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LOYOLA UNIVERSITY CHICAGO

AN EXAMINATION OF THE RELATIONSHIP BETWEEN
GENDER ROLE ORIENTATION AND SELF-ESTEEM IN A
COLLEGE-AGED POPULATION

A THESIS SUBMITTED TO
THE FACULTY OF THE GRADUATE SCHOOL
IN CANDIDACY FOR THE DEGREE OF
MASTER OF ARTS

DEPARTMENT OF COUNSELING PSYCHOLOGY

BY

KAREN KOMOSA

CHICAGO, ILLINOIS

MAY 1997

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ABSTRACT

Research in the area of gender role orientation has provided a great deal of support for the notion that a positive relationship exists between masculinity and self-esteem for both males and females. The intent of the current study was to incorporate the missing, but theoretically-based, component of culture into the literature. The present study hypothesized that significant differences would be found in how gender role orientation relates to different components of self-esteem. A study involving 174 undergraduate students was carried out to investigate the relationship between self-esteem and gender role orientation. A review of the related literature in the areas of gender role orientation and self-esteem is presented. No support was found for the Congruency Model, some support was found for the Masculinity Model, but the greatest support was found for the Androgyny Model. Implications are made for future research to approach gender role orientation from a nongender-typed perspective. It is suggested that efforts be made to promote healthy personality traits in all individuals, which include both instrumental and expressive traits.

CHAPTER I

INTRODUCTION

Research has consistently shown that males report higher self-esteem, self-efficacy, and more positive self-concepts than females, which in turn, have been shown to be related to their emotional well-being (Allgood-Merten & Stockard, 1991; Josephs, Markus, & Tafarodi, 1992; Orr & Ben-Eliahu, 1993; Pryor, 1994; Stein, Newcomb, & Bentler, 1992). In fact, symptoms of depression, which have been linked to low self-esteem (Pryor, 1994; Whitley, 1983; Zuckerman, 1989), have been found to be twice as likely in adolescent and adult females than males (Allgood-Merten & Stockard, 1991). Greater self-esteem and interpersonal skills have been said to reduce stress, which is associated with mental health, by fostering social resources and effective coping (Zuckerman, 1989).

Josephs et al. (1992) explained that socio-cultural differences in females' and males' socialization experiences, as well as, ongoing normative demands and expectations lead to the differences in correlates of self-esteem for males and females. Zuckerman (1989) further suggested that gender differences in self-concepts among well-functioning young adults may contribute to gender differences in mental health in later life. Therefore, it is necessary to understand the relationship between gender roles and

self-esteem in order to be able to promote greater psychological health and to prevent psychological distress.

Insight into the relationship between gender role orientation and self-esteem can better prepare professionals to work with individuals. Of primary focus are children and adolescents, who are at a stage in the life cycle when self-concepts are being formed and social skills are being developed. The developmental stage of adolescence is of particular significance because of the task of identity development associated with this life cycle stage.

The purpose in preparing this thesis is to expand the literature in the area of gender role orientation and its relation to self-esteem. Research on gender role orientation has focused on how it relates to one's psychological well-being (self-esteem, self-efficacy, and adjustment). Gender role orientation is considered a social construction, and the development of self-esteem has been said to occur within a particular historical and cultural context--reflecting one's class, race, ethnicity, and gender. Consequently, it has been suggested that individual masculinity and femininity be studied within these social contexts (Burnett, Anderson, & Heppner, 1995) in order to gain a better understanding of their impact on gender role orientation and self-esteem.

Harris (1994) provided support of other recent studies that show that various cultural groups have different conceptions of masculinity and femininity, as well as, different definitions of desirable masculine and feminine behavioral traits. Harris (1994) referred to the extent to which traditional gender-role identities are accepted as desirable by an individual as being directly associated with the ways in which gender roles are

valued within a given cultural framework. Research in the area of gender roles has not examined the differences in cultural definitions of desirable male and female traits and behavior, while literature in the area of race and culture suggests that we should expect to find such differences (Davenport & Yurich, 1991; Harris, 1994; Reid, 1985).

Little research has looked at the contextual influences on one's gender role orientation. Previous research has not included, yet recommends, cross-cultural examinations of contextual factors that influence one's gender role orientation as it relates to psychological well-being (Burnett et al., 1995; Josephs et al., 1992; Lau, 1989; Orr & Ben-Eliahu, 1993; Pryor, 1994). The current study attempts to contribute to the literature in the area of gender role orientation and self-esteem, by examining the relationship within four different cultural groups: Asian-American, African-American, Latin-American, and European-American.

Additionally, previous research recommends assessing different domains of self-esteem, beyond general or global self-esteem, in order to obtain a clearer picture of the relationship between self-esteem and gender role orientation (Lau, 1989; Whitley, 1983). In support of this suggestion, Stein et al. (1989) claimed that self-esteem is based on different factors for females and males. Zuckerman (1989) reported that when different self-esteem scales are compared, males and females tend to differ on specific measures of self-confidence. Therefore, the current study also attempts to contribute to the literature in the area of gender role orientation and self-esteem by examining other components of self-esteem, beyond global self-esteem.

CHAPTER II

REVIEW OF THE LITERATURE

Self-esteem

Self-esteem has been defined as the evaluative component of self-concept (Pryor, 1994), and self-esteem is related both theoretically and empirically to psychological well-being (Whitley, 1983). According to Whitley (1983), high self-esteem is expressed as positive self-evaluation and is considered by professionals of differing theoretical orientations to be a healthy and desirable characteristic. High self-esteem has been described as self-acceptance, a liking of oneself, and a respect for oneself (Pryor, 1994). Low self-esteem, on the other hand, has been linked to indicators of psychological distress such as depression, neuroticism, anxiety, stress, and poor general adjustment (Pryor, 1994; Whitley, 1983; Zuckerman, 1989).

Based on theories which examine the self from a multidimensional perspective, elements of self-esteem consist of a general or basic evaluation of self-worth, as well as, components that are specific to particular domains of life experience (O'Brien & Epstein, 1983). Furthermore, there are both effectance (agentic) and social (communal) sources of self-esteem. According to O'Brien and Epstein (1983), agentic sources of self-esteem relate to independent achievements and mastery experiences, while communal sources of self-esteem relate to acceptance and involvement in social relationships. It has been

suggested that individuals who base self-esteem on different sources, may actually function quite differently (O'Brien & Epstein, 1983).

Josephs et al. (1992) claimed that a positive view of self as "worthy" or "good" is not fixed or standard, but rather, it depends on the nature of one's self-definition and on what is central or important to the self. Furthermore, it has been argued that in order to maintain a high level of self-esteem, one's self-perceptions should remain consistent and appraised by the individual as socially desirable and important (Orr & Ben-Eliahu, 1993). Therefore, self-esteem is considered maximal if the individual deems specific self-perceptions or self-attributes as assets or important and socially desirable. According to Josephs et al. (1992) self-esteem derives from what is valued in a given social-cultural group, and females and males are seen to experience different social-cultural places because of a divergence in their socialization experiences.

It is also important to recognize that historically, men and women have experienced a different set of ongoing normative demands or expectations. Thus, differences between males and females in self-esteem may be observed (Josephs et al., 1992). Pryor (1994) reported that gender roles make a considerable contribution to the variance in self-esteem. In fact, as previously stated, much empirical support exists showing that females have been found to report lower self-esteem, higher anxiety, greater symptoms of depression, and poorer emotional adjustment than males (Josephs et al., 1992; Long, 1991; Orr & Ben-Eliahu, 1993; Pryor, 1994).

Orr and Ben-Eliahu (1993) suggested that females' self-esteem is threatened because of the notion that for females there exists an inconsistency between one's

self-perception and the perception that the cross-gender (masculine) attributes are more highly socially rewarded. Additionally, Davenport and Yurich (1991) argued that conforming to a prescribed gender-ideal can be stressful for either males or females since failure to do so may cause one's self-image to suffer, resulting in dysfunctional coping mechanisms. Thus, while gender roles may serve to structure and define an individual's self-identity, they may also be interpreted as limiting or posing requisites that may be unable to be met by some individuals. For example, highly gender-typed behavior in females has been correlated with anxiety, low self-esteem, and poorer emotional adjustment (Long, 1991).

Gender Role Identity Development

McNeill and Petersen (1985) supported the widely-held view that as adolescents, individuals are faced with the task of identity integration and adherence to gender roles. It has been suggested that an intensified maintenance of a traditional gender role identity ("gender intensification") may provide a sense of structure and definition for youth at this developmental stage associated with role confusion. Also mentioned by McNeill and Petersen (1985), is that definitions of maleness and femaleness become more salient during puberty or the onset of physiological sexual maturity, which influences an individual's choices and values. Additionally, it is noted that during the identity formation stage, individuals have a higher tendency to compare oneself with culturally-defined standards of an "ideal" masculine or feminine body.

Chodorow (1995) and Schlegel (1989) supported the view that gender role identity is a socio-cultural construction that interacts with an individual's experiences,

allowing certain gender-related schema to be developed. According to McNeill and Petersen (1985), differences in the experience of being a male or a female may lie in the ways in which the world is processed and given meaning by the individual. Furthermore, gender differences result from the assumption that males and females live in different social contexts. Yet, individuals also differ in the extent to which they tend to perceive their own social world in gender-stereotyped concepts according to their own individualized or personally constructed cognitive schema (Orr & Ben-Eliahu, 1993).

Gender, as a social construct, is considered a set of expectations regarding behavior and the assignment of status and roles by gender (Schlegel, 1989). Gender, as a cultural construct, is interpreted by society as a more or less consistent set of beliefs, evaluative statements, and symbolic meaning of life for those who share a common culture (Schlegel, 1989). McNeill and Petersen (1985) argued from a cognitive-developmental viewpoint, that it is adolescents' awareness of socio-cultural gender role standards and their individual value of whether deviation from these norms is considered permissible that influence her/his gender-role orientation. Orr and Ben-Eliahu (1993) contributed to this notion by claiming that gender role orientation is not determined by the individual as the self-system is, but rather, by conventional, normative gender stereotypes. Furthermore, gender-related self-concepts are seen as organized and serving personal and interpersonal functions (Orr & Ben-Eliahu, 1993).

The conception of the development of gender role identity has, according to some, adopted a life span perspective that claims that the acquisition of gender role behavior continues throughout one's life, with both the content of gender roles and the sources of

influence varying at different points in a person's life (McNeill & Petersen, 1985). Social context and the changes a person experiences over the lifespan are viewed as influencing one's gender role identity, perceptions, and behavior.

Social-learning theory asserts that very young children display gender-consistent behaviors because people (e.g., parents, teachers, peers, etc.) encourage such behaviors and discourage other cross-gender behaviors (Lips, 1989; Shaffer, 1989). The development of gender identity is seen to occur as early as two to three years old in almost all children; yet, this process begins as early as birth (Shaffer, 1989). For instance, people have strong reactions to a newborn's gender (e.g., gender-specific referents, clothes, and toys), which initially impacts the developmental process of gender role identity acquisition.

While there appears to be some stability in gender typing and gender-typed patterns of behavior between childhood and adulthood (e.g., highly gender-typed children often become highly gender-typed adults), gender typing is viewed as a continuous process throughout the lifespan (Shaffer, 1989). For instance, earlier in childhood, females present an interest in and are freer to participate in masculine activities; however, as they reach puberty, females come to prefer or at least comply with many feminine role prescriptions (Shaffer, 1989). During puberty, adolescents tend to become preoccupied with their changing body images and face strong pressures to conform to more gender-specific ideals (Shaffer, 1989).

Shaffer (1989) expressed that as adults, individuals tend to ascribe to traditional gender-role traits and behaviors based on the utility of such responses at any particular

time, rather than any overriding personal desire to be masculine or feminine. For example, when adults encounter the birth of a baby or parenthood there appears to be a change in gender roles (Shaffer, 1989). Fathers tend to become more concerned about instrumental functioning as breadwinner, and mothers tend to become more concerned about expressive functioning as nurturer. Shaffer (1989) further explained that as adults reach middle age and beyond, gender roles continue to evolve. Males tend to become more compassionate and expressive, and females tend to become more instrumental and autonomous. Furthermore, the life span approach espouses that a range of gender role identity outcomes exists, since individuals are likely to face different normative demands at various stages of the life cycle.

Gender Role Orientation

As Whitley (1983) pointed out, there are various meanings of the term gender role, and he provides the following definitions. Anthropologists define gender role as how one's position in the societal structure is determined by gender. Sociologists define gender role as how one's relationships to others are determined by gender. Finally, psychologists define gender role as how one's personality and behavior are determined by gender. Upon examining the complex nature of gender role identity development, it becomes apparent that much research supports the idea that the anthropological and the sociological domains evidently play a major role in influencing the psychological domain of gender role orientation.

"Gender identity" is understood as the identification of self as belonging in a category of either male or female (McNeill & Petersen, 1985). "Gender role identity" is a

psychological construct involving experience and perception of self, which is embedded within a social context of certain norms and expectations. Gender role identity, as distinct from gender identity, is the degree to which individuals define themselves as being masculine or feminine and is one component of an individual's self-concept. Masculine and feminine identities are defined in terms of qualities considered to be characteristic of males and females, according to socially-defined "gender-appropriate" traits, attitudes, interests, and behaviors (McNeill & Petersen, 1985).

As mentioned previously, the process of gender role identity development begins as early as birth, and gender identity is established by age three in almost all children (Shaffer, 1989). The acquisition of knowledge about gender role stereotypes also occurs at about age three. Gender constancy, the realization that biological sex is invariant despite changes in a person's appearance, attire, or activities, is established by age six to seven years old in almost all children. Moreover, between ages four and ten, both males and females are becoming more aware of what is expected of them and conforming to the cultural prescriptions for gender role behavior evident in society (Shaffer, 1989).

Of significance to note is that cultural differences in the socialization of gender roles have been found (Lips, 1989). For example, African-Americans have been found to be much less rigid in their ascription to gender-role stereotypes. Additionally, Lips (1989) reported that it has been found that stronger reactions to gender role behaviors and traits exist for individuals in working-class than in middle-class families. Furthermore, middle-class views reflect more sharing of characteristics between the genders (Lips,

1989). Moreover, while individuals overall are seen to follow a common developmental progression, their meanings of gender roles may actually be defined differently.

Psychological Dimensions of Gender

Instrumentality and expressivity are constructs originally developed to describe leadership styles in small group interactions, but the instrumental-expressive differentiation has since been conceptualized in all systems of social interaction as appropriate traits for males and females, respectively (McNeill & Petersen, 1985). As constructs of gender role orientation, masculinity is seen as achievement oriented, which is termed an "instrumental" or "agentic" orientation, while femininity is seen as affiliation oriented, which is termed an "expressive" or "communal" orientation (Bem, 1974; Bem et al., 1976; Josephs et al., 1992; Long, 1991; McNeill & Petersen, 1985; Stein et al., 1992).

According to Bem et al. (1976), there are four distinct classifications of gender role orientation: (1) masculine, (2) feminine, (3) androgynous, and (4) undifferentiated. Explanations of each of these constructs follow and are based on the literature found in the area of gender role orientation (Bem, 1974; Bem et al., 1976; Josephs et al., 1992; Long, 1991; McNeill & Petersen, 1985; Stein et al., 1992).

An instrumental or masculine orientation is viewed as a cognitive focus on getting the job done or the problem solved. It is defined as being task-oriented, independent, and goal-directed, with one's status or identity being derived from individual qualities and achievements. Agency is seen as a concern for oneself as an individual and is manifested in self-assertion, self-efficacy, and self-protectiveness. Both instrumental and agentic characteristics are viewed as masculine traits by mainstream American society.

An expressive or feminine orientation is viewed as an affective concern for the welfare of others and the harmony of the group. An individual with an expressive orientation is focused on issues of internal integration and expression of emotional tensions, with one's status or identity being derived from relationships with others. Communality is seen as a concern for the relationship between oneself and others and is manifested in a high degree of selflessness and relationality. Both expressive and communal characteristics are viewed as feminine traits by mainstream American society.

Of significance, is that masculinity and femininity are not viewed as bipolar opposites, but rather, independent dimensions (Orlofsky & O'Heron, 1987). These two independent constructs do not represent opposite ends of a continuum. An individual's gender role identity may actually incorporate both instrumental and expressive components (McNeill & Petersen, 1985; Spence et al., 1975). Moreover, the opposite of masculinity is not femininity, but rather, nonmasculinity (Antill & Cunningham, 1980).

"Psychological androgyny" is defined as the gender role identity or orientation that integrates high levels of both masculinity and femininity components of instrumentality and expressivity within a single individual (Bem, 1974; Bem et al., 1976; McNeill & Petersen, 1985; Spence et al., 1975). Bem (1974) claimed that androgynous individuals are "situationally-flexible" in that they behave according to situational appropriateness of various behaviors, regardless of whether the behavior is viewed as masculine or feminine by society.

Nonandrogynous individuals, specifically those who are either masculine or feminine, are found to be much more constricted by their behavior patterns in all

situations, since they are much more aligned with stereotypically traditional gender-specific behaviors and traits (Bem, 1974; Bem et al., 1976). Furthermore, strongly gender-typed traits restrict a person's functioning to include either "instrumental" or "expressive" domains exclusively, which provides them with a limited range of behaviors.

Like androgynous individuals, individuals with an undifferentiated gender role orientation are not gender-typed. However, an undifferentiated orientation is expressed as low levels of both dimensions of masculinity and femininity (Bem, 1974; Bem et al., 1976). According to Bem, an undifferentiated individual is likely to experience some behavioral inhibition, which has been shown to negatively affect one's self-esteem. Moreover, an undifferentiated individual has a much more limited range of behaviors, than does a gender-typed individual.

Theoretical Perspectives of Gender Role Identity

In considering the development of gender role identity, three major theoretical perspectives dominate gender-role research today: psychoanalytic identification theory, cognitive-developmental theory, and social learning theory (Antill & Cunningham, 1980; McNeill & Petersen, 1985; Orlofsky, Cohen, & Ramsden, 1985; Reid, 1985). According to psychoanalytic identification theory, an acquisition of either a masculine or feminine identity during adolescence is regarded as the foundation of healthy personality development (Antill & Cunningham, 1980). Moreover, adolescence is seen as a culturally created developmental period of intensified sex-typed roles in which children begin to adopt the behaviors they have learned by identifying with adults of their own gender

(Allgood-Merten & Stockard, 1991). This theory asserts that children identify with the same-gender parent, thereby accepting the "appropriate" gender role (Reid, 1985).

While theory abounds concerning the importance of gender-stereotypic characteristics to mental health during adolescence (the life stage associated with gender intensification), little empirical evidence supports this claim (Allgood-Merten & Stockard, 1991). However, researchers will agree that adolescence is a stage when young people are forming a sense of their own masculinity and/or femininity. Adolescents evaluate their identity by incorporating culturally-defined gender role expectations and by developing attitudes and views about their roles as men and women in society (McNeill & Petersen, 1985; Pryor, 1994).

The cognitive-developmental perspective posits that the need for self-categorization is what leads children to observe gender roles, understand differences, and decide to adopt appropriate gender-typed behavior (Reid, 1985). For example, it is assumed that gender schemas of gender-typed individuals predispose them to follow traditional gender-role prescriptions in their self-concepts and behavior, while avoiding behaviors typically associated with the opposite gender (Orlofsky et al., 1985). On the other hand, androgynous individuals, according to this perspective, are viewed as flexible or able to exhibit both masculine and feminine gender-role behavior as called for by the situation (Bem, 1975; Bem, 1981; Orlofsky et al., 1985).

According to Orlofsky et al. (1985), implicit in the cognitive-developmental theory is the expectation that gender-role phenomena (e.g., personality traits, gender-role attitudes, and stereotypically masculine and feminine role behaviors and interests) are

closely interrelated, at least for those individuals whose gender schemas cause them to adhere closely to traditional or stereotypical gender-role norms.

The social learning theory poses yet a third perspective of gender role identity development. Social learning theory emphasizes environmental influence on the development of social behavior (Reid, 1985). Thus, individuals are seen to acquire gender role orientations by observing models (modeling) and being rewarded for "appropriate" behavior (reinforcement).

The social learning perspective argues that many factors in addition to personality traits, influence individuals' gender-role portrayals: (a) a general tendency to conform to societal norms, (b) a personal commitment to values implicit in role expectations, (c) a desire to escape negative sanctions, and (d) a conviction that one can best manipulate situations to one's own advantage (Orlofsky et al., 1985; Spence & Helmreich, 1980). This perspective, according to Orlofsky et al. (1985), asserts a general independence of gender-role personality traits, attitudes, and behaviors.

Models of Gender Role Identity

Each of the three major theoretical perspectives in the area of gender-roles correspond with three models: The Congruency Model, the Androgyny Model, and the Masculinity Model. These competing models argue for the ideal gender-role orientation needed in order for an individual to maintain psychological well-being. The Congruency Model implies that establishing a gender-typed identity is most adaptive (Marsh et al., 1987; Orr & Ben-Eliahu, 1993; Whitley, 1983; Whitley, 1984). For example, masculine boys and feminine girls should have high self-esteem. Males' identification with efficacy

and females' identification with relationality are seen as paramount to mental health (Allgood-Merten & Stockard, 1991).

The Congruency Model claims that well-being is seen to result from high masculinity and low femininity in males and low masculinity and high femininity in females (Whitley, 1983). Moreover, psychological adjustment is viewed as possible only if one's gender-role orientation is congruent with her/his gender (Orlofsky & O'Heron, 1987). The Congruency Model, therefore, has assumed that masculinity and femininity are opposite poles of a single dimension; however, more recently, the focus has shifted to one of complementary dimensions (Orlofsky & O'Heron, 1987; Whitley, 1983).

The Androgyny Model implies that nonadherence to gender stereotypes is most adaptive. For instance, those individuals who score high on both masculinity and femininity show higher levels of self-esteem and overall healthier functioning and adjustment (Allgood-Merten & Stockard, 1991; Marsh et al., 1987; Orr & Ben-Eliahu, 1993; Whitley, 1983; Whitley, 1984). Furthermore, Bem (1974) suggested that rigid gender-role differentiation has outlived its utility. Orlofsky and O'Heron (1987) claimed that, androgynous individuals possess a broader range of social skills and competencies. The Androgyny Model assumes that masculinity and femininity are independent and complementary (Whitley, 1983; Whitley, 1984).

Long (1991) agreed with the well-supported view that masculine and androgynous gender role orientations, which both incorporate high levels of masculinity, are strongly related to positive self-concept. However, it is the masculine dimension of androgyny that appears to be the best predictor of psychological well-being (Long, 1991; Orlofsky &

O'Heron, 1987). Thus, the third and final model is the Masculinity Model, which implies that masculinity (self-efficacy) alone is the strongest predictor of self-esteem and psychological well-being for both males and females (Allgood-Merten & Stockard, 1991; Marsh et al., 1987; Whitley, 1983; Whitley, 1984). In fact, feminine and undifferentiated orientations, which both incorporate low levels of masculinity, have been reported to be associated with poorer self-concepts (Long, 1991).

Orr and Ben-Eliahu (1993) claimed that the Masculinity Model implies that masculinity alone is the strongest predictor of self-esteem because society rewards masculine traits to a greater extent than feminine traits. Burnett et al. (1995) presented findings that environmental presses exist for both males and females to live up to a definition of masculinity (decisiveness, independence, and competitiveness), presses that are much greater than for femininity (sensitivity, emotional expressiveness, and satisfaction in relationships). Therefore, if an individual exhibits fewer masculine traits, her/his self-esteem and overall psychological well-being will suffer.

Cultural Influence on Gender Role Acquisition

Many researchers have suggested that cultural factors influence gender-role development; however, much of the research neglects the significance of the culturally variable nature of gender, by mostly including only white middle-class females in their samples (Davenport & Yurich, 1991; Harris et al., 1991; Reid, 1985; Schlegel, 1989; Vazquez-Nutall et al., 1987). Consensus exists among social scientists that environmental factors influence the development of gender-role behavior (Reid, 1985). Furthermore, it has been suggested that gender cannot be viewed apart from culture (Chodorow, 1995;

Reid, 1985; Schlegel, 1989). It has been said that contextual factors vary between cultures, which leads to different socialization experiences beyond just gender differences in socialization (Reid, 1985). Specifically, societal expectations and values associated with gender roles are reported to vary across cultures and subcultures (Davenport & Yurich, 1991; Vazquez-Nutall et al., 1987).

Chodorow (1995) argued that each person creates her/his own personal-cultural gender, thus, acquiring a personal meaning of culturally influenced experiences. Therefore, we are reminded that generalizations are implicitly statistical and rarely universal and that we must be careful that our claims do not go beyond our data base (Chodorow, 1995). Additionally, recognition must be given to gender within particular cultural, racial-ethnic, socioeconomic groups, and during different historical periods.

Due to the tremendous theoretical support provided for the impact of socio-cultural factors on individuals' gender role orientation, the current study attempted to investigate whether similar relations between self-esteem and gender-role orientation would be found within different cultures. A study including a culturally representative group of participants would allow for further investigation of the cultural factors in gender role identity. Based on the empirical support presented, the following hypothesis will be investigated: It is expected that statistically significant differences will be found between the four classifications of gender role orientation on levels of self-esteem, as measured by the seven components of self-esteem.

Further hypotheses were formed based on the findings evidenced in previous research in the area of gender role orientation and self-esteem: (a) androgyny will be

more significantly different from the three other gender role classifications on each of the seven components of self-esteem measured; (b) masculinity will be more significantly different from femininity and undifferentiated on three of the self-esteem components measured (competence, personal power, and self-control); (c) femininity will be more significantly different from masculinity and undifferentiated on two of the self-esteem components measured (lovability and likability); (d) femininity will be more significantly different from masculinity and androgyny on the self-esteem component of body appearance; (e) undifferentiated will be significantly different from the three other gender role classifications on each of the seven components of self-esteem measured; and (f) both androgyny and masculinity will be more different from femininity and undifferentiated on global self-esteem.

CHAPTER III

METHODOLOGY

Participants

Participants included 174 college men and women attending a private university in Chicago. Approximately seventy percent of the participants were Introductory Psychology students fulfilling a psychology experiment requirement for nominal course credit. The remaining portion of the sample consisted of students from a history class, an anthropology class, and two ethnic student organizations. In an effort to establish a fair representation of students, these students were contacted and asked to participate in the study.

The resulting sample represents approximately 60% European-American, 15% Asian-American (mainly Indian or Filipino), 12% Latin-American (mostly Mexican), and 10% African-American students. Additionally, the majority of participants (63%) reported that they affiliate with the Catholic religion. The sample consisted of one hundred twenty-seven females and forty-seven males. The average age of participants was eighteen. Finally, the participants, on average, reported backgrounds of middle-class socioeconomic status.

Procedure

The introductory psychology students were administered a series of measures in a group format. An informed consent form was distributed to each participant, and procedures of confidentiality were explained. Packets containing the measures, an informed consent form, and directions were distributed to those students from other classes or student organizations during class time or meeting time, respectively, and were then collected over the course of one to three weeks post-distribution. Approximately 40% of those distributed to these students were not returned or returned incomplete.

A self-esteem inventory, a gender-role orientation inventory, and a demographic/background questionnaire were administered to 200 undergraduate men and women. One hundred seventy-four packets were completed, including the Multidimensional Self-Esteem Inventory (O'Brien & Epstein, 1983) and the Bem Sex Role Inventory (Bem, 1978).

Measures

Self-Esteem

The Multidimensional Self-Esteem Inventory--MSEI (O'Brien & Epstein, 1983) is a 116 item self-report inventory measuring global self-esteem in addition to eight components of self-esteem. Individuals respond on a five-point scale. Test-Retest reliabilities of all MSEI scales are reported to demonstrate internal consistency reliability (α) coefficients ranging from .78 to .89.

The MSEI was developed under the theoretical premise that a comprehensive evaluation of personality involves examination of an individual's self-perceptions

(self-concept) and her/his evaluations that are associated with those perceptions (self-esteem). Findings of O'Brien and Epstein (1983) presented that the components of self-esteem measured by the MSEI are representative of the types of experiences that influence self-esteem in everyday life. The MSEI measures self-esteem on two levels: global self-esteem or widely generalized evaluative feelings about oneself and an intermediate level of generality referred to as components of self-esteem.

The MSEI includes eleven scales: global self-esteem, each of the eight components of self-esteem (competence, lovability, likability, personal power, self-control, moral self-approval, body appearance, and body functioning), identity integration, and defensive self-enhancement. Moral self-approval, body functioning, identity integration, and defensive self-enhancement were not analyzed due to the unrelated nature of these four subscales to the relevance of the current study.

What are considered the effectance components of self-esteem are comprised of scales having to do with the ability to have an active and direct impact on the world by demonstrating capabilities, leadership ability, and self-discipline. These scales include: competence (CMP), personal power (PWR), self-control (SFC), and global self-esteem (GSE).

On the scale of global self-esteem, a high score denotes being self-confident, feeling significant, and expecting future successes. A low score denotes being self-critical, feeling insignificant, and expecting future failures. For the component of competence, a high score denotes feeling talented, effective, and capable. A low score denotes feeling incompetent and ineffective. On the MSEI scale of personal power, a high

score designates being powerful, a leader, and assertive. A low score designates being powerless, a follower, and unassertive. For the component of self-control, a high score designates being self-disciplined, ambitious, goal-oriented, and in control of one's emotions. A low score designates being undisciplined, unambitious, and emotional.

On the other hand, what are considered the social components of self-esteem are comprised of scales that have in common that self-esteem is dependent on social feedback, or the approval or disapproval perceived from significant others. The social component scales include: lovability (LVE), likability (LKE), and body appearance (BAP).

On the MSEI scale of body appearance, a high score denotes feelings of attractiveness and efforts to enhance one's appearance. A low score denotes feelings of unattractiveness and indifference to improve one's appearance. On the scale of lovability, a high score denotes feeling lovable, cared for, supported, and being able to express and receive love in relationships. A low score denotes feeling unlovable, a lack of care and support from others, and having difficulty expressing or receiving love in relationships. Finally, for the component of likability, a high score designates being popular, accepted, and able to get along well with others. A low score designates being unpopular, not accepted, fearing rejection, and difficulty getting along with others.

Gender Role Traits

The Bem Sex Role Inventory--BSRI (Bem, 1978) is a 60 item self-report inventory with twenty stereotypically "masculine" items, twenty stereotypically "feminine" items, and twenty neutral, filler items. Individuals are asked to rate each of the

personality traits on a seven-point scale, according to how well the characteristic describes herself or himself. Test-Retest reliabilities for the femininity, masculinity, and femininity-masculinity difference are reported to demonstrate reliability (alpha) coefficients ranging from .76 to .94.

The BSRI treats femininity and masculinity as two independent dimensions rather than as two extremes of a single dimension. Moreover, individuals indicate whether she or he is androgynous (high on both dimensions), undifferentiated (low on both dimensions), feminine (high on femininity and low on masculinity), or masculine (high on masculinity and low on femininity).

Traits used on the BSRI qualify as feminine or masculine according to how mainstream American society judges a particular trait--more desirable for a man or more desirable for a woman. Therefore, a gender-typed individual would be motivated to keep her/his own behavior consistent with an idealized societally based image of femininity or masculinity. Characteristics such as assertiveness and independent are viewed as masculine traits, while characteristics such as affectionate and loyal are viewed as feminine traits. See Appendix B for a list of the twenty masculine and the twenty feminine traits found on the BSRI.

CHAPTER IV

RESULTS

A series of ANOVAS were run to examine the relationship between ethnicity, gender role orientation, and self-esteem. No significant relationships were found from within group comparisons of ethnic groups. However, differences were found between the four ethnic groups on the level of self-esteem reported for each self-esteem component. Refer to Appendix E for means and standard deviations. Differences were also found for how ethnic groups were classified according to the BSRI. Refer to Appendix D for these differences.

From their responses on the BSRI, participants were classified as either feminine, masculine, androgynous, or undifferentiated. Notable ethnic group differences were found in how individuals were classified according to the BSRI. The majority of European-Americans were classified as either feminine or masculine; the majority of African-Americans were classified as either masculine or androgynous; the majority of Latin-Americans were classified as either feminine or androgynous; and the majority of Asian-Americans were classified as either feminine or undifferentiated. In terms of self-esteem, the most outstanding pattern revealed was that African-Americans, as a group, rated themselves with the highest self-esteem on all seven components measured. Another remarkable and consistent finding for self-esteem, was that all four ethnic groups reported low levels of self-esteem on body appearance.

The data was further analyzed for the entire sample of 174 participants, with the ethnic groups collapsed. The relationship between gender role orientation, as measured by the BSRI, and the level of self-esteem, as measured by the MSEI subscales, was examined with seven one-way ANOVAS. A series of Tukey-HSD post-hoc tests were run to determine the source of the significant differences between gender role classifications. Statistically significant differences were found between the four gender role classifications on each of the seven self-esteem components measured.

For global self-esteem, the difference found between the gender role classifications was statistically significant, $F(3,159)=10.59, p<.00$. Individuals who were classified as androgynous ($M=38.21, SD=6.41$) were significantly different from those who were classified as feminine ($M=32.94, SD=7.14$) and undifferentiated ($M=29.49, SD=6.71$) on global self-esteem. It was found that individuals who were classified as masculine ($M=34.68, SD=7.61$) were also significantly different from those classified as undifferentiated ($M=29.49, SD=6.71$) on global self-esteem.

For competence, the difference found between the gender role classifications was statistically significant, $F(3,159)=10.92, p<.00$. Similar differences were found on the MSEI subscale of competence, as were found for global self-esteem: Androgynous individuals ($M=39.47, SD=4.68$) were significantly different from those individuals classified as feminine ($M=35.15, SD=5.39$) and those individuals classified as undifferentiated ($M=33.11, SD=5.49$). With regard to competence, masculine individuals were, again, significantly different from individuals classified as undifferentiated ($M=33.11, SD=5.49$).

On the MSEI subscale of personal power, the difference found between the gender-role classifications was statistically significant, $F(3,159)=36.79$, $p<.00$. It was found that individuals who were classified as androgynous ($M=38.95$, $SD=4.63$) or masculine ($M=39.41$, $SD=4.58$) were significantly different from those who were classified as feminine ($M=31.52$, $SD=4.51$) and those who were classified as undifferentiated ($M=31.26$, $SD=5.22$).

On the MSEI subscale of self-control, the difference found between the gender role classifications was statistically significant, $F(3,159)=7.38$, $p<.00$. Androgynous individuals ($M=38.65$, $SD=6.28$) were found to be significantly different from both feminine ($M=34.23$, $SD=6.01$) and undifferentiated ($M=32.03$, $SD=6.59$) individuals.

Additional reports of significance were found on the MSEI subscale of body appearance. For body appearance, the difference found between the gender role classifications was statistically significant, $F(3,159)=5.15$, $p<.00$. Androgynous individuals ($M=33.72$, $SD=6.53$) were found to be significantly different from both feminine ($M=29.46$, $SD=8.47$) and undifferentiated ($M=27.09$, $SD=7.41$) individuals.

On the MSEI subscale of lovability, the difference found between the gender role classifications was statistically significant, $F(3,159)=8.85$, $p<.00$. Results showed that a significant difference was found between androgynous individuals ($M=39.21$, $SD=7.28$) and both masculine ($M=34.51$, $SD=8.95$) and undifferentiated ($M=30.54$, $SD=6.61$) individuals, on the MSEI subscale of lovability. It was also found that individuals classified as feminine ($M=35.71$, $SD=6.95$) were significantly different than individuals classified as undifferentiated ($M=30.54$, $SD=6.61$), when considering lovability.

Finally, on the MSEI subscale of likability, the difference found between the gender role classifications was statistically significant, $F(3,159)=6.93$, $p<.00$. Those individuals classified as androgynous ($M=37.63$, $SD=5.19$) were significantly different from each of the three other classifications, feminine ($M=34.33$, $SD=5.43$), masculine ($M=33.78$, $SD=6.75$), and undifferentiated ($M=31.77$, $SD=5.96$).

Additional statistical significance was found when testing the remaining hypotheses. Androgyny was found to significantly differ from the three other classification groups on each of the components of self-esteem, with the exception of personal power, for which masculinity was more significantly different than androgyny from femininity and undifferentiated. Masculinity was found to significantly differ from femininity and undifferentiated on the self-esteem components of competence, personal power, and self-control. Femininity was found to significantly differ from both masculinity and undifferentiated on the self-esteem components of lovability and likability.

Femininity was found to differ from masculinity and androgyny on the self-esteem component of body appearance. Undifferentiated was found to significantly differ from the three other classification groups on each of the seven components of self-esteem measured. Both androgyny and masculinity were found to differ from femininity and undifferentiated on global self-esteem. However, it is important to note that the difference for androgyny on global self-esteem was found to be greater than the difference for masculinity on global self-esteem. Overall, there were found to be fewer self-esteem differences between androgynous and masculine individuals on each of the self-esteem components, when compared to feminine and undifferentiated individuals.

CHAPTER V

DISCUSSION

The results of this study indicate support for both the Androgyny Model and the Masculinity Model, as proposed by (Lau, 1989; Long, 1991; Orr & Ben-Eliahu, 1993; Whitley, 1984). Furthermore, the results support past research findings that suggest that both androgynous and masculine orientations correlate with mental health, whereas feminine and undifferentiated orientations do not. The support for the Masculinity and Androgyny Models is expected in a male-dominated society. Individuals classified as androgynous and masculine reported higher levels of effectance self-esteem, which is consistent with general feelings of worth and competence. On the other hand, individuals classified as feminine reported higher levels of social self-esteem, which is not so consistent with general feelings of worth and competence. The current findings are also consistent with the previous notion that traditional gender role conditioning tends to have a restrictive effect on mental health for women. No support was found for the Congruency Model.

The statistically significant differences found between gender role orientations as they rate on components of self-esteem implies a strong relationship between gender role orientation and self-esteem. There appears to be an implied direct relationship between androgynous or masculine gender role orientations and high effectance self-esteem.

Conversely, there appears to be an implied direct relationship between androgynous or feminine gender role orientations and high social self-esteem. An undifferentiated gender role orientation appears to have an implied direct relationship with low self-esteem on all components of self-esteem (both effectance and social).

Support for the Androgyny Model is evidenced in that individuals classified as androgynous were found to report the highest levels of self-esteem on each of the self-esteem components, except personal power. Androgyny showed consistent statistical difference from the three other classifications. For body appearance, global self-esteem, personal power, self-control, and competence, androgynous individuals were significantly different from feminine and undifferentiated individuals. The only significant differences between masculinity and androgyny were for lovability and likability. For likability, androgynous individuals showed significant difference from all three other classifications, which could mean that because androgynous individuals most likely feel comfortable in any situation, they tend to feel well-liked and popular.

The fact that the individuals classified as androgynous were found to have the highest levels of self-esteem on six of the seven components implies that being high on both masculinity and femininity encourages greater confidence in one's ability to adapt to what a situation calls for. Moreover, androgyny appears to transcend the demands, norms, and expectations placed on individuals to be stereotypically gender-typed. Androgynous individuals may tend to not feel as though they must conform to certain roles, as do other gender-typed individuals. Thus, the findings support the Androgyny Model. The findings also support the Masculinity Model, but not in the sense that it is masculinity that

individuals should ascribe to. But rather, within American society, it seems to benefit an individual psychologically to possess both instrumental and expressive traits or instrumental, but not just expressive traits.

It is not surprising that those individuals classified as androgynous were found to be most highly related to self-esteem overall, since the sample was mostly female college students from middle class backgrounds. The study's participants have most likely been encouraged to ascribe to roles that are consistent with both their gender, as well as with roles that are more consistent with what society dictates as being expected for success. This population, in particular, finds themselves in a situation (higher education) which imposes greater expectations for meeting up to that which mainstream society views as successful: being independent, self-reliant, competitive, and ambitious. Additionally, college students are most likely rewarded for certain instrumental traits, such as academic competitiveness. Furthermore, the current zeitgeist tells us that it is acceptable for women to participate in roles that demand these traits in order to be successful. Thus, it is likely that women today, can feel better about themselves for "crossing over" the stereotypical gender-typed boundaries.

It was posited that masculine individuals would be more different from feminine and undifferentiated individuals on three of the self-esteem components measured (competence, personal power, and self-control) since each correspond to what is seen as a masculine orientation--achievement, instrumental, and agentic. This was confirmed. While no statistical significance was found between masculinity and femininity or

undifferentiated on self-control, it is important to note that masculinity was found to have higher levels of self-control than femininity and undifferentiated.

For the measure of competence, statistical difference was only found between masculinity and undifferentiated, not between masculinity and femininity. However, again, individuals classified as masculine were found to report higher levels of competence than individuals classified as feminine. Additionally, masculinity was found to be statistically significantly different from both femininity and undifferentiated on personal power.

The statistically significant difference found for the self-esteem component of personal power could possibly have to do with that descriptors of high levels of personal power, according to the MSEI, most closely resemble masculine traits as defined by the BSRI. What is surprising is that the results for the self-esteem component of self-control did not resemble the statistical significance of personal power, since it too incorporates masculine traits as defined by the BSRI. However, it could be that it is more acceptable in mainstream American society for women to have high levels of self-control (ambitious and goal-oriented), than it is for women to have high levels of personal power (powerful, assertive, a leader). For example, women tend to be negatively reinforced for being powerful or assertive, whereas men tend to be positively reinforced for possessing these characteristics.

The lack of statistical significance between masculinity and femininity on the component of competence was less surprising since competence, as defined by the MSEI, has more to do with efficacy in general than specific masculine traits. Additionally, it was

not surprising that similar differences between gender role classifications were found for competence as were found for global self-esteem, since the component of competence is defined closely to how global self-esteem is defined.

It was posited that femininity would be found to be more different from masculinity and undifferentiated on the self-esteem components of lovability and likability because both correspond to what is seen as a feminine orientation--affiliation, expressivity, and communality. While the only statistically significant difference was found between femininity and undifferentiated on lovability, feminine individuals did score higher on lovability and likability than both masculine and undifferentiated individuals. One reason that no statistical significance was found on the measure of likability could be a developmental life stage issue. Moreover, a college-aged sample (regardless of gender) may be more concerned about being popular and being supported than an older population.

The notion that femininity would be more different from masculinity and androgyny on the self-esteem component of body appearance, was based on Covey and Feltz's (1991) research that claims that adolescent females have lower satisfaction about their bodies and physical changes than do males. While being female does not necessarily denote being classified as feminine, it appears from the findings, that those individuals who ascribe more to feminine characteristics tend to judge themselves more harshly on body appearance. The only statistically significant difference was found between the gender role classification of androgyny and the classifications of femininity and undifferentiated. Again, a developmental life stage issue may be present, since on body

appearance, each of the four classifications had the lowest score of any of the self-esteem components measured. During late adolescence, young men and women may tend to be more concerned with her/his body image and consequently feel less confident about one's body appearance.

Undifferentiated individuals were predicted to report the lowest levels of self-esteem, based on the notion that they lack the flexibility androgynous individuals find in being able to adapt to what traits or behaviors a situation calls for. Furthermore, undifferentiated individuals appear to be extremely restricted by having such a limited pool of traits and behaviors with which they feel they can ascribe to. This may pose a threat to one's self-esteem since these individuals could possibly feel more pressure to conform to society-based gender stereotypical norms. For every component of self-esteem measured, undifferentiated individuals scored the lowest, and statistically significant differences were evidenced on each component as well. It appears that one who displays limited amounts of all types of traits (both masculine and feminine) feels least confident and significant.

Based on previous empirical findings and theoretical notions evidenced in the literature, it was thought that high levels of masculine traits, which are found in both masculine and androgynous individuals, would lend to high levels of effectance self-esteem, since it appears that these masculine traits (e.g., independent, leadership abilities, competitive, and ambitious) are most highly valued and rewarded in mainstream American society. Conversely, individuals who ascribe to feminine traits, which are not as highly valued or rewarded in mainstream American society (e.g., gentle,

compassionate, and affectionate), were predicted to have lower levels of effectance self-esteem. These notions were confirmed.

The current findings are consistent with previous empirical findings in attempting to associate gender role orientation with mental health. Previously, it has been suggested that the society-valued, competency-oriented masculine traits appear to be associated with high self-esteem in both men and women (Long, 1991; Orlofsky & O'Heron, 1987; Whitley, 1983). The current results support this. Also consistent with previous research, is the indication that although androgyny appears to be associated with mental health, it seems to be the masculine (instrumental) dimension that is the best predictor of high self-esteem overall.

It is evident that what is seen as high levels of certain components of self-esteem (competence, personal power, and self-control) is comparable to what is valued by society as masculine or instrumental traits. Additionally, it is apparent that what is seen as high levels of certain components of self-esteem (lovability and likability) is comparable to what is valued by American society as feminine or expressive traits. It is unclear whether these values are equally valued by all cultures found within American society or only the mainstream European-American culture.

The ethnic group differences found for self-esteem and gender-role orientation confirm previous indications that gender roles may have different meanings for different cultures. Furthermore, societal standards regarding acceptable and valued traits and behaviors are likely to differ for ethnic groups and subcultures within American society. It appears from the findings that it may be more acceptable for African-Americans to

ascribe to more masculine and androgynous traits, when compared to the three other ethnic groups represented. Along the same lines, it appears that it may be more acceptable for Asian-Americans to ascribe to more feminine or undifferentiated traits, since, overall, this group's self-esteem did not appear any lower than the other ethnic groups who classified more as masculine or androgynous.

While the level of acceptance for what is found appropriate for female and male roles may vary from culture to culture, it appears that overall, society has become more egalitarian. There seems to be greater social acceptance for women to ascribe to roles or traits that have not always been traditionally viewed as feminine (Shaffer, 1989). On the other hand, it appears that it is less acceptable for men to ascribe to roles or traits that have not been traditionally viewed as masculine (Shaffer, 1989). This notion supports previous findings (Antill & Cunningham, 1980; Long, 1991) that have claimed that for women, an androgynous orientation is most significant for higher self-esteem, while for men, a masculine orientation is most significant for higher self-esteem. Moreover, feminine traits have appeared to have no effect on men's level of self-esteem, but still remain significant for women's level of self-esteem.

An androgynous orientation seems to make the most sense since high levels of both instrumental and expressive traits are found to be associated with the highest levels of self-esteem. It seems that the idea of androgyny implies that individuals need to find a balance between their agency and communality. This suggests the need for a "genderless" personality, one flexible enough to feel comfortable and successful in all life situations, no matter what the demands. Thus, this flexibility would allow one to feel good about

her/himself. Therefore, it is strongly suggested that the use and acceptance of gender-typed orientations (traits and behaviors) be eliminated entirely. Moreover, traits that have historically and are currently viewed as specifically masculine or specifically feminine, should not be viewed as such. It is being suggested that it is okay to define traits as instrumental and expressive, which they clearly are; however, the gender-specific labels should be removed.

While it appears that masculinity is more strongly associated than femininity with higher self-esteem for most components of self-esteem, it is traditional and stereotypical views of society that imply that these masculine traits are more valuable and historically have been attributed to male roles. However, times are changing and both men and women are more often being required to participate in what is seen traditionally as both masculine and feminine roles. We should no longer continue to label such roles, traits, or behaviors as masculine and feminine if they have outlived their utility.

Having universal traits and behaviors labeled as gender-specific roles is rather limiting and restrictive for both men and women. Not only does this suggest that one needs to choose to be only sufficient at certain life tasks; but also, it appears counter-productive to individuals' sense of well-being (including esteem and efficacy). The stereotypes that persist only disarm individuals of all of their potential and defines unrealistic expectations for individuals who live within an evermore egalitarian society. It is suggested that if both men and women were equipped with and encouraged to ascribe to all traits found necessary to provide them with high levels of all components of self-esteem (both agentic and communal), psychological well-being would be maintained.

Many researchers in the area of gender role orientation and self-esteem discuss the notion of a "masculine supremacy effect," or a much greater value for masculine labelled traits within American society (Burnett et al., 1995; Lau, 1989; Long, 1991; Marsh et al., 1987). It has been argued that society tends to recognize and more positively value and reinforce competency-oriented traits, such as being strong and aggressive. As a result, society is seen as presenting a "double-bind" for females in that there is a marked devaluation of that which is feminine (Allgood-Merten & Stockard, 1991). This could result in self-devaluation for females classified as feminine or role confusion for females classified as masculine or androgynous. Long (1991) also mentioned that feminine gender role stereotypes in our society are not compatible with what mental health professionals consider a healthy or mature adult. Therefore, it appears that society, on all levels, may discourage some individuals from achieving psychological health, especially females, by demanding certain ideals.

Implications

This study supports the need to redefine terms and remove gender role labels in order to promote psychological health for all members of society. For example, masculine and feminine classifications should be renamed instrumental and expressive, respectively. The removal of gender-typed labelling for psychological and behavioral traits would be a major step toward the enhancement and enrichment of healthy identity development for all individuals. Such a change would indicate acceptance of the idea that both men and women should develop the capacity to feel worthy and competent in all domains of their life. It is implied that all levels of society (education, politics, media, and the field of

mental health) need to embrace nongender-stereotypical attitudes in order to foster healthier self-concepts, including self-esteem, in individuals. Researchers, educators, mental health professionals, and the media should be held accountable for making sure the evolution of gender roles and the corresponding implications be properly addressed.

Implications of the current findings are significant for mental health professionals and educators. Previous and current findings are suggesting that instrumental traits are associated with self-esteem and mental health. Therefore, society needs to condition both men and women to develop instrumental traits in order to promote more positive self-concepts. Counselors and educators need to recognize that women most often have been conditioned to develop feminine traits. However, if counselors and educators are to help facilitate mental health, they will need to facilitate the development of instrumental traits in females. This process may involve first unlearning and then relearning attitudes and behaviors. Counselors and educators will need to facilitate awareness and understanding, followed by strategies to develop and strengthen instrumental traits and behaviors.

Therefore, implications revolve around encouraging and supporting youth to participate in life with well-rounded personalities capable of adjusting to whatever particular situations demand. Individuals should be encouraged to participate in life without feeling restricted by limiting stereotypes and values. Thus, more accepting values need to be taught to youth, and rewards need to be implemented for all traits and behaviors. It is not enough for youth to be taught to ascribe to both instrumental and expressive traits, without accepting values and positive reinforcement in place.

In particular, implications for the study of the developmental life cycle stage of adolescence should focus on the importance of sexual identity development, ethnic identity development, and occupational identity development, but not on gender intensification per say. Less focus should be placed on stereotypic gender role identity development, that which is suggested by the Congruency Model. It is recommended that we get away from labelling, but instead promote healthy personality traits, through modeling, mentorship, and espousing acceptance.

In terms of preventative measures, the focus should be on educating parents to eliminate the passive and active encouragement of gender-typed behaviors and traits in their children. On the other hand, parents should encourage (model, teach, and reinforce) their children, regardless of gender, to exhibit both expressive and instrumental traits. Finally, in agreement with Davenport and Yurich (1991), instead of looking at gender differences in terms of "right" or "wrong," developmental differences should be viewed as strengths or weaknesses for an individual. Our focus should remain on building upon one's strengths as an individual, not according to her/his gender.

Limitations and Recommendations

Further investigations in this area seem essential if we are to better understand the relationship between gender-role orientation and self-esteem or mental health.

Limitations of this study pertain to the results not being able to be generalized beyond a sample of predominantly Caucasian middle-class undergraduate college students, most of whom are about 18 years of age. A somewhat different pattern of self-esteem levels reported might characterize a sample of a different developmental life stage,

socioeconomic status, or cultural background. Further examinations of ethnicity and culture as a mediating factor are warranted. Thus, future research should focus on including much greater ethnic representation.

It would be useful to examine subcultures within American society in order to better serve all populations that make up a diverse America. It is also recommended that future research include an examination of contextual and individual factors in addition to ethnicity, race, and culture. In agreement with Burnett et al. (1995), it is suggested that future studies assess environmental factors across various situations (e.g., home, work, and school) in order to gain a clearer picture of possible mediating factors. Other factors that could potentially be shown to mediate the relationship between gender role orientation and self-esteem should also be examined: family structure, socioeconomic status, parental influence, peer influence, religion, and the media.

With regard to the current and other findings in the area of gender role orientation and self-esteem, it is also recommended to examine gender role orientation along the various life cycle stages. This could determine whether age or the demands of particular developmental life stages influence individuals' gender role orientation and self-esteem. Finally, further research also needs to consider incorporating the assessment of other gender role domains--behaviors, interests, attitudes, values, and external pressures--into the examination of gender role traits as they relate to self-esteem.

Conclusions

Based on the current and previous findings, it seems that to foster individuals' (both males' and females') positive self-concept means to reinforce the development of

instrumental traits and behaviors. As emphasized by Antill & Cunningham (1980), a society which values instrumental traits and behaviors more so than expressive traits and behavior has two alternatives to improve the mental health of women: (1) to encourage women to ascribe to more instrumental traits and behaviors or (2) to convince society that expressive traits are as worthy as instrumental traits. The proposed ideal of gender-role transcendence will only be successful if both instrumental and expressive traits are equally valued within society; however, until then, it seems to be most beneficial to the psychological health of individuals to endorse instrumental traits and behaviors.

APPENDIX A

GENDER ROLE PERSONALITY TRAITS AS CLASSIFIED BY THE BSRI

Gender Role Personality Traits as Classified by the BSRI

Masculine Traits	Feminine Traits
Defend own beliefs	Affectionate
Independent	Sympathetic
Assertive	Sensitive to needs of others
Strong Personality	Understanding
Forceful	Compassionate
Have leadership abilities	Eager to soothe hurt feelings
Willing to take risks	Warm
Dominant	Tender
Willing to take a stand	Love children
Aggressive	Gentle
Self-Reliant	Yielding
Athletic	Shy
Analytical	Flatterable
Makes decisions easily	Loyal
Self-sufficient	Soft-spoken
Individualistic	Gullible
Masculine	Childlike
Competitive	Do not use harsh language
Ambitious	Cheerful
Act as a Leader	Feminine

Note. From S.L. Bem (1978) Bem Sex Role Inventory Permissions Set. Copyright 1981 by Consulting Psychologists Press, Inc.

APPENDIX B

RELIABILITY ALPHA VALUES FOR THE MSEI AND BSRI

Table 1

Reliability Alpha Values for the MSEI

Scale	alpha values
overall	.9663
GSE	.8921
BAP	.8902
LVE	.8421
LKE	.8214
SFC	.8319
PWR	.8320
CMP	.8033

Table 2

Reliability Alpha Values for the BSRI

measure	alpha values
overall	.8297
masculine items	.8696
feminine items	.8111

APPENDIX C

FREQUENCIES OF GENDER BY ETHNICITY AND BY BSRI CLASSIFICATION

Table 3

Frequencies of Gender by Ethnicity and by BSRI classification

	female <u>n</u>	male <u>n</u>
(<u>N</u> =174)	127 (72%)	47 (28%)
European-American	77 (44%)	26 (15%)
African-American	9 (05%)	7 (04%)
Latin-American	14 (08%)	6 (03%)
Asian-American	23 (13%)	4 (02%)
other	4 (02%)	4 (02%)
feminine	46 (36%)	5 (11%)
masculine	19 (15%)	19 (41%)
undifferentiated	23 (18%)	14 (30%)
androgynous	39 (31%)	8 (17%)

APPENDIX D

DIFFERENCES FOR HOW ETHNIC GROUPS ARE CLASSIFIED

ACCORDING TO THE BSRI

Table 4

Differences for How Ethnic Groups are Classified According to the BSRI

<u>Ethnicity</u>	<u>Feminine</u>	<u>Masculine</u>	<u>Undifferentiated</u>	<u>Androgynous</u>
European-American	31%	28%	18%	24%
African-American	20%	33%	13%	33%
Latin-American	32%	11%	21%	37%
Asian-American	29%	13%	33%	25%
Other	25%	0%	38%	38%

APPENDIX E

DIFFERENCES FOR ETHNIC GROUPS ON COMPONENTS OF SELF-ESTEEM

Table 5

Differences for Ethnic Groups on Components of Self-esteem

Self-esteem	<u>European-American</u>		<u>African-American</u>	
	<u>n = 103</u>		<u>n = 16</u>	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
GSE	33.55	6.97	35.63	9.34
CMP	36.03	5.74	37.25	7.04
PWR	35.51	6.00	37.94	6.95
SFC	35.19	6.82	37.50	6.73
BAP	29.79	8.14	32.31	7.76
LVE	35.84	7.92	36.69	9.39
LKE	34.24	6.23	36.75	6.85
	<u>Latin-American</u>		<u>Asian-American</u>	
	<u>n = 20</u>		<u>n = 27</u>	
GSE	35.45	8.37	34.67	7.52
CMP	36.90	5.92	36.74	5.06
PWR	34.35	5.68	34.44	5.77
SFC	36.80	6.26	35.81	7.24
BAP	32.80	6.93	31.19	7.11
LVE	34.35	8.47	34.78	7.11
LKE	36.05	4.31	34.15	5.59

APPENDIX F

DIFFERENCES FOR GENDER ROLE ORIENTATION CLASSIFICATIONS

BY COMPONENT OF SELF-ESTEEM

Table 6

Differences for Gender Role Orientation Classifications by Component of Self-Esteem

Self-esteem	<u>Masculine</u>		<u>Feminine</u>	
	<u>n = 37</u>		<u>n = 48</u>	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
GSE	34.68	7.61	32.94	7.14
CMP	37.51	5.46	35.15	5.39
PWR	39.41	4.58	38.95	4.63
SFC	35.95	7.14	34.23	6.01
BAP	30.81	8.03	29.46	8.47
LVE	34.51	8.95	35.71	6.95
LKE	33.78	6.75	34.33	5.43

	<u>Androgynous</u>		<u>Undifferentiated</u>	
	<u>n = 43</u>		<u>n = 35</u>	
GSE	38.21	6.41	29.49	6.71
CMP	39.47	4.68	33.11	5.49
PWR	38.95	4.63	31.26	5.22
SFC	38.65	6.28	32.03	6.59
BAP	33.72	6.53	27.09	7.41
LVE	39.21	7.28	30.54	6.61
LKE	37.63	5.19	31.77	5.96

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VITA

Karen Komosa became interested in the study of identity development, gender roles, self-esteem, and issues of multiculturalism as an undergraduate at the University of Illinois at Urbana-Champaign, where she majored in Human Development and Family Studies. Karen immersed herself in the area of multiculturalism as a Counseling Center Paraprofessional at the University of Illinois.

While working on her masters in Community Counseling at Loyola University Chicago, Karen has been actively involved in two research projects, directed by Lorna London, Ph.D.. One of the research teams examines issues concerning transracial adoption, while the other team has been involved in implementing a multicultural enrichment program for Chicago Public School sixth grade students.

Karen's interest in community psychology is evident in her past, as well as, current experiences. Karen has worked with youth in a variety of settings: youth advocacy, respite services, residential care, and a teen drop-in center. Karen also participated in an internship as an undergraduate at the Women's Emergency Shelter of Champaign, Illinois. Currently, Karen is completing her practicum at the Community Counseling Centers of Chicago: The Child and Family Counseling Center, where she provides individual, family, and group counseling services. Karen would like to continue research pursuits in the areas of multiculturalism, gender identity, ethnic identity, and

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THESIS APPROVAL SHEET

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The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the committee with reference to content and form.

The thesis is, therefore, accepted in partial fulfillment of the requirements for the degree of master of arts.

April 2, 1997

Date

Lorna L. London

Director's Signature