents and adults as leading them to their current career. Their volunteer experiences as an adolescent often occurred in hospital settings. This exposed them to persons with mental illness who lacked the resources to help them recover. As an adult volunteer their work on various Boards offered them the opportunity to learn skills that were essential in the nonprofit sector. Their volunteer work often opened the door to paid positions for these women. This finding was also true of the women in Astin and Leland's study.

Another influence on career direction for the women in this study was the presence of mental illness within their family or themselves. Sixty-eight percent of the women participating in this study indicated that they have a family member (relative and/or partner) who has a mental illness. Thirty-eight percent of the participants indicated they had a mental illness and considered themselves a mental health consumer. While both groups indicated that this had an influence on their choice of careers, very few of them went into any detail about this. For those who did provide additional information it followed two forms: parents giving information about a child with mental illness; or, a consumer mentioning early experiences of the negative impact of their hospitalizations. The influence of mental illness was not a component of the Astin and Leland study.

Consumers: The Leader

The findings for consumers of mental health services, who represented thirty-seven percent of the study population, were similar to those of the general participants. The

greatest influence on their life was their parents with most mentioning mothers, grandmothers and aunts as having personal qualities that encouraged them to succeed. Like their non-consumers colleagues, high school and college teachers were also significant role models for them. The one area in which there was a significant difference for consumers was in the lack of mentors for half the participants which was previously discussed (see page 158)

Women of Color: The Leader

Nine percent of the women in this study identified themselves as women of color. Again, the findings for this group were consistent with the findings of the other women in this study. Their parents had the greatest influence in their early lives. They identified the activism of their parents and their example of community service as significant elements of their influence. This was the only group to identify national black leaders as influencing their choice of career through their example of personal commitment to social change.

The Context

The context for this study is the Mental Health Association in the United States. Founded in 1909 by Clifford Beers, a mental health consumer, Mental Health Associations have as their mission and vision the following statement:

“The National Mental Health Association envisions a just, humane and healthy society in which all people are accorded respect, dignity and the opportunity to achieve their full potential free from stigma and prejudice. The National Mental Health Association is dedicated to promoting mental health, preventing mental disorders and achieving victory over mental illnesses through advocacy, education, research and service.” (National Mental Health Association, 1997, p.6)

This study was focused on positional leaders within the Mental Health Association; women who were Executive Directors of Chief Executive Officers of Mental Health Associations. This is a significant difference from the study population of Astin and Leland that was focused leaders within the contemporary women's movement. Their study explored women who worked in a variety of settings within the movement and therefore was not focused on any one institution, but on the movement as a whole. Their study included positional leaders, but it was not limited solely to them, as my study was limited.

The participants in this study were employed with the Mental Health Association from one to sixteen years, with the majority employed from two to ten years. Their agencies varied in size with budgets ranging from below \$100K up to \$5 million. For all participants the most rewarding aspect of the job was working directly with consumers followed by their work in community education. The least rewarding aspect of the job was identified as raising the funds to do the work.

All of the participants indicated that other Mental Health Association Executive Directors were role models and mentors for them when they began working at the Association. While there was not a formal mechanism for linking new executives with seasoned employees, many of the participants met their mentors through national and state meetings particularly the annual training institute sponsored by the National Mental Health Association and the American Association of Mental Health Association Professionals. Forty percent of the women of color stated that they had no Mental Health Association mentors. Again, because they represent such a small minority of the leadership of the

Association there may be no immediate role models or mentors for them. This could be an area for further exploration by the Association.

Components of Leadership

For all the participant groups in the study, the commitment to the mission and vision of the organization was identified as the primary component of leadership. This was followed by a respect for self and others, an ability to motivate and inspire others and being open to change. When describing themselves as leaders the women ranked their ability to be a collaborative team player as their highest attribute. This was followed by their tenacious ability to follow through with their commitments. All three groups identified these findings.

The Outcomes

While the Astin and Leland study was focused on broad national initiatives that occurred as a result of the activities of the women, this study focused on outcomes identified by the participants as successful initiatives. When asked to assess the general outcomes of the Mental Health Association in addressing the present situation of people with mental illness in American society, all of the participants indicated that the Association had only reached from one-third to one-half of their goals with considerable challenges ahead. The women also indicated that they saw the major issue that needing to be addressed in the next five to ten years as access to treatment and services that are effective and affordable. The second area identified as needing to be addressed was the elimination of stigma. For all participant groups, work concerns were indicated as their

highest priority followed by family concerns. For women of color, these two concerns were equally important.

When asked to identify a major success or outcome that they had achieved at the Mental Health Association, the majority of the women identified a specific program that they were able to establish. These programs, which did not exist in their area prior to their involvement, included diverse and creative approaches to public education, prevention and early intervention school-based programs for children, and services for adult consumers. Specific programs initiated by the women included: a patient advocacy service for the psychiatric unit in a community hospital; a consumer run information and referral network; consumer run drop-in centers; a county based mental health / legal system; development of housing alternatives for persons with mental illness including a housing project for homeless teen mothers; a program to assure access to health care for uninsured children; developing support groups for consumers and families; and, numerous community education programs and training seminars addressing a variety of mental health issues, to name a few.

For the women who were working on national initiatives in the Astin and Leland study, the researchers found that the approaches taken by the women often did not exist prior to their intervention. On a local level the same finding would hold true for the initiatives started by the women in my study. They identified a need in their community and, often in the face of limited or no funding, were able to convince others of the need across a variety of constituencies to make it happen. The strategies they utilized to achieve their outcomes is a key to understanding how these women leaders were able to accomplish social change toward meeting the Association's mission.

The Leadership Process

Astin and Leland found that there were three elements of significance used by the women to accomplish their goals: collective action; passionate commitment; and, consistent performance. These findings were consistent with the findings in my study. The Mental Health Association leaders in all three groups ranked their greatest strength as their ability to be a collaborative team player. Their tenaciousness and the empowerment of others to achieve their goals followed this.

When asked to describe themselves as a leader, the theme of working with and through other individuals and groups was the most consistent theme mentioned by all participants, including the consumer participants and the women of color. They identified themselves as collaborative team players committed to finding other groups who could share their values in order to achieve their goals. If such a group did not exist, they would create it. Consistent with this approach were many statements about the confidence they had in the ability of people to successfully work together to achieve common goals. This was coupled with a deep confidence in the ability of people to their best and to excel.

When this is contrasted with their responses to the actual strategies they use to accomplish their specific outcome, the responses were again consistent. The women stated that their primary leadership strategy was collaborative action through the use of networks and coalitions. This was true for all three participant groups regardless of what outcome they were describing. They provided numerous examples of identifying networks of individuals or coalitions that could work to forward their agenda, whether it was to establish a specific program or strengthen their agency. Terms like “empowerment of

others” and “confidence in their ability” appeared frequently in the descriptions presented by the participants.

The passionate commitment that the participants had for their work was also evident throughout the survey. When discussing their Mental Health Association role models the women often cited people who they saw as having a strong passion and commitment to the mission of the organization. These role models provided inspiration to them as they tackled the issues relevant to their communities. When discussing the most rewarding aspect of their job, the majority of the participants in all three groups identified their work with consumers as most rewarding. These comments reflected their commitment to assist others in need to improve the quality of their lives. Within the consumer group the comments reflected a dimension of identification with the struggle that many consumers have in achieving the most basic of needs such as housing and their right to self-determination.

The extent of their passionate commitment to consumers and to the mission of the organization was further elaborated when they discussed their tenaciousness and willingness to work hard to achieve their goals. They consistently described themselves as willing to do whatever was necessary, and to commit to whatever time was needed, to accomplish their goals. Many women identified this commitment to their work as their highest priority, with family issues following behind. Quite a few expressed feelings of guilt at the time they spent away from their families in pursuit of their professional agenda.

This leads to the quality identified by Astin and Leland as consistent performance. Like the leaders in their study, the women in my study outlined a similar pattern of performance. After identifying the problem the women discussed developing a network of

like-minded people to work together to transform the system. They utilized specific strategies that involved listening to and empowering others as well as learning what they needed to know in order to understand the issue and accomplish their goal. This pattern of identifying the problem, getting educated on the issue, finding individuals or groups with similar goals and moving forward appears in most of the discussions of strategy. While they did not see themselves as major risk-takers, terms like “take the plunge” and “just do it” do appear in their comments, often as the last step in the process. This leads me to believe that they may see themselves as educated risk-takers in that they are willing to move ahead with their agendas once they believe they have done all their homework.

In summary, the women in this study demonstrated the same dynamics of leadership that were found in the Astin and Leland research. While my study was focused on positional leaders in one specific organization, Executive Directors and Chief Executive Officers of Mental Health Associations in the United States, the diversity within that group was substantial. Yet, across the country, in very different settings and with great variations in the variety of resources available to them, the women were consistent in the practice and execution of their leadership functions. How they functioned as leaders and the strategies they used to accomplish their goals bore a remarkable similarity to the findings in the original study.

Section Three: Discussion and Research Implications

This section will include broader discussion of the findings and the implications for further research on this topic. The first part will discuss incorporating a feminist

perspective into this study and any future studies. Part two will explore some of the research concerns generated by this experience and implications for future research.

Incorporating the Feminist Perspective

As documented in Chapter II of this paper, prior to the 1980's most studies of leadership were studies of white males occupying leadership positions. While early studies were focused on defining the qualities of leadership or defining the activities leaders engaged in to actually achieve their goals, there has been a movement in recent years to focus on the relationship between the leader and the followers. These studies began to explore the existence of a collaborative relationship existing between the leader and the follower in order to achieve leader goals. (Batten, 1989; Drucker, 1989, 1990; Kotter, 1988; Kouzes & Posner, 1990) Unfortunately, in most of these studies women were not included at all, or were only a small part of the research cohort. Regardless, the results of the studies were generalized to be descriptive of both men and women in leadership positions.

Feminist theorists had argued that knowledge must be grounded in human experience and that the social and historical context of an individuals' experience is critical to shaping their perspectives and actions. (Harding & Hintikka, 1983) As Astin and Leland (1991) began their study, they were grounded in this feminist perspective. Their belief was that in order to understand the process of leadership from the women's perspective, the study cohort must be composed of women, and it must be focused on the goal and outcomes of their leadership activity. Their premise was that leadership, as a creative process would result in change. Their study conceptualized leadership "...as the

actions and behaviors of women who worked toward changing social institutions in order to improve women's lives." (p. 7) Their position was that more attention needed to be focused on the function or process of leadership as opposed to the formal role of the leader.

In accepting that position, this study utilized women who held positions of leadership as Executive Directors and Chief Executive Officers in Mental Health Associations in the United States. This study was limited by choosing to work with women who were positional leaders in one organization. The mental health movement in this country is far from being a single unified movement with one clearly identified coordinating body. It is composed of many formal and informal organizations, as well as individuals and researchers who have had impact on the movement. Among most players, the Mental Health Association is recognized as the oldest organization dedicated to social change for persons with mental illnesses in this country. On the one hand, using an organization that has a long history enables the researcher to study the social and historical context of leadership both organizationally and individually over time. However, the structure is still limited to the perspectives and experience of that one organization and may not be generalized to reflect the leadership experiences of all women working in the mental health movement or even all women working in Mental Health Associations. Nonetheless, the experience and knowledge gained from working with this particular group of women was very informative and could be seen as adding to the body of information on women and leadership. Any study which focuses solely on women can be seen as adding to the body of research which addresses "...women's lives and experiences

in their own terms, to create theory grounded in the actual experience and language of women..." (Du Bois, 1983, p.19)

Future Research Implications and Concerns

I would encourage future research utilizing broader social movements as the context, in the same way that Astin and Leland studied women who were leaders in the broader contemporary women's movement. A study of this type allows for the researcher to identify and work with women leaders who exist both inside and outside any traditional system or setting. For example, a study of leaders in the broader mental health movement would have extended this study into other organizations such as consumer-run and family-run associations throughout the country. It also could have included legislators, researchers and educators influencing the direction of mental health policy and practice. Finally, it could also contain individual leaders, not affiliated with any organization, who, have succeeded in creating social change for persons with mental illness. By using this more inclusive approach, the researcher could address the findings on leadership practice over a variety of settings utilizing both positional and non-positional leaders.

Studies of leadership do not only have to be done in formal settings nor do they have to be focused solely on groups of women. If we are interested in exploring leadership within an historical context, a biographical or autobiographical study looking at the antecedents of leadership could be very informative. I would also agree with Astin and Leland that participant observation and ethnographic studies could also be very useful in studying some of the processes of leadership such as empowerment and collective action that were significant findings in both studies. (p. 160)

Certainly we need to encourage research which investigates the experiences of women from various social groups and backgrounds. In this study I used a purposive sampling methodology in order to ensure that consumers of mental health services and women of color were represented in the data. This was only partially successful. While I was able to get a solid sample of consumers participants in the study (thirty-seven percent), the percentage of women of color participating was small (nine percent) and represented only four women. In addition, the women of color were so ethnically diverse that no generalizations should be made from such a small sample. The issue was not one of a lack of response from this cohort. The reality is that the Mental Health Association has very few women of color employed as Executive Directors and Chief Executive Officers. The return was high, but the potential field was too small which I believe is an issue that the Mental Health Association needs to proactively address. Although it is beyond the scope of this study, I would encourage them to explore ways of developing, attracting and supporting women of color in leadership positions within the organization.

The potential for future research exploring leadership in the mental health consumer movement is wide open. The consumer empowerment movement had its' beginnings in the early 1970's. Influenced by the black, women's and gay liberation movements, this movement was grounded in self-definition and self-determination. The struggle against internalized oppression "...was generally seen as best accomplished in groups composed exclusively of patients, through the process of consciousness raising (borrowed from the women's movement)." (Chamberlin, 1990, p.326) This movement, often called the ex-patient liberation movement continues to grow and develop. In part, as a result of advocacy efforts of the ex-patient liberation groups, research studies were

developed to explore ways to include consumers on boards and in other mental health policy, planning and service venues. (Clapper, Hess & Hoekstra, 1995; Srebnick, Robinson & Tanzman, 1990; Vandergand, 1996) These studies were generally focused on developing partnerships between consumers and professionals.

While research on these various aspects of the consumer movement is growing, I could find nothing documenting the experiences of consumers who are in leadership positions in traditional organizations. This is an area where significant research could occur. In addition, it could be very informative to study leadership within consumer-run organizations. As a specific group within the disability movement, it is still struggling to be heard and to organize its many diverse components. The potential for studying leadership in this movement would be challenging and informing since it is a group that has a history of speaking out against the traditional, disempowering forms of leadership found in the mental health movement in this country. (Chamberlin, 1990, p. 326-330)

Review of Specific Suggestions for Future Research

Based on the previous discussions in the last three sections of this chapter, I would suggest further investigation of the following areas:

- Additional studies focusing on women in leadership positions in other social change organizations, including organizations in the non-profit sector.
- Additional inclusive research on women in positional and non-positional leadership positions within broad social movements.
- Utilization of other research methodologies such as biography, autobiography, participant observation and ethnography in order to study in more depth the

antecedents of leadership and the various processes of leadership including empowerment and collective action.

- The proactive inclusion of women from other cultural groups and backgrounds in all studies including studies specifically focused on the experiences of women of color and consumers of mental health services to broaden the understanding and perspective of women and leadership.

Section Four: Concluding Remarks

This study provides further support for the findings in the Astin and Leland study “...that was designed to examine leadership from a women’s perspective and to expand our notions about leadership beyond *conventional* views.” (1991, p. 155) Their study was designed to learn about leadership in a social movement by analyzing the leadership process and outcomes of leadership efforts. They worked from a conceptual model which sees leadership as a “...process by which members of a group are empowered to work together synergistically toward a common goal or vision that will create change...” (1991, p. 8) In their model, the leader is the facilitator or catalyst in the process. For their study, three significant factors emerged as essential to the leadership process: collective action, passionate commitment and consistent performance. The women in this study have echoed the values and the vision that are the cornerstones to this view of leadership.

As women are assuming a far more prominent role in our society in visible positions of leadership there is a change occurring on how we assess effective leadership. As Lenz and Myerhoff (1985) suggest this change is being brought about by the incorporation of women’s values in our institutions and into society. With this

“feminization of America,” it is becoming evident that traditional masculine paradigms assuming individual autonomy, objectivity and separateness are becoming increasingly less accurate and less viable.

With this said, there was an underlying theme in this study that bears some examination and response. There may be a cost to women to sustain this type of dynamic and connected leadership over time. Throughout the study women mentioned their concern with maintaining relationships when the demands on their time were so great. When they identified their jobs as their number one priority at this point in their lives, many also expressed deep concerns about the impact this was having on their families. In contrast, some of the older women stated that they were only able to sustain this level of commitment because they had no children or their children were grown. However, the older women were facing concerns about being able to financially afford retirement. The serious issues of support for working women and financial equity have still not been adequately addressed in this country. One participant eloquently summed up this dilemma which appeared in many forms through the comments of the women.

“The women I know who lead non-profit agencies effectively are all committed to the cause, willing to work more hours than they contract for and receive low pay. This is not what the women’s movement wanted for us, but it is, I believe, the way social change happens - many people chopping away over a long period of time.”
(41)

These themes are not new and there has been progress made to address these inequities particularly in the area of salary differentials, but we are not there yet. Another participant who reflected the impact of inequality stated:

“ In regards to *equal rights* and women in general I feel there are miles to go before there is equity for women at all levels - women as leaders - as policy makers - and equal partners in our society is still not tangible - the entire mental health

movement reflects that inequity...having a mental illness makes me invisible to my family...and the rest of the world.” (2)

Another concern that I would like to address was the concern I had with how to maintain a balance between holding a position of neutrality as a researcher with the personal connection I had with many of the participants in this study. As discussed in Chapter I, I had worked for the Mental Health Association for twenty-three years on the local, state and national levels. In addition, I chaired the national staff organization (American Association of Mental Health Association Professionals) and taught leadership courses for staff and volunteers over that time. Not only did I know most of the participants in the study, many of them identified me as a mentor and/or role model for them in the Association. While I had anticipated their willingness to participate in this study because of that personal connection, the actual level of their participation surprised me. While researchers warn about low returns on surveys, (Borg& Gall, 1989, pp. 435 - 444) the return in this study was sixty-eight percent. In addition to the high return, the quality of the responses for almost all the participants was thoughtful, written in some detail and often revealing of their inner strengths, struggles and doubts. The result was, that I had far more information and in much greater depth than I had originally anticipated. I now believe that this was a result of the rapport and connection I already had with the women. As Oakley contends “... personal involvement is more than a dangerous bias...it is the condition under which people come to know each other and admit others into their lives.” (p. 58) I do not think that I would have been given the amount and the depth of information from the women in this study if I had not had this long standing personnel connection with them.

Finally, at the end of this study several women expressed thoughts that reflected my personal experiences in working with them, but also some of the themes I hoped would emerge through this research. It is appropriate that I close with their words.

“After 26 years in this office and after handling suicides, violently mentally ill persons, schizophrenics, child abuse, elder abuse investigations, crack overdoses, alcoholics, family violence - and everything else that goes with this job - I still find the job just as exciting and interesting as I did when I started. Each day is a joy, a challenge - and another day of interesting people who bring their own perspectives and problems. I dearly love people and without that love of people, I do not think that I could do this job effectively” (15)

“I am constantly amazed at how all my past experiences seem to have prepared me for the challenges I face today as Executive Director...and in other aspects of my life.” (54)

“I can see, smell and enjoy the many changes that have happened in my life. My journey has been wonderful and I can't wait to see what is ahead that I haven't tasted yet. I feel challenged to work harder each day for certain goals. I also feel the joy of my *growing spirit*. There is so much ahead for my granddaughters to learn and enjoy. There is so much for these little ones to help me see again and to appreciate again.” (13)

“ This has been a very interesting exercise. I have become so involved in fundraising, accounts, insurance, and personnel issues that I sometimes wonder why I wanted this job. This has helped me to focus away from the business aspects and look again at what motivates me. Underneath I still want to save the world.” (32)

APPENDIX A

CONSENT FORM

The following is a copy of the letter of consent sent to all participants in the study. They were each sent two copies of the letter; one to sign and return to indicate their willingness to participate in the study, and a second copy to retain for their records.

105 Fair Street
Kingston, NY 12401
DATE

Dear NAME,

As you may know, I am currently completing my dissertation at the University of Massachusetts at Amherst. The subject of my doctoral research is "Women in the Nonprofit Sector: Leadership for Social Change." The purpose of this study is to examine the characteristics and behavior of a selected number of women who are functioning as Executive Directors or Chief Executive Officers of Mental Health Associations in the United States in order to better understand what contributes to effective leadership in achieving social change outcomes. You are one of fifty-six (56) women receiving this profile.

As part of this study you are being asked to fill out the Participant Profile. It should take approximately one hour and fifteen minutes to respond to the questions which are divided into personal background information, information about your MHA, and questions regarding leadership. My goal is to analyze the responses from the questionnaire in order to understand your experience and those of other MHA women leaders in achieving the mission of the organization. I am interested in the concrete details of your experience in leading your MHA and any life experiences that may influence the work that you do. Very few studies have been done focusing on women working in the nonprofit community based organizations. Since the MHA has a mission based on social change I am hopeful that your experience in achieving the goals of your MHA could be useful to others in strategizing for future social change efforts. After analyzing the questionnaires I plan on asking five women to participate in a personal interview to explore these areas in greater depth.

As part of the dissertation, I may utilize responses from your profile to illustrate key points in your own words. I may also wish to utilize the material for journal articles or presentations to interested groups, or for instructional purposes in my teaching. I am committed to maintaining the confidentiality of the participants. In all written materials and oral presentations in which I might use material from your questionnaire, I will not use your name, names of others you might identify, or your MHA. Any transcripts that are

typed will substitute initials for names and in the final form the dissertation and any other written material will use pseudonyms. At the conclusion of the research I will mail each participant an abstract of the results.

You may at any time withdraw from this process if you notify me by mail or telephone. If I were to want to use any materials in any way not consistent with what is stated above, I would ask for your additional written consent.

In signing this form, you are also assuring me that you will make no financial claims for the use of the material in your questionnaire; you are also stating that no medical treatment will be required by you from the University of Massachusetts should any physical injury result from participating in this study.

Please sign both copies of this consent form and return one in the envelop provided with your completed Participant Profile by DATE. You may keep the second copy for your records. If you have any questions I can be reached by mail at the above address; by e-mail at robertp@epix.net, or by telephone at (914) 331-1709.

I, _____ have read the above statement and agree to participate in the study under the conditions stated above.

Signature of participant

Date

Signature of researcher

Date

8. Spouse/partner occupation (specify): _____

9. Highest level of education attained by parents (circle one for each and identify)

Grammar school 1

Some high school 2

High school graduate 3

Some college or other school 4

College graduate 5

Some graduate school 6

Graduate or professional degree 7

Specify: _____

10. What was your father's principal occupation? Specify: _____

11. Was your mother employed while you were growing up (circle one)?

No 1

Yes 2

12. If yes, was most of your mother's employment (check one):

Part-time: 1

Full-time: 2

13. What was your mother's principal occupation? Specify: _____

14. Indicate the state or foreign country in which your parents were born:

Father _____ Mother _____

15. What is your birth order position (circle one)?

First born and only 1

First born 2

Second born 3

Third or later born 4

16. Number of siblings: Brother(s) _____ Sister(s) _____

17. What type of high school did you attend (circle one)?

Public 1

Private 2

18. Information about educational attainment (if desired, attach resume):

	Year Awarded	Major Field	College/ University
Bachelor's	_____	_____	_____
	_____	_____	_____
Master's	_____	_____	_____
	_____	_____	_____
Doctorate	_____	_____	_____
Professional	_____	_____	_____

19. List the three positions you held prior to your current position. (if desired, attach resume)

Title/ Rank	Name of Institution/Organization	Date From-To
_____	_____	_____
_____	_____	_____
_____	_____	_____

20. List the professional and volunteer organizations in which you have served or are serving (e.g. corporate or institutional boards, discipline associations, community agencies, etc.):

Organization Name	Years	Role/Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

21. What are your current interests/hobbies/leisure or recreational activities?

22. How would you consider your health at present?

- Poor 1
- Fair 2
- Good 3
- Excellent 4

SECTIONII: MHA EMPLOYMENT DATA

23. What is your present position?

Title	Name of MHA	Date
_____	_____	_____

24. What is the approximate 1998 budget for your MHA? _____

25. Do you consider yourself a mental health consumer? (circle one)

- Yes 1
- No 2

26. Do you have a family member who has a mental illness?

- Yes 1
- No 2

27. To what extent has your mental illness or the mental illness of others (relative/partner) affected your choice of career (circle one)?

- Not at all 1
- Slightly 2
- Moderately 3
- Considerably 4
- Greatly 5

28. Were there any other major life events that influenced your current choice of career?
In what way?

29. As a young person growing up who were your role models? What were the specific elements of their influence?

30. Did you have any mentors in school and/or in your work? What were the specific elements of their help?

31. Who were your role models, if any, in the Mental Health Association movement? In what ways did they influence your work?

32. Which of the following statements most closely represents your own assessment of the past two decades of the MHA movement in relation to the present situation of people with mental illnesses in American society (circle one)? If no statement comes close, indicate how you would portray the relationship in #4 that follows.

1 - Major shifts in social, economic, and political status of people with mental illnesses have occurred in the last twenty years; we are about two-thirds of the way toward achieving the goals of the MHA.

2 - On some dimensions we have witnessed considerable progress, but there are a sufficient number of remaining issues and problems to make a 50-50 assessment more realistic.

3 - Despite some progress and some visibility, the real gains for people with mental illness are relatively few; coupled with stigma and other economic, political, and social factors, we have perhaps reached the one-third to halfway mark with considerable challenges ahead.

4 -

33. If you could put just one item on a list of issues or concerns which need to be addressed by the Mental Health Association on behalf of people with mental illnesses in the next 5-10 years, what would that item be?

34. Briefly describe one major success that you have accomplished at the MHA toward achieving the MHA's mission. What were the strategies you used to make it happen?

35. From your perspective, what is the most rewarding aspect of your work? What is the most difficult aspect of your work?

SECTION III: LEADERSHIP DATA

36. How would you rate yourself on the following personal characteristics?

	Low		High		
	1	2	3	4	5
Humor	_____				
Creativity	_____				
Ambition	_____				
Self-confidence	_____				
Adaptability	_____				
Physical appearance	_____				
Independence	_____				
Risk-taking	_____				
Interpersonal skills	_____				
Energy	_____				
Self-discipline	_____				
Perseverance	_____				
Autonomy	_____				
Assertiveness	_____				
Intelligence/related aptitudes	_____				
Leadership	_____				
Tolerance	_____				
Compassion	_____				
Perceptiveness	_____				
Spontaneity	_____				
Self-centeredness	_____				
Achievement	_____				
Kindness	_____				
Self-awareness	_____				
Loyalty/commitment	_____				
Initiative	_____				
Resourcefulness	_____				
Curiosity	_____				
Patience	_____				
Generosity	_____				
Sociability	_____				
Loneliness	_____				
Spirituality	_____				
Other: _____	_____				
_____	_____				

37. From your perspective, what are the essential ingredients of leadership?

38. In terms of leadership, how would you describe yourself? What characteristics have you brought to your work which enables you or others to view you as a leader?

39. In your lifetime, what woman (or women) most fully embodies the term "leader"? Why? (If the person is not a public figure, please use some identifying characteristics, e.g., position, relationship.)

40. At this point in your life, what is your highest priority, or your primary concern? Where are you putting your most effort or energy?

Feel free to provide any additional information you wish in the space below. Please return the Participant Profile and the signed consent letter by APRIL 3, 1998 in the envelop provided.

THANK YOU FOR YOUR COOPERATION

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