SEX-ROLE IDENTITY OF FIRST-TIME MOTHERS AND FATHERS

AND COMPETENCY AS A PARENT

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We hereby recommend that the ____Dissertation____ prepared under

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provided so many joys throughout the years and who supported

their father in the absence of their mother. My husband

and sons are truly special, and I thank them.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER 1

INTRODUCTION

Parenting as a skill is not something that one is born with, but something that must be learned. Factors that facilitate or impede the execution of parenting skills are multidimensional, and many parents, both mothers and fathers, are unprepared to effectively deal with the change in roles and the responsibility that comes with the birth of the first child. Traditionally, the mother, as a key member of the family, is expected to foster the growth and development of the family, particularly the children. The father, in the traditional sense, is expected to be the breadwinner and disciplinarian.

Technological advances, economic demands, and cultural and sociological reforms, particularly those due to the Women's Liberation Movement, have added new and complex dimensions to this expectation of the woman as the primary caretaker. Fathers, due to many of these same factors, have found it necessary to reconsider what role they play in the care and involvement with their children. This has necessitated the need to reexamine the social definitions of the male and female roles.

1

How are these stereotyped behaviors, "assertiveness with reason" and "passivity with nurturance," balanced to escape from the double-bind that exists in the traditional "sex-appropriate" behaviors of the male gender (father) and female gender (mother)? Perhaps an androgynous parenting model would release both parents from the stereotype of what a mother should do and be and what a father should do and be. This distinction, and in many ways a freeing viewpoint, might provide a framework for broadening the range of behaviors that constitute mothering and fathering. With this shift in viewing parenting, the ramifications for nursing practice and the role of the nurse, when working with new parents, might also shift. This investigation, therefore, proposed to expand the knowledge base regarding androgyny in relation to parenting behaviors.

Statement of the Problem

The problem of this study was: Are there differences between Androgynous, Masculine, Feminine, and Undifferentiated first-time mothers and first-time fathers perceptions of their competency in the physical and emotional care of their newborns?

Statement of the Purposes

The purposes of this study were to:

1. Identify the sex-typed characteristics of first time mothers and fathers based on sex-role identity: Androgynous, Feminine, Masculine, or Undifferentiated (Bem, 1974).

2. Determine the level of perceived competency of first-time mothers and fathers in the physical and emotional care of their newborns (Gibaud-Wallston & Wandersman, 1978).

3. Determine the differences between the reported sex-role identity and the mother's sense of competency in the physical and emotional care of the first born.

4. Determine the differences between the reported sex-role identity and the father's sense of competency in the physical and emotional care of the first born.

Justification of the Problem

There are some obvious and not so obvious biological differences between females and males, but the psychological differences primarily center around the established sex-role behaviors within society and specific cultures. Whatever heredity and environment play in the

development of sex roles, the fact remains that they become embedded into the personality, self-image, and self-concept of how one views female behaviors and male behaviors.

The principles of "masculine" and "feminine" are well defined within our society. At least they were until the sexual revolution reawakened many to begin to question these stereotypes. As Singer (1977) stated:

> The masculine stereotype would invariably include aggressivity, dominance, hardness, logic, competitiveness, achievement orientation, thinking, inventiveness, reason; while the female stereotype would include passivity, compliance, softness, emotion, co-operativeness, nurturance, intuition, conservation, and tenderness (p. 20).

David and Brannon (1976) in their book, The forty-nine percent majority: The male sex role, raised some interesting questions regarding the stereotype image of males and females in our society. They stated:

> The deeper cultural images of maleness and femaleness are seldom articulated. Their assumptions are implicit however, for they hold together and make whatever sense there is to the welter of specific rules and customs. Males are strong, females are

weak; males are aggressive, females are passive; males
are coarse, and direct, females, sweet, and emotional.
In time the exaggerated rigidity of teenage sex roles
will soften and mellow, but these basic role-concepts
remain embedded in the knowledge and assumptions of
virtually every member of our culture. Men are just
'naturally' one way, and women another; how could it
be otherwise? (p. 8).

The roles of family members have become more complex
and flexible. In the past, there was "women's work" and
"men's work," but today, these roles have begun to overlap,
thus producing more variation and possibly more confusion
for both females and males. As Filene (1976) stated, "'The
woman question' was, in fact, as much a question about
men. . . . Any revisions of the female part, in response
to the 'woman question,' would inevitably also change the
male counterpart" (pp. 68-69).

Parenting in both humans and other primates has
generally been the females' job. Because childbearing is
the function of women, childrearing has also been primarily
the responsibility of women. Until recently, fathers were
excluded from many of the rites of passage of the birth
process and early contact with their newborns. As Biller
(1974) stated:

The father is an important model for his child. The father's positive involvement facilitates the development of the boy's cognitive functioning, self-concept, his ability to control his impulses and to function independently and responsibly, and his overall interpersonal competence (p. 84).

In the late 1960s and early 1970s, there was dissatisfaction with the stereotyping of many of the research tools used to measure sex-role identity. Biller and Borstelman (1962) raised questions about the concept of androgyny. They stated, "Masculinity and feminity should not be conceived as mutually exclusive polar opposites, but rather as two separate, sometimes divergent, sometimes overlapping continuums" (p. 255). Not until 1972, however, did Bem propose the idea again and recognize its potential for interpreting sex role change as desirable. Bem (1974) developed a sex-typing scale based on the assumption that masculinity and feminity are independent and that many people possess characteristics of both.

The androgynous concept of sex-typing has many social implications for females and males in all social interactions and in the roles they assume in life. Both women and men might be freed from the traditional bondage of being female or male. The recognition of both

"hardness" and "nurturance" characteristics might free one to interact with others in a more flexible and comfortable manner. Those who recognize androgyny characteristics might indicate greater feelings of competency when interacting with their children. With more free and less binding roles, mothers and fathers might experience less role strain and role conflict with the birth of the first child.

Nurses who work with new parents need to support these parents in adapting and adjusting to the changes which occur in family functioning with the birth of the first child. Additionally, a goal of nursing is to keep abreast of social changes and to alter nursing practice to meet the changing social conditions. Fitzpatrick (1977) pointed out a continuous theme in nursing is concern with the future. She stated, ". . .like our predecessors we are also committed to change based on the needs of the field as we interpret and anticipate them" (p. v). This statement amply applies to nursing research and nursing practice in all areas of interest.

This study, therefore, examined the sex-typing characteristics of first-time parents and their perceived level of competency in caring for their first child. By considering how parents perceive their competency in the

parenting role and by determining the sex-role identity
of the parents, nurses might better assist parents in
determining which parenting methods work best for them.

Theoretical Framework

The theoretical framework for this study was that
of Symbolic Interaction Role Theory. The symbolic
interactionist theory was most comprehensively subjected
to systematic treatment by George Herbert Mead (1934).
Pragmatism was important to Mead's approach to truth.
The four basic general principles upon which truth was
important to symbolic interaction is as follows:
1. Truth is possible for the human being only through
the individual's own intervention.
2. Knowledge for the human being is based on its
usefulness.
3. Objects we encounter are defined according to their
use for us.
4. Understanding about the human being must be inferred
from what he or she does (Charon, 1979, p. 29).

Humans, to Mead, were emergent in nature because of
their ability to reason and to use symbols. To the
symbolic interactionists, everything about the human being
is considered as process, rather than stable and fixed.

The primary concepts used with the symbolic interaction framework are symbol, self, mind, and role-taking.

Mead called symbols "meaningful" or "significant" gestures, which refer to the fact that symbols have meaning to both the user and to others. Symbols are not an individual act but are social and meaningful to more than one. The most important symbol becomes that of language. As Charon (1979) stated, "Word's are symbols, they stand for something; they are meaningful; . . . their meaning is social . . . Our acts often are symbols . . . Many objects can take on a symbolic quality" (p. 42). The interaction that gives rise to reality is symbolic, and it is through symbolic interaction with each other that we give the world meaning and the reality toward which we act. Blumer (1969) stated this principle as follows: "Meaning arises out of the social interaction that one has with one's fellows" (p. 2).

Mead (1934) emphasized the social nature of the self. The self is an object, social in origin, and an object that undergoes change like all other objects in interaction. The self arises in interaction with others and is defined and redefined in interaction; therefore, the self is really a process, constantly changing as an individual interacts

with others. Mead (1934) distinguished between the "I" and
"Me" parts of the self. He stated:

> The 'I' is the response of the organism to the
> attitudes of the others; the 'me' is the organized
> set of attitudes of others which one himself assumes.
> The attitudes of the others constitute the organized
> 'me' and then one reacts toward that as an 'I'
> (p. 175).

The "me" is the social self that arises in interaction and
that one communicates with in interaction with others. The
"I" is the actor who interacts with self and with others.
Natanson (1973) stated:

> The distinction between the 'I' and the 'me' is, for
> Mead, a methodological one. In experience, in actual
> life situations, the self in its 'I' and 'me' aspects
> is an integral unity that may be called the
> 'personality.' The two phases of 'personality,' in
> this context, are stability and novelty . . . .
> (p. 17).

Another major concept within the symbolic interaction
theory is that of mind. The mind is best defined as
symbolic interaction with the self. Mead (1936) described
it as that which arises and is interdependent with the
self, "an inner flow of speech . . . that calls out

intelligent response . . ." (p. 381). Mind is not the same as brain. It is the manipulation of symbols, made possible through learning symbols and the development of self, that make minds. Figure I depicts the concept of mind in symbolic interaction with self (Charon, 1979, p. 91).

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                    INTERACTION
              ↙                    ↘
        SELF                          SYMBOLS
              ↘                    ↙
                    MIND      (symbolic interaction
                ↙        ↘      with the self;)
                              (self communication)

Making indications to        Making indications to
self about objects in        self, related to self
environment, including       including
    ↓           ↓                 ↓           ↘
Other humans  Non-human      SELF judgments      SELF analysis
              objects        SELF direction   SELF identity
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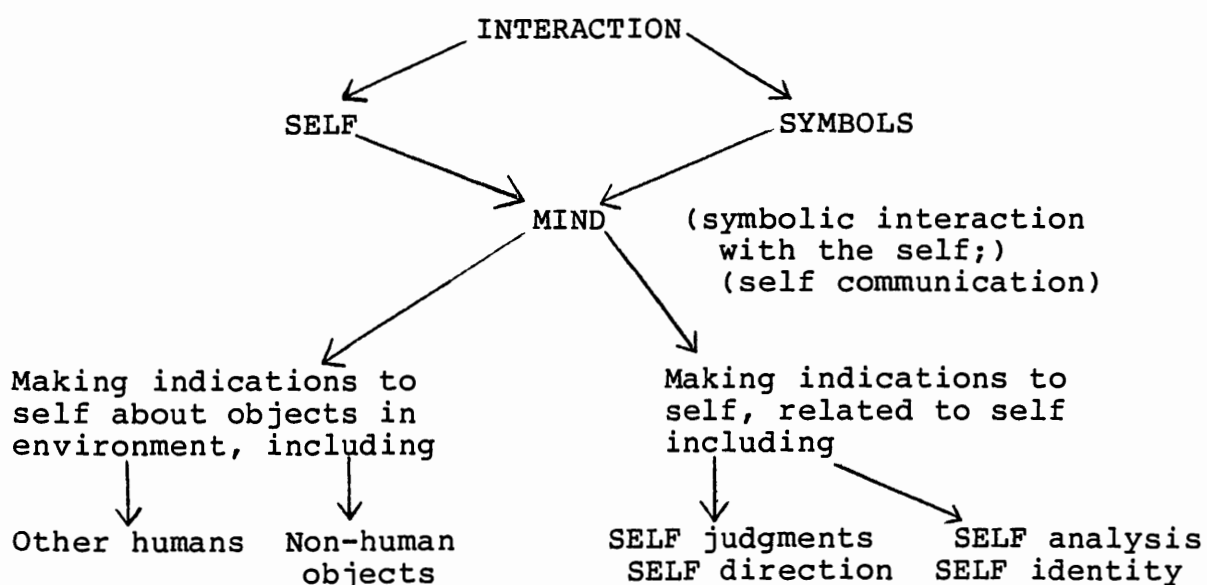
Figure 1. Summary of Mind Activity

One of the major concepts within the Symbolic Interaction Theory is that of taking the role of other. This concept is closely related to the concepts of symbol, self, and mind. In order to take the role of other, one must develop the self, use mind activity, and acquire and use appropriate symbols. Taking the role of others include significant others and the generalized other in the

development of self. Taking the role of other is the basic part of all interaction. Mead (1934, 1936) emphasized the following in regards to the relationship of mind, self, symbol, and role taking:

1.   Taking the role of the other is important to the emergence of the self.

2.   Taking the role of the other is important for self in all situations.

3.   Taking the role of the other is important for learning our perspectives on all things.

4.   Taking the role of the other is necessary for working through all social situations.

5.   Taking the role of the other helps the individual control the interaction situation through knowing how to manipulate, direct, or control others.

6.   Taking the role of the other is necessary for love.

7.   Taking the role of the other is basic to human cooperation.

8.   Taking the role of the other is the basis for human symbolic communication.

Foote and Cottrell (1955) labeled the ability to function effectively in human relationships as "interpersonal competence." They identified four phenomenon that influence or give rise to interpersonal competence:

(1) the number of cultural symbols, (2) role-taking ability, (3) repertoire of role skills, and (4) complexity of self-conception. Burr, Leigh, Day, and Constantine (1979) identified four propositions in relation to the above four phenomenon. For this study, two of these propositions were tested.

Propostion: The greater the repertoire of role skills, the greater the interpersonal competence.

Proposition: The more complex the conceptions about the self, the greater the interpersonal competence.

There is an interaction of self and role. For this study, the self would relate to the mothers and fathers reported sex-role identity, and the role skills would relate to the perceived competency in caring for the child. The following researcher developed model (see Figure 2) illustrates the proposed components for this study.

Assumptions

The following assumptions were drawn from symbolic interaction theory and from research related to androgyny and were pertinent to this study:

1. Sex-role identity is a part of self-concept and self-esteem and is derived from the culture (Bem, 1975).
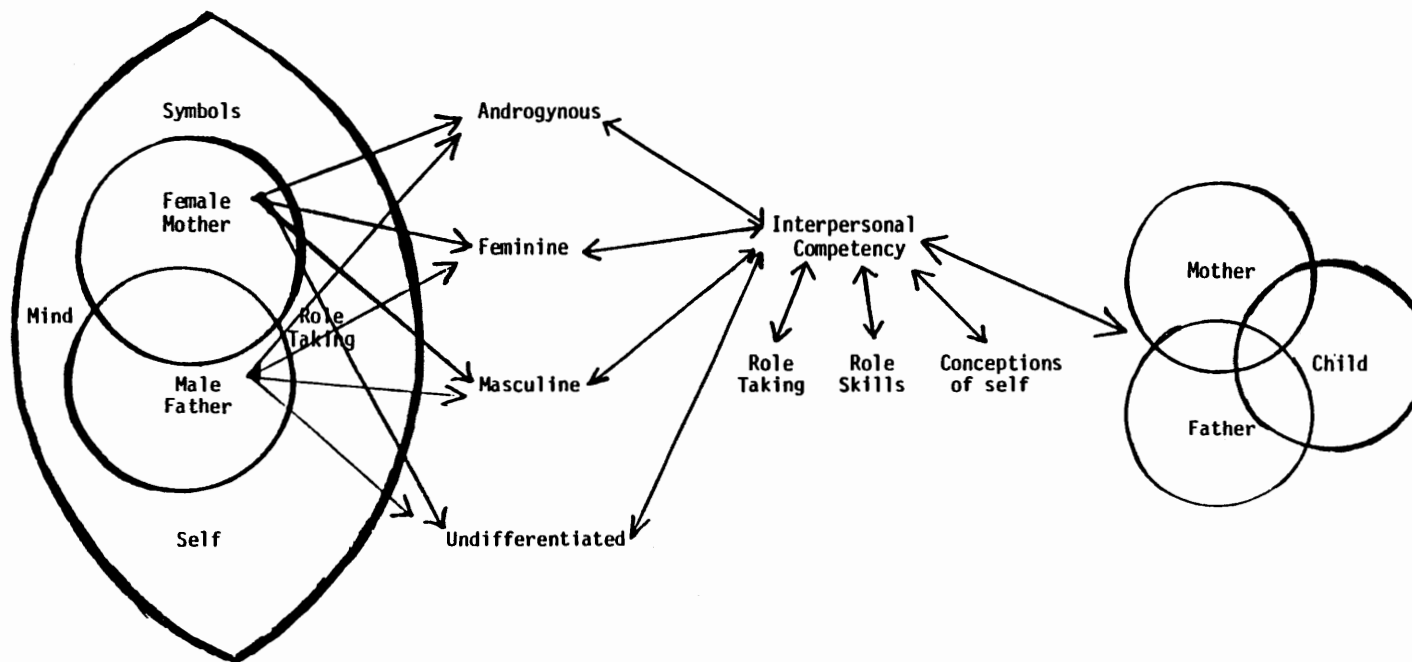
Figure 2. Researcher's Model Illustrating Major Components of the Study

2. The human being is an actor as well as a reactor (Stryker, 1959).

3. Social conduct is most immediately a function of the social milieu (Hill & Hansen, 1960).

4. An effect on one partner in the relationship will influence the behavior of the other (Ackerman, 1954).

Hypotheses

HO_1 There are no significant differences among Androgynous Feminine, Masculine, or Undifferentiated first-time mothers as measured by the Short Bem Sex-Role Inventory in perceived competency in parenting as measured by the Parenting Sense of Competence Scale.

HO_2 There are no significant differences among Androgynous, Feminine, Masculine, or Undifferentiated first-time fathers as measured by the Short Bem Sex-Role Inventory in perceived competency in parenting as measured by the Parenting Sense of Competence Scale.

HO_3 There are no significant differences among Androgynous, Feminine, Masculine, or Undifferentiated first-time mothers as measured by the Short Bem Sex-Role Inventory in perceived skill/knowledge of parenting as measured by the Parenting Sense of Competence Scale.

HO_4 There are no significant differences among Androgynous,
Feminine, Masculine, or Undifferentiated first-time
fathers as measured by the Short Bem Sex-Role
Inventory in perceived skill/knowledge of parenting
as measured by the Parenting Sense of Competence
Scale.

HO_5 There are no significant differences among Androgynous,
Feminine, Masculine, or Undifferentiated first-time
mothers as measured by the Short Bem Sex-Role
Inventory in perceived valuing/comfort area of
parenting as measured by the Parenting Sense of
Competence Scale.

HO_6 There are no significant differences among Androgynous,
Feminine, Masculine, or Undifferentiated first-time
fathers as measured by the Short Bem Sex-Role
Inventory in perceived valuing/comfort area of
parenting as measured by the Parenting Sense of
Competence Scale.

Definition of Terms

Androgyny: The integration of both feminine and
masculine personality characteristics within a single
individual (Bem, 1974).

Androgynous: The designated sex-role identity when an individual scores above the median in both femininity and masculinity based on the median femininity and masculinity scores of this sample of 101 first-time mothers and 101 first-time fathers.

Feminine, femininity: The designated sex-role identity when a subject scores above the median in femininity and below the median in masculinity based on the median femininity and masculinity scores of this sample of 101 first-time mothers and 101 first-time fathers.

Masculine, masculinity: The designated sex-role identity when a subject scores below the median in femininity and above the median in masculinity based on the median femininity and masculinity scores of this sample of 101 first-time mothers and 101 first-time fathers.

Undifferentiated: The designated sex-role identity when a subject scores below the median in both femininity and masculinity based on the median femininity and masculinity scores of this sample of 101 first-time mothers and 101 first-time fathers.

Skill/Knowledge Competency: An assessment of parents' perceptions of the degree to which they have acquired the skills and understanding to be a good parent as measured by

the skill/knowledge subscale of the Parenting Sense of
Competence Scale (Gibaud-Wallston & Wandersman, 1978).

Valuing/Comfort Competency: An assessment of parents'
perceptions of the degree to which the individual values
parenthood and is comfortable in that role as measured by
the valuing/comfort subscale of the Parenting Sense of
Competence Scale (Gibaud-Wallston & Wandersman, 1978).

Limitations

1. The sample consisted of volunteer subjects from
the designated population group without random selection.

2. The findings can only be generalized to first-time
parents who meet the same criteria as the sample and reside
in a specific area.

3. Since no control was made of the data collection in
the home, the couples may have shared their ratings of
themselves.

Summary

In Chapter I, justification of the problem identified
the need to reexamine the stereotype sex-role categories
in relation to first-time parents and their self-ratings
of competency in the parenting situation. Symbolic
Interaction Theory provided the framework for the study.

Assumptions underlying the study were drawn from the theoretical framework and from research related to androgyny.

The hypotheses for the study consider how first-time fathers and first-time mothers who rate themselves as Androgynous, Feminine, Masculine, or Undifferentiated differ in their perceived competency in the skill/knowledge and valuing/comfort areas of child care. These hypotheses were drawn from two propositions derived from the theoretical framework.

Chapter I concludes with definitions of terms and limitations. These were derived from the theoretical framework, from the research design, and from the tools used to collect data.

CHAPTER 2

REVIEW OF THE LITERATURE

Underlying the idea that society has different sex
roles for males and females is the assumption that sex-role
identification is acquired by children at birth, and these
differences are reinforced by parents, peers, teachers and
others. The traditional perspective, as described by
Kessler and McKenna (1978), is that someone is born into
the category of male or female and by virtue of his or her
birth becomes obligated to perform the male or female role.
Gender roles have many components, including activities,
interests, skills, dress, and sexual partner choice.
Yorburg (1974) stated that for each of these components,
there are clear and different expectations for those who
occupy the male role and the female role.

Recently, sociologist Thorne (1980) questioned the
whole concept of gender role since a person's gender
affects expectations about all behaviors in many different
role settings. Gender may be too permanent and pervasive
to be considered a role and may be better thought of as a
status or an identity. Thorne suggested that more specific
terms such as gender identity, gender stereotyping, gender

20

expectations, gender satisfactions, or gender and social interaction be used. To understand any of the above terms, one must have some knowledge of the theoretical perspectives related to how girls learn to be girls and how boys learn to be boys. Psychoanalytic theory, social learning theory and cognitive developmental theory will be discussed in relation to sex-role identity.

Theoretical Perspectives

Psychoanalytic Theory

Freud's (1927) psychoanalytic theory emphasized the biological differences between the sexes, penis versus clitoris and vagina, in his approach to the development of gender role and gender identity. Freud did not speak of gender role or gender identity, but he focused on the premise that people are born with one of two possible anatomies, male or female. His theory is essentially a drive theory in which the organism strives to reduce tension to its lowest possible level.

In Freud's theory, there are few, if any, sex differences in the first two psycho-sexual stages of libidinal development. During the oral and anal stages, both sexes identify with the mother, valuing her as a sex object and taking on some of her values and actions. At

the phallic stage, from three to seven years, sex
differences begin to appear. During this stage, the boy
begins sexually desiring his mother, thus beginning the
"Oedipus complex." The "Oedipus complex" ends for the boy
when he discovers the anatomical differences between the
sexes. He begins to fear that his father, out of jealousy,
will cut off his penis the way the girls' penises have
already been cut off. The boy, therefore, reduces his fear
by identifying with his father, thus acquiring his gender
identity and gender role.

Freud considered the process more complicated for
girls. The female version of the "Oedipus complex" is the
"Electra complex" and is begun when the girl discovers that
males have penises. Due to the lack of a penis which she
blames on her mother, she transfers her love to the father,
who possesses the longed-for penis, and she becomes hostile
toward and angry with her mother. The wish for a penis,
realizing that it can never be fulfilled, is discarded, and
in its place comes the desire for a child from the father.
Gradually, the girl also realizes this cannot be fulfilled,
and she turns back to her mother whom she then identifies
with.

Psychologists who came after Freud varied in the
extent to which they supported his views on gender

development. Regardless of how far they deviated from the Freudian model, they remained convinced of the sequence of events: Genital awareness leads to the Oedipal fantasy or castration anxiety which leads to identification which leads to gender role. Person (1974) stated that identification with the mother is seen as primary for all children, and the development of gender role is viewed as beginning before genital awareness as a result of parents' labeling of the child as either boy or girl. The major criticism of this theory is that children continue to learn gender roles throughout childhood, preadolescence, and adolescence, and these are important stages in learning masculine and feminine behaviors (Maccoby and Jacklin, 1974).

Social Learning Theory

Mischel (1966) and Bandura and Walters (1963) have been identified with a social learning theory of the development of gender role and gender identity. This theory emphasizes differential reinforcement, modeling, and generalization as the most important developmental mechanisms. According to this theory, sex-typed behavior is behavior that receives different awards from the environment as a function of the gender of the child exhibiting the behavior. Thus, there are sex differences

only because people in the environment consistently react to, interpret, evaluate, and reward behavior differentially based on the gender of the person involved. The learning principles, modeling, imitation, and identification, emphasize the observable antecedents, rather than the inferred intrapsychic processes such as the Oedipal fantasy.

Through observation children learn behaviors associated with both parents. They learn these without any direct reinforcement because they see their parents as powerful, effective, and having control over rewards. Eventually, through differential reinforcement from parents, peers, teachers, and others, children begin to know what they can and cannot do (Kessler & McKenna, 1978). The male child thinks: "I want rewards; I am rewarded for doing boy things; therefore, I want to be a boy." The female child similarly learns that she is rewarded for doing girl things.

Social learning theory maintains that through modeling, learning takes place in the form of informative functions. When one observes a model, symbolic representations of the activities performed by the model serve as guides for the appropriate performances by the observer. Bandura (1971) identified four processes involved in observational

learning: attentional processes, retention processes, motor reproduction processes, and motivational processes.

Another aspect of social learning theory is imitation. Bandura (1971) concluded that powerful and nurturant models were more likely to be imitated than those who did not possess these qualities. Maccoby and Jacklin (1974) suggested that parents are the models children would most likely copy in acquiring sex-typed behaviors, and they tend to imitate same-sex models that are perceived similar to themselves. Identification denotes a special kind of imitation. The observer will duplicate the model's pattern of behavior without any special training or reward because of the relationship between the observer and the model.

Cognitive Development Theory

Kohlberg's (1966 and 1969) congitive developmental theory proposed that gender identity and gender role develop through stages that parallel Piaget's stages of cognitive development. Kohlberg cited five mechanisms by which gender identity and gender role are acquired. The first stage, from three to five years of age, is the "consistency" stage, during which the child responds to new interests in a way consistent with past interests and behaviors. Sex differences during this stage might be the

result of innate differences or of differential treatment by parents.

In the second stage, from three to four years, the child begins to label himself or herself by sex and to value the self as good. Same-sex peers and sex-typed activities are preferred, because the self and things similar to the self are valued. During the third stage, from four to six years, children acquire both object and gender consistency. After the age of four, the child sees gender as a constant and prestige, competence, and goodness become associated with the male stereotype, while niceness and attractiveness become associated with the female stereotype. In the fourth stage, from five or six to seven years, conformity to the sex role is seen as moral and performing out of role as immoral. In the last stage, from age seven and continuing thereafter, children tend to model adults who have prestige, power and competency, and who are in some way like the self. Sex typing occurs because that is the way things are, and sex typing does not increase after this age, at least according to Kohlberg (1969).

Sex-Role Stereotyping

Parents appear to sex-type their infants on the first day they are born. Hoyenga and Hoyenga (1979) stated:

Parents subscribe to the stereotype and so treat their children differentially on the basis of gender. The models that the child imitates and the culture that the child internalizes all present the same stereotype. These stereotypes are found in books, in magazines, and on television. There are certainly large cross-cultural commonalities in sex stereotypes and sex typing, which could consistently bias sex differences in particular ways. For example, males are usually assigned the more aggressive roles and traits, and girls are raised to be more nurturant. Still, there are only two cultural universals: Men have more status than women, and traits and jobs are assigned on a sexually dimorphic basis in all cultures (p. 197).

Rubin et al. (1974) asked 30 pairs of parents of one-day old infants to describe them as they would to a close friend or relative. There were 15 boy infants and 15 girl infants. The infants did not vary in their birth weight, birth length, or various medical index; yet, they were differentially perceived and labeled. Both mothers and fathers described their daughters more often as little, beautiful, cute, weaker, delicate, and as resembling their mothers. Boys, however, were described more often as firmer, larger featured, better coordinated, more alert,

stronger, and hardier. Rubin concluded that these descriptions were based on preconceived notions of maleness and femaleness.

In another study, Will et al. (1976) presented the same infant, a six-month-old boy, to some mothers with blue pants under the name of "Adam" and to other mothers with a pink dress by the name of "Beth." The mothers were asked to hold and play with the infant for several minutes. All of the mothers had small children of both sexes of their own, and they reported that they perceived no differences in their actions toward male or female infants. When the mothers played with "Adam" or "Beth," however, they presented a train more often to "Adam" and the doll more often to "Beth." None of the mothers seemed aware of the differential treatment.

Moss (1967) suggested that mothers respond initially more to their boy infants because they are awake longer and are more active. After several months, however, mothers talk less to boy infants, whereas the reverse was true for mothers of infant girls. Mothers talk less initially to girl infants, but this increases after several months because girls have been reported to be calmer and more frequent vocalizers.

Peterson and Peterson (1973) asked future parents for the sex preference of their first and only child. They found that boys were desired by 90 percent of the men and by 92 percent of the women. They compared their results with a similar study conducted in 1954 and found that boys were desired in 93 percent of the men and by 90 percent of the women. Wesley and Wesley (1977) stated that Mao Tse-Tung repeatedly emphasized that the greatest stumbling block toward reaching zero population growth in China is the Chinese woman's desire to have male offspring. This is true also in other societies.

Numerous investigations related to sex role sterotyping have shown that stereotypes are widely held and persistent (Ellis & Bentler, 1973; Feinberger, 1948; Komarousky, 1973; Neufeld, Langmeyer & Seeman, 1974). Bardwick and Douvan (1972) summarized the traditional sex role stereotypes for males:

. . . independence, aggression, competitiveness, leadership, task orientation, outward orientation, assertiveness, innovation, self-discipline, stoicism, activity, objectivity, analytic-mindedness, courage, unsentimentality, rationality, confidence, and emotional control;

and for females:

> . . . dependence, passivity, fragility, low pain
> tolerance, nonaggression, noncompetiveness, inner
> orientation, interpersonal orientation, empathy,
> sensitivity, nurturance, subjectivity, intuitiveness,
> yieldingness, receptivity, inability to risk,
> emotional lability, and supportiveness (p. 255).

Gersoni-Staun (1974) stated that sex-role stereotypes is such a large field that a rather long book is needed just to analyze stereotypes in grade school and high school readers and on television. Parental stereotyping can affect the sex role stereotypes of their children. Perloff (1977) tested the degree to which mothers and fathers and their children perceived other people in sex role stereotypic ways by using the sex role stereotypic traits as developed by Broverman. Perloff found that the more stereotyped the parents were, the more stereotyped the children tended to be.

Williams (1977) summarized the research findings related to sex differences and what differences have been shown to exist and the common misconceptions. She reported the following:

1. Behavioral differences between boy and girl neonates have not been demonstrated.

2. Absolute differences in cognitive ability and social and affective behavior in the first two years have not been conclusively demonstrated. However, patterning of cognitive development is more consistent with age for girls and is more strongly related to social class. Irritability and fearfulness are more consistent with age for boys. Mothers are equally warm, nurturing, and accepting of boy and girl babies.

3. Girls have higher verbal abilities, and boys have higher mathematical and spatial abilities.

4. The evidence for sex differences in fearfulness, dependency, and nurturance is inconclusive. Girls seem to be more oriented toward intimacy in interpersonal relations, but they do not exhibit more of the behaviors usually included in definitions of dependency in the research. Both boys and girls can display nurturant behaviors.

5. From early childhood, boys have a higher level of aggressive behavior than girls. This difference has been observed in other cultures as well as in animal species (p. 155).

A criticism, however, of many of these studies on sex stereotyping relates to the procedures or tools used to measure masculine-feminine traits. Constantinople (1973)

provided an extensive review and critique of existing
scales of masculinity and femininity. According to
Constantinople, the scales were not useful because they
measured more than one dimension. Masculinity and
femininity are separate dimensions, not just opposite ends
of the same dimension. Due to many of these criticisms,
the concept of androgyny was readdressed by many
researchers.

Androgyny

    The concept of androgyny is derived by combining the
Greek words "andro" for male and "gyn" for female.
Heilbrun (1973) defined androgyny as a condition under
which the characteristics of the sexes and the human
impulses of men and women are not rigidly assigned: Women
may be aggressive and men may be emotional. Heilbrun found
traces of androgyny throughout literature from the biblical
past to contemporary times. She believed that Shaw's
St. Joan was the prototype of the entirely androgynous
individual. Creel (1953) related that ancient Chinese
philosophy used the principles of "Yin" and "Yang" to
describe the masculine and feminine characteristics in the
same individual. Carl Jung (1956) referred to the "anima"
and "animus" as the feminine and masculine characteristics
in all humans. Freud (1940) believed that individuals are

inherently bisexual with each sex possessing some masculine and some feminine characteristics.

Singer (1977) related the concept of androgyny in various religious, philosophical, and psychoanalytic sources. She stated:

Androgyny may be the oldest archetype of which we have any experience. It derives from, and is second only to, the archetype of the Absolute, which is beyond the possibility of human experience and must remain forever unknowable. The archetype of androgyny appears in us as an innate sense of primordial cosmic unity, having existed in oneness or wholeness before any separation was made (p. 6).

Singer found references to the androgyne in the Creation, in Astrology, in Kabbalah, in Alchemy, and in Eastern religions as well as in Plato. She traced the history of androgyny from mythology to the present in which the sexual revolution has created the desire to establish new values in the realm of sex and gender.

Rossi (1965) popularized the concept of androgyny when she referred to sex roles in which men and women incorporated characteristics of masculinity and femininity into their personalities. Kaplan and Bean (1976) believed that the critical point of the androgyny model is that it

offers individual flexibility and is grounded more in the socio-cultural context than in the learned sex role appropriate behavior. Individuals, therefore, are not bound to conforming to static sex roles but can recognize his or her full potential for dynamic interaction with the environment. Nurturance and gentleness for the male in a child-rearing situation is as appropriate as independence and assertiveness for the female in the employment situation.

Several investigators (Bem, 1974; Berzins, Welling & Wetter, 1978; Spence, Helmreich & Stapp, 1975; Heilbrun, 1976) have studied androgyny and developed instruments for measuring sex role orientation in which masculinity and femininity can be measured independently.

Bem (1974), in seeking to develop a concept of mental health free from culturally imposed definitions of masculinity and femininity, originated the concept of psychological androgyny. Psychological androgyny refers to the ability of an individual to remain sensitive to changing constraints of the situation and engage in whatever behavior seems most appropriate, regardless of the stereotype. The androgynous individual, therefore, can blend masculine and feminine behaviors in a single act or be more instrumental or expressive depending on the

situation. The terms instrumental and expressive have been incorporated into the stereotypes of masculinity and femininity largely due to the original study on family socialization by Parsons and Bales (1955).

Spence, Helmreich, and Stapp (1975) conceptualized masculinity and femininity as a dualism, each a separate and socially desirable component present in both sexes though in different degrees. In their research, they found that for both sexes significant differences were obtained on a measure of self-esteem and a subject's classification of androgynous or nonandrogynous. Those classified as androgynous scored significantly higher in self-esteem as measured by a "Personal Attribute Questionnaire."

Hawley (1971) investigated the attitudes of high school counselors and female students with regard to the stereotype of womanhood. She found counselors were significantly more androgynous than their students. However, she also reported a strong relationship between high IQ scores and androgynous attitudes indicating that girls who were androgynous tended to be academically more capable and resistant to sex role stereotypes.

Bem (1974) constructed a sex role category scale, the Bem Sex-Role Inventory, to identify androgynous people, sex-typed people, and opposite-sex-typed people. Based on

the responses of college students, traits were divided into
masculine traits, feminine traits, and socially desirable
traits that have no particular sex-role. Subjects rated
themselves on a scale of one to seven on a series of traits;
the average of all ratings on feminine traits constituted
the femininity score, and the masculine score constituted
the average of all ratings on the masculine traits.
Androgynous persons achieved a high femininity score and a
high masculinity score. Using this scale, Bem found
androgynous people were less conforming. In another study,
Bem (1975) found that both masculine and androgynous
subjects were significantly more independent, having their
judgments less influenced by the opinions of those around
them, than feminine subjects.

Bem (1975) also measured nurturance by observing
the subject's willingness to play with a kitten. Both
feminine and androgynous men played more with the kitten
than did feminine women. A later study by Bem (1976)
found women and men who were neither masculine or feminine
(undifferentiated) played very little with the kitten. The
unexpected finding of feminine females demonstrating very
little nurturant behaviors with the kitten may have been
due to dislike or fear of the kitten. Bem, Martyna, and

Watson (1976) observed interactions of subjects with a human baby and a lonely college student. Androgynous subjects and both feminine males and feminine females were more nurturant than those masculine subjects of either sex.

Androgynous subjects may also be more flexible in other sex role behaviors. Bem and Lenny (1976) gave male and female subjects a list of pairs of activities and asked them to indicate which one of each pair they would rather do. Females were more willing to engage in cross-sex behaviors. Androgynous subjects, masculine females, and feminine males were all more willing to perform the sex-inappropriate activities and were more comfortable performing them.

Allgeier (1975), using the Bem Sex-Role Inventory, found that androgyny in women was correlated with family size and achievement strivings. The androgynous women preferred smaller families, were more competent, were more open about sex, and had begun contraceptive education earlier than sex-typed women.

Ziegler (1977) studied 121 junior and senior nursing students of both sexes to determine if differences existed in nurse role expectations, satisfaction with occupational choice, academic achievement, and self-actualization associated with androgyny and other sex role orientations

when gender sex and class level were controlled. The Personal Attributes Questionnaire (Spence, Helmreich & Stapp, 1975) was used to determine sex role orientation. Ziegler found that androgyny was not associated with measures of more effective behavior in her sample of nursing students. The subjects did not, however, assign the feminine sex role stereotype to the typical nurse.

Nussbaum (1980) investigated the relationship between psychological androgyny (Bem's Sex Role Inventory, 1974) and maternal role satisfaction and maternal role conflict in 99 primiparous women during the neomaternal period. Results indicated that psychologically androgynous primiparous women report significantly greater maternal role satisfaction than do undifferentiated, masculine, or feminine women. The four groups (masculine, feminine, androgynous, or undifferentiated) did not differ with respect to maternal role conflict; all groups experienced varying degrees of role conflict at different times.

Mothering

Usually, after a woman has assumed the roles of wife and housewife, the role of mother is seen by most women as the most important event in the life of the adult female. While the children are young, the responsibility and socialization of the young and the feeling of importance

deriving from that responsibility are major sources of satisfaction and self-esteem for many women (Williams, 1977).

St. Augustine, the fourth-century Christian scholar, presented a model of motherhood in a reverential description of his mother, Monica. He praised her for putting up with his father, an unbeliever and adulterer, for praying for him, and above all for never chastising him or showing any temper (Figes, 1970). This praise for a mother encompassed the notion that "mother" is a specific person in the lives of most children and adults. Mother's Day, along with Father's Day, recognizes the importance placed on these roles by society.

Despite the importance placed on the traditional view of mothering, the everyday strains of mothering have escalated due to rapid societal fluctuations. Alterations in career patterns, women's roles, self-views, living arrangements, patterns of family life, and childrearing are a few of the factors that change the analysis of modern methods of describing and coping with mothering. According to Purdue, Horowitz, and Herz (1977), the terms "mothering," "motherliness," and "motherhood" trigger a whole array of responses related to childrearing. They stated:

"Mother" is defined as a female who is primary socializing agent for children. "Motherhood" is the state of being a mother. The behaviors, skills, and understanding required to fulfill the role of mother are called "mothering." "Motherliness" is a feeling that comes from and grows with increased contact with the child (p. 492).

Thoughts and memories of our mothers often evoke emotions that are intensive and meaningful. Rossi (1965) cited a 1962 Gallup survey of American women which found that childbirth was "the most thrilling event" in the lives of half of the sample. Although today's young women have fewer children and spend less than half of their lives mothering, the role of mother will continue to be the most important focus of their lives while the children are young. Purdue, Horowitz, and Herz (1977) described aspects of both the "good" and "bad" mother which are most often incorporated into one person. The "good" mother is one who always meets our needs, emphasizes the positive, and protects and loves us. "Bad" mothers are those mothers who control us, cast aspersions, induce guilt and anxiety, and withdraw love.

Lopata (1971) asked women about the consequences of becoming a mother. These women defined several areas which

could be identified as resulting directly from the event of motherhood: redefinition of one's identity, greater maturity, less selfishness, constriction of one's world, and more work. These women cited the following satisfactions with the homemaker role: having children, seeing them grow up, feeling proud of them, family relations, husband, and a happy marriage. When asked about problems peculiar to the role, most of them spoke of problems with children. The four major problem areas in being a mother related to our own behavior in the role, the child's behavior, actions of others in the social circle, and role conflict.

The contemporary view of mothering can be linked to Parsons and Bales (1955) conceptualization of mothering as a task within a nuclear family. According to their view, expressive behaviors such as affection, support, and interchange among family members are part of the expressive role. Mothering expressive tasks included a set of interpersonal skills designed to foster the emotional, intellectual, and physical development of the child.

Congruent with Parsons and Bales thinking, nursing literature focused on mothering in a similar fashion. Rubin (1961) described the task of mothering as (a) identifying the new child, (b) determining one's

relationship to the child, and (c) guiding and
reconstructing the family constellation to include the
new member. Assessment of the maternal-infant bonding
process as described by Klaus and Kennell (1976) provided
a framework for evaluating a mother's ability to carry out
these tasks.

In adopting the contemporary view of mothering as a
role is the understanding that mother is a person first and
a parent second. It may be that the term mothering is not
appropriate and has outlived its usefulness. What about
those males who adopt a child or a single male parent who
performs nurturing tasks? Do we term him a "mother?" What
about a single female who performs instrumental tasks? Do
we term her as a "father?"

Fathering

From a historical point of view, the nineteenth
century role of the father was that of the breadwinner.
Literature related to the male's parental role was almost
limited to impregnation, paying the bills, and acting as a
role model for adolescent boys (Phillips and Anzalone,
1978). Due to industrialization and urbanization, the
father spent more time away from home; therefore, the
woman's domain became the home and children, and the man's
domain became the working world.

Biller and Meredith (1975) stated that men were not permitted to become emotionally committed to childbearing and childrearing and thus were not active participants in pregnancy and birth. Although fathering and paternal roles are learned, the father has not been readily available as a masculine role model. Young boys, therefore, may have difficulty identifying with the paternal role and learning fathering behaviors (Kiernan and Scholoveno, 1977).

Societal role definitions, however, have begun to change due to increased emphasis on sexual equality and socioeconomic factors. Murphy (1979) stated: "The integrated nature of American society dictates that changes in the role of women must be accompanied by complementary role changes for men" (p. 3). As a result of the changing roles of women, the father's role has expanded, and men have undertaken more childrearing responsibilities. Today, the father's character traits may include qualities of tenderness, warmth, compassion, and nurturance.

Benedek (1970) and Josselyn (1956) hypothesized that fatherhood and fathering may parallel motherhood, motherliness, and nurturing. Benedek suggested that these traits may be complementary to each other and necessary for the emotional well-being of the child. Ritzman and Camilleri (1978) collected data from 30 well-educated,

middleclass men who were fathers. The fathers were primarily viewed as the breadwinner and the mother responsible for running the household and childcare. The fathers, however, were inclined to share the many tasks required to maintain a family, and their role complemented that of the mothers. Defining the parental roles were seen as a joint enterprise for the mother and father, and the parents shared a common frame of reference concerning the basic orientation and values of childrearing. Ritzman and Camilleri (1978) identified two factors which influenced the way men arrive at ideas concerning child development and the father's role: mother's thought of fathering, and the influence of significant others upon the father. They stated that the father's role is defined by what society considers the father's role to be, what the father learned about fathering as a child, and what family members expect of the father.

Reiber (1976) stated that two distinct roles of mothering and fathering are simply sex-role distinctions which have been imposed by societal norms. Reiber observed seven couples to determine parental attitudes and nurturing activities. Parent-child interactions were observed when the infant was between five and nine weeks old. Fathers

tended to engage in nurturing behaviors similar to those of mothers. The most frequent behavior for both the father and mother were the proximal behaviors of looking at, holding, talking to the infant, and touching. Generally, the mothers provided more caretaking activities, and the men were involved in nurturing the infant only as much as the mother permitted.

Manion (1977) studied 45 first-time fathers' involvement with newborns to determine what caretaking activities fathers provided and what factors influenced this participation. Results indicated that fathers provided caretaking activities, such as feeding, diapering, and bathing. The variables that influenced their participation included satisfaction from the interaction, desire to help the mother, and the recent emphasis on the importance of the father's role in child development.

Hott (1976) believed that a father's involvement in pregnancy and childbirth helped the father feel closer to both the mother and child. Hott further explained that the father's feelings and thoughts may affect the mother's regard for the child and may, additionally, affect the future family interactions. McLaughlin (1980) believed there was a need for early parenting, and future child activities may be hampered if such an involvement is absent

during pregnancy. May (1976) asserted that pregnancy has an emotional and physical impact on men, and these changes elicited during pregnancy may be related to the father's identity.

Antle (1975) reviewed the literature pertaining to fatherhood and fathering roles. The review indicated that the father's role in pregnancy is undefined, the dynamics of fatherhood are unclear, and there is not a definite role transition procedure evident. Antle suggested that the father's willingness and encouragement to "feel pregnant" may correlate with "feeling fatherly" after the child is born.

The role of mother, with childbearing and childrearing expectations, has been more clearly defined by society than the role of the father. Many of these definitions or expectations have been traditionally sex/gender specific, and possibly they have been limiting and inflexible. Because of these traditional expectations of the roles of fathers and mothers, the time has come to reexamine and redefine them. With this knowledge, it might be appropriate to view parenting tasks, roles, characteristics, behaviors, and relationships as androgynous, determined by personal choice rather than by gender. An openness and flexibility in parenting roles,

which is part of the androgynous perspective, would help parents determine which parenting models, methods, and role allocations work best for them.

Parent Competency

The set of skills necessary for effective parenting are varied, complex, and dynamic. The acquisition of skills and the comfort in the role of parent depend on how parents feel and behave in the role. The skill or set of abilities allowing individuals to shape the responses obtained from others is what Foote and Cottrell (1955) referred to as interpersonal competence. They analyzed competence into the constituent elements of autonomy, creativity, empathy, health, intelligence, and judgement.

Weinstein (1966) defined competence as the ability to accomplish interpersonal tasks, specifically those tasks related to manipulating others' responses. He further elaborated by defining interpersonal competence in terms of the actor's aims in reference to a role-specific or relationship-specific capacity. Additional concepts and constructs used by Weinstein (1966) to more specifically define interpersonal competence were interpersonal tasks, lines of action, encounters, situations, and definitions of the situation.

Roher, Seeman, and Liverant (1962) believed that an internal locus of control, seeing one's acts as standing in an orderly relationship to the consequences, would theoretically lead to a higher motivation for interpersonal competence. An external locus of control, on the other hand, would reduce interpersonal competence.

Burr, Leigh, Day, and Constantine (1979) identified four mental phenomenon that influence interpersonal competence: number of cultural symbols, role taking ability, repertory of role skills, and complexity of self conceptions. Sarbin and Allen (1968) defined competence as the psychological and physical readiness to perform some task at a given level of competence. They divided competency into cognitive skills (social sensitivity, identification, and social perception) and motoric skills (appropriate body movements, differential muscular responses, and vocal responses) associated with particular social responses.

Hill and Aldous (1973) theorized that role competence is influenced by knowledge of role behavior, ability to acquire role behavior, and the motivation and readiness to incorporate the behavior into role schema. Kaplan (1980) assessed parenting as a multi-dimensional competence that includes the ingredients of an effective psychotherapist

and teacher. He saw psychotherapy, teaching, and parenting all involving the relationship of a ". . . more and a less expert person in which the more expert attempts to provide conditions that maximize the growth of the less expert or competent" (p. 71).

Kelly and Worell (1977) tested role skills using a role-playing paradigm in which subjects role played responses to a partner in various situations designed to elicit either warm, complimentary social skills, or refusal assertiveness. Androgynous subjects were rated as highly effective, Masculine and Feminine subjects did not differ, whereas the Undifferentiated subjects were judged as highly inept and socially ineffective. They concluded that social responses require blending of both masculine and feminine type skills, and that androgyny probably represents the upper range of a general social competency dimension.

Gibaud-Wallston and Wandersman (1978) believed that a subjective sense of competence was of central importance to individuals and that competence was instrumental to need satisfaction. In an attempt to specifically measure competency in the parenting situation or role, they designed and tested the Parenting Sense of Competence Scale. The items for the scale were loosely modeled from those in Wagner and Morse's (1975) "Sense of Job Competency

Scale," with the wording altered to make it appropriate to the parenting situation. They found that mothers who had babies they perceived as easy to take care of reported more overall sense of competence as parents and were more satisfied with the role. Mothers who had good support systems also perceived themselves as more competent. Fathers reported overall competence as well as competence in skill/knowledge and the value of and comfort in the role, regardless of whether the baby was perceived as easy or difficult. If there was reported marital dissatisfaction and blame placed on the entrance of the child into the family system, the fathers achieved lower valuing/comfort scores, but the skill/knowledge competency was not affected.

Summary

The review of the literature began by reviewing the psychoanalytic, social learning, and cognitive theories of socialization and how girls learn to be girls and how boys learn to be boys. Classic studies related to sex-role identity and the social, cultural, physical and psychological differences and similarities between females and males were reviewed.

Literature and research related to androgyny appeared
to indicate that androgynous individuals are more flexible,
more independent, and more willing to engage in out-of-sex-
role behavior. Thus, these androgynous individuals may
seem more mentally healthy and socially competent.

The concluding sections focus on research related
to mothering and fathering. Few studies, however, have
included the mother and father in a single study. In
recent years, the importance of the father's participation
in the birthing process as well as the Women's Liberation
Movement have created an increased interest in studying the
family as a unit.

CHAPTER 3

PROCEDURE FOR COLLECTION AND

TREATMENT OF DATA

This chapter deals primarily with the methodology used
to conduct the study. This descriptive ex post facto study
was in line with Kerlinger's (1973) definition of ex post
facto as referring to a:

> . . . systematic empirical inquiry in which the
> scientist does not have direct control of independent
> variables because their manifestations have already
> occurred or because they are inherently not
> manipulable. Inferences about relations among
> variables are made without direct intervention,
> from concomitant variation of independent and
> dependent variables (p. 379).

Included in this chapter are the setting, sample, human
rights, data collection method, and treatment of the data.

Setting

The setting for this study was a large metropolitan
city in the southwestern region of the United States. The
sample of first-time mothers and fathers completed the data

collection instruments in their homes and returned them to the researcher by mail.

Sample

The target population included couples who lived together and were first-time parents with an infant between one and 15 months of age. Criteria for sample inclusion was as follows:

1. First-time mothers and fathers who live together.

2. The infant was assessed as "normal" by the pediatric examiner and was between one and 15 months of age.

3. The mothers and fathers were Caucasian and spoke and read English.

4. The mothers and fathers were at least 18 years of age or older.

All participation in the study was voluntary and return of the completed questionnaires indicated their willingness to participate in the study.

Protection of Human Subjects

The protection of human subjects was based on the criteria of the Human Subjects Research Review Committee (1981) at Texas Woman's University. This research study

met the criteria of Category 1 in that the questionnaires required no identification on the part of the subjects, and there was no way in which to identify the information with any specific individual. Protection of the rights and welfare of the subjects included:

1. The subjects were informed verbally via telephone and in the Letter of Information (Appendix A) that all participation was voluntary and that they were free to withdraw their participation at any time.

2. Anonymity was assured in that no identification was requested on the questionnaires. Codes were used to match couples and to indicate whether the respondent was female or male.

3. A written explanation of the study was included in the Letter of Information with a description of the expectations and time required for the subjects.

4. Subjects were encouraged to contact the researcher if they had any questions regarding the study.

Instruments

The instruments for this study included the demographic data sheet, the Short Bem Sex-Role Inventory (SBSRI), and the Parenting Sense of Competence Scale (PSOCS). Written

permission to use the SBSRI form was received from Peggy
Ferris, permissions editor at Consulting Psychologists
Press, Inc. on September 8, 1984 (Appendix B). Verbal
permission was received from Jonatha Gibaud-Wallston
to use the PSOCS. Since the instrument has not been
copyrighted, she did not feel it necessary to write a
letter of permission.

Demographic Data Sheet

Information regarding age, sex, marital status, ethnic
background, occupation, education, and other pertinent
information was collected (Appendix A). The four groups
of Androgynous, Feminine, Masculine, and Undifferentiated
first-time mothers and the four groups of Androgynous,
Feminine, Masculine, and Undifferentiated fathers were then
described in terms of their similarities and differences
(see Tables 3, 4, 5, 6, 7, 8, 9, 10, 11, and 12).

Short Bem Sex-Role Inventory

The Short Bem Sex-Role Inventory, a paper and pencil
tool, was used to measure sex-role identification in terms
of Masculinity, Femininity, Androgyny, or Undifferentiated.
The SBSRI contains three scales: the Masculinity Scale,
the Femininity Scale, and the Social Desirability Scale.
The Short BSRI (SBSRI) includes exactly half of the items

on the Original BSRI. There are 10 personality
characteristics included in each scale, which are
identified in Table 1.

Table 1

Short Bem Sex-Role Inventory Items Grouped According to
Masculinity, Femininity, and Social Desirability Scales

Masculine Items	Feminine Items	Filler Items
Aggressive	Affectionate	Adaptable
Assertive	Compassionate	Conceited
Defend my own	Eager to soothe	Conscientious
beliefs	hurt feelings	Conventional
Dominant	Loves children	Jealous
Forceful	Sensitive to	Moody
Have leadership	needs of others	Reliable
abilities	Sympathetic	Secretive
Independent	Tender	Tactful
Strong Personality	Understanding	Truthful
Willing to take	Warm	
a stand		
Willing to take		
risks		

The BSRI treats femininity and masculinity as two
independent dimensions rather than as two ends of a single
dimension. Thus, a person is able to indicate whether
he or she is high on both dimensions (Androgynous), low
on both dimensions (Undifferentiated), or high on one
dimension and low on the other (either feminine or

masculine). The BSRI Masculinity and Femininity items were originally chosen from a pool of 200 personality characteristics that were judged to be significantly ($\underline{p}$ < .05) more desirable for one sex than the other (Bem, 1974). From these characteristics that were significantly characteristic of masculinity, femininity, or neutral, 20 were selected for the Masculinity scale, 20 for the Femininity scale, and 20 for social desirability. From this original scale, 10 characteristics from each scale were selected to comprise the SBSRI (Bem, 1981).

The SBSRI contains 30 Likert items in which the subject is asked to indicate on a 7-point scale how well each of the 30 characteristics describes herself or himself. The scale ranges from 1 ("Never or almost never true") to 7 ("Always or almost always true") with labels at each point along the scale. The subjects are then classified into one of the four sex-role groups based on the median split. Based on Bem's 1978 sample of 290 females and 375 male undergraduate Stanford students, the median female score was 4.76 and the median male score was 4.89. For this particular study, the median split was based on the medians established for this particular group. In Bem's (1978) normative sample, 23.8% of the females were classified as feminine, 15.6% as masculine, 37.1% as

androgynous, and 23.5% as undifferentiated. The
corresponding percentages for men were 16, 32.6, 23.9,
and 27.5, respectively.

Reliability. The coefficient alpha indicated internal
consistency on the Masculinity scale (males .84; females
.87) and Femininity scale (males .85; females .87) to be
highly reliable. On the test-retest, a correlation of
.93 was obtained after four weeks. Additionally, the
test-retest reliability indicated the SBSRI to be more
internally consistent than those of the the Original
BSRI (Bem, 1981).

Validity. The Marlowe-Crowne Social Desirability Scale
was administered with the BSRI to 56 subjects from the
1973 test-retest sample. The low correlations indicated
that the scores (Femininity scale, females .24 and males
.08; Masculinity scale, females .14 and males .08) were
not measuring a tendency to describe oneself in a socially
desirable manner (Bem, 1981). Bem conducted a series of
studies to establish further validity for the measurement
of psychological androgyny. One measured the level of
independence while being pressured to conform (Bem, 1975),
and three examined nurturance in interactions with a

kitten, a baby, and a lonely college student (Bem,
Martyna, & Watson, 1976). Only androgynous subjects
consistently displayed high levels of independence and
nurturance. The studies by Bem and others demonstrate
that the BSRI does, in fact, identify the groups of
individuals it purports to and thus supports the validity
by establishing conceptually relevant behavioral
correlates.

Parenting Sense of Competence Scale (PSOCS)

The Parenting Sense of Competence Scale ("Being a
Parent"), designed by Jonatha Gibaud-Wallston and Lois Pall
Wandersman, was specifically developed to measure self-
esteem in the parenting situation. The ability to measure
self-esteem in the new parenting situation is useful in
identifying new parents who might need help in their
adjustment and in evaluating the effects of specific
interventions.

The scale consisted of seventeen brief statements
about the respondent's experience as a new parent with his
or her infant. Respondents indicated the degree of their
agreement or disagreement with each statement on a six-
point scale. The seventeen items on the scale are divided
into two sub-scales, 1) Skill/Knowledge (SK)--assesses

perception to which parents have acquired the skills and understanding to be a good parent, 2) Valuing/Comfort (VC) --assesses the degree to which the individual values parenthood and is comfortable in that role. The combined score provided an overall appraisal by the person of his or her own functioning as a parent (Gibaud-Wallston & Wandersman, 1978). Both parents completed the same tool although the forms for the father included the word "father" and the one for the mother included the word "mother."

In scoring the PSOCS, numerical weights of 1 to 6 were assigned to each item; 1 being "strongly disagree" and 6 being "strongly agree." Some items have directions for reverse scoring of items to prevent set responses. A score was obtained for each subscale and a total score, with a higher score indicating greater perceived parental competence.

Reliability. The item analysis of the PSOCS yielded an alpha coefficient of .82 for Skill/Knowledge, .70 for Valuing/Comfort, and .83 for total scale. For the reliability correlations over time within each scale, the r values were significant (p < .01) ranging from .46 to .82 with 61% of the score values above .70 (Gibaud-Wallston & Wandersman, 1978).

<u>Validity</u>. Correlations between PSOCS scores and the theoretically related Personal Feelings and General Well Being Scales were significantly related. Significant correlations were found for females between the adult version of the Coppersmith Self-Esteem Inventory and the Skill/Knowledge subscale ($\underline{r}$ = .62, $\underline{p}$ < .01) and on the Valuing/Comfort scale and Coopersmith ($\underline{r}$ = .54, $\underline{p}$ < .02). Both were significantly correlated for males. The scale was also significantly correlated (r = .68, $\underline{p}$ < .01) with the Cohler Maternal Attitude Scale (Gibaud-Wallston & Wandersman, 1978).

Data Collection

The sample of convenience included 101 couples who were parents for the first time. The names of couples were obtained by various means; childbirth educators, birth notices in the newspapers, and from one hospital birth registry. After the participants were identified, they were contacted via telephone. After an introduction and the purpose of the phone call was stated, the purpose of the study and expectations of the subjects were described.

Additionally, they were informed of their rights to cease participation.

If the subjects agreed to participate, the data collection packet was mailed to them. The data collection packet included the Letter of Information, two Demographic Data Sheets, two Short Bem Sex-Role Inventories, and two Parenting Sense of Competence Scales. One set of tools were labeled for the mother and the other set for the father. The couples were instructed to complete the tools separately.

A stamped self-addressed manila envelope was included so that the couples could return the data to the researcher. A three by five index card was enclosed to allow the subjects an opportunity to request a copy of the final report. If they returned the card with their address and name, the card was removed first and filed in a locked file before the researcher could identify them with the completed instruments. The subjects were contacted one time only. If they returned the questionnaires, this indicated their consent to participate.

Pilot Study

A pilot study was conducted for the purpose of determining the feasibility of the research method in

relation to the stated problem. Five couples (5 first-time

fathers and 5 first-time mothers) participated in an

in-depth interview related to parenthood and completed the

BSRI and the PSOCS.

With this small sample of first-time parents, two

mothers and one father scored Androgynous, three females

scored Feminine, three fathers scored Masculine, and one

father scored Undifferentiated. Table 2 depicts the mean

scores on the PSOCS in relation to the sex of the parent and

the sex-role category.

Table 2

Sex of Parent, Sex-Role Category, and Mean Score

on Parenting Sense of Competence Scale

Sex of Parent	Sex-Role Category	X PSOCS
Female	Androgynous	3.82
Female	Androgynous	3.47
Female	Feminine	4.35
Female	Feminine	4.00
Female	Feminine	3.82
Male	Androgynous	5.23
Male	Masculine	4.76
Male	Masculine	4.41
Male	Masculine	3.59
Male	Undifferentiated	5.00

All parents scored higher on the Valuing/Comfort (VC) subscale except the two androgynous mothers who scored higher on the Skill/Knowledge (SK) subscale. All of the fathers scored higher on the VC subscale and three out of the five scored higher than the mothers. In fact, all of the fathers scored higher on the PSOCS, with the androgynous father scoring the highest. The two androgynous women perceived their level of competency lower than all other subjects, but they were the two mothers who returned to work two months after delivery. Due to the small sample size in each of the cells of the four sex-role categories, more elaborate statistical methods were not employed for the pilot study data.

All of the subjects were very positive about the method and instruments used to collect data. They did, however, feel that the BSRI was too long and repetitive. Based on the pilot study, two changes were made in the larger study. First, the Short BSRI was used. Based on other research and additional research by Bem, the short form is as reliable and valid, if not more so, than the long form. Second, due to the need to include a larger number of subjects to fill more cells of the sex-role categories, the interview was not conducted in the larger study. A questionnaire was used to capture some of

the important points from the pilot study interviews.
To answer the questions for this study, the use of the
Demographic Data Sheet, the SBSRI, and the PSOCS were
appropriate and congruent with the problem statement,
purpose, and theoretical framework of this study.

Treatment of Data

In order to analyze the findings of the study, the
following procedures were used. Data relative to the
respondents were used to describe the sample in terms of
age, occupation, education, and other pertinent information.
Descriptive statistics such as averages, frequencies, and
percentages were used to describe the sample.

In determining the sex-role category of the subjects,
the median-split procedure for the Masculine and Feminine
scales was calculated. The differences between the means
and medians were determined and compared. The medians for
the two scales for this sample were used to determine the
sex-role category rather than the medians from Bem's
normative sample of the college students. If the masculine
and feminine scores were above the median, the subject was
classified as Androgynous; masculine high and feminine low,
Masculine; feminine high and masculine low, Feminine;
masculine low and feminine low, Undifferentiated.

After the subjects were classified into the
appropriate sex-role identity groups based on their SBSRI
scores, the scores from the total PSOCS, the SK subscale
score, and the VC subscale score were recorded. The
Analysis of Variance (ANOVA) was used to determine if
there were significant differences between the four
sex-role category groups of first-time fathers in their
perceived level of competency in childcare. The same
procedure was used to determine if significant differences
existed for the mothers. If the differences were
significant, the Scheffe's Post Hoc Comparison Test was
used to determine between and within group differences.

The independent variable in this study was the four
sex-role identity groups, and the dependent variables
were the total scores on the PSOCS and the SK and VC
sub-scale scores. According to Waltz and Bausell (1981),
the ANOVA may be used to test differences between two
or more groups when the dependent variable is at the
interval level (the PSOCS is interval level), when the
independent variable is discrete (one of the four sex-role
categories), when the variances do not differ significantly
from one group to another (in the pilot study this was
true), and when subjects are randomly assigned to groups
(subjects self select based on SBSRI scores into one of

the four groups). The data from this study met this
criteria. The exception was that the subjects were not
randomly assigned to the group, but rather self selected
based on their masculine and feminine scores.

Summary

The study was conducted using the Short Bem Sex-Role
Inventory and the Parenting Sense of Competence Scale. The
sample included 101 couples who were parents for the first
time (101 first-time fathers and 101 first-time mothers).
All subjects were contacted first by phone and then
received a written explanation regarding the purpose of the
study and their rights. The median split method was used
to assign subjects to one of the four sex-role identity
groups based on their masculine and feminine scores. The
four groups of fathers were compared to determine the
similarities and differences between the demographic
characteristics. The same procedure was used to compare
the four groups of mothers. The one-way Analysis of
Variance (ANOVA) and Scheffe's post hoc comparison test,
if appropriate, were used to test the six hypotheses, and
the decision level for rejection of each hypothesis was
0.05.

CHAPTER 4

ANALYSIS OF DATA

A descriptive ex post facto study was designed to answer the question: Are there differences between Androgynous, Masculine, Feminine, and Undifferentiated first-time mothers and first-time fathers perceptions of their competency in the physical and emotional care of their newborns? The analysis and interpretation of data collected by means of questionnaires from 101 first-time mothers and 101 first-time fathers will be presented in this chapter.

Description of Sample

A total of 101 couples who were first-time parents returned the research packets. Of that number, 104 were first-time mothers, and 104 were first-time fathers. A total of 160 packets were distributed, and, of these, 104 or 64% were returned by mail. Three fathers failed to complete all parts of the questionnaire; therefore, only 101 mothers and 101 fathers were included in the analysis of the data. The sample of first-time mothers as a total group and then the four sex-role identity groups of mothers

were described, followed by a description of the total group of first-time fathers and then the four sex-role identity groups of fathers.

The mean age of the 101 first-time mothers was 27.80 with a range from 20 to 42 years. All of the mothers were Caucasian. The income level for the mothers ranged from none to above $40,000 a year, with a mean around $20,000 dollars a year. The mean educational level for the mothers was 14.59 with a range from 10-21 years of education. The descriptive characteristics of the total sample of mothers are summarized in Table 3. On the Short Bem Sex-Role Inventory (SBSRI), the mean for the mothers on the Masculine Scale was 47.03, and the median was 47. For the Feminine Scale on the SBSRI, the mean score was 56.16 for the mothers, and the median was 57. Based on the median scores, 27 (26.73%) of the mothers identified themselves as Androgynous, 26 (25.74%) as Masculine, 28 (27.72%) as Feminine, and 20 (19.80%) as Undifferentiated. The four sex-role identity groups of first-time mothers will be described.

Androgynous Sex-Role Identity Group of Mothers

The mean age for the 27 Androgynous mothers was 27.48, the mean income was around $15,000 a year, and the mean

educational level was 14.51 years. Eighteen (66.67%) of the mothers were Protestant, seven (25.93%) were Catholic, one was Jewish, and one mother gave no preference. Ten of the mothers identified their occupation as homemaker, four were in health related fields, three were in professional business occupations, seven were in technical or semi-skilled jobs, and three were in professional service areas of work. Twenty-four mothers worked throughout their pregnancies, and three did not work outside the home. Of these 27 mothers, 16 (59.26%) returned to work one to three months after birth, while 11 (40.74%) did not plan to return to work in the near future. All of the mothers except one attended childbirth classes, and all of their partners were present during labor and birth. There were 13 male children and 14 females. The mean age of the infants at the time of data collection was 24.88 weeks with a range of 12-48 weeks. Twenty-two of the mothers breast fed, three mothers combined bottle with breast, and two of the mothers chose to bottle feed. Twelve of the mothers rated their adjustment to a new baby as moderately difficult to difficult, nine rated it as moderately easy, and six rated the adjustment as very easy. All of the mothers described their infants with three neutral adjectives except for two mothers who used one feminine

adjective to describe their female infants. Tables 3 and
4 summarize the descriptive characteristics of this group
along with the other three sex-role identity groups.

Masculine Sex-Role Identity Group of Mothers

The mean age for the 26 Masculine group of mothers was
28.73, the mean income was around $16,000 a year, and the
mean educational level was 15.15 years. Fifteen (57.69%)
of the mothers were Protestant, six (23.08%) were Catholic,
and five mothers did not indicate a preference. Five of
the mothers identified their occupation as homemaker, five
were in health related fields, three were in professional
business occupations, eight were in technical or semi-
skilled jobs, three were in professional scientific fields,
and two were in professional service areas of work.
Twenty-five of the 26 mothers worked throughout their
pregnancies, and 21 (80.77%) returned to work one to three
months after the birth. Five mothers did not plan to
return to work in the near future. All of these mothers
attended childbirth classes, and all of their partners were
present for the labor and birth. There were 13 male
children and 13 females. The mean age of the infants was
27.58 weeks with a range from 10-44 weeks. Seventeen
(65.38%) of the mothers selected to breast feed, seven
(26.92%) combined bottle with breast, and two of the

mothers chose to bottle feed. Two mothers rated their adjustment to the new baby as very difficult, 15 rated the adjustment as moderately difficult to difficult, eight rated it as easy to moderately easy, while one mother rated her adjustment as very easy. Four of the mothers assigned feminine adjectives to describe their female infants, and three of the mothers assigned masculine adjectives to describe their male infants. Tables 3 and 4 summarize these characterisitcs.

Feminine Sex-Role Identity Group of Mothers

The mean age for the 28 women who rated themselves as feminine was 27.36, the mean income was below $10,000 a year, and the mean educational level was 14.50 years. Twenty-one (75.00%) of the mothers were Protestant, six were Catholic, and one mother did not indicate a preference. Thirteen of the mothers identified their occupation as homemaker, two were in health related fields, one was in a professional business occupation, nine were in technical or semi-skilled jobs, and three were in professional service areas. Twenty-five (89.29%) worked throughout their pregnancies, and three mothers did not work. Of the 28 mothers, 12 (42.86%) returned to work one to three months after the birth, and 16 indicated that they did not plan to return to work in the near future. All of the mothers

except one attended childbirth classes, and all but one
of the partners were present for labor and birth. There
were 16 male infants and 12 females. The mean age of the
infants was 27.50 weeks with a range from 8-48 weeks.
Twenty-three (82.14%) of the mothers breast fed their
infants, five mothers combined bottle with breast, and none
of these mothers bottle fed. Six mothers rated their
adjustment to the new baby as moderately difficult to
difficult, while one mother rated her adjustment as very
difficult. Fifteen of the mothers, however, rated their
adjustment as easy to moderately easy, with six mothers
rating their adjustment as very easy. Only one mother
gave one feminine adjective to describe her female infant.
Tables 3 and 4 summarize the group characteristics.

Undifferentiated Sex-Role Identity Group of Mothers

The mean age for the 20 mothers who rated themselves as
Undifferentiated was 27.65, the mean income was around
$16,000 a year, and the mean educational level was 14.10
years. Sixteen (80.00%) of the mothers were Protestant,
one was Catholic, and three did not indicate a religious
preference. Seven of these mothers identified their
occupation as homemaker, three were in health related
professions, four were in professional business occupations,
and six were in technical or semi-skilled jobs. Eighteen

(90%) worked throughout their pregnancies. Twelve of the mothers returned to work one to three months after the birth, whereas eight did not plan to return to work in the near future. All of the mothers attended childbirth classes, and all of their partners were present during labor and birth. There were six male children and 14 females. The mean age of the infants was 25.55 weeks with a range from 7-48 weeks. Thirteen (65%) breast fed their infants, five combined bottle with breast, and two mothers chose to bottle feed. Five (25%) of the mothers rated their adjustment to the new baby as moderately difficult to difficult, while one mother rated her adjustment as very difficult. Ten (50%) of the mothers rated the adjustment as easy to moderately easy, and four mothers rated adjustment as very easy. Tables 3 and 4 summarize the characteristics of the group.

Description of the Sample of First-Time Fathers

The sample of fathers consisted of 101 first-time fathers. The mean age of the fathers was 29.42 years with a range from 21-42. The income level ranged from below $10,000 to above $40,000 a year with an average of around $26,000. The educational level ranged from tenth grade to doctoral level with a mean of 15.30 years of education.

Table 3

Means, Ranges, and Standard Deviations for Age, Years of Education, and Age of

Infants for Total Sample of Mothers, and for Four Sex-Role Identity Groups

Group	Age			Years of Education			Age of Infants (Months)		
	M	Range	SD	M	Range	SD	M	Range	SD
Total Sample N = 101	27.80	20-42	3.84	14.59	10-21	2.14	26.43	7-48	11.94
Androgynous n = 27	27.48	21-37	3.78	14.51	12-18	2.01	24.88	12-48	11.48
Masculine n = 26	28.73	20-42	4.50	15.15	10-20	2.34	27.58	10-44	12.42
Feminine n = 28	27.36	21-35	3.79	14.50	11.18	1.81	27.50	8-48	11.80
Undifferentiated n = 20	27.65	21-33	3.08	14.10	11-21	2.42	25.55	7-48	12.69

Table 4

Frequencies and Percentages for Selected Demographic Characteristics for the

Four Sex-Role Identity Groups of Mothers

Selected Demographic Characteristics	Sex-Role Identity Groups							
	Androgynous $\underline{n}$ = 27		Masculine $\underline{n}$ = 26		Feminine $\underline{n}$ = 28		Undifferentiated $\underline{n}$ = 20	
	N	%	N	%	N	%	N	%
Occupations								
Homemaker	10	37.04	5	19.23	13	46.43	7	35.00
Technical/Semi-skilled	7	25.93	8	30.77	9	32.14	6	30.00
Professional/Business	3	11.11	3	11.54	1	3.57	4	20.00
Professional/Science	0	0	3	11.54	0	0	0	0
Professional/Health	4	14.81	5	19.23	2	7.14	3	15.00
Professional/Service	3	11.11	2	7.69	3	10.71	0	0
Religion								
Protestant	18	66.67	15	57.69	21	75.00	16	80.00
Catholic	7	25.93	6	23.08	6	21.43	1	5.00
Jewish	1	3.70	0	0	0	0	0	0
No Preference	1	3.70	5	19.23	1	3.57	3	15.00
Sex of Child								
Female	14	51.85	13	50.00	12	42.86	14	70.00
Male	13	48.15	13	50.00	16	57.14	6	30.00

Table 4 (Continued)

Frequencies and Percentages for Selected Demographic Characteristics for the

Four Sex-Role Identity Groups of Mothers

Selected Demographic Characteristics	Sex-Role Identity Groups							
	Androgynous $\underline{n} = 27$		Masculine $\underline{n} = 26$		Feminine $\underline{n} = 28$		Undifferentiated $\underline{n} = 20$	
	N	%	N	%	N	%	N	%
Method of Feeding								
Breast	22	81.48	17	65.38	23	82.14	13	65.00
Breast/Bottle	3	11.11	7	26.92	5	17.86	5	25.00
Bottle	2	7.41	2	7.69	0	0	2	10.00
Childbirth Education								
Yes	26	96.30	26	100.00	27	96.43	20	100.00
No	1	3.70	0	0	1	3.57	0	0
Partner Present/Labor								
Yes	27	100.00	26	100.00	27	96.43	20	100.00
No	0	0	0	0	1	3.57	0	0
Partner Present/Birth								
Yes	27	100.00	24	92.31	27	96.43	20	100.00
No	0	0	2	7.69	1	3.57	0	0
Work During Pregnancy								
Yes	24	88.89	25	96.15	25	89.29	18	90.00
No	3	11.11	1	3.85	3	10.71	2	10.00
Return to Work								
Yes	16	59.26	21	80.77	12	42.86	12	60.00
No	11	40.74	5	19.23	16	57.14	8	40.00

Based on the median split for the total sample of fathers of the Masculine Scale scores and the Feminine Scale scores of the SBSRI, the fathers were assigned to one of the four sex-role identity groups; Androgynous, Masculine, Feminine, or Undifferentiated. The mean score for the fathers on the Masculine Scale was 50.88, the Standard Deviation was 7.55, and the median was 52. For the Feminine Scale, the mean score was 51.97, the standard deviation was 8.09, and the median was also 52. Based on the median scores, 27 (26.73%) identified themselves as Androgynous, 25 (24.75%) as Masculine, 30 (29.70%) as Feminine, and 19 (18.81%) as Undifferentiated. The demographic characteristics of the four groups will be described, and Table 5 and 6 summarize the differences and similarities between the groups.

Androgynous Sex-Role Identity Group of Fathers

The mean age for the Androgynous fathers was 29.37, the average income was around $30,000 a year, and the mean educational level was 16.15 years. Ten of the fathers were Protestant, nine were Catholic, one was Jewish, and seven did not indicate a preference. Eight of the fathers were in professional business occupations, eight were in technical or semi-skilled jobs, six were in health related fields, and five were in professional service areas of work. All of the fathers except one attended childbirth classes, and

all of them were present during labor; however, one father
was not present for the birth. Seventeen of the infants
were females, and ten were males. One father rated his
adjustment to the new baby as very difficult, 12 rated
their adjustment as moderately difficult to difficult,
nine rated it as easy to moderately easy, while six
fathers rated their adjustment as very easy. Three fathers
described their male infants with one masculine adjective,
while all of the other fathers used neutral ones to describe
their infants. Tables 5 and 6 summarize the findings.

Masculine Sex-Role Identity of Fathers

The mean age for the 25 Masculine group of fathers was
29.28, the average income was around $25,000 a year, and
the mean educational level was 15.16 years. Fourteen of
the fathers were Protestant, four were Catholic, two were
Jewish, and five fathers gave no preference. Thirteen of
the 25 fathers in this group were in technical or semi-
skilled jobs, four were in professional business areas,
seven were in professional scientific fields, and one was
in a professional service occupation. All of these fathers
attended childbirth classes, and all but one was present
for the labor and birth. Thirteen of the fathers had
female infants, and 12 had male infants. Eight of the
fathers rated their adjustment to the new baby as moderately

difficult to difficult, 13 rated it as easy to moderately easy, and four rated their adjustment as very easy. Only one father assigned one feminine adjective to describe his female infant, while all of the other fathers described their infants with neutral adjectives (Tables 5 and 6).

Feminine Sex-Role Identity Groups of Fathers

The mean age for the 30 identified feminine group of fathers was 29.23, the average yearly income was around $24,000, and the mean educational level was 15.06. Twenty of these fathers were Protestant, three were Catholic, one was Jewish, and six gave no preference. Fifteen fathers in this group were in technical or semi-skilled occupations, eight were in professional business areas, four were in professional scientific fields, and three were in professional service occupations. All of these fathers attended childbirth classes and were present for the labor and birth. Fifteen of the infants were female, and 15 were males. One father rated his adjustment to the new baby as very difficult, five rated it as moderately difficult to difficult, 23 rated it as easy to moderately easy, and one father rated the adjustment as very easy. Only two fathers gave one feminine adjective to describe their female infants, while all other fathers used neutral adjectives to describe their infants (Tables 5 and 6).

Undifferentiated Sex-Role Identity Group of Fathers

The mean age for the 19 identified Undifferentiated
first-time fathers was 30.00, the average yearly income was
around $23,000 and the mean educational level was 14.68
years. Eight fathers were Protestant, five were Catholic,
and six indicated no preference. Eight of the fathers were
in technical or semi-skilled jobs, seven were in professional
business areas, three were in professional scientific
fields, and one was in a professional service occupation.
All of these fathers attended childbirth classes. One
father, however, was not present for labor or birth.
Eight of the infants were females, and 11 were males. Six
of the fathers rated their adjustment to the new baby as
moderately difficult to difficult, 10 rated it as easy to
moderately easy, and three fathers rated the adjustment
as very easy. Only one father described his female infant
with a feminine adjective. Tables 5 and 6 summarize the
demographic characteristics and display the similarities
and differences between this group and the other three
sex-role identity groups of first-time fathers.

There was an equal number of first-time mothers and
first-time fathers in this sample who viewed themselves as
Androgynous, a higher number of both mothers and fathers
who identified themselves as Feminine, fewer mothers and

Table 5

Means, Ranges, and Standard Deviations for Age, Years of Education, and Age of

Infants for Total Sample of Fathers, and for Four Sex-Role Identity Groups

Group	Age			Years of Education			Age of Infants (Weeks)		
	$\underline{M}$	Range	$\underline{SD}$	$\underline{M}$	Range	$\underline{SD}$	$\underline{M}$	Range	$\underline{SD}$
Total Sample $\underline{N} = 101$	29.42	21-42	4.13	15.30	10-22	2.54	26.60	7-48	12.17
Androgynous $\underline{n} = 27$	29.37	21-40	4.48	16.15	10-22	3.23	26.00	10-48	11.03
Masculine $\underline{n} = 25$	29.28	23-40	4.19	15.16	12-21	2.33	25.12	11-48	11.29
Feminine $\underline{n} = 30$	29.23	24-36	3.38	15.06	12.18	1.98	27.26	8-48	13.35
Undifferentiated $\underline{n} = 19$	30.00	23-42	4.83	14.68	11-18	2.35	28.37	7-48	13.52

Table 6

Frequencies and Percentages for Selected Demographic Characteristics for the

Four Sex-Role Identity Groups of Fathers

Selected Demographic Characteristics	Sex-Role Identity Groups							
	Androgynous $\underline{n} = 27$		Masculine $\underline{n} = 25$		Feminine $\underline{n} = 30$		Undifferentiated $\underline{n} = 19$	
	N	%	N	%	N	%	N	%
Occupations								
Technical/Semi-skilled	8	29.63	13	52.00	15	50.00	8	42.10
Professional/Business	8	29.63	4	16.00	8	26.67	7	36.85
Professional/Science	2	7.41	7	28.00	4	13.33	3	15.79
Professional/Health	4	14.81	0	0	0	0	0	0
Professional/Service	5	18.52	1	4.00	3	10.00	1	5.26
Religion								
Protestant	10	37.04	14	56.00	20	66.67	8	42.11
Catholic	9	33.33	4	16.00	3	10.00	5	26.32
Jewish	1	3.70	2	8.00	1	3.33	0	0
No Preference	7	25.93	5	20.00	6	20.00	6	31.57

Table 6 (Continued)

Frequencies and Percentages for Selected Demographic Characteristics for the

Four Sex-Role Identity Groups of Fathers

Selected Demographic Characteristics	Sex-Role Identity Groups							
	Androgynous $n = 27$		Masculine $n = 25$		Feminine $n = 30$		Undifferentiated $n = 19$	
	N	%	N	%	N	%	N	%
Sex of Child								
Female	17	62.96	13	52.00	15	50.00	8	42.11
Male	10	37.04	12	48.00	15	50.00	11	57.89
Childbirth Education								
Yes	26	96.30	25	100.00	30	100.00	19	100.00
No	1	3.70	0	0	0	0	0	0
Partner Present/Labor								
Yes	27	100.00	24	96.00	30	100.00	18	94.74
No	0	0	1	4.0	0	0	1	5.26
Partner Present/Birth								
Yes	26	96.30	24	96.00	30	100.00	18	94.74
No	1	3.70	1	4.00	0	0	1	5.26

fathers who identified themselves as Undifferentiated, and a fairly similar number who identified themselves as Masculine. When considering whether or not there were significant differences between the four sex-role identity groups of mothers and of fathers, an ANOVA was performed for the variables of age, income, education, and the infants' age. There were no significant differences between the groups of mothers for age (F (3, 97) = .70, p = .56), for education (F (3,97) = .98, p = .40), for age of infant (F (3, 97)) = .33, p = .80); whereas, there was a significant difference in income (F (3, 97) = 3.10, p = .02). The Scheffe's post hoc comparison test indicated that the Masculine group of mother's income was significantly higher than the Feminine group of mothers. There were no significant differences in age, education, income, or age of infant for the four sex-role identity groups of fathers. The six hypotheses of this study will be discussed next.

Hypothesis 1

The first hypothesis was as follows: There are no significant differences among Androgynous, Feminine, Masculine, or Undifferentiated first-time mothers as measured by the Short Bem Sex-Role Inventory in perceived competency in parenting as measured by the Parenting Sense

of Competence Scale. This hypothesis was tested using the one-way ANOVA. The analysis yielded significant differences (F (3,97) = 3.96, p = .010) between the four groups of mothers; therefore the null hypothesis was rejected. Table 7 summarizes this data.

The Scheffe's post hoc comparison test was used to determine the means between which significant differences existed for the groups. The Feminine group of mothers viewed themselves significantly more competent than did the Masculine group of mothers. The mean for the Feminine group of mothers on the total score was 78.57; whereas, the mean for the Masculine group of mothers was 70.00. The difference of 8.57 was large enough to be significant.

Hypothesis 2

The second hypothesis was as follows: There are no significant differences among Androgynous, Feminine, Masculine, and Undifferentiated first-time fathers as measured by the Short Bem Sex-Role Inventory in perceived competency in parenting as measured by the Parenting Sense of Competence Scale. This hypothesis was tested using the one-way ANOVA. The analysis indicated there were no significant differences between the four sex-role identity groups of fathers in their perceived competency as a

Table 7

Summary Data and Analysis of Variance for the Four Sex-Role Identity Groups of

Mothers on Total Parenting Sense of Competence Scale

	Androgynous	Masculine	Feminine	Undifferentiated
$\underline{n}$	27	26	28	20
$\underline{M}$	76.52	70.00_a	78.57_a	72.90
Range	57-97	43-89	60-95	58-90
SD	10.83	10.31	9.70	7.67

Source	SS	df	MS	$\underline{F}$	$\underline{p}$
Between Groups	1148.08	3	382.69	3.96	.0104
Within Groups	9367.39	97	96.57		
Total	10515.48	100			

Note: Group means with common subscripts are significantly different.

parent; therefore, the null hypothesis was not rejected.
Table 8 summarizes the data.

Hypothesis 3

The third hypothesis was as follows: There are no
significant differences among Androgynous, Feminine,
Masculine, or Undifferentiated first-time mothers as
measured by the Short Bem Sex-Role Inventory in perceived
skill/knowledge as measured by the Parenting Sense of
Competence Scale. Using the one-way ANOVA, the analysis
indicated there were no significant differences (F (3, 97)
= .81, p = .492) between the four groups; therefore the
null hypothesis was not rejected. Table 9 presents the
summary data and the ANOVA.

Hypothesis 4

The fourth hypothesis was as follows: There are no
significant differences among Androygynous, Feminine,
Masculine, or Undifferentiated first-time fathers as
measured by the Short Bem Sex-Role Inventory in perceived
skill/knowledge of parenting as measured by the Parenting
Sense of Competence Scale. The one-way ANOVA yielded no
significant differences (F (3, 97) = 1.01, p = .393) for
the fathers on the skill/knowledge subscale; therefore the

Table 8

Summary Data and Analysis of Variance for the Four Sex-Role Identity Groups of Fathers on Total Parenting Sense of Competence Scale

	Androgynous	Masculine	Feminine	Undifferentiated
n	27	25	30	19
$\underline{M}$	76.63	75.00	72.63	71.11
Range	57-100	56-92	55-91	54-84
SD	11.29	9.89	8.37	8.79

Source	SS	df	MS	$\underline{F}$	$\underline{p}$
Between Groups	426.94	3	142.31	1.52	.213
Within Groups	9087.05	97	93.68		
Total	9514.00	100			

Table 9

Summary Data and Analysis of Variance for the Four Sex-Role Identity Groups of

Mothers on the Skill/Knowledge Subscale

	Androgynous	Masculine	Feminine	Undifferentiated
n	27	26	28	20
$\underline{M}$	33.85	32.27	34.43	32.75
Range	20-46	18-42	22-45	24-41
SD	6.73	5.25	5.69	4.08

Source	SS	df	MS	$\underline{F}$	$\underline{p}$
Between Groups	76.81	3	25.60	.81	.492
Within Groups	3057.13	97	31.52		
Total	3133.94	100			

null hypothesis was not rejected. Table 10 summarizes the data and findings.

Hypothesis 5

Hypothesis 5 was as follows: There are no significant differences among Androgynous, Feminine, Masculine, or Undifferentiated first-time mothers as measured by the Short Bem Sex-Role Inventory in perceived valuing/comfort area of parenting as measured by the Parenting Sense of Competence Scale. The one-way ANOVA showed a significant difference between the four groups of mothers (F (3,97) = 6.45, p = .0006). The Scheffe's post hoc comparison test indicated significant differences in the means of two groups. The Androgynous group of mothers viewed themselves significantly more competent on the valuing/comfort subscale than the Masculine group of mothers. The Feminine group of mothers also viewed themselves as significantly more competent than the Masculine group of mothers. Based on these findings, the null hypothesis was rejected. Table 11 summarizes the data and the ANOVA.

Hypothesis 6

Hypothesis 6 was as follows: There are no significant differences among Androgynous, Feminine, Masculine, or

Table 10

Summary Data and Analysis of Variance for the Four Sex-Role Identity Groups of

Fathers on the Skill/Knowledge Subscale

	Androgynous	Masculine	Feminine	Undifferentiated
$\underline{n}$	27	25	30	19
$\underline{M}$	33.07	32.12	30.83	30.68
Range	22-47	23-43	24-43	18-39
SD	7.11	5.43	4.24	5.68

Source	SS	df	MS	$\underline{F}$	$\underline{p}$
Between Groups	97.47	3	32.49	1.01	.393
Within Groups	3122.76	97	93.68		
Total	3220.23	100			

Table 11

Summary Data and Analysis of Variance for the Four Sex-Role Identity Groups of Mothers on the Valuing/Comfort Subscale

	Androgynous	Masculine	Feminine	Undifferentiated
n	27	26	28	20
M	42.66_a	37.73_{ab}	44.14_b	40.15
Range	31-53	25-49	32-54	30-49
SD	5.38	6.29	5.94	5.04

Source	SS	df	MS	F	p
Between Groups	634.39	3	211.49	6.45	.0006
Within Groups	3181.09	97	32.79		
Total	3815.48	100			

Note: Group means with common subscripts are significantly different.

Masculine, or Undifferentiated first-time fathers as measured by the Short Bem Sex-Role Inventory in perceived valuing/comfort area of parenting as measured by the Parenting Sense of Competence Scale. The ANOVA yielded no significant differences between the four groups of fathers in their perceived competency in the valuing/comfort area of parenting. Based on this finding, the null hypothesis was not rejected. Table 12 summarizes these findings.

The coefficient alphas were computed to estimate the internal consistency of the SBSRI separately for the first-time mothers and fathers for the Femininity scores and the Masculinity scores. Table 13 compares the coefficient alphas for this sample with those obtained by Bem (1981) for the Stanford student samples.

The coefficient alpha was computed to determine the reliability of the Parenting Sense of Competence Scale for this sample of first-time mothers and fathers. The alpha levels are summarized in Table 14.

Table 12

Summary Data and Analysis of Variance for the Four Sex-Role Identity Groups of

Fathers on the Valuing/Comfort Subscale

	Androgynous	Masculine	Feminine	Undifferentiated
$\underline{n}$	27	25	30	19
$\underline{M}$	43.55	42.88	41.80	40.42
Range	34−53	29−53	29−52	33−50
SD	5.25	6.47	5.57	4.65

Source	SS	df	MS	$\underline{F}$	$\underline{p}$
Between Groups	125.49	3	41.83	1.35	.2632
Within Groups	3014.73	97	31.07		
Total	3140.23	100			

Table 13

Coefficient Alphas for the Femininity and Masculinity Scores
for Two Stanford Samples and The Sample of First-Time
Mothers and Fathers

	Femininity Scores		Masculinity Scores	
	Females	Males	Females	Males
Stanford, 1973	.84	.87	.84	.85
Stanford, 1978	.84	.87	.86	.85
				(Bem, 1981)
Sample of First-Time Mothers and Fathers	.83	.87	.85	.78

Table 14

Coefficient Alphas for the Parenting Sense of Competence
Scale, the Skill/Knowledge Subscale, and the Valuing/Comfort
Subscale

	Total Score	Skill/Knowledge	Valuing/Comfort
Mothers	.82	.72	.75
Fathers	.82	.76	.73

Summary

Data volunteered from 101 first-time mothers demonstrated that there were significant differences among the four groups when considering ratings of their perceived competency in parenting. The Feminine group of mothers perceived themselves significantly more competent than the Masculine group; therefore HO_1 was rejected. The four sex-role identity groups of mothers did not perceive themselves significantly different in skill/knowledge, and HO_2 was not rejected. Two groups viewed themselves significantly more competent in the valuing/comfort area of parenting. The Androgynous and Feminine groups of mothers viewed themselves more competent than the Masculine group; therefore, HO_5 was rejected.

Data from the 101 first-time fathers found there were no significant differences among the four sex-role groups of fathers in their perceived competency in parenting, skill/knowledge, or in valuing/comfort; therefore HO_2, HO_4, and HO_6 were not rejected.

CHAPTER 5

SUMMARY OF THE STUDY

The present study examined the sex-role identity of
first-time mothers and first-time fathers to determine
whether they identified themselves as Androgynous,
Masculine, Feminine, or Undifferentiated on the Short Bem
Sex-Role Inventory. After the four sex-role identity
groups were identified, the four groups of fathers were
compared to determine whether there were differences in
their perceived competency as a parent. The four groups
of mothers were then compared as to whether there were
differences in their perceived competency as parents. A
summary of the study will be presented, followed by a
discussion of the findings, conclusions, implications of
the findings, and recommendations for further study.

Summary

A descriptive ex post facto approach was employed to
investigate three issues: First, to identify the sex-role
identity as either Androgynous, Masculine, Feminine, or
Undifferentiated (Bem, 1974) of first-time mothers and
first-time fathers; second, to determine whether there were

98

significant differences among the four groups of fathers in their perceived competency as a parent; and third, to determine whether there were significant differences among the four groups of mothers in their perceived competency as parents (Gibaud-Wallston & Wandersman, 1978).

The population from which the sample was drawn consisted of couples who were parents for the first time, Caucasian, able to speak and read English, and had infants who were assessed as "normal" by the pediatric examiner and were between the ages of one month to 15 months of age. The sample of first-time parents were obtained from childbirth educators, hospital records, and referrals from subjects. The data were collected from the southwestern part of the United States.

After the names of potential subjects were obtained, a telephone call was made to explain the purpose of the study and expectations regarding participation. If the parents agreed to participate, the research packet was sent via mail. The potential subjects were informed that anonymity would be maintained, that no names were to be placed on the questionnaires, and that completion and return of the research packet was voluntary. The questionnaires were identified as to which ones belonged to the mothers and which ones belonged to the fathers. A total of 160

research packets were mailed, and 101 couples (101 first-time fathers and 101 first-time mothers) returned the questionnaires with complete information. This indicated a 63% return.

Symbolic Interaction Theory was used to guide the theoretical perspectives of this study. The theory emphasizes the importance of interaction, self, mind, and cultural symbols in the roles individuals assume (Charon, 1979). For this study, self, mind, and symbols related to the mothers and fathers reported sex-role identity (Androgynous, Feminine, Masculine, or Undifferentiated), and the interaction of these related to their perceived competency in the role of parent for the first time. Based on the theoretical framework of Symbolic Interaction and research related to sex-role identity and interpersonal competence, the following two propositions were considered:

1. The greater the repertoire of role skills, the greater the interpersonal competence.

2. The more complex the conceptions about the self, the greater the interpersonal competence (Burr, Leigh, Day, & Constantine, 1979).

The review of literature addressed theoretical perspectives of sex-role development and identity, sex-role stereotyping, androgyny, mothering, fathering, and parent

competency. From the review of literature on sex-role
stereotyping, it was concluded that the concept of
femininity has traditionally included such personality
traits as dependence, passivity, nurturance, sensitivity,
and intuitiveness; whereas, the concept of masculininty
has included traits such as independence, aggression,
emotional control, unsentimentality, and objectivity
(Bardwick & Douvan, 1972).

Traditionally, because childbearing is the females'
job, childrearing has also been primarily the responsibility
of women. Fathers, on the other hand, have traditionally
been viewed as the breadwinner and disciplinarian. Antle
(1975) indicated that the role of the father during
pregnancy has been undefined, the dynamics of fatherhood
unclear, and there has not been a definite role transition
procedure evident.

As a result of the the Women's Liberation Movement
and other societal changes, the concept of androgyny
reemerged as a viable means to consider the personality
traits of individuals. Bipolar measurement techniques
were developed to consider both masculine and feminine
personality traits in an individual (Bem, 1974; Spence,
Helmrich, & Stapp, 1975; Berzins, Welling, & Wetter, 1978).
The Androgynous person was found to possess a high number

of both feminine and masculine traits. Research related to
sex-role identity indicated that an Androgynous individual
demonstrated: Situational adaptability and independence
under pressure to conform (Bem, 1975); comfort and ease in
performing cross-sex behaviors (Bem & Lenny, 1976); high
levels of self-esteem (Bem, 1977; Spence, Helmrich & Stapp,
1975); positive psychological adjustment (Nevill, 1977);
and social competency (Kelly & Worell, 1977). Nussbaum
(1980), using the Bem Sex-Role Inventory, found that
psychologically Androgynous women reported significantly
greater maternal role satisfaction than did Masculine,
Feminine, or Undifferentiated women. Kelly and Worell
(1977) concluded from their study of social competency that
androgyny probably represented the upper range of a general
social competency dimension.

After calculating the ratings for the fathers on
the Masculine Scale and Feminine Scale of the Bem Sex-Role
Inventory, they were placed into one of the four sex-role
identity groups based on the median scores for the sample
of fathers. The same procedure was used to classify the
mothers into one of the four sex-role identity groups.
Based on the large sample, 101 mothers and 101 fathers, the
medians from the sample of fathers were used to classify
the fathers, and the medians from the samples of mothers

were used to classify the mothers. The sample of 101 first-time mothers identified themselves into one of the four groups as follows; 27 Androgynous, 26 Masculine, 28 Feminine, and 20 Undifferentiated. The first-time fathers identified themselves as follows; 27 Androgynous, 25 Masculine, 30 Feminine, and 19 Undifferentiated.

The one-way analysis of variance (ANOVA) was used to determine whether significant differences existed among the four groups of mothers and the four groups of fathers. The analysis indicated that there were no significant differences among the four sex-role identity groups of first-time fathers on the Parenting Sense of Competence Scale, on the Skill/Knowledge Subscale, or on the Valuing/ Comfort Subscale; therefore, HO_2, HO_4, and HO_6 were not rejected. For the mothers, however, there were significant differences among the four sex-role identity groups on the Parenting Sense of Competence Scale and the Valuing/ Comfort Subscale. The Scheffe's post hoc comparison test indicated that the Feminine group of mothers viewed themselves significantly more competent overall than the Masculine group of mothers; therefore, HO_1 was rejected. On the Valuing/Comfort Subscale, the ANOVA indicated that there were significant differences among the four groups of mothers. The Scheffe's test indicated that the

Androgynous mothers viewed themselves more competent than the Masculine group and the Feminine group also viewed themselves more competent than the Masculine group of mothers. Thus, HO_5 was rejected.

Discussion of Findings

Discussion of study results will be organized around the following topics: The sex-role identity of the sample of first-time fathers, the perceived competency of the four sex-role identity groups of fathers, the sex-role identity of the sample of first-time mothers, and the perceived competency of the four sex-role identity groups of mothers.

Sex-Role Identity of Fathers

The findings indicated that a fairly similar number of the sample of 101 first-time fathers identified themselves as Androgynous (27 - 26.73%), Masculine (25 - 24.75%), and Feminine (30 - 29.70%); whereas, fewer of the fathers identified themselves as Undifferentiated (19 - 18.81%). When comparing this sample to Bem's 1978 sample of Stanford male college students, there were considerable differences in that 32.6% identified themselves as Masculine, 16.0% identified themselves as Feminine, 23.9% identified themselves as Androgynous, and 27.5% identified themselves as Undifferentiated (Bem, 1981, p. 31). This finding might

possibly be explained in several ways. First, there is a difference of seven years in the time of data collection. During this time, there have been many social changes as well as more discussion regarding the roles of both men and women. Also, there have been increased efforts on the part of women to reduce the amount of discrimination in education, economics, occupations, and in politics. Because of changes slowly occurring for women, men have also had to make changes. Franklin (1984) summarized this idea in the following statement:

> Regardless of whether the appropriate response to traditional masculinity is seen as assimilation or as pluralism or as separatism, they all have in common the goal of raising the status of women in our society. This in itself implies change in the definition of masculinity (p. 26).

Second, the males in this study were first-time fathers, and they were aware that the focus of the study was related to new parents. This might have brought forth the traits of warmth, caring, and nurturing. This raises the possibility of varying evaluations of self related to the situation. For example, would the fathers identify themselves as Feminine if they thought they were rating themselves in the work situation. This question is raised

simply because of the high number of fathers who identified themselves in the Feminine group.

Third, the fathers in this group might be considered somewhat unique in relation to many of their demographic characteristics. The four groups were fairly homogeneous in that they were well-educated (mean educational level was 15.30 years), they were older (mean age was 29.42 years), and they were all employed with a mean income of around $26,000 a year. Because many of the fathers have accomplished their educational goals, they might have been more secure or ready to assume the role of father. Booth and Edwards (1980) found additional factors which might be related to the involvement of males in child-care activities. These factors were such things as sex-role orientation, education, mate's work-role pattern, and the sex of the child. Congruent with this are the findings by Baruch and Barnett (1981). They found a significant positive relationship between parental non-traditional sex-role expectations and independent participation of fathers in childcare tasks. Additionally, they found a negative association between fathers' participation in childcare activities and the fathers' self-perceptions of stereotypical masculinity.

Sex-Role Identity of Fathers and Competency as a Parent

There were no significant differences between the four sex-role identity groups of fathers on the Parenting Sense of Competence Scale, on the Skill/Knowledge Subscale, or on the Valuing/Comfort Subscale. Although the Androgynous fathers rated their overall competence higher than the other three groups of fathers, the differences were not great enough to reject the null hypothesis. The Feminine group of fathers rated themselves high on the Skill/ Knowledge Subscale, followed by the Androgynous group, but again the differences were not statistically significant. On the Valuing/Comfort Subscale, the Androgynous fathers rated themselves higher, than the other three groups.

The four groups of fathers were fairly homogeneous, as stated previously, in demographic characteristics. Not only were the ages, educational levels, and incomes fairly similar, but, also, all of the fathers attended childbirth education classes, and the majority of fathers, in all four groups, were present during labor and birth. This may have indicated a readiness on their part to learn more about babies and infants as well as parenting, or their mates may have encouraged their participation. Whatever the reason, they were present and participated in the experience. Fein (1976) found that fathers who attended childbirth classes

had more positive relationships with their newborns.
Additionally, Phillips and Anzalone (1978) reported that
the father's participation in the birth process may
decrease the mother's need for analgesia during labor;
may diminish anxiety, loneliness, and isolation felt by
the woman in labor; may provide a positive, shared human
experience for the couple; and may give the father a more
tangible feeling that the newborn is his as well as the
mother's. From this present study, one can only speculate
as to the influence the involvement in the birthing process
had on the fathers. This may, however, help to explain why
there were no differences in perceived competency for the
four groups of fathers.

Another important variable that might be important was
the sex of the child. Franklin (1984) stated that couples
who express the desire to have children will respond that
they want a boy first, and then a girl. Rendina and
Dickerscheid (1976) found that the fathers in their study
were more involved in social activities than in physical
caretaking activities, and they were more involved if their
infants were male babies. In contrast to Rendina and
Dickerscheid's findings, Reiber (1976) found that the
fathers she observed interacted more with their female
babies than with the male babies. For this sample of

fathers, the sex of the child did not significantly influence the perceived competency of the fathers.

From the findings, this sample of first-time fathers viewed themselves as competent parents. There were no differences in the four groups. Because all of the fathers attended childbirth education classes as well as participated in the labor and birth, one might speculate that the fathers were fairly involved in the process of parenting. One could not assume, however, that the fathers were actively involved in the childcare activities. The largest majority of fathers did identify themselves as possessing a high number of feminine traits. This, in itself, might indicate that these fathers felt more freedom to express these feminine traits when identifying their sex-role identity for this study. If the father views himself as nurturing and warm as well as strong and independent in the role of parent, then he may perceive himself as competent. This may encourage stronger father-child bonds and facilitate interpersonal competence. This sample of fathers were unique, also, in that they had a greater repertoire of role skills to draw from when assuming the role of parent. Additionally, all of these fathers worked throughout pregnancy, and they returned to work soon, if not immediately, after the birth of the

child. They did receive a reprieve from childcare responsibilities, and they were all involved in other social skills in which they were more or less competent.

Sex-Role Identity of Mothers

The findings from this study indicated that fairly similar numbers of first-time mothers identified themselves as Androgynous (27 - 26.73%),Masculine (26- 25.74%), Feminine (28 - 27.72%), and Undifferentiated (20 - 19.80%). When comparing this to Bem's 1978 sample of female college students, there were differences in that 23.8% identified themselves as feminine, 15.6% as Masculine, 37.1% as Androgynous, and 23.5% as Undifferentiated (Bem, 1981, p. 31). There are several plausible explanations for these differences.

This sample of mothers was unique in that the mean age was 29.42 years, the educational level was 14.59 years of schooling, with the Masculine group having the highest mean of 15.15 years. Also, the average income was around $20,000 a year, with the Masculine group indicating a significantly higher income after birth than the Feminine mothers. Not only was this sample older, more highly educated, and had a higher income than the Bem sample, but there was seven years between data collection. In fact, the sample of first-time mothers according to age might have been college students themselves at the time Bem (1978)

collected data from college students. Thus, the question

once again might be raised regarding the focus of this

study and how the mothers rated their personality traits.

More specifically, does the situation influence the way the

sex-role inventory is rated by subjects? Would these

mothers rate themselves in the same way if they were rating

themselves in their chosen occupation rather than as a new

parent?

The largest majority of mothers returned to work

within one to three months after the birth of the child.

The one exception was the group of mothers who identified

themselves as Feminine, 57.14% of this group did not plan

to return to work in the near future. Chafetz (1978)

pointed out that the age at which women have their first

child has risen in recent years as more couples are

postponing this event into their late twenties or even

early thirties. Chafetz stated, "These trends are

especially important to women, since they allow them time

to complete their educations and to make career commitments

before they are burdened with family responsibilities"

(p. 190). An interesting note in regards to this quote is

that Chafetz used the term "burdened" when referring to

family responsibilities. Her statement might be

interpreted as a bias.

Sex-Role Identity of Mothers and Competency as a Parent

There were significant differences between the four groups of mothers in their overall perception of their competency as a parent. The Feminine mothers rated themselves significantly higher on the total Parenting Sense of Competence Scale than the Masculine mothers. One plausible explanation for this finding might be that 57.14% of the Feminine mothers did not plan to work in the near future, while only 19.23% of the Masculine mothers were not planning to return to work. The mothers who returned to work may have experienced more difficulty, because they were working outside the home as well as raising a child. They may have experienced more strain and had less energy due to working two jobs. Forisha (1978) stated that women experience interrole conflict when they commit themselves to filling two disparate and full-time roles--that of working woman and homemaker. Forisha goes on to emphasize that the woman who chooses to commit herself to both a career and family is handicapped by the need to be a superwoman who can handle dual responsibilities. Perhaps, then, the Masculine mothers, who were both working and caring for the family, may have been experiencing overload as well as some guilt. This may have been reflected in how they viewed themselves as competent parents. It is

important to note that these Masculine women did not
view themselves as incompetent mothers, but less competent
than the Feminine mothers.

Another possible reason that differences occurred
between Masculine and Feminine mothers might relate to the
readiness to assume the parenting role. A slightly larger
number of mothers in the Feminine group selected to breast
feed their infants, and they may have felt a closer tie to
their infants. Additionally, because more of the Feminine
mothers remained at home after the birth, they may have had
more time and energy to devote to the mothering tasks.
Also, the mothers who remained at home probably had more
time to devote to learning the skills of parenting.
However, what remains unknown is how much the fathers
helped with domestic tasks. Another important variable
which was not considered in this study was whether the
parents perceived their infants as "easy" or "difficult."
The Masculine mothers may have had more difficult babies or
perceived them as more difficult because of the extra strain
of working. Gibaud-Wallston and Wandersman (1978) found
that mothers who perceived their babies as relatively easy
to care for reported more overall sense of competence as a
parent.

When considering the four groups in relation to
perceived competence in the skill/knowledge area of

childcare, there were no differences between the four groups. This might have been expected because the mothers were older, fairly well educated, and all of them except one mother in the Feminine group and one in the Androgynous group, attended childbirth classes. The majority of mothers also worked throughout their pregnancy. For these reasons, all of the mothers probably had a greater repertoire of role skills and more complex conceptions about self in which they could bring to the parenting situation.

Significant differences were found between the four sex-role identity groups on the Valuing/Comfort Subscale. Significant differences were found between the Feminine and Masculine groups and between the Androgynous and Masculine groups. The Androgynous mothers and Feminine mothers rated themselves more competent in value for and comfort with the role of parent. Although not statistically significant, the Undifferentiated mothers also viewed themselves more competent in this area than the Masculine mothers. Income was found to be the only variable significantly different between the groups, with the Masculine mothers reporting a higher income. The Masculine group of mothers may have been less ready to assume the role, or they may have experienced interrole conflict. The highest percentage of

these mothers returned to work after one to three months of delivery. Also, the highest percentage of these mothers worked during their pregnancy. All of the Masculine mothers reported that they attended childbirth classes, and all of their partners were present for labor, and all but two were present for the delivery. The Androgynous group, as well as the Feminine mothers, rated themselves as possessing a large amount of feminine personality traits, whereas, the Masculine mothers reported fewer of the feminine traits. It is feasible that recognizing these traits in self are reflective of valuing/comfort competency.

Bem, Martyna, and Watson (1976) reported that among women the Feminine group performs more adaptively than the others in two of three situations thought to require feminine skills. The Androgynous and Feminine females were more nurturant than Masculine subjects of either sex. Williams (1977) found that the responsibility and socialization of the young and the feeling of importance derived from that responsibility are major sources of satisfaction and self-esteem for many women. Forisha (1978) stated,

> The intrarole conflict experienced by women
> results from the fact that the feminine training

is not applicable in a masculine world. Many

women thus tend to behave one way at work and

another way at home" (p. 286).

When persons work outside the home, they are expected to

perform in a competent manner on the job. There generally

are no such guidelines for parents. They are expected

to perform competently only to the extent that they do

not abuse or neglect their children. Again, this

interpretation is only speculation, in that the Masculine

mothers perceived themselves as competent, but significantly

less competent than the Androgynous or Feminine mothers.

In summary, Belsky, Robins, and Gamble (1984) stated,

Finally, sex-role orientation may predispose an

individual to view parenting as a primary or a

secondary role, thereby affecting commitment. . . .

Similarly, one's involvement in parenting may lead

to an unconscious reappraisal of one's sex-role

orientation, as when a positive paternal experience

serves to elevate the role of parenting in one's

hierarchy of personal roles or when a negative

maternal experience serves to elevate the role of

out-of-home employment in a similar hierarchy of

roles" (p. 262-263).

Conclusions

Based upon the results of this study, the following conclusions were drawn.

1. A greater number of fathers identified themselves as Feminine rather than Masculine, Androgynous, or Undifferentiated.

2. The numbers of first-time mothers identifying themselves as Feminine, Masculine, and Androgynous were fairly equal with fewer identifying themselves as Undifferentiated.

3. There were no significant differences between the first-time fathers in the four sex-role identity groups in age, income, and level of education.

4. The ages and educational levels for the four groups of mothers were not significantly different, but the income level for the Masculine mothers was significantly higher than the Feminine mothers.

5. The majority of mothers and fathers attended childbirth education classes, and the majority of fathers were present for the labor and birth of their child.

6. There were no significant differences between the four groups of first-time fathers on their ratings of competency on the total Parenting Sense of Competence Scale.

7. There were no significant differences between the four sex-role identity groups of first-time fathers in their skill/knowledge as a parent.

8. There were no significant differences between the four sex-role identity groups of first-time fathers in their valuing/comfort felt in the role as parent.

9. The Feminine mothers rated their competence on the total Parenting Sense of Competence Scale significantly higher than the Masculine mothers.

10. There were no significant differences between the four sex-role identity groups of first-time mothers in their skill/knowledge as a parent.

11. The Feminine mothers rated themselves significantly more competent in their valuing/comfort felt in the role as parent than the Masculine mothers.

12. The Androgynous mothers rated themselves significantly more competent in their valuing/comfort felt in the role as parent than the Masculine mothers.

Implications

This study has implications for nursing practice and nursing education. Additionally, the study has implications for prospective parents and for those children who will become parents in the future.

Nurses need to be involved in dispelling myths
regarding stereotypic masculine and feminine personality
traits, thus assisting others to focus on the strengths and
capabilities of individuals. This, in turn, would assist
and encourage females and males to recognize increased
benefits and alternative solutions to the problems of every
day living. Nurses need to assess those traits in mothers
and fathers that will help them react to and interact with
their children in a sensitive, caring, strong, and growth
producing manner. Thus, the nurse can help parents blend
their masculine and feminine traits in such a way so as to
actualize their potential as effective parents.

Nursing can also play a role in continuing to
evaluate family care practices so as to involve families
in their care to the extent that they desire. Thorough
identification and assessment of the needs of families,
along with teaching and counseling, can do much to help
parents blend their masculine and feminine strengths. By
assisting parents to use their existing skills, to learn
new skills, and to feel more comfortable and competent as
a parent, they can hopefully interact with their children
in a more free and satisfying way. This, in turn, will
help children grow into competent, adaptable, and self-
confident adults.

Nurse educators need to assist future nurses to assess the strengths and limitations of those families with whom they work. They need to challenge students to recognize the assumptions and stereotypes they have regarding females and males. Educators must set the example for students and approach individuals in an open manner. Additionally, nurse educators can present content related to sex-role, sex-role stereotyping, and the socialization processes. This would assist students in recognizing their own sex-role potential and biases.

New parents need to be aware of the social skills they possess and learn new skills to assist them in adapting to and coping with the parenting role. Parents need continued help in recognizing that they are persons first and parents second. By recognizing the social skills that facilitate interpersonal competence, they can also recognize their competence as a parent. In summary, nursing can be actively involved in helping parents actualize their potential as parents, and help them make the next generation of parents even better, whatever that may be.

Another implication of this study is that it will hopefully add to the body of knowledge regarding sex-role identity and to the growing body of knowledge related to parental competence. Nursing needs to become more involved

in these issues and topics, and this study will hopefully contribute to that goal. Therefore, the findings need to be published to allow others to consider its merits.

Recommendations for Further Research

The recommendations for further research are as follows:

1. Further investigate sex-role identity and parental competency with samples of female and male single parents, adoptive parents, stepparents, different cultural groups, and with parents who abuse their children.

2. Investigate the views of "ideal father" and "ideal mother" as defined by sex-role identity by tapping the opinions of nursing students, clinical nurses, nurse educators, physicians, parents, and children of different ages.

3. Design an experimental study in which the independent variable would be multiple treatment groups of parents to look at sex-role identity and sex-role stereotyping. The dependent measures might consist of observations of the mothers and fathers in childcare activities, data related to perceived competency and satisfaction in the role of parent, and some measure of the child's temperament or personality characteristics.

4. Conduct a longitudinal study to determine the sex-role identity of children raised by different sex-role identity parents.

5. Further investigate the idea of sex-role identity as an enduring personality trait or a situational state trait. For example, do people rate themselves the same in the work situation as they do in the role of parent?

6. Conduct another descriptive study using additional dependent measures to consider differences between parents in the four sex-role identity groups. Such measures might include locus of control, marital satisfaction, stress and coping behaviors, social support, participation in childcare activities, and demographic variables such as age, education, sex of child, and past experiences with children. From studies such as these, models predicting effective parenting styles might be further develped.

7. Investigate the sex-role identity of children of different ages and determine their ideas regarding effective parental styles.

APPENDIX A

LETTER OF INFORMATION AND

DATA COLLECTION TOOLS

LETTER OF INFORMATION

Dear Parents,

My name is Carolyn Feller, and I am a registered nurse. I teach nursing at Arizona State University, and I am working toward my PhD in nursing from Texas Woman's University. As part of my dissertation, I am conducting a study to determine the personality and feelings of first-time parents.

Your participation in the study will require about 25 to 30 minutes of your time. There are three short questionnaires, each of which takes about 10 minutes to complete. Please complete them in the order in which they appear in the packet. There are two packets; one for the mother and one for the father.

Your participation in the study is voluntary. You are in no way obligated to participate and you are free to withdraw at any time. No names will appear and there is no way to identify any individual in the reporting of the findings; therefore, please do not include your name on any of the questionnaires. There are no risks to you.

Please complete all items as quickly and as honestly as possible. The packets will be identified as to which one belongs to the mother and which one belongs to the father. After both of you complete the questionnaires, please place them in the stamped self-addressed folder and return to me via mail as soon as possible.

If you would like to request a copy of the group findings, please complete the information on the enclosed three-by-five card and place it in the packet with the questionnaires. It will be removed and filed prior to removing the questionnaires. The findings will be available in the summer of 1985.

If you have any questions regarding the study, please contact me at:

5628 S. Compass
Tempe, Arizona   85283
(602) 839-7868

Thank you very much for your time and consideration.

Sincerely

Carolyn Feller

Carolyn Feller, R.N.

ENCLOSURE TO LETTER OF INFORMATION

If you have friends who have their first
child between the age of one to fifteen months
of age and would be willing to participate
in the study, would you please enclose their
names and addresses in the packet.

Thank you.

If you would like to request a copy of the
findings, please complete the following:

NAME:

ADDRESS:

CITY, STATE, ZIP;

FATHER INFORMATION SHEET

Your present age _____

Your approximate yearly income _____

Your religious preference _____

What is your occupation? _____

What is your highest grade completed in school? _____

Did you attend prenatal classes? _____how many _____

Were you present during labor? _____During delivery _____

How many children in your family of origin? _____

What was your birth order? _____

Adjusting to a new baby has been:

———————— ————————————— ————————— ———— ——————————— —————————
very difficult moderately difficult difficult easy moderately easy very easy

Please give three adjectives to describe your baby:

1._____ 2._____ 3._____

What has been the most rewarding aspects of being a parent:

_____

What has been the most frustrating/difficult aspects of being a parent:

_____

MOTHER INFORMATION SHEET

Your present age _____

Your approximate yearly income _____

Your religious preference _____
What is your occupation? _____

Did you work during your pregnancy? _____ If yes, for how long _____

Are you planning to return to work? _____ If yes, when _____

What is your highest grade completed in school? _____
Did you attend prenatal classes? _____ how many _____

Did your husband attend labor? _____ delivery _____

How are you feeding your baby? _____

If nursing, how long did you or do you plan to nurse _____

Date and time of birth _____ Sex of child _____

How many children in your family of origin? _____

What was your birth order? _____

Adjusting to a new baby has been:
very difficult moderately difficult difficult easy moderately easy very easy

Please give three adjectives to describe your baby:
1._____ 2._____ 3._____

What has been the most rewarding aspects of being a parent:
_____

What has been the most frustrating/difficult aspects of being a parent:
_____

DIRECTIONS

On the opposite side of this sheet, you will find listed a number of personality characteristics. We would like you to use those characteristics to describe yourself, that is, we would like you to indicate, on a scale from 4 to 7, how true of you each of these characteristics is. Please do not leave any characteristic unmarked.

Example: sly

Write a 1 if it is never or almost never true that you are sly.

Write a 2 if it is usually not true that you are sly.

Write a 3 if it is sometimes but infrequently true that you are sly.

Write a 4 if it is occasionally true that you are sly.

Write a 5 if it is often true that you are sly.

Write a 6 if it is usually true that you are sly.

Write a 7 if it is always or almost always true that you are sly.

Thus, if you feel it is sometimes but infrequently true that you are "sly," never or almost never true that you are "malicious," always or almost always true that you are "irresponsible," and often true that you are "carefree," then you would rate these characteristics as follows:

Sly	3	Irresponsible	7
Malicious	1	Carefree	5

1	2	3	4	5	6	7
Never or almost never true	Usually not true	Sometimes but infrequently true	Occasionally true	Often true	Usually true	Always or almost always true

*
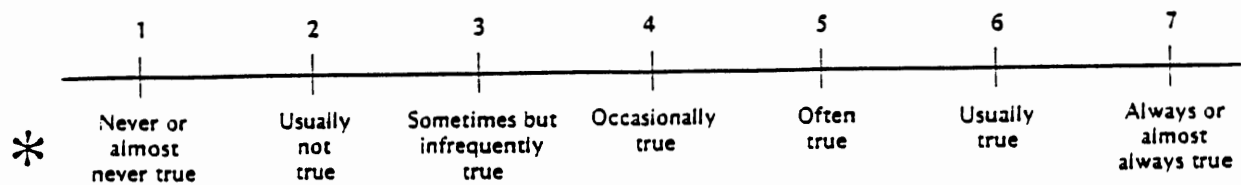
Defend my own beliefs	
Affectionate	
Conscientious	
Independent	
Sympathetic	
Moody	
Assertive	
Sensitive to needs of others	
Reliable	
Strong personality	

Understanding	
Jealous	
Forceful	
Compassionate	
Truthful	
Have leadership abilities	
Eager to soothe hurt feelings	
Secretive	
Willing to take risks	
Warm	

Adaptable	
Dominant	
Tender	
Conceited	
Willing to take a stand	
Love children	
Tactful	
Aggressive	
Gentle	
Conventional	

BEING A PARENT

Listed below are a number of statements. Please check the blank you think best indicates your agreement or disagreement with each statement.

1. The problems of taking care of a baby are easy once you know how your actions affect your baby, an understanding I have acquired.

_____ _____ _____ _____ _____ _____
strongly disagree disagree mildly disagree mildly agree agree strongly agree

2. Even though being a parent could be rewarding, I am frustrated now while my child is only an infant.

_____ _____ _____ _____ _____ _____
strongly disagree disagree mildly disagree mildly agree agree strongly agree

3. I go to bed the same way I wake up in the morning - feeling I have not accomplished a whole lot.

_____ _____ _____ _____ _____ _____
strongly disagree disagree mildly disagree mildly agree agree strongly agree

4. I do not know why it is, but sometimes when I'm supposed to be in control, I feel more like the one being manipulated.

_____ _____ _____ _____ _____ _____
strongly disagree disagree mildly disagree mildly agree agree strongly agree

5. My father was better prepared to be a good father than I am.

_____ _____ _____ _____ _____ _____
strongly disagree disagree mildly disagree mildly agree agree strongly agree

6. I would make a fine model for a new father to follow in order to learn what he would want to know in order to be a good parent.

_____ _____ _____ _____ _____ _____
strongly disagree disagree mildly disagree mildly agree agree strongly agree

7. Being a good parent is manageable, and any problems are easily solved.

_____ _____ _____ _____ _____ _____
strongly disagree disagree mildly disagree mildly agree agree strongly agree

8. A difficult problem in being a parent is not knowing whether you're doing a good job or a bad one.

_____ _____ _____ _____ _____ _____
strongly disagree disagree mildly disagree mildly agree agree strongly agree

OVER

BEING A PARENT   PAGE 2

9. Sometimes I feel like I'm not getting anything done.

strongly disagree disagree mildly disagree mildly agree agree strongly agree

10. I meet my own personal expectations for expertise in caring for my baby.

strongly disagree disagree mildly disagree mildly agree agree strongly agree

11. If anyone can find the answer to what is troubling my baby, I am the one.

strongly disagree disagree mildly disagree mildly agree agree strongly agree

12. My talents and interests are in other areas, not in being a parent.

strongly disagree disagree mildly disagree mildly agree agree strongly agree

13. Considering how long I've been a father, I feel thoroughly familiar with
    this role.

strongly disagree disagree mildly disagree mildly agree agree strongly agree

14. If being a father to an infant were only more interesting, I would be
    motivated to do a better job as a parent.

strongly disagree disagree mildly disagree mildly agree agree strongly agree

15. I honestly believe I have all the skills necessary to be a good father to my
    baby.

strongly disagree disagree mildly disagree mildly agree agree strongly agree

16. Being a parent makes me tense and anxious.

strongly disagree disagree mildly disagree mildly agree agree strongly agree

17. Being a good father is a reward in itself.

strongly disagree disagree mildly disagree mildly agree agree strongly agree

BEING A PARENT

Listed below are a number of statements. Please check the blank you think best indicates your agreement or disagreement with each statement.

1. The problems of taking care of a baby are easy once you know how your actions affect your baby, an understanding I have acquired.

_____ _____ _____ _____ _____ _____
strongly disagree disagree mildly disagree mildly agree agree strongly agree

2. Even though being a parent could be rewarding, I am frustrated now while my child is only an infant.

_____ _____ _____ _____ _____ _____
strongly disagree disagree mildly disagree mildly agree agree strongly agree

3. I go to bed the same way I wake up in the morning - feeling I have not accomplished a whole lot.

_____ _____ _____ _____ _____ _____
strongly disagree disagree mildly disagree mildly agree agree strongly agree

4. I do not know why it is, but sometimes when I'm supposed to be in control, I feel more like the one being manipulated.

_____ _____ _____ _____ _____ _____
strongly disagree disagree mildly disagree mildly agree agree strongly agree

5. My mother was better prepared to be a good mother than I am.

_____ _____ _____ _____ _____ _____
strongly disagree disagree mildly disagree mildly agree agree strongly agree

6. I would make a fine model for a new mother to follow in order to learn what she would want to know in order to be a good parent.

_____ _____ _____ _____ _____ _____
strongly disagree disagree mildly disagree mildly agree agree strongly agree

7. Being a good parent is manageable, and any problems are easily solved.

_____ _____ _____ _____ _____ _____
strongly disagree disagree mildly disagree mildly agree agree strongly agree

8. A difficult problem in being a parent is not knowing whether you're doing a good job or a bad one.

_____ _____ _____ _____ _____ _____
strongly disagree disagree mildly disagree mildly agree agree strongly agree

OVER

BEING A PARENT   PAGE 2

9. Sometimes I feel like I'm not getting anything done.

_____
strongly disagree   disagree mildly disagree mildly agree   agree   strongly agree

10. I meet my own personal expectations for expertise in caring for my baby.

_____
strongly disagree   disagree mildly disagree mildly agree   agree   strongly agree

11. If anyone can find the answer to what is troubling my baby, I am the one.

_____
strongly disagree   disagree mildly disagree mildly agree   agree strongly agree

12. My talents and interests are in other areas, not in being a parent.

_____
strongly disagree   disagree mildly disagree mildly agree   agree   strongly agree

13. Considering how long I've been a mother, I feel thoroughly familiar with
     this role.

_____
strongly disagree   disagree mildly disagree mildly agree   agree   strongly agree

14. If being a mother of an infant were only more interesting, I would be
     motivated to do a better job as a parent.

_____
strongly disagree   disagree mildly disagree mildly agree   agree   strongly agree

15. I honestly believe I have all the skills necessary to be a good mother to
     my baby.

_____
strongly disagree   disagree mildly disagree mildly agree   agree   strongly agree

16. Being a parent makes me tense and anxious.

_____
strongly disagree   disagree mildly disagree mildly agree   agree   strongly agree

17. Being a good mother is a reward in itself.

_____
strongly disagree   disagree mildly disagree mildly agree   agree   strongly agree

APPENDIX B

LETTERS OF PERMISSION

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