



National Library of Canada
Collections Development Branch

Canadian Theses on
Microfiche Service

Bibliothèque nationale du Canada
Direction du développement des collections

Service des thèses canadiennes
sur microfiche

NOTICE

The quality of this microfiche is heavily dependent upon the quality of the original thesis submitted for microfilming. Every effort has been made to ensure the highest quality of reproduction possible.

If pages are missing, contact the university which granted the degree.

Some pages may have indistinct print especially if the original pages were typed with a poor typewriter ribbon or if the university sent us a poor photocopy.

Previously copyrighted materials (journal articles, published tests, etc.) are not filmed.

Reproduction in full or in part of this film is governed by the Canadian Copyright Act, R.S.C. 1970, c. C-30. Please read the authorization forms which accompany this thesis.

THIS DISSERTATION
HAS BEEN MICROFILMED
EXACTLY AS RECEIVED

AVIS

La qualité de cette microfiche dépend grandement de la qualité de la thèse soumise au microfilmage. Nous avons tout fait pour assurer une qualité supérieure de reproduction.

S'il manque des pages, veuillez communiquer avec l'université qui a conféré le grade.

La qualité d'impression de certaines pages peut laisser à désirer, surtout si les pages originales ont été dactylographiées à l'aide d'un ruban usé ou si l'université nous a fait parvenir une photocopie de mauvaise qualité.

Les documents qui font déjà l'objet d'un droit d'auteur (articles de revue, examens publiés, etc.) ne sont pas microfilmés.

La reproduction, même partielle, de ce microfilm est soumise à la Loi canadienne sur le droit d'auteur, SRC 1970, c. C-30. Veuillez prendre connaissance des formules d'autorisation qui accompagnent cette thèse.

LA THÈSE A ÉTÉ
MICROFILMÉE TELLE QUE
NOUS L'AVONS REÇUE

The Sex Roles and Life Styles of Married Women in
Relation to Mental Health Indices of
the California Psychological
Inventory (CPI)

by Carol L. Lehman

Thesis submitted
to the School of Graduate Studies
of the University of Ottawa
in partial fulfillment of the requirements
for the Doctor of Philosophy Degree, in Psychology

Ottawa, Canada, 1979

The Sex Roles and Life Styles of Married Women in
Relation to Mental Health Indices of
the California Psychological
Inventory (CPI)

Table of Contents

Chapter		Page
	Acknowledgments.....	iii
	List of Tables.....	iv
	List of Figures.....	vii
	Abstract.....	viii
I	Review of the Literature.....	1
	Mental Health and Sex Roles.....	2
	Mental Health and Androgyny.....	12
	The Relationship between Mental Health and Life Style.....	23
	The Issue of Self-Identity.....	25
	Role Conflicts.....	28
	The Concept of Choice.....	34
	Employment versus Homemaking.....	37
	A Statement of the Problem and Hypotheses.....	42
II	Research Method.....	56
	Materials.....	56
	Short Form of the California Psychological Inventory (CPI).....	57
	Items from the Rychlak-Legerski Sexual Role Identification Instrument.....	61
	Bem Sex-Role Inventory (BSRI).....	63
	Questionnaire.....	66
	Subjects.....	73
	Procedure.....	76

Table of Contents continued...

	Page
Preliminary Data Analyses.....	79
Statistics to Test Hypotheses.....	89
III Results.....	90
IV Discussion.....	117
Summary.....	150
Appendix A -- Testing Materials.....	156
Appendix B -- Test Retest Reliability Data for Rychlak Legerski Ascendant-Dominant and Retiring-Passive Items.....	196
Appendix C -- Sample Letter to Potential Subjects.....	198
Appendix D -- Tables 16 to 21.....	200
Appendix E -- Feedback to Subjects.....	207
References.....	215
Reference Notes.....	226

Acknowledgments

I would like to express appreciation to those who assisted in making this study a reality. Dr. Henry Edwards, my advisor, gave generously of his time and encouragement. Ann Hurd of the University of Ottawa's Computer Centre went the second mile in assisting with the computer analyses. Terry O'Donnell, Christine Dacey, and James Medling were true friends whose contributions are noted in the text.

This study, of course, would not have been possible without the subjects' participation and the cooperation of their groups' leaders in making available opportunities and places to meet with the subjects. Their contributions are greatly appreciated.

List of Tables

Table Number		Page
1	Motivation for Full-Time Homemaking: Factors Reduced from Homemakers' Ratings of Twelve Questionnaire Items.....	69
2	Motivation for Employment: Factors Reduced from Employees' Ratings of Ten Questionnaire Items.....	71
3	Standardized and Unstandardized Discriminant Function Coefficients for CPI Scales Distinguishing Above-Median from Below-Median Mental Health Groups.....	84
4	SES Class, Occupational Character, and Population and Sample Percentages for the Six Levels of the Revised Blishen Occupational Index.....	87
5	Summary of Analysis of Variance of Means of Rychlak-Legerski Ascendant-Dominant Scores and Factors of Mental Health, SES, and Life Style.....	92
6	Means and Standard Deviations of Above-Median and Below-Median Mental Health Subjects for Eight Dependent Variables.....	93
7	Means and Standard Deviations of Subjects Classified by Mental Health and SES Levels for Eight Dependent Variables.....	94

List of Tables continued...

		Page
8	The Means and Standard Deviations of Subjects Classified by Mental Health and Life Style for Eight Dependent Variables.....	95
9	Summary of Analysis of Variance of Mean Rychlak-Legerski Retiring-Passive Scores and Factors of Mental Health, SES, and Life Style.....	97
10	Summary of Analysis of Variance of Mean BSRI Femininity Scores and Factors of Mental Health, SES, and Life Style.....	98
11	Summary of Analysis of Variance of CPI Femininity Scores and Factors of Mental Health, SES, and Life Style.....	100
12A	Frequency of Androgynous, Masculine-typed, Feminine-typed, and Undifferentiated Subjects at Below- and Above-Median Mental Health Levels.....	102
12B	Summary of Analysis of Variance of the BSRI Androgyny Difference Score and Factors of Mental Health, SES, and Life Style.....	103
12C	Summary of Analysis of Variance of BSRI Masculinity Scores and Factors of Mental Health, SES, and Life Style.....	105
13	Summary of Analysis of Variance of Mean Responses to No. 14, Questionnaire, and Factors of Mental Health, SES and Life Style.....	106
14	Summary of Analysis of Variance of Perceived Choice of Life Style and Factors of Mental	

List of Tables continued...

Page

Table 14 continued...

	Health, SES, and Life Style.....	108
15	Summary of Analysis of Vari- ance of Satisfaction and Factors of Mental Health, SES, and Life Style.....	114
16	Standardized and Unstandardized Discriminant Function Coeffici- ents for Variables Distinguish- ing Above-Median from Below- Median Mental Groups.....	201
17	Standardized and Unstandardized Discriminant Function Coeffici- ents for CPI Scales Distinguish- ing Androgynous from Non-Androgy- nous Subjects.....	202
18	Frequency of Below- and Above- Median Mental Health Subjects at Six Blischen Ratings.....	203
19	Standardized and Unstandardized Discriminant Function Coeffici- ents for Variables Distinguish- ing Above-Median from Below- Median Homemakers.....	204
20	Standardized and Unstandardized Discriminant Function Coeffici- ents for Variables Distinguish- ing Above-Median from Below- Median Part-Time Employees.....	205
21	Standardized and Unstandardized Discriminant Function Coeffici- ents for Variables Distinguish- ing Above-Median from Below- Median Full-Time Employees.....	206

List of Figures

Figure Number		Page
1	Average CPI profiles of two groups of married women, clinically rated above- and below-median on mental health.....	81
2	Statistical interaction between mental health and three life styles of married women, with reference to their self ratings of choice of life style.....	110
3	Statistical interaction between mental health, SES, and three life styles of married women, with reference to their self ratings of choice of life style.....	111

Abstract

This study examined the relationship between married women's mental health and their reported sex roles, life styles, and perceived choice in determining life style. Subjects were 199 women from Ottawa, Ontario, selected to represent a range of age, life style, and SES factors. On the basis of clinical ratings of their California Psychological Inventory (CPI) profiles, subjects were placed in above- and below-median mental health groups. The above-median group earned significantly higher ascendant-dominant scores, significantly lower retiring-passive scores, and significantly higher masculinity scores ($<.05$). The groups did not differ on femininity scores, on perception of choice in determining life style, on reported satisfaction, on number of activities participated in outside the home, or on the level of husbands' income. Above-median mental health, full-time employees perceived greater choice in determining their life style and reported more satisfaction ($<.05$) than did above-median homemakers or part-time employees. Androgynous subjects were not more likely to rank in the above-median groups than feminine- or masculine-typed subjects. Results were discussed in relation to empirical studies and theoretical issues within the psychology of women.

Chapter I

Review of the Literature

This study of the variables associated with higher and lower levels of mental health among married women poses a number of critical questions: Are married women who rank in the above-median group on a mental health measure more dominant and less passive than women ranking below the median, or is the reverse true? Do healthy married women differ from less healthy ones in self descriptions of traditional masculine and feminine attributes? What are the links between mental health and life style, and do better adjusted married women perceive that they have chosen their life style to a greater extent than less well adjusted married women?

These questions may be labeled critical because their answers will either refute or support traditional, cultural stereotypes regarding the "nature" of women and standards of "normalcy." In recent years many writers from various disciplines have argued for and against -- depending upon their political, social, and religious ideologies -- the inherent "rightness" or the limitations and injustices of traditional sex-role dichotomization.

A contribution of the present study is that it draws conclusions regarding these issues on the basis of empirical data, which is, hopefully, less subjective than basing arguments upon other ideologies.

Three topics are addressed in this chapter: Mental health and sex roles, mental health and androgyny, and the relationship between mental health and life style. Both empirical findings and theoretical issues from the psychology of women are discussed. The purpose of this chapter is not to present an exhaustive literature review of the separate issues of women's mental health, their sex roles, or their choice of life styles. Instead, studies which examined an interaction of these aspects and which were related to the specific issues addressed by the present study were selected for review.

The chapter concludes with a statement of the problem and the hypotheses which the study was designed to answer.

Mental Health and Sex Roles

The literature, as will be seen below, presents contradictory evidence concerning the relationship between girls' and women's mental health and their sex roles and/or sex appropriate or inappropriate behaviors. The critical issue to be addressed in this section is whether mental health among girls and adult women is related with adopting a traditional, i.e., feminine, sex role or with adopting a nontraditional, i.e., masculine, sex role.

Gray (1957) gave children in grades six and seven the children's form of the Taylor Manifest Anxiety Scale. She also got masculine-feminine ratings for each child from his or her peer groups, along with a measure of social acceptance. Gray learned that both boys and girls high in anxiety were significantly more sex-appropriate in their behaviors than children low in anxiety. Girls characterized by high acceptance with their peers tended to show a low level of sex-appropriate behavior. In contrast, boys experiencing high social approval exhibited high degrees of sex-appropriate behavior.

Using different measures, Helper (1955) found similar results. That is, for 13 or 14 year-old girls in a middle- to upper-middle class high school, higher sociometric status was negatively related to higher parental reward for similarity to the mother. In other words, girls with higher social status were not the girls who were reinforced for being "just like mother." Helper hypothesized that girls receive some environmental rewards for exhibiting and/or perceiving self descriptions that are different from those rewarded by the mother. The socialization process for many girls is apparently characterized by reward discrepancy and/or inconsistency. Thus, one would expect girls to exhibit more instability in their self concepts, resulting in later ages for completing the socialization for appropriate sex role. Girls have been shown to achieve sex role identification at puber-

ty -- much older than boys. It has also been found that it is less important for girls to perceive themselves to be similar to their mothers than it is for boys to perceive themselves as similar to their fathers (Heilbrun, 1973).

Rychlak and Legerski (1967) presented a sociocultural theory of sexual role identification which stated that in the developmental process, the learning of the appropriate sexual role behaviors is more important for healthy adjustment than is identification with the parent of the same sex. Males in our society have been expected to take an ascendant-dominant role, while females have been expected to be retiring and passive. This theory predicted then that females who identified with a retiring-passive parent would show better personal adjustment than those who identified with an ascendant-dominant parent, and that the opposite effect would hold for males. The authors presented data which supported the theory for males but had insufficient numbers to test adequately the theory on a normal female samples.

Williams (1973) tested the Rychlak-Legerski sociocultural theory of sex-role identification (1967) with a more adequate normal female population than had been used in the original study. This theory, as cited above, proposed that a female identifying with passive-retiring behavioral patterns would be better adjusted regardless of whether she perceived herself as more like the father or mother.

Fifty-nine high school seniors were classified into four categories, depending upon behavioral style and their perceived similarity to one parent: ascendant-dominant, father; ascendant-dominant, mother; retiring-passive, father; retiring-passive, mother. The California Psychological Inventory (CPI) was given to measure level of personality functioning. The four groups differed significantly on nine of the eighteen scales, with ascendant-dominant father identifiers scoring higher than the retiring-passive, mother identifiers on all nine. Since high scores on the CPI are the result of more positive descriptions of behavior, Williams concluded that identification with a retiring passive mother for this group of girls was neither necessary nor desirable for optimum personality functioning. The nine CPI scales which differentiated the groups were scales of dominance, sociability, social presence, self-acceptance, well-being, tolerance, good impression, achievement via conformance, and intellectual efficiency.

The results of the Rychlak and Legerski (1967) and Williams (1973) studies provided evidence that both high school boys and girls who described themselves as being more like ascendant-dominant fathers scored significantly higher on a number of mental health measures than subjects who described themselves as being more like retiring-passive mothers. Rychlak and Legerski found that with males,

ascendant-dominant father and ascendant-dominant mother identifiers showed extremely similar mental health patterns, suggesting that it was the ascendant-dominant behavioral pattern -- not the sex of the parent perceived more similar -- which was the important factor. Williams (1977) concluded that a girl who identifies with her father likely has an advantage in that the father more often than the mother will display both instrumental and dominant behaviors, along with nurturant, expressive behaviors:

Basically the sex of the parent model is not important. If the personality of the healthy person includes an integrated balance of both expressive and instrumental styles, then she or he could surely learn these competencies from a variety of people, unspecified as to sex. More men than women are likely to be instrumental because of the different role requirements in our society. More women are likely to be expressive for the same reason. Girls can learn the instrumental attitude from mothers, but they are less likely to do so (1977, p. 171).

The evidence which has been cited above has lent support to the argument that girls and high school age female adolescents who exhibit less traditional feminine role behaviors earn higher scores on mental health measures and are better accepted by peers. The question must still be asked whether these girls learned less sex-appropriate behaviors (in the traditional sense) at the exclusion of learning traditional sex-appropriate behaviors or whether they learned the less sex-appropriate behaviors in addition

7

to more sex-appropriate behaviors. A study by Heilbrun (1968) has suggested that the latter is the case.

Heilbrun compared 55 female undergraduates in his psychology course with 25 female undergraduates who had recently applied for treatment at the university's psychological center. He gave both groups a traditional masculinity-femininity measure and for the students in his course got peer ratings of two other traits -- expressiveness and instrumentality. Expressiveness, considered a traditional feminine trait, was defined as a high concern for social interaction with an absence of conflict. Instrumentality, considered goal orientation with considerable inattention to emotional responses, was defined as a more masculine trait. Heilbrun found that college women were generally more expressive than instrumental, but that while masculine girls were not significantly less expressive than feminine girls, they were significantly more instrumental. Apparently, these women had the advantage of being able to function in both modes, as the situation demanded (1968).

All of the studies cited above have used adolescents or younger girls in the sample and all failed to find a link between either a mental health measure or acceptance by peers and sex-appropriate behavior. Only one study reviewed by this author has found a positive relationship between sex appropriate behaviors and mental health.

McClelland and Watt (1968) reported that female schizophrenics were more likely to get better if they adopted a "feminine" pattern (high anxiety-low ego strength) than if they showed the reverse pattern (low anxiety-high ego strength). McClelland and Watt implied that these women got better because their high anxiety-low ego strength pattern indicated an identification with the feminine role and less pathology. (An alternate explanation is that women who follow the traditional feminine role are judged to be more normal by their psychiatrists and are thus more likely to be released from the hospital [Chesler, 1972]).

The paucity of evidence which links higher levels of mental health with adjustment to the traditional feminine role is surprising in view of the evidence that many persons, including mental health professionals, accept such a linkage. A 1970 study by Broverman, Broverman, Clarkson, Rosenkrantz, and Vogel suggested that clinically trained psychologists, psychiatrists, and social workers (46 men and 33 women) used sex-role stereotypes in assessing mental health. Clinicians' concepts of a healthy, mature man did not differ significantly from their concepts of a healthy adult. However, the clinicians' concepts of a mature, healthy woman did differ significantly from their adult health concept. Clinicians were significantly less likely to attribute traits which characterize a healthy adult to a healthy

woman than they were likely to attribute these traits to a healthy man. Healthy women were described as submissive, dependent, noncompetitive, and unaggressive. Female clinicians were just as likely as male clinicians to make stereotypic judgments.

Broverman et al. interpreted these findings of a double standard of mental health for men and women as stemming from the clinicians' acceptance of an adjustment notion of health. That is, the clinicians saw health as consisting of adjustment to the expectations of one's environment. Another study which tended to support the findings of the Broverman study found that nonliberal counselors imputed greater maladjustment to an imaginary left-oriented, politically active female student than to an identically described male student client (Abramovitz, Abramovitz, Jackson, and Gomes, 1973).

What are the traits subsumed under the traditional feminine sex role? Klein (1946) traced historically the ideology regarding the feminine character. She concluded that a "table of feminine traits" would include the following: "passivity, emotionality, lack of abstract interests, greater intensity of personal relationships, and an instinctive tenderness for babies" (p. 164). Although 30 years old, Klein's list is similar to the sex-role stereotypes which college students in 1968 were found to hold (Rosenkrantz; Vogel, Bee, Broverman, and Broverman) and is consistent with clinicians' descriptions of healthy women

cited above (Broverman et al., 1970).

Although the conclusions drawn from the Broverman study that mental health professionals use a double standard in judging the mental health of men and women has not been universally accepted by psychologists (see Stricker, 1977, for an opposing view), this possibility has received a lot of attention, especially among psychotherapists (Franks and Burtles, 1974; Task Force on Sex Bias and Sex Role Stereotyping in Psychotherapeutic Practice, 1978). The focus of this study, however, is not upon whether clinicians use sex-role stereotypes in judging mental health. Rather, the study will examine the self descriptions of married women, noting if mental health is or is not associated with descriptions reflecting sex-role stereotypes.

Stereotypes, particularly negative one, influence not only the attitudes of those judging the person labeled by such stereotypes, but may also form the self perceptions of the person being labeled. It has been observed that the instrumental attributes associated with the traditional masculine sex role are more highly valued in Western society than the expressive attributes associated with the traditional feminine sex role (Bardwick, 1971; Bardwick, 1979) and that there are fewer valued traits associated with the female role than with the male role (Donelson and Gullahorn, 1977). If society bases its judgments about a woman's

normalcy upon her acceptance of the traditional role, while at the same time devaluing that role, then women may experience conflicts in coming to terms with what their femininity means. Bardwick (1971) described puberty as a crisis time for the female adolescent, a crisis in resolving ambivalent feelings about being female:

...girls may simultaneously enjoy and dislike their femininity, their rewarded qualities of passivity and dependency, their sexual bodies and reproductive functions, and their future traditional role (Bardwick, 1971, p. 209).

Although it seems clear, that the healthy man or woman accepts his or her gender with its reproductive functions, it seems less clear that the passivity and dependency aspects of the traditional feminine role must be accepted in order for the woman to be healthy. Is it possible that aspects of the traditional feminine role, i.e., marriage and motherhood, may be accepted while other aspects, i.e., passivity and dependence, are rejected? Based on the studies reviewed above, the author finds little empirical evidence to suggest that females who adjust rigidly to traditional expectations of sex-appropriate behavior show better mental health. In fact, more studies led to the opposite conclusion. Girls showing fewer sex-appropriate behaviors reported less anxiety and were more popular with peers. High school-age females who described themselves as more like ascendant-dominant fathers than retiring-passive mothers earned higher scores on the CPI. Better adjusted

college-age women who scored more masculine on a traditional masculinity-femininity measure exhibited higher levels of instrumentality than women who scored more feminine, but were not less expressive than feminine women.

The present study, in comparing self descriptions and behaviors of two groups of married women, one scoring above the median and the other below the median on a measure of mental health, hypothesizes that the above-median group, the "more healthy," will describe themselves as more active and dominant, and not as characterized by the traits associated with the traditional female stereotype. Likewise, it is predicted that women who describe themselves as being passive and having the traits and interests of the traditional feminine role will tend to be in the below-median -- "less healthy" -- group.

Androgyny and Mental Health

Within the context of the Women's Movement and renewed interest in the psychology of women, psychologists in the 1970's took a new look at the conceptualization and measurement of sex roles.

Evidence that sex roles are learned and not linked to biological gender was clear. Radical feminists, in particular, were articulating the injustices and the devaluing of the traditional feminine role, leading social psychologists to label women as a "psychological minority" (Baron and Byrne, 1977). Constantinople (1973) rejected the assump-

tion that masculinity/femininity are unidimensional, suitable for conceptualization in bipolar terms. Instead, she suggested that masculinity and femininity needed to be defined and measured independently. All these factors contributed to the current emphasis upon psychological androgyny.

In the final sentences of her book Psychology of Women: A Study of Bio-Cultural Conflicts, Judith Bardwick pointed to the future:

New goals seem to be developing, and they seem to be personal, interpersonal, and humanistic; happiness, creativity, fulfillment, expansions, and personal growth. In order to achieve these goals one needs a fusion of what have been "masculine" and "feminine" qualities. It is not impossible that the women's revolution is the forerunner of a larger revolution in which men and women will experience both role freedom and the responsibility that always accompanies freedom (1971, p. 218).

Within two years, measures of psychological androgyny were published, with the result that conceptualizing sex roles as either feminine or masculine is no longer acceptable in psychology.

Although this rethinking of sex roles may appear to have occurred suddenly, there were cultural and theoretical antecedents which need to be acknowledged. Williams (1977), for example, identified two cultural forces which helped to bring about a lessening in the restrictiveness of sex roles. Sex-role differentiation is less functional in industrial societies than in more primitive societies where males' superior muscular strength may be needed to secure

food or defend against enemies. Less restrictive sex roles also are consistent with current Western values which emphasize personal freedom and ideals relating to growth and self expression:

...our current system of sex role differentiation has long since outlived its usefulness, and... it now serves only to prevent both men and women from developing as full and complete human beings... People should no longer be socialized to conform to out dated standards of masculinity and femininity, but they should be encouraged to be 'androgynous.' That is, they should be encouraged to be both instrumental and expressive, both assertive and yielding, both masculine and feminine -- depending upon the situational appropriateness of these various behaviors (Bem, 1975, 634).

In order to operationally define androgyny, Sandra Bem (1974) developed the Bem Sex-Role Inventory (BSRI). A new type of sex role inventory, it does not conceptualize masculinity and femininity as bipolar traits, but permits subjects to rate themselves on two separate scales, one composed of items judged to be more desirable for American men, one composed of items judged to be more desirable for American women. This measure is further described in Chapter II, Materials.

Bem and her associates contrasted the behaviors of subjects labeled masculine, feminine, undifferentiated, and androgynous on the basis of their BSRI scores. Androgyny is the degree to which an individual describes him/herself with both masculine and feminine traits (See Chapter II, Materials).

Bem (1975) reported that androgynous individuals were able to behave more adaptively than "appropriately" sex-typed individuals in that they did what the situation demanded rather than what stereotypic sex roles demanded. In one experiment nine undergraduates who earned feminine scores on the BSRI were found to conform statistically more frequently to peer judgments regarding the funniness of cartoons than did nine undergraduates labeled masculine and nine undergraduates labeled androgynous on the basis of BSRI scores. (In a subsequent study feminine-typed subjects did not conform more than androgynous- or masculine-typed subjects. However, in this study conformity or lack of conformity was a private event, whereas in the Bem study, conformity was more of a public event [Falbo, 1977]).

In a second experiment (Bem, 1975), sixty-five undergraduates (one third labeled "masculine," one third labeled "feminine," and one third labeled "androgynous") were given the opportunity to play spontaneously with a kitten, an activity traditionally viewed as more feminine than masculine. Males labeled feminine and androgynous interacted significantly more with the kitten than did masculine males. Females labeled feminine and androgynous did not interact significantly more with the kitten than females labeled masculine. Surprisingly, feminine females showed significantly less involvement with the kitten than androgynous women. Later experiments (Bem, Martyna, and Watson,

1976) clarified that it was not that feminine women were low in both independence and nurturance, but that they were reluctant to interact with a kitten. Given an opportunity to respond to both a human infant and a lonely student, feminine and androgynous subjects did not differ significantly in nurturant behaviors, while masculine subjects exhibited significantly less nurturant behaviors.

Labeled on the basis of BSRI scores undergraduates (24 appropriately sex-typed, 24 androgynous and 24 sex-reversed members of each sex) were asked to indicate from a series of paired activities, the activities they would prefer to perform for pay while serving as a photographer's model. Sex-typed subjects resisted sex-inappropriate behaviors, even though their choices caused them to earn less money, more often than either androgynous or sex-reversed subjects (Bem and Lenney, 1976). This study was seen as an indication that sex-typed individuals limit their behaviors, even if such restrictions lead to negative consequences.

Since Bem (1974) published her test of psychological androgyny, a number of other researchers have reported studies of various aspects of androgyny. Most have used the BSRI as the sex-role measure, but others have used the Personal Attributes Questionnaire by Spence, Helmreich, and Stapp, which was also published in 1974. It is not the purpose of this review to summarize all such studies, but

to review those studies which have examined the concept of androgyny with aspects of mental health.

Identifying feminine, masculine, androgynous, and undifferentiated subjects on the basis of their responses to the Personal Attributes Questionnaire, Spence, Helmreich, and Stapp (1975) reported that for both men and women the endorsement of a combination of highly valued masculine and feminine traits correlated positively with ratings of self esteem. (Subjects were 530 undergraduates who also completed the Texas Social Behavior Inventory self-esteem measure). Subjects scoring feminine or undifferentiated on the Personal Attributes Questionnaire were low on self esteem, while masculine and androgynous subjects were high on self esteem. A replication of Spence et al.'s study with 91 upper-middle class men and women between 40 and 50 years of age found similar results (O'Connor, Mann, and Bardwick, 1978).

In a study of subjects described as being from "diverse groups," Murray (1976) asked subjects to rate the psychological health of individuals pictured in 45 different photographs. Three female stimulus persons, one masculine, one neutral, and one feminine in appearance, were pictured performing various masculine, feminine, and neutral behaviors. Although women labeled feminine on the basis of their responses to the BSRI devalued masculine behaviors, masculine women did not devalue the psychological health of stimulus

persons portraying feminine behaviors. Androgynous women gave the highest over all psychological health ratings to all stimulus persons performing the three types of behaviors. It could be inferred that androgynous subjects would feel comfortable performing all three types of behaviors as well. Indirectly, then, this study has supported the evidence of Bem and her associates that androgynous women engage in a wider range of behaviors than do sex-typed, at least feminine-typed, women.

Pettus (1976) asked introductory psychology students to complete the BSRI, along with self-report measures of self-actualization, trait anxiety, sex-role attitudes, and intelligence. Women labeled androgynous earned significantly higher self-actualization scores, expressed lower trait anxiety, and held more liberal attitudes about traditional male and female roles. Androgynous women did not, however, earn higher IQ scores.

Wiggins and Holzmuller (1978) compared androgynous college students with "appropriately" sex-typed students on measures of interpersonal behaviors. While feminine-typed females tended to be introverted, submissive, and unassuming, the androgynous females showed the opposite interpersonal behaviors, i.e., were extroverted, dominant, and arrogant. Which pattern of interpersonal behaviors is more likely related to mental health is a subjective judgment; however, the androgynous subjects may be assumed to be

proactive in their style of interpersonal behaviors, while the feminine-typed women are reactive in their style of relating with others. Donelson and Gullahorn have identified a reactive style as potentially leading to feelings of loss of self identity, while the proactive style is important in developing positive feelings of psychological separateness (1977).

All but one of the studies cited above have used college students as subjects. In spite of the use of varying measures of behavioral flexibility and adjustment, androgyny has been related with both consistently. Studies which have used less homogenous samples than college students, however, have not always found clear-cut relationships between androgyny and measures of psychological well being.

Jordan-Viola, Fassberg, and Viola (1976) asked four groups of women, members of feminist organizations, undergraduates, employees, and unemployed housewives, to complete the Taylor Manifest Anxiety Scale and the BSRI. On the androgyny scale, feminists significantly exceeded the employed women, the undergraduates, and the housewives. Positive correlations were found between reported anxiety and androgyny for undergraduates and employed women, but not with feminists and housewives. Negative correlations were obtained for the feminists and undergraduates between anxiety and masculine scores. This study has suggested

the importance of examining life style when relating anxiety, one aspect of mental health, with androgyny.

Volgy (1976) contrasted the responses of feminists, employed women, and housewives on a number of scales, including the BSRI, an Expressed Acceptance of Self Scale, and a Health Opinion Survey. She found that the feminists tended to be masculine-typed, the employed women, androgynous-typed, and the housewives, feminine-typed. However, the three groups did not differ on the health measures -- the acceptance of self scale and the health survey. Since the health measures were mailed to subjects, it is doubtful that they were as comprehensive as psychological measures which have been restricted for use only under the supervision of trained psychologists. Thus, the health measures may not have been sensitive enough to distinguish between the three groups.

In this section studies have been reviewed which provided evidence for linking androgyny with higher levels of mental health. This link was found first in studies using undergraduates as the sample. Bem and her associates inferred higher levels of adjustment from the fact that androgynous-typed subjects exhibited behavioral flexibility. Spence et al. used a measure of self esteem and found that androgynous subjects reported higher levels of self esteem. Later studies, some using more heterogeneous samples than undergraduates, inferred mental health from measures

of anxiety and less well established acceptance of self and health opinion questionnaires. Support was less conclusive for linking mental health with androgyny.

Another issue raised by the studies reviewed concerns the relationship between a masculine-typed sex role and level of adjustment. Evidence suggested that masculine-typed females exhibit higher levels of mental health than do feminine-typed females and that they feel comfortable with a wider range of behaviors than do feminine-typed females. The evidence for there being an advantage for the androgynous-typed female over the masculine-typed female is less conclusive. Androgynous subjects exhibited more nurturant behaviors than masculine-typed subjects, but the masculine-typed reported less anxiety. On a measure of self esteem there was no statistically significant difference between the androgynous- and masculine-typed subjects (Spence et al., 1975). In another study, both androgynous and masculine subjects received more positive peer evaluations than feminine subjects (Falbo, 1977).

Haglund (1978) selected as measures of adjustment the following: achieving tendency, social self-esteem, role consistency, sensitivity to rejection, manifest anxiety, and college maladjustment. (Her sample included 200 female undergraduates.) Although androgynous subjects in general showed more adjustment as defined by the dependent measures than the female subjects, there were non-significant

differences on several of the adjustment measures between the androgynous and masculine-typed subjects.

Jones, Chernovetz, and Hansson collected data from 1,404 college students on 12 different measures -- attitudes toward women's issues, gender identification, neurosis, introversion-extraversion, locus of control, self-esteem, problems with alcohol, creativity, political awareness, confidence in one's own ability, helplessness, and sexual maturity. Although the androgynous females appeared better adjusted over all than the feminine-typed females, it was noted that "the more masculine in orientation, the more adaptive, competent, and secure the female subject was" (Jones et al., 1978, 310). Since androgyny is the integration of masculine and feminine attributes, a finding that masculinity -- not androgyny -- is more closely associated with mental health raises the issue of the importance of the feminine/expressive dimension to mental health. Clearly further research of this question is needed.

Married women would be an especially appropriate sample with which to examine the relationship between androgyny and mental health, in that as wives they are fulfilling the traditional role expected of women in society-- a role which traditionally has been conceived as requiring expressive, communal attributes. At the same time, married women today are living in a society where opportuni-

ties exist for wives to express themselves as autonomous persons.

Studies reviewed by the author to date which have included married women in the sample have used samples in which married and unmarried women were intermingled, thus possibly confounding the variable of marital status. Measures of mental health have been relatively brief and/or not controlled as to standards of administration, i.e., the type of measures which may be mailed to subjects. The present study compared androgynous married women with sex-typed married women in relation to the mental health indices of a well established psychological inventory, the CPI. It is predicted that androgynous married women will score "more healthy" on the CPI in comparison with sex-typed married women. Finding empirical evidence for this would be seen as supporting Bardwick and Bem's view that healthy women integrate both expressive and instrumental dimensions and do not restrict their self descriptions to the attributes traditionally considered sex appropriate for women.

The Relationship between Mental Health and Life Style

Judith Bardwick (1971) observed that while men traditionally have established their identity through their vocations, women have been socialized traditionally to establish their identity through marriage and parenting: "Women have a choice between working and not working and men do not. But women do not have the psychological free-

dom of not marrying while men (to some extent) do".

(Bardwick, 1971, p. 210). Although Bardwick advocated no one life style which would help women as a group find happiness, others, including Sandra Bem (1970), have assumed that healthy women would choose life styles which involved employment. This section discusses the relationship between mental health and various life styles.

When examining the issues relating to health and sex roles and life style, married women seem to be a more appropriate population than university undergraduates, who are often studied, because they are in a current marital relationship there the impact of sex-role attitudes and behaviors will likely be of experiential concern. Many married women may not experience an economic necessity to be employed. Thus, being married may afford them the "luxury" of making life style decisions which the single woman is not free to make, specifically, the decision of whether or not to be employed. (Wives of blue-collar workers, if their husbands' incomes are inadequate, may also not be in a position of choice regarding employment [Armstrong and Armstrong, 1975]). On the other hand, a married woman may find the traditional roles of wife and mother so demanding that she may find it difficult to manage an employee role, in addition.

Several issues must be addressed in linking mental health and life style. Is there evidence that women who

are married develop a sense of identity -- one aspect of mental health -- differently from men, or women who do not marry? Do married women combining traditional roles with nontraditional ones experience role conflicts adversely affecting mental health? Does a psychologically healthy woman assume more responsibility for her life and thus perceive more choice in determining her life style? And lastly, is employment associated with higher or lower levels of health among married women?

The Issue of Self-Identity. A sense of personal self-identity has been considered essential in the development of psychologically healthy persons. Bardwick observed that since girls are socialized to perceive their self esteem in relationship to significant others, they typically experience a delay in developing an independent and autonomous sense of self. Without such a sense of self, they remain vulnerable to others for self definition (1971).

O'Connell (1976) designed a study which contrasted the ways in which traditional and nontraditional women arrive at their own identity syntheses. Eighty-seven middle-class, college-educated wives and mothers were divided into three categories using the following criteria: Traditional women had terminated employment and were reportedly committed to remaining full-time homemakers; neotraditional women had interrupted employment during child rearing years, but later returned to employment; nontraditional

women had been continuously employed throughout their marriages. All women completed the Inventory of Women's Life Styles and the Sense of Identity Inventory. Two dimensions were derived from the identity inventory, personal (establishing identity through individual striving) and reflected (establishing identity through others -- parents, spouse, children).

The results indicated that traditional and neotraditional women experience their identity stronger and more personally when their children reach school age and the duties of child rearing are less, while nontraditional women experience personal identities strongly beginning in adolescence and continuing during the life cycle. It was also noted that traditional and neotraditional women were more likely to perceive their identity as reflected during the first child and preschool child stages than were the nontraditional women. O'Connell concluded that these middle class traditional and neotraditional women experienced a sort of moratorium in personal identity synthesis during adolescence which continued until child rearing duties diminished, at which time their need to find their own identity again became evident.

O'Connell's results are consistent with those of Wiersma (1977) who, after an intensive clinical study of middle-aged women who had themselves initiated changes in their lives, has suggested that these women faced two identity crises,

one in adolescence and the other in middle age:

It may be that women -- unlike men -- undergo a split identity crisis, with a more interpersonal part coming in late adolescence and a second part -- an instrumental or competence dimension -- resolved much later... My impression is that achievement per se does not seem to be of primary importance. What is true is that they feel a need for power, but it is power over their own lives; their need is not so much for achievement as for autonomy -- not to let other people define and control them.

(Wiersma, 1977, 9)

It would appear that the women whom Wiersma has studied would be classified as traditional and neotraditional, using O'Connell's classifications. Apparently O'Connell's nontraditional women would not experience the "split identity crisis" in that they would have dually synthesized a personal and competence identity within the context of interpersonal relationships -- marriage and parenting.

Apparently not all women successfully synthesize a personal identity at any stage in the life cycle. Through a clinical study of physicians and their wives (no women physicians and their husbands were included in the study), Zemon-Gass and Nichols (1975) have identified the "take me along" marital syndrome. This pattern is characterized by a husband's deriving his identity from his occupation, while the wife's identity is contingent upon that of her husband, resulting for her in an incomplete or developmentally delayed identity. (The similarity between the "take me along" pattern and the reflected identity concept of

O'Connell will be noted.) The authors have -- not surprisingly -- observed that this situation is detrimental to both spouses and is to be contrasted with a healthy relationship in which both partners are permitted to grow with neither having to sacrifice his/her individuality.

Although it is clear that the "take me along" marital syndrome is associated with pathological relationships, evidence is not clear-cut regarding the psychological health of women who wait until their child rearing responsibilities are completed to synthesize a personal identity. Another question is whether employment is the only means to express one's identity. O'Connell apparently believes it to be the most common means, perhaps because it is the way society expects males -- at least middle class males -- to establish their identity.

Role Conflicts. Considerable evidence has been found in the literature to support the idea that women are increasingly concerned with finding their own self expression outside of family relationships. Voss and Skinner (1975) compared the perceptions of the female sex-role of twenty-five married and twenty-five single college women, using as their measure the Inventory of Female Values. They also compared their findings with the responses which college women in 1969 had made to the same measure. Voss and Skinner found no significant differences between the married and single women in their sample, but they did observe

significant differences between their sample and the responses of the 1969 sample. The women in 1973 increasingly expressed extrafamilial values although they still perceived men as valuing intrafamilial roles for women. Steinmann and Fox (1969) studied the female-role concepts of both North and South American married women. Although North Americans were more interested in achievement outside the home, both North and South American women perceived that if men were describing the ideal woman, she would be traditional -- placing family involvements above achievement strivings. Finding that women perceive that men still want women to remain in traditional roles appears to relate to Gordon and Hall's finding that a woman's perception of what a man would consider the ideal woman was the best predictor of the types of conflict she experienced (1974).

In a study of 518 women in a university community, various groups were selected to complete a role conflict questionnaire. Although diverse groups were selected with the hope that they would provide a range of age and life styles, the final sample over represented women in the 25 - 39 age range and women who had achieved higher educational levels. Questioned about eight role conflict areas -- Time Management, Relations with Husband, Household Management, Financial, Child Care, Expectations for Self, Expectations of Others, and Guilt -- married women reported more role conflicts in all areas than never married or formerly

married women except for Expectations of Others and Expectations for Self (Nevill and Damico, 1975).

From this, Nevill and Damico concluded that marriage is a stressful situation for women, thus seeming to equate reported role conflicts with lower levels of mental health. This study did not attempt to measure satisfaction, which would have helped to determine if married women who were able to balance competing demands or who had found compensations for the role conflicts in their relationships with spouse and children experienced more satisfaction than unmarried women. One study, cited by Hall and Gordon (1973), showed that single women are both less happy and less satisfied than are married women who are full-time employees.

Whether women express themselves outside of the family circle is likely dependent upon multiple factors. As noted above, their perception of what men expect of them may influence their behavior. Personal traits and attitudes are also likely important. Vogel, Rosenkrantz, Broverman, Broverman, and Clarkson (1975) asked 65 single undergraduates attending a Catholic women's college to complete a questionnaire about future educational, employment, marital, and child rearing plans, along with a questionnaire which asked them to describe their sex-role self concepts. From the sex-role questionnaire two self-concept scores were obtained, one made up of items measuring a competency dimension (considered stereotypically masculine) and one made up of

items measuring a warmth-expressiveness dimension (considered stereotypically feminine).

The results included the following: women describing themselves as high in competence and low in warmth-expressiveness wanted to have significantly fewer children than women who had more stereotypic self concepts. Women who saw themselves as high on the competence scale were significantly more likely to have plans to begin a graduate degree immediately than were women who described themselves as low on the competency dimension. Consistent with Heilbrun's findings (1968), descriptions on the dimension of warmth-expressiveness were not related to graduate school plans, i.e., women planning to pursue a graduate degree immediately were not particularly high or low on the stereotypically feminine affective dimension. No relationship between descriptions on the competency dimension and plans for employment and child rearing were found; however subjects who described themselves as lower on the warmth-expressive dimension were significantly more likely to plan to combine career involvement with child rearing.

What undergraduates like those surveyed by Vogel et al. (1975) plan to do and what they will actually do once involved in their careers and/or marriages may be two different things. Thus, studies like the following which use as subjects married women who are actually facing potential role conflicts are essential. Gordon and Hall (1974)

examined the self descriptions of 229 college educated, married women in relation to their current reported conflicts, coping behaviors, happiness, and satisfaction. Each subject was also asked to rate her perception of how an average man would describe a feminine woman. As women tended to describe themselves as more potent, supportive, and unemotional, their ratings of personal satisfaction and happiness significantly increased. Women who perceived themselves as more supportive were more likely to cope with conflicts by redefining the expectations held by others and were least likely to cope with conflicts by attempting to do everything others expected. Although, as noted above, it was the woman's perception of what a man would consider the ideal woman which was the best predictor of the types of conflict she experienced, it was the woman's own self image which determined her satisfaction and happiness.

A summary of the studies cited above suggests that although married women do face more role conflicts than non-married women, many of them attempt to resolve such conflicts and intend to express themselves both within and beyond the family circle. Women who describe themselves as both potent and supportive, who are thus possibly androgynous, experience the greatest satisfaction and happiness.

Only one recent article (Penman, 1975) reviewed by

the author takes the position that married women's role conflicts are basically negative and unresolvable. A sample of 318 Australian married women were interviewed regarding their beliefs and evaluations concerning three role areas: women's home and family roles, women's roles as employees, and the role of women in the community. The results showed that although women continue to maintain traditional views regarding their family responsibilities, they were at the same time expressing more liberal views concerning women's roles in the work force and in the community. More women wanted to change their roles outside of the family than wanted to change their roles within the family:

This suggests a belief in the desirability and/or possibility of combining both home and career duties. However, recent research on this type of role combination has indicated that it is not easy to satisfactorily achieve this. In fact, goals appropriate to males may be impossible for all but a minority of women to obtain.

(Penman, 1975, 200)

The "recent research" to which Penman was referring was a study by Hall and Gordon (1973) which found less reported satisfaction among part-time employees than among full-time homemakers or full-time employees. (This study is more thoroughly reviewed below.) Since the full-time employees were also married women who were able to combine roles satisfactorily, interpreting the lower satisfaction of part-time employees as evidence for the difficul-

ties for all women in combining home and career responsibilities is questionable.

Implicit in the difficulty which Penman sees for women who attempt to combine career and family involvements is the notion that to be successful, women must follow the male career pattern -- that of placing career before family. Bem and Bem (1970) observed that a more humane solution would be for both husband and wife to balance career and family responsibilities in an equalitarian manner with no a priori assumptions as to the career of one being more important than the career of the other.

The Concept of Choice. Only one study reviewed by the author to date (Hall and Gordon, 1973) has tested the hypothesis that women who are living the life style they say that they prefer -- whether full-time homemaking, part-time employment, or full-time employment -- experience more satisfaction than women who are not doing what they say they prefer. Questionnaires from 229 married, widowed, or divorced women, all graduates of the University of Connecticut, were examined. Satisfaction and happiness were measured by responses on a five point scale to the following questions: "Overall how satisfied do you feel with your career?" and "In general, how happy would you say you are?"

Results included the following: Homemakers who said they preferred this role were more satisfied than home-

makers who indicated that they would prefer another role. Women who said that they preferred being employed and actually were employed were not more satisfied than women who were employed but said that this was not their choice. Although more women expressed a preference for part-time employment than for the life styles of homemaker and full-time employee, women preferring and doing part-time employment expressed lower satisfaction than women who preferred to be and actually were homemakers or full-time employees. (More studies concerning the part-time employee will be discussed below.) Full-time homemakers more frequently expressed a preference for another life style (51%), in contrast to 45% for the full-time employees and 19% for the part-time employees.

The results suggested that the concept of choice is more operative in determining the satisfaction of homemakers than employees. Reasons for this are not clear-cut, but since the study included some divorced and widowed married women who may need to be employed because of economic reasons, the concept of choice may be less influential in the satisfaction of employed women than other factors, perhaps the knowledge that they are able to provide for themselves and their families. The Hall and Gordon (1973) study can be criticized for not examining the effects of factors like family income and ages of children on perceived choice and satisfaction.

It is probable that few studies have examined the concept of choice because only recently have women -- at least middle class women -- been in a position to exercise choice in determining life style. In times when birth control methods were unavailable and/or unreliable and legal barriers kept women politically and economically dependent, to have spoken of a woman's choice would have been less useful.

Although only one empirical study has been reviewed by the author to date which examined the concept of choice, this theme is prevalent in the theoretical literature of the Women's Movement. Brashear and Willis (1976) in an article entitled "Claiming Our Own: A Model for Women's Growth" have outlined ways in which a woman may take charge of her space, time, money, thoughts and feelings, talents and hobbies, and body:

The model is based on the concept that control and ownership of one's environment and personal life will give women the means to express their identity and to develop their own life styles within the bounds of long-term and meaningful relationships... Claiming ownership... does not imply that the significant person or children in a woman's life "gives" them [her space, time, etc.] to her, for the power to give has inherent within it the power to take away or withhold. Rather, claiming ownership implies a conscious decision-making process wherein a woman determines what she wants and then makes an assertive claim for it.

(Brashear and Willis, 1976, 252)

Perhaps anticipating that some might label their model "selfish," Brashear and Willis have pointed out that

ownership implies the power of sharing with others, as well as keeping for oneself. Several authors have noted the positive quality which many women exhibit in their ability to give to and nurture others (Buytendijk, 1968; Miller, 1976). The concept of choice implies that such giving may be done freely -- not because one lacks the ability or option of saying no. Miller (1972) stated that husbands and children would benefit from experiencing their wives' and mothers' relating with them in ways which do not deny anyone's individuality.

Although this type of argument regarding choice is persuasive, it has not been adequately empirically tested. That is one aspect of the present study: Do healthy married women perceive more choice in determining their life style than less healthy married women?

Employment versus Homemaking. Although there is considerable support for linking nontraditional attitudes regarding sex roles with greater interest in career involvement (Arnnott, 1973), it is quite clear that employment per se does not necessarily indicate achievement motivation and/or strivings for self identity or expression. Economic factors are often responsible for a woman's deciding to work: it has been noted that the lower the husband's income, the more likely it is that the wife will be employed. This suggests that many working class women in particular are employed because of economic necessity (Armstrong and

Armstrong, 1975).

Even with college-educated women who may experience less economic necessity to be employed, career involvement is not necessarily reflective of nontraditional views regarding women's roles. Keys (1976) tested a sample of 237 introductory students at the University of Cincinnati and found that women who showed a contemporary pattern of attitudes about sex-role ideology, including involvement in the Women's Liberation Movement and support of the Equal Rights Amendment, were not more likely than women who expressed more traditional views on these issues to be career oriented. Both groups -- contemporary and traditional -- conceived of a woman's role as including employment. It should be remembered, of course, that this study examined the relationship between sex-role ideology and projected career involvement. It may be that in the actual life situation, the two groups would show different degrees of career involvement.

In comparing the psychological well being of homemakers with that of employees, well being must be inferred from measures of satisfaction and happiness. In the Hall and Gordon study (1973) cited above, full-time employees rated their satisfaction significantly higher than either the homemakers or part-time employees. This was true in spite of the fact that the full-time employees reported more time conflicts. Hoffman and Nye also found that full-time employees with minor children in the home are more satisfied

with their lives than are homemakers and part-time employees, leading Hoffman and Nye to the conclusion that although full-time employees may face added pressures, the rewards of full-time employment are worth the extra problems. Hoffman and Nye also cited studies of self concept which showed that employed mothers had more positive and fewer negative feelings about themselves (1974). In contrast, homemakers reported more conflicts regarding the self, perhaps indicating that this role is not conducive to resolving intrapsychic conflicts (Hall and Gordon, 1973). Mothers who were not employed reported more stress resulting from conflicting demands between personal needs and their child's needs than did mothers who were employed (Alpert, Richardson, and Fodaski, Note 1).

A price which some employed mothers apparently pay is a restriction of their assuming leadership positions in the community. However, this is not true after their children leave home, suggesting that it is time pressures which prohibit employed mothers from leadership participation. Employed women did not, however, belong to fewer community organizations than did homemakers. Interestingly, full-time employed mothers expressed more satisfaction with their communities than did the homemakers. Part-time employees were found to be the most satisfied with their communities (Hoffman and Nye, 1974).

Hoffman and Nye observed that although younger mothers

were more satisfied if employed, this situation reversed when examining the ratings of older mothers. In a study of 265 urban mothers whose children were old enough so that the subjects were in the "postparenting period," it was the homemakers who were more satisfied than the employed women. Hoffman and Nye tentatively explained this reversal by the fact that the postparenting women were older than the mothers with minor children still in the home, less educated, and if employed, more likely to be employed in less skilled jobs for which they received lower pay (1974).

Evidence was found that postparenting mothers who had received more education and were thus eligible for more interesting jobs were more satisfied if employed. Among college-educated women in their late fifties, women who were employed full-time had significantly fewer psychiatric symptoms than did full-time homemakers (Powell, 1977).

In a study of career preference, as cited above, Hall and Gordon (1973) had found that more women expressed a preference for part-time employment; however, women who said they preferred being part-time employees and were actually doing part-time work reported less satisfaction than women who preferred to be and were homemakers or full-time employees. The authors concluded that the part-time employees are as different from the full-time employees as the employed group is different from the homemakers. Part-

time employees reported a greater number of salient roles, and a positive relationship was found for them between satisfaction and number of roles. Hall and Gordon hypothesized that some part-time employees enjoyed multiple activities for activity's sake and were active in the home, the work force, and the community.

Other studies suggested that part-time employees were more satisfied than either the homemakers or full-time employees. Hoffman and Nye reported that when seven indices of satisfaction were combined into one index, the employed -- especially the part-time employed -- were more satisfied than the homemakers (1974). Another study which measured the "anomy" of married women by asking them to respond to five items, i.e., "In spite of what some people say, the lot of the average man is getting worse, not better," found that part-time employees expressed the least anomy. Only seven per cent of the part-time employees were described as "highly anomic," in contrast with twenty-nine per cent of the housewives and twenty-four per cent of the full-time employees (Bianchi and Brodie, 1974).

In summary, the literature suggests that women, like men, experience a need to develop an autonomous identity. To achieve this, more women than in the past are looking beyond the family, with increasing numbers combining career and family involvements. This is true both of women holding traditional and nontraditional attitudes about

women.

Although employed married women reported more time conflicts, those who were better educated and, thus, eligible for better jobs reported more satisfaction with their lives than did homemakers. However, homemakers who said they preferred to be homemakers and were, expressed more satisfaction with their lives than homemakers who said they did not prefer this life style. May higher levels of mental health be inferred from greater satisfaction? The present study hypothesizes that married women who are labeled more healthy on the basis of clinical ratings of their CPI profiles perceive more choice and rate their satisfaction higher, regardless of life style.

Conflicting evidence was found concerning part-time employees, suggesting they were both more and less satisfied than the homemakers and full-time employees. No study considered a possible relationship between child care demands and satisfaction with part-time employment. Perhaps when a woman's child or children are young, part-time employment may be a satisfactory way to enjoy the benefits and meet the demands of family responsibilities and autonomy needs. The present study examines this possibility.

A Statement of the Problem and Hypotheses

The question of what characterizes the mentally healthy woman has remained a perplexing problem for both psychology and psychiatry from their beginnings. Although there has

been little empirical support in the literature reviewed above for the notion that mental health among women is linked to their assuming the traditional sex-role stereotype, it has been suggested that some mental health professionals have tended to link the adoption of the traditional sex-role stereotype with normality (Broverman et al., 1970; Abramovitz et al., 1973).

The attributes subsumed under the traditional sex-role stereotype for women include passivity, emotionality, greater intensity of interpersonal relations, submission, and dependence. Behaviorally women have been expected to marry, have children, and to see their primary roles as that of housewife.

If the adoption of the traditional sex role has not been linked empirically with women's mental health, one must ask how this notion has come to be accepted. Sex role differentiation was likely more functional in primitive societies than in our current industrialized society. Perhaps the strength and instrumentality of the masculine role make it seem more important to survival. At any rate, it has been suggested that in the Western world the values and attributes associated with the traditional masculine role are more highly valued than those associated with the traditional feminine role (Bardwick, 1971; Donelson and Gullahorn, 1977; Klein, 1946).

Bardwick (1971) pointed out that since society tends

to value the traditional masculine role more than the feminine that woman may face conflicts and ambivalence about assuming the feminine sex-role: Society judges the normality of a woman by her acceptance of the traditional role at the same time it devalues that role. Sandra Bem, among others, has suggested that psychological androgyny, that is the integration of both instrumental, i.e., "masculine," and expressive, i.e., "feminine," attributes, is characteristic of both the healthy man and woman. Both Bem and Bardwick see the acceptance of gender as essential to mental health. It is the adoption of the traditional, learned sex roles which they believe is not linked with health.

Bardwick stressed the importance for the healthy man and woman to balance expressive/communal needs and instrumental/agentive needs: Thus, the healthy person is able to make interpersonal commitments and live in community but does not substitute relations with others for expressions of his/her autonomy. Neither the extreme of complete autonomy nor fusion with others at the expense of the self is psychologically healthy (Note 2).

The present study was designed to test empirically aspects of this understanding of mental health. Subjects were married women who through their marriages had assumed behaviorally one aspect of the traditional role expected of women.

Through the testing of several hypotheses, it would be possible to ascertain whether healthy women who accepted one aspect of the traditional role, i.e., marriage, would exhibit other aspects of the traditional feminine role, specifically passivity, a lack of ascendant-dominant and instrumental attributes, and an endorsement of traditional feminine expressiveness and traditional feminine interests. It was hypothesized that the aspects of the feminine role listed above would not characterize healthy women, in that these attributes would potentially hinder women from identifying and expressing a sense of personal autonomy.

Empirical evidence in the literature supported the idea that high school girls who described themselves as more ascendant-dominant were psychologically healthier than girls who described themselves as more retiring-passive. Since traits of ascendance-dominance would seem to be necessary for the establishment of a sense of autonomy, it is assumed that married women, like high school girls, who are more ascendant-dominant will exhibit higher levels of mental health than married women who are more retiring-passive. It is predicted (in directional form) that:

Hypothesis 1.1 When two groups of married women are compared, one labeled above median and the other below median on the basis of clinical ratings of their CPI profiles, the scores of the above-median group on the ascendant-dominant items of the Rychlak-Legerski Sexual-Role Identification Instrument are significantly higher than the scores of the below-median group.

Hypothesis 1.2 When two groups of married women are compared, one labeled above median and the other below median on the basis of clinical ratings of their CPI profiles, the scores of the below-median group on the retiring-passive items of the Rychlak-Legerski Sexual-Role Identification Instrument are significantly higher than the scores of the above-median group.

The literature suggested that persons adhering closely to the traditional feminine role exhibit lower levels of adjustment and lack behavioral flexibility to respond in situationally appropriate ways. These deficits would appear to work against a married woman's establishing a sense of autonomy and result in lower levels of mental health. Therefore, in directional form, it is predicted that:

Hypothesis 1.3 When two groups of married women are compared, one labeled above median and the other below median on the basis of clinical ratings of their CPI profiles, the BSRI femininity scores of the below-median group are significantly higher than the scores of the above-median group.

Hypothesis 1.4 When two groups of married women are compared, one labeled above median and the other below median on the basis of clinical ratings of their CPI profiles, the CPI femininity scores of the below-median group are significantly higher than the scores of the above-median group.

The literature suggested replacing the concept of sex-role dichotimization with that of psychological androgyny. An androgynous individual, who integrates within his/her personality both masculine and feminine attributes, appears to have an advantage in achieving mental health, specifically, the balance between interpersonal commitments and personal autonomy. In directional form, it is hypothesized that:

Hypothesis 1.5 When two groups of married women are

compared, one labeled above median and the other below median on the basis of clinical ratings of their CPI profiles, a significantly higher proportion of those labeled androgynous on the basis of their BSRI masculinity and femininity scores, will be in the above-median mental health group.

There was evidence in the literature suggesting that masculine-typed subjects are psychologically healthier than feminine-typed subjects. Since the striving and instrumentality associated with the traditional masculine sex role appear particularly important for mental health, it is predicted (in directional form) that:

Hypothesis 1.6 When two groups of married women are compared, one labeled above median and the other below median on the basis of clinical ratings of their CPI profiles, the BSRI mean masculinity scores of the above-median group are significantly higher than the scores of the below-median group.

Balancing commitments needs and autonomy needs would apparently require active involvement. This striving may be evident in reported behaviors, as well as in self descriptions on psychological measures. In the directional form, it is predicted that:

Hypothesis 1.7 When two groups of married women are compared, one labeled above median and the other below median on the basis of clinical ratings of their CPI profiles, the above-median group reports involvement in significantly more activities of a social, educational, service, and/or religious nature than does the below-median group.

For the purposes of this study, the author assumes that a "healthy" adult in contemporary society is one capable of making serious choice. Specifically, since the current study deals with married women, a "healthy" woman would accept the responsibilities pertaining to her marriage and

experience the marriage as an active participant -- not as a passive dependent.

As noted in the literature review, few studies have examined the concept of choice as it applies to either the life style or mental health of the married woman. There is, however, theoretical support for linking psychological well being with perceived choice. Bardwick (1971) observed that if women resolve their conflicts about the traditional sex role, they will be in a better position to make choices about their life style, whether it is to be traditional, non-traditional or both. In the past women were encouraged to mold their existence around others, thus delaying the development of their own identities. While it is perhaps inevitable that while nurturing young children, mothers (and fathers, too) make sacrifices of self and time, a healthy mother would still assert herself and not use the parenting role as a substitute for defining her own identity. Self assertion would follow a conscious decision-making process, as was made clear in the article on women's "claiming their own," which was summarized above (Brashear and Willis, 1976).

This study does not assume that there is any "one best way" or one "correct decision" as to the particular life style during all stages of the life cycle. What is hypothesized, however, is that psychologically healthy women will perceive that they have actively chosen their style of life, whether it is that of homemaker, part-time

employee, or full-time employee. It is assumed that a married woman who scores above the median on the CPI will be more likely to experience her own life style as chosen -- either initially and/or presently affirmed. According to this reasoning, both the "trapped housewife" and the woman who experiences her employment as enforced, would tend to be found among the less healthy.

The question may be asked whether the psychologically healthier woman is better able to meet her needs in a variety of circumstances or whether she is more likely to shape the environment to her liking than is the less healthy woman. Likely both are true. Since it is assumed that a "healthy" woman is one who presently affirms her life style as chosen, it is assumed that she accepts the potentialities, as well as the limitations inherent in that choice, and fulfills her personal needs within the chosen life style. Over a period of time it is assumed that the active pursuit of the accepted life style will foster and reinforce feelings of high self esteem and accomplishment. On the other hand, "less healthy" women may drift into situations which are later experienced as lacking real choice; at any rate, as long as the current life style is experienced in negative terms, "less healthy" women will experience it as limiting opportunities for personal growth and perhaps as undermining feelings of confidence. The whole situation may be experienced by a "less healthy"

woman as a kind of vicious circle accentuating a prior level of mental health.

The relationship between mental health and choice of one of three life styles may be tested in the following hypothesis, stated here in the directional form:

Hypothesis 2.0 When two groups of married women are compared, one labeled above median and the other below median on the basis of clinical ratings of their CPI profiles, the above-median group rates its degree of perceived choice in determining life styles significantly higher than the below-median group.

It is not known if ratings of perceived choice will be correlated with the economic situation of the family, which may, in some ways, be a more realistic measure of the woman's real choice in determining life style. Although it is not expected that having more economic resources will be related with greater mental health in a strict one-to-one fashion, it is assumed that families with larger incomes enjoy greater security and have at their disposal more resources for self expression -- contributing to an environment which may foster personal choice and higher levels of mental health. In the directional form, the hypothesis below has predicted the following:

Hypothesis 3.0 When comparing married women whose husbands earn above-median incomes with women whose husbands earn incomes at the median or below, a significantly higher proportion of women labeled above median on the basis of clinical ratings of their CPI profiles is found in the above-median income category across all three life-styles of homemaker, part-time employee, and full-time employee.

The question remains whether healthier women will

choose one particular life style more frequently than another. A number of studies cited in the literature suggested that many employed women reveal higher levels of satisfaction than do homemakers. (No study reviewed by the author has related satisfaction with mental health.)

Certainly an emphasis of the women's movement has been to encourage women to compete and achieve in the labour force, as both a means of achieving economic power and of expressing individual talents. Supporters of the women's movement argue that it is through his career that a man achieves societal status and recognition and that the healthy woman will seek the same avenues.

Statistics reveal that increasing numbers of North American married women are seeking employment. Since it has been documented that although they rate their satisfaction higher than do homemakers, most married employed women continue to assume major responsibility for the management of the home and the care of the children, employed women may be considered to have two jobs -- that of employee and of homemaker.

If support by means of dependable day care facilities, adequate maternity leave, and a willingness on the part of the husband to share family responsibilities are absent (and for many women these conditions are less than ideal), employed married women may experience role conflict, fatigue, and/or poor mental or physical health. It is pro-

posed that family-career conflicts would be greater for employed women when their children are below school age and requiring more care. Thus, it may be that a woman with a preschool child may find it easier to enjoy the benefits and meet the demands of both employment and homemaking if she is only employed part time. (Indeed, it has been suggested that many married men would only be employed part time if this were an economic possibility.)

As noted in the literature review, there is contradictory evidence regarding the satisfaction of part-time employees, one study finding them the least satisfied -- although enjoying their multiple salient roles -- and one finding them the most satisfied. Obviously, a number of factors contribute to part-time employees' satisfaction, and the present study predicts that the age of a woman's children may be an important variable. This is hypothesized (in the directional form) as follows:

Hypothesis 4.1 When two groups of married women who have a preschool child are compared, one labeled above median and the other labeled below median on the basis of clinical ratings of their CPI profiles, there is a significantly higher proportion of above-median women who are part time employees rather than either homemakers or full-time employees.

A decision to give child care priority during the child's preschool years, while still meeting personal needs for self-expression through part-time employment, would seem to reflect a balancing of self-identity needs with interpersonal commitments. However, after children enter school,

a continued decision to remain outside the labour market may indicate an inability to shift priorities from child care responsibilities to the continued development of a self identity. Some women may attempt to meet identity needs through children or husband -- the "take-me-along" syndrome noted in the literature. Thus continuing to remain at home when all children have reached school age would be expected to be related with lower levels of mental health. This prediction may be tested with the following hypothesis, given here in the directional form:

Hypothesis 4.2 When two groups of married women who have no preschool child are compared, one labeled above median and the other below median on the basis of clinical ratings of their CPI profiles, there is a significantly higher proportion of below-median women who are homemakers rather than either part-time or full-time employees.

Without denying that career commitment is an important means of establishing personal identity and worth -- at least for many middle class workers -- the author questions whether career involvement is the only means whereby women may achieve self expression and personal satisfaction. This questioning arises from several observations: first, women's satisfaction with employment appears to be related with their level of education and the type of job for which they are qualified. Job availability is known to fluctuate with the economy. Also, there is a trend among a number of middle-class occupations toward a shorter work week and earlier retirement. All of these argue against limiting

one's self expression solely to career involvement. Secondly, some women, especially when their children are young, find involvement in child care satisfying and are reluctant to relegate their child's socialization to others. Thus, they may choose, at least, temporarily, a style of life in which child care is a high priority.

To assume that healthier women would at each phase of their lives choose full-time employment as a life style without considering the two conditions -- their levels of employment and the ages of their children -- is simplistic. In a test for significance which does not take into account levels of employment or ages of children, one would not expect a significant contrast. Stated in the null form, which is also the statistical form since no direction is specified, this exploratory contrast has been hypothesized:

Hypothesis 4.3 When two groups of married women are compared, one labeled above median and the other below median on the basis of clinical ratings of their CPI profiles, there is not a significantly higher proportion of above-median or below median women represented in any of three life styles, that of homemaker, part-time employee, and full-time employee.

Previous studies which have not measured mental health suggested that employed married women report more satisfaction than do homemakers. It is uncertain if greater mental health may be inferred from higher ratings of satisfaction. This study hypothesized that perceiving choice of one's life style is associated with higher levels of mental health regardless of life style. Additionally, it is sug-

gested that healthier married women will experience and report more satisfaction with their lives, regardless of life style. The following hypothesis, stated in the directional form, predicts the following:

Hypothesis 5.0 When two groups of married women are compared, one labeled above median and the other below median on the basis of clinical ratings of their CPI profiles, the above-median group rates their life satisfaction significantly higher than the below-median group.

In order to examine the supplementary data collected, it was decided on a descriptive basis to contrast the mental health groups, the feminine-typed versus the androgynous subjects, the masculine-type versus the androgynous subjects, as well as the three life styles on all data of interval level. This will be completed not to test further hypotheses, but to describe and report differences among the three groups with the expectation that such descriptions may be useful in further hypotheses-testing.

The following chapter describes the research method whereby the hypotheses were tested.

Chapter II

Research Method

This chapter outlines the procedures whereby the research hypotheses were tested. In keeping with this purpose, the chapter includes the following five sections:

1) a description of the materials completed by the subjects; 2) a description of the subjects; 3) an outline of the procedure used to collect the data; 4) an explanation of the preliminary data analyses; and, 5) an explanation of the statistical procedures used to test the hypotheses.

Materials

With reference to the hypotheses stated at the end of Chapter I, the study's independent variable is mental health, while the dependent variables are dominance, passivity, masculinity, femininity, androgyny, plus demographic and attitudinal data. The following tests were selected to measure these variables: The first 17 scales of the California Psychological Inventory (CPI) were selected as the measure of mental health. Dominance and passivity were assessed by answers to items of the Rychlak-Legerski Sexual Role Identification Instrument. The Bem Sex-Role Inventory was the measure of masculinity, femininity, and androgyny.

A questionnaire was designed to gather necessary demographic and attitudinal data.

Each measure is discussed in turn. A sample of the materials completed by the subjects is included as Appendix A.

Short form of the California Psychological Inventory (CPI)*

Anastasi (1968) has described the CPI as "one of the best personality inventories currently available" (p. 448). This appraisal is based upon the method of scale construction and upon reliability data. Another important consideration for the purposes of this study is the fact that the CPI is the most comprehensive self report measure which has been constructed to measure positive aspects of personality. Thus, it is an appropriate choice for a non-clinical sample, as was used in this study.

The test in the standard form consists of 480 items which are answered "true" or "false" and from which are derived 18 scales. Three of the scales are validity measures, while the other 15 measure personality dimensions. The validity of 11 of the 15 personality scales was established empirically by selecting items for those scales which resulted in significant group contrasts in reference to a selected criterion. For example, in the case of the

*The author thanks the Consulting Psychological Press, Inc. for giving permission to reproduce the items of the short form of the CPI.

dominance scale, the responses of subjects rated by their acquaintances as either very high or very low in dominance were contrasted.

The items of the remaining four scales were first selected on the basis of face validity and then further validated through the method of establishing internal consistency. In the manual, the author explained that this method was necessary because it was considered unfeasible to find large samples of criteria subjects (Gough, 1975).

Scale means and standard deviations have been presented for a large normative sample, which included 6,200 males and 7,150 females. While the U.S. normative sample has not been presented as a true random sample, efforts were made to include subjects representing a range of ages, socio-economic groups, and geographic areas.

Retest reliabilities with an adult population at intervals ranging from one week to three weeks resulted in a median coefficient of .80. High school students were given the measure at a one-year interval, and the resulting median reliabilities were .65 for males and .68 for females.

Because of a need to reduce the time required for subjects to complete the materials, a short form proposed by Burger (1975) was used in this study. Through a separate factor analysis of each scale, the original 480 items were reduced to 240, resulting in proportionately less item overlap between the scales of the short form as compared

to the scales of the standard form. (Anastasi [1968] identified the redundancy of the 18 scales, resulting in their being intercorrelated, as the CPI's chief limitation.)

Burger reported correlations ranging from .78 to .93 between the scales of the standard form and the short form. The median value was .88. Test-retest reliability coefficients were also reported for the short form; the median reliability coefficient was .77.

Armentrout (Note 3) compared Burger's short-form scale scores with those of the standard form using a sample of adults living in southern Ontario. Armentrout concluded that the item selection and regression equations derived by Burger from a college student population applied equally well to Canadian adults. The median coefficient between the two forms for each scale was .855. None of the scale means of the two forms differed by as much as two points, and the differences were not statistically significant.

The items of the short form are presented in Section II of Appendix A. The femininity scale, scale 18, was presented in its entirety because of its importance as a dependent variable in the study. This explains why the subjects completed 256 items, more than the 240 proposed by Burger for the short form.

Although no test is able to measure mental health directly, the CPI was selected because it is a comprehensive inventory of the normal personality and because it meets

psychometric standards for validity and reliability.

Individual CPI profiles then provided clinicians with the opportunity to assess each subject's mental health and to determine a dichotomous grouping of all subjects. Finding that the two groups were different, first, on the basis of clinical ratings, and secondly, on the basis of actuarial data, would lend support to the contention that the groups did indeed represent different levels of mental health.

Arguments could be made for assessing levels of mental health through alternate methods. For examples, each subject could have been asked to undergo a clinical interview or to complete a projective measure like the Rorschach.

These methods were eliminated because they were considered too time consuming, and it would have been more difficult to assess reliability. The Minnesota Multiphasic Personality Inventory (MMPI) was considered as a self-report personality measure. However, since the MMPI was designed to measure the pathology of the mentally disturbed, and mental health, as conceptualized by the present study, is not simply the absence of pathology, the MMPI was not selected. The CPI was selected as the measure of mental health because its construction and scales were theoretically consistent with the study's concept of mental health and because, as a self-report personality inventory for a nonclinical population, it could be administered efficiently and scored and evaluated reliably.

Items from the Rychlak-Legerski Sexual Role Identification Instrument. As reviewed in the previous chapter, the Sexual Role Identification Instrument of Rychlak and Legerski (1967) was designed to measure a person's identification with either a dominance or passive behavioral pattern, which was assumed to be a measure of their sex role. Dominance was linked with the male role, and passivity was associated with the female sex role.

Measures of dominance and passivity are important theoretically to the present study, and the original items derived by Rychlak and Legerski were used. Modifications in administration and scoring of the scales were made, however, and are explained below.

As reported by Rychlak and Legerski (1967), the dominance and passivity items, which are numbered 1 to 24, Section I of Appendix A, were selected from a pool of 127 items by 50 judges (25 men and 25 women of college age), who were asked to sort them into ascendant-dominant versus retiring-passive categories. A week later the judges were asked to sort the same items into masculine versus feminine categories. This second sorting was completed so that both scales would contain items judged appropriate for both sexes and to keep the scales from appearing to be lists of traditional masculine versus feminine activities and traits. At least 60% of the judges agreed on the classification of the 24 items selected for the measure. Of the 24 items,

six were labeled ascendant-dominant, masculine; six were ascendant-dominant, feminine; six were retiring-passive, masculine; and six were retiring-passive, feminine.

The administration of the measure is relatively straightforward. Subjects sort the items into Like Self versus Unlike Self envelopes and later sort the same items into Like Mother versus Like Father envelopes. Two methods of scoring have been presented, a dimensional procedure and a categorizational procedure. A reliability check of the dimensional procedure after a one-month interval resulted in Pearsonian correlations of .693 for the dominance dimension and .621 for the passivity dimension. A reliability test of the categorizational procedure placed 70 to 84% of the subjects in the same category after retesting. The correlation between dominance and passivity scores was reported as .034, indicating that the two are independent dimensions (Rychlak and Legerski, 1967).

As has already been indicated in the literature review, evidence suggested that it was the dominance versus passivity distinction which was meaningful in relationship with mental health, with perceived similarity to same-sex versus opposite-sex parent being unimportant. Thus, in the present study, the hypotheses were formulated considering only the subjects' self descriptions of dominance and passivity. (Subjects were, however, asked to rate their parents on the dominance and passivity items [Section III, Appendix A].

The results of the data on parental identification has not been presented, as it is outside the theoretical framework of the present study.)

Because a dichotomous ratings of items (Like Self versus Unlike Self) does not allow the subject to rate his/her degree of acceptance or rejection of an item and also because this method makes the assumption that dominance and passivity are bipolar, it was decided to ask subjects to rate each item on a seven-point scale, ranging from 1 (never to almost never true) to 7 (always or almost always true). Mean scores for both dominance and passivity could then be calculated. Because of this alteration in scoring, it was felt necessary to check the reliability of this interval method of scoring. This reliability data is presented in Appendix B. Based on this data, the use of the interval method of scoring appeared warranted.

Considering both the construct validity of the scales and the adequate reliability data, the Rychlak-Legerski dominance and passivity items were judged useful in measuring these dimensions.

Bem Sex-Role Inventory (BSRI). As discussed in Chapter I, the BSRI permits comparing subjects' ratings of both masculine and feminine items and makes possible classifying subjects as masculine-, feminine-, or androgynous-typed. Examining the relationship between married women's mental health and their self descriptions as masculine, feminine,

or androgynous is a central issue of this study, and the BSRI was selected as an appropriate measure. The BSRI contains 60 items -- 20 masculine items, 20 feminine items, and 20 neutral items -- which make up a social desirability scale. The masculine and feminine items were independently judged by 100 student judges as either more desirable for men in American society or as more desirable for women in American society. (No judge was asked to rate both.) Items selected for the masculine and feminine scales were those judged by the judges to be significantly more desirable for a man or a woman, respectively. The neutral items making up the social desirability scale were those the judges determined were no more desirable for one sex or the other.

Bem (1974) reported data for internal consistency, coefficients of .86 for the masculine scale, .80 and .82 for the feminine scale, and .86 for the androgyny scale. Internal consistency coefficients for the social desirability scale were .70 and .75.

The results from the two normative samples indicated that the masculine and feminine scales, which were constructed to be logically independent, are also empirically independent. With male subjects there was found to be a .11 and -.02 relationship between scales, and with female subjects the coefficients were -.14 and -.07. A more recent factor analysis of the BSRI also supported the statistical

independence of the dimensions (Gaudreau, 1977).

Test-retest reliability using 56 subjects at a four-week interval yielded coefficients of .90 for Masculinity, .90 for Femininity, .93 for Androgyny, and .89 for Social Desirability.

In her description of the BSRI's construction, Bem (1974) pointed out two improvements of this measure over previous masculinity-femininity measures: 1) Since subjects rate themselves on both masculine and feminine items, one can assess the extent to which they endorse both sets of attributes. Masculinity and femininity are thus not conceptualized as bipolar, a major critique of previous scales noted by other researchers (Constantinople, 1973); 2) By examining a subject's self descriptions on both scales, it is possible to determine the extent to which a subject endorses both and may, thus, be labeled "androgynous."

Originally Bem (1974) suggested identifying androgynous subjects by testing the statistical significance between their masculinity and femininity scores via a t test. Subjects with no statistical significance between the two scores would be identified as androgynous. Other researchers (Spence, Helmreich, and Stapp, 1975) noted, however, that this labeled as androgynous those subjects who scored high on both masculine and feminine attributes and those who scored low on both. Evidence suggested that subjects who scored low on both were undifferentiated in terms of

sex-role identity, a concept quite different from androgyny. Bem (1977) agreed with this critique and suggested that androgynous subjects be identified through above-median scores on both the masculinity and femininity scales. Median scores would be obtained for the sample after the mean scores on both scales had been calculated. (Masculine-typed subjects would be those whose mean masculinity score ranks above the median, and whose mean femininity scores ranks below the median, while for feminine-typed subjects, the reverse would be true. Undifferentiated subjects would be those whose mean scores on both scales ranked below the respective medians.)

The concept of psychological androgyny has generated considerable interest among psychologists interested in sex roles. The validity and reliability data for the BSRI supports accepting it as a measure of androgyny.

The 60 items from the BSRI are numbers 25 to 84 in Section I of Appendix A.

Questionnaire. In addition to data from standardized measures, information about each subject was obtained, including age, number of children, education, type of employment if employed, plus relevant questions about her parents and husband. Age was considered potentially important in view of the observation from Leighton's study (cited in chapter one) that psychopathology among women increased with age (Chesler, 1972), along with evidence that older married

employed mothers were less satisfied than younger ones (Hoffman and Nye, 1974). Knowing the number of children was important in assessing role conflicts, and if parenting is stressful as Alpert et al. (Note 1) suggested, perhaps having more children would be related with lower mental health. The subject's level of education and type of employment could reflect levels of self-esteem and/or satisfaction (Hoffman and Nye, 1974). Information about the husbands' and parents' education and employment was needed to assess each subject's early and present SES level, which is known to relate with mental health.

These questionnaire items are numbers 1 to 27 and 41 and 42 in Section IV of Appendix A. Since these items are factual in nature, it was not necessary to establish their validity.

Items on which a subject could rate her reasons for being in her present life style, plus her perceived degree of choice in determining this life style and satisfaction, were constructed. These items are numbers 29 to 40, Section IV, Appendix A. The reader will note that these items were worded in three forms, so that they would apply to one of three life styles -- that of homemaking, part-time employment, and full-time employment. Each subject, of course, answered only the set of questions suitable for her life style.

Questions regarding the motivation for present life

style (numbers 29 to 40) were written by the author and considered on a logical basis to measure varying motivations. In order to check statistically whether items were measuring empirically separate dimensions, the ratings of the homemakers and the ratings of the employees were separately factor-analyzed.

The method of factor analysis selected was principal components with no iteration, using varimax rotation. The computer program used was from the Statistical Package for the Social Sciences (SPSS), (Nie, Hull, Jenkins, Steinbrenner, and Bent, 1975).

Five factors were identified for the homemakers and four for the employees. Items were selected for each factor using as the criterion the highest factor loading for that item. All but one item loaded at .30 or above on one of the factors. Tables 1 and 2 present the items reduced by each factor, the factor loadings, and the label assigned to each factor. Three doctoral students in psychology were asked to study the factor coefficients independently and suggest appropriate names.* The factor analyses provided construct validity for the questionnaire items written to measure choice, satisfaction, and motivation regarding life style.

*The author is grateful to Christine Dacey, Gary Durak, and James Medling for their assistance in naming the factors.

Table 1

Motivation for Full-Time Homemaking:

Factors Reduced from Homemakers' Ratings of Twelve Questionnaire Items

<u>Questionnaire Items</u>	<u>Factor 1</u> "Domestic Contentment"	<u>Factor 2</u> "Financial Security"	<u>Factor 3</u> "Negative At- titude re- garding Em- ployment"	<u>Factor 4</u> "External Encourage- ment to be a Home- maker"	<u>Factor 5</u> "Personal Choice"
#32. enjoying time at home	.78	---	---	---	---
#33. valuing opportunities for achievement via homemaking	.75	---	---	---	---
#34. dissatisfied with child care arrangements if were employed	.31	---	---	---	---
#35. difficulty in managing both home and employment satisfactorily	.48	---	---	---	---
#29. general satisfaction	---	.50	---	---	---
#30. employment not needed for necessities	---	.89	---	---	---

(Table 1 Continued...)

<u>Questionnaire Items</u>	<u>Factor 1</u>	<u>Factor 2</u>	<u>Factor 3</u>	<u>Factor 4</u>	<u>Factor 5</u>
	"Domestic Contentment"	"Financial Security"	"Negative At- titude re- garding Em- ployment"	"External Encourage- ment to be a Home- maker"	"Personal Choice"
#31 employment not needed for "extras"	---	.86	---	---	---
#38 homemaking not indi- cation of inability to find employment	---	---	.75	---	---
#39 perception that em- ployment would inter- fere with other en- joyments	---	---	.72	---	---
#36 encouragement of husband to be home- maker	---	---	---	.65	---
#37 having friends who are homemakers	---	---	---	.81	---
#40 perceived choice in de- termining life style	---	---	---	---	.69
Eigenvalue	3.02	1.64	1.17	1.14	1.09
Cumulative Percentage	25.20	38.80	48.60	58.00	67.10

Table 2

Motivation for Employment:

Factors Reduced from Employees' Ratings of Ten Questionnaire Items*

Questionnaire Items	Factor 1 "Positive Attitudes regarding Employment"	Factor 2 "Financial Need"	Factor 3 "Satisfaction with Employee Life Style"	Factor 4 "Satisfaction with Child Care"
#32 enjoyment of time spent away from home	.46	---	---	---
#33 valuing opportunities for achievement via employment	.28	---	---	---
#36 encouragement of husband to be employed	.34	---	---	---
#37 having friends who are employed	.30	---	---	---
#30 employed to provide necessities	---	.46	---	---
#31 employed to provide "extras"	---	.63	---	---
#29 general satisfaction	---	---	.56	---
				71

(Table 2 Continued...)

<u>Questionnaire Items</u>	<u>Factor 1</u>	<u>Factor 2</u>	<u>Factor 3</u>	<u>Factor 4</u>
	"Positive Attitudes regarding Employment"	"Financial Need"	"Satisfaction with Employee Life Style"	"Satisfaction with Child Care"
#35 able to manage home and employment satisfactorily	---	---	.36	---
#40 perceived choice in determining life style	---	---	.36	---
#34 satisfaction with child care arrangements	---	---	---	.61
Eigenvalue	2.68	1.38	1.30	1.05
Cumulative Percentage	26.80	40.60	53.60	64.10

*Items 38 and 39 were eliminated from the analysis because they did not have the same form for both the part-time and full-time employees.

Subjects

The study required subjects who were married women representing a range of life styles and, as much as possible, a range of age and socioeconomic factors. Obviously, subjects solicited only from the university would not be variable enough in these respects and, thus, volunteers were solicited from the community.

In this section pertinent information about the sample has been compiled. The sample is also compared along several dimensions with provincial or national statistics in order to make judgments as to its representativeness.

Subjects were 210 women from the Ottawa (Ontario) area. Eleven subjects had to be eliminated from the final sample; eight because they failed to complete all the materials and three because it was discovered that they were widowed or divorced. Thus, the final number of usable subjects was 199 married women.

The subjects were members of, participants in, or employees of several groups in the area which were selected so that a range of age, life style (full-time homemaking, part-time employment, full-time employment), and socioeconomic level would be included in the sample. The groups included students at the university and a community college; clerical workers at the Canadian Labour Congress; second language teachers, counselors, text-book writer, linguist, administrator of a government language programme; hospital

employees, protestant and Roman Catholic church women; and participants in several cooperative preschool programmes.

Age. Subjects ranged in age from late teens to 70, with the median age falling within the 31 to 35 range (S.D. = 2.02). The 1976 census data showed that the median age of females in Ontario was 29.2 (1976 Census of Canada, Population, 1978).

Children. Eighty-four per cent of the women in the sample had at least one child, with 2.1 children being the mean (S.D. = 1.49). The 1971 census data revealed that on the average just under 2.5 children were born per "ever-married" Ontario woman (Collishaw, 1976).

Education. The median level of education for the sample ranked within the post high school specialized training range (S.D. = 2.04). The sample is better educated than would be a true random sample, as the 1971 census data listed the national median level of schooling for women at 11.4 years (1971 Census of Canada, Occupational Composition, 1977).

Employment. Of all subjects, 22.5% were employed part time (fewer than 30 hours weekly) and 28.5% were employed full time (more than 30 hours weekly). Thus, 51% of the sample were employed. In Ontario, 47.8% of married women were employed in 1976 (1976 Census of Canada, Labour Force Participation, 1978). Increasing numbers of married women are employed, as the 1971 Census of Canada reported that

only 43% of married women were employed. A similar trend is also evident in the United States (Hoffman and Nye, 1974).

Income. The mean income earned by the employed subjects was \$8,000 (S.D. = 1.41), while the mean income earned by their husbands was \$22,000 (S.D. = 1.56). Mean incomes for Canada which were based on 1971 data have been reported as \$3,334 for women and \$7,153 for men (1971 Census of Canada, Employment Income, 1977). Even allowing for the fact that the national means include workers in the 15 to 20 year range who often work for minimum wage and allowing for known increases during the past seven years, it is clear that the incomes of the sample are above national averages.

Religion. The distribution of religious affiliation was close to the national distribution. National percentages, based on 1971 data (Scott, 1976), have been given in parentheses: Protestants made up 38.7% (40.7%); Roman Catholics, 46.2% (46.2%); Jews, 3.5% (1.3%); "other," 9% (7.5%); and no religious affiliation, 2.5% (4.3%).

The sample was least representative in terms of socioeconomic levels. Two thirds of the husbands' occupations were classified as middle to upper-middle class, using the Blishen occupational index to measure SES. (A description of this index follows.) The working class is under represented in comparison to the national population, based upon in-

formation available from Statistics Canada.

No claims are made that the sample is fully representative. However, it is believed that the sample represented sufficient variability to test the major hypotheses. Caution must be taken, however, in generalizing to the working classes.

The author took considerable time attempting to elicit the participation of greater numbers of working class women, but found it difficult to persuade them to "volunteer." Reasons for this may be varied, but it became clear that many of them had not received a similar request before, nor were they acquainted -- as are students who have taken even an introductory psychology course -- with the importance of volunteers in psychological research. Working class women also reported more difficulties in arranging free times away from home, as compared to the rest of the sample. Ideally, then, researchers who wish to include large numbers of working class women in their samples would have the resources to schedule individual interviews in their homes and to reimburse them for their time.

Procedure

The goal in soliciting subjects' participation was to arrive at a sample which was as variable as possible. This was attempted by choosing groups which seemed to complement each other along one or more dimensions, i.e., both university and community college students, both professional

and nonprofessional employees, both protestant and Roman Catholic church women, were included. Still, as noted above, the lower SES levels were under represented.

During the course of the data collection, the sample was periodically checked for variability and steps were taken to improve it. Care was taken to include women at each age range between the early 20's to retirement age, and to have the percentage of employed women at each age range approximate the percentage of married women who were known to be employed within that age range. Attempts were less successful in achieving a range of SES levels. As an example of difficulty in this regard, is the following incident: it was noted that most of the mothers who participated in a co-operative play school were middle to upper-middle class, so a preschool programme, sponsored by the city in a lower SES area of the city, was also contacted. This inner-city preschool was found to have been unsuccessful in reaching the mothers in the neighborhood. Instead those participating in its services -- mostly middle to upper middle class -- drove in from other areas of the city where no preschool was available. To some extent, then, the under representativeness of the sample along SES lines is reflective of societal realities.

The subjects were asked in person or by mail (See letter in Appendix C) to participate in a study identified as research in the attitudes and behaviors of married women.

They were invited to attend one of several sessions which had been scheduled for their group and were told that their involvement would require about two hours of their time during which they would complete some interesting written materials. Assurances were given that their answers would be confidential and anonymous, as only group results, not individual results, would be reported.

Typically a subject completed the materials in a group of five of her peers. Before these sessions began, the examiner was careful not to answer specific questions concerning the study's hypotheses. Subjects were told that if they were interested, they could address an envelope to themselves at the end of the session, and that a summary of the study's findings would be mailed to them. This method was used to follow the principles of Research Precautions prepared by the American Psychological Association (1972), which have stressed the importance of debriefing and feedback. Virtually every subject asked for such a summary. (See Appendix E.)

At the beginning of the testing session, subjects were handed packets which included the four sections of material (See Appendix A) and computer sheets. Instructions were included with each section, and the examiner -- in each case the author -- assisted persons needing additional clarification. Although the place of testing varied, depending upon the group, efforts were made to ensure adequate testing conditions.

The subjects were asked to complete the materials in the following order: 1) Rychlak-Legerski Sexual Role Identification Instrument (self description); 2) BSRI; 3) the short form of the CPI; 4) the Rychlak-Legerski Sexual Role Identification Instrument (parent descriptions); and 5) the Questionnaire. The Questionnaire was given last, as it tended to identify the study's interest in life style, and prior knowledge of this might have influenced subjects' descriptions of self.

In an effort to make the atmosphere of the sessions friendly, coffee was usually served. Evidence that rapport was generally achieved was suggested by the fact that many subjects stayed after completing the materials to discuss issues raised by the materials.

All sessions took place between November, 1977, and June, 1978.

Preliminary Data Analyses

Before testing the hypotheses, it was necessary to establish levels of mental health, the study's major independent variable. The criteria for this was based upon a theoretical conception of mental health as a striving toward autonomous self expression within the context of interpersonal commitments. (Readers wishing to review this concept may see Chapter I.)

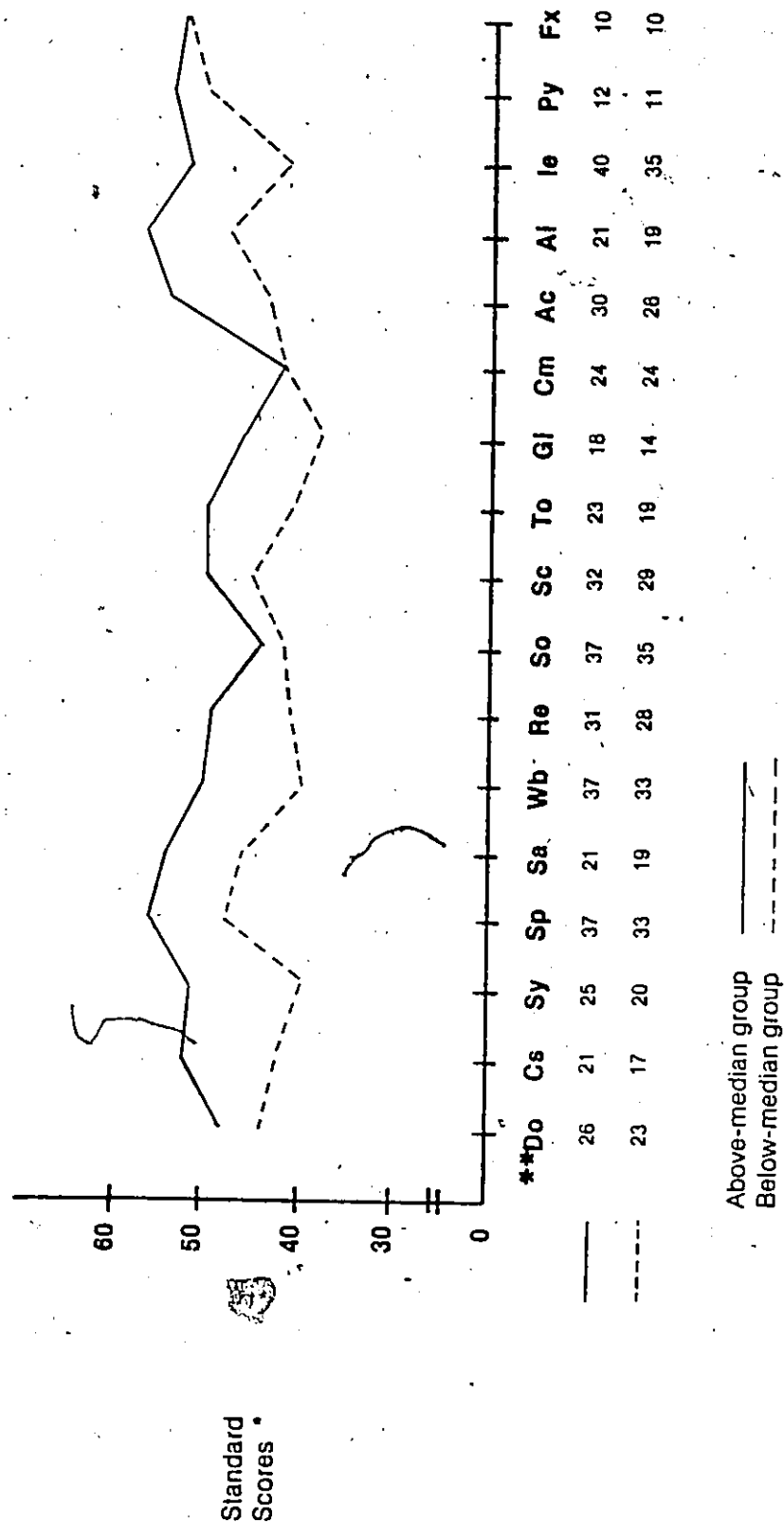
After the CPI items had been scored and the profiles plotted, three Ph.D. level clinical psychology students

rated them,* using the following criteria based on the definition of mental health outlined above: Values from one to ten were given to each profile for three different dimensions: 1) growth potential; 2) social maturity; and, 3) absence of pathology. (The scale was labeled as follows: 10 - unusual evidence for; 7 - substantial evidence for; 4 - some evidence for; 1 - no evidence for.) Interscorer reliability had been established with r 's of .83, .87, and .89.

Each profile was scored independently by two of the three raters, and the points earned for each of the three dimensions were added together for each profile. Later a separate rank order of the profiles for each rater was established, along with median points. The third rater then evaluated those profiles upon which the other two raters had not agreed as to whether they belonged in the above-median or below-median group.

The mean profiles of the above-median and below-median groups have been plotted and are presented as Figure 1. The reader may observe that the femininity scale, no. 18, has not been plotted. The clinicians did not consider the femininity scale in their ratings since for the purposes of this study, the femininity scale has been selected as a

*The author gratefully acknowledges the assistance of Christine Dacey and James Medling. The author was the third rater.



* Standard scores are based on female normative data from CPI manual (Gough, 1975). For each scale, the corresponding raw scores are shown.

** See following page for a key to the abbreviations of the names of the CPI scales.

Figure 1: Average CPI profiles of two groups of married women, clinically rated above- and below-median on mental health.

Key to the Abbreviations of the
Names of the CPI Scales

1. Do - Dominance
2. Cs - Capacity for Status
3. Sy - Sociability
4. Sp - Social Presence
5. Sa - Self-Acceptance
6. Wb - Sense of Well-Being
7. Re - Responsibility
8. So - Socialization
9. Sc - Self-Control
10. To - Tolerance
11. Gi - Good Impression
12. Cm - Communalility
13. Ac - Achievement via Conformance
14. Ai - Achievement via Independence
15. Ie - Intellectual Efficiency
16. Py - Psychological-Mindedness
17. Fx - Flexibility

dependent variable.

Following the completion of the clinical ratings of the CPI profiles, a discriminant analysis of the CPI scale scores for the above-median and below-median groups was completed to determine if the groups were statistically different on purely actuarial terms.

A user's program of discriminant analysis was chosen from SPSS (Nie et al., 1975). A stepwise discriminant analysis was used to eliminate efficiently the less useful scales from the analysis. The method selected was Rao's V. Wilks' lambda was computed and tested for significance by a chi square to determine whether the vectors of means for the CPI scales of the above-median group were significantly different from those of the below-median group. This chi square was significant at the .001 level, and reapplying the discriminant coefficients to both groups, it was found that 87% of the subjects were correctly classified as above-median or below-median. This is actuarial evidence for accepting the above-median and below-median groups, based on clinical ratings, as representing two levels of mental health.

Table 3 presents the standardized and unstandardized coefficients. It has been pointed out that although clinicians are able to make valid inferences using CPI profiles, that others -- who do not know the basis for the clinicians' judgments -- may be unable to draw similar

Table 3

Standardized and Unstandardized Discriminant
Function Coefficients for CPI Scales Distinguishing
Above-Median from Below-Median Mental Health Groups

CPI Scales*	Standardized Coefficients	Unstandardized Coefficients
1- Dominance (Do)	- .21	- .04
2- Capacity for Status (Cs)	- .31	- .09
4- Social Presence (Sp)	- .21	- .04
6- Sense of Well Being (Wb)	- .15	- .04
8- Socialization (So)	- .27	- .06
11- Good Impression (G1)	- .15	- .03
13- Achievement via Conformance (Ac)	- .14	- .04
15- Intellectual Effi- ciency (Ie)	- .21	- .04
16- Psychological Minded- ness (Py)	- .15	- .07
12- Communalility (Cm)	- .10	- .06
		Constant 12.94

<u>Wilks'</u> <u>Lambda</u>	<u>Chi</u> <u>Square</u>	<u>Degrees of</u> <u>Freedom</u>	<u>Signifi-</u> <u>cance</u>
.47	-144.69	10	.001

*Scales, mentioned in the text but not included here, were not significant enough for inclusion in the stepwise discriminant function, as computed by the SPSS default value for Rao's V (Nie et al., 1975).

inferences with different profiles (Megargee, 1972). Future researchers may use this discriminant function to dichotomize a sample of married women -- thus, saving the time necessary to rate individual profiles.

Another step before testing the hypotheses was to rate each family's socio-economic level. The rater, a Ph.D. student in sociology,* used the revised Blishen scale (Blishen and McRoberts, 1976), which is the only scale available for measuring occupations as reported in the categories of the Canadian Census. The Blishen ratings, which assign a socio-economic index to occupations, were derived through a process of regression analyses, considering beta weights of salary and education required for 486 separate occupational "unit groups".

The student looked up each occupational title in the alphabetical index of the Occupational Classification Manual based on the 1971 Canadian Classification and Dictionary of Occupations, Vol. II (CCDO), noting the four-digit number corresponding to the appropriate unit group. For each unit group number he then located the corresponding Blishen rating found by consulting computerized print out sheets available at the Carleton University's Depart-

*The author thanks Terence O'Donnell for his careful ratings and also gratefully acknowledges the assistance of Hugh McRoberts, Ph.D., assistant professor of sociology, Carleton University (Ottawa) for his guidance in the use of the index.

ment of Sociology and Anthropology Data Archives. Although somewhat more tedious to use, a student could also consult the revised Blishen ratings reported in the literature (Blishen and McRoberts, 1976).

Each husband's occupation was rated, and if employed, the subject's occupation was also rated. (Blishen ratings were also assigned to the mothers' occupations for those subjects whose mothers had been employed.) An issue faced was how to rate dual-career families if the husband's and wife's ratings were not the same. This study followed the traditional method of using the husband's rank as the family's SES level. When husbands' and wives' Blishen rating were correlated, a significant coefficient was obtained, $r = .294$, $p. < .01$.

After assigning a Blishen rating to each family, occupations may be arranged into strata or classes. The study adopted McRoberts' six classes as they adequately rank, in descending order, higher and lower-level non-manual workers, followed generally by higher and lower-level manual workers (1975). Table 4 presents in summary form the socio-economic class, the occupational character of each class, the population percentage for each rank, along with the percentage of this sample which was included at each rank.

Largely because of higher numbers in the professional and semi-professional categories, it was necessary to

Table 4*

SES Class, Occupational Character, and Population and Sample Percentages
for the Six Levels of the Revised Blishen Occupational Index.

Blishen Rating	SES Class	Occupational Character	Population Percentage	Sample Percentage
1	Upper Middle	Professional and Executive	13.1	33.0
2	Middle	Technical and Semi-professional and middle management	15.5	39.3
3	Lower Middle	Senior white collar, Supervisors, sales, and highly skilled trades	16.7	13.6
4	Upper Working	Lower lead clerical, skilled trade, foreman semi-skilled trades	20.2	7.9
5	Working Class	Semi-skilled trades, unskilled white collar	20.2	5.8
6	Lower Class	Unskilled blue collar, agricultural, seasonal workers	14.4	.5

*Adapted from McRoberts, 1975, p. 88.

dichotomize between these groups (higher SES) and the four remaining classes (lower SES). A theoretical justification for such a division has been argued for in an Ontario study by Knight (1978). He found the most salient class differences between professionals and upper level management on the one hand, and lower white collar occupations, as well as all working class occupations, on the other.

The next step in preliminary data analysis was the scoring of the dependent variables. Mean scores for the dominance and passivity Rychlak-Legerski items and the masculinity and femininity scales of the BSRI were computed. Median scores for the BSRI masculinity and femininity scores were also determined, so that masculine-, feminine-, and androgynous-typed subjects could be identified. Means, medians, and frequencies for all questionnaire items were also calculated.

An intercorrelation matrix of all dependent variables of an interval nature with interval-level data from the questionnaire items was computed as a check for unanticipated co-variates. Since none of the variables which had initially been tested as potential co-variates correlated with the dependent variables with r 's of .6 or higher, it was not found necessary to test the hypotheses using co-variant analyses.

Statistics to Test Hypotheses

Two statistical techniques were used to test the major hypotheses. Hypotheses 1.1, 1.2, 1.3, 1.4, 1.6, 1.7, 2.0, and 5.0 were tested with a three factor analysis of variance for unequal n 's, with mental health (above median, below median), SES (higher, lower), and life style (home-maker, part-time employee, and full-time employee) as the factors. Although SES had not been found to be a co-variant, there was support from the literature suggesting that specific levels of SES, along with life style, might interact with the independent variable, mental health, in association with various dependent measures. Thus, the decision was made to test the hypotheses with analyses of variance which used not only mental health as a main effect, but also SES and life style.

Hypotheses 1.5, 3.0, 4.1, 4.2, and 4.3 were tested for significance with chi squares. Further details are provided in Chapter III.

The hypotheses were tested using an IBM computer at the University of Ottawa's Computer Centre. All analyses were conducted using programs from SPSS (Nie et al., 1975). A probability level of .05 was required for statistical significance.

The results are presented in the following chapter.

Chapter III

Results

To recapitulate from previous chapters, the independent variable of this study is the mental health of married women, operationally defined on the basis of clinical ratings of CPI profiles. Two levels were established through a median split of the clinical ratings.

Although not formally hypothesized, it was considered possible that SES and life style might interact with mental health; therefore, the analyses also considered SES and life style as main effects. SES was divided into two levels -- upper-middle to middle class and lower-middle to lower class -- using the Blishen ratings of occupations (McRoberts, 1975). Life style had three levels, that of homemaker, part-time employee, and full-time employee, as reported by the subjects.

In order to test eight of the hypotheses, the independent variable mental health was considered in combination with the following dependent variables: mean scores on Rychlak-Legerski ascendant-dominant and retiring-passive items, mean scores on BSRI masculinity and femininity items, CPI femininity scores, weekly number of outside activities, and ratings of choice and satisfaction. To

test five additional hypotheses, frequency tables were computed and significance tested by means of the chi square. The categories of those frequency tables will be clarified for the reader at the point in the text where the results for those hypotheses are presented.

For the sake of clarity, each hypothesis is presented in turn. The results are given, and confirmation or disconfirmation of the hypothesis is stated. A discussion and analysis of the results constitute Chapter IV.

Hypothesis 1.1 When two groups of married women are compared, one labeled above median and the other below median on the basis of clinical ratings of their CPI profiles, the scores of the above-median group on the ascendant-dominant items of the Rychlak Legerski Sexual-Role Identification Instrument are significantly higher than the scores of the below-median group.

The contrast stated in Hypothesis 1.1 yielded a statistically significant main effect, $F(1,187) = 4.07$, $p < .05$. Since subjects ranking above the median on mental health earned significantly higher ascendant-dominant scores, research Hypothesis 1.1 was confirmed. Table 5 presents the summary table, while Tables 6, 7, and 8 present the relevant means and standard deviations for the sample divided by mental health levels (6), SES and mental health levels (7), and life style and mental health levels (8). No statistically significant main effects and/or interactions were obtained using SES and life styles.

Hypothesis 1.2 When two groups of married women are

9

Table 5
Summary of Analysis of Variance of Means of
Rychlak-Legerski Ascendant-Dominant Scores
and Factors of Mental Health, SES, and Life Style

Source of Variation	df	MS	F
A-Mental Health	1	1.44	4.07*
B-SES	1	.29	.81
C-Life Style	2	.36	1.02
AB Interaction	1	.06	.15
AC Interaction	2	.26	.73
BC Interaction	2	.66	1.88
ABC Interaction	2	.01	.02
Residual	187	.35	

*p. < .05.

Table 6

Means and Standard Deviations of Above-Median and Below-Median
Mental Health Subjects for Eight Dependent Variables

Dependent Variables	Above-Median Mental Health		Below-Median Mental Health	
	Mean	S.D.	Mean	S.D.
Ascendant-dominant scores	4.80	1.59	4.51	.60
Retiring-passive scores	4.02	.52	4.26	.63
BSRI femininity scores	4.92	.51	4.85	.53
BSRI masculinity scores	4.74	.70	4.34	.76
CPI femininity scores	23.94	1.84	24.21	2.83
No. 14--Weekly activities	3.34	1.84	3.06	1.93
No. 40--Choice of life style	2.02*	1.33	2.06*	1.41
No. 29--Satisfaction	2.20*	1.22	2.53*	1.35

* Ratings of 1 to 5 indicate progressively less choice (No. 14) and less satisfaction (No. 29).

Means and Standard Deviations of Subjects Classified by Mental, Health and SES Levels for Eight Dependent Variables

* Ratings of 1 to 5 indicate progressively less choice (No. 14) and less satisfaction

(No. 29).

Table 8
Means and Standard Deviations of
Subjects Classified by Mental Health and
Life Style for Eight Dependent Variables

Dependent Variables	Above-Median Mental Health		Below-Median Mental Health	
	Mean	S.D.	Mean	S.D.
HOMEMAKERS				
Ascendant-dominant scores	4.75	.63	4.38	.57
Retiring-passive scores	4.08	.54	4.27	.55
BSRI femininity scores	4.96	.50	4.77	.53
BSRI masculinity scores	4.71	.73	4.07	.65
CPI femininity scores	24.00	4.12	24.22	2.64
No. 14--Weekly activities	3.81	2.08	3.25	1.97
No. 40--Choice	1.94*	1.38	1.96*	1.44
No. 29--Satisfaction	2.40*	1.32	2.33*	1.28
PART-TIME EMPLOYEES				
Ascendant-dominant scores	4.84	.52	4.71	.59
Retiring-passive scores	4.07	.59	4.30	.42
BSRI femininity scores	5.05	.53	4.90	.40
BSRI masculinity scores	4.80	.65	4.45	.83
CPI femininity scores	24.48	3.14	23.25	3.46
No. 14--Weekly activities	3.00	1.50	2.78	1.65
No. 40--Choice	2.36*	1.38	1.85*	1.31
No. 29--Satisfaction	2.32*	1.15	2.50*	1.43
FULL-TIME EMPLOYEES				
Ascendant-dominant scores	4.83	.57	4.59	.66
Retiring-passive scores	3.86	.39	4.20	.84
BSRI femininity scores	4.73	.50	4.94	.61
BSRI masculinity scores	4.74	.72	4.70	.74
CPI femininity scores	24.04	2.64	24.83	2.57
No. 14--Weekly activities	2.77	1.42	2.93	2.05
No. 40--Choice	1.85*	1.16	2.38*	1.40
No. 29--Satisfaction	1.74*	1.02	2.90*	1.37

*Ratings of 1 to 5 indicate progressively less choice (No. 40) and less satisfaction (No. 29).

compared, one labeled above median and the other below median on the basis of clinical ratings of their CPI profiles, the scores of the below-median group on the retiring-passive items of the Rychlak Legerski Sexual-Role Identification Instrument are significantly higher than the scores of the above-median group.

The contrast stated in Hypothesis 1.2 yielded a statistically significant main effect, $F(1,187) = 4.16$, $p < .05$. Subjects ranking below the median on mental health earned significantly higher retiring-passive scores, thus confirming research Hypothesis 1.2. See Table 9 for the summary table. No significant main effects or interactions were found for SES and life style, which is evident when examining the means and standard deviations of Tables 7 and 8.

Hypothesis 1.3 When two groups of married women are compared, one labeled above median and the other below median on the basis of clinical ratings of their CPI profiles, the BSRI femininity scores of below-median group are significantly higher than the scores of the above-median group.

The contrast stated in Hypothesis 1.3 failed to yield a statistically significant main effect. Table 10 presents the nonsignificant F values. Hypothesis 1.3 was, thus, not confirmed. No statistically significant main effects and/or interactions were obtained using SES and life style. Tables 7 and 8 present the relevant means and standard deviations.

In a test of the statistical power of the F -test, the effect size was computed as .13. Since the table used (Cohen, 1969) presented a probability of .52 with an effect

Table 9
Summary of Analysis of Variance of
Mean Rychlak-Legerski Retiring-Passive Scores and
Factors of Mental Health, SES, and Life Style

Source of Variation	df	MS	F
A-Mental Health	1	1.39	4.16*
B-SES	1	.89	2.66
C-Life Style	2	.64	1.91
AB Interaction	1	.06	.19
AC Interaction	2	.11	.32
BC Interaction	2	.06	.17
ABC Interaction	2	.25	.74
Residual	187	.33	

* $p. < .05$.

Table 10
 Summary of Analysis of Variance of
 Mean BSRI Femininity Scores and
 Factors of Mental Health, SES, and Life Style

Source of Variation	df	MS	F
A-Mental Health	1	.07	.24
B-SES	1	.03	.10
C-Life Style	2	.33	1.21
AB Interaction	1	.19	.68
AC Interaction	2	.82	3.01
BC Interaction	2	.06	.22
ABC Interaction	2	.40	1.47
Residual	187	.27	

size of .10 and a probability of .86 with an effect size of .15, it is estimated that with an effect size of .13 there was a .60 probability of finding a statistical contrast between mental health groups, with a confidence level of .05 and an n of 200.

Hypothesis 1.4 When two groups of married women are compared, one labeled above median and the other below median on the basis of clinical ratings of their CPI profiles, the CPI femininity scores of the below-median group are significantly higher than the scores of the above-median group.

The contrast stated in Hypothesis 1.4 failed to yield a statistically significant main effect. Hypothesis 1.4 was not confirmed. Table 11 presents the summary table. SES and life style also were not significant as main effects or in interactions. (See Tables 7 and 8)

The statistical power of the F -test was computed. With an effect size of .30, a confidence level of .05, and an n of 200, one would have a probability greater than .995 of finding a significant contrast between CPI femininity scores and mental health, if such a contrast did indeed exist (Cohen, 1969).

Hypothesis 1.5 When two groups of married women are compared, one labeled above median and the other below median on the basis of clinical ratings of their CPI profiles, there are significantly more subjects labeled androgynous on the basis of their BSRI scores in the above-median group than in the below-median group.

To test this hypothesis, a two-by-four frequency table was constructed with mental health (above-median, below-median) and BSRI classifications (androgynous, masculine,

Table 11

Summary of Analysis of Variance of CPI Femininity Scores
and Factors of Mental Health, SES, and Life Style

Source of Variation	df	MS	F
A-Mental Health	1	.50	.05
B-SES	1	7.63	.74
C-Life Style	2	2.08	.20
AB Interaction	1	.09	.01
AC Interaction	2	11.22	1.08
BC Interaction	2	3.57	.35
ABC Interaction	2	8.32	.80
Residual	187	10.37	

feminine, and undifferentiated) as the categories.* The chi square was computed as the test of significance.

(Table 12A presents the frequencies.) It was not statistically significant, and Hypothesis 1.5 was not confirmed. Since the effect size was smaller than .05, further testing of the power of the chi square was not warranted (Cohen, 1969).

Since the chi square is not a powerful test, although the appropriate measure for nominal level data, as the BSRI categories are, it was decided to undertake secondary analyses. The androgyny difference score may be computed by subtracting each subjects' total masculinity points from her total femininity points (Bem and Watson, Note 4) and is appropriate for parametrical statistical procedures. The androgyny difference scores was used as the dependent variable in a three factor analysis of variance for unequal n 's, considering mental health, SES, and life style as the independent variables. No statistically significant contrasts with main effects or interactions were found. (See Table 12B). Further analysis of the androgynous subjects is presented and discussed in the following chapter.

Hypothesis 1.6 When two groups of married women are compared, one labeled above median and the other below median on the basis of clinical ratings of their CPI profiles, the BSRI mean masculinity scores of the above-median group are significantly higher than the scores of the below-median group.

*The method used to classify subjects was the revised procedure of median splits proposed by Bem (1977).

Table 12A
 Frequency of Androgynous, Masculine-typed,
 Feminine-typed, and Undifferentiated
 Subjects at Below- and Above-Median
 Mental Health Levels

	Below-Median Mental Health		Above-Median Mental Health	
	n	Row Percentage	n	Row Percentage
Androgynous	23	38.3	37	61.7
Masculine-typed	22	45.8	26	54.2
Feminine-typed	25	58.1	18	41.9
Undifferentiated	29	60.4	19	39.6
Column n	99		100	
Column Percentage		49.7		50.3

Table 12B
 Summary of Analysis of Variance of
 the BSRI Androgyny Difference Score and
 Factors of Mental Health, SES, and Life Style

Source of Variation	df	MS	F
A-Mental Health	1	628.00	.15
B-SES	1	653.65	.14
C-Life Style	2	646.81	.12
AB Interaction	1	12.06	.84
AC Interaction	2	241.39	.50
BC Interaction	2	304.76	.37
ABC Interaction	2	299.03	.37
Residual	187	300.40	

The contrast stated in Hypothesis 1.6 yielded a statistically significant main effect, $F(1,187) = 5.11$, $p. < .05$. Since the above-median group earned higher masculinity scores, Hypothesis 1.6 was confirmed.

A two way interaction between mental health and life style was also significant, $F(2,187) = 4.62$, $p. < .01$, as was a two way interaction between SES and life style, $F(2,187) = 3.32$, $p. < .05$. Table 120 presents the summary data. Probing the interaction between mental health and life style, it was found that homemakers ranking below the median on mental health earned significantly less masculine scores, $F(2,96) = 7.398$, $p. < .001$. A simple effects probe of the interaction between life style and SES level showed that full-time employees who were also of the higher SES level earned significantly higher masculine scores, $F(2,135) = 3.595$, $p. < .01$.

Hypothesis 1.7 When two groups of married women are compared, one labeled above median and the other below median on the basis of clinical ratings of their CPI profiles, the above-median group reports involvement in significantly more activities of a social, education, service, and/or religious nature than does the below-median group.

It was necessary to test this hypothesis in two steps. First, when mean responses to number 14 of the Questionnaire were used as the dependent variable, the contrast stated in Hypothesis 1.7 was not statistically significant. The summary table is presented as Table 13. No statistically significant main effects and/or interac-

Table 12C
Summary of Analysis of Variance of
BSRI Masculinity Scores and Factors of Mental Health,
SES, and Life Style

Source of Variation	df	MS	F
A-Mental Health	1	2.53	5.11*
B-SES	1	1.24	2.50
C-Life Style	2	.79	1.58
AB Interaction	1	.18	.36
AC Interaction	2	2.29	4.62**
BC Interaction	2	1.64	3.32*
ABC Interaction	2	.32	.65
Residual	187	.50	

*p. < .05. The means and standard deviations of the BC Interaction follow: Homemaker-Higher SES - 4.38 (.79); Homemaker-Lower SES - 4.39 (.65); Part-time employee-Higher SES - 4.74 (.73); Part-time employee-Lower SES - 4.41 (.77); Full-time employee-Higher SES - 4.92 (.71); Full-time employee-Lower SES - 4.46 (.67).

**p. < .01. See Table 8 for the means of the AC Interaction

Table 13
 Summary of Analysis of Variance of
 Mean Responses to No. 14, Questionnaire, and Factors of
 Mental Health, SES, and Life Style

Source of Variation	df	MS	F
A-Mental Health	1	.95	.27
B-SES	1	.49	.14
C-Life Style	2	2.95	.84
AB Interaction	1	.34	.10
AC Interaction	2	.15	.04
BC Interaction	2	8.79	2.51
ABC Interaction	2	.34	.10
Residual	184	3.50	

tions were obtained using SES and life styles. (See Tables 7 and 8)

In testing the power of the F -test, it was found that there was a .86 probability of finding a significant contrast if one existed, when considering an effect size of .15, a confidence level of .05, and an n of 200 (Cohen, 1969).

In the second step to test this hypothesis, a two-by-two frequency table was computed with mental health (above-median, below-median) and present enrollment in course(s) (yes, no) as the categories. The chi square test was computed. It was not significant, and the effect size (less than .05) was too small to warrant further testing of the power of the chi square (Cohen, 1969).

Research Hypothesis 1.7 failed to receive confirmation in either step.

Hypothesis 2.0 When two groups of married women are compared, one labeled above median and the other below median on the basis of clinical ratings of their CPI profiles, the above-median group rates its degree of perceived choice in determining life styles significantly higher than the below-median group.

The contrast stated in Hypothesis 2.0 failed to yield a statistically significant main effect. A two-way interaction between mental health and life style (F [2,184] = 4.04, p < .05) and a three-way interaction between mental health, SES, and life style (F [2,184] = 3.59, p < .05) were, however, significant. See Table 14 for a summary table.

Table 14
 Summary of Analysis of Variance of Perceived Choice of
 Life Style and Factors of
 Mental Health, SES, and Life Style

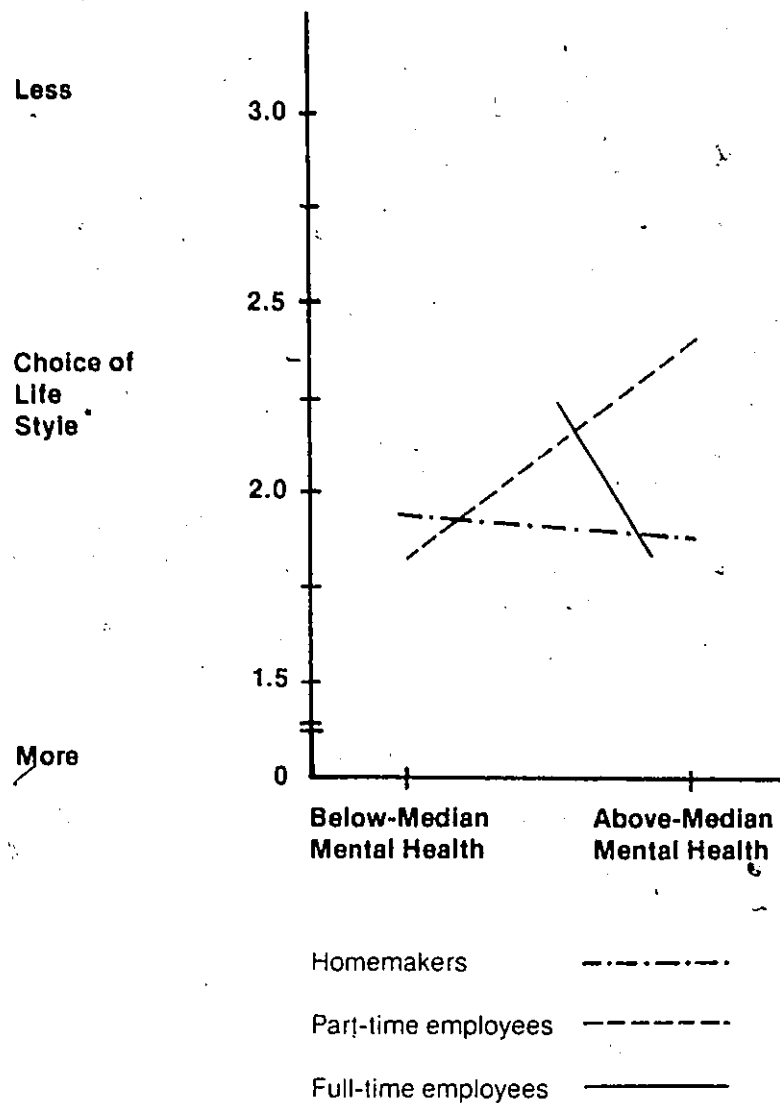
Source of Variation	df	MS	F
A-Mental Health	1	.71	.39
B-SES	1	2.32	1.27
C-Life Style	2	1.59	.87
AB Interaction	1	2.41	1.32
AC Interaction	2	7.39	4.04*
BC Interaction	2	.99	.54
ABC Interaction	2	6.55	3.59*
Residual	184	1.83	

* $p < .05$.

Since in probing the two-way interactions by simple effects, none of the comparisons was large enough to result in significance, the two-way interaction was plotted (Figure 2). Among the homemakers the contrast hypothesized between mental health and perceived choice was not statistically significant in that the below-median subjects rated their perceived choice as 1.96 and the above-median subjects rated their perceived choice as 1.94 on a scale of one to five, with one representing more choice and five representing less choice. Among the employees, however, a criss-crossing was evident in that the above-median part-time employees rated their choice as 2.36, perceiving less choice than the below-median part-time employees who rated theirs at 1.85. Among the full-time employees the opposite trend was noted, in that the above-median subjects rated their perceived choice higher than below-median subjects.

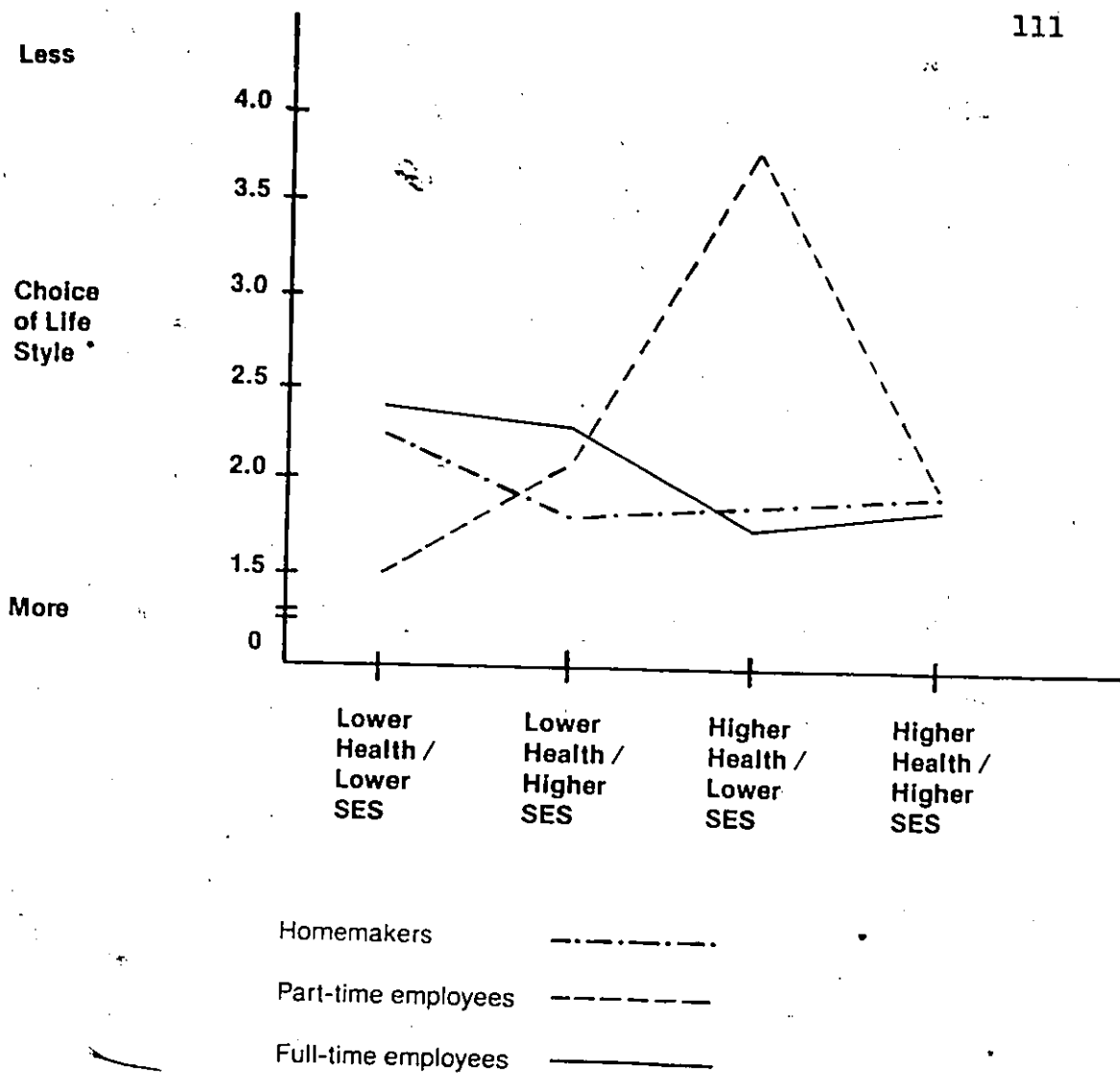
A probe by simple, simple effects of the three-way interaction (Figure 3) clarified the situation further. Part-time employees who ranked above the median on mental health but who were of the lower SES level rated their perceived choice significantly lower than the other groups, $F(2,19) = 6.04, p. < .01$.

It was evident, then, that no simple contrast existed between above-median levels of mental health and perceived choice; thus, research Hypothesis 2.0 was not confirmed.



* Responses were ratings of 1 to 5, indicating progressively less freedom to choose the current life style.

Figure 2: Statistical interaction between mental health and three life styles of married women, with reference to their self ratings of choice of life style.



* Responses were ratings of 1 to 5, indicating progressively less freedom to choose the current life style.

Figure 3: Statistical interaction between mental health, SES, and three life styles of married women, with reference to their self ratings of choice of life style.

Hypothesis 3.0 When comparing married women whose husbands earn above-median incomes with women whose husbands earn incomes at the median or below, a significantly higher proportion of women labeled above median on the basis of clinical ratings of their CPI profiles is found in the above median income category across all three life styles of homemaker, part-time employee, and full-time employee.

Three two-by-two frequency tables were computed with mental health (above-median and below-median) and income (above-median and median and below) as categories, counting first homemakers, secondly, part-time employees, and thirdly, full-time employees. Three chi square tests were computed. None was significant, and Hypothesis 3.0 was not confirmed.

The effect size for each table was computed, but none was large enough to have a probability higher than .50 (Cohen, 1969).

Hypothesis 4.1 When two groups of married women who have a preschool child are compared, one group labeled above median and the other labeled below median on the basis of clinical ratings of their CPI profiles, there is a significantly higher proportion of above-median women who are part-time employees rather than either homemakers or full-time employees.

A two-by-three frequency table of subjects with children under seven was computed with mental health (above-median and below-median) and life style (homemaker, part-time employee, and full-time employee) as the categories. The chi square test was computed and was not significant. Since subjects who had children under seven and who ranked above the median of mental health were not more likely to be part-time employees, Hypothesis 4.1 was not confirmed.

When the power of the chi square was calculated, it was found that there was less than a .50 probability of finding a statistical association (Cohen, 1969).

Hypothesis 4.2 When two groups of married women who have no preschool child are compared, one labeled above median and the other below median on the basis of clinical ratings of their CPI profiles, there is a significantly higher proportion of below-median women who are homemakers rather than either part-time or full-time employees.

A two-by-three frequency table of subjects with no children under seven was computed with mental health (above-median, below-median) and life styles as the categories. The chi square test was computed. It was not significant, showing that homemakers with no children under seven were not more likely to rank below the median on mental health. Hypothesis 4.2 was thus not confirmed.

In a test of the power of the chi square, only a .50 probability of finding a significant association was calculated (Cohen, 1969).

Hypothesis 4.3 When two groups of married women are compared, one labeled above median and the other below median on the basis of clinical ratings of their CPI profiles, there is not a significantly higher proportion of above-median or below-median women represented in any of three life styles, that of homemaker, part-time employee, and full-time employee.

A two-by-three frequency table with mental health (above-median, below-median) and life styles as the categories was computed. The chi square test was calculated and found to be nonsignificant. Since the null hypothesis was also the research hypothesis, Hypothesis 4.3 was con-

Table 15
 Summary of Analysis of Variance of Satisfaction and
 Factors of Mental Health, SES, and Life Style

Source of Variation	df	MS	F
A-Mental Health	1	3.71	2.27
B-SES	1	.81	.50
C-Life Style	2	.30	.18
AB Interaction	1	1.17	.71
AC Interaction	2	5.79	3.54*
BC Interaction	2	1.58	.97
ABC Interaction	2	.28	.17
Residual	186	1.63	

*p. < 05.

firmed. Simply considering life style, homemakers were not more or less likely to rank below the median on mental health, nor were part-time or full-time employees significantly more or less likely to rank above the median on mental health.

A check of the power of the chi square revealed only a .50 probability of finding a significant association (Cohen, 1969).

Hypothesis 5.0 When two groups of married women are compared, one labeled above median and the other below median on the basis of clinical ratings of their CPI profiles, the above-median group rates their life satisfaction significantly higher than the below-median group.

The contrast stated in Hypothesis 5.0 failed to yield a statistically significant main effect. However, a statistically significant interaction between mental health and life style was observed, $F(2,186) = 3.54, p. < .05$. Probing this interaction by simple effects, the significance was explained by the fact that the subjects who ranked above the median on mental health and who were full-time employees, rated their satisfaction significantly higher than the other groups, $F(1,54) = 12.63, p. < .001$. Research Hypothesis 5.0 was thus only partially confirmed, in that it was found that only full-time employees who ranked above the median on mental health rated their satisfaction significantly higher. The summary table is presented in Table 15.

No statistically significant main effect or interaction

was found for SES. Table 7 presents the means and standard deviations.

A discussion of these results is presented in the following chapter.

Chapter IV

Discussion

In this chapter, the results of the hypotheses - testing are examined. Four topics, consistent with the issues addressed in Chapter I, are discussed: sex roles and mental health, androgyny and mental health, perceived choice in determining life style and mental health, and the relationship between mental health and life style. In addition, the chapter concludes with a section on implications for future research, based upon the present study's findings.)

Sex Roles and Mental Health

The results suggest that while the above- and below-mental health groups did not differ in a preference for traditional feminine interests (Hypothesis 1.4) or in the degree to which they attributed to themselves positive feminine traits (Hypothesis 1.3), the groups differed both in their style of social contact behaviors, with the above-median group being more dominant (Hypothesis 1.1), and in their instrumentality (Hypothesis 1.6). In spite of the association of passivity with the traditional feminine role (Klein, 1946; Rosenkrantz et al., 1968) and the supposed linkage between adjusting to the traditional sex-role stereo-

type and judgments regarding mental health (Broverman et al., 1970; Abramovitz et al., 1973), healthier subjects did not describe themselves as stereotypically passive and lacking in instrumental traits. (As was noted in chapter one, the task of assigning traits as either more appropriate for males or females -- the process whereby the items making up most of the sex-role measures were selected -- is conceptionally a much different task from rating oneself on items considered by others to be predominately more appropriate for one sex or the other.)

The results of this study using married women as the subjects are consistent with the results reported in the literature which used girls, adolescents, university women, and adult women of varying marital status. In spite of the use of varying measures of both adjustment and sex roles, the association between higher levels of adjustment and the lack of stereotypically sex-appropriate behaviors is consistent (Haglund, 1978; Heilbrun, 1968; Jones et al., 1978; Murray, 1976; O'Connor et al., 1978; Spence et al., 1975; Wiggins and Holzmuller, 1978; and Williams, 1973).

Mental health, it will be remembered, was judged through clinical ratings of subjects' CPI profiles for three criteria -- growth potential, social maturity, and absence of pathology. Writers within the psychology of women have defined mental health as the balancing of autonomy and interpersonal commitments (Bardwick, Note 2;

Bardwick, 1979), or stated similarly, as the development of social responsiveness along with a sense of separateness (Donelson and Gullahorn, 1977). The results of this study suggest that subjects who describe themselves as dominant and instrumental are more likely to achieve this integration.

Alternate interpretations are also possible. Rather than having achieved a balance of commitment and autonomy needs, perhaps the health of the above-median subjects reflects higher levels of self esteem and confidence resulting from society's reinforcement for instrumental behaviors. Jones et al. (1978) suggested that it is more important to one's health to assimilate the traits most highly valued by society than to internalize sex-appropriate traits:

In a society that prefers the former [agentic role] to the latter [communal role], it becomes reasonable to conclude that individuals high in agentic tendencies will not only be more successful within the context of such a society's values, but such persons will feel more confident due to a history of differential application of social rewards (Jones et al., 1978, 311).

Less healthy women, then, would have been less successful as a result of their passivity's being negatively rewarded by society.

Another interpretation of the link between mental health and dominance and instrumentality is as follows: Women today, as a result of changing norms, are expected to be more instrumental than was true in the past. It is

clear that North American women's life cycles have been changing in that family responsibilities occupy less time in women's lives than was previously the case. Evidence for this was found in the fact that women are receiving more education, are less likely to give up schooling for marriage and family, are remaining single longer, and when they marry, are having fewer children. All of these factors are related to women's increasing employment rates (Van Dusen and Sheldon, 1976). That many women's life cycles are becoming more like men's may explain healthy women's describing themselves as more like men, i.e., dominant and instrumental.

Because it is problematic to make behavioral predictions from self-report measures, it is important to include behavioral measures in studies of sex roles and adjustment (Spence and Helmreich, 1978; Worell, 1978). The present study, thus, attempted to validate a link between higher levels of mental health and dominance and instrumentality by hypothesizing a link between health and number of self-reported activities (Hypothesis 1.7). This was not supported in that the above-median group was not significantly more likely than the below-median group to be enrolled in courses or to be involved more times weekly in activities of a social, educational, recreational, or religious nature.

Several interpretations of this finding appear plaus-

ible: First, within a normal population, the parameters may not be extreme enough to divide the two groups on the activity measure. Perhaps if the sample had intentionally included women receiving mental health services, the above-median group would have participated in more activities outside of the home than the below-median group. The literature supports this contention (Molholm and Dinitz, 1971). Secondly, there may be a danger in assuming that activity in and of itself is reflective of health. Some persons defend against intrapsychic conflicts by keeping busy. Thus, one's motivation for activity needs also to be assessed. It must also be pointed out that the questions only measured the extent of activity engaged in outside of the home. A better measure of activity would have been to question the type and scope of activities in which the subjects engaged both inside and outside of the home. This type of methodology still relies upon self report; actual behavioral samples -- although somewhat difficult to collect and measure reliably -- may be even more useful.

For explorative purposes and to assist in formulating hypotheses in other studies, the relationship between levels of mental health and demographic variables was also explored. These variables included age, years married, number of children, education completed, total years of married life spent in homemaking or full- or part-time employment, husband's, father's, and mother's education, general satis-

faction, ratings of choice of life style, subject's income and Blishen rating (if employed), husband's income and Blishen rating, and mother's Blishen rating (if she had been employed).

The above-median mental health group had completed significantly more education, $t(197) = -2.59$, $p. < .01$; their husbands' Blishen ratings were higher, $t(189) = -3.05$, $p. < .01$; their mothers had completed more education, $t(193) = -2.22$, $p. < .05$; and if their mothers had been employed, their Blishen ratings were higher, $t(103) = -2.95$, $p. < .01$.

A stepwise discriminant function (Rao V) was completed for the variables listed above (the variable of mothers' Blishen ratings had to be eliminated because not enough subjects had mothers with ratings), along with the dependent variables of ascendant-dominant, retiring-passive, and BSRI masculinity scores, to determine which were more closely associated with membership in the above-median and below-median mental health groups. A discriminant function was derived which utilized the following variables, listed here in descending order of their discriminating coefficients: ascendant-dominant scores, retiring-passive scores, husbands' Blishen ratings, and mothers' educational level. (See Table 16, Appendix D, for a presentation of the coefficients.) Applying the discriminant function to the above-median and below-median mental health groups, it was

found that 65% of the cases were correctly classified.

Both self-report descriptions on measures of dominance and passivity as well as demographic data distinguished the two groups. Since the dominance and passivity findings have been discussed above, only the demographic differences are further explored in this section. The finding that the better adjusted group had husbands with higher Blishen ratings and mothers who had completed more education suggests a link between environment and mental health. It has long been established that persons from lower SES levels experience higher incidents of mental disorder, perhaps because uncertainties about meeting basic physical needs add stress to their lives (Hollingshead and Redlich, 1958). That explanation is, however, less applicable to the subjects in the present sample, in that few subjects were married to men whose incomes were considered inadequate to meet basic needs.

Since the mothers of above-median subjects were better educated than the mothers of below-median subjects, one may speculate that these mothers not only experienced higher levels of self esteem, but were models for their daughters of women who were able to combine traditional roles with academic competence. The higher the mother's level of education, the more likely it is that she will be employed (Hoffman and Nye, 1974). Maternal employment has been found to result in higher evaluations of women's com-

petence and in the socialization of less rigid sex-roles (Hoffman and Nye, 1974). With mothers who were models of women able to combine expressive and instrumental dimensions, perhaps the above-median subjects experienced less ambivalence and conflicts about identifying with the positive aspects of the feminine sex-role. This hypothesis seems to warrant further exploration.

In summary, the better adjusted subjects were more dominant, more masculine, and less passive than the less well adjusted subjects. The two groups did not, however, differ in their self descriptions of positive feminine attributes or in their preference for traditional feminine interests. ~~---(The two groups also did not differ on two measures of activity.)~~ The better adjusted were more instrumental, but not less expressive than the less well adjusted, perhaps because their mothers had been able to integrate both dimensions successfully.

Androgyny and Mental Health

Hypothesis 1.5, which predicted that a higher proportion of the above-median mental health group would be classified as androgynous on the basis of above-median BSRI femininity and masculinity scores, was not confirmed. Since the chi square is not a powerful test of significance -- although appropriate when comparing proportions of a nominal level -- the relationship between androgyny and levels of mental health was analyzed parametrically with the androgyny

difference score as the dependent variable (See Results, p.103). This test also failed to reach significance.

In the studies completed by Bem and her associates, higher levels of mental health were inferred from behavioral flexibility. Androgynous subjects conformed less than feminine-typed subjects (Bem, 1975), but they were not less nurturant (Bem, Martyna, and Watson, 1976). In contrast to both masculine- and feminine-typed subjects, they limited to a lesser extent the range of sex-inappropriate behaviors they would perform for pay (Bem and Lenney, 1976).

In these studies which used undergraduates as subjects, consistent relationships were found between self descriptions on the BSRI, a paper and pencil measure, and subsequent brief measures of behavior.

As was pointed out in the literature review, the results became much less consistent when less heterogeneous groups than college students were tested and when relationships, as in the present study, between several sets of paper and pencil measures were sought. The hypothesis that a higher proportion of the above-median mental health subjects would be classified as androgynous was based on the assumption that subjects who answered the 60 BSRI items in a similar fashion would also respond in a similar way on a complex measure of mental health, the CPI. Spence and Helmreich pointed out that this assumption is not necessarily valid (1978, p. 114).

Further statistical explorations of the relationship between androgyny and mental health were completed, not to dismiss the fact that research Hypothesis 1.5 had failed to be confirmed, but to report more information concerning the androgynous subjects which may be useful in future hypotheses-testing. The CPI scores of subjects labeled androgynous were contrasted with the CPI scores of the rest of the sample by means of a stepwise discriminant function (Rao V). Only the ten CPI scales which had been found to discriminate the above-median from the below-median groups were contrasted, and these ten may be reviewed by referring to Table 3 (p.84).

Androgynous subjects earned higher scores on the Capacity for Status (Cs) and the Socialization (So) scales and earned lower scores on the Good Impression (Gi) and Communality (Cm) scales than did the rest of the sample. (See Table 17, Appendix D.) The androgynous subjects thus scored higher on a measure of the qualities underlying status, revealed high levels of social maturity, and, at the same time, were moderately less concerned with others' reactions to them and tended to conform to a lesser degree to the "modal" pattern which the inventory has established. "Responsible individualism" is suggested as a tentative summary of these traits. This appears consistent with Bardwick's (Note 2) definition of the psychologically healthy person as being one who balances interpersonal com-

mitments with striving for an independent identity.

Achieving such a balance is likely not an easy matter, and the androgynous individual must at times cope with being considered deviant. Olds (1976) found more variability in the development patterns of androgynous as compared to sex-typed individuals. Androgynous female subjects were more likely to have been unhappy adolescents than feminine-typed female subjects. As adults, however, they were much more likely to be assertive career women than were feminine-typed women. A study which made clinical studies of eight unusually successful career women was reported by Condrin. Two styles of adaptation were identified, the collaborative and the competitive. The collaborative subjects apparently internalized strong feelings of self esteem during the first five years, while the competitive-style women had experienced conflict from early on with the result that they did not consolidate an inner sense of competence (Condrin, 1976). These studies suggest that complex factors interact in the development of psychological androgyny. Not surprisingly, androgyny may be part of both healthy and less healthy individuals.

Next, androgynous subjects' scores on the dependent variables and selected demographic items were compared with those of feminine-typed and masculine-typed subjects. In comparison with feminine-typed subjects, androgynous subjects earned significantly higher ascendant-dominant

scores, $t(102) = -5.63$, $p. < .001$; had completed more education, $t(102) = 2.43$, $p. < .05$; rated their perceived choice of life style higher, $t(100) = 2.13$, $p. < .05$, and, if employed, earned significantly higher incomes, $t(51) = -2.09$, $p. < .05$ than did feminine-typed subjects.

All of these differences favor the androgynous subjects, and this favoring is consistent with the literature reviewed which showed consistent advantages (except for unhappy adolescences [Olds, 1976]) for the androgynous subjects over the feminine-typed subjects. Androgynous subjects scored higher on various measures of adjustment (Jones et al., 1978; O'Connor et al., 1978; Pettus, 1976; Spence et al., 1975); received more positive peer evaluations (Falbo, 1977); were less likely to conform (Bem, 1975); were more willing to perform sex-inappropriate behaviors (Bem and Lenney, 1976); and rated the psychological health of others performing sex-inappropriate behaviors higher (Murray, 1976).

Fewer differences were found when comparing masculine- and androgynous-typed subjects. Androgynous subjects earned significantly higher ascendant-dominant scores, $t(107) = -2.36$, $p. < .05$ and higher retiring-passive scores, $t(107) = -3.35$, $p. < .001$. No significant differences were found on any demographic data.

Whether androgynous subjects enjoy an advantage over masculine-typed subjects is less clear. The androgynous subjects earned both higher ascendant-dominant and retiring-

passive scores than did the masculine-typed subjects. This may be interpreted as adding construct validity to the concept of psychological androgyny as above-median endorsements of both traditional masculine and feminine traits. However, in view of the association of higher retiring-passive scores with below-median mental health and the observation that the retiring-passive items measured social-contact behaviors of a deferring nature, one must ask if masculine-typed subjects may not be healthier than the androgynous subjects.

Results on this issue were also inconclusive in the literature reviewed. In contrast to masculine-typed subjects, androgynous subjects scored higher on self actualization (Pettus, 1976); rated the psychological health of others performing sex-inappropriate behaviors higher (Murray, 1976); were more spontaneously playful (Bem, 1975); and were more nurturing (Bem, Martyna, and Watson, 1976). No differences were found between androgynous and masculine-typed subjects on a measure of self-esteem (Spence et al., 1975) and on a variety of adjustment measures (Haglund, 1978). Jordan-Viola et al. (1976) found positive correlations between reported anxiety and androgyny with undergraduates and employed women but negative correlations between anxiety and masculinity for feminists and undergraduates. Jones et al. (1978) reported that the more masculine the college female was, the more adaptive, competent,

and secure she was.

The suggestion that it is instrumentality and not a balancing of instrumental and expressive traits which are associated with mental health contradicts the idea of psychological androgyny's contributing both to behavioral flexibility and better adjustment:

The notion that androgynous subjects would yield the most desirable pattern of responses across several situations is directly contradicted... in that sex-typed males and opposite-sex-typed females with very few exceptions, showed the most flexible and competent pattern of responses (Jones et al., 1978, 311).

Perceived Choice in Determining Life Style

Bardwick (1971) suggested that if women understood better the reasons for their conflicts and ambivalence regarding the traditional feminine sex role, they would be able to more freely choose to be both traditional and non-traditional. On the one hand, they could be nurturing in the traditional sense without becoming passive or emotionally dependent and losing a sense of self esteem and identity. On the other hand, they could also choose to achieve in non-traditional ways without experiencing fears about either their normality or femininity.

Hypothesis 2.0 predicted that subjects ranking above the median on mental health would perceive more choice in determining their life style. This hypothesis was partially confirmed in that full-time employees who ranked in the above-median mental health group perceived

significantly more choice than full-time employees who ranked in the below-median mental health group. The hypothesis was not confirmed for either part-time employees or homemakers -- findings which will be discussed later.

Choice is significantly related with the mental health of full-time employees -- married women who are combining traditional role(s) with that of full-time employment. The question remains, however, whether the higher perception of choice on the part of the healthier subjects reflects an active decision to form a personal identity and to achieve in nontraditional ways or whether their perception of choice reflects economic realities.

An examination of the data suggests that the latter is the case. Full-time employees who ranked above the median on mental health did not give significantly different ratings than below-median full-time employees to the statement: "An important reason for my being employed is that I value the opportunities for achievement, personal satisfaction, and recognition which my job provides." However, full-time employees who ranked below the median on the mental health measure agreed significantly more with the statement: "An important reason for my being employed full time is that our family needs the money I earn for the necessities of life," $t(54) = -2.26$, $p. < .05$.

Among the homemakers no relationship was found between

perceived choice of life style and mental health. Homemakers who were in the above-median mental health group did not perceive more choice than homemakers in the below-median group. Two interpretations seem possible: First, for both the above-median and below-median subjects, staying within the traditional role of homemaker involves less conscious choice since this is the role society has traditionally expected. Perhaps homemakers find it difficult within that role to express their own identities and to claim control over their lives in the sense which Brashear and Willis (1976) have suggested is necessary for all women. Another interpretation is that many homemakers would prefer a life style which included employment and, thus, their homemaker status does not reflect their preferred choice. Hall and Gordon (1973) observed that more homemakers than part- or full-time employees expressed a preference for another life style.

As was noted in the Results chapter, part-time employees who ranked above the median on the mental health measure and whose SES levels were median or below perceived significantly less choice in determining their life style than did the other groups (See Figures 2 and 3). At first glance, this appears to contradict the hypothesis linking perceived choice with higher levels of mental health. Yet, when asked if they intended to change their life style in the future, 60% of these above-median mental health part-



time employees of median or below SES levels indicated that they planned to become full-time employees, while only 38% of the below-median subjects of similar SES levels planned to become full-time employees in the future. Apparently the above-median subjects rated their choice lower because they would prefer to be employed full time. Their lower SES levels suggest that this preference is related to the contribution their income would make to the family finances.

The question remains whether a subjective rating of choice of life style is the most appropriate measure of a woman's objective freedom of choice. Perhaps the level of the husband's income would be a better indication of choice. Since an attempt has been made in this study to link perceived choice with higher levels of mental health, an alternate hypothesis was posed substituting husband's income for perceived choice of life style. Thus, Hypothesis 3.0 predicted that greater proportions of subjects ranking above the median on mental health would have husbands who earned incomes at the median or above. This was not confirmed for any of the three life styles. Perhaps this finding is explained by noting that husbands' incomes for the total sample tended to be above the national average. Few subjects' husbands earned incomes which were judged marginal in providing necessities.

The Pearson correlation between income level and SES,

as measured by the Blishen index, which rates occupations based upon considerations of both income and education required, was .50. Do husbands' Blishen ratings significantly relate to wives' levels of mental health even though income levels do not? When proportions of above-median health and below-median health subjects were compared across the six Blishen ratings for husbands, a disproportion of subjects who ranked above the median on mental health was found to have husbands with higher Blishen ratings, $\chi^2 (5) = 12.78$, $p. < .05$. Table 18, in Appendix D, presents the frequency table.

That SES, as measured by the Blishen index, is related with levels of mental health, while income is not, suggests that factors other than the ability to meet physical needs or having the financial resources for self expression are involved. It has been noted in the literature that upper-middle class high school girls are more masculine than lower-middle class girls (Margrett, 1973). Bielliauskas (1974) concluded that females whose fathers are educationally and socially successful, and likely upper-middle class, identify with masculine values and develop behaviors fitting the masculine stereotype. Exhibiting less sex-appropriate behaviors has been linked in the literature with higher levels of mental health for female children and adolescents. In the present study, it has already been noted that married women ranking above the median on mental health

earned higher masculinity scores, had mothers who had completed more education, and had married husbands of higher SES levels. One may conclude that these women had been socialized to express instrumental traits, as well as expressive ones, and that their higher levels of health are related to this. Middle to upper-middle class families place less importance upon traditional sex-role stereotypes. Although expecting family members to express themselves, the means of expression would not be as restricted by traditional concerns about sex-appropriate behaviors.

In summary, there was no significant contrast on ratings of choice in relation to the mental health factor; however, full-time employees who ranked above the median on mental health perceived greater choice in determining their life style. Whether this perception of choice reflects an active decision-making process about the way they wish to lead their lives in order to achieve a personal identity can not be determined conclusively from the present study. Among part-time employees, levels of mental health were not related to mental health, except in the case of above-median subjects of lower SES levels who rated their choice lower, with 60% of them indicating a preference for full time employment. Why healthy homemakers perceived no more choice than less healthy homemakers may reflect the difficulty which homemakers experience in actively realizing themselves in a role which has traditionally been rather

narrowly defined as serving and meeting the needs of others.

Although freedom of choice in determining life style was suspected to relate to husbands' income levels, healthier women were not more likely to have husbands who earned median or above incomes. Healthier women were, however, more likely to have husbands with higher SES ratings. The link between SES and mental health was tentatively explained by the socialization of less rigid sex-role stereotypes, resulting in these above-median mental health subjects' earning higher masculinity scores, which is associated with the expression of instrumental, goal-seeking behaviors.

The Relationship between Mental Health and Life Style

Contradictory evidence has been presented in the literature regarding the mental health of married women within the three life styles of full-time homemaker, part-time employee, and full-time employee. Psychological health has typically been inferred from reported role conflicts and self ratings of satisfaction. Since married employed women have been reported both to experience more role conflicts (Nevill and Daminco, 1975) and to experience more satisfaction (Hall and Gordon, 1973), conclusions about the mental health of employed women, for one example, have been difficult to formulate.

The present study, in an attempt to explain the vari-

ables associated with mental health within each life style, suggested that age of children would be a significant factor. Contrary to prediction, the age of children was not related to mental health and life style, in that subjects who ranked above the median on mental health and who had a child under seven were not more likely to be part-time employees. (Hypothesis 4.1). This hypothesis was based on the rationale that when children were young and child care demands were greater, a part-time employee might experience fewer role conflicts, in that this life style would permit opportunities for enjoying the benefits and meeting the demands of both child care and employment. Failure to confirm this hypothesis suggests that age of children as a single factor is not related to the mental health of part-time employees.

The literature presented contradictory evidence regarding role conflicts and satisfaction of part-time employees. Although more women expressed a preference for part-time employment, women who said that they preferred being part-time employees and actually were doing part-time work reported less satisfaction than women who preferred to be and were homemakers or full-time employees. On the other hand, part-time employees reported a greater number of salient roles, and a positive relationship was found for them between satisfaction and number of salient roles (Hall and Gordon, 1973). Other studies suggested that part-time em-

ployees were more satisfied than either homemakers or full-time employees (Hoffman and Nye, 1974; Bianchi and Brodie, 1974).

The author suspects that these seemingly contradictory findings may be explained by the failure to consider as a variable the level of job or profession of the part-time employee. Hoffman and Nye (1974) observed that, in general, three types of part-time employment may be found -- full-time employment for part of the year, part-time employment for the full year, and part-time employment during part of the year. Many part-time jobs are seasonal in nature, require less skill, and earn lower salaries. It would be interesting to compare the health and satisfaction of part-time employees fortunate to have a high level job or profession which they are permitted to pursue part time with part-time employees with lower level jobs. In the descriptive analyses presented below, it will be noted that the more healthy part-time employees completed more education than had the less healthy, suggesting that they would thus be eligible for more highly skilled jobs.

Below-median mental health subjects with no children under seven were not more likely to be full-time homemakers (Hypothesis 4.2). This hypothesis was based on the rationale that after children reached school age, a decision to remain a homemaker might reflect a reluctance to establish a personal identity outside the family. A factor which

this hypothesis did not consider was that the subjects without preschool-age children would also tend to be older than subjects with preschool-age children. Although age as a dependent variable did not result in a significant contrast with the independent variable of mental health, the literature suggested that age may be related to life satisfaction and self confidence, as follows: First, Hoffman and Nye (1974) suggested that postparenting homemakers who were less educated and if employed, would have to accept jobs with lower pay, were more satisfied than postparenting employed women in low-paying jobs. (On the other hand, postparenting women who had received more education and were thus eligible for more interesting jobs were more satisfied if employed.) In the second place, older women would have been socialized long before the Women's Movement of the late 1960's and 1970's and would be less likely to have internalized expectations that they express themselves both within the traditional role as wife and in the nontraditional role as employee. One study showed that among older married women, opposition to the Women's Movement was associated with higher levels of self confidence (Singer, 1977).

Likely the lack of confirmation of Hypotheses 4.1 and 4.2 may be explained by the limitations of identifying a single factor as significant, when in reality multiple factors interact. It is clear, for example, that life style

as a single factor does not relate simply with mental health. Hypothesis 4.3 which predicted that equal proportions of subjects would be found in the above- and below-median mental health groups, across all three life styles, was confirmed. This supports the author's belief that feminists who insist that employment is the only viable life-style option for women are viewing employment in a simplistic manner. Healthy women were found in equal proportions in all three life styles, and in the descriptive analyses presented below, the above- and below-median subjects within all three life styles will be compared.

It had been predicted that women ranking above the median on mental health would report more satisfaction with their lives than below-median subjects, and that this would be true across all three life styles (Hypotheses 5). This was confirmed, however, only for full-time employees who ranked above the median on mental health. Finding that more healthy women who were combining the traditional role of wife with that of full-time employee reported higher levels of satisfaction is consistent with the definition of mental health proposed by Bardwick (Note 2), i.e., that the healthy person balances individual needs for autonomy and self expression with interpersonal commitments. As has already been noted, however, whether these above-median mental health subjects actually viewed their employment as a means of self expression was not adequately measured by

this study.

In answer to the question raised in the review of the literature, may higher levels of mental health be inferred from higher levels of reported satisfaction (Hall and Gordon, 1973), one may conclude that satisfaction and mental health are related only among healthy full-time employees. It is unclear why above-median mental health homemakers and part-time employees did not rate their satisfaction higher than their below-median counterparts. The parsimonious explanation is that the life styles of homemaker and part-time employee provide fewer sources of satisfaction and that this is true regardless of the homemaker's or part-time employee's level of mental health. An examination of the descriptive analyses presented below comparing the above- and below-median homemakers and part-time employees may suggest other hypotheses.

To answer the question as to what constellation of variables was related to above-median and below-median mental health within each life style, the following steps were taken: Above- and below-median health subjects were compared within each life style on all non-dichotomous variables suitable for parametric statistical procedures. These variables included ascendance-dominance and retiring-passive scores, BSRI masculinity and femininity scores, age, number of years married, total years of marriage spent as homemaker and full- or part-time employee, number of

children, subjects', husbands' and subjects' fathers' and mothers' educational levels, number of weekly outside activities, husbands' and subjects' (if employed) incomes, husbands', subjects' (if employed) and mothers' (if she had been employed) Blishen ratings, and ratings of items 29 through 40 of Section IV of the Questionnaire, regarding motivations for present life style. The results for each life style follow.

Homemakers. In comparison with homemakers ranking below the median, those ranking above the median on mental health earned higher ascendant-dominant scores, $t(95) = -3.04$, $p. < .01$ and higher BSRI masculinity scores, $t(95) = -4.53$, $p. < .001$; and were married to men who had higher Blishen ratings, $t(90) = -2.38$, $p. < .05$.

A stepwise discriminant function (Rao V) was completed of the three variables listed above in order to determine which were more closely associated with above-median and below-median mental health among homemakers. A discriminant function was derived which utilized two of the variables, listed here in descending order of their discriminating coefficients: BSRI masculinity scores and husbands' Blishen ratings. (See Table 19, Appendix D, for a presentation of the coefficients.) Applying the discriminant function to the above-median and below-median homemakers, it was found that 69% of the cases were correctly classified.

A summary of the above suggests that above-median mental health homemakers were more dominant and masculine than below-median mental health homemakers and also tended to be of a higher SES level. That these healthy women, while assuming the traditional role of full-time homemakers, were at the same time more dominant and instrumental than less healthy homemakers seems to provide evidence that healthy women may assume the traditional role without exhibiting all of the traits subsumed under the traditional feminine stereotype.

Part-time employees. When comparing part-time employees who ranked above the median on mental health with part-time employees who ranked below the median, two variables were significantly different. The above-median subjects' husbands earned more, $t(43) = -2.21$, $p. < .05$, and the above-median subjects had completed more education than the below-median subjects, $t(43) = 2.55$, $p. < .05$.

In a stepwise discriminant function (Rao V), the variable of subjects' educational level received a greater weight than the variable of husbands' income in the function distinguishing the two groups. Reapplied to the part-time employees, the derived function correctly classified 71% of the subjects. (See Table 20, Appendix D, for a listing of the coefficients.)

Instrumental and dominant traits did not distinguish between the more healthy and less healthy part-time employees,

as they had in the case of the homemakers. Education and income, two aspects of SES, were the important discriminators, suggesting that the healthy women were likely employed at higher-level part-time jobs. One difficulty with part-time employment, as noted above, is that many of these jobs are seasonal and low paying (Hoffman and Nye, 1974). As such, they offer fewer rewards and may result in some part-time workers experiencing fewer rewards and less self confidence.

Full-time employees. In comparison to full-time employees who ranked below the median on mental health, full-time employees ranking above the median rated their satisfaction higher (No. 29), $t(54) = 3.55$, $p. < .001$; disagreed more that they were employed to provide their families with necessities (No. 30), $t(53) = -2.26$, $p. < .05$; reported less difficulty in managing home and employment satisfactorily (No. 35), $t(55) = 3.48$, $p. < .001$; rated the encouragement of their husbands higher (No. 36), $t(54) = 2.05$, $p. < .05$; rated the suitability of their jobs higher (No. 38), $t(55) = 2.02$, $p. < .05$; earned higher incomes, $t(54) = -2.28$, $p. < .05$; and if their mothers had been employed, their jobs ranked higher on the Blischen scale, $t(29) = -2.21$, $p. < .05$.

Five of the variables listed above (the variable of mothers' Blischen ratings was omitted because not enough mothers had been employed) were selected when a stepwise

discriminant function (Rao V) was completed to determine the importance of each in distinguishing healthy full-time employees from less healthy ones. In order of distinguishing value, they were ratings of satisfaction (No. 29), perceived ability to manage home and employment satisfactorily (No. 35), income earned, ratings of job suitability (No. 38), and encouragement of husband (No. 36). (Table 21, Appendix D, presents the coefficients.) When the derived discriminant function was reapplied to the full-time employees, 76% of them were properly classified as above or below the median on the mental health measure.

Psychological traits did not distinguish between the healthy and less healthy full-time employees. Rather, as with the part-time employees, SES factors were quite important in that more healthy full-time employees had more suitable jobs and earned higher incomes. It seems probable that the more suitable jobs and higher incomes resulted in feelings of competency and self esteem. The finding that the healthy full-time employees felt more encouragement from their husbands to be employed suggested that their employment was not a source of personal or marital conflict. (Gordon and Hall [1974] reported that a woman's perception of what a man would consider the ideal woman was the best predictor of the types of conflict that she experienced.) The more suitable jobs and higher incomes, on the one hand, and the encouragement of the husband and the ability to

manage both home and employment responsibilities, on the other, seem to indicate that the healthy full-time employees achieved within a context of interpersonal relationships, the situation judged optimal for psychological health (Bardwick, Note 2).

The constellation of variables distinguishing the more healthy from the less healthy homemakers is different from the constellation discriminating the more healthy from the less healthy full-time employees. While psychological traits like higher masculinity and dominance, as well as external factors like husbands' Blishen ratings, distinguished between the more and less healthy homemakers, the factors which discriminated between the above-median and below-median mental health full-time employees were primarily external ones relating to more positive conditions of employment -- better jobs, higher incomes, etc. One may question whether the better external circumstances experienced by more healthy individuals result from their health -- i.e., they are "winners" who seek out situations conducive to self growth --, or whether they have been fortunate to be born and/or marry into families of higher SES levels, resulting in less stress and higher levels of mental health. Perhaps both are true. The more healthy homemakers married competent men, as measured by their Blishen ratings, and although their marital circumstances

have apparently not encouraged these healthy homemakers to seek employment, their higher masculinity scores suggest that these women are active within the homemaking role. The husbands of the more healthy full-time employees were perceived by their wives to be more encouraging of their being employed. This is likely related to their wives' achieving via employment and experiencing high levels of satisfaction in combining traditional roles of wife and mother with that of employee.

Implications for Future Research

The finding of the present study that married women who rank in the above-median group on a measure of mental health are more dominant, masculine/instrumental, and less passive than below-median subjects is consistent with findings reported in the literature for girls, adolescents, university students, and adult women of varying marital status. The author knows of no other study which, like this one, has restricted the sample to married women in order to control for marital status and which has used a comprehensive measure like the CPI to measure mental health. A contribution to the research would be to cross-validate these findings with other samples, particularly those composed of more working class women.

A limitation of the present study is that the findings can be generalized less reliably to working class married women and to women living in areas which are not dominated

by the public sector. Since working class women have likely been socialized with more restrictive sex-role typing and since mental health is known to interact with social class, their inclusion in studies of this sort is important. Clearly enlisting the participation of working class women would require creative methodology in recruiting subjects and in presenting non-threatening measures, as the author reported above (see Chapter II).

Another way to cross-validate the findings of the present study would be to devise behavioral measures of dominance and instrumentality in order to note the relationship between actual behavioral samples and self-report measures. It is known that making behavioral predictions on the basis of self-report measures is less reliable (Spence and Helmreich, 1978; Worell, 1978).

Empirical data in this study and many others have not consistently provided evidence for a link between psychological androgyny and mental health. The results suggested that the instrumental dimension is more closely associated with mental health than is the expressive dimension. Are these findings an artifact of measurement (do masculine-typed persons admit to fewer problems and thus score healthier on adjustment measures?) or do they reflect other factors? For example, it is known that society rewards instrumentality more than expressiveness. What does the expressive dimension contribute to mental health? Nur-

turing others (Miller, 1976), responsiveness to others (Donelson and Gullahorn, 1977), the keeping of interpersonal commitments (Bardwick, 1979) have been identified as aspects of the expressive dimension which are important to psychological well being. Is it possible that present measures of expressiveness are inadequate? Perhaps in-depth clinical studies, which rely not only upon self-report measures, but also upon clinical interviews and projective testing may be useful in clarifying these issues.

Although it was found that full-time employees who ranked above the median on the mental health measure perceived more choice in determining their life style and reported more satisfaction, it was not possible to determine conclusively if their full-time employment reflected autonomy and achievement strivings and resulted from higher levels of mental health. Likewise, in the case of full-time homemakers, their success or lack of success in fulfilling autonomy and achievement needs within that life style could be more thoroughly examined. Again, in-depth clinical studies, as well as behavioral measures, might provide valuable new data to answer continuing questions regarding the link between women's mental health and life styles.

Summary

This study examined the relationship between married women's mental health and their reported sex roles, their life styles, and their perceived choice in determining life style. Subjects were 199 married women from Ottawa, Ontario, chosen to represent a range of age, life style, and SES factors.

The measure of mental health, the independent variable, was the short form of the California Psychological Inventory (CPI). On the basis of clinical ratings of their CPI profiles, subjects were placed in above- and below-median mental health groups.

Dependent variables included the following: mean scores on ascendant-dominant and retiring-passive items of the Rychlak-Legerski Sexual Role Identification Instrument; mean scores of masculinity and femininity from the Bem Sex-Role Inventory (BSRI); CPI femininity scores; and classification as masculine-typed, feminine-typed, or androgynous, on the basis of BSRI scores. In addition, a questionnaire was used to gather necessary demographic and attitudinal data, including the weekly number of outside activities and ratings of choice of life style and satisfaction.

The results of the hypotheses-testing may be stated

concisely, as follows:

1. Above-median mental health subjects earned significantly higher ascendant-dominant scores and BSRI masculinity scores than did the below-median group.
2. Below-median mental health subjects earned significantly higher retiring-passive scores than did the above-median group.
3. The scores of the above- and below-median mental health groups did not significantly differ on either the BSRI or CPI femininity scales.
4. When comparing subjects labeled masculine-typed, feminine-typed, androgynous, and undifferentiated on the basis of their BSRI femininity and masculinity scores, androgynous subjects were not more likely to rank in the above-median mental health group rather than in the below-median group.
5. Above- and below-median mental health subjects did not differ significantly in the number of outside-the-home activities participated in weekly.
6. There was not a significant main effects contrast between the above- and below-median mental health groups on ratings of perceived choice in determining life style. Full-time employees, however, who ranked above the median on the mental health measure rated their perceived choice in determining life style significantly higher than below-median full-time employees. This contrast was not significant in the case of the above- and below-median homemakers and part-time employees.
7. Women labeled above-median on the mental health measure were not more likely to have husbands who earned incomes at or above the sample's median.
8. Above-median subjects with a preschool child were not more likely to be part-time employees rather than either homemakers or full-time employees. Neither were below-median subjects with no preschool children more likely to be homemakers rather than either full-time or part-time employees.
9. Equal proportions of homemakers, part-time employees, and full-time employees were found to rank above and below the median on the mental health measure.

10. There was not a significant main effects contrast between the above- and below-median mental health groups on ratings of life satisfaction. Full-time employees, however, who ranked above the median on the mental health measure rated their life satisfaction significantly higher than below-median full-time employees. This contrast was not significant in the case of the above- and below-median homemakers and part-time employees.

Two limitations must be kept in mind when generalizing the results of this study to other married women: First, two-thirds of the husbands' occupations were classified as middle to upper-middle class, using the Blishen occupational index to measure SES. Although the working class was under represented, based upon information available from Statistics Canada, it was believed that the sample represented sufficient variability to test the major hypotheses. Caution must be taken, however, in generalizing to the working classes and to the non-public sector.

A second limitation is that of assuming that the same relationship found among several self-report measures would also be found when relating self-report measures with actual behavior.

The results of the study appear to contribute to various issues within the psychology of women. Healthy women who have adopted the traditional role of wife did not exhibit all of the characteristics subsumed under the traditional feminine sex role. Contrary to the stereotype, healthy women were more dominant and described themselves as exhibiting more of the positive attributes which have

traditionally been labeled masculine. It was the less healthy women who described themselves as passive.

The concept of psychological androgyny has received much attention within the psychology of women. Androgynous persons are assumed to exhibit greater behavioral flexibility and to enjoy higher levels of mental health than do sex-typed persons. Empirical studies, however, have not consistently supported theoretical concepts. In this study, higher proportions of androgynous subjects were not found in the above-median mental health group. (The limitation of testing this relationship with a nonparametric statistic was noted above.) When comparing androgynous with feminine-typed subjects on all dependent and demographic variables of an interval nature, a case could be made that androgynous subjects likely had an advantage over feminine-typed subjects. It was less clear, however, that androgynous subjects had an advantage over masculine-typed subjects. Further research of the relationship between androgyny and mental health is needed.

Bardwick (1971) and Brashear and Willis (1976) suggested the importance of women's actively choosing their life style, and it was hypothesized that healthier subjects would perceive a greater degree of choice in determining their life style. Direct support in the case of the full-time employees, but not for part-time employees or homemakers, was found for this hypothesis. The concept of

choice is apparently related to the assuming of the least traditional life style, that of full-time employee, in that healthier full-time employees perceived significantly more choice than did less healthy full-time employees.

Many writers within the psychology of women have assumed that healthier women would choose a life style involving employment. Some radical feminists -- not necessarily psychologists -- have seemed to stress the importance of women's achieving economic independence even at the expense of interpersonal commitments, including marriage. This study supported the author's belief that the relationship between mental health and life style was not a simple one, in that equal proportions of homemakers, part- and full-time employees ranked at both levels of mental health. Clearly, the type of employment needs to be considered, in that the healthier full-time employees who rated their life satisfaction higher than did the other subjects also described their jobs as more suitable and earned higher incomes. These same subjects rated the encouragement of their husbands higher, suggesting that successful women do not necessarily face conflicts between marital and employment responsibilities. The success of the healthier full-time employees in combining a traditional role of wife with a nontraditional role of employee was interpreted as lending support to Bardwick's (Note 2) definition of the mentally healthy person as one who is

able to make interpersonal commitments and live in community but does not substitute relations with others for expressions of his/her autonomy. Neither the extreme of complete autonomy nor fusion with others at the expense of the self is psychologically healthy.

Appendix A
Testing Materials

GENERAL INSTRUCTIONS

You will be making your responses to the materials which follow on several computer answer sheets. It is important that you use the pencil provided. Make a mark over the letter in the space which corresponds with your selected answer, taking care that the line does not run into any adjacent spaces.

Like this:



Not like this:



If you make a mistake or change your mind after marking a response, erase the first (wrong) answer thoroughly and cleanly before marking a new response.

Make sure that the item number of the computer answer sheet always agrees with the number of the item to which you are responding.

If you have questions about the instructions as you complete these materials, do not hesitate to ask the examiner for help or clarification.

Key to Section I

Rychlak-Legerski Items:

Ascendant-Dominant

Retiring-Passive

1
2
3
7
8
9
12
14
16
18
21
22

4
5
6
10
11
13
15
17
19
20
23
24

Bem Sex-Role Inventory (BSRI) Items:

Masculine

Feminine

Neutral

25
28
31
34
37
40
43
46
49
52
55
58
61
64
67
70
73
76
79
82

26
29
32
35
38
41
44
47
50
53
56
59
62
65
68
71
74
77
80
83

27
30
33
36
39
42
45
48
51
54
57
60
63
66
69
72
75
78
81
84

SECTION I

On the attached computer answer sheet (labelled I), respond to the items below in the following manner. First, read the item. Then decide how well the item describes you by marking:

- 1 if the item is never or almost never true of you
 - 2 if the item is very seldom true of you
 - 3 if the item is seldom true of you
 - 4 if the item is sometimes true and sometimes not true of you
 - 5 if the item is frequently true of you
 - 6 if the item is very frequently true of you
 - 7 if the item is always or almost always true of you
-

- 1 able to give orders
- 2 always giving advice
- 3 always protect other people
- 4 big-hearted and not selfish
- 5 depend on other people
- 6 easily embarrassed
- 7 can get tough when necessary
- 8 enjoy taking care of other people
- 9 firm, but just
- 10 friendly
- 11 get along with others
- 12 have confidence in myself
- 13 have very little courage
- 14 jealous
- 15 let others make the decisions
- 16 like for everyone to admire me
- 17 like to be taken care of
- 18 practical
- 19 punish myself

SECTION I - page 2

- | | |
|-------------------------------------|----------------------------------|
| 20 really bitter | 53 understanding |
| 21 satisfied with myself | 54 secretive |
| 22 say exactly what I think | 55 makes decisions easily |
| 23 tender | 56 compassionate |
| 24 want to be led | 57 sincere |
| 25 self-reliant | 58 self-sufficient |
| 26 yielding | 59 eager to soothe hurt feelings |
| 27 helpful | 60 conceited |
| 28 defend own beliefs | 61 dominant |
| 29 cheerful | 62 soft spoken |
| 30 moody | 63 likeable |
| 31 independent | 64 masculine |
| 32 shy | 65 warm |
| 33 conscientious | 66 solemn |
| 34 athletic | 67 willing to take a stand |
| 35 affectionate | 68 tender |
| 36 theatrical | 69 friendly |
| 37 assertive | 70 aggressive |
| 38 flatterable | 71 gullible |
| 39 happy | 72 inefficient |
| 40 strong personality | 73 acts as a leader |
| 41 loyal | 74 childlike |
| 42 unpredictable | 75 adaptable |
| 43 forceful | 76 individualistic |
| 44 feminine | 77 does not use harsh language |
| 45 reliable | 78 unsystematic |
| 46 analytical | 79 competitive |
| 47 sympathetic | 80 loves children |
| 48 jealous | 81 tactful |
| 49 has leadership abilities | 82 ambitious |
| 50 sensitive to the needs of others | 83 gentle |
| 51 truthful | 84 conventional |
| 52 willing to take risks | |

(For a scoring Key of the short form of the CPI, see Burger [1975]).

SECTION II

Below are a series of statements. Read each one, decide how you feel about it, and then mark your answer on the computer answer sheets labelled IIA and IIB. If you agree with a statement, or feel that it is true about you, answer TRUE (make mark over the number 1). If you disagree with a statement, or feel that it is not true about you, answer FALSE (make mark over the number 2).

In marking your answers on the computer answer sheet, make sure that the number of the statement is the same as the number on the computer answer sheet.

-
- 1a The only interesting part of the newspaper is the "funnies."
 - 2a I looked up to my father as an ideal man.
 - 3a Our thinking would be a lot better off if we would just forget about words like "probably," "approximately," and "perhaps."
 - 4a Some people exaggerate their troubles in order to get sympathy.
 - 5a People can pretty easily change me even though I thought that my mind was already made up on a subject.
 - 6a I often feel that I made a wrong choice in my occupation.
 - 7a There's no use in doing things for people; you only find that you get it in the neck in the long run.
 - 8a I have had very peculiar and strange experiences.
 - 9a In most ways the poor man is better off than the rich man.
 - 10a Clever, sarcastic people make me feel very uncomfortable.
 - 11a It makes me feel like a failure when I hear of the success of someone I know well.

SECTION II - page 2

(True = 1; False = 2)

- 12a I am often said to be hotheaded.
- 13a I tend to be on my guard with people who are somewhat more friendly than I had expected.
- 14a There are a few people who just cannot be trusted.
- 15a I become quite irritated when I see someone spit on the sidewalk.
- 16a When I was going to school I played hooky quite often.
- 17a It is hard for me to start a conversation with strangers.
- 18a I get very nervous if I think that someone is watching me.
- 19a I sometimes pretend to know more than I really do.
- 20a As a child I used to be able to go to my parents with my problems.
- 21a Women should not be allowed to drink in cocktail bars.
- 22a Most people would tell a lie if they could gain by it.
- 23a When someone does me a wrong I feel I should pay him back if I can, just for the principle of the thing.
- 24a I seem to be about as capable and smart as most others around me.
- 25a Every family owes it to the city to keep their sidewalks cleared in the winter and their lawn mowed in the summer.
- 26a I think I would enjoy having authority over other people.
- 27a I find it hard to keep my mind on a task or job.
- 28a I hate to be interrupted when I am working on something.
- 29a The trouble with many people is that they don't take things seriously enough.
- 30a I liked school.
- 31a I think Lincoln was greater than Washington.
- 32a It is always a good thing to be frank.

SECTION II - page 3

(True = 1; False = 2)

- 33a A windstorm terrifies me.
- 34a I think I would like the work of a clerk in a large department store.
- 35a Sometimes I feel like swearing.
- 36a I am embarrassed by dirty stories.
- 37a Sometimes I cross the street just to avoid meeting someone.
- 38a Maybe some minority groups do get rough treatment, but it's no business of mine.
- 39a I often feel as if the world was just passing me by.
- 40a I like to boast about my achievements every now and then.
- 41a I am afraid of deep water.
- 42a I think I would like the work of a garage mechanic.
- 43a I usually feel nervous and ill at ease at a formal dance or party.
- 44a I have at one time or another in my life tried my hand at writing poetry.
- 45a I don't like to undertake any project unless I have a pretty good idea as to how it will turn out.
- 46a Once a week or oftener I feel suddenly hot all over, without apparent cause.
- 47a Sometimes I think of things too bad to talk about.
- 48a People often expect too much of me.
- 49a I would do almost anything on a dare.
- 50a I cannot keep my mind on one thing.
- 51a I must admit that I often do as little work as I can get by with.
- 52a I like to be the center of attention.
- 53a I like to listen to symphony orchestra concerts on the radio.

SECTION II - page 4

(True = 1; False = 2)

- 54a I would like to see a bullfight in Spain.
- 55a I am fascinated by fire.
- 56a I can be friendly with people who do things which I consider wrong.
- 57a I have no dread of going into a room by myself where other people have already gathered and are talking.
- 58a I get pretty discouraged sometimes.
- 59a The thought of being in an automobile accident is very frightening to me.
- 60a When in a group of people I have trouble thinking of the right things to talk about.
- 61a School teachers complain a lot about their pay, but it seems to me that they get as much as they deserve.
- 62a Sometimes I have the same dream over and over.
- 63a It is annoying to listen to a lecturer who cannot seem to make up his mind as to what he really believes.
- 64a I don't blame anyone for trying to grab all he can get in this world.
- 65a I believe we are made better by the trials and hardships of life.
- 66a Planning one's activities in advance is very likely to take most of the fun out of life.
- 67a I was a slow learner in school.
- 68a I like poetry.
- 69a I think I am stricter about right and wrong than most people.
- 70a There is something wrong with a person who can't take orders without getting angry or resentful.
- 71a I do not dread seeing a doctor about a sickness or injury.
- 72a It takes a lot of argument to convince most people of the truth.

SECTION II - page 5

(True = 1; False = 2)

- 73a It makes me uncomfortable to put on a stunt at a party even when others are doing the same sort of thing.
- 74a Most people make friends because friends are likely to be useful to them.
- 75a I wish I were not bothered by thoughts about sex.
- 76a It is all right to get around the law if you don't actually break it.
- 77a I enjoy hearing lectures on world affairs.
- 78a Parents are much too easy on their children nowadays.
- 79a Most people will use somewhat unfair means to gain profit or an advantage rather than to lose it.
- 80a I like to be with a crowd who play jokes on one another.
- 81a I have a tendency to give up easily when I meet difficult problems.
- 82a I certainly feel useless at times.
- 83a I consider a matter from every standpoint before I make a decision.
- 84a Criticism or scolding makes me very uncomfortable.
- 85a I read at least ten books a year.
- 86a If I am not feeling well I am somewhat cross and grouchy.
- 87a I hardly ever get excited or thrilled.
- 88a I have the wanderlust and am never happy unless I am roaming or travelling about.
- 89a I feel nervous if I have to meet a lot of people.
- 90a I would like to hear a great singer in an opera.
- 91a Every citizen should take the time to find out about national affairs, even if it means giving up some personal pleasures.

SECTION II - page 6

(True = 1; False = 2)

- 92a My parents have often disapproved of my friends.
- 93a I should like to belong to several clubs or lodges.
- 94a My home life was always happy.
- 95a I often act on the spur of the moment without stopping to think.
- 96a I think I could do better than most of the present politicians if I were in office.
- 97a I do not have a great fear of snakes.
- 98a I have had blank spells in which my activities were interrupted and I did not know what was going on around me.
- 99a I am certainly lacking in self-confidence.
- 100a Most people are secretly pleased when someone else gets into trouble.
- 101a When I work on a committee I like to take charge of things.
- 102a My parents have generally let me make my own decisions.
- 103a I would rather go without something than ask for a favor.
- 104a I often do whatever makes me feel cheerful here and now, even at the cost of some distant goal.
- 105a I am quite often not in on the gossip and talk of the group I belong to.
- 106a In school my marks in deportment were quite regularly bad.
- 107a I can remember "playing sick" to get out of something.
- 108a I would be ashamed not to use my privilege of voting.
- 109a I like to keep people guessing what I'm going to do next.

SECTION II - page 7

(True = 1; False = 2)

- 110a The most important things to me are my duties to my job and to my fellowman.
- 111a I think I would like to fight in a boxing match sometime.
- 112a Once in a while I laugh at a dirty joke.
- 113a Before I do something I try to consider how my friends will react to it.
- 114a If given the chance I would make a good leader of people.
- 115a When things go wrong I sometimes blame the other fellow.
- 116a I enjoy a race or game better when I bet on it.
- 117a I have frequently found myself, when alone, pondering such abstract problems as freewill, evil, etc.
- 118a In school I was sometimes sent to the principal for cutting up.
- 119a I would like to write a technical book.
- 120a Most people inwardly dislike putting themselves out to help other people.

For the following items, use computer answer sheet b.

- 1b I feel uneasy indoors.
- 2b People have a real duty to take care of their aged parents, even if it means making some pretty big sacrifices.
- 3b I usually expect to succeed in things I do.
- 4b People pretend to care more about one another than they really do.
- 5b Most people worry too much about sex.
- 6b It is hard for me to find anything to talk about when I meet a new person.

SECTION II - page 8

(True = 1; False = 2)

- 7b I much prefer symmetry to asymmetry.
- 8b I am apt to show off in some way if I get the chance.
- 9b Sometimes I feel that I am about to go to pieces.
- 10b A person does not need to worry about other people if only he looks after himself.
- 11b I can honestly say that I do not really mind paying my taxes because I feel that's one of the things I can do for what I get from the community.
- 12b I like to talk before groups of people.
- 13b I would like to be a nurse.
- 14b The man who provides temptation by leaving valuable property unprotected is about as much to blame for its theft as the one who steals it.
- 15b I am a good mixer.
- 16b I am often bothered by useless thoughts which keep running through my mind.
- 17b Most of the time I feel happy.
- 18b I must admit that I have a bad temper, once I get angry.
- 19b I like large, noisy parties.
- 20b When prices are high you can't blame a person for getting all he can while the getting is good.
- 21b Only a fool would try to change our North American way of life.
- 22b I often feel as though I have done something wrong or wicked.
- 23b In school I found it very hard to talk before the class.
- 24b I usually feel that life is worthwhile.
- 25b I always try to do at least a little better than what is expected of me.

SECTION II - page 9(True = 1; False = 2)

- 26b We ought to let Europe get out of its own mess; it made its bed, let it lie in it.
- 27b Lawbreakers are almost always caught and punished.
- 28b I would be very unhappy if I was not successful at something I had seriously started to do.
- 29b I think most people would lie to get ahead.
- 30b At times I have been very anxious to get away from my family.
- 31b I like science.
- 32b I am bothered by people outside, on streetcars, in stores, etc., watching me.
- 33b I'm pretty sure I know how we can settle the international problems we face today.
- 34b Sometimes I rather enjoy going against the rules and doing things I am not supposed to.
- 35b I have very few quarrels with members of my family.
- 36b I have no fear of water.
- 37b I often get disgusted with myself.
- 38b Society owes a lot more to the businessman and the manufacturer than it does to the artist and professor.
- 39b I like to read about science.
- 40b It is hard for me to act natural when I am with new people.
- 41b I refuse to play some games because I am not good at them.
- 42b I have never done anything dangerous for the thrill of it.
- 43b I think I would like to belong to a singing club.
- 44b I feel that I have often been punished without cause.
- 45b I would like to be an actor on the stage or in the movies.

SECTION II - page 10(True = 1; False = 2)

- 46b I often get feelings like crawling, burning, tingling, or "going to sleep" in different parts of my body.
- 47b I don't seem to care what happens to me.
- 48b Police cars should be especially marked so that you can always see them coming.
- 49b I am afraid to be alone in the dark.
- 50b I have often gone against my parents' wishes.
- 51b We should cut down on our use of oil, if necessary, so that there will be plenty left for the people fifty or a hundred years from now.
- 52b When the community makes a decision, it is up to a person to help carry it out even if he had been against it.
- 53b I often wish people would be more definite about things.
- 54b I have nightmares every few nights.
- 55b I have a great deal of stomach trouble.
- 56b I would rather have people dislike me than look down on me.
- 57b Any man who is able and willing to work hard has a good chance of succeeding.
- 58b My parents wanted me to "make good" in the world.
- 59b I almost never go to sleep.
- 60b I have never done any heavy drinking.
- 61b It is hard for me to sympathize with someone who is always doubting and unsure about things.
- 62b I often start things I never finish.
- 63b Education is more important than most people think.
- 64b I get nervous when I have to ask someone for a job.
- 65b Much of the time my head seems to hurt all over.

SECTION II - page 11(True = 1; False = 2)

- 66b I never worry about my looks.
- 67b In school most teachers treated me fairly and honestly.
- 68b I go out of my way to meet trouble rather than try to escape it.
- 69b I must admit I am a pretty fair talker.
- 70b I never make judgments about people until I am sure of the facts.
- 71b I usually try to do what is expected of me, and to avoid criticism.
- 72b Some of my family have habits that bother and annoy me very much.
- 73b I must admit I have no great desire to learn new things.
- 74b A strong person will be able to make up his mind even on the most difficult questions.
- 75b I have strong political opinions.
- 76b I think I am usually a leader in my group.
- 77b I like to have a place for everything and everything in its place.
- 78b I have never seen a vision.
- 79b The future seems hopeless to me.
- 80b My home life was always very pleasant.
- 81b I seem to do things that I regret more often than other people do.
- 82b Disobedience to any government is never justified.
- 83b My table manners are not quite as good at home as when I am out in company.
- 84b I would never go out of my way to help another person if it meant giving up some personal pleasure.
- 85b I am known as a hard and steady worker.

SECTION II - page 12(True = 1; False = 2)

- 86b Success is a matter of will power.
- 87b I get pretty discouraged with the law when a smart lawyer gets a criminal free.
- 88b I have used alcohol excessively.
- 89b Even when I have gotten into trouble I was usually trying to do the right thing.
- 90b Most young people get too much education.
- 91b I always see to it that my work is carefully planned and organized.
- 92b I regard the right to speak my mind as very important.
- 93b I get all the sympathy I should.
- 94b I do not read every editorial in the newspaper every day.
- 95b I have felt embarrassed over the type of work that one or more members of my family have done.
- 96b I used to steal sometimes when I was a youngster.
- 97b I feel like giving up quickly when things go wrong.
- 98b The one to whom I was most attached and whom I most admired as a child was a woman (mother, sister, aunt, or other woman).
- 99b Even the idea of giving a talk in public makes me afraid.
- 100b As a youngster in school I used to give the teachers lots of trouble.
- 101b I am not afraid of picking up a disease or germs from doorknobs.
- 102b My skin seems to be unusually sensitive to touch.
- 103b I would have been more successful if people had given me a fair chance.
- 104b The trouble with many people is that they don't take things seriously enough.

SECTION II - page 13

(True = 1; False = 2)

- 105b I'm not the type to be a political leader.
- 106b If I saw some children hurting another child, I am sure I would try to make them stop.
- 107b Almost every day something happens to frighten me.
- 108b I get sort of annoyed with writers who go out of their way to use strange and unusual words.
- 109b My family has objected to the kind of work I do, or plan to do.
- 110b There seems to be a lump in my throat much of the time.
- 111b I have more trouble concentrating than others seem to have.
- 112b A person is better off if he doesn't trust anyone.
- 113b People who seem unsure and uncertain about things make me feel uncomfortable.
- 114b I am very slow in making up my mind.
- 115b I think I would like the work of a building contractor.
- 116b I think I would like the work of a dress designer.
- 117b I must admit that I enjoy playing practical jokes on people.
- 118b I get very tense and anxious when I think other people are disapproving of me.
- 119b I get excited very easily.
- 120b I like adventure stories better than romantic stories.
- 121b I prefer a shower to a bathtub.
- 122b The average person is not able to appreciate art and music very well.
- 123b At times I feel like picking a fist fight with someone.

SECTION II - page 14(True = 1; False = 2)

- 124b I think I would like to drive a racing car.
- 125b I always tried to make the best school grades I could.
- 126b I am inclined to take things hard.
- 127b I would like to be a soldier.
- 128b I like to go to parties and other affairs where there is lots of loud fun.
- 129b I very much like hunting.
- 130b I think I would like the work of a librarian.
- 131b If I were a reporter I would like very much to report news of the theater.
- 132b I like mechanics magazines.
- 133b I want to be an important person in the community.
- 134b I must admit I feel sort of scared when I move to a strange place.
- 135b If I get too much change in a store, I always give it back.

Key to Section III

Rychalk-Legerski Ascendant-Dominant Items

	Masculine	Feminine
	1	2
	7	3
"Mother"	9	8
	12	14
	18	16
	22	21
	25	26
"Father"	31	27
	33	32
	36	38
	42	40
	46	45

Rychlak-Legerski Retiring-Passive Items:

	Masculine	Feminine
	4	5
	10	6
"Mother"	11	15
	13	17
	20	24
	19	23
	28	29
"Father"	34	30
	35	39
	37	41
	43	47
	44	48

SECTION III

On the attached computer answer sheet (labelled III), respond to the items below in the following manner. First, read the items in the Mother column. Then decide how well the item described your mother by marking:

- 1 if the item is never or almost never true of her
- 2 if the item is very seldom true of her
- 3 if the item is seldom true of her
- 4 if the item is sometimes true and sometimes not true of her
- 5 if the item is frequently true of her
- 6 if the item is very frequently true of her
- 7 if the item is always or almost always true of her

Next, read the items in the Father column. Then decide how well the items described your father, by marking 1, 2, 3, 4, 5, 6, or 7, as explained above.

Mother

- 1 able to give orders
- 2 always giving advice
- 3 always protects other people
- 4 big-hearted and not selfish
- 5 depends on other people
- 6 easily embarrassed
- 7 can get tough when necessary
- 8 enjoys taking care of other people
- 9 firm, but just
- 10 friendly
- 11 gets along with others
- 12 has confidence in herself
- 13 has very little courage
- 14 jealous
- 15 lets others make the decisions
- 16 likes for everyone to admire her

SECTION III - page 2Mother (cont'd.)

- 17 likes to be taken care of
 - 18 practical
 - 19 punishes herself
 - 20 really bitter
 - 21 satisfied with herself
 - 22 says exactly what she thinks
 - 23 tender
 - 24 wants to be led
-

Father

- 25 able to give orders
- 26 always giving advice
- 27 always protects other people
- 28 big-hearted and not selfish
- 29 depends on other people
- 30 easily embarrassed
- 31 can get tough when necessary
- 32 enjoys taking care of other people
- 33 firm, but just
- 34 friendly
- 35 gets along with others
- 36 has confidence in himself
- 37 has very little courage
- 38 jealous
- 39 lets others make the decisions
- 40 likes for everyone to admire him
- 41 likes to be taken care of
- 42 practical
- 43 punishes himself
- 44 really bitter
- 45 satisfied with himself
- 46 says exactly what he thinks
- 47 tender
- 48 wants to be led

SECTION IV - QUESTIONNAIRE

Mark your responses to the following questionnaire on the computer answer sheet labelled IV. Your accuracy is needed to ensure the value of this research project. All responses are anonymous and confidential.

Read each question. Then select the correct response (numbered 1 through 9). Fill in the appropriately numbered space for that item on the computer answer sheet. In marking your answers on the computer answer sheet, make sure that the number of the question is the same as the number on the answer sheet.

Some questions cannot be answered on the computer answer sheet. These are clearly marked to be answered on the special answer sheet. This special answer sheet and the computer answer sheet are clipped to the questionnaire. Please do not write on the questionnaire itself, as it will be used for more than one participant.

1. What is your age?

- 1 under 21
- 2 21 - 25
- 3 26 - 30
- 4 31 - 35
- 5 36 - 40
- 6 41 - 45
- 7 46 - 50
- 8 51 - 55
- 9 over 55

2. How many years have you been married to your present husband?

- 1 less than 1
- 2 1 to 2
- 3 3 to 5
- 4 6 to 10
- 5 11 to 15
- 6 16 to 20
- 7 21 to 25
- 8 26 to 30
- 9 more than 30

SECTION IV - page 2

3. If married previously, how many years were you previously married?

1. less than 1
2. 1 to 2
3. 3 to 5
4. 6 to 10
5. 11 to 15
6. 16 to 20
7. 21 to 25
8. more than 25
9. does not apply

4. If your current marriage is not your first, how did your first marriage end?

1. death of spouse
2. divorce
3. other - specify on special answer sheet

5. How many children do you have?

1. none
2. one
3. two
4. three
5. four
6. five
7. six or more

If you have children, please list their ages on the special answer sheet.

If you have children, please indicate on the special answer sheet the number of children still living at home.

SECTION IV - page 3

6. What is the highest level of education which you have started?

- 1 elementary
- 2 high school
- 3 university (3-year program)
- 4 university (4-year program)
- 5 graduate school, Master's level
- 6 graduate school, doctoral level
- 7 other, for example, nurses' training
- specify what on the special answer sheet

7. Did you successfully complete the level started in question 6 above?

- 1 yes
- 2 no
- 3 other - specify on special answer sheet

8. Are you presently enrolled in any courses, either for credit or non-credit?

- 1 yes
- 2 no

If yes, indicate on the special answer sheet the nature of the course(s).

SECTION IV - page 4

Note: Questions 9, 10, and 11 are to be considered as one item. They require you to indicate, for the sum total of your married years, how many you have spent as a full-time homemaker, a full-time employee, and a part-time employee, respectively. For example, if you have been married 10 years and were employed full-time for 3 years (30 or more hours weekly), then were a full-time homemaker for two years following the birth of a child, and now have been employed part-time (8 hours weekly) for the past 5 years, you would mark Question 9, response 3; Question 10, response 4; and Question 11, response 4.

- | 9. Years of full-time
homemaking | 10. Years of part-
time employment
(less than 30
hours weekly) | 11. Years of full-
time employment
(30 or more
hours weekly) |
|-------------------------------------|---|---|
| 1 fewer than 1 | 1 fewer than 1 | 1 fewer than 1 |
| 2 one | 2 one | 2 one |
| 3 two | 3 two | 3 two |
| 4 3 to 5 | 4 3 to 5 | 4 3 to 5 |
| 5 6 to 10 | 5 6 to 10 | 5 6 to 10 |
| 6 11 to 15 | 6 11 to 15 | 6 11 to 15 |
| 7 16 to 20 | 7 16 to 20 | 7 16 to 20 |
| 8 21 or more | 8 21 or more | 8 21 or more |
| 9 does not apply | 9 does not apply | 9 does not apply |

Please note that your answers for Questions 9, 10, and 11 should add up to the total number of years which you have been married.

SECTION IV - page 5

12. Are you presently employed?

- 1 not employed
- 2 part-time employed (less than 30 hours weekly)
- 3 full-time employed (30 or more hours weekly)

If employed, describe on the special answer sheet your present job or position, indicating the major activities which you perform.

If employed, indicate on the special answer sheet what your gross annual (before taxes) earnings are.

Indicate average number of hours worked weekly (on special answer sheet).

13. Have you ever been involved in activities within the home for which you have received financial reimbursement?

- 1 yes
- 2 no

If yes, describe on the special answer sheet the type of activity and number of years you have been (or were) involved in this activity.

14. On the average, how many times a week do you participate in social, service, and/or religious activities outside the home?

- 1 less than once a week
- 2 once a week
- 3 twice a week
- 4 three times a week
- 5 four times a week
- 6 five times a week
- 7 six times a week
- 8 seven times a week
- 9 more than seven times a week.

On the special answer sheet, list the organizations and/or activities in which you participate.

SECTION IV - page 6

15. What is your husband's age?

- 1 under 21
- 2 21 - 25
- 3 26 - 30
- 4 31 - 35
- 5 36 - 40
- 6 41 - 45
- 7 46 - 50
- 8 51 - 55
- 9 over 55

16. What is the highest level of education which your husband has started?

- 1 elementary
- 2 high school
- 3 university (3-year program)
- 4 university (4-year program)
- 5 graduate school, Master's level
- 6 graduate school, doctoral level
- 7 other - specify what on the
special answer sheet

17. Is your husband presently employed?

- 1 yes
- 2 no

If no, give reason(s) on special answer sheet why he is not employed.

If yes, indicate on special answer sheet the type of job or position, indicating the major activities which he performs.

On the special answer sheet indicate your husband's gross annual (before taxes) income.

SECTION IV - page 7

18. What is the highest level of education which your father has started?

- 1 elementary
- 2 high school
- 3 university (3-year program)
- 4 university (4-year program)
- 5 graduate school, Master's level
- 6 graduate school, doctoral level
- 7 other - specify what on the special answer sheet

19. What is the highest level of education which your mother has started?

- 1 elementary
- 2 high school
- 3 university (3-year program)
- 4 university (4-year program)
- 5 graduate school, Master's level
- 6 graduate school, doctoral level
- 7 other - specify what on the special answer sheet

20. Was your mother employed at all during the time when you were less than two years of age?

- 1 yes
- 2 no

21. Was your mother employed at all during the time when you were two to four years of age?

- 1 yes
- 2 no

22. Was your mother employed at all during the time when you were five to eleven years of age?

- 1 yes
- 2 no

SECTION IV - page 8

23. Was your mother employed at all during the time when you were twelve to eighteen years of age?

1 yes

2 no

24. Was your mother employed at all during the time when you were over eighteen years of age?

1 yes

2 no

25. In general, with reference to the above questions (20 to 24), was your mother employed:

1 full-time, based on financial need

2 part-time, based on financial need

3 full-time, for other reasons

4 part-time, for other reasons

5 does not apply

If your mother was employed, describe on the special answer sheet the type of job or position, indicating the major activities which she performed.

26. Granted that making the following choice may be difficult--even unpleasant--please indicate to which parent you generally have felt more emotionally close.

1 tended more to be father

2 tended more to be mother

3 tended in past to be father, but now tends to be mother

4 tended in past to be mother, but now tends to be father

5 tended to be neither father nor mother
- please specify relationship on special answer sheet

SECTION IV - page 9

27. My religious affiliation is:

- 1 Jewish
- 2 Protestant - Anglican
- 3 Protestant - Lutheran
- 4 Protestant - Presbyterian
- 5 Protestant - United
- 6 Protestant - other (specify on special answer sheet)
- 7 ☒ Roman Catholic
- 8 No religious affiliation
- 9 Other - specify on special answer sheet

On the following pages, one section is to be completed by full-time homemakers (no outside employment); one by part-time employees (29 or fewer hours weekly); and one by full-time employees (30 or more hours weekly). Please select the section appropriate for you and complete the items numbered 29 - 42.

28. Please indicate on the computer answer sheet (responses 1, 2, or 3) whether you are answering questions 29 - 42 as a full-time homemaker, part-time employee, or full-time employee.

- 1 items for full-time homemakers
- 2 items for part-time employees
(29 or fewer hours weekly)
- 3 items for full-time employees
(30 or more hours weekly)

SECTION IV - page 10.

Items intended for full-time homemakers only

Read each statement. Then select the number which best reflects the degree of your agreement with the statement, according to these categories:

5 = fully agree 4 = disagree to some extent 3 = neutral or no opinion

2 = agree to some extent 1 = fully agree

29. At times when I think about my present life, I feel satisfied and can think of few ways that I would really like my life to change.
30. An important reason for my being a full-time homemaker is that our family does not need the money I could earn for the necessities of life.
31. An important reason for my being a full-time homemaker is that our family does not need the money I could earn for "extras"--for example, holidays--since my husband's earnings are adequate for such "extras."
32. An important reason for my being a full-time homemaker is that I enjoy spending my time at home.
33. An important reason for my being a full-time homemaker is that I value the opportunities for achievement, personal satisfaction, and recognition which full-time homemaking provides.
34. (Answer only if applicable). An important reason why I'm not employed now is that I would not be satisfied with the child care services which I would need to arrange.
35. An important reason for my being a full-time homemaker is that I think it would be difficult to be employed and manage my home and/or family in a way that is satisfactory to me.
36. An important reason for my being a full-time homemaker is that my husband encourages me to do so.
37. An important reason for my being a full-time homemaker is that many of my friends are full-time homemakers.

SECTION IV - page 11

(full-time homemakers only).

38. An important reason for my being a full-time homemaker is that I have not been able to find suitable employment.
39. An important reason for my not being employed is that I think employment would interfere with other things which I enjoy doing.
40. I believe that my present full-time homemaking reflects my personal choice as to how I wish to live my life.

Please note that the following questions are to be answered "yes" or "no."

41. Before retirement age, I expect to change from full-time homemaking to full-time employment.

1 yes

2 no

42. Before retirement age, I expect to change from full-time homemaking to part-time employment.

1 yes

2 no

If you answer yes to Question 41 or 42, give your reason(s) for making the change on the special answer sheet.

SECTION IV - page 12.

Items intended for part-time employees only.

Read each statement. Then select the number which most reflects your degree of agreement concerning the statement, according to these categories:

- | | | |
|-----------------------------|--------------------------------|------------------------------|
| 5 = fully
disagree | 4 = disagree to
some extent | 3 = neutral or
no opinion |
| 2 = agree to
some extent | 1 = fully
agree | |

29. At times when I think about my present life, I feel satisfied and can think of few ways that I would really like my life to change.
30. An important reason for my being employed part-time is that our family needs the money I earn for the necessities of life.
31. An important reason for my being employed part-time is that our family needs the money I earn for "extras"--for example, holidays--since we could not afford these "extras" if only my husband were employed.
32. An important reason for my being employed part-time is that I enjoy spending time away from home.
33. An important reason for my being employed part-time is that I value the opportunities for achievement, personal satisfaction, and recognition which my job provides.
34. (Answer only if applicable.) An important reason why I am employed part-time is that I am satisfied with the child care services which I've been able to arrange.
35. An important reason for my being employed part-time is that I find that I can do so and still manage my home and/or family in a way that is satisfactory to me.
36. An important reason for my being employed part-time is that my husband encourages me to do so.
37. An important reason for my being employed part-time is that many of my friends are employed.

SECTION IV - page 13

(part-time employees only)

38. An important reason for my being employed part-time is that I have not found a full-time job which is suitable to me.
39. An important reason for my being employed part-time--and not full-time--is that I think full-time employment would interfere with other things which I enjoy doing.
40. I believe that my present part-time employment reflects ~~my~~ my personal choice as to how I wish to live my life.

Please note that the following questions are to be answered "yes" or "no."

41. Before retirement age, I expect to change from part-time employment to full-time homemaking.

1 yes
2 no

42. Before retirement age, I expect to change from part-time employment to full-time employment.

1 yes
2 no

If you answered yes to Question 41 or 42, give your reason(s) for making the change on the special answer sheet.

SECTION IV - page 14

Items intended for full-time employees only.

Read each statement. Then select the number which most reflects your degree of agreement concerning the statement, according to these categories:

- | | | |
|-----------------------------|--------------------------------|------------------------------|
| 5 = fully
disagree | 4 = disagree to
some extent | 3 = neutral or
no opinion |
| 2 = agree to
some extent | 1 = fully
agree | |

29. At times when I think about my present life, I feel satisfied and can think of few ways that I would really like my life to change.
30. An important reason for my being employed full-time is that our family needs the money I earn for the necessities of life.
31. An important reason for my being employed full-time is that our family needs the money I earn for "extras"--for example, holidays--since we could not afford these "extras" if only my husband were employed.
32. An important reason for my being employed full-time is that I enjoy spending time away from home.
33. An important reason for my being employed full-time is that I value the opportunities for achievement, personal satisfaction, and recognition which my job provides.
34. (Answer only if applicable.) An important reason why I am employed full-time is that I am satisfied with the child care services which I've been able to arrange.
35. An important reason for my being employed full-time is that I find that I can do so and still manage my home and/or family in a way that is satisfactory to me.
36. An important reason for my being employed full-time is that my husband encourages me to do so.
37. An important reason for my being employed full-time is that many of my friends are employed.

SECTION IV - page 15

(full-time employees only)

38. An important reason for my being employed full-time is that I have found my present job to be suitable for my abilities and/or interests.
39. An important reason for my being employed full-time is that I find full-time employment does not interfere with other things which I enjoy doing.
40. I believe that my present full-time employment reflects my personal choice as to how I wish to live my life.

Please note that the following questions are to be answered "yes" or "no."

41. Before retirement age, I expect to change from full-time employment to full-time homemaking.
- 1 yes
- 2 no
42. Before retirement age, I expect to change from full-time employment to part-time employment.
- 1 yes
- 2 no

If you answered yes to Question 41 or 42, give your reason(s) for making the change on the special answer sheet.

~86

SECTION IV - SPECIAL-ANSWER SHEET

Question 4, response 3: If your previous marriage did not end through death or divorce, specify how it ended.

Question 5: List the ages of your children.

How many of your children are still living at home?

Question 6, response 7: Specify the type of education and/or training you have started.

Question 7, response 3: Specify the details of your completing your education.

Question 8, response 1: Specify the nature of the course(s) in which you are presently enrolled.

Question 12: Describe your present job or position, indicating the major activities which you perform.

Indicate your gross annual (before taxes) earnings.

Indicate average number of hours worked weekly.

Question 13, response 1: Describe the type of activity.

How many years have you been (or were you) involved in this activity?

Question 14: List the organizations and/or activities in which you participate.

SECTION IV - SPECIAL ANSWER SHEET - page 2

Question 16, response 7: Specify the type of education and/or training he has started.

Question 17: If your husband is not employed, give the reason(s).

If your husband is employed, describe his job or position, indicating the major activities which he performs.

Indicate your husband's gross annual (before taxes) income.

Question 18, response 7: Specify the type of education and/or training (father).

Question 19, response 7: Specify the type of education and/or training (mother).

Question 25: Describe her job or position, indicating the major activities which she performed.

Question 26, response 5: Specify the relationship of the other "parental figure" to whom you felt emotionally close.

Question 27: What is your religious affiliation?

Question 41, response 1: If yes, give the reason(s) for making the change.

Question 42, response 1: If yes, give the reason(s) for making the change.

SECTION IV - SPECIAL ANSWER SHEET - page 3

If, while completing this questionnaire or the other materials, you've had ideas or feelings--either positive or negative--which you would like to express, please do so in the remaining space. (Use the backside of the paper if necessary.)

Your participation and cooperation is greatly appreciated. Thank you very much. Fill out one of the envelopes available from the examiner if you would like to receive a copy of the study's results.

Appendix B
Test-Retest Reliability Data for
Rychlak Legerski Ascendant-Dominant and
and Retiring-Passive Items

A reliability check of the interval method of administering the Rychlak Legerski ascendant-dominant and retiring-passive items was completed. (The reliability data reported in the literature [Rychlak and Legerski, 1967] was based upon a dichotomous method of classifying each item as either "like" or "unlike" the self and "like" or "unlike" both father and mother.) The interval method asked each subject to rate each of the 24 items (numbers 1-24, Section I, Appendix A) on a scale of 1 (never or almost never true) to 7 (always or almost always true).

The ascendant-dominant and retiring-passive items were administered twice to four groups of introductory psychology undergraduates (total n of 40) at intervals of time ranging from three to six weeks. Product-moment correlations were computed for the mean scores earned by subjects during the first and second administrations. The coefficients were as follows: ascendant-dominant, self, $r = .77$; retiring-passive, self, $r = .69$; ascendant-dominant, father, $r = .93$; ascendant-dominant, mother, $r = .87$; retiring-passive, father, $r = .86$; retiring-passive, mother, $r = .79$. All coefficients were significant at probability levels higher than .001.

Appendix C

Sample Letter to Potential Subjects

Guidance Centre
University of Ottawa
540 King Edward Street
Ottawa, Ontario

An Invitation to Married Women in the Ottawa Area:

I am a doctoral student in psychology at the University of Ottawa who is gathering information for the Ph.D. thesis on attitudes and behaviors of married women.

As you are aware, during recent years there has been much discussion about women's roles and society's expectations of women. The discussions have often been heated, and very diverse and contradictory views have been expressed. Many questions have been posed for which answers -- based on actual data -- are not yet available.

In my study I shall gather information from a large cross section of married women representing a range of age and life style. However, in order to make my study a success, I need your co-operation in giving me less than two hours of your time. During this time, you would be asked to complete some interesting materials, including a questionnaire about you and your family. Your answers will be anonymous (your name would not be asked for on any of the materials) and confidential. Group results -- not individual results -- will be reported.

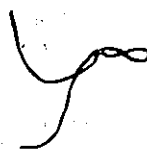
As a result of your participation, you would gain further knowledge about how married women are solving role-related problems, in that interested participants -- who leave with me a self-addressed envelope -- will receive a written summary of the study's findings. In addition, you will experience the satisfaction of knowing that your participation added to the limited data available on what Canadian women are thinking, feeling, and doing in the 1970's -- as well as helping me immensely!

If you are able to give somewhat less than two hours of your time, please contact me at one of the numbers listed below. (A session will be scheduled for you at your convenience.) Your co-operation will be appreciated very much.

Sincerely yours,

231-4022 {office}
722-0626 {home}

Carol Bontrager



Appendix D
Tables 16 to 21

Table 16

Standardized and Unstandardized Discriminant Function Coefficients for
Variables Distinguishing Above-Median from Below-Median Mental Groups

<u>Variables*</u>	<u>Standardized Coefficients</u>	<u>Unstandardized Coefficients</u>
Ascendant-dominant scores	- .61	-1.02
Retiring-passive scores	.43	.75
Husband's Blisshen rating	- .42	- .36
Mother's education	- .30	- .21
		Constant 3.91

<u>Wilks' Lambda</u>	<u>Chi Square</u>	<u>Degrees of Freedom</u>	<u>Significance</u>
.87	25.28	4	.001

*Variables mentioned in the text, but not included in the discriminant function, were not significant enough for inclusion in the stepwise discriminant analysis, as computed by the SPSS default value for Rao V (Nie et al., 1975).

Table 17

Standardized and Unstandardized Discriminant Function Coefficients for
CPI Scales Distinguishing Androgynous from Non-Androgynous Subjects

<u>CPI Scales*</u>	<u>Standardized Coefficients</u>	<u>Unstandardized Coefficients</u>
Good Impression (G1)	- .91	- .17
Socialization (So)	.75	.15
Capacity for Status (Cs)	.33	.09
Communalilty (Cm)	- .29	- .17
		Constant - .57

<u>Wilks' Lambda</u>	<u>Chi Square</u>	<u>Degrees of Freedom</u>	<u>Significance</u>
.95	10.42	4	.05

*CPI Scales mentioned in the text, but not included in the discriminant function, were not significant enough for inclusion in the stepwise discriminant analysis, as computed by the SPSS default value for Rao V (Nie et al., 1975).

Table 18

Frequency of Below- and Above-Median Mental Health
Subjects at Six Blishen Ratings

Blishen Ratings	Below-Median Mental Health		Above-Median Mental Health	
	n	Row Percentage	n	Row Percentage
1 Upper-Middle Class	25	39.7	38	60.3
2 Middle Class	33	44.0	42	56.0
3 Lower-Middle Class	19	73.1	7	26.9
4 Upper-Working Class	10	63.6	5	33.3
5 Working Class	7	63.6	4	36.4
6 Lower Class	1	100.0	0	00.0
Column n	95		96	
Column Percentage		49.7		50.3

$$\chi^2 = 12.78, 5df, p. < .05.$$

Table 19

Standardized and Unstandardized Discriminant Function
Coefficients for Variables Distinguishing Above-
Median from Below-Median Homemakers

Variables*	Standardized Coefficients	Unstandardized Coefficients
BSRI masculinity scores	.99	1.23
Husbands' Blishen scores	.33	.23
	Constant	-6.45

<u>Wilks'</u> <u>Lambda</u>	<u>Chi</u> <u>Square</u>	<u>Degrees of</u> <u>Freedom</u>	<u>Significance</u>
.81	19.20	2	.001

*Variables mentioned in the text, but not included in the discriminant function, were not significant enough for inclusion in the stepwise discriminant analysis, as computed by the SPSS default value for Rao V (Nie et al., 1975).

Table 20

Standardized and Unstandardized Discriminant Function Coefficients for
Variables Distinguishing Above-Median from Below-Median Part-Time Employees

<u>Variables*</u>	<u>Standardized Coefficients</u>	<u>Unstandardized Coefficients</u>
Subjects' educational levels	.75.	.47
Husbands' incomes	.66.	.49
		Constant -4.72

<u>Wilks' Lambda</u>	<u>Chi Square</u>	<u>Degrees of Freedom</u>	<u>Significance</u>
.77	11.11	2	.01

*Variables mentioned in the text, but not included in the discriminant function, were not significant enough for inclusion in the stepwise discriminant analysis, as computed by the SPSS default value for Rao V (Nie et al., 1975).

Table 21

Standardized and Unstandardized Discriminant Function Coefficients for
Variables Distinguishing Above-Median from Below-Median Full-Time Employees

<u>Variables*</u>	<u>Standardized Coefficients</u>	<u>Unstandardized Coefficients</u>
Satisfaction	.61	.46
No. 35, Questionnaire	.52	.42
Subjects' incomes	.40	-.43
No. 38, Questionnaire	-.39	-.31
No. 36, Questionnaire	.35	.18
		Constant .82

<u>Wilks' Lambda</u>	<u>Chi Square</u>	<u>Degrees of Freedom</u>	<u>Significance</u>
.68	18.80	5	.01

*Variables mentioned in the text, but not included in the discriminant function, were not significant enough for inclusion in the stepwise discriminant function, as computed by the SPSS default value for Rao V (Nie et al., 1975).

Appendix E
Feedback to Subjects

To: Participants in my Ph.D. research

From: Carol Lehman (Bontrager)
912 Ellison Avenue
Cincinnati, Ohio 45226
(513) 871-5039

When you completed the materials of my dissertation research, you indicated that you would be interested in a summary of its findings. I am pleased at long last to provide this informal summary for you. For those of you interested in reading the entire study, it will eventually be available at the University of Ottawa Library and on microfilm at the National Library. Or if you have further questions, you may contact me at the above address, if you prefer.

Before proceeding, I would like to caution you against applying the study's findings to you, as the findings reported are group results. Individual trends may not be reliably inferred from group trends.

My dissertation examined the sex roles and life styles of married women in relation to an adjustment measures, the California Psychological Inventory (CPI). A brief summary of the three variables -- sex roles, life style, and adjustment -- as defined in this study, follow:

Sex Roles. To understand what is meant by the term sex role, it is important to clarify what it does not mean. Psychologists typically distinguish sex role from sex gender (whether one is male or female) and from sexual orientation (whether one is heterosexual, homosexual, or bisexual). Sex role, as defined by this study, refers to the attributes with which one describes oneself. What has traditionally been labeled the masculine role reflects a predominately instrumental behavioral mode (dominance, task oriented), while the traditional feminine role has been associated with a predominately expressive behavioral mode (passivity, receptivity, concern for others' needs and feelings). Calling one masculine and the other feminine erroneously suggests that these roles are biologically linked with gender, but there is over-whelming evidence that these roles are learned, that boys have been taught one set of behaviors and girls another.

Psychologists in the past spoke of two sex roles -- masculine and feminine -- and developed a number of measures to determine whether a person described him/her self

as having those attributes traditionally considered appropriate for men or for women. The measures assumed that one would not have the attributes of both sex roles.

With the Women's Movement has come the questioning of whether sex roles are "either-or" or mutually exclusive. May not one be both task-oriented and in touch with others' needs and feelings? This reasoning has led to the concept of psychological androgyny -- that a healthy, flexible person can exhibit the traits of either sex role as determined by the appropriateness of the situation and is not limited by traditional stereotypes. (An androgynous plant has both staminate and pistillate flowers in the same cluster. An androgynous person -- as described in this study -- describes herself as having the attributes of both the masculine and feminine sex role. This would not indicate that she was bisexual in terms of sexual orientation.)

Sex roles in this study were measured by the Bem Sex Role Inventory (BSRI) (Bem, 1974) and by the Rychlak-Legerski Sexual Role Identification Instrument (Rychlak and Legerski, 1967; Williams, 1973). These were the items in the first section of the materials which you completed. You were asked to rate each of the 84 words or phrases ("gentle," "independent," "have confidence in myself,") on a one to seven scale with one meaning "never or almost never true" and seven meaning "always or almost always true". From your ratings of these items five scores could be derived: (1) ascendancy-dominance and (2) retiring-passivity (based on the items from the Rychlak-Legerski Sexual Role Identification Instrument); (3) masculinity and (4) femininity (based on the items from the BSRI); (5) Also based on the BSRI it was possible to classify you as masculine-typed (masculine score above sample's median, feminine score below sample's median); feminine-typed (feminine score above sample's median and masculine score below the sample's median); androgynous (masculine and feminine scores both above the sample's medians); and undifferentiated (masculine and feminine scores both below the sample's medians).

Life Style. For the purpose of this study, three life styles were compared -- full-time homemaking (no present employment), part-time employment (presently employed less than 30 hours weekly), and full-time employment (presently employed more than 30 hours weekly). You may remember that you completed a questionnaire which asked you about employment. In addition, you rated the reasons for being in your present life style, your perceived degree of choice in determining that life style, and your satisfaction with your present life.

All subjects were married; thus, in this aspect, their life styles were the same.

Adjustment. Psychologists have had as much difficulty in defining and measuring adjustment as in defining and measuring sex roles. Indeed such definitions are related to one's values and culture. Psychologists from the psychoanalytic, behavioral, and humanistic schools have not agreed upon a common definition.

The short form of the California Psychological Inventory (CPI) was the measure of adjustment used in this study. This inventory was constructed for use with normal -- that is, non-hospitalized -- persons. You may remember that in the second section there were several hundred items to which you replied "true" or "false" ("As a child I used to be able to go to my parents with my problems.")

From your true/false answers, 18 scales were derived. The scales measure aspects of the normal personality -- for examples, sense of well being, responsibility, sociability, etc. The raw scores for each scale were plotted on a profile which showed graphically the high and low scales for each subject and made it possible to note the relationship between the scales.

Three clinical psychology doctoral students rated each profile along several dimensions including the growth potential and the social maturity revealed by the profile. Then the total sample was divided into two by a median (50th percentile) split. Subjects whose profiles ranked above the 50th percentile were labeled "above-median adjustment" and subjects whose profiles ranked below the 50th percentile were labeled "below-median adjustment." Obviously one half of the subjects had to be in the "below-median" group as an artifact of this design. Since subjects were taken from the normal -- non-hospitalized -- population, it was obvious that all were functioning and coping with everyday life. The two groups, thus, reflected degrees or levels of normal, adequate functioning.

A total of 210 subjects completed the materials. The subjects were members of, participants in, or employees of several groups in the area which were selected so that a range of age, life style, and socio-economic levels would be included in the sample.

Results and Discussion.

- (1) Above-median adjustment subjects earned significantly

higher* ascendant-dominant scores than did the below-median group.

- (2) Below-median adjustment subjects earned significantly higher retiring-passive scores than did the above-median group.
- (3) Above-median adjustment subjects earned significantly higher scores on the BSRI masculinity scale than did the below-median group.
- (4) The scores of the above-median and the below-median groups did not significantly differ on either the BSRI or CPI femininity scales.

Attributes of ascendance-dominance then were associated with higher levels of adjustment, while passivity was associated with lower levels of adjustment. The competency and instrumental attributes measured by the BSRI masculinity scale were associated with higher adjustment. However, the above-median and below-median groups did not differ in a preference for traditional feminine interests (as measured by the CPI femininity scale) or in the degree to which they described themselves with positive feminine traits ("affectionate," "loyal," "sensitive to the needs of others," etc.). The above-median group was not less expressive ("feminine") than the below-median group, but the above-median group was more instrumental ("masculine"). Apparently describing oneself with positive instrumental attributes is particularly related with higher levels of adjustment.

- (5) When comparing subjects labeled masculine-typed, feminine-typed, androgynous, and undifferentiated on the basis of their BSRI masculinity and femininity scores, androgynous subjects were not more likely to rank in the above-median group rather than in the below-median group.

When this expected relationship was not found, further explorations were completed. In comparing androgynous subjects with feminine-typed subjects, it was found that the androgynous subjects described themselves as more dominant, had completed more education, were more likely to perceive that they had chosen their present life style, and if employed, they earned significantly higher incomes.

Fewer differences were found when comparing masculine-typed and androgynous subjects. Surprisingly, androgynous subjects earned both higher ascendant-dominant and retiring-passive scores than did the masculine-typed subjects. In view of the association of higher retiring-passive scores

with below-median adjustments, one must ask if masculine-typed subjects may not be better adjusted than androgynous subjects (see #3 above)? Further research is needed in this area.

- (6) Above-median adjustment subjects did not report more involvements of a social, educational, service and/or religious nature than did the below-median group.

Two interpretations of this finding appear plausible: First, within a normal population, the parameters may not be extreme enough to divide the two groups on an activity measure. Secondly, there may be a danger in assuming that activity in and of itself is reflective of adjustment. Some persons defend against intrapsychic conflicts by keeping busy. Thus, one's motivation for activity needs also to be assessed.

- (7) The above-median adjustment group did not rate its degree of perceived choice of life style significantly higher than the below-median group.

Although there were not significant contrasts when considering the above-median and below-median groups without regard to life style, there were significant contrasts within the life styles of full- and part-time employees. Above-median full-time employees rated their perceived choice in determining their life style higher than the below-median group, who -- as a group -- appeared to be employed because their families needed their incomes. Above-median part-time employees rated their perceived choice lower than below-median part-time employees. The above-median part-time employees who rated their choice of life style lowest were those whose husbands were employed at jobs ranking lower on a socio-economic scale and who were likely earning lower incomes. Sixty per cent of these part-time workers indicated that they planned to become full-time employees in the future, likely because their full-time incomes would supplement that of their husbands.

The question remains whether a subjective rating of choice in determining life style is the most appropriate measure of a woman's objective freedom of choice. Perhaps the level of the husband's income would be a better indication of choice:

- (8) Women labeled above-median on the adjustment measure were not more likely to have husbands who earned incomes at or above the sample's median.

This finding held true for all three life styles and is perhaps explained by noting that the husbands' incomes

for the entire sample tended to be above national averages. Interestingly enough, however, when proportions of above-median and below-median subjects were compared across socio-economic levels based both on income and education (the revised Blishen), significantly higher proportions of subjects who ranked above the median on adjustment were found to have husbands with higher socio-economic levels. Husbands' levels of education were related to wives' levels of adjustment, while simple income levels were not.

- (9) a. Above-median adjustment subjects with a preschool child were not more likely to be part-time employees rather than either homemakers or full-time employees.
- b. Neither were below-median adjustment subjects with no preschool children more likely to be homemakers than either full-time or part-time employees.

These hypotheses had been based on the rationale that when children were young and child care demands were greater, a part-time employee might experience fewer role conflicts in that as a part-time employee she might have opportunities for enjoying the benefits of employment, while still meeting the demands of child care. However, after children reached school age, it was reasoned that a decision to remain a homemaker might reflect a reluctance to establish an identity outside the family. Neither idea was supported. Likely looking for single factors, for example, presence or not of preschool child, is too simplistic an approach when, in reality, multiple factors interact.

Also illustrative of the importance of looking at multiple factors is the following: Equal proportions of subjects were found in the above- and below-median adjustment groups, across all three life styles. One may not conclude that as a group full-time employees enjoy higher levels of adjustment than either part-time employees or full-time homemakers, or, for that matter, that homemakers have higher levels of adjustment than employees.

- (10) The above-median adjustment subjects did not rate their life satisfaction significantly higher than the below-median group.

Full-time employees who ranked above the median on adjustment did, however, rate their satisfaction significantly higher than the rest of the sample. A tentative interpretation of this is that the above-median full-time employees who perceive more choice in determining this life style find dual sources of satisfaction, in that they are combining employment (and they earn more than below-

median full-time employees) with the traditional role of wife, which -- ideally, at least -- reflects a committed interpersonal relationship. In spite of the adage to the contrary, they may indeed need to be having their cake and eating it too!

Conclusion. Better adjusted married women, as measured by the CPI, described themselves as more ascendant-dominant and instrumental than less well adjusted married women who described themselves as more retiring-passive. Adjusted women, thus, may assume the traditional role of wife without adopting to the passivity which is sometimes associated with the stereotypic feminine sex role. Subjects who described themselves as having more "masculine" attributes (were instrumental) were not less "feminine" (in interests or expressiveness) than subjects who described themselves as not having "masculine" traits. Masculine and feminine attributes are not, then, mutually exclusive. They may be integrated within the same personality. (Questions remain about the measurement of androgyny.)

Equal proportions of homemakers, part- and full-time employees were found at both levels of adjustment, suggesting that there is no one "right" life style for all married women. Above-median adjustment full-time employees, however, did rate their choice of life style and satisfaction higher than the rest of the subjects.

For those of you interested in reading more on these topics, I would recommend beginning with Juanita Williams' Psychology of Women: Behavior in a Biosocial Context (New York: Norton; 1977). The authors and measures mentioned above are reviewed in this book.

Again, I would like to express my appreciation to you for giving your time as a subject. I enjoyed your stimulating -- as well as questioning -- comments. Without the subjects' participation, the study could not have become a reality.

*A .05 level of probability was required for significance. This means that if similar subjects took the same measures, the results would show the same statistical significance in 95 of 100 trials.

References

- Abramovitz, S.I., Abramovitz, C.V., Jackson, C., and Gomes, B. The politics of clinical judgment: What nonliberal examiners infer about women who don't stifle themselves. Journal of Consulting and Clinical Psychology, 1973, 41, 385-91.
- American Psychological Association, Inc. Ethical standards of psychologists (Rev. ed.). Washington, D.C.: Author, 1972.
- Anastasi, A. Psychological testing (3rd ed.). Toronto: MacMillan, 1968.
- Armstrong, H. and Armstrong, R. The segregated participation of women in the Canadian Labour Force, 1941-1971. Canadian Review of Sociology and Anthropology, 1975, 12, 370-384.
- Arnott, C. Feminists and anti-feminists as "true believers." Sociology and Social Research, 1973, 57, 300-306.
- Bardwick, J. Psychology of women: A study of bio-cultural conflicts. New York: Harper and Row, 1971.
- Bardwick, J.M. In transition: How feminism, sexual liberation, and the search for self-fulfillment have al-

our lives. New York: Holt, 1979.

- Baron, R.A. and Byrne, D. Social psychology: Understanding human interaction (2nd ed.). Boston: Allyn and Bacon, 1977.
- Bem, S.L. The measurement of psychological androgyny. Journal of Consulting and Clinical Psychology, 1974, 42, 155-162.
- Bem, S.L. Sex role adaptability: One consequence of psychological androgyny. Journal of Personality and Social Psychology, 1975, 31, 634-643.
- Bem, S.L. On the utility of alternate procedures for assessing psychological androgyny. Journal of Consulting and Clinical Psychology, 1977, 45, 196-205.
- Bem, S.L. and Bem, D.J. Case study of a nonconscious ideology: Training the woman to know her place. In D.J. Bem (Ed.), Beliefs, attitudes, and human affairs. Belmont, California: Brooks/Cole, 1970.
- Bem, S.L. and Lenney, E. Sex typing and the avoidance of cross-sex behavior. Journal of Personality and Social Psychology, 1976, 33, 48-54.
- Bem, S.L., Martyna, W., and Watson, C. Sex typing and androgyny: Further explorations of the expressive domain. Journal of Personality and Social Psychology, 1976, 34, 1016-1023.
- Bianchi, M.T. and Brodie, J.S. Decision to work among Halifax women. In C. Beattie and S. Crysdale (Eds.),

- Sociology Canada. Toronto: Butterworth, 1974.
- Bielliauskas, V.J. A new look at "masculine protest."
Journal of Individual Psychology, 1974, 30, 92-97.
- Blishen, B.R. and McRoberts, H.A. A revised socio-economic index for occupations in Canada. Canadian Review of Sociology and Anthropology, 1976, 13, 71-80.
- Brashear, D.B. and Willis, K. Claiming our own: A model for women's growth. Journal of Marriage and Family Counseling, 1976, 2, 251-258.
- Broverman, I.K., Broverman, D.M., Clarkson, F.E., Rosenkrantz, P.S., and Vogel, S.R. Sex-role stereotypes and clinical judgments of mental health. Journal of Consulting and Clinical Psychology, 1970, 34, 1-7.
- Burger, G.K. A short form of the California Psychological Inventory. Psychological Reports, 1975, 37, 179-182.
- Buytendijk, F.J.J. Woman: A contemporary view (D.J. Barrett, Trans.). Glen Rock, N.J.: Newman Press, 1968.
- Canadian Classification and Dictionary of Occupations.
Ottawa: Statistics Canada, 1971.
- Chesler, P. Women and madness. Garden City, New York: Doubleday, 1972.
- Cohen, J. Statistical power analysis for the behavioral sciences. New York: Academic Press, 1969.
- Collishaw, N. 1971 Census of Canada Profile Studies: Fertility in Canada. Ottawa: Statistics Canada, 1976.

- Condrin, B.D. Successful women: A study in the development of female competence. (Doctoral dissertation, California School of Professional Psychology, San Francisco, 1975). Dissertation Abstracts International, 1976, 36, 4148B. (University Microfilm No. 75-28, 876).
- Constantinople, A. Masculinity-femininity: An exception to a famous dictum? Psychological Bulletin, 1973, 80, 389-407.
- Donelson, E. and Gullahorn, J. Women: A psychological perspective. New York: Wiley, 1977.
- Falbo, T. Relationships between sex, sex roles, and social influence. Psychology of Women Quarterly, 1977, 2, 62-72.
- Franks, V. and Burtie, V. (Eds.). Women in therapy. New York: Brunner/Mazel, 1974.
- Gaudreau, P. Factor analysis of the Bem Sex-Role Inventory. Journal of Consulting and Clinical Psychology, 1977, 45, 299-302.
- Gordon, F.E. and Hall, D.T. Self-image and stereotypes of femininity: Their relationship to women's role conflicts and coping. Journal of Applied Psychology, 1974, 59, 241-43.
- Gough, H.G. Manual for the California Psychological Inventory (Rev. ed.). Palo Alto, California: Consulting Psychologists Press, 1975.

- Gray, S.W. Masculinity-femininity in relation to anxiety and social acceptance. Child Development, 1957, 28, 203-214.
- Haglund, S.V. Relationships among adjustment variables and sex role orientation in college women: A construct validation study of psychological androgyny. (Doctoral dissertation, Ohio University, 1977).
Dissertation Abstracts International, 1978, 38, 3880B.
- Hall, D.T. and Gordon, F.E. Career choices of married women: Effects on conflict, role behavior, and satisfaction. Journal of Applied Psychology, 1973, 58, 42-48.
- Heilbrun, A.J. Sex role, instrumental-expressive behavior and psychopathology in females. Journal of Abnormal Psychology, 1968, 73, 131-136.
- Heilbrun, A.J. Parent identification and filial sex-role behavior: The importance of biological context.
Nebraska Symposium on Motivation, 1973, 21, 125-194.
- Helper, M.M. Learning theory and self concept. Journal of Abnormal and Social Psychology, 1955, 51, 184-194.
- Hoffman, L.W. and Nye, I.E. Working Mothers. San Francisco: Jossey-Bass, 1974.
- Hollingshead, A.B. and Redlich, F.C. Social class and mental illness. New York: Wiley, 1958.
- Jones, W.H., Chernovetz, M.E., and Hansson, R.C. The enigma of androgyny: Differential implications for

- males and females? Journal of Consulting and Clinical Psychology, 1978, 46, 298-313.
- Jordan-Viola, E., Fassberg, S., Viola, M.T. Feminism, androgyny, and anxiety. Journal of Consulting and Clinical Psychology, 1976, 44, 870.
- Keys, E.J. Women's roles: An attitudinal and behavioral survey. Unpublished doctoral dissertation, University of Cincinnati, 1976.
- Klein, V. The feminine character: History of an ideology. London: Kegan Paul, Trench, and Trubner, 1946.
- Knight, G. Embourgeoisement and class stratification: The Canadian case. Unpublished doctoral dissertation, Carleton University (Ontario), 1978.
- Margrett, H.P. A comparison of Catholic co-educational students and Catholic non-co-educational students on two measures of m-f. Unpublished masters thesis, Xavier (Ohio) University, 1973.
- McClelland, D.C. and Watt, N.F. Sex-role alienation in schizophrenics. Journal of Abnormal Psychology, 1968, 73, 226-239.
- McRoberts, H.A. Social stratification in Canada: A preliminary analysis. Unpublished doctoral dissertation, Carleton University (Ontario), 1975.
- Megargee, E.I. The California Psychological Inventory Handbook. San Francisco: Jossey-Bass, 1972.

- Miller, J.B. Sexual inequality: Men's dilemma (a note on the Oedipus Complex, paranoia, and other psychological concepts). American Journal of Psychoanalysis, 1972, 32, 147-155.
- Miller, J.B. Toward a new psychology of women. Boston: Beacon Press, 1976.
- Molholm, L.H. and Dinitz, S. Female mental patients and normal female controls: A restudy ten years later. American Journal of Orthopsychiatry, 1971, 41, 270-273.
- Murray, B.O. Androgyny and sex role stereotypes: Women's real and ideal self perceptions and perceptions of psychological health in others. (Doctoral dissertation, California School of Professional Psychology, Fresno, 1976). Dissertation Abstracts International, 1976, 37, 1444B. (University Microfilm No. 76-19, 645).
- Nevill, D. and Damico, S. Role conflict in women as a function of marital status. Human Relations, 1975, 38, 487-497.
- Nie, N.H., Hull, C.H., Jenkins, J.G., Steinbrenner, K., and Bent, D.H. SPSS: Statistical package for the social sciences (2nd ed.). New York: McGraw-Hill, 1975.
- 1971 Census of Canada. Profile studies: Employment income in Canada. Ottawa: Statistics Canada, 1977.
- 1971 Census of Canada. Profile studies: The occupational composition of Canada's labour force. Ottawa:

- Statistics Canada, 1977.
- 1976 Census of Canada. Labour force activity: Labour force participation rates by age and sex and by marital status and sex, 1971 and 1976. Ottawa Ministry of Industry, Trade, and Commerce, 1978.
- 1976 Census of Canada. Population: Demographic characteristics. Ottawa: Ministry of Industry, Trade, and Commerce, 1978.
- O'Connell, A. The relationship between life style and identity synthesis and resynthesis in traditional, neotraditional, and nontraditional women. Journal of Personality, 1976, 44, 675-688.
- O'Connor, K., Mann, D.W. and Bardwick, J.M. Androgyny and self-esteem in the upper-middle class: A replication of Spence, Journal of Consulting and Clinical Psychology, 1978, 46, 1168-1169.
- Olds, L.E. An exploratory study of androgyny: A sex-role construct that integrates male and female polarities. Unpublished doctoral dissertation, University of Cincinnati, 1976.
- Penman, R. Women's current and future role conceptions. Australian Psychologist, 1975, 10, 193-201.
- Pettus, J.P. Psychological androgyny: Construct validation and relationship to mental health and sex stereotypes (Doctoral dissertation, University of Montana, 1976). Dissertation Abstracts International, 1976,

- 37, 2575B. (University Microfilm No. 76-25, 703).
- Powell, B. The empty nest, employment, and psychiatric symptoms in college educated women. Psychology of Women Quarterly, 1977, 2, 35-43.
- Rosenkrantz, P.S., Vogel, S.R., Bee, H., Broverman, I.K., and Broverman, D.M. Sex-role stereotypes and self-concepts in college students. Journal of Consulting and Clinical Psychology, 1968, 32, 287-295.
- Rychlak, J.F. and Legerski, A.T. A sociocultural theory of appropriate sexual role identification and level of personal adjustment. Journal of Personality, 1967, 35, 31-49.
- Scott, J. 1971 Census of Canada profile studies: Canada's religious composition. Ottawa: Statistics Canada, 1976.
- Singer, M.A. Attitudes about sex roles and the women's liberation movement as predictors of psychological adjustment and eight case histories of modern and traditional women. (Doctoral dissertation, University of Washington, 1976). Dissertation Abstracts International, 1977, 37, 3632B. (University Microfilm No. 77-621).
- Spence, J.T. and Helmreich, R.L. Masculinity and femininity: Their psychological dimensions, correlates, and antecedents. Austin: University of Texas Press, 1978.

Spence, J.T., Helmreich, R. and Stapp, J. The Personal Attributes Questionnaire: A measure of sex role stereotypes and masculinity-femininity. JSAS Catalog of Selected Documents in Psychology, 1974, 4, 43.

Spence, J.T., Helmreich, R., Stapp, J. Ratings of self and peers on sex role attributes and their relation to self-esteem and conceptions of masculinity and femininity. Journal of Personality and Social Psychology, 1975, 32, 29-39.

Steinmann, A. and Fox, D.J. Specific areas of agreement and conflict in women's self-perception and their perception of men's ideal woman in two South American urban communities and an urban community in the United States. Journal of Marriage and the Family, 1969, 31, 281-289.

Stricker, G. Implications of research for psychotherapeutic treatment of women. American Psychologist, 1977, 32, 14-22.

Task Force on Sex Bias and Sex Role Stereotyping in Psychotherapeutic Practice. Guidelines for therapy with women. American Psychologist, 1978, 33, 1122-1123.

Van Dusen, R.A. and Sheldon, E.B. The changing status of American women: A life style perspective. American Psychologist, 1976, 31, 106-116.

Vogel, S.R., Rosenkrantz, P.S., Broverman, I.K., Broverman,

- D.M., and Clarkson, F.E. Sex-role self-concepts and life style plans of young women. Journal of Consulting and Clinical Psychology, 1975, 43, 427.
- Volgy, S.S. Sex-role orientation and measure of psychological well-being among feminists, housewives, and working women. Unpublished doctoral dissertation, University of Arizona, 1976.
- Voss, J.H. and Skinner, D.A. Concepts of self and ideal woman held by college women: A replication. Journal of College Student Personnel, 1975, 16, 210-213.
- Wiersma, J. New research looks at mid-life change in women. Newsletter: Center of Continuing Education of Women (University of Michigan), 1977, 10, 9-10.
- Wiggins, J.S. and Holzmuller, A. Psychological androgyny and interpersonal behavior. Journal of Consulting and Clinical Psychology, 1978, 46, 40-52.
- Williams, J.H. Sexual role identification and level of functioning in girls: A theory revisited. Journal of Personality, 1973, 41, 1-9.
- Williams, J.H. Psychology of women: Behavior in a bio-social context. New York: Norton, 1977.
- Worell, J. Sex roles and psychological well-being: Perspectives on methodology. Journal of Consulting and Clinical Psychology, 1978, 46, 777-791.
- Zeman-Gass, G. and Nichols, Jr., W.C. "Take me along" -- A marital syndrome. Journal of Marriage and Family Counseling, 1975, 1, 209-217.

Reference Notes

1. Alpert, J.L., Richardson, M.S. and Fodaski, L.
Stressful events associated with onset of parenting.
Paper presented at the 86th Annual Convention of the American Psychological Association, Toronto, August, 1978. (Available from J.L. Alpert, New York City University.)
2. Bardwick, J. Marriage, divorce, family and concepts of mental health. Paper presented at the 86th Annual Convention of the American Psychological Association, Toronto, August, 1978. (See J. Bardwick, In transition: How feminism, sexual liberation, and the search for self-fulfillment have altered our lives. New York: Holt, 1979.
3. Armentrout, J.A. Comparison of standard and short-form scores of Canadian adults on the California Psychological Inventory. Unpublished manuscript, undated. (Available from G.K. Burger, University of Missouri, St. Louis, Missouri.)
4. Bem, S.L. and Watson, C. Scoring packet: Bem Sex-Role Inventory (Rev.). Unpublished manuscript, 1976.
(Available from S.L. Bem, Stanford University, Stanford, California.)