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**Second wave women: Self-efficacy and self-worth dimensions of
professional women in their early middle years**

Vedder, Patricia Ann, Ph.D.

The University of North Carolina at Greensboro, 1993

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SECOND WAVE WOMEN: SELF-EFFICACY AND SELF-WORTH
DIMENSIONS OF PROFESSIONAL WOMEN
IN THEIR EARLY MIDDLE YEARS

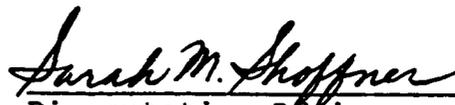
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Doctor of Philosophy

Greensboro
1993

Approved by


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APPROVAL PAGE

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This study investigated factors which contribute to the global self-esteem of professional women assumed to be competent. Special interest was directed toward exploration of the extent to which these successful women had high self-efficacy yet low self-worth.

Participants were mainly white middle class college-educated professional women between the ages of 32-46. Each of the 184 participants completed a questionnaire regarding dimensions of self-esteem and gender identity.

The questionnaire on self-esteem included measures of global self-esteem, self-efficacy, and self-worth. Independent variables included gender identity status, traditional versus non-traditional fields of work, mother's encouragement of independence, and mother's employment. The effect of these factors was examined through a MANOVA, a series of ANOVAs, t-tests, and a regression analysis.

Most (77%) of these professional women were characterized by high-masculinity, a characteristic which is required for professional managerial jobs, especially in male-dominated fields. Most of these women were also characterized by moderate to high global self-esteem, moderate to high self-efficacy, and moderate to high self-worth, all aspects which explain their competence.

Of the 184 participants, 94 were classified as having very high self-efficacy, but 26 of these very high self-efficacy women also had moderately low to low self-worth. Even though some of these women had low self-worth, their high self-efficacy probably made them able to be successful professionals. However, these 26 high self-efficacy/low self-worth (HL) women were significantly different from the high self-efficacy/high self-worth (HH) women. The 26 HL women had lower global self-esteem, a lower relational ability, a low evaluation of their own ability to perform physical activities, and a low perception of their body image or physical attractiveness. Interview data suggested that these differences did not necessarily impede competence or success on the job but they may cause personal strain.

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CHAPTER I
INTRODUCTION

Many women who came of age during the second wave of the feminist revolution, beginning in the mid-1960s, are now in higher status jobs in today's professional work force. They followed the first wave of feminism in the United States which occurred during the mid-nineteenth and early twentieth century and involved women in a wide range of political and social reforms which included: securing suffrage for women, public health, reproductive freedom, abolition of slavery, and public education. As adolescents and as young women, the women in the second wave were immersed in a culture which attacked their mother's "traditional" female role. For women born between 1946 and 1959, the destabilizing socio-political environment of the new feminist movement coincided with their time to confront the destabilizing developmental tasks inherent to the adolescent self. As adolescents (ages 13-18), these women were certainly "changing individuals in a changing world" (Riegel, 1976, p. 690).

These women may be characterized within the frame of their historical context at the time of their adolescence, a time of high political, racial, social class, and gender-based tensions. Although age has a role in adolescent

development, including the development of one's intellectual ability and personality, chronological age has been shown to interact with the historical time period in which the adolescent has been exposed (Nesselroade & Baltes, 1974). The resurgence of the feminist movement so prominent during this cohort's coming of age encouraged and emphasized the development of female achievement, strength, and self-efficacy. Substantial numbers of this group of "second wave women"--now in their early middle adulthood in the 1980s and 1990s--have indeed achieved well within the professional sphere.

Despite this achievement outcome, many women have continued to be oriented toward connectedness with others and to evaluate their self-esteem (self-assessment of valued qualities) primarily in terms of self-worth (a moral dimension associated with relations with others) rather than self-efficacy (an instrumental dimension associated with achievement) (Baruch, Barnett, & Rivers, 1983; Broverman, Vogel, Broverman, Clarkson, & Rosenkrantz, 1972; Chodorow, 1974; Diedrick, 1988; Gilligan, 1982; Gilligan & Attanucci, 1988). Baruch (1988) has speculated that the greater female sensitivity to cues from more powerful others, although adaptive in a culture which continues to be characterized by the higher relative power of men, may have dangerous side effects increasing their risk for low self-esteem. The outcome may include a lack of a sense of well-being,

depression, and conflict surrounding fulfilling one's role (Enns, 1991). The dichotomy between self-efficacy and self-worth may be so extreme for some women that a professionally competent and apparently self-confident woman fails to value herself highly.

During more than 15 years experience counseling women troubled and stressed over fulfilling their professional and personal roles, my experience supports these findings. Among this group of professionally competent and successful women, numbers of them have negative feelings about their self-worth and their self-esteem. These women who are successful in their work express unhappiness and fail to value themselves.

Theories of Women's Development

Females develop in a social world and are subject to the cultural, political, economic, and historical environment surrounding them. Most psychosocial theories of human development have essentially been "womanless" (Crawford & Marecek, 1989) primarily due to the following: (a) although the research leading to theory used male subjects, it was generalized to both genders; (b) gender was not considered an important category of analysis; and (c) females were studied in terms of a male standard (Renzetti & Curran, 1989).

During the past two decades, women and gender have specifically been addressed in psychosocial inquiry. Although women-focused, much of the knowledge resulting from this inquiry has been derived from one of two problematic sources: (a) the study of female psychotherapy clients; and (b) nonclinical literature rooted in author's personal observations (Josselson, 1987). Despite these problems, progress is being made to account more adequately for women's development.

Relationship theorists focus on development occurring in the context of social interaction seated within a socio-cultural context whereby individuals develop social understanding and a standard for self-evaluation (Gilligan, Brown, & Rogers, 1989; Josselson, 1987; Renzetti & Curran, 1989; Thompson & Walker, 1989). Although gender has been addressed, women in their early middle adult years during the 1980s and 1990s, have not been a specific focal point of these theorists.

Although sociologists, cultural and developmental psychologists, and anthropologists do not agree even within their respective disciplines as to how to study gender and gendered issues, efforts to represent and explain the experience of middle-aged women in our culture should be pursued. Relationship theory offers utility in considering how females may develop as they: (a) encounter opportunities and constraints within their environments; and

(b) appropriate knowledge about their culture. Like all human development, women's development cannot be separated from their socio-political context where as intentional people they meet the intentional world in the dynamic process of social interaction and social practice (Rogoff & Morelli, 1989; Shweder, 1990).

Self-Esteem

Self-esteem was the major concept of interest in this research. Although self-esteem research has been extensive over the past 40 years, that research poses some particular problems when considering women in their early middle adult years. The difficulties primarily are: (a) a lack of a clearly defined construct (Diedrick, 1986); (b) an androcentric bias (Sanford & Donovan, 1984); (c) a focus on experimental investigations which have tended to result in inconsistent findings (Jackson, 1984); (d) investigations which have focused on different dimensions of self-esteem at different levels of specificity (Harter, 1983); and (e) a plethora of measurement instruments, none of which adequately assess adult females (Wylie, 1979).

Self-esteem, self-concept, self-efficacy, self-worth, global self-evaluation, self-confidence, and self-perception have often been used synonymously in research and popular literature. For present purposes, self-esteem was viewed in a global sense as the most general or basic self assessment

of qualities that the person values (Coopersmith, 1967; O'Brien & Epstein, 1988; Rosenberg, 1979). Global self-esteem is not merely a summation of self-evaluations at lower levels but the complex synthesis of the relationship, weighting, and combination of lower level elements (Rosenberg, 1979).

Harter (1983) suggested that a comprehensive developmental theory of self-esteem may be built on the framework of the superordinate construct, global self-esteem, in conjunction with the four dimensions of self-esteem identified by Epstein (1973, 1981) and Coopersmith (1967): (a) efficacy and competence; (b) power or control; (c) moral worth; and (d) worthiness of love and acceptance. Other theorists (Bakan, 1966; Gecas & Schwalbe, 1986; Hales, 1979; White, 1963) have collapsed the efficacy and competence, and the power or control dimensions into a single construct. Moral worth has been given the least attention (Harter, 1983). The definitions offered by Gecas and Schwalbe (1986) offered utility for purposes of this study.

Self-esteem was characterized by Gecas and Schwalbe (1986) as having two principal dimensions: self-efficacy and self-worth. They defined these two dimensions orthogonally. Self-efficacy was the instrumental dimension associated with achievement, and self-worth was the moral dimension associated with relationships with others.

Furthermore, self-efficacy was termed as inner self-esteem centering on self-dependent feelings of efficacy, power, and competence derived from one's own perceptions of the effects one has on one's environment including such attributes as perceived intelligence, skills, strength, understanding of one's own ancestry and talents (Bandura, 1986; Campbell, 1984; Franks & Marolla, 1976; Landy, 1989). In contrast, self-worth was termed as outer self-esteem focusing on reflected appraisals of significant others in one's social environment including such manifestations as acceptance, praise, friendship, respect, and love (Campbell, 1984; Franks & Marolla, 1976).

In order to explore the dimensions of self-esteem in this study, Epstein's (1973, 1979) self-theory which emphasizes the importance of social interaction in determining and maintaining the individual's self-concept (self-perceptions) is salient. The functions of his self-theory include: (a) to optimize the pleasure/pain balance of the individual over the course of a lifetime; (b) to maintain self-esteem; (c) to assimilate the data of experience; (d) to maintain the organization of experience; and (e) to take into account intersubjective reality factors (O'Brien, 1980). Epstein's measurement instrument, the Multidimensional Self-Esteem Inventory (O'Brien & Epstein, 1988), offers a good tool for researching self-esteem (evaluations associated with self-perceptions).

Purpose of the Study

The purpose of the study was to investigate those factors which may contribute to the self-esteem of professional women who came of age during the second wave of the feminist movement. Of particular interest, in this exploratory study, was what may contribute to why some high achieving professional women have a high self-worth while others have a low self-worth. The women of interest were women who were college-educated and were engaged in professional paid employment. The two principal dimensions of global self-esteem examined were self-efficacy (competence, personal power, self-control, body functioning, and identity integration) and self-worth (likability, lovability, and body appearance). In addition, five other variables--gender identity, moral self-approval, employment in predominantly male or female fields, mother's encouragement of independence, and mother's history of employment--were considered as potential explanatory factors. The specific factors were analyzed to determine how each may contribute to global self-esteem.

The results of this study will assist those in the helping professions who may serve this group of clients and those affiliated with them. This study should also contribute to the further clarification and conceptualization of the relational theoretical model and of self-esteem research. Finally, this study expands the

knowledge base regarding this group of professional women in their early middle adult years.

Need for the Study

Information about this cohort of women in their early middle adult years during the 1980s and 1990s is limited, particularly information about their self-esteem. Some researchers have addressed older cohorts of women regarding self-evaluation issues (Baruch, Barnett, & Rivers, 1983; Junge & Maya, 1985; Rubin, 1979; Tinsley, Sullivan-Guest, & McGuire, 1984). Other researchers focused on self-esteem issues of adolescents of both genders in younger cohorts in recent years (Diedrick, 1984; Gecas & Schwalbe, 1986; Harter, 1985; Walters & Diedrick, 1988; Walters, Hollett, & Beare, 1991).

Some current early middle-aged women were studied as adolescents and young women, but no study was found that described their self-esteem and self-efficacy as professional women. Nesselroade and Baltes' (1974) study, affirming the significance of the era effect for adolescents of both genders included a portion of this cohort (born from 1954 - 1957). Josselson (1987) interviewed female college seniors as they completed their undergraduate education in the early 1970s and interviewed them again in 1980 when they were professional women.

Another need for the present research was to clarify what is central to women's identities. Much of the

relational work (Gilligan, 1982; Gilligan & Attanucci, 1988; Gilligan et al., 1989; Josselson, 1987; Junge & Maya, 1985; Rubin, 1979; Sanford & Donovan, 1984) emphasizes that women's self-evaluation is tied more closely to interactional and relational ties than to work and professional factors. That was not true in the other studies in which the role of achievement and work was identified as central to women's identities (Barnett, Marshall, & Singer, 1992; Baruch, Barnett, & Rivers, 1983).

Neither a separating out of the specific dimensions of self-esteem nor the exploration of linkages between professional and personal spheres has been explored for this birth cohort of professional women. The relational models need to be further developed in order to address the complexity of women's lives in the current socio-cultural context (Enns, 1991). Such clarification would be invaluable to those in the helping professions who need to be knowledgeable about the particular characteristics of this group of women who not uncommonly seek counseling.

Research Questions

This study investigated to what extent some specific factors contribute to self-esteem for professional women in their early middle adult years. Specifically, the research questions were the following:

1. How do gender identity, global self-esteem, self-efficacy (competence, personal power, self-control, body

functioning, identity integration), self-worth (lovability, likability, body appearance), moral self-approval, employment in predominantly male or female fields, mother's encouragement of independence, and mother's history of employment interact for professional women?

2. What factors are associated with high self-efficacy and high self-worth for professional women?

3. What factors are associated with high self-efficacy and low self-worth for professional women?

CHAPTER II

REVIEW OF RELATED LITERATURE

The literature relevant to this study was divided into the following sections: (a) three relational theories of women's development; (b) the concept of self-esteem; (c) occupational role and self-esteem; (d) gender identity and self-esteem; (e) self-esteem and the birth cohort of professional women currently in their early middle-aged years; (f) basic assumptions about self-esteem in the Multidimensional Self-Esteem Inventory; and (g) the relevance to the helping professions.

Three Relational Theories of Women's Development

During the past two decades, particularly during the 1980s, traditional models of human development: (a) show that healthy development was associated with the dominant western white male cultural and political norms of achievement, self-determination, independence, and mastery (Spence, 1985); (b) were challenged as "womanless" (Crawford & Marecek, 1989); and (c) were the emergence of new models of development which are specifically inclusive of women. These new models, termed the "relationship theories", emphasize the value of relationships in women's development (Gilligan, 1982; Gilligan et al., 1989; Miller, 1976, 1986).

The theoretical perspective of the relationship theories is one which broadens the notion of healthy development to include the development of interdependence as well as independence, intimacy as well as achievement, nurturance as well as self-determination, and contextual thought (Belenky, Clinchy, Goldberger, & Tarule, 1986; Chodorow, 1978; Gilligan, 1982).

The relationship perspective proposes a model of female development which conceives of identity and self-definition as evolving through a tandem relationship of self and other with themes of attachment and connection (Enns, 1991; Gilligan & Attanucci, 1988; Young-Eisendrath & Wiedemann, 1987).

The relational theorists caution against oversimplifying women's development and note that an inclusive view of women's or men's development must attend to individual differences, situational factors, and sociocultural forces (Enns, 1991). They have discussed women's development from several co-existing frameworks. It is helpful to consider the core aspects of three prominent relationship models--"Identity Status," "Moral Development," and "Ways of Knowing."

The "Identity Status" model evolved from Josselson's (1987) longitudinal study of how women's identity statuses of early adulthood influence later life choices. She completed intensive interviews with 60 randomly chosen

female college students (aged 20 to 22) over a period of three years beginning in 1971. Ten years later, she completed follow-up interviews (lasting three to four hours) with 34 of the original sample. She used Marcia's (1966) identity research method to examine issues of identity and intimacy along four potential pathways: Foreclosure, Moratorium, Diffusion, and Achievement. Josselson concluded that women develop along a separation-individuation continuum with women in the "achievement" pathway as most frequently demonstrating a balance of needs for relatedness and separateness. She further observed significant relationships, not work, are pivotal to women's identity, and noted that high achievers had often gained a work mentor.

The "Moral Development" model is perhaps the most popular of the relationship models, and it is articulated by Gilligan (1982; Gilligan, Brown, & Rogers, 1989) and her followers. Gilligan proposed her model as an alternative to Kohlberg's (1981) theory of moral development which focused on justice and fairness. She found that women typically define themselves in relational terms focusing on development in the context of care and connection rather than in the terms of justice and separation most typical of men. This relational model also asserts that individuals develop through levels of a self-other continuum from an orientation to individual survival and self-interest to a

focus primarily on others to a balance between self and others.

Belenky, Clinchy, Goldberger, and Tarule (1986) developed the "Ways of Knowing" model based on Perry's 1970 model of intellectual and ethical development. Their research proposed that women adopt one of five positions as they approach knowledge, and that these positions (Silent Knowers, Received Knowers, Subjective Knowers, Procedural Knowers, and Constructed Knowers) show how the woman sees herself in relation to others. The "Constructed Knower" has a high self-esteem because she is in control.

Each of these relational models acknowledges the importance of our cultural context and cautions about tendencies to generalize about women and men beyond the scope of the research. Also they consider the socio-political context of the historical moment.

Within and beside these relational models stand predominant frameworks for conducting studies aimed at including women in the "womanless" state of research. Three frameworks which have facilitated inquiry during the past two decades will be discussed.

The first framework focuses on exceptional women of high achievement emphasizing individual ability demonstrated through "men's" work (e.g., Bateson, 1989). However, the potential structural obstacles such as access to training, financial backing, opportunities, and recognition seem to be

insufficiently addressed in this framework (Crawford & Marecek, 1989).

The second framework broadens the scope of inquiry from only a few special women to more ordinary women but emphasizes women as a problem, seeking explanations for women's deficiencies such as fear of success, math anxiety, agoraphobia, anorexia nervosa, the "imposter phenomenon," and the "Cinderella complex" (Crawford & Marecek, 1989). Within this framework, which has been the dominant point of view for the psychology of women for the past decade, a shift from the deficiency model to a social and cultural transmission model opens the door for a more representative view of women's experiences but still retains men as the norm against which women are measured and invites the meaning of difference as deficiency (Crawford & Marecek, 1989).

The third framework shifts the focus of research from women to gender, with gender considered to be a process produced by the structure and organization of the social systems in which women and men operate rather than a set of personal attributes (Crawford & Marecek, 1989). The emphasis on a system of social relations opens the door for the study of ordinary people in everyday settings and makes it more difficult to ignore class, race, and ethnic biases in research. It also holds limitations through the risk of overemphasizing effects of the social structure in which

gender-role conditioning is the global determinant of the experiences of all women: (a) it may obscure the diversity of women's lives, and (b) it may overemphasize the similarities between women's and men's lives (Crawford & Marecek, 1989).

Each approach presented is interrelated and interactive in an effort to challenge "womanless" theories of human development. While this more inclusive shift has both broadened and questioned the process of theory development, only limited recognition of the complexity, diversity, potential discontinuity, and frequent incongruity of women's lives has been explored. Many women's "voices" and experiences, including issues related to self-esteem have not been directly addressed. Professional women in their early middle-aged years in the 1980s and 1990s have not been a focus of inquiry.

The Concept of Self-Esteem

Development of the self continues throughout the life span by the process of interaction and social practice in the social world where women and men must live and function. Striving for self-esteem is viewed as a primary motivator for social interaction and behavior (Basch, 1988; Epstein, 1973). Since this study focuses on self-esteem, the "observed self" takes center stage under the critical examination of the "observer self" (Harter, 1983).

Self-esteem is the most basic or general self assessment of qualities that the person values (Coopersmith, 1967; O'Brien & Epstein, 1988; Rosenberg, 1979). Major attention has been devoted to the investigation of self-esteem, but little research has assumed a developmental perspective, particularly research looking beyond adolescence (Harter, 1983). One's self-esteem does not become fixed during adolescence. Although there are some studies of self-esteem at adulthood, few of these studies investigate women in the second wave birth cohort.

In considering the self-efficacy and self-worth dimensions of self-esteem, Campbell (1984) proposed that self-efficacy is steadier and more dependable while self-worth is always more uncertain. He further suggested that individuals lacking adequate self-efficacy depend almost wholly on derived assessments of self-worth as their source of self-esteem. People with low self-worth appear more susceptible to influence by external cues than people with high self-worth (Brockner, 1988; Tang & Sarsfield, 1989).

As the second wave cohort of women came of age and moved into the paid labor force at a steady increasingly strong pace, self-efficacy issues were emphasized for women. However, it has been suggested that women have continued to be oriented toward connectedness with others and to evaluate their self-esteem in terms of self-worth (Baruch et al., 1983; Broverman et al., 1972; Chodorow, 1974; Diedrick,

1988; Gilligan & Attanucci, 1988; Wylie, 1979). In order to reach a high level of self-efficacy, researchers (Bandura, 1986; Tang & Sarsfield, 1989) proposed that individuals must believe that they have the necessary abilities and skill to achieve a goal, set a challenging goal, exert significant effort and perform well. Although women may achieve high self-efficacy despite a culture which continues to reward women principally for socially-oriented behavior and men for achievement-oriented behavior, these high achieving women may not have high global self-esteem (Chodorow, 1974; Diedrick, 1988). It is possible that women's self-esteem may be sufficiently impacted by the self-worth dimension that their global self-esteem is lower despite high self-efficacy. For women, both self-efficacy and self-worth may have direct effects on global self-esteem, however some researchers (Walters, Chapman, & Diedrick, 1989; Walters & Diedrick, 1988) question whether the effect of self-worth on self-esteem may be expressed primarily through self-efficacy. The second wave birth cohort of professional women has not often been studied, reported about, or understood (Josselson, 1987).

Occupational Role and Self-Esteem

Efficacy may often be manifested through occupational roles for the second wave cohort of women. The connection between occupational roles and self-esteem has been the focus of some inquiry, although research related to women's

work has concentrated on its effects on child outcomes not on the woman herself (Barnett, Marshall, & Singer, 1992). The relationship between a woman's occupational role and her self-esteem, as well as interactions among gender identity, occupational role, and self-esteem have been the focus of some investigation, but the research has not concentrated on the second wave cohort of women nor on professional women. Studies which have centered on these issues will be discussed.

The most extensive study is the investigation by Baruch, Barnett, and Rivers (1983) concerning the new patterns of "love and work" for 300 middle-aged women (aged 35-55 at the time of the study). The average age of participants was 43.6 years; they were all Caucasian; the average educational level was two years beyond high school; and they were never married, married without children, married with children, or divorced with children (all the never married and the divorced women were employed, as were half of each of the two groups of married women). Each participant's well-being was assessed based on a variety of items and scales given to the women by trained interviewers. The questionnaires included the following assessments: (a) self-esteem defined as a high regard for oneself (derived from the work of Rosenberg on global self-esteem); (b) a sense of control over one's life (from work developed by sociologist Leonard Pearlin); and (c) absence of symptoms of

anxiety and depression (from an inventory developed at Johns Hopkins University). Three other elements of well-being were each measured by simply asking a direct question regarding the following areas: (a) happiness or feelings of joy and delight; (b) satisfaction; and (c) optimism. Many of the survey questions were developed especially for this study, and the self-descriptions were adapted from Bem's Sex Role Inventory.

Baruch and her colleagues (1983) derived a two dimensional picture of these patterns, composed of mastery and pleasure based on this cohort of women. They found that a woman's search for a sense of mastery was linked to feeling important and worthwhile and was connected to her work and her intellectual life. Her search for a sense of pleasure depended on finding life enjoyable and was tied to her areas of intimacy with others and her emotional life. The researchers found that well-being occurred when women compared their life expectations against what had actually occurred in their lives and found more items on the positive side. Although mastery contributed the most to a sense of well-being, a combination of mastery and pleasure was found to be essential to feeling good about oneself.

In addition, Baruch et al. (1983) found well-being not to be related to age, nor did mastery and pleasure decline as women aged. Among the women in the study, a strong correlation between women who preferred the role or roles

they held (i.e., worker, mother, wife) and well-being. Mastery was identified as the primary key to well-being, and the element that best determined whether women ranked high or low in mastery was paid work (not such variables as age, education, or quality of marriage). The pleasure side of well-being was affected only by whether or not women were married. Not surprisingly, married women valued interpersonal relationships more, and the single women cared more about feeling independent and autonomous. There was no significant impact on the well-being of women related to whether or not they had children. Self-esteem and a sense of control over one's life functioned independently of marital status.

Regardless of employment or marital status, three areas were relevant to all women: (a) total family income was an important contributor to both mastery and pleasure; (b) a prestigious job and the proportion of money contributed to the family income were significant to a sense of mastery; and (c) sexual satisfaction was the most powerful contributor to pleasure. Regardless of marital status, challenge on the job was a very important contributor to the both mastery and pleasure for employed women.

The fewer roles a woman held, the more central each one was to her well-being, with women scoring lowest on mastery being those with the fewest roles (e.g., married without children and not employed). Contrary to the notion that

multiple roles contribute to significant stress, involvement in multiple roles had a strengthening effect on well-being. Good jobs, in particular, help buffer stress.

The researchers argued that the well-being of these women was linked more strongly to the transitional social climate than to internal psychological forces. These were women for whom the shadow of biological development had clearly fallen more deeply upon than for the men of their era (Baruch et al., 1983). This Lifeprints study emphasized the positive contribution of androgyny, suggesting that it will allow people to be more different rather than more alike. They further suggested that the cost of the old patterns was lack of self-esteem and depression, while the new costs may be periods of conflict and struggle (Baruch et al., 1983).

A recently published longitudinal study by a member of the same research group along with two others (Barnett, Marshall, & Singer, 1992), addressed the relationship between employment and mental health. The participants were 403 women employed at least half-time (median = 39.5 hours per week) in one of two health-care professions (i.e., licensed practical nursing or social work) who varied in ethnic background, age (ages 25 to 55), partnership status, and parental status. Each women was interviewed three times between the fall of 1986 and the spring of 1988 (the interviews were approximately one year apart).

The researchers found that among this sample of social workers and LPN's: (a) change in job-role quality was significantly associated with change in psychological distress; and (b) the relationship between change over time in job-role quality and change over time in women's psychological distress varied as a function of family-role status. The quality of one's work experience had the greatest influence on the mental health of employed women who were either childless or single. Among women who were parents, partnered, or both, changes over time in job-role quality were unrelated to psychological distress. Women with family roles have additional potential sources of rewards, and they may be less invested in their work (Barnett et al., 1992). The authors recommended further research including women in a wider range of occupational groups, as opposed to the two health-care professions represented in their study.

Stafford (1984) investigated the relationship of attitudes toward women's roles and occupational behavior to women's self-esteem in a group of 456 mainly white, upper-middle and lower-middle class college-educated women ranging in age from their early 20s to mid-50s. The participants were surveyed on three measures of occupational behavior, the Spence and Helmreich (1978) Attitudes Toward Women Scale, and the Rosenberg (1979) Self-Esteem Scale. The researchers found no support for their prediction that

attitudes toward women's roles mediate occupational behavior (type of present work) and have a differential effect on self-esteem. However, self-esteem was significantly higher when a woman's present and preferred work were congruent. The lowest self-esteem group was comprised of homemakers who wanted a career, noticeably lower than even those who merely wanted to be employed. As the authors pointed out, what really counts is doing what one wants to be doing. Stafford (1984) suggested that changing social conditions and attitudes need to be taken into account when considering women and work. Perhaps an overly broad age range was included in the sample to account for socio-historical differences.

Long (1989) examined 281 women encompassing a very broad age span (19 to 65 years of age). Her study focused on the sex role orientation, coping strategies, stress, and self-efficacy of women in traditional (female-dominated) and nontraditional (male-dominated) occupations. Regardless of occupation, in comparison to the entire sample, high-masculine women reported: (a) higher levels of self-efficacy; (b) lower levels of strain, trait anxiety, and work impairment; and (c) greater frequency of problem-focused and preventive coping. The masculine and undifferentiated women in male-dominated occupations reported higher self-efficacy and greater problem-focused coping than their counterparts in female-dominated

occupations. Long (1989) also suggested that the relation between sex role orientation and strain may be mediated by self-efficacy.

Traditional versus nontraditional occupations were also investigated in Nevill and Schlecker's (1988) study of the relation of self-efficacy and assertiveness to the willingness of women to engage in traditional or nontraditional career activities. For the 122 undergraduate women sampled, strong self-efficacy expectations and assertiveness were related to the willingness to engage in the career-related activities of the nontraditional occupations, but not the traditional ones. However, the majority of the young women sampled were more willing to engage in the career-related activities of the traditional jobs, not the nontraditional jobs, regardless of their level of self-efficacy or of assertiveness.

Schwalbe, Gecas, and Baxter (1986) explored how characteristics of the situation and of the individual affect the importance attached to three potential sources of self-esteem in the workplace. The authors considered reflected appraisals, social comparisons, and self-perceptions as the three sources of self-esteem. The sample included 90 women (mean age 39.4 years) and 160 men (mean age 46.3 years) employed in five work organizations. The women and men were surveyed to examine how the occupational conditions of routinization, control, interaction demands,

and job prestige affected the importance of these sources of self-evaluative information. In addition to these situation factors, the individual factors of age, sex, self-esteem, and work enjoyment were analyzed. The researchers found that interaction demands on the job significantly increased the importance attached to self-perceived competence and social comparisons as sources of self-esteem. In the workplace, self-perceived competence was the most important source of self-esteem, followed by reflected appraisal, and social comparisons. Significant gender differences emerged regarding self-perceived competence, where the importance attached to this source of self-esteem was more important for women than for men.

In the final study to be cited, Downey and Moen (1987) examined the income efficacy relationship for 591 women-headed households in the context of work and family roles. Three theoretical models were evaluated regarding personal efficacy, income, and family transitions: (a) sex role socialization (personal income viewed as less important than family roles in promoting efficacy); (b) role combination (the effects of income on efficacy viewed as moderated by family role demands); and (c) role enhancement (personal income viewed as positively related to efficacy). The researchers found that earned income increased the women's efficacy regardless of family context, and that nonearned income (i.e., child support) also promoted efficacy.

In considering the relation between women's roles and self-esteem, the literature suggests that a woman's self-esteem is affected by the roles she holds. Such factors as income, proportion of money contributed to the family income, quality of one's work experience, role congruence, sex role orientation, female-dominated versus male-dominated occupation, parental status, partnership status, and number of roles all appeared to be associated with self-esteem for women, although the second wave cohort of professional women was not specifically investigated.

Gender Identity and Self-Esteem

One's sex denotes structural biological differences identifying femaleness or maleness, and follows a well-known unfolding process. One's gender is a social category associated with femininity or masculinity, and is constructed along a less well-known developmental course. Gender is particularly complex in adults and refers to the attributions and behaviors that concern what it means to be female or male, feminine or masculine (Young-Eisendrath & Wiedemann, 1987). Sociocultural experiences dominate the social construction of gender identity through political, religious, economic, and other cultural factors, and tend to be perpetuated despite between-sex similarities and within-sex differences (Belenky et al., 1986; Lamke, 1982; Rogoff & Morelli, 1989).

Three factors contributing to choice regarding childbearing have altered life course options for women which were, and to some extent still are, tied to biology (a) availability of effective contraception, (b) the legalization of abortion in 1973, and (c) advances in reproductive technology (Renzetti & Curran, 1989). Although childbearing is less a matter of choice for some women due to lack of economic resources, with severely curtailed choices for the poor and options increasing with one's advancing economic viability, the choice to bear children may have become a predominantly socio-cultural factor and less of a biological factor for many women in the United States. This matter of choice has altered the developmental course possibilities for women.

Second wave women came of age within the context of changing socio-cultural options regarding childbearing and work. They confronted concerns for self, concerns for others, role expectations, and gender identity issues.

Nature and learning are important in the acquisition of gender, but they are also factors virtually impossible to separate completely. Sanford and Donovan (1984) asserted that gender identity is the cornerstone of the self-concept and of self-esteem. With gender identity at the cornerstone of self-concept and of self-esteem, how has research addressed gender identity and the self-esteem of women?

The relation between gender identity and self-esteem has been the focus of some inquiry. The issue of whether or not a woman's sex-role orientation (i.e., toward femininity, masculinity, androgyny, or the state of being undifferentiated) has an effect on her self-esteem has been the subject of some research, although the research has not concentrated on the second wave cohort of women.

As the second wave cohort of women came of age, what constituted a healthy adult was examined by Broverman, Vogel, Broverman, Clarkson, and Rosenkrantz (1970). The healthy adult list corresponded with the healthy adult man, not the healthy adult woman. The list of healthy adult male attributes focuses on self-efficacy issues (power, competence, independence), and the list of healthy adult female attributes focuses on self-worth issues (cooperativeness, acceptance, praise, sensitivity). This dichotomy of gender attributes did not jibe with the second wave of the feminist movement. Goals were being set to establish a more just and equitable role for women in our biological, social, political, religious, and economic structures. The emphasis was on efficacy issues.

Attributes associated with gender identity were the focus of Bem's research which began in the early 1970s, and included the development of the Bem Sex Role Inventory, the most widely used sex role instrument. Bem asserted that rigid sex role differentiation had already outlived its

utility in our culture, and that androgyny would become the standard of psychological health, including self-esteem (Bem, 1974). She further stated that the traditional assumption that it is the traditionally sex-typed individual who typifies psychological health was no longer true, and inquiry should begin focusing on the behavioral and societal consequences of more flexible sex roles (Bem, 1974). She continued her theoretical stance in later reporting that a more androgynous view of oneself is accompanied by greater maturity and higher self-esteem (Bem, 1977).

A meta-analysis of the relationship between sex role and self-esteem (the selected indicator of psychological well-being) was conducted by Whitley (1983). He tested three models of sex role orientation: (a) the traditional congruence model which assumes feminine and masculine are opposite poles of a single dimension, and that psychological well-being is supported only when one's sex role orientation is congruent with one's biological sex; (b) the androgyny model which assumes masculinity and femininity are independent and complementary rather than incompatible dimensions, and that the additive nature of sex role orientations leads one to maximum well-being when one's sex role orientation incorporates a high degree of both femininity and masculinity regardless of one's biological sex; and (c) the masculinity model which asserts that well-

being is solely a function of the extent to which one has a masculine sex role orientation.

In his meta-analysis of 35 studies covering a wide range of ages (i.e., early adolescence through adulthood), Whitley (1983) concluded that although femininity, masculinity, and the interaction of the two orientations were all positively related to self-esteem, masculinity carried the most weight. Furthermore, the congruence model had no support, and a causal relationship between a masculine sex role orientation and higher self-esteem was also not supported. Whitley (1983) argued that the two constructs have both unique and shared components which are a function of the constructs themselves and the social desirability inherent in both psychological masculinity and self-esteem.

The studies analyzed by Whitley (1983) measured only one aspect of psychological sex role orientation, namely, personality traits. He noted that the meaning of sex roles co-exists on three levels: (a) anthropologically, how one's position in the societal structure is determined by sex and gender; (b) sociologically, how one's relationships to other people are determined by sex and gender; and (c) psychologically, how one's personality and behavior are determined by sex and gender.

Cate and Sugawara (1986) studied a young sample, 229 high school students (116 females, 113 males), in their

examination of the relationship between sex role orientation (i.e., masculinity and femininity) and various dimensions of self-esteem (i.e., competence in cognitive, social, and physical skill domains, and a global measure). They also had some cautions related to Whitley's (1983) meta-analysis: (a) the wide range of ages; and (b) only global and social self-esteem were considered. Contrary to Whitley's (1983) suggestion that masculinity is more strongly related to social self-esteem than global self-esteem, Cate and Sugawara's (1986) findings did not support this hypothesis.

Cate and Sugawara (1986) found among their adolescent subjects that: (a) the contribution of masculine gender characteristics to global self-esteem was much greater for females than for males; (b) the contribution of masculine gender characteristics to physical competence (body functioning) was much greater for females than for males; (c) males and females high on masculine gender characteristics perceived themselves to be significantly more physically competent and to have higher global self-esteem than females low on masculine gender characteristics; and (d) the contribution of masculine gender characteristics to social competence was much greater for females than for males. Overall, for adolescent females, the impact of sex role orientation may override biological sex, while among adolescent males, biological sex may override the impact of

sex role orientation in relation to the dimensions of self-esteem considered.

Silvern and Ryan (1979) conducted two studies investigating the relationship between self-rated adjustment and sex-typing on the Bem Sex Role Inventory. The subjects of both studies were undergraduates: (1) Study I, 76 women, 71 men; and (2) Study II, 103 women, 104 men. In both studies, superior adjustment was associated with androgynous versus traditional typing only among women, not men. Adjustment differences among sex-types were accounted for by differences in masculinity, not in femininity or androgyny per se (Silvern & Ryan, 1979). Only women reported increased personal satisfaction associated with the increased flexibility to engage in cross-sex behavior linked with androgyny.

Walters, Hollett, and Beare (1991) also used an undergraduate sample to investigate the possibility that differences in self-esteem are more attributable to sex role orientation than to biological sex perhaps due to differential socialization of daughters and sons. Their sample included 229 females and 229 males who completed a measure of global self-esteem (Rosenberg, 1965), measures of self-efficacy and self-worth dimensions of self-esteem (Gecas & Schwalbe, 1986), and the Bem Sex Role Inventory (Bem, 1974). Their findings differed from Cate and Sugawara's (1986) results which concluded that masculinity

and androgyny accounted for higher self-esteem ratings on all dimensions for both females and males.

Walters, Hollett, and Beare (1991) agreed with Cate and Sugawara that masculine and androgynous females and males scored higher on both global self-esteem and self-efficacy, but that androgynous and feminine females and males scored higher on the self-worth dimension. Furthermore, androgynous, rather than feminine, females scored higher on all measures and dimensions of self-esteem. In comparing their findings to studies of younger adolescents, the authors suggested that: (a) self-esteem becomes more complex and more differentiated throughout adolescence; (b) both self-esteem and perceptions of sex role orientation need to be multidimensional; (c) sex role orientations may be better predictors of self-esteem; and (d) girls may achieve more for approval from others, and boys may strive more for mastery (Walters, Hollett, & Beare, 1991).

Two studies did concentrate on samples of middle-aged women. The first of these two studies was Tinsley, Sullivan-Guest, and McGuire's (1984) investigation of the relationship between sex role orientation and depression. Two groups of women between the ages of 35 and 50 (born between the early 1930s and the early 1940s) completed the Bem Sex Role Inventory and Beck's Depression Inventory. The clinical group consisted of 15 women (mean age, 41.5) undergoing treatment for depression, and the nonclinical

group consisted of 24 similarly aged women (mean age, 41.3) who were not currently seeking treatment for depression and who had never been treated for an emotional or psychiatric problem. Depression and femininity showed a positive correlation of .61, indicating that 37% of the variance in the depression scores could be accounted for by the sex role factor. Depression in this middle-aged female sample was found to be significantly related to the degree of acceptance of the traditional feminine sex role.

Sex role categories for the clinical and nonclinical groups were as follows: (a) femininity, 11 of the clinical group, 3 of the nonclinical group; (b) masculinity, none of the clinical group, 4 of the nonclinical group; (c) androgyny, only one woman in the clinical group, 9 of the nonclinical group; and (d) near-feminine, 3 of the clinical group, 8 of the nonclinical group. The authors concluded that their findings supported the view that, especially for women in middle age, women's adherence to and acceptance of the traits of the feminine sex role (such as passivity, dependence, and helplessness at the exclusion of masculine sex role traits such as self-reliance, defense of one's own beliefs, assertiveness, and independence) were crucial variables influencing her vulnerability to depression. The researchers stated that women who have low self-esteem may be viewed as exhibiting depressed symptoms. The study cited data that women are found to be depressed at two to five

times the male rate, and that this imbalance appears to be related to the demands and contradictions of being feminine within the current socio-political environment (Tinsley, Sullivan-Guest, & McGuire, 1984). Furthermore, they suggested that women who feel freer to behave in less role-restricted ways within our culture and institutions may tend to be more mentally healthy as they adopt androgynous and masculine sex roles.

The second study to concentrate on a middle-aged female sample is Frank, Towell, and Huyck's (1985) investigation of the effects of sex role traits on three aspects of psychological well-being (self-esteem, symptom distress, and a sense of mastery). The researchers found that higher self-esteem and a greater sense of mastery were predicted by more masculine traits, and greater symptom distress was predicted by more feminine traits. Women scoring as masculine had higher self-esteem than women scoring as feminine, androgynous, or undifferentiated. Although the women scoring as androgynous did not differ significantly from the women scoring as undifferentiated on the self-esteem measure, they tended to have higher self-esteem than the women scoring feminine. Women who scored as masculine did not differ significantly from women who scored as androgynous in terms of mastery, but they did experience a greater sense of mastery than women who scored as feminine or undifferentiated. The researchers found the greatest

differences in symptom distress. The women who scored masculine reported the least symptom distress while the women who scored feminine reported the most symptom distress.

Frank et al. (1985) also evaluated the occupational status of their participants. Among this sample of women, those who scored as androgynous or feminine were more likely to be homemakers, whereas the women who scored as masculine were more likely to working full-time. The authors concluded that sex role attributes played a role in the types of occupations these women pursued. The majority (57.5%) of the women who scored masculine who were employed in the paid labor force pursued occupations drawing on dominant and instrumental traits, such as managerial and financial activities, and occupied work roles often filled men. Among the women who scored feminine or androgynous, 90% held secretarial positions or other roles traditionally ascribed to women. Women who scored feminine or androgynous also often pursued occupations calling on nurturant and expressive traits, such as nursing, teaching young children, and personnel interviewing. Women who scored as masculine clearly held higher status jobs than the women who scored as feminine, and they tended also to have higher status jobs than the androgynous group of women.

In considering the relation between gender identity and self-esteem, the literature suggests that women with

either masculine or androgynous sex role orientations have higher self-esteem than women with either feminine or undifferentiated sex role orientations. The masculinity model which asserts that well-being is solely a function of the extent to which one has a masculine sex role orientation is most strongly supported. The traditional and androgyny models differ in the following ways. First, there is no support for the traditional congruence model which assumes feminine and masculine are opposite poles of a single dimension and that psychological well-being is supported only when one's sex role orientation is congruent with one's biological sex. Second, there is some support for the androgyny model which assumes masculinity and femininity are independent and complementary rather than incompatible dimensions and that the additive nature of sex role orientations leads one to maximum well-being when one's sex role orientation incorporates a high degree of both femininity and masculinity regardless of one's biological sex. However, the specific dimensions of self-esteem are not sufficiently addressed, particularly the efficacy and worth domains.

Although the majority of the studies on gender identity and issues of self-esteem focused on the adolescent population, some did consider middle-aged women, but focused on neither the second wave cohort nor on professional women. The literature also presents a number of recommendations and

factors for further inquiry: (a) whether girls achieve more for approval from others, especially maternal or paternal approval, than for a sense of mastery; (b) whether sex role attributes play a role in occupational status and the types of occupations pursued by women; (c) whether women who work in predominantly male fields tend to have a masculine gender identity; (d) multidimensional measures of self-esteem need to be used in research; (e) masculinity rather than androgyny may be associated with higher levels of self-esteem; and (f) whether sex role orientations are better predictors of self-esteem than the predominant measures of self-esteem.

Self-Esteem and the Birth Cohort

The professional women in the cohort of interest (born between 1946-1959) are not necessarily exceptional women who have achieved "fame" in the world of "men's" work, although they have achieved in their chosen professional sphere which may or may not be one dominated by men. They do not necessarily have commonly labeled deficiencies such as depression, anorexia nervosa, fear of success, math anxiety, or suffer from the "imposter phenomenon" or the "Cinderella Complex", although women with such issues are included in the group. Similarly, they are not specifically African-American, married, single, mothers, lesbian, heterosexual, survivors of child abuse, survivors of spouse abuse,

substance abusers, or middle-class, although women with such characteristics are part of the group.

The women in the cohort will likely be middle-class because they earn professional salaries. It is also more likely that they will be white since whites continue to dominate professional spheres. Due to their professional roles, they will likely be designated as Achievers according to Josselson's (1987) Identity Status model. However, they are American women who came of age during a period of substantial sociopolitical change in the United States culture. They came of age during the time of rapid progressive change in the proportion of women in the labor force. As the oldest members of this birth cohort graduated from high school in 1964, 39% of women sixteen and older were in the U.S. labor force; as the youngest members of this birth cohort graduated from college in 1980, 52% of women sixteen and older were in the U.S. labor force (U.S. Department of Labor, 1985). Although employed in a variety of occupational levels, women working in the paid labor force constituted a majority of the female population for the first time. Despite the fact that few of this cohort had mothers who worked out of the home, as they entered a social climate that had shifted in favor of employment for women, they unambivalently assumed work identities (Josselson, 1987).

Two studies describing characteristics of the mother cohort of this second wave cohort are of interest to the current study. In this first study, Rubin (1979) interviewed 160 women born between the early 1920s and approximately 1940, aged 35-54 at the time of their interviews. The women in Rubin's study represented a cross-class sample (working class, 45 percent; middle-middle class, 24 percent; professional or upper-middle class, 31 percent) and all were mothers (median number of children, 3; median age of children, 21).

Rubin (1979) found many of these women to have an inside and an outside that didn't always match. Dependence was a central issue to this age group of mothers. Their emotional dependence was often overstated as a central defining characteristic, and their economic dependence was often understated. Many in her study had developed many competencies but had been taught to hide or downplay their intelligence and to look helpless (Rubin, 1979). They had matured within a sociopolitical context filled with contradictions between social and interpersonal definitions and expectations. These women voiced a "residue of ambivalence" related to their early socialization (Rubin, 1979).

Junge and Maya (1985) studied a smaller sample (20) of women in their mid-40s during the early 1980s, approximately 10 - 20 years older than the second wave cohort and

overlapping Lillian Rubin's sample. The women of Junge and Maya's (1985) study were essentially products of traditional upbringing, intended wives and mothers, who were jolted by the emerging options of the changing sociopolitical climate of their early middle years. As their children left home, some of these women saw a second chance to achieve, albeit in the face of issues of ageism and sexism (Junge & Maya, 1985). Some of these women are the mother cohort of the second wave cohort. They developed within the context of the changing social tides and surges of their historical moment (Junge and Maya, 1985).

Although Gigy (1980) did not study the mother cohort of the second wave birth cohort, the parents of her sample do constitute the parent cohort of the current research participants. Her findings regarding maternal and paternal education and occupation are of interest to this study. The purpose of Gigy's (1980) study was to investigate the differences and similarities in the self-concepts of single and married women in response to the commonly held belief that single women have poor self-concepts. Her sample included 66 childless, never-married women and 37 married women, 29 of whom had children. Both groups of women had a mean age of 39. The single participants were asked their sexual orientations and reported the following: 44% completely heterosexual, 11% predominantly heterosexual, 12% bisexual, 6% predominantly lesbian, and 27% completely

lesbian. She found no significant differences based solely on marital status, however, and reported that maternal and paternal education and occupation background variables had some influence on these women's self-concept. Other variables were only evaluated in terms of single versus married status, and were not separately analyzed according to occupational status, sexual orientation, or educational level. Although adjectives typically characteristic of men, such as ambitious, assertive, competitive, calm, confident, versatile, unconventional, and self-controlled, were more similar to the responses of the single women than the married women, Gigy (1980) did not report findings regarding this factor according to work status.

In Gigy's (1980) sample, more single women than married women were working in professional-level jobs, and women who were in professional-level occupations were more achievement-oriented than non-professional working women. She reported that 88% of the single women and 40.5% of the married women were working at the time of the data collection. Significant differences did emerge on the educational and occupational levels of the women's mothers and fathers. Fathers of the single women were more likely to be in professions such as law, medicine, or engineering, and to have completed college educations. The mothers of the single women were more likely to be college educated, and less likely to have worked in the paid labor force than

the mothers of the married women (there was no difference between the groups in the type of work their mothers did). Gigy (1980) speculated that perhaps the lack of a maternal model who combined work outside the home with marriage is a factor contributing to career-oriented women remaining single, and suggests that marriage and work may not appear as mutually exclusive to women who have seen their mother manage both.

These parental factors, particularly the maternal factors, will be explored further in the current study. The socio-political climate during the second wave birth cohort's coming of age has distinct differences from the "traditional" climate prevalent during their mother's coming of age. The movement from the traditional private or domestic sphere to the nontraditional public domain has become predominant. Although attitudes related to women in the paid work force may show a broad range from working-class wives viewing themselves as secondary providers helping their families economically while supporting their husbands' pride, authority, and manhood as primary breadwinner (Thompson & Walker, 1989) to middle-class wives who find work advantageous to their independence and marital satisfaction (Helson, Elliott, & Leigh, 1990), a growing percentage of women continue to spend an increasing amount of their time in the public sphere.

This movement by women toward the public sphere has ramifications affecting the political order of our society, the "meaning" members of our society find in their life, how we reproduce our societal members and socialize them to be women and men, masculine and feminine, and how women and men come to assess the qualities that they value.

This social reconstruction of gender functions, within societal functions, includes changing definitions of femininity which set in motion changing reactive definitions of masculinity (Kimmel, 1987). The restructuring offers new choices along with the old. This redefinition process heightens potential conflict in sex role expectations and sets the stage for challenges in the development and maintenance of self-esteem, particularly for women.

Self-esteem is vitally important to all individuals throughout the lifespan as reflected in our interpersonal relationships, our work, our health, and our self-respect. If self-esteem is rooted in the complexities of the individual's biological course and socio-cultural experiences, how does current theory and research facilitate understanding of and potential for change in women's self-esteem, particularly for the cohort of women who came of age during a period of substantial sociopolitical disequilibrium? Although self-esteem issues for professional women in the second wave cohort have not been a focus of inquiry, studies which concentrate on gender

identity and its association with components of self-esteem, and studies which investigate women's roles and self-esteem offer a guide for further research.

Basic Assumptions about Self-Esteem in the
Multidimensional Self-Esteem Inventory

The Multidimensional Self-Esteem Inventory (MSEI) was developed to provide a measure of self-esteem based on Epstein's (1973, 1979) model which distinguishes between the cognitive and affective aspects of an individual's self-theory, and specifies two primary levels within the hierarchy of self-esteem. The cognitive aspect (self-concept) of an individual's self-theory refers to the content, and the affective aspect (self-esteem) of the person's self-theory refers to the evaluative tone or the positive versus negative valence associated with any given self-concept (O'Brien, 1980). The levels within the hierarchy of self-esteem are: (a) the first level, global self-esteem, which is concerned with the person's most basic evaluative feeling about themselves; and (b) the second level, components of self-esteem (self-efficacy factors, self-worth factors, and moral self-approval), which are self-evaluations at an intermediate level of generality (O'Brien & Epstein, 1988). The role of social and interpersonal processes is conceived as central in determining and maintaining the individual's self-theory.

The MSEI concentrates on relatively broad domains in an effort to insure that each of the components of self-esteem has important implications for the global self-esteem of most individuals (O'Brien & Epstein, 1988). The intermediate or mid-level components measured by the MSEI include: the Effectance factor (competence, personal power, self-control, and body functioning), the Social or Self-Worth factor (lovability, likability, and body appearance), and moral self-approval. The inclusion of components was influenced by the conceptual analyses of self-esteem, by work directly related to the development of the MSEI, and by the results of studies of naturally-occurring changes in self-esteem conducted by the instrument's authors (O'Brien & Epstein, 1988). Each of the eight intermediate components are discussed below.

Self-evaluations of competence are concerned with broad issues of intellectual mastery and work or job-related ability versus inadequacy and inability, rather than competence tied to interpersonal skills. Competence issues correlate with measures of achievement and intellectual ability, and are found to be one of the most frequent and most intense sources of self-esteem (O'Brien, 1980).

Self-evaluations of personal power are concerned with interpersonal influence, power, and assertiveness versus weakness, lack of influence or assertiveness, and feeling taken advantage of by others. Incidents involving personal

power were not as frequent as incidents involving competence, likability, or lovability, but were about as frequent as those involving moral self-approval (O'Brien, 1980).

Self-evaluations of self-control are concerned with impulse and emotional self-regulation and with self-discipline. Incidents involving self-control are rather common sources of changes in self-esteem such as: (a) an individual's ability or inability to concentrate and achieve day-to-day goals; or (b) an individual's control over their eating, smoking, or drinking behavior (O'Brien, 1980).

Body functioning self-evaluations are concerned with the performance of one's body in physical activities. It focuses on body functioning or physical conditioning in athletic and other non-sexual contexts. This component comprises one of the more common sources of self-esteem (O'Brien, 1980).

Identity integration refers to feelings of inner continuity and sameness both across time and across situations as one of the basic functions of self-evaluation. This is an individual's views of the efficiency of self-concept in assimilating new information and in organizing and directing life experience (O'Brien, 1980; O'Brien & Epstein, 1988).

The lovability component is concerned with love worthiness and intense interpersonal relationships.

Although a less frequent source of self-esteem than either competence or likability, lovability tends to produce some of the most intense affective responses of any type reported (O'Brien, 1980).

Self-evaluations of likability are concerned with peer acceptance and popularity versus rejection by peers and unpopularity. Likability was second only to competence as the most frequent source of variability in self-esteem (O'Brien, 1980).

Body appearance self-evaluations are concerned with one's body image or physical attractiveness. Experiences involving body appearance most often involved interpersonal situations in which a person was either praised or criticized. Although not frequent compared to other sources of self-esteem, experiences involving body appearance did lead to strong emotional responses, and, for some individuals, were a predominant source of change in self-esteem (O'Brien, 1980).

Finally, self-evaluations that are concerned with one's personal moral values and behavior are defined as moral self-approval, and one of the less frequently observed sources of self-esteem (O'Brien & Epstein, 1974). Harter (1983) has reported that moral values and behavior are the least-studied areas of self-esteem, although this is changing due to Gilligan's (1982) line of research (Brown,

Argyris, Attanucci, Bardige, Gilligan, Johnston, Miller, Osborn, Ward, Wiggins, & Wilcox, 1987).

The MSEI is conceptualized to encompass the broad domain of experiences that have relevance to the self-esteem of most individuals. All of the MSEI scales emerge from, depend upon, and influence social and interpersonal processes, and are concerned with the manner in which intersubjective factors affect the individual's self-theory (Epstein, 1973; O'Brien, 1980).

Summary of the Review

In summary, studies of occupational role and self-esteem, gender identity and self-esteem, and the concept of self-esteem, have identified factors which seem to affect the self-esteem of professional women in their early middle-aged years. In keeping with Walters, Hollett, and Beare's (1991) and Cate and Sugawara's (1986) recommendations that both self-esteem and perceptions of sex role orientation need to be multidimensional, the Bem Sex Role Inventory, the Self-Esteem Scale, and the Multidimensional Self-Esteem Inventory were the primary measures used in the study.

The variability in one's overall self-evaluation has been considered in relation to sex role orientation and specific dimensions of self-esteem such as physical competence, self-efficacy, self-worth, mastery, depression, and symptom distress by a number of researchers (Baruch et al., 1983; Cate & Sugawara, 1986; Frank et al., 1985; Tang &

Sarsfield, 1989; Tinsley et al., 1984). Relations have been noted, but typically the investigations have focused on different dimensions of self-esteem at different levels of specificity.

The relationship between sex role orientation and traditional versus nontraditional occupational role has also been considered by several researchers (Baruch et al., 1983; Downey & Moen, 1987; Frank et al., 1985; Long, 1989; Nevill & Schlecker, 1988; Schwalbe et al., 1986; Tinsley et al., 1984; Walters et al., 1991; Whitley, 1983). Overall, their findings support the hypothesis that a masculine gender identity is associated with higher global self-esteem, higher self-efficacy, and employment in male-dominated occupations. The hypothesis that a feminine or an androgynous gender identity is associated with higher self-worth is also supported, although employment in female-dominated occupations is linked with depression and lower global self-esteem.

O'Brien and Epstein's (1988) line of research supports the hypothesis that, particularly for females, mother's strong encouragement of their child's independence is related to their child's higher self-efficacy and moral self-approval ratings. Mother's employment is viewed by Gigy (1980) as an important model for women, and a mother's participation in the paid labor force appears to be related to her daughter's self-efficacy and self-worth.

In an effort to discriminate between the efficacy and worth dimensions of self-esteem, Walters, Chapman, and Diedrick (1989) and others (Gecas & Schwalbe, 1986; O'Brien & Epstein, 1988; Walters & Diedrick, 1988) have suggested that both efficacy and worth have direct effects on global self-esteem. Although, for females, the effect of worth on global self-esteem may be expressed primarily through efficacy, and this effect may contribute to lowering their overall self-esteem. The relationship of these factors to the self-esteem of the second wave cohort of professional women remains relatively unexplored.

Relevance to the Helping Professions

An understanding of the factors that contribute to the dimensions of self-esteem of professional women is important for workers in the helping professions as well as for the professional women themselves. Although research during the past two decades has modified the earlier state of the traditional "womanless" models of human development, the second wave cohort of professional women has not been addressed. Due to the consistent move of women from the private to the public sphere, this significance of this group of women should not be ignored or minimized. Facilitating a better understanding of what contributes to the self-esteem of this cohort of women may offer avenues for increased self-efficacy as well as for increased self-worth. Whether the incongruities are predominantly

situational or individual, whether they are related to work or personal roles, as women of the second wave baby boom cohort attempt to bridge painful discontinuities inherent to their socio-political context, better choices and opportunities involving intimacy and achievement should become better understood.

CHAPTER III

METHODOLOGY

A review of the literature supports the concept that self-worth and self-efficacy are important components of self-esteem for all individuals in our culture. The literature further suggests that self-efficacy may have a greater direct effect than self-worth on self-esteem for both genders, but that this direct effect of self-efficacy is stronger at least for men. However, the literature does not adequately address high achieving professional women who are now in their early middle years, particularly what may account for what might appear as an incongruency. That is, some women in this cohort of highly competent women appear to have high self-efficacy and high self-worth and others have high self-efficacy yet low self-worth. Furthermore, both groups may have a relatively high self-esteem due to the high self-efficacy. Gender identity appears to be one factor that affects self-efficacy and self-worth. Certain demographic variables also appear to be factors.

The major purpose of this exploratory study was to examine the extent to which some successful professional women have a low self-worth. Are gender identity, global self-esteem, self-efficacy, self-worth, moral self-approval, employment in predominantly male or female fields, mother's

encouragement of independence, and mother's history of employment factors which may affect the self-esteem of successful professional women?

Hypotheses

The review of the literature would support the following hypotheses regarding high achieving professional women in the group of interest:

1. Variability in one's overall self-evaluation (global self-esteem) can be explained by recourse to the characteristics of gender identity, self-efficacy or effectance (i.e., competence, personal power, self-control, body functioning, identity integration), self-worth or social self-esteem (i.e., lovability, likability, body appearance), and moral self-approval.

2. Women working in predominantly male fields who register masculine on a gender identity scale will have significantly higher (a) global self-esteem (MSEI global self-esteem and Rosenberg's self-esteem) and (b) self-efficacy scores (competence, personal power, self-control, body functioning, and identity integration) than women who register as androgynous, feminine, or undifferentiated gender identity.

3. Women working in predominantly female fields who register feminine on a gender identity scale will have significantly higher global self-esteem (MSEI global self-esteem and Rosenberg's self-esteem) and significantly higher

self-worth scores (lovability, likability, and body appearance) than women who register as masculine or undifferentiated gender identity.

4. Women who report that their mothers strongly encouraged their independence will have significantly higher self-efficacy scores (competence, personal power, self-control, body functioning, and identity integration) and moral self-approval scores than women who do not report that their mothers strongly encouraged their independence.

5. The self-efficacy scores (competence, personal power, self-control, body functioning, and identity integration) and self-worth scores (lovability, likability, and body appearance) of women whose mothers were employed will differ from those women whose mothers were not employed.

6. Women with high self-efficacy scores (i.e., competence, personal power, self-control, body functioning, identity integration) and high self-worth scores (i.e., lovability, likability, and body appearance) will have significantly higher global self-esteem (i.e., MSEI global self-esteem, Rosenberg's self-esteem) than women with high self-efficacy and low self-worth.

Instruments

Participants were asked to complete a set of questionnaires that contained: (a) demographic items; (b) the Bem Sex Role Inventory Short Form (BSRI; Bem, 1974,

1981) for the variables masculine, feminine, androgynous, and undifferentiated gender identity; (c) the Self-Esteem Scale (Rosenberg, 1965) for the variable global self-esteem; and (d) Multidimensional Self-Esteem Inventory (MSEI; O'Brien, 1980; O'Brien & Epstein, 1988) for the variables global self-esteem, self-efficacy (competence, self-control, personal power, body functioning, identity integration), self-worth (lovability, likability, body appearance), and moral self-approval (see Appendix A). An interview schedule adapted from Josselson (1987) was used to further understand types of high achieving professional women (see Appendix B).

Demographic Information

The demographic questionnaire for participants (see in Appendix A) included: age, ethnic background, current partnership status (i.e., never married, married, partnered, etc.), number of children, ages of children, number of people in household, occupation, level of education, partner's occupation, partner's level of education, mother's occupation, mother's level of education, father's occupation, father's level of education, household income, participant's income as a percentage of household income, different roles occupied (i.e., parenting, student, leadership positions in voluntary organizations, etc.), whether their mother encouraged their independence, and whether they work in a predominantly female or a predominantly male field.

Bem Sex Role Inventory Short Form

The Bem Sex Role Inventory (BSRI; Bem, 1974, 1981) (see Appendix A) was designed in the early 1970s and subjected to further refinements throughout the 1970s to implement research on psychological androgyny, a term that denotes the integration of femininity and masculinity within a single individual. Rather than conceptualizing femininity and masculinity as opposite ends of a single bipolar dimension, the BSRI treats femininity and masculinity as two independent dimensions. The scores of participants may indicate whether they are high on both dimensions ("androgynous"), low on both dimensions ("undifferentiated"), or high on one dimension and low on the other dimension (either "feminine" or "masculine").

Inherent in the concept of psychological androgyny is the possibility that an individual can be both expressive and instrumental, both compassionate and assertive, both feminine and masculine, depending upon their socio-cultural context. This view also asserts that individuals may blend these complementary modalities in a single act. Additionally, the BSRI is based on the concept that cultural definitions of sex-appropriate behavior are used by the traditionally sex-typed person as the ideal standard against which their behavior will be evaluated. These individuals who are highly attuned to sex-typed social desirability are motivated to keep their behavior consistent with an

idealized image of femininity or masculinity by selecting behaviors and attributes that enhance the image and avoiding behaviors that violate the image.

Items for the BSRI were selected based on cultural definitions of sex-typed social desirability within the American society in the early 1970s. Although the social desirability ratings were gathered in 1972, replications later in the 1970s indicated that "the BSRI appears to tap relatively enduring definitions of femininity and masculinity, culturally defined standards of sex-appropriate behavior that have not given way even in the face of a strong feminist critique in the society at large" (Bem, 1981, p. 12). The basis for the BSRI appears relatively stable across both time and geographical locale within the American society.

In the present research, the Short Form of the BSRI was used. It constitutes a refinement of the Original BSRI, and it includes 30 personality characteristics. Ten of the characteristics are stereotypically feminine (e.g., gentle, tender, compassionate), 10 are stereotypically masculine (e.g., has leadership abilities, assertive, dominant), and ten serve as filler items (e.g., adaptable, conceited, conventional). Directions for the BSRI ask the subject to indicate, on a scale from 1 to 7, how well each of the 30 characteristics describes them. All characteristics are to

be marked. The scale ranges from 1 ("never or almost never true") to 7 ("always or almost always true").

The first step in scoring was the calculation of each individual's femininity and masculinity scores, which were the averages of the individual's ratings on the ten feminine and the ten masculine items on the BSRI. The filler items are not scored. The mean of each individual's total score on masculine items and the mean of the individual's total score on feminine items were compared to the means of scores of a normative sample for adult females ages 31-65 (the procedure recommended for a sample containing one sex only or for a small sample). Participants whose mean score was 5.76 or higher on the feminine items was rated high feminine. Participants whose mean score is 4.7 or higher on the masculine items was rated high masculine. Using 5.76 and 4.7 as the median split, individuals were classified in one of the four categories. Participants who have both high feminine and high masculine scores were classified as androgynous. Participants who had both low feminine (below 5.76) and low masculine (below 4.7) scores were classified as undifferentiated. Individuals were classified as feminine if they fell below 4.7 on the masculine scores and 5.76 or above on the feminine scores. A masculine classification was assigned individuals who scored below 5.76 on the feminine and 4.7 or above on the masculine scores.

The BSRI was developed using two samples of American undergraduate students at Stanford University; however, it has been used with other age groups, from younger adolescents through the elderly (Lenney, 1991). The initial sample consisted of 279 females and 444 males who completed the BSRI in 1973; the second sample included 340 females and 476 males who completed the inventory in 1978. Although the Short BSRI was not administered to the participants, all analyses were performed for both the original and the short forms. The analyses for the short form was based on a rescoring of the original form.

Internal consistency for the BSRI was established through computing coefficient alpha separately for females and males in both samples for the femininity score (short form = .84 for females), the masculinity score (short form = .85 for females), and for the femininity-minus-masculinity difference score (short form = .87 for females). In analyzing the relationship between femininity and masculinity (short form, $r = .145$ for females), Bem's contention that the two constructs are logically and empirically independent was supported.

Test-retest reliability proved to be high in a sample of subjects taken from the original 1973 sample who were administered the BSRI for a second time approximately four weeks after they first completed the inventory. Product-moment correlations were computed between the first and

second administrations for both the original and the short forms. All three scores proved highly reliable for females (short form correlation coefficients = .85 for femininity, .91 for masculinity, and .88 for androgyny). The original and the short forms were highly correlated, and the three scores of the short BSRI tended to be more internally consistent than those of the original form.

During the second administration of the BSRI (test-retest reliability check), participants were also asked to complete the masculinity-femininity scales of the California Psychological Inventory (CPI) and the Guilford-Zimmerman Temperament Survey, both of which had been utilized in prior sex role research (Bem, 1974). The CPI was moderately correlated with all three scales of the BSRI, and the Guilford-Zimmerman scale was not at all correlated with any of the three scales. Bem observed that the BSRI apparently was measuring an aspect of sex roles which was not directly tapped by either the CPI or the Guilford-Zimmerman.

From her initial research, Bem's central hypothesis was that a nonandrogynous sex role restricts the range of behavior available to individuals as they move from one situation to another. Empirical research has supported Bem's hypothesis, sex-typed individuals were significantly more likely than androgynous or cross-sex-typed individuals to prefer sex-appropriate activity and to resist sex-inappropriate activity (Bem & Lenney, 1976).

The validity of the BSRI was further supported by a series of studies on instrumental and expressive functioning (Bem, 1975; Bem, Martyna, & Watson, 1976). The BSRI does appear to identify the groups of individuals it was established to study.

The Rosenberg Self-Esteem Scale

The Self-Esteem Scale (Rosenberg, 1965) (see Appendix A) was designed in the 1960s and is the standard against which new measures are evaluated. It is the most frequently used measure of global self-esteem (Robinson, Shaver, & Wrightsman, 1991). Rosenberg defined self-esteem as a favorable or unfavorable attitude toward oneself (Rosenberg, 1965), and his instrument is a straightforward estimate of positive or negative feeling about the self.

The 10-item Likert-type scale was designed to allow for ease of administration, efficient use of time, ease of scoring, ease of interpretation, unidimensionality, and face validity (Robinson et al., 1991). It is scored using a four-point response format (strongly agree, agree, disagree, strongly disagree) resulting in a scale range of 10-40. Lower scores on the Self-Esteem Scale (RGSE) represent higher global self-esteem.

The RGSE was developed using a sample of 5024 high school juniors and seniors from 10 randomly selected high schools in New York State. Although, the RGSE was originally developed for use with adolescents, it has been

widely used with adults and has been modified for use with children.

Internal consistency for the RGSE was established through computing coefficient alpha (.88). Test-retest reliability proved to be high in both a 1965 study ($r = .85$) of 28 subjects and a 1984 study ($r = .82$) of 259 male and female subjects (Robinson et al., 1991). Both convergent and discriminant validity have been demonstrated for the RGSE through scores of studies (Robinson et al., 1991). As a unidimensional instrument, the Self-Esteem Scale does provide a straightforward measure of global self-esteem.

Multidimensional Self-Esteem Inventory

The Multidimensional Self-Esteem Inventory (MSEI; O'Brien, 1980; O'Brien & Epstein, 1988) (see Appendix A) is an 11-scale questionnaire designed in the late 1970s. It has undergone further development over a 10-year period to examine the self from a multidimensional perspective. The MSEI is based on Epstein's (1973) model of the self-concept (the individual's self-perceptions) and self-esteem (the evaluations associated with those perceptions) which postulates that the elements of self-evaluation are structured hierarchically. Global self-esteem is the superordinate construct and represents an integration of more specific self-evaluations, not merely a combination of self-evaluations at lower levels. The second-order or intermediate constructs of global self-esteem are more

specific to particular domains of life experience and include: (a) competence, (b) lovability, (c) likability, (d) personal power, (e) self-control, (f) moral self-approval, (g) body appearance, and (h) body functioning. These eight sources of self-esteem are conceptualized as having a strong influence on global self-esteem and are viewed as cutting across situations in terms of guiding and controlling behavior.

In addition to these eight specific components of self-esteem and the measure of global self-esteem, a measure of global self-concept (identity integration) was included. In addition there was a validity measure to provide information on the degree to which a person is defensively inflating their self-presentation (defensive self-enhancement).

The MSEI is a 116-item self-report inventory in which subjects respond by using 5-point scales to indicate either the degree (section 1) or frequency (section 2) to which an item applies to them. The first section directs respondents to use a 5-point Likert scale to report how accurately the 61 items describe them. The scale ranges from 1 ("completely false") to 5 ("completely true"). The second section instructs respondents to use a 5-point Likert scale to report how often they experience the thoughts and feelings described in the 55 items. The scale ranges from 1 ("almost never") to 5 ("very often"). Raw scores are computed for each scale (ranging from a low of 10 to a high

of 50), and converted to T scores using profile forms based on normative data (see Appendix A). The T scores are normalized linear transforms of the raw scores and have a mean of 50 and a standard deviation of 10. Approximately two-thirds of a sample typically obtain a T score of 40-59 on any given MSEI scale and this is considered the normal range. Scores of 30 through 39 are considered moderately low, and scores of 60 through 69 are considered moderately high. Scores below 30 and scores above 70 each occurred in only 2% of the normative sample and are considered significantly low and high, respectively. Low scores on all scales except defensive self-enhancement reflect areas of low self-esteem or self-concept. However, a high score on defensive self-enhancement suggests defensiveness and biased self-presentation.

The MSEI normative data are based on a college age sample comprised of 487 females and 298 males from two universities (one a large state university and one a private comprehensive university); however, it has been used with other age groups and non-student populations (O'Brien & Epstein, 1988). A comparison of the two universities, used in the initial sample, resulted in finding no significant differences between the two schools.

Gender differences were observed on all scales except for identity integration. Women scored higher on lovability, likability, moral self-approval, and

defensiveness. Men scored higher on global self-esteem, competence, self-control, personal power, body appearance, and body functioning. Although the gender differences were generally consistent with sex-role stereotypes, the percentage of variance accounted for was quite small for all components except body functioning in which men scored higher (O'Brien, 1991). There were far more similarities than differences between the two genders.

Internal consistency reliability for the MSEI was established through computing coefficient alpha for each of the scales. All scales except defensive self-enhancement (.78) ranged from .80 to .90.

Test-retest reliability proved to be high in a sample of 151 females, 58 males, and 14 subjects not identified by sex taken from the original sample who were administered the MSEI for a second time one month after they first completed the inventory. Correlations suggested general stability. Most of the scales showed test-retest reliabilities equal to or greater than .85, and ranged from .78 to .89.

Two validity studies (O'Brien, 1980; O'Brien & Epstein, 1974) were conducted to examine the convergent and discriminant validity of the MSEI. In addition to the MSEI, participants in the first validity study were randomly assigned to one of three groups and asked to complete either a battery of personality questionnaires, the Guilford-Zimmerman Temperament Survey, or behavioral self-ratings.

The second validity study required the 180 female and 108 male participants to complete the MSEI and several other personality questionnaires.

Correlations were calculated between the MSEI scales and scores from the following personality scales measuring selected personality variables: (a) three global self-evaluation scales (Rosenberg Self-esteem, Eagly Self-esteem, Expectancy of Success); (b) two depression scales (Beck, Epstein); (c) ego strength, neuroticism, and extroversion scales (Baron Ego Strength, Eysenck Neuroticism and Extroversion); (d) a parental and peer acceptance and parental encouragement of independence scale (Epstein's Mother-Father-Peer); (e) a body cathexis scale (Secord and Jourard's Body Cathexis); and (f) three defensiveness scales (Epstein Defensiveness, Eysenck Lie, Crowne-Marlowe Social Desirability). Correlations were also calculated between the MSEI scales and the following behavioral self-rating indices and an objective measure of academic achievement: (a) leadership index; (b) athletic involvement index; (c) influence of intimate relationships; (d) academic achievement index; and (e) self control behaviors. Overall, results indicated that the item selection procedures were effective in terms of meeting statistical item selection criteria, and that the items selected were homogeneous within scales and discriminative among scales.

The global self-esteem scale had the highest correlation with the Rosenberg Self-Esteem Scale (Rosenberg, 1965) and the Eagly Self-Esteem Scale (Eagly, 1967) (.81 Rosenberg, .87 Eagly). The relation between the MSEI and the two depression scales were examined because research has shown that low global self-esteem is characteristic of depression (O'Brien & Epstein, 1988). The data showed that the global self-esteem and identity integration scales had the highest correlations (in the negative direction) with the depression scales (-.69 Beck, -.81 Epstein). The ego strength scale (in a positive direction) and the neuroticism scale (in a negative direction) showed higher correlations with the MSEI scales than with the extroversion scale.

In relation to the issue of parental and peer acceptance and parental encouragement of independence, females (but not males) who reported high levels on the effectance-based self-esteem scales (competence, personal power, and body functioning) also reported that their mothers strongly encouraged their independence. For both genders, peer acceptance was significantly related to body appearance. Males scored higher than females on the body appearance component of self-esteem - a finding consistent with the reality that our culture imposes more strict standards of outward physical appearance on women than on men. Body cathexis (feelings about one's body) was most strongly correlated with three MSEI scales: global self-

esteem (.57), body appearance (.56), and body functioning (.54).

Comparisons with the Guilford-Zimmerman Survey revealed that the MSEI showed low correlations ($r = .11 - .38$) with the Guilford-Zimmerman scales which comprise the masculinity/femininity scale and higher-order factors of introversion/extroversion and paranoia, demonstrating discriminant validity.

In regard to the behavioral self-ratings, several comparisons are particularly pertinent to the proposed study. The competence scale has a substantial correlation with the Academic Achievement Index. Females who scored high in personal power and self-control reported that they had held many leadership positions. The influence of intimate relationships correlation patterns were very different for women and men. Women's scores on the MSEI lovability scale were positively related to scores on the Influence in Intimate Relationships Index, and scores on the MSEI moral self-approval and defensive self-enhancement scales were negatively related to this index.

A varimax rotation of the MSEI scales following the Kaiser criterion was conducted to identify second-order clusters. A three-factor solution identified the following factors: Factor I. Overall Self-evaluation and Effectance (global self-esteem, competence, personal power, identity integration, body functioning, and self-control); Factor II.

Social Self-esteem (lovability, likability, and body appearance); and Factor III. Defensiveness (defensive self-enhancement) and Moral Self-Approval. Overall, men scored higher on Factor I, and women scored higher on Factors II and III; however, men scored higher than women on the body appearance scale, but gender differences did not occur on identity integration.

Interview Schedule

Josselson's (1987) Identity-Status Interview (adapted from Marcia, 1964 and Schenkel and Marcia, 1972) was used to better understand three high self-efficacy/high self-worth and three high self-efficacy/low self-worth professional women (see Appendix B). Josselson's assumption was that development occurs when there is a crisis in ideas about adolescent identity and adult identity. She identified four types of identity formation (Foreclosure, Achievement, Moratorium, and Diffusion). Generally, the Identity Achievers are the individuals who have undergone the process of testing options, have committed themselves to ways of being, and appear to be independent and self-directed (Josselson, 1987). However, Josselson (1987) cautions that some Identity Achievers may have made their commitments prematurely, essentially doing what was expected of them (and doing it well) and following whatever pathway happened to be open for them without actually exploring options. The

Identity Achievers constitute the primary group of interest in the current study.

Procedures for Data Collection

During July, August, and September 1992, the researcher contacted the presidents of 12 professional women's organizations and professional organizations with female members to gain access to organization members for participation in this study. The presidents agreed to announce the study at their next executive board meeting, and to encourage membership participation. Upon agreement of the executive boards, an announcement describing the proposed study was distributed by the researcher or the organization's president at the next meeting of the organizations.

At the time of the September or October 1992 meeting, the researcher or the organization's president gave each member meeting the study criteria a packet of information containing: a letter of introduction (see Appendix C), a letter listing requirements for participation (see Appendix D), the consent form (see Appendix E), a copy of the questionnaire (see Appendix A), and a return envelope.

Members agreeing to participate in the study, were asked to complete the questionnaire within three weeks and return everything in the accompanying stamped, pre-addressed envelope. Members not present at the meetings were mailed

the same packet of information given to members present at the meetings.

The information provided in the announcement was sent over the Fielding Electronic Network. FEN members who responded to the request for participation and who met the study's criteria were mailed a questionnaire packet.

Each questionnaire was assigned an identification number. Returned questionnaires were coded and scored by the researcher. Analysis was conducted using the SAS data analysis program of the VAX computer system at the University of North Carolina at Greensboro. Description of specific analyses follows.

Subsequent to the identification of two groups: (a) women with high self-efficacy and high self-worth scores; and (b) women with high self-efficacy and low self-worth scores, a random sample of three participants per group was selected for the two-part interviews. These interviews were used to further understand the two types of high achieving professionals.

Procedures for Data Analysis

Descriptive Statistics

Using the SAS statistical package, descriptive statistics including means and standard deviations were calculated for global self-esteem, gender identity, competence, personal power, self-control, body functioning, identity integration, likability, lovability, body

appearance, and moral self-approval. In addition scores on the BSRI were computed for each gender identity. Also, descriptive statistics were computed for the demographic variables: age, ethnic background, current partnership status, number of children, occupation, level of education, partner's occupation, partner's level of education, mother's occupation, mother's level of education, father's occupation, father's level of education, household income, different roles occupied (i.e., parenting, student, leadership positions in voluntary organizations, etc.), whether their mother encouraged their independence, and whether they worked in a predominantly female or a predominantly male field.

Multiple Regression Analysis

To test the first hypothesis described earlier, a multiple regression analysis was conducted. This was planned to provide an explanation of the total amount of variance in global self-esteem (the dependent variable) accounted for by the independent variables from (a) the MSEI (competence, lovability, likability, self-control, personal power, moral self-approval, body appearance, body functioning, and identity integration), and (b) the BSRI (feminine, masculine, androgynous, and undifferentiated). However, noting very high R-squared results for the regressions and through examination of the correlations between all pairs of independent variables,

multicollinearity was detected which precluded the researcher's ability to offer the best model equation for predicting global self-esteem.

Analysis of Variance

To test the second hypothesis, separate analyses of variance were computed to determine if there was a difference in the dependent variables, global self-esteem and self-efficacy (competence, personal power, self-control, body functioning, and identity integration), among the three groups (masculine, androgynous, and undifferentiated) of women working in predominantly male fields.

To test the third hypothesis, separate analyses of variance were computed to determine if there was a difference in the dependent variables, global self-esteem and self-worth (lovability, likability, and body appearance), scores among the three groups (androgynous, masculine, and undifferentiated) of women working in predominantly female fields.

To test the fourth hypothesis, separate analyses of variance were computed to determine if there was a difference in the components of self-efficacy (competence, personal power, self-control, body functioning, and identity integration) and moral self-approval scores between the group of women who reported that their mothers strongly encouraged their independence and the women who

reported that their mothers did not offer strong encouragement of their independence.

To test the fifth hypothesis, separate analyses of variance were computed to determine if there was a difference in the components of self-efficacy (competence, personal power, self-control, body functioning, and identity integration) and self-worth (lovability, likability, and body appearance) scores between the group of women whose mothers were employed during the participant's childhood and the group of women whose mothers were not employed.

To test the sixth hypothesis, an analysis of variance was computed to determine if there was a difference in the global self-esteem scores among two groups of women: one referred to as HH with high self-efficacy (competence, personal power, self-control, body functioning, and identity integration) and high on self-worth (lovability, likability, and body appearance) and a second group referred to as HL with high self-efficacy and low self-worth.

Participants

Participants for this study were limited to high achieving professional women who were born between the years 1946 and 1959 and were reared in the United States. These women grew up when substantial changes in the traditional expectations of women were occurring. The oldest of these women were born the year (1946) Congress approved the Equal Rights Amendment with a simple majority (but a two-thirds

majority was needed for adoption) (Renzetti & Curran, 1989). They reached their 18th year in 1964 when the passage of the Equal Pay Act, the publication of Betty Friedan's The Feminine Mystique, the beginning of the Free Speech Movement at Berkeley, and the assassination of President Kennedy had just occurred.

The youngest of these women were born the year Kennedy began his successful campaign for the Presidency, and reached their 18th year in 1977. By the time they were 13 (1972), Ms. Magazine had begun publication, the Senate had passed the Equal Rights Amendment by a vote of 84-8 (Renzetti & Curran, 1989), and *Roe vs. Wade* was about to be decided (January 29, 1973). During their adolescence, they also saw the Equal Lending Law and the Equal Credit Opportunity Act passed.

This group of women represents a portion of the U.S. population which is increasingly important. Women have outnumbered men in the U.S. since 1940, women live longer than men, the majority of adult women are employed, and the largest percentage of the population is middle-aged (U.S. Department of Labor, 1985). Of the women engaged in the civilian labor force, 25.2% are employed in managerial and professional specialty occupations and an additional 3.3% are employed in technical and related support occupations (excluding sales occupations such as insurance agents and realtors) (U.S. Department of Labor, 1990).

The women of this study were employed in a variety of professional capacities. Participants for this study were solicited from several sources: (a) professional women's organizations which included GAIN, National Association of Women Business Owners (Des Moines, Iowa City, and Raleigh Chapters), the Professional Women's Consortium, the Triad Women's Forum, the Women's Professional Forum, and Women Executives, (b) professional organizations with female members (North Carolina Certified Accountants and Iowa City Pilot), and (c) membership of the Fielding Electronic Network (FEN). As an indication of the range of professions of the women in these groups, the Women's Professional Forum in Greensboro mandates that the membership must be varied so that one profession does not dominate the group. The purpose of these professional organizations is to network and learn from each other. FEN consists of active students (mid-career professionals in a professional school of psychology or a human and organization development program), faculty, and alumni of the Fielding Institute. The minimum number of participants from these organizations necessary for data analysis was 150.

Of the 255 women who accepted questionnaire packets, 194 returned completed questionnaires (10 were omitted from the analysis due to being out of the age group or very late return). The data analysis included 184 women. In addition to completing the questionnaires, 6 of the 184 women were

also needed to participate in the two-part interview designed to better understand differences and similarities between the high self-efficacy/high self-worth and the high self-efficacy/low self-worth professional women. Once these two subgroups of participants were identified, women from each of the two groups were randomly selected and contacted to participate in interviews. The first three women in each subgroup who were contacted to participate in the interviews agreed to engage in this portion of the study.

Table 1 shows the age, ethnic background, partnership status, and number of children. Of the 184 participants, aged 32-46, 75 (40.8%) were in their 30s, and 109 (59.2%) were in their 40s (mean = 40.3). The majority of women (97.8%) were white, and the other ethnic origins represented were: 4 (2.2%) African-Americans, 1 Hispanic, 0 Native Americans, 3 who designated Other (noting mixed ethnic origin), and 1 who declined answering this question.

The majority (78.1%) of the participants were in a committed relationship: 60.7% in their initial marriage, 9.8% in a remarriage, 2.7% had lesbian partners, and 4.9% had opposite sex partners but were not married. Of the remaining 21.9%, 13.7% were divorced, 7.1% were never married, 2 designated "other" (i.e., nun), and 1 declined to answer this question.

The majority (58.7%) were mothers: 36 (19.6%) had 1 child, 56 (30.4%) had 2 children, 12 (6.5%) had 3 children,

Table 1

Frequency of Age, Ethnic Background, Partnership Status, and
Children of Participants

		Frequency (%)
<hr/>		
Age (N=184)		
32	3	(1.6)
33	7	(3.8)
34	6	(3.3)
35	13	(7.1)
36	6	(3.3)
37	9	(4.9)
38	16	(8.7)
39	15	(8.2)
40	13	(7.1)
41	17	(9.2)
42	15	(8.2)
43	15	(8.2)
44	20	(10.9)
45	19	(10.3)
46	10	<u>(5.4)</u>
		100.0%
Ethnic Background (n=183)		
African-American	4	(2.2)
Caucasian	175	(95.6)
Hispanic	1	(0.5)
Other	3	<u>(1.6)</u>
		100.0%
Partnership Status (n=183)		
Divorced	25	(13.7)
Lesbian Partner	5	(2.7)
Married	111	(60.7)
Never Married	13	(7.1)
Opposite Sex Partner	9	(4.9)
Other	2	(1.1)
Remarried	18	<u>(9.8)</u>
		100.0%
Children (N=184)		
0	76	(41.3)
1	36	(19.6)
2	56	(30.4)
3	12	(6.5)
4	3	(1.6)
5	1	<u>(0.5)</u>
		100.0%

3 had 4 children, and 1 women had 5 children. Over 40% (76) of the women were not mothers.

In comparison to the professional labor force, the predominance of whites was not surprising. Only about 10% of the total (females and males) professional labor force is not white (U.S. Department of Labor, 1990). The finding that the majority of the women were married and were mothers was consistent with the overall female labor force. Census data (U.S. Department of Labor, 1990) report: (a) 54.8% of employed women are married; 25.1% are single; and 20.1% are divorced, separated, or widowed; and (b) 72.7% of employed divorced, separated, or widowed women have children under age 18; 66.8% of employed married women have children under age 18; and 53.6% of employed single women have children under age 18.

As shown in Table 2, among this sample of professional women, half (93, 50.5%) had a graduate or professional degree, 79 (42.9%) had a college degree, and 12 (6.5%) had some college as their highest level of educational achievement. This was indeed a highly-educated group. Among this sample, 93.5% had four or more years of college whereas only 23.1% of the adult female labor force was reported to have this level of educational attainment (U.S. Department of Labor, 1990).

Overall, their partners had somewhat less education, and their parents had substantially lower levels of

Table 2

Education of Participants and Participants' Family Members

Education	Frequency	Percent
Participant (N=184)		
Some College	12	6.5
College Graduate	79	42.9
Graduate/Professional Deg.	93	<u>50.5</u>
		100.0%
Partner (n=144)^a		
High School Graduate	5	3.5
Some College	17	11.8
College Graduate	52	36.1
Graduate/Professional Deg.	70	<u>48.6</u>
		100.0%
Mother (N=184)		
Less Than High School	14	7.6
High School Graduate	68	37.0
Some College	45	24.5
College Graduate	45	24.5
Graduate/Professional Deg.	12	<u>6.5</u>
		100.0%
Father (n=182)^b		
Less Than High School	21	11.5
High School Graduate	41	22.5
Some College	33	18.1
College Graduate	58	31.9
Graduate/Professional Deg.	29	<u>15.9</u>
		100.0%

^a Frequency missing = 40

^b Frequency missing = 2

educational achievement. Their family members who had college or higher degrees were: 122 (84.7%) partners, 57 (31%) mothers, and 87 (47.8%) fathers. Those with some college were: 17 (11.8%) partners, 45 (24.5%) mothers, and 33 (18.1%) fathers.

Although no participants had less than some college, this was not true for certain family members. A small number (5, 3.5%) of partners were high school graduates, and 68 (37%) of mothers and 41 (22.5%) of fathers had high school diplomas as their highest level of education. There were also a number of parents with less than a high school education: 14 (7.6%) of mothers and 21 (11.5%) of fathers.

All occupational levels were rated according the Bureau of the Census Categories, and reported in Table 3. All participants worked in professional capacities. Women employed in eight occupational categories constituted approximately three-fourths of the sample: (a) 21.2% in management related occupations such as auditors, purchasing agents, project managers, and management analysts; (b) 10.9% in executive, administrative, or managerial roles in marketing, advertising, or public relations; (c) 9.2% in accounting; (d) 8.2% in financial management in banking or financial planning; (e) 7.1% in sales occupations as supervisors or proprietors such as sales representatives in the insurance industry or in real estate; (f) 6.5% in self-employed business administration roles; (g) 6.0% in the

Table 3

Occupation of Participants and Participants' Family Members

Occupation	Frequency	Percent
Participant		
Accountants	17	9.2
Administrators, Education and Related Fields	10	5.4
Counselors, Educational and Vocational	2	1.1
Engineers	4	2.2
Financial Managers	15	8.2
Funeral Directors	1	0.5
Health Assessment and Treating Occupations	2	1.1
Health Diagnosing Occupations	6	3.3
Lawyers and Judges	11	6.0
Librarians	2	1.1
Managers and Administrators, self-employed	12	6.5
Mathematical and Computer Scientists	5	2.7
Managers, Marketing, Advertising, and Public Relations	20	10.9
Managers, Medicine and Health	4	2.2
Management Related Occupations	39	21.2
Personnel and Labor Relations Managers	1	0.5
Sales, Supervisors, Proprietors and Representatives	14	7.6
Social, Recreation, and Religious Workers	3	1.6
Social Scientists	7	3.8
Technicians, Except Health	1	0.5
Teachers, Except Postsecondary	2	1.1
Teachers, Postsecondary	2	1.1
Writers, Artists, Entertainers, and Athletes	4	2.2

Table continues

Table 3 - continued

Occupational Level*	Frequency	Percent	Cumulative	Cumulative
			Frequency	Percent
Partner (n=144)^a				
1	115	79.9	115	79.9
2	18	12.5	133	92.4
3	2	1.4	135	93.8
5	1	0.7	136	94.4
6	7	4.9	143	99.3
7	1	0.7	144	100.0
Mother (N=184)				
0	75	40.8	75	40.8
1	45	24.5	120	65.2
2	45	24.5	165	89.7
3	2	1.1	167	90.8
4	6	3.3	173	94.0
6	8	4.3	181	98.4
7	3	1.6	184	100.0
Father (n=176)^b				
0	10	5.7	10	5.7
1	86	48.9	96	54.5
2	43	24.4	139	79.0
3	2	1.1	141	80.1
4	3	1.7	144	81.8
5	4	2.3	148	84.1
6	18	10.2	166	94.3
7	10	5.7	176	100.0

* Based on Bureau of Census Categories:

- 0=Homemakers and retired (no previous occupation reported)
- 1=Managerial and professional specialty occupations
- 2=Technical, sales, and administrative support occupations
- 3=Service occupations
- 4=Service occupations, except protective and household
- 5=Farming, forestry, and fishing occupations
- 6=Precision production, craft, and repair occupations
- 7=Operators, fabricators, and laborers

^a Frequency missing = 40

^b Frequency missing = 8

practice of law or the judiciary; and (h) 5.4% in educational administration. The remaining quarter of the sample were employed in a broad range of occupations which included: counselors, engineers, funeral directors, health assessment and treating occupations (i.e., registered nurses, pharmacists), health diagnosing occupations (i.e., physicians, dentists), librarians, mathematical and computer scientists, managers in medicine and health, personnel managers, sales promoters, social and religious workers (i.e., social workers, clergy), social scientists (i.e., psychologists), technicians (i.e., computer programmers), teachers, and writers and artists. Although the percentages of teachers and registered nurses were low in this sample, the occupational diversity present was otherwise generally representative of the spectrum of occupations in which women are currently employed (U.S. Department of Labor, 1990).

Among the 144 women with partners, 133 also had professional partners. More fathers (129) than mothers (90) had professional occupations. About two-fifths of the mothers were homemakers (75, 40.8%) and a few fathers (10, 5.7%) were listed as retired.

Almost all women held more than one role that dealt with people outside of work. Most held two (42.4%) or three (34.8%) roles which included: parenting, student, regular caregiver for a parent, leadership in a voluntary organization, and marriage/partnership. Only five women

each had either none or all four roles (see Table 4). Thirty-two (17.4%) women reported holding one role. Since participants were solicited from professional groups as well as through the Fielding Electronic Network (FEN), it is not surprising that 81.5% were members of professional organizations (although not necessarily in leadership roles).

Household incomes were very high for this group of women (see Table 5). The greatest percentage (86, 46.7%) were in the highest household income bracket (\$80,001 and over), and an additional 62 (33.7%) had household incomes between \$50,001 and \$80,000. In calculating the percentage of these household incomes earned by the participants themselves, 52.7% responded that they earned between 51-100% of the household income and the other 47.3% reported earning less than half the household income.

The largest number (34.2%) of participants grew up in North Carolina, and 64.1% reside in North Carolina (see Appendix F). Nearly half of the participants grew up in the South (89, 48.4%) and over one-fourth in the Midwest.

Limitations of the Study

This study was essentially exploratory and descriptive. It was designed to focus on a select group of the population which is expected to continue to expand in the coming years. Although information about this age group of professional women is needed, generalizability of the findings of this study will be principally limited to women who chose to join

Table 4

Frequency of Number of Roles (N=184)

Number of Roles	Frequency	Percent
0	5	2.7
1	32	17.4
2	78	42.4
3	64	34.8
4	5	<u>2.7</u>
		100.0%

Table 5

Household Income and Percentage Earned by Participant

Household Income	Frequency	(%)
Household Income (N=184)		
Less than \$20,000	1	(0.5)
\$20,001 - \$30,000	8	(4.3)
\$30,001 - \$40,000	13	(7.1)
\$40,001 - \$50,000	14	(7.6)
\$50,001 - \$60,000	19	(10.3)
\$60,001 - \$70,000	22	(12.0)
\$70,001 - \$80,000	21	(11.4)
\$80,001 and over	86	<u>(46.7)</u> 100.0%
Percentage Earned by Participant (N=184)		
0-25	20	(10.9)
26-50	67	(36.4)
51-75	44	(23.9)
76-100	53	<u>(28.8)</u> 100.0%

professional organizations or affiliate with an academic institution. Because membership in one of the participating organizations or the Fielding Institute Electronic Network was used as a base for selection of women who met the study's criteria for participation, random sampling was not feasible.

The limitations were related to the sample and the methodology. The sample limitations included selection of a specialized population and use of a non-random method of population identification. Although a comparison group was omitted in order to focus on within group differences among professional women, the use of such a comparison group might have served to strengthen the results of this study. The comparison group could have been women in nonprofessional occupations. A major methodological limitation of the study was the use of self-report data. Although interviews were conducted with a small number of the participants, generally, there were no methods used to corroborate responses or to assess their accuracy.

CHAPTER IV
RESULTS AND DISCUSSION

Results

The results are presented in three sections: Scores on Self-Efficacy measures, Self-Worth measures, and Gender Identity, Hypothesis Testing, and Interview Analysis. The hypotheses examined the (a) relationships between each one of these nine characteristics (competence, personal power, self-control, body functioning, identity integration, likability, lovability, body appearance, moral self-approval) and the dependent variable, global self-esteem; (b) relationships between certain demographic variables and self-esteem and gender identity; and (c) differences between two subgroups of the participants on self-esteem and gender identity. The interviews delve further into the backgrounds of the two subgroups of particular interest in this study: (a) women with high self-efficacy and high self-worth, and (b) women with high self-efficacy and low self-worth.

Scores on Self-Efficacy, Self-Worth, and Gender Identity

Scores on each of the subscales of the Multidimensional Self-Esteem Inventory (MSEI), Rosenberg's Self-Esteem Scale (RGSE), and the Bem Sex Role Inventory Short Form (BSRI) were calculated for each participant. Table 6 includes the following results for each of the MSEI subscales: sample

Table 6

Sample and Normative Scores on Multidimensional Self-Esteem Inventory Subscales (N=184)

Self-Esteem Measure	Sample Range	Sample Mean	Sample (SD)	Normative Mean for Females	Percentile Rank of Sample Mean Compared to Normative Mean
Global Self-Esteem	16-50	35.70	7.60	32.65	66th
Self-Efficacy					
Competence	21-50	40.30	5.69	35.53	83rd
Personal Power	17-49	37.05	6.42	33.37	73rd
Self Control	16-49	36.27	6.36	34.21	60th
Body Functioning	10-49	30.97	8.01	32.31	45th
Identity Integration	12-49	36.74	7.02	33.06	69th
Self-Worth					
Lovability	15-50	36.83	7.51	36.90	48th
Likability	17-48	36.61	5.64	35.66	56th
Body Appearance	13-47	32.20	7.23	31.22	55th
Moral Self-Approval	31-50	43.74	4.46	39.50	77th

ranges, means, and standard deviations. For better interpretation of scores of these women, normative means for females are given. The final column shows the percentile ranks of the sample means compared to normative means. On eight of the 10 subscales, this sample of women scored higher than the 50th percentile of normative scores.

The global self-esteem mean score (35.70; S.D. = 7.60) on the MSEI was moderately high as shown by its being at the 66th percentile of normative means. In calculating the self-efficacy component mean scores (competence, personal power, self-control, body functioning, and identity integration), and comparing these scores to the normative mean scores for females on the MSEI, the results indicate a highly competent sample. All sample mean scores were above the 50th percentile rank when compared to the normative mean except body functioning. Women scored at least moderately high on four of the five self-efficacy measures (competence = 83rd, personal power = 73rd, identity integration = 69th, and self-control = 60th percentile). The mean score for body functioning (45th percentile) fell within the normal range, however.

All three self-worth component mean scores were within the normal range (likability = 56th, body appearance = 55th, and lovability = 48th percentile). The moral self-approval sample mean score was moderately high and contained the narrowest range (31-50) of all the MSEI component scores.

Ranges for all other component scores were from the greatest spread of 10-49 for body functioning to the second narrowest spread of 21-50 for competence.

On the Rosenberg Self-Esteem Scale (RGSE), responses ranged from 10 to 32 (possible 10-40 with 10 as high) with a mean of 15.61 (S.D. = 1.93). These women had a moderately high self-esteem on the RGSE as well as the MSEI.

On the Bem Sex Role Inventory (BSRI), the participants separated unevenly into the four possible sex role categories. Of the 184 women, 89 scored masculine, 53 scored androgynous, 32 scored undifferentiated, and a very small number (10) scored feminine.

Overall, the participating sample of professional women was indeed found to be a competent group of women. They were also above the norm on global self-esteem measures as well as four of the five self-efficacy measures (not body functioning) and moral self-approval. Even the body functioning and all three self-worth scores of the sample tended to be within the normal range for females. They also were moderately high on Rosenberg's self-esteem measure. The overwhelming majority were classified as masculine or androgynous on the Bem Sex Role Inventory.

Hypothesis Testing

Hypothesis 1. Prediction of Global Self-Esteem

The first hypothesis concerned the prediction of global self-esteem by the independent variables: gender identity

(androgynous, feminine, masculine, undifferentiated), self-efficacy (competence, personal power, self-control, body functioning, identity integration), self-worth (lovability, likability, body appearance), and moral self-approval. Due to multicollinearity among the subscales of the MSEI and the gender identity classifications, the possibility of offering a best predictive equation for global self-esteem from gender identity classifications, self-efficacy measures, self-worth measures, and moral self-approval was negated.

Hypotheses 2 (a and b) and 3. Effect of Field and Gender Identity on Global Self-Esteem, Self-Efficacy, and Self-Worth

A MANOVA was computed for gender identity (androgynous, masculine, undifferentiated) by field (female, male) on 10 dependent variables (Rosenberg Self-Esteem Scale, MSEI global self-esteem, competence, personal power, self-control, body functioning, identity integration, lovability, likability, and body appearance). The Wilks' Lambda was significant at .0001 for gender identity and .0186 for field. There was no interaction effect in the MANOVA.

Since the MANOVA showed significant main effects for field and gender, separate ANOVAs were computed for each of the 10 dependent variables. For those dependent variables in which the F test was significant, post hoc tests were computed. Tukey's Studentized Range Test ($\alpha = .05$) was computed post hoc for the main effects. A series of t -tests

were used as post hoc tests for interaction effects (confidence level was set at .05).

Hypothesis 2a. Effect of Field and Gender Identity on Global Self-Esteem

Hypothesis 2a dealt with an interaction effect: Among women working in predominantly male fields, those who were classified as masculine gender identity would have higher self-esteem scores on each of the two global self-esteem measures (MSEI global self-esteem, Rosenberg's self-esteem) than women classified as androgynous, feminine, or undifferentiated.

In order to gain a broader view, Table 7 shows global self-esteem mean scores by field by gender identity. Of the 47 women working in predominantly female fields, their gender identity classifications were: 23 masculine, 12 androgynous, 10 undifferentiated, and 2 feminine.

The largest group of women (126) worked in predominantly male fields, and their gender identity classifications were: 63 masculine (34.2% of the entire sample), 36 androgynous, 19 undifferentiated, and 8 feminine.

Those women who reported working in equal gender fields comprised only 5.4% ($n=10$) of the sample. This latter group included the following gender identity classifications: 5 androgynous, 3 masculine, 2 undifferentiated, and 0 feminine. These cell sizes were too small to analyze.

Table 7

Mean Scores for Global Self-Esteem by Field and Gender Identity (n=183)

	Field			Total (n=183)
	Predominantly Female (n=47)	Predominantly Male (n=126)	Predominantly Equal (n=10)	
	Gender Identity			
Androgynous (A)	(n=12)	(n=36)	(n=5)*	53
Global Self-Esteem (GSE)	34.833	38.861	38.600	
Rosenberg Global Self-Esteem (RGSE)	15.333**	13.639	13.000	
Feminine (F)	(n=2)*	(n=8)*	(n=0)*	10
Global Self-Esteem (MSEI)	40.500	30.750	NA	
Rosenberg Global Self-Esteem	10.500	16.875	NA	
Masculine (M)	(n=23)	(n=63)	(n=3)*	89
Global Self-Esteem (MSEI)	36.043	36.952	43.000	
Rosenberg Global Self-Esteem	15.652	15.254	13.667	
Undifferentiated (U)	(n=10)	(n=19)	(n=2)*	31
Global Self-Esteem (MSEI)	28.400	30.316	28.500	
Rosenberg Global Self-Esteem	20.200	19.211	14.500	

* Sample too small for analysis

** RGSE is reverse scored; high GSE is comparable to low RGSE

Although self-esteem component scores are reported for the female field/feminine gender identity status (FF) group and for the male field/feminine gender identity status (MF) group, these groups could not be analyzed due to the small cell sizes.

Table 8 reports the results of the ANOVAs for effect of the two fields (male and female) and three gender identities (androgynous, masculine, undifferentiated) on two measures of global self-esteem. Significant main effects were found for gender identity on both the MSEI global self-esteem (GSE) ($F = 14.24, p < .0001$) and the Rosenberg global self-esteem (RGSE) ($F = 13.43, p < .0001$). Androgynous women had higher global self-esteem than undifferentiated on both self-esteem measures. There was no main effect for field.

There was a significant interaction effect ($p < .0001$) for each global self-esteem measure. The hypothesis was partially supported. Self-esteem for women with masculine and androgynous gender identities was greater than those with undifferentiated gender identities in either field. The small number of women with feminine gender identities precluded further analysis. Therefore, the latter part of the hypothesis could not be adequately tested.

Hypothesis 2b. Effect of Field and Gender Identity on Self-Efficacy

In addition to the effects on global self-esteem discussed above, hypothesis 2b addressed effects of field

Table 8

Effect of Field and Gender Identity on Global Self-Esteem
(n=163)

Global Self-Esteem	Field		Gender Identity		Interaction (6 cells)	
	Main Effect		Main Effect			
	E	p	E	p	E	p
MSEI (GSE)	2.64 M>F	<.1061	14.24 Andr>Undi Masc>Undi	<.0001	6.46	<.0001
Rosenberg* (RGSE)	1.18	<.2792	13.43 Andr<Undi Masc<Undi	<.0001	5.70	<.0001

* Rosenberg is reverse scored (low RGSE = high GSE)

Mean Scores on MSEI for Field by Gender Identity

Gender Identity	Field	
	Female	Male
Androgynous	FA=34.8*	MA=38.9*
Masculine	FM=36.0*	MM=36.9*
Undifferentiated	FU=28.4	MU=30.3

Mean Scores on RGSE for Field by Gender Identity

Gender Identity	Field	
	Female	Male
Androgynous	FA=15.33*	MA=13.64*
Masculine	FM=15.65*	MM=15.25*
Undifferentiated	FU=20.20	MU=19.21

*Interaction Effect: MM>MU MA>MU
MM>FU MA>FU
FM>FU FA>MU
FM>MU FA>FU

*Interaction Effect: MM<MU MA<MU
MM<FU MA<FU
FM<FU FA<MU
FM<MU FA<FU

and gender identity on the five self-efficacy scores. Women working in predominantly male fields who were classified as masculine gender identity were hypothesized to score significantly higher on the self-efficacy measures than the women classified as androgynous, feminine, or undifferentiated. The self-efficacy measures include competence (CMP), personal power (PWR), self-control (SFC), body functioning (BFN), and identity integration (IDN). Table 9 reports mean scores of the five self-efficacy measures by the three fields and the four gender identities. The numbers of subjects were too small to analyze the four cells in the equal gender field and the three cells in feminine gender identity.

Analyses of variance in each of the five self-efficacy subscales for the two fields by the three gender identities are shown in Table 10. Significant main effects were found for field only on CMP ($F = 8.06, p < .0051$) and IDN ($F = 7.83, p < .0058$). For gender identity, significant main effects occurred on all five self-efficacy subscales. Tukey's Studentized Range post hoc tests indicated that androgynous was significantly higher than undifferentiated, and masculine was significantly higher than undifferentiated on CMP, PWR, SFC, and IDN but not BFN.

Based on significant interaction effects, the hypothesis that women working in predominantly male fields who were classified as masculine gender identity would score

Table 9

Mean Scores of Self-Efficacy by Field and Gender Identity

	Field			Total (n=183)
	Predominantly Female (n=47)	Predominantly Male (n=126)	Predominantly Equal (n=10)	
Androgynous	(n=12)	(n=36)	(n=5)*	53
Competence (CMP)	38.833	41.889	41.400	
Personal Power (PWR)	39.167	40.056	39.800	
Self Control (SFC)	34.500	37.972	38.800	
Body Functioning (BFN)	34.083	32.722	31.200	
Identity Integration (IDN)	35.583	40.667	38.400	
Feminine	(n=2)*	(n=8)*	(n=0)*	10
Competence	41.000	37.250	NA	
Personal Power	33.500	29.750	NA	
Self Control	31.500	35.500	NA	
Body Functioning	24.000	25.750	NA	
Identity Integration	41.500	35.625	NA	
Masculine	(n=23)	(n=63)	(n=3)*	89
Competence	39.783	41.794	44.667	
Personal Power	37.696	39.683	37.667	
Self Control	36.435	37.492	41.667	
Body Functioning	31.043	31.889	33.333	
Identity Integration	35.826	37.619	42.000	
Undifferentiated	(n=10)	(n=19)	(n=2)*	31
Competence	34.300	37.947	38.000	
Personal Power	29.800	28.632	27.500	
Self Control	30.000	32.368	38.500	
Body Functioning	28.600	27.368	21.500	
Identity Integration	28.500	32.105	34.500	

* Sample too small

Table 10

Effect of Field and Gender Identity on Five Self-Efficacy
Subscales

Self Efficacy	Field		Gender Identity		Interaction	
	Main Effect		Main Effect		(6 cells)	
	E	p	E	p	E	p
	(n=163)		(n=173)		(n=163)	
Competence (CMP)	8.06 M>F*	<.0051	8.75 Masc>Undi*	<.0003	5.22	<.0002
Personal Power (PWR)	1.56	<.2136	56.84 Masc>Undi* Andr>Undi	<.0001	23.47	<.0001
Self-Control (SFC)	3.55	<.0613	10.39 Masc>Undi Andr>Undi	<.0001	5.06	<.0002
Body Function- ing (BFN)	0.02	<.8916	4.22 Andr>Undi	<.0164	1.82	<.1128
Identity Integration (IDN)	7.83 M>F*	<.0058	17.31 Masc>Undi* Andr>Undi	<.0001	8.83	<.0001

Tukey's post hoc test was used to show significance within each independent variable (alpha=.05)

Table continues

Table 10 - continued

<u>Mean Scores on Competence for</u> <u>Field by Gender Identity</u>			<u>Mean Scores on Personal Power for</u> <u>Field by Gender Identity</u>		
<u>Gender Identity</u>	<u>Field</u>		<u>Gender Identity</u>	<u>Field</u>	
	<u>Female</u>	<u>Male</u>		<u>Female</u>	<u>Male</u>
Androgynous	FA=38.8	MA=41.9*	Androgynous	FA=39.2*	MA=40.1*
Masculine	FM=39.8	MM=41.8*	Masculine	FM=37.7*	MM=39.7*
Undifferentiated	FU=34.3	MU=37.9	Undifferentiated	FU=29.8	MU=28.6
*Interaction Effect: MA>FU MM>FU MA>FA MM>FA MA>MU MM>MU FM>FU			*Interaction Effect: FA>FU MA>FU FA>MU MA>MU FM>FU MM>FU FM>MU MM>MU		

<u>Mean Scores on Self-Control for</u> <u>Field by Gender Identity</u>			<u>Mean Scores on Body Functioning for</u> <u>Field by Gender Identity</u>		
<u>Gender Identity</u>	<u>Field</u>		<u>Gender Identity</u>	<u>Field</u>	
	<u>Female</u>	<u>Male</u>		<u>Female</u>	<u>Male</u>
Androgynous	FA=34.5	MA=38.0*	Androgynous	FA=34.1	MA=32.7
Masculine	FM=36.4	MM=37.5*	Masculine	FM=31.0	MM=31.9
Undifferentiated	FU=30.0	MU=33.4	Undifferentiated	FU=28.6	MU=27.4
*Interaction Effect: MA>FU MM>FU FM>FU MA>MU MM>MU					

<u>Mean Scores on Identity Integration for</u> <u>Field by Gender Identity</u>		
<u>Gender Identity</u>	<u>Field</u>	
	<u>Female</u>	<u>Male</u>
Androgynous	FA=35.6*	MA=40.7*
Masculine	FM=35.8*	MM=37.6*
Undifferentiated	FU=28.5	MU=32.1
*Interaction Effect: MA>FM FM>FU FA>FU MA>FU MM>FU MA>MU MM>MU		

significantly higher on the five self-efficacy measures than the women classified as androgynous or undifferentiated was partially supported.

Interaction effects for the six cells for field by gender identity (MA, MM, MU, FA, FM, and FU) were significant for four of the five subscales. Using t -tests, it was found that women in male fields with masculine (MM) and androgynous (MA) gender identity had significantly higher scores on four of the five self-efficacy subscales (not BFN) than MUs and FUs. The number of subjects in the feminine gender identity was too small to analyze.

Hypothesis 3. Effect of Field and Gender Identity on Self-Worth

The third hypothesis addressed effects of field and gender identity on self-worth. Among women working in predominantly female fields, those who were classified as feminine gender identity were predicted to score significantly higher on the three self-worth measures than those who were classified as either masculine or undifferentiated. Self-worth measures include likability (LKE), lovability (LVE), and body appearance (BAP). Table 11 shows mean scores for the three self-worth measures by the three fields and four gender identity classifications. The numbers of participants in the feminine gender identity classification and the equal fields were too small to analyze.

Table 11

Mean Scores of Self-Worth by Field and Gender Identity

	Field			Total (n=183)
	Predominantly Female (n=47)	Predominantly Male (n=126)	Predominantly Equal (n=10)	
	Androgynous	(n=12)	(n=36)	
Likability (LKE)	38.167	39.556	41.000	
Lovability (LVE)	41.167	40.583	41.000	
Body Appearance (BAP)	33.250	34.472	34.800	
Feminine	(n=2)*	(n=8)*	(n=0)*	10
Likability	43.500	33.500	NA	
Lovability	41.500	38.875	NA	
Body Appearance	27.000	26.625	NA	
Masculine	(n=23)	(n=63)	(n=3)*	89
Likability	36.000	36.476	39.333	
Lovability	33.696	35.730	40.667	
Body Appearance	34.130	33.079	33.000	
Undifferentiated	(n=10)	(n=19)	(n=2)*	31
Likability	31.000	33.579	33.500	
Lovability	33.300	33.474	34.000	
Body Appearance	27.800	27.053	24.000	

* Sample too small

The effect of two fields and three gender identities on the three self-worth measures is shown in Table 12. Due to the very small FF cell size, adequate testing of this hypothesis was not possible. However, self-worth subscale differences for field and gender identity are presented.

Significant main effects were found for gender identity but not for field for all three self-worth subscales: LKE ($F = 13.97, p < .0001$), LVE ($F = 12.44, p < .0001$), and BAP ($F = 10.22, p < .0001$). Tukey's test ($\alpha = .05$) revealed that (a) androgynous was significantly higher than undifferentiated on all three self-worth subscales, (b) androgynous was significantly higher than masculine on the LKE and on the LVE subscales, and (c) masculine was significantly higher than undifferentiated on the LKE and on the BAP subscales. Because androgyny includes a high feminine component, this hypothesis may have some support.

In fact, t -tests revealed significant interaction effects. The women with an androgynous gender identity had higher self-worth scores than the undifferentiated in both fields by the three subscales. Masculine gender identity was higher for BAP in both fields.

Hypothesis 4. Effect of Mother's Encouragement of Independence on Self-Efficacy and Moral Self-Approval

Hypothesis four predicts that women who reported that their mothers strongly encouraged their independence would have significantly higher scores on all five self-efficacy

Table 12

Effect of Field and Gender Identity on Self-Worth

Self Worth	Field		Gender Identity		Interaction	
	Main Effect		Main Effect		(6 cells)	
	E	P	E	P	E	P
	(n=163)		(n=173)		(n=163)	
Likability (LKE)	1.56	<.2138	13.97	<.0001	6.05	<.0001
			Andr>Masc*			
			Andr>Undi			
			Masc>Undi			
Lovability (LVE)	0.54	<.4617	12.44	<.0001	5.26	.0002
			Andr>Masc			
			Andr>Undi			
Body Appearance (BAP)	0.09	<.7685	10.22	<.0001	4.24	.0012
			Andr>Undi			
			Masc>Undi			

* Tukey's post hoc test was used to show significance with each independent variable (alpha=.05)

Table Continues

Table 12 - Continued

<u>Mean Scores on Likeability for Field by Gender Identity</u>			<u>Mean Scores on Loveability for Field by Gender Identity</u>		
<u>Gender Identity</u>	<u>Field</u>		<u>Gender Identity</u>	<u>Field</u>	
	<u>Female</u>	<u>Male</u>		<u>Female</u>	<u>Male</u>
Androgynous	FA=38.2*	MA=39.6*	Androgynous	FA=41.2*	MA=40.6*
Masculine	FM=36.0*	MM=36.5*	Masculine	FM=33.7	MM=35.7
Undifferentiated	FU=31.0	MU=33.6	Undifferentiated	FU=33.3	MU=33.5
*Interaction Effect: FA>FU MA>FM FA>MU MA>FU FM>FU MA>MM MM>FU MA>MU MM>MU			*Interaction Effect: FA>FM MA>FM FA>FU MA>FU FA>MM MA>MM FA>MU MA>MU		

<u>Mean Scores on Body Appearance for Field by Gender Identity</u>		
<u>Gender Identity</u>	<u>Field</u>	
	<u>Female</u>	<u>Male</u>
Androgynous	FA=33.3	MA=34.5*
Masculine	FM=34.1*	MM=33.1*
Undifferentiated	FU=27.8	MU=27.1
*Interaction Effect: FA>FU MA>FU FA>MU MA>MU FM>FU MM>FU FM>MU MM>MU		

measures and on the moral self-approval measure than women who did not report receiving such encouragement. Differences were examined through a series of ANOVAs as shown in Table 13. Among the 183 women who reported whether their mothers encouraged their independence, 105 had strong encouragement while 78 had weak encouragement. Significant ($p < .05$) differences were found between the two groups on three of the five self-efficacy components: PWR ($F = 5.42$, $p < .0210$), SFC ($F = 8.49$, $p < .0040$), and BFN ($F = 3.95$, $p < .0484$) with the women who received encouragement scoring higher than the women who did not receive encouragement. Additionally, a difference was found on moral self-approval (MOR) ($F = 7.46$, $p < .0069$) with the encouraged women again scoring higher. Identity integration had a significance level of .0559.

The hypothesis was supported for three of the five self-efficacy components (PWR, SFC, and BFN) and for moral self-approval. No differences were significant at the .05 level for either CMP or IDN.

Hypothesis 5. Effect of Mother's Employment on Self-Efficacy and Self-Worth

The group of 184 was relatively closely divided between those whose mothers were employed while the participant was growing up: 98 were employed, and 86 were not employed. The fifth hypothesis predicted that the five self-efficacy scores and the three self-worth scores of women whose

Table 13

ANOVAs for Difference Between Mothers' Strong and Weak Encouragement of Independence on Five Self-Efficacy Subscales and on Moral Self Approval

Measure	Main Effect		Group	
	F	p	Strong Encouragement (n=105)	Weak Encouragement (n=78)
Self-Efficacy				
Competence (CMP)	2.51	<.1151	40.914	39.577
Personal Power (PWR)	5.42	<.0210	38.019*	35.808
Self-Control (SFC)	8.49	<.0040	37.467*	34.756
Body Functioning (BFN)	3.95	<.0484	31.981*	29.615
Identity Integration (IDN)	3.70	<.0559	37.600	35.590
Moral Self Approval (MOR)	7.46	<.0069	44.524*	42.731

* Significantly higher

mother's were employed during the participant's years at home and women whose mother's were not employed during this same time period would significantly differ.

ANOVAs to explore any differences between these two groups demonstrated no differences on any of the five self-efficacy measures nor on any of the three self-worth components as shown in Table 14. This fifth hypothesis was rejected.

Hypothesis 6. Comparisons between Women with High Self-Efficacy/High Self-Worth and Women with High Self-Efficacy/Low Self-Worth

The sixth hypothesis predicted that the high self-efficacy/high self-worth (HH) group of women would have significantly higher global self-esteem on both of the global self-esteem measures (MSEI global self-esteem, Rosenberg's self-esteem) than the high self-efficacy/low self-worth (HL) group of women. These two subgroups of special interest were designed to have the common characteristic of high scores on the self-efficacy measures. The delineation of these two groups was calculated in this way. The HH ($n=68$) group had to score above the mean on at least three of the five self-efficacy measures and had to be in the highest 40% on at least two of the three self-worth measures. The HL ($n=26$) group had to score above the mean on at least three of the five self-efficacy measures and had to be in the lowest 40% on at least two of the three self-

Table 14

Difference Between Women With Employed Mothers and Non
Employed Mothers on Self-Efficacy and on Self-Worth

Self-Esteem Measure	Group			
	Main Effect F	Effect p	Employed (n=98)	Not Employed (n=86)
Self-Efficacy				
Competence	0.99	<.3215	39.908	40.777
Personal Power	0.30	<.5855	36.806	37.326
Self-Control	3.08	<.0810	35.500	37.140
Body Functioning	0.01	<.9317	31.020	30.919
Identity Integration	1.29	<.2572	36.194	37.372
Self-Worth				
Lovability	1.13	<.2886	37.378	36.198
Likability	0.00	<.9864	36.616	36.602
Body Appearance	0.33	<.5648	32.490	31.872

worth measures. Thus, women were omitted who had high self-efficacy scores but only normal range self-worth scores.

Table 15 presents differences between the two groups of special interest on the two global self-esteem measures, the five self-efficacy measures, and the three self-worth measures. The HH group had significantly higher scores on both global self-esteem scales, therefore the hypothesis was supported. In addition, the HH group had higher scores on two of the five self-efficacy measures, body functioning and identity integration, and all three self-worth measures (see Figure 1).

Further analyses were computed for comparing the HH and HL groups on mother's encouragement, mother's employment, and gender identity. Interaction effects for mother's encouragement of independence by self-efficacy and self-worth were also explored. Significant interaction findings using Tukey's Studentized Range statistic ($\alpha = .05$) revealed that HH women whose independence was encouraged by their mothers ($n = 46$) scored significantly higher on self-control than the HH women who did not receive encouragement ($n = 22$). Also, HH women whose independence was encouraged by their mothers scored significantly higher on body functioning than HL women who also received encouragement ($n = 15$).

Among all of the 94 women with high scores on the self-efficacy measures, (both HH and HL combined) 64.9% reported

Table 15

Difference between High Self-Efficacy/High Self-Worth (Group HH) and High Self-Efficacy/Low Self-Worth (Group HL) on Global Self-Esteem, Self-Efficacy, and Self-Worth

Self-Esteem Measure	Group			
	Main Effect		Mean HH (n=68)	Mean HL (n=26)
	F	p		
Global Self-Esteem				
MSEI (GSE)	20.89	<.0001	41.691*	36.346
Rosenberg (RGSE)**	25.03	<.0001	11.985*	15.462
Self-Efficacy				
Competence	2.00	<.1607	43.544	42.154
Personal Power	1.87	<.1746	40.721	39.423
Self-Control	1.60	<.2089	40.191	38.808
Body Functioning	10.38	<.0018	35.529*	30.423
Identity Integration	5.95	<.0166	41.426*	38.808
Self-Worth				
Lovability	54.52	<.0001	41.926*	32.731
Likability	86.08	<.0001	41.074*	34.231
Body Appearance	21.15	<.0001	37.221*	31.923

* Significant

** Scoring is reversed

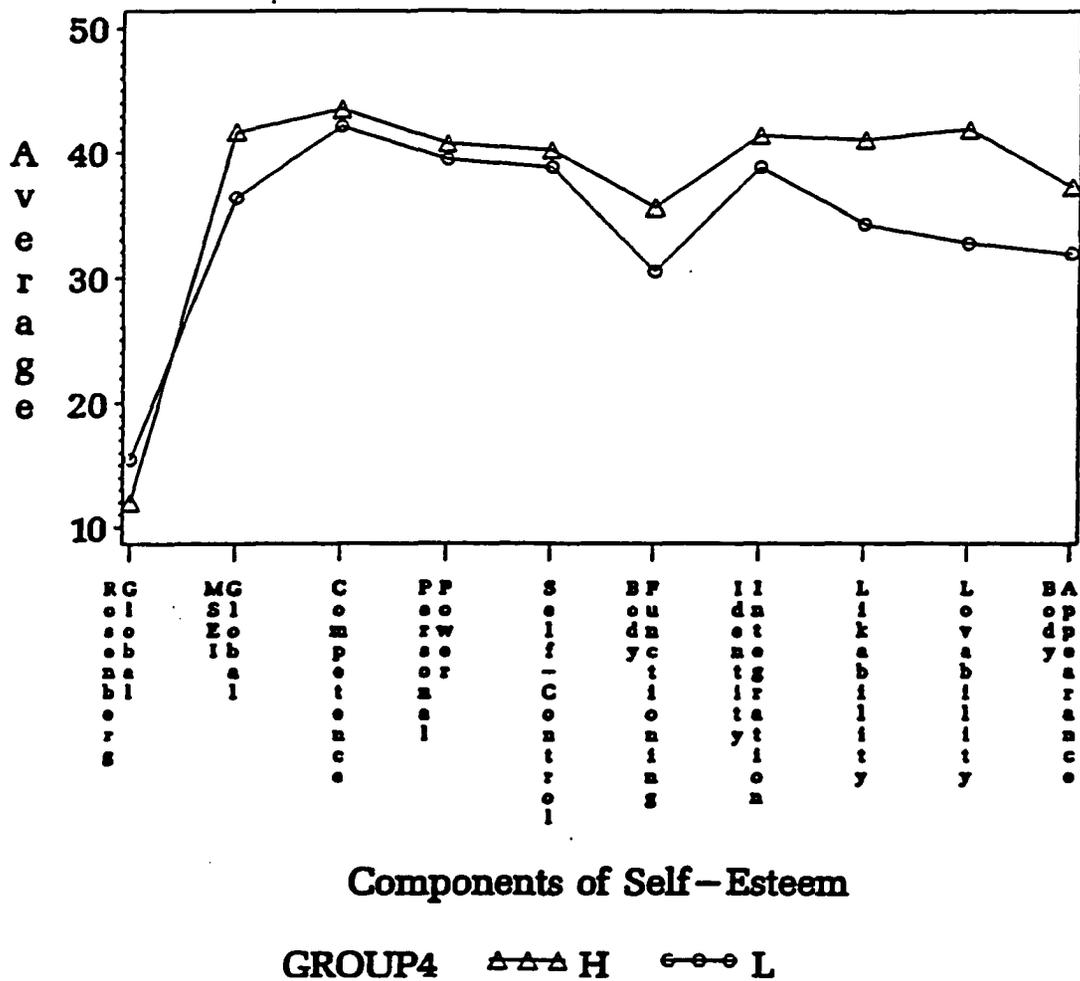


Figure 1. Means for Components of Self-Esteem for High Self-Efficacy/High Self-Worth Women and High Self-Efficacy/Low Self-Worth Women

that they received encouragement for their independence from their mothers. Within group comparisons showed that within the HH group ($n = 68$), 67.7% of the women received encouragement and 32.4% did not. Within the HL group ($n = 26$), 57.7% of the women received encouragement and 42.3% did not.

Interaction effects for mother's employment (yes-no) by HH and HL groups on self-efficacy and self-worth were also significant. Post hoc comparisons using Tukey's Studentized Range statistic ($\alpha = .05$) revealed that HH women whose mothers were employed ($n = 39$) as well as HH women whose mothers were not employed ($n = 29$) scored significantly higher on all three self-worth components (LKE, LVE, and BAP), but just one of the five self-efficacy components (BFN) than HL women whose mothers were employed ($n = 10$).

The gender identity statuses of the high self-efficacy women was also noteworthy. Among the HH ($n=68$) group, 36 (53%) women were classified masculine, 27 (39%) androgynous, 3 undifferentiated, and 2 feminine (see Figure 2). Among the HL ($n=26$) group, 20 (77%) women were classified masculine, 4 (15%) androgynous, 1 feminine, and 1 undifferentiated (see Figure 3). Scoring high-masculine appears to be necessary but not sufficient for the HH group. A certain amount of femininity (leading toward androgyny) also appears to be important. (Figure 4 depicting the non-high self-efficacy group is offered for comparison).

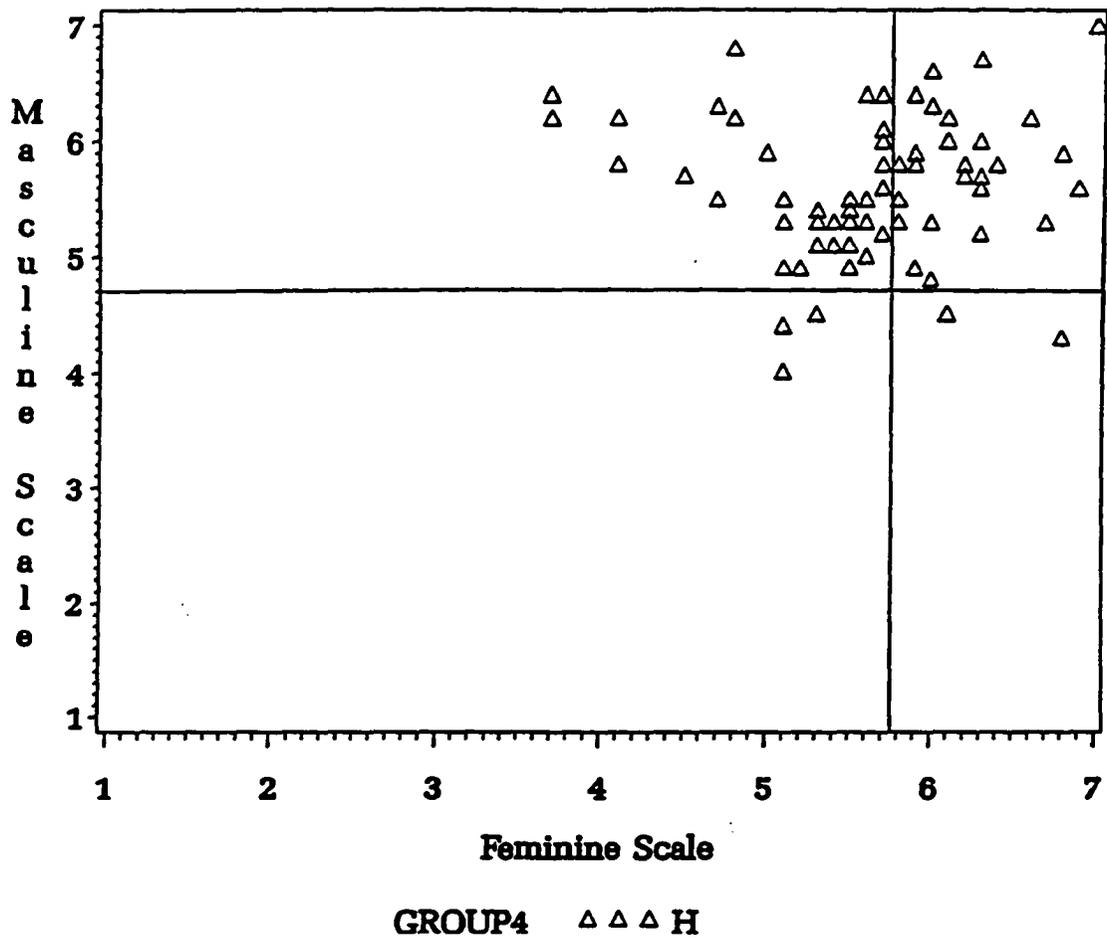


Figure 2. Gender Identity Status Distribution for High Self-Efficacy/High Self-Worth Group (H)

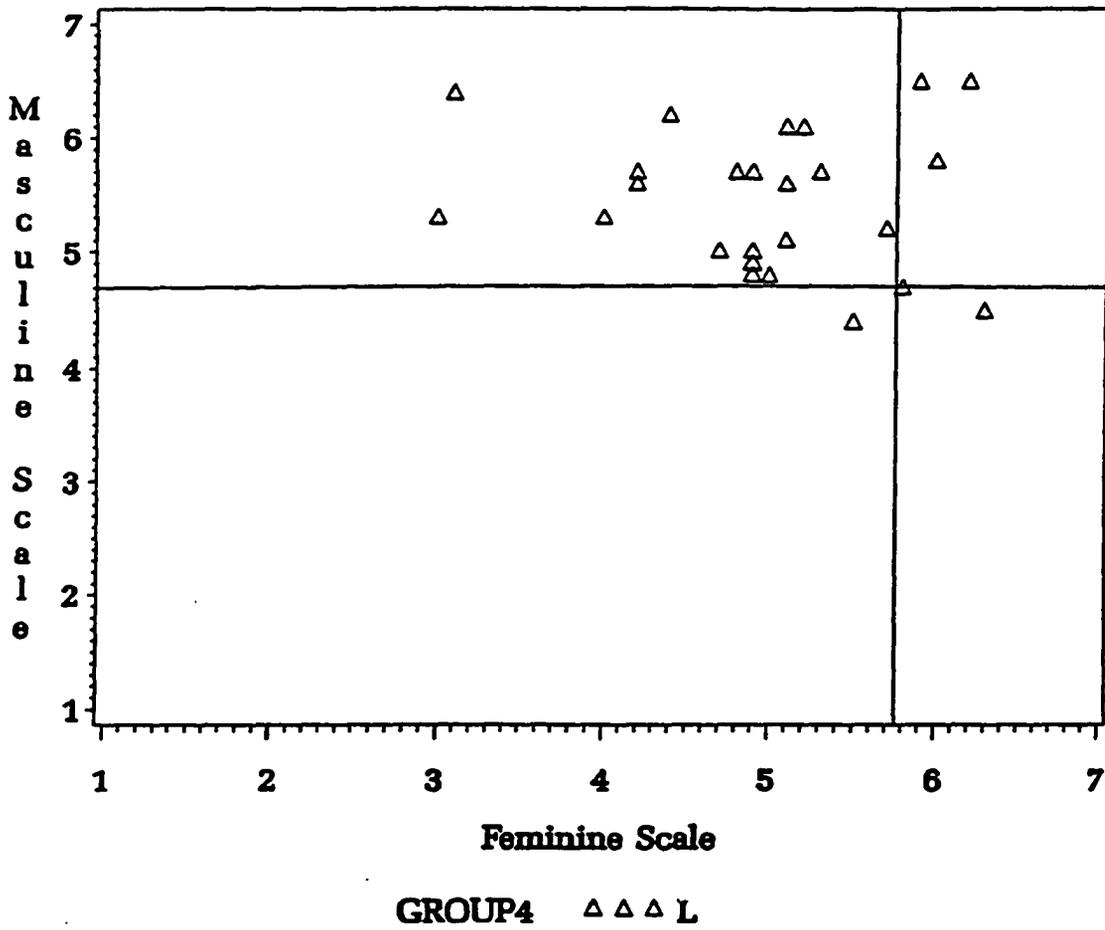


Figure 3. Gender Identity Status Distribution for High Self-Efficacy/Low Self-Worth Group (L)

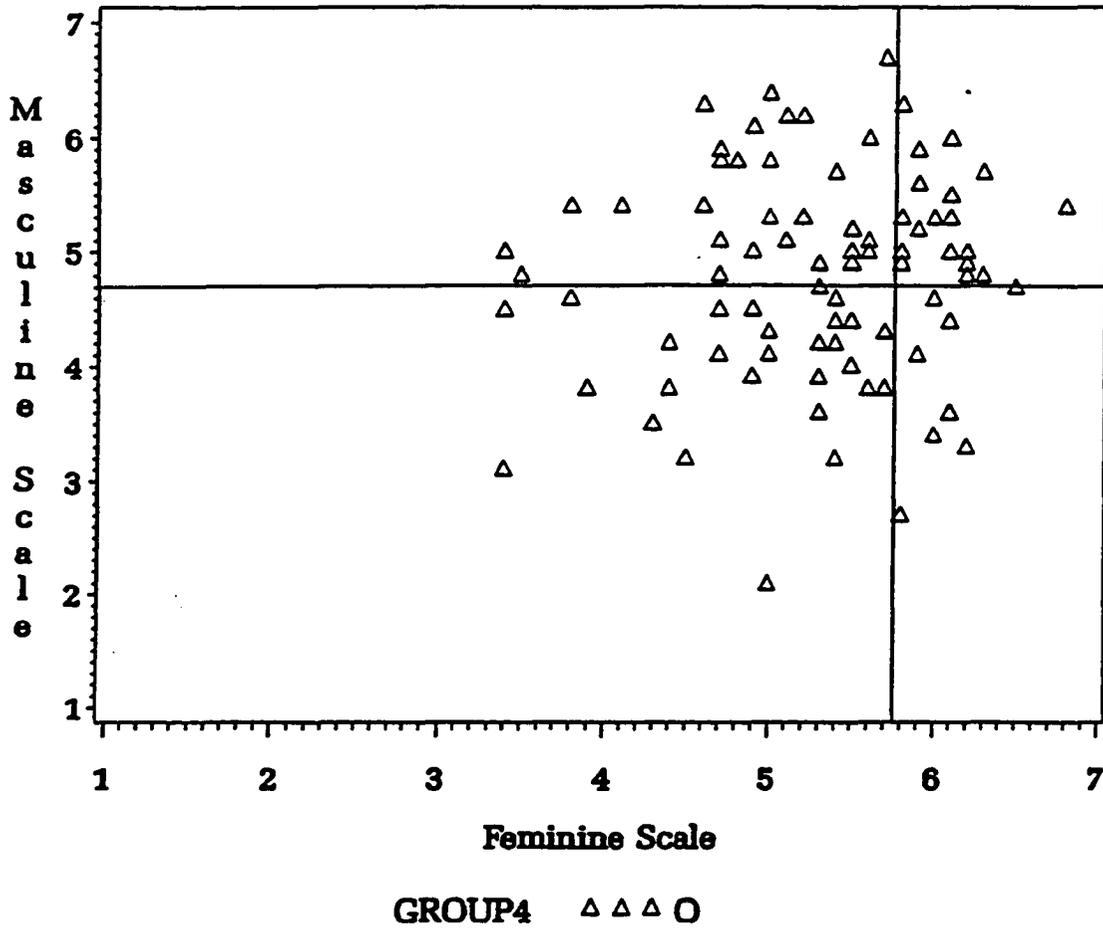


Figure 4. Gender Identity Status Distribution for Non-High Self-Efficacy Group (O)

In summary, the HH group did have higher global self-esteem but the two groups did not differ on competence, personal power, and self-control, three major components of self-efficacy. The HH group was higher on all of the self-worth subscales. This finding of no difference on self-efficacy but difference on self-worth seems to be linked to the fact that more of the HH group (39%) than the HL group (15%) had androgynous gender identities which has both masculine and feminine components. Women in the HH group had greater encouragement for independence from their mothers.

Interview Analysis

Interviews were conducted with six women, three of whom were randomly chosen from the high self-efficacy and high self-worth (HH) group, and three of whom were randomly chosen from the high self-efficacy and low self-worth (HL) group. Each woman was interviewed on two occasions for the purpose of understanding similarities and differences for the HH and HL groups. The revised interview included questions about family background and early experiences on the job (see Appendix B). The interview format was sent to each woman several days in advance of the interview so that she could have time to pull her memories together.

The initial interviews each lasted approximately one hour, and second interviews ranged from quite brief to somewhat over one hour (most second interviews were

approximately 45 minutes long). Three locations were offered for the interview settings: the participant's office at work, the participant's home, and this researcher's counseling office. Two women chose to meet in their own work office, one woman selected a conference room at her place of employment, two women chose to meet at this researcher's counseling office, and one woman chose to meet at her home. Each location was private to ensure confidentiality and no interruptions. The interviews were tape-recorded and transcribed in order to delve further into differences and similarities between these two subgroups of the sample.

The participants responded positively to the interview protocol as exemplified by respondent HH3 when she commented that "the format that you gave me really has made me think about what has happened in my life, which a lot of times I think we don't sit down and try to think about what have been good experiences versus the bad experiences ... I have thought about those kind of things and who has influenced me ... trying to pull it all together ... it's something I guess we should do all the more often." Respondents suggested that the interviews brought to life the questionnaire they each had completed.

In the area of early experiences, all of these women spoke of what they viewed as cultural shifts and barriers which they experienced in both their professional and

personal lives. The three HL women either had experienced more gender-based barriers in their career paths or simply had chosen to discuss them in more detail than did the three HH women.

Being a woman was presented generally as a barrier or extra hurdle, but one woman also experienced her gender as advantageous on at least one occasion. HL2, a project manager for a very large company, reported having been upset more than once at being told, after working in a position for a while, that she got the job to fill a female quota. She commented, "They maybe needed a woman to fill the job but it was my work that kept me in the job."

Now in her mid-forties with her own successful business, respondent HL1 encountered numerous barriers even to the hiring process for several years early in her career. Difficulties ranged from being told that "women got pregnant so they didn't hire them" to they couldn't be sent out on inventories "because they got dirty" to they "screw up the work routine ... they couldn't just freely assign women" to travel because of the "men's wives' concerns." Even after earning an M.B.A., respondent HL3 reported that she got stuck in a "clerical kind of rut for several years" after taking her first clerical job.

In 1970, when in her early 20s, respondent HH1 was offered a position vacated by a male director in her department. She was pleased but offended and angered by the

low salary offered. The salary was raised some but she left in a few months because she "just couldn't stay any longer ... and be jerked around." She moved on to a job with better opportunities and pay.

Respondent HH3, a small business owner, shared being angry when as a student she heard men in her field talk about what the influence of women was going to "do" to the profession, how "it was going to hurt the profession ... and I was enraged." Once launching her career, she and the others each mentioned having to prove themselves more than the men in their respective fields.

These women seem to have developed an appreciation for their competence and sense of personal power through these trials.

Although the questionnaire inquired about the participant's mother's encouragement of independence, interviews emphasized what appeared to be the greater role of each woman's father's encouragement of independence and influence on their career path. One respondent commented "My dad is the common denominator in everything in my life." Five of the six women interviewed shared being encouraged by their fathers in such a manner. In one case where the participant's father had been killed in an automobile accident when she was in her elementary school years, her paternal grandfather fulfilled this role. In addition to their father's encouragement, the mothers of all three HH

women interviewed encouraged their daughter's ability to achieve and sense of being cared about. Respondent HH3 commented that her grandmother and mother would tell her "You're smart and you're pretty and you can do anything, doors are going to open ... go tremendous places."

Respondent HL2's mother also encouraged her daughter's independence, primarily through encouraging her to go away to college, to be on her own.

In regard to mother's employment, two HH women and one HL woman had mothers who had worked. The two HH women spoke of their mothers essentially setting a strong model of managing and enjoying their work while still making time for their daughters. The homemaker mother of the third HH woman had a large family and a successful, but alcoholic father. She viewed her mother as the one who kept things going in the family, including encouraging her daughters' independence.

The HL3 woman discussed her mother working in her "father's business" and how she had been raised in a house where her mother always put her "father first in front of the kids, in front of anything else, and she told us repeatedly as we were growing up if it ever comes to a choice between you and your father, I'm going with your father, regardless of the job." This same woman also described how until her first husband "fired" her from also working for her father soon after they married, she had

always planned to take over running the office in her father's business someday. In a similar vein the other two HL women described their college-educated mothers as extremely passive and dependent on their fathers. In discussing her parents, one of these two women stated, "He's lorded over her for fifty some years and she really has subverted herself to the point where you don't really know what she's like ... it's just second nature to her now."

All three HH women had close relationships with a partner, but only one HL woman did. Each woman with a partner expressed looking to them for encouragement and support. Two women were remarried (1 HH and 1 HL), one HH woman had been married for over twenty years, and another HH woman had a long-term lesbian partner. All four of these women also discussed in some detail their history in these intimate commitments. One HH woman saw her husband as an important professional colleague, business partner, and mentor. Another HH woman viewed her husband's uneven employment history as impetus for her striving toward financial success in her own career. The married HL woman appreciated her husband for being "the least demanding person that's ever been in my life in terms of he's not always taking and taking and taking from me." The two never-married HL woman each shared a history of not having been "terribly lucky" in dealing with men, and of going through extended periods of being "loners."

All three HH women and the married HL woman emphasized the importance of family and friends, particularly women friends, when faced with difficult times, both personally and professionally. The two unmarried HL women reported coping with the rough spots through being very busy, especially pouring themselves into work or becoming quite solitary for a while. These latter two women related having learned to physically leave (including making a geographic move) if dealing with others became too difficult. This lack of dealing openly with relationships may be a manifestation of their lower self-worth.

In summary, each woman shared a sense of how she balanced her choices regarding achievement, relatedness and separateness. Overall, the HH women were more likely to have had more parental and partner support and fewer or shorter-term barriers in their work. In terms of both personal and professional relationships, the HH women were more likely to attend to their individual needs in stressful situations more quickly than the HL women. They may have wrestled with a decision, but once the decision was made, they essentially let go and moved on to new things. Although the HL women did eventually take care of themselves in difficult situations, the process was handicapped by what was sometimes a very slow move from putting others first to action based on no longer denying their own needs.

The interviews added depth to the understanding of dimensions of self-esteem for this group of professional women. Richness of detail, particularly a more potent sense of the linkages between personal and professional spheres of these women's lives, emerged through the interactional nature of the interviews.

Discussion

The major purpose of this study was to investigate factors which may contribute to the self-esteem of professional women who came of age during the second wave of the feminist movement. Studies regarding this second wave group of professional women have been limited, particularly research related to their self-esteem. Neither specific dimensions of self-esteem nor the exploration of linkages between professional and personal spheres have been explored for these women. This study did accomplish the task of advancing this area of research.

Special interest in this study was directed toward the exploration of some of the reasons that some highly competent professional women having high self-efficacy also have low global self-esteem and low self-worth. This interest came from observation, whereas; in contrast, the literature supports the common belief that highly competent women also have high self-esteem (Campbell, 1984; Long, 1989; Schwalbe, Gecas, & Baxter, 1986).

In this research most of the women fit the literature with 68 of the 184 professional women having high scores on the global self-esteem scales, high scores on the self-efficacy measures, and high scores on the self-worth measures (HH). However, 26 women had high scores on the self-efficacy measures and low scores on the self-worth measures (HL). These 26 HL women also scored significantly lower on the two global self-esteem measures than the 68 women who had high scores on the self-efficacy measures and high scores on the self-worth measures. Surprisingly, even though the 26 HL women were classified as having high self-efficacy, they were significantly lower than the 68 HH women on two of the five components of self-efficacy: body functioning and identity integration. In regard to the lower identity integration scores (feelings of inner continuity and sameness across time and situations) perhaps the HL classification is marking this group's experience of lack of continuity across efficacy and worth dimensions.

Four ways of understanding the connections between global self-esteem and self-efficacy and self-worth was through (a) gender identity status, (b) traditional (male-dominated) versus non-traditional (female-dominated) fields of work, (c) mother's encouragement of independence, and (d) mother's employment.

Gender Identity

Gender identity status fell into two groups: high-masculine (masculine and androgynous) and low-masculine (feminine and undifferentiated). The high-masculine group accounted for over three-fourths of the participants in the study and the low-masculine group accounted for less than one quarter of the sample.

Among this sample of highly competent women, it is not entirely surprising that there were only 10 women in the total sample who scored a feminine gender identity status (two of whom worked in predominantly female fields and eight of whom worked in predominantly male fields). Competence (CMP) is a component of self-efficacy, and, within this sample, self-efficacy tends to be associated with androgyny and masculinity. Although 53 additional women scored high on the feminine rating portion of the BSRI (associated with generally passive adjectives, e.g., affectionate, compassionate, gentle), these women also scored high on the masculine rating portion of the BSRI (associated with generally assertive adjectives, e.g., independent, forceful, dominant) leading to androgynous rather than feminine gender identity statuses.

Most of these women were entering college or the job market in the early 1970s, the time when the characteristics associated with a healthy adult coincided with those for a healthy adult male (Broverman, Vogel, Broverman, Clarkson, &

Rosenkrantz, 1970). As the 1970s progressed Bem (1974; 1977) and others (Silvern & Ryan, 1979) emphasized that psychological health including higher self-esteem and personal satisfaction were associated with increased flexibility to engage in cross-sex behavior linked with androgyny. Unlike the women a little older who had been taught to downplay their intelligence (Rubin, 1979), many of the women in this study had not learned such a lesson. Although the present study agrees with the virtues of androgyny, it also suggests that Bem's labels (1974; 1979) have outlived their appropriateness. As definitions of what women do and what men do have changed (Kimmel, 1987), the terminology has not.

Rather than gender identity status essentially serving as a proxy for self-esteem as suggested by Walters, Hollett, and Beare (1991), gender identity had significant interaction effects with dimensions of self-esteem. Masculine women had the highest self-efficacy and body appearance scores. Androgynous women, who are high masculine and high feminine had high scores on self-efficacy, body appearance, likability, and lovability. These androgynous and feminine women may feel more accepted by and popular with their peers as well as more worthy of love within intense interpersonal relations. However, the masculine women may feel less susceptible to our culture's strict standards of outward physical appearance for women.

The androgynous women would feel both worthy of love and good about their physical appearance. Furthermore, these findings lend support to the androgyny model (Whitley, 1983) which assumes masculinity and femininity are independent and complementary rather than incompatible dimensions, and are consistent with Tinsley, Sullivan-Guest, and McGuire's (1984) assertion that women who behave in less role-restricted ways (i.e., professional status) tend to be more healthy as they adopt androgynous or masculine sex roles.

In support of the Frank et al. (1985) study, the self-efficacy scores for this sample of women indicated no significant differences between those classified as androgynous and those classified as masculine, with both of these two groups scoring higher than the undifferentiated group. However, contrary to Frank et al.'s findings regarding global self-esteem, women classified as masculine did not score higher than the androgynous group, and a significant difference was found between the androgynous group and the undifferentiated group. This study found no difference between the androgynous and the masculine groups, and also found that each of these groups was significantly higher on global self-esteem than the undifferentiated group.

All but seven of the 94 (68 HH plus 26 HL) high efficacy women were classified as high-masculine (either androgynous or masculine), a finding consistent with Long's

(1989) assertion that regardless of occupation, high-masculine women tend to have high self-efficacy. Cate and Sugawara (1986) linked masculinity to physical competence (a measure for the self-efficacy component body functioning). Since 24 of the 26 HL women were classified as masculine or androgynous yet they scored low on body functioning, one could question Cate and Sugawara's assertion that masculinity is linked to physical competence. Their finding may be credible in relation to adolescent women but not to adult women.

Generally, the androgynous and masculine gender identity status subgroups (both essentially high-masculine) tended to score higher on the self-efficacy measures (as well as BAP). The androgynous (high-feminine as well as high-masculine) tended to score higher on the self-worth measures LKE and LVE. In regard to global self-esteem, these findings showed more variability related to field: (a) among those working in predominantly male fields, androgynous and masculine gender identity status groups had higher global self-esteem than the undifferentiated subgroup; (b) among the women working in predominantly female fields, masculine gender identity status groups also had higher global self-esteem than the undifferentiated subgroup; and (c) between the women working in predominantly female fields and the those working in predominantly male fields, the MAs and the MMs had higher global self-esteem

than the FUs, and the FMs had higher global self-esteem than the MUs.

Traditional versus Non-Traditional Fields of Work

Given the high proportion (77%) of participants in this study classified as either masculine or androgynous (high-masculine), it was not surprising that over two-thirds of the women were engaged in occupations that draw on dominant and instrumental traits such as managerial and financial areas often filled by men. Of these 126 women employed in predominantly male fields, nearly four-fifths were classified as high-masculine (63 scored masculine and 36 scored androgynous gender identity statuses). This finding is consistent with the finding of Frank and his associates (1985) which reported that over half of the women in their study who scored masculine pursued occupations drawing on these dominant and instrumental traits. However, contrary to Frank et al.'s (1985) findings, a disproportionate percentage of women classified as androgynous did not work in predominantly female fields. In fact, two-thirds worked in male fields. Even if proportions of androgynous gender identity status women within these two fields were considered, similar percentages of androgyny was represented in the two fields (25.5% of women in predominantly female fields, and 28.6% of women in predominantly male fields). High-masculinity rather than masculinity per se may be the

more important factor influencing the choice of a male-dominated field.

The finding that high-masculine and low-masculine women in male-dominated occupations reported higher global self-esteem and self-efficacy than their counterparts working in predominantly female fields supports Long's (1989) conclusions that masculine and undifferentiated women working in male fields have higher self-efficacy and greater problem-focused coping than their counterparts working in female fields. It is also consistent with Nevill and Schlecker's (1988) finding that strong self-efficacy was related to a willingness to engage in non-traditional career-related activities. In addressing dimensions of self-esteem, this study adds more specificity to the literature.

Among the high self-efficacy women, approximately two-thirds of the HH as well as two-thirds of the HL groups worked in predominantly male fields. This was consistent with the sample as a whole. Only about one-fourth of the entire sample including one-fourth of the HH group worked in predominantly female fields. Interestingly, less than one-fifth of the HL group worked in fields traditionally ascribed to women. Perhaps as Bateson (1989) suggested, women of high achievement emphasize individual ability through performing "men's work" despite obstacles (such as those discussed by each of the women interviewed).

Mother's Encouragement of Independence

O'Brien and Epstein's (1988) assertion that a mother's encouragement of independence is related to her child's higher self-efficacy and moral self-approval ratings is consistent with findings from this study. Women who were encouraged to be independent did have higher scores on personal power, self-control, body functioning, and moral self-approval but not on competence or identity integration. The lack of competence differences may be an artifact of the very high overall competency ratings of the entire sample. It is noteworthy that the single area for a significant difference was in moral self-approval. Perhaps a highly efficacious professional daughter's encouragement of independence by her mother facilitates her being unconcerned with the "moral value" of her independent professional behavior. Among the high self-efficacy women three-fourths of them who received encouragement from their mothers were classified as HH rather than HL. Self-worth, self-efficacy and moral self-approval were rated higher in this group.

Mother's Employment

While still living in their childhood homes, over half of the women in this study saw their mother's engaged in the paid labor force. Gigy (1980) asserted that this situation would be related to the daughter's higher self-efficacy and self-worth, an assertion that was not supported for the sample as a whole. Among the high self-efficacy subgroup,

approximately half of the participants had employed mothers. In differentiating according to the self-worth dimension among this subgroup of high self-efficacy women, 57.4% of the HH women, and only 38.5% of the HL women had employed mothers.

Summary

In general, this sample of mainly white middle class college-educated women ranging in age from 32-46 (mean = 40) were quite accomplished achievers. As Helson, Elliott, and Leigh (1990) and Baruch, Barnett, and Rivers (1983) suggest, these women seemed to find work advantageous to their independence and sense of well-being. Other researchers (Bateson, 1989; Baruch et al., 1983; Gilligan, 1982; Gilligan, Brown, & Rogers, 1989; Josselson, 1987) would agree that establishing new patterns for love and work may entail periods of conflict and struggle as these achieving women find a balance between separateness and relatedness in their personal and professional spheres. The cost of old patterns may be lack of self-esteem (Baruch et al., 1983).

The results of this study suggested that masculine and androgynous (high-masculine) gender identity status, and mother's encouragement of independence had positive effects on dimensions of self-esteem, particularly self-efficacy components plus body appearance and moral self-approval. Women with masculine and androgynous gender identity status who work in male-dominated fields of work had higher self-

esteem. Specifically, the high-masculine women who worked in predominantly male fields reported higher global self-esteem and self-efficacy than their counterparts who worked in predominantly female fields or those classified as undifferentiated and feminine women who worked in male-dominated fields.

CHAPTER V
SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The major purpose of this study was to investigate factors which contribute to the overall self-esteem of professional women. Special interest was directed toward exploration of the extent to which these successful women may have high self-efficacy yet low self-worth.

Participants

Participants in this study were recruited from professional women's organizations and other professional organizations and networks with female members. The 184 individuals who participated were mainly white middle class college-educated professional women between the ages of 32-46. The majority of the women: (a) were married, or engaged in committed intimate partnerships, (b) were mothers, (c) had annual household incomes of over \$50,000, (d) had professional fathers, and (e) resided in the South.

Data Collection and Analysis

Each of the 184 participants completed a 156-item questionnaire regarding global self-esteem, self-efficacy, self-worth, moral self-approval, and gender identity. They also answered a 22-item demographic inventory regarding individual and family variables including employment status

of their mothers and whether their mothers had encouraged their independence.

The elements of self-esteem examined by the Multidimensional Self-Esteem Inventory (MSEI) (O'Brien & Epstein, 1988) were global self-esteem, self-efficacy (competence, personal power, self-control, body functioning, and identity integration), self-worth (likability, lovability, and body appearance), and moral self-approval. The independent variables -- gender identity status (measured by the Bem Sex Role Inventory) (Bem, 1981), traditional versus non-traditional fields of work, mother's encouragement of independence, and mother's employment -- were considered in the effort to understand connections between global self-esteem and self-efficacy and self-worth dimensions.

An examination of these factors was made through a MANOVA, a series of ANOVAs, post hoc comparisons using Tukey's Studentized Range statistic, t -tests, and a regression analysis.

Two special groups of women were identified: those having a combination of high self-efficacy/high self-worth (HH) or high self-efficacy/low self-worth (HL). Three women from each of these two classifications were interviewed to better understand why professional women could have high self-efficacy yet low self-worth.

Results

The sample as a whole was found to be a highly competent group of women. Compared to the normative sample, they placed on the 83rd percentile on competence, a subscale of self-efficacy.

Self-Efficacy and Self-Worth. They were above the norm on the MSEI Global Self-Esteem, four of the five self-efficacy subscales (not body functioning), and moral self-approval. On all three self-worth subscales and body functioning, they scored within the normal range. They also scored moderately high on Rosenberg's Self-Esteem Scale, a measure of global self-esteem used to augment the MSEI.

Since a major purpose of the study was to understand professional women with high self-efficacy and low self-worth, two subgroups were determined: high self-efficacy/high self-worth (HH) and high self-efficacy/low self-worth. Of the 184 participants, 94 were classified as having very high self-efficacy, but 26 of these very high self-efficacy women also had moderately low to low self-worth (HL). The other 68 were in the HH group.

Gender Identity by Self-Efficacy and Self-Worth.

Gender identity classifications from the BSRI separated the sample unevenly into the four possible sex role categories. Nearly half (89) of the women were classified as masculine, 53 as androgynous, 32 as undifferentiated, and a very small number (10) were classified as feminine. Among the very

high self-efficacy subgroup, 36 of the 68 HH and 20 of the 26 HL women were classified as masculine, 27 HH and 4 HL women scored androgynous, 3 HH and 1 HL women scored undifferentiated, and only 2 HH and 1 HL women were classified as feminine.

Approximately three-fourths (77.2%) of the participants were classified as either androgynous (a combination of high masculine and high feminine) or masculine gender identity status, both of which include high-masculine characterizations. Within the very high efficacy subgroup (HHs and HLs), a very high proportion (92.6%) of the women were classified as high-masculine.

Although previous studies (Frank et al., 1985; Tinsley et al., 1984; Whitley, 1983) concluded that self-esteem was a function of whether men or women had a masculine gender identity, this study disagrees. Instead, the present study found that both high-masculine gender identity groups of women (androgynous and masculine) had higher self-efficacy than women characterized as undifferentiated. Additionally, the androgynous women were not different from the masculine women in terms of self-efficacy.

Field by Gender Identity and Self-Efficacy. Over two-thirds of the women were engaged in male-dominated fields of work. This was principally an artifact of the sampling procedure. Although not known in advance, the professional groups from whom participants were solicited were more

heavily populated by women who work in predominantly male fields. As some of the women interviewed commented, their prime purpose in joining a professional group was the opportunity to have contact with other professional women, since their work environments were either dominated by men or in rather isolated settings.

Frank et al. (1985) concluded that women classified as masculine who were employed in the paid labor force pursued fields typically populated by men. However, the present study suggested that high-masculinity in terms of either androgyny or masculinity rather than masculinity alone may be the more important consideration, and that women who pursue occupations which require managerial and planning skills tend to have high-masculine gender characteristics regardless of which gender is predominant in their field.

The high-masculine women were also more likely to have high self-efficacy. Despite the fact that relatively equal proportions of androgynous and masculine women were represented in each gender field, the women who worked in predominantly male fields did score significantly higher on four of the five self-efficacy subscales (not body functioning). Body functioning (essentially one's physical conditioning in an athletic sense) does not contribute to a difference in self-efficacy between the two groups.

Limitations. The following limitations are reported for the purpose of delineating parameters of conclusions

which offer a basis for recommendations. Limitations related to the select sample include generalizability principally limited to women (a) who chose to affiliate with professional organizations and networks or an academic institution's electronic network, and (b) well-educated white professionals engaged in relatively high status occupations. Methodological limitations include: (a) primary use of self-report responses to instrument and demographic questions, (b) the small number of women classified as feminine gender identity status did not allow for comparisons among all four sex role categories to be explored, and (c) the collinearity of the measures of self-esteem.

Conclusions

One conclusion from this study is that professional women are characterized by high-masculinity, a characteristic which is required for professional managerial jobs, especially in male-dominated fields. The ability to draw on dominant and instrumental qualities appears necessary in order for women to succeed in higher status jobs. In addition, competence in these women is characterized by high global self-esteem, high self-efficacy, and high self-worth.

Even when some of these women have low self-worth, their high self-efficacy probably makes them able to be successful professional women. However, these HL women were

significantly different from the HH women by a lower relational ability manifested in these ways: (a) more difficulty in attending to their own needs in personal or professional situations, (b) an inability or lack of a sense of worthiness of love within intense interpersonal relationships, and (c) a sense of being less popular or accepted by peers. They also had a lower global self-esteem, a low evaluation of their own ability to perform physical activities, and a critical sense of their body image or physical attractiveness. Interview data suggested that these differences did not necessarily impede competence or success on the job but they did cause personal strain. It is also possible that these differences may lead these women to be less successful and not to feel as confident or happy.

Recommendations

These recommendations are geared toward women who came of age during the second wave of the feminist revolution and are now in higher status jobs in today's professional work force. The following recommendations are based on the results of this study and are designed to account more adequately for adult women's development. Recommendations include suggestions for research and for how these findings may be used by counselors.

Comparisons should be made within the high self-efficacy subgroup based on (a) parental educational and

occupational attainment factors such as whether the participants tended to pursue occupations similar to their father's. (b) geographic regional factors such as potential differences related to having grown up in the Midwest versus the South, and (c) differences in the components of self-worth and self-efficacy among mothers with preschoolers, school-age children, or children over age 18.

The women classified as undifferentiated should also be further analyzed. In order to better understand this subgroup which constituted approximately 17% of the participants in this study, within group differences should be considered as well as differences among this group of women and those women with androgynous or masculine gender identity classifications.

Several changes are recommended to improve the generalizability and utility of the findings. In addition to soliciting participants from the groups chosen, members of specific professional groups should be recruited to represent both female-dominated fields such as nursing and personnel interviewing, and male-dominated fields such as psychology and law. The demographic inventory should be modified to (a) ask whether participants' fathers encouraged their independence, (b) whether participants had a work mentor, (c) the gender of the mentor, and (d) greater specificity about the job responsibilities. In order to understand the adequacy of the quantitative instruments to

measure self-efficacy and self-worth dimensions, interviews should be conducted after a series of limited number of respondents have completed questionnaires. The first wave of interviews would lead to modifications in the survey data and in the interview questions asked.

It is likely that counselors will find themselves face-to-face with women in the high self-efficacy/low self-worth group with greater frequency. Women identified as HL might indeed bring themselves in for counseling. If the client is found to fit the HL profile prevalent in this study, counselors could help their client learn ways to strengthen their relational abilities and build either a truly improved physical condition or a less critical appraisal of their physical appearance and conditioning. Counselors should be knowledgeable regarding components of self-efficacy and self-worth in order to facilitate a better understanding of their client's presenting problems. Improved precision in assessing areas of strength and areas of discontinuity or difficulty can facilitate the treatment process through developing and enacting more specific interventions.

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Appendix A

Inventory of Professional Women

The Multidimensional Self-Esteem Inventory

The Rosenberg Self-Esteem Scale

The Bem Sex Role Inventory Short Form

INVENTORY OF PROFESSIONAL WOMEN

ID No. _____

1. Age: _____
2. Race:
 a. African American
 b. Caucasian
 c. Hispanic
 d. Native American
 e. Other
3. Number of children: _____
4. Ages of children
 a. _____
 b. _____
 c. _____
 d. _____
 e. _____
 f. _____
 g. _____
5. Your occupation:
 (name and describe it)

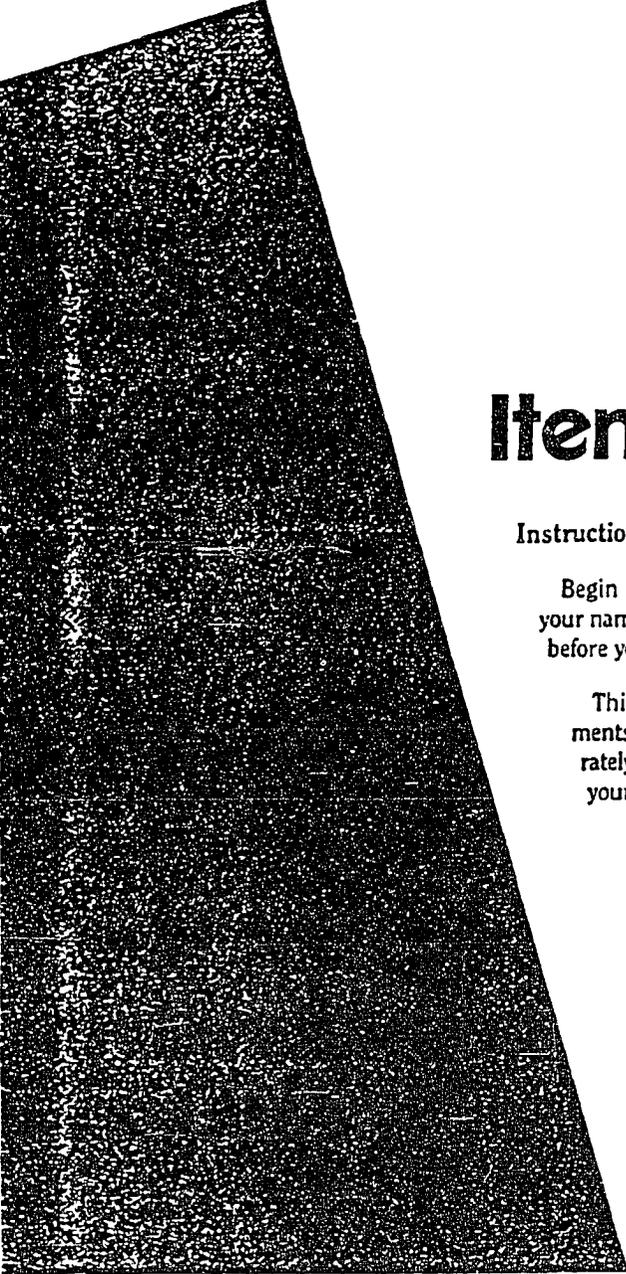
6. Your education:
 a. high school graduate
 b. some college
 c. college graduate
 d. graduate/prof degree
7. Partner's occupation:
 (name and describe it)

8. Partner's education:
 a. high school graduate
 b. some college
 c. college graduate
 d. graduate/prof degree
9. Current partnership status:
 a. never-married
 b. married
 c. divorced
 d. remarried
 e. widowed
 f. lesbian partner
 g. opposite sex partner
 h. other _____
10. Mother's Occupation:
 (name and describe it)

11. Mother's Education:
 a. high school graduate
 b. some college
 c. college graduate
 d. graduate/professional degree
12. Your current household income is:
 a. less than \$20,000
 b. \$20,001-30,000
 c. \$30,001-40,000
 d. \$40,001-50,000
 e. \$50,001-60,000
 f. \$60,001-70,000
 g. \$70,001-80,000
 h. \$80,001 and over
13. What part of this income is from
 your own employment?
 a. 0 - 25%
 b. 26 - 50%
 c. 51 - 75%
 d. 76 - 100%
14. What are the different roles that
 you are actively involved in?
 a. parenting
 b. registered student
 c. regular caregiver for parent
 d. leadership role in voluntary organization
 e. married or partnership
15. Did your mother strongly encourage
 your independence?
 a. yes
 b. no
16. Was your mother employed while you
 were still living at home?
 a. yes
 b. no
17. Father's Occupation:
 (name and describe it)

18. Father's Education:
 a. high school graduate
 b. some college
 c. college graduate
 d. graduate/professional
 degree
19. State of current residence:

20. Are you an active member of
 a professional organization?
 a. yes
 b. no
21. Which gender is predominant in
 your professional field?
 a. female
 b. male
22. Where did you grow up?
 (name the State)



Item Booklet

Instructions

Begin by completing the information on the rating sheet. Enter your name, age, sex, and date. Read the following directions carefully before you begin.

This booklet is divided into two sections which contain statements about how people see themselves. Please indicate how accurately each of the following statements describes you. Mark all of your responses on the rating sheet provided.

Work as quickly as you can without making careless errors. It is best to rely on first impressions in answering each item. Fill in only one circle for each statement, and be sure to respond to all of the statements. Please note that the items are numbered in columns.

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Section 1

Use the following scale for your responses to Section 1:

Fill in ① if the statement is *completely false*.

Fill in ② if the statement is *mainly false*.

Fill in ③ if the statement is *partly true and partly false*.

Fill in ④ if the statement is *mainly true*.

Fill in ⑤ if the statement is *completely true*.

For example, if you believe that a statement is *mainly true* in describing you, fill in the ④ circle for that statement on your rating sheet.

Example

1. ① ② ③ ● ⑤

① *Completely false* ② *Mainly false* ③ *Partly true and partly false* ④ *Mainly true* ⑤ *Completely true*

1. I often fail to live up to my moral standards.
2. I nearly always feel that I am physically attractive.
3. I occasionally have doubts about whether I will succeed in life.
4. I have trouble letting others know how much I care for and love them.
5. No matter what the pressure, no one could ever force me to hurt another human being.
6. I am very well-liked and popular.
7. On occasion, I have tried to find a way to avoid unpleasant responsibilities.
8. I occasionally worry that in the future I may have a problem with controlling my eating or drinking habits.
9. It is often hard for me to make up my mind about things because I don't really know what I want.
10. I am not easily intimidated by others.
11. I am usually able to demonstrate my competence when I am being evaluated.
12. I don't have much of an idea about what my life will be like in 5 years.
13. I nearly always feel that I am physically fit and healthy.
14. I usually do the decent and moral thing, no matter what the temptation to do otherwise.
15. There are times when I doubt my sexual attractiveness.
16. I sometimes have a poor opinion of myself.
17. There are times when I have doubts about my capacity for maintaining a close love relationship.
18. The thought of shoplifting has never crossed my mind.
19. I sometimes feel disappointed or rejected because my friends haven't included me in their plans.
20. There have been times when I have felt like getting even with somebody for something they had done to me.
21. I feel that I don't have enough self-discipline.
22. In general, I know who I am and where I am headed in my life.
23. I am usually a lot more comfortable being a follower than a leader.
24. Most people who know me consider me to be a highly talented and competent person.
25. I often feel that I lack direction in my life—i.e., that I have no long-range goals or plans.
26. I nearly always feel that I am better physically coordinated than most people (of my own age and sex).
27. I almost always have a clear conscience concerning my sexual behavior.
28. There have been times when I felt ashamed of my physical appearance.
29. I put myself down too much.
30. In times of uncertainty and self doubt, I have always been able to turn to my family for encouragement and support.
31. I have never felt that I was punished unfairly.
32. My friends almost always make sure to include me in their plans.
33. There have been times when I intensely disliked someone.
34. I am sometimes concerned over my lack of self-control.
35. Once I have considered an important decision thoroughly, I have little difficulty making a final decision.
36. I have no problem with asserting myself.
37. There are no areas in which I have truly outstanding ability.
38. Sometimes it's hard for me to believe that the different aspects of my personality can be part of the same person.

Continued on next page. ►

Completely false Mainly false Partly true and partly false Mainly true Completely true

39. Most of the people I know are in better physical condition than I am.
40. I often feel guilty about my sexual behavior.
41. I usually feel that I am better looking than most people.
42. All in all, I would evaluate myself as a relatively successful person at this stage in my life.
43. There have been times when I have felt rejected by my family.
44. It hardly ever matters to me whether I win or lose in a game.
45. On occasion I have avoided dating situations because I feared rejection.
46. There have been times when I have lied in order to get out of something.
47. I often give in to temptation and put off work on difficult tasks.
48. I seldom experience much conflict between the different sides of my personality.
49. I feel that I have a lot of potential as a leader.
50. I am usually able to learn new things very quickly.
51. I often feel torn in different directions and unable to decide which way to go.
52. I occasionally have had the feeling that I have "gone astray" and that I am leading a sinful or immoral life.
53. I have occasionally felt that others were repelled or "put off" by my physical appearance.
54. I nearly always have a highly positive opinion of myself.
55. I occasionally feel that no one really loves me and accepts me for the person I am.
56. I have almost never felt the urge to tell someone off.
57. People nearly always enjoy spending time with me.
58. There have been occasions when I took advantage of someone.
59. I have difficulty maintaining my self-control when I am under pressure.
60. I have often acted in ways that went against my moral values.
61. I am usually very pleased and satisfied with the way I look.

Section 2

In Section 2, you are to describe how often you experience the thoughts and feelings described in each item. Use the following scale for your responses to Part 2:

Fill in if you *almost never* experience them.

Fill in if you *seldom or rarely* experience them.

Fill in if you *sometimes* experience them.

Fill in if you experience them *fairly often*.

Fill in if you experience them *very often*.

For example, if you *seldom or rarely* experience the thoughts and feelings described, fill in the circle for that statement on your rating sheet.

Example

1

Almost never Seldom or rarely Sometimes Fairly often Very often

62. How often do you expect to perform well in situations that require a lot of ability?
63. How often do you lose when you get into arguments or disagreements with others?
64. Do you ever "stretch the truth" and say things that aren't completely true?
65. How often do you feel confident that you have (or someday will have) a lasting love relationship?
66. When you are meeting a person for the first time, do you ever think that the person might not like you?
67. How often do you feel proud of the way that you stay with a task until you complete it?
68. How often do you feel dissatisfied with yourself?
69. How often do you feel that others are attracted to you because of the way you look?
70. How often do you feel a sense of vitality and pleasure over the way your body functions in physical activities?
71. How often do you feel uncertain of your moral values?
72. How often do you feel self-conscious or awkward while you are engaged in physical activities?
73. How often do you feel very certain about what you want out of life?

Continued on next page. ►

Ⓐ *Almost never* Ⓑ *Seldom or rarely* Ⓒ *Sometimes* Ⓓ *Fairly often* Ⓔ *Very often*

74. How often do you have trouble learning difficult new tasks?
 75. When you are involved in group discussions, how often do you feel that your ideas have a strong influence on others?
 76. Do you ever gossip?
 77. How often do members of your family have difficulty expressing their love for you?
 78. How often do you feel certain that people you meet will like you?
 79. How often are you pleased with yourself because of the amount of self discipline and willpower that you have?
 80. How often do you feel that you are a very important and significant person?
 81. How often do you wish that you were more physically attractive?
 82. How often does your body perform exceptionally well in physical activities, such as dancing or sports?
 83. How often do you (by your behavior) set a good moral example for others younger than yourself?
 84. How often do you feel clumsy when you are involved in physical activities?
 85. How often do you feel conflicted or uncertain about your career plans?
 86. How often do you feel that you can do well at almost anything you try?
 87. How often are you able to be assertive and forceful in situations where others are trying to take advantage of you?
 88. Have you ever felt irritated when someone asked you for a favor?
 89. How often do you feel able to openly express warm and loving feelings toward others?
 90. Does it ever seem to you that some people dislike you intensely, that they "can't stand" you?
 91. How often do you feel that you are more successful than most people at controlling your eating and drinking behavior?
 92. How often do you feel really good about yourself?
 93. How often are you complimented on your physical appearance?
 94. How often do you feel in top physical condition?
 95. How often are you pleased with your sense of moral values?
 96. How often does your body feel "out of sorts" or sluggish?
 97. Have you ever felt that you lack the intelligence needed to succeed in certain types of interesting work?
 98. Do you enjoy it when you are in a position of leadership?
 99. Have you ever felt jealous of the good fortune of others?
 100. Have you ever felt alone and unloved?
 101. When you go out with someone for the first time, how often do you feel that you are well-liked?
 102. How often are you able to exercise more self-control than most of the people you know?
 103. How often do you feel highly satisfied with the future you see for yourself?
 104. How often do you feel unattractive when you see yourself naked?
 105. How often do you enjoy having others watch you while you are engaged in physical activities such as dancing or sports?
 106. How often do you feel highly satisfied with the way you live up to your moral values?
 107. How often do you feel that you are not as intelligent as you would like to be?
 108. How often do you feel uneasy when you are in a position of leadership?
 109. How often is it hard for you to admit it when you have made a mistake?
 110. How often do people whom you love go out of their way to let you know how much they care for you?
 111. How often do you feel that you are one of the most popular and likable members of your social group?
 112. How often are you able to resist temptations and distractions in order to complete tasks you are working on?
 113. How often do you feel lacking in self-confidence?
 114. How often do you approach new tasks with a lot of confidence in your ability?
 115. How often do you have a strong influence on the attitudes and opinions of others?
 116. How often do you gladly accept criticism when it is deserved?
-

SECTION 3

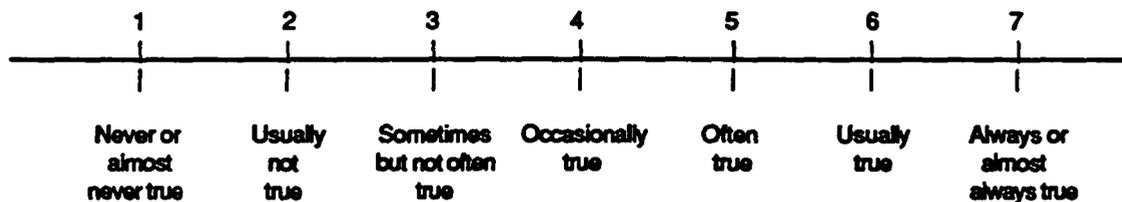
Below are statements with which you may agree or disagree. Using the 1-4 scale below, indicate your agreement with each item by placing the appropriate number on the COMPUTER RATING SHEET provided (NUMBERS 117-126). The 4-point scale is:

- 1 = strongly agree
 2 = agree
 3 = disagree
 4 = strongly disagree

117. On the whole, I am satisfied with myself.
 118. At times I think I am no good at all.
 119. I feel that I have a number of good qualities.
 120. I am able to do things as well as most other people.
 121. I feel I do not have much to be proud of.
 122. I certainly feel useless at times.
 123. I feel that I am a person of worth, at least on an equal plane with others.
 124. I wish I could have more respect for myself.
 125. All in all, I am inclined to feel that I am a failure.
 126. I take a positive attitude toward myself.

SECTION 4

Below 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, (USE THE COMPUTER SHEET NUMBERS 127 - 156, items are numbered in columns) on a scale from 1 to 7, how true of you each of these characteristics is. Please do not leave any characteristic unmarked.



- | | | |
|-----------------------------------|------------------------------------|------------------------------|
| 127. Defend my own beliefs | 137. Understanding | 147. Adaptable |
| 128. Affectionate | 138. Jealous | 148. Dominant |
| 129. Conscientious | 139. Forceful | 149. Tender |
| 130. Independent | 140. Compassionate | 150. Conceited |
| 131. Sympathetic | 141. Truthful | 151. Willing to take a stand |
| 132. Moody | 142. Have leadership abilities | 152. Love children |
| 133. Assertive | 143. Eager to soothe hurt feelings | 153. Tactful |
| 134. Sensitive to needs of others | 144. Secretive | 154. Aggressive |
| 135. Reliable | 145. Willing to take risks | 155. Gentle |
| 136. Strong personality | 146. Warm | 156. Conventional |

Appendix B
Interview Format

Interview Format
(adapted from Josselson, 1987)

INTERVIEW FORMAT
DISSERTATION RESEARCH
JANUARY 1993

PATRICIA VEDDER
DOCTORAL CANDIDATE
UNCG

I am interested in understanding how your views or choices have or have not changed since your adolescence.

Part I: Educational and Occupational History

A. Education

1. Please describe your education since high school.
2. Do you plan to pursue further education? Please describe your plans?

B. Work History

1. Please describe your occupational titles and dates.
2. How did you choose your first job? Did you pursue the occupation you had chosen in college? If yes, has it fulfilled your expectations? If not, why not? How did you come to choose another?
3. Why did you leave one job for the next?
4. Describe your current employment: What do you do? What do you like about your job that makes you want to keep coming back? What makes you want to leave your job? What do you find to be most difficult about your job?
5. How likely do you think it is that you will remain in your current field? What alternatives are you considering? What do you hope to be doing ten years from now?
6. Have there been people who have strongly influenced your career direction or goals? Please tell me about them and how they influenced or guided you.

Part II: Family History

1. Tell me about the personal relationships that have been important in your life since your adolescent years. How long have they lasted? What brought them to an end?

2. What do you want most in a personal relationship at this time in your life?
3. If you are currently involved in a partnership relationship (married, lesbian partner, opposite sex partner), how do you fit together as a couple? How do you complement each other? In what ways do you clash?
4. Do you have children? How has having children changed the person that you are? What aspects of your life (self, personal relationship, career) have been enriched by motherhood, and what aspects have been diminished?
5. If you do not have children now, do you plan to have them?
6. What is your current relationship with your parents and siblings. How have these relationships changed since your adolescence? As you look back, how are you like your family? How are you different from them?

Part III. General Circumstances

1. What has your financial situation been like in the past 10 years? Have you had to struggle financially, or have you been financially secure?
2. Have you been involved in any kind of political action?
3. What have been the major good experiences in your life since your adolescence?
4. What have been the major bad experiences in your life since your adolescence?
5. What have been the major turning points in your life since your adolescence? What have been the critical decisions you have made?
6. Have you ever wished you could have counseling?
7. How have you coped with the rough spots in your life?
8. In what way has luck - or fortune - played an important role in your life? How much do you feel that you have been in charge of your own destiny?
9. Looking back, who have been the most important people in your life? Why?

10. How important have friendships been in you life? How has the experience of friendship changed over the years?
11. Is there is anything else in terms of influences, experiences, or relationships, you would like to tell me?
12. Is there anything else you would like to add?

Appendix C
Letter of Instructions

INSTRUCTIONS LETTER

Thank you for agreeing to assist me in my research about role attitudes of professional women.

I have prepared the following list of instructions to assist you in participating in this study:

1. In addition to this letter of instructions, your packet of information should include: a demographic data sheet, one 4-part questionnaire (numbered 1-156), one computer answer sheet, and one return envelope with a mailing label attached.
2. If you work at least 20 hours per week in a professional capacity, have training at least beyond a high school diploma, were born and raised in the United States, AND were born between January 1, 1946 and December 31, 1959, please complete the data sheet and questionnaire.
3. Upon completion of the data sheet and questionnaire, please enclose all materials (the answer sheets and the questionnaire forms) in the enclosed envelope before returning the materials.
4. There is an identification blank on each questionnaire. The numeric character(s) will be used to identify the small sample of women chosen randomly for interview participation. (If you are later contacted to participate in the interview, you have the option of not participating in the interview).
5. Let me assure you that your questionnaire is confidential and that your responses will remain anonymous. I will only know that members of your group received questionnaires. Who actually completes the questionnaires will not be known.
6. The questionnaire takes approximately 30-45 minutes to complete.
7. It is requested that all questionnaires be returned by _____ if possible.
THANK YOU.
8. Please respond to the items on the Inventory of Professional Women directly on the form. Please respond to the 4-part Questionnaire on the COMPUTER ANSWER SHEET. Mark all of your responses on the computer rating sheet provided. Use a #2 soft lead pencil. Sections 1 and 2 use a 5-point scale, Section 3 uses a 4-point scale, and Section 4 uses a 7-point scale. Please note that the items are numbered in columns.
9. Should you have any questions about the questionnaire or the procedures, please feel free to call me at (919) 854-8279 in Greensboro, NC.

Again, I appreciate your assistance.

Sincerely,

Patricia Vedder
Doctoral Candidate
UNCG

Appendix D
Letter of Introduction
Requirements for Participation in Research

Letter of Introduction
to Executive Boards of Professional Groups

Date

Dear Executive Board:

I am researching role attitudes of professional women for my dissertation study. Although information about professional women is becoming more available, it remains relatively scarce - particularly information about women born from 1946 through 1959. I have chosen your organization because of my past work with many professional women.

The study includes a 156 item questionnaire which would take approximately 30-45 minutes to complete. A small number of women would be randomly selected for an interview. Instructions for participation in this research will be distributed at the September meeting. There are three requirements for participation in this study: (1) you must be professionally employed; (2) your date of birth must fall between January 1, 1946 and December 31, 1959; and (3) you must have been born and raised in the United States.

Research protocol for insuring confidentiality will be followed. Your responses will remain anonymous.

Sincerely yours,

Patricia Vedder
Doctoral Candidate

Sarah Shoffner, Ph.D.
Assistant Professor
Human Development and
Family Studies

Requirements for Participation in Research

ROLE ATTITUDES OF PROFESSIONAL WOMEN

Your participation is requested in a research study by Patricia Vedder, doctoral candidate in Human Development and Family Studies at UNC-Greensboro. Although information about professional women is becoming more available, it remains relatively scarce, particularly information about women born from 1946 through 1959.

The study includes a 156-item questionnaire which will take approximately 30-45 minutes to complete. A small number of women will be randomly selected for interviews after all questionnaires are returned. (If you are contacted to participate in the interviews, you have the option to decline participation in this part of the study.)

Research protocol for insuring confidentiality will be followed. Your responses will remain anonymous.

There are THREE REQUIREMENTS for participation in this study:

1. You must work at least 20 hours per week in a professional capacity;
2. Your date of birth must fall between January 1, 1946 and December 31, 1959.
3. You must have been born and raised in the United States.

If you are willing to participate in the study, PLEASE SIGN BELOW. At the time of your next meeting, a questionnaire packet will be ready for you. (If you are not at the October meeting, the packet will be mailed to you.)

NAME	STREET ADDRESS	CITY	ZIP CODE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Appendix E
Consent Form

CONSENT FORM

PROFESSIONAL WOMEN STUDY

I understand that I am being asked to participate in a research project by Patricia Vedder, doctoral candidate in Human Development and Family Studies at the University of North Carolina at Greensboro, that is concerned with learning about the role attitudes of professional women.

I understand that:

1. I will be asked to complete standardized self-assessment scales, and to be interviewed by Ms. Vedder on two separate occasions. The interview questions will be provided in advance, and each interview will take approximately one hour.
2. Everything that is written will be kept completely confidential and the results reported only in summary form.
3. I may benefit from being in the study, but there is no direct personal benefit through participation.
4. I may refuse to participate in this study, and if I decide to participate, I may withdraw at any time with no penalty of any kind.
5. If I have questions about the study, I may call Ms. Vedder at (919) 854-8279.

I have had the opportunity to ask questions about the study, and all my questions have been satisfactorily answered. I hereby agree to participate.

Witness

Participant

Date

Appendix F

Current Residence by State and by Region
Childhood Residence by State and by Region

Current Residence by State and by Region (N=184)

	Frequency	(%)
<hr/>		
State		
AZ	1	0.5
CA	9	4.9
CO	12	6.5
CT	1	0.5
FL	1	0.5
GA	1	0.5
IA	26	14.1
IL	1	0.5
MA	2	1.1
MD	1	0.5
ME	1	0.5
MN	1	0.5
NC	118	64.1
NH	1	0.5
NJ	1	0.5
NM	1	0.5
OH	1	0.5
OR	1	0.5
TX	1	0.5
VA	1	0.5
WA	2	1.1
		100.0%
Region		
Midwest	29	15.8
Northeast	7	3.8
South	121	65.8
West	27	14.7
		100.0%

Childhood Residence by State and by Region

	Frequency	(%)
<hr/>		
State (n=184)		
AL	1	0.5
AR	2	1.1
CA	3	1.6
CO	5	2.7
CT	2	1.1
FL	3	1.6
GA	2	1.1
HI	1	0.5
IA	21	11.4
IL	10	5.4
IN	1	0.5
KS	1	0.5
KY	3	1.6
MA	4	2.2
MI	5	2.7
MN	1	0.5
MO	1	0.5
NC	63	34.2
NE	1	0.5
NH	1	0.5
NJ	6	3.3
NY	11	6.0
OH	8	4.3
OR	1	0.5
PA	5	2.7
RI	1	0.5
SC	7	3.8
SD	1	0.5
TN	2	1.1
TX	1	0.5
VA	8	4.3
WI	1	0.5
WY	1	<u>0.5</u>
		100.0%
Region (n=184)		
Midwest	51	27.7
Northeast	30	16.3
South	89	48.4
West	14	<u>7.6</u>
		100.0%
