CHAPTER 3

Gender Self-Concept

Developmental Processes and Individual Differences

Gender Self-Concept

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In 1965 shortly after starting graduate school, I (Judith) participated in a discussion about graduate student issues with my eight male classmates. During this conversation, much to my surprise and dismay, one of the men offered his impression of my lack of femininity. When asked for clarification, Dick said without hesitation, “Judith is too highly achievement oriented to be feminine.”

Now consider the lighthearted mockery of gender-expected behaviors shown by my daughter and son-in-law during their wedding ceremony. On the one hand, the setting was traditional with the bride in a long white gown, the groom in a formal tuxedo, and an entourage of bridesmaids and ushers. On the other hand, inconsistent with traditional expectations, at the end of a beautiful and serious service celebrating the bride and groom’s love for each other, the officiate concluded with “Now you may kiss the groom!”

My classmate’s comment suggests that, in his mind, people cannot combine female-stereotypic and male-stereotypic characteristics. Do you see problems with this type of thinking?

Do you know people, who like Judith’s daughter and her husband, believe our behaviors should not be dictated by our gender? Do you know others who see value in separate roles for women and men? In this chapter we focus on issues like these as we examine the integration of gender into one’s personal identity. After a brief look at the components of gender self-concept, we look at prenatal sex development and its influence on these gender concepts. Then we explore theoretical perspectives of gender learning and conclude with an examination of variations among people in their gender self-concepts.

**Gender Self-Concept**

One component of gender self-concept is **gender identity**: one’s self-definition as a female or male. This identity generally develops between the ages of 2 and 3. Most individuals establish a gender identity in accordance with their external reproductive organs. **Transgendered individuals**, however, do not. They have a gender identity inconsistent with their reproductive organs. They firmly believe they were born with the body of the wrong sex and really feel that they are the other sex.

Despite the usual consistency between anatomy and gender identity, there are variations in the degree to which people incorporate gender stereotypes into their own personalities and attitudes. As we saw in Chapter 2, there are numerous commonly held expectations about the appropriate traits and roles for females and males. However, these gender stereotypes reflect beliefs about individuals; they do not tell us what anyone is actually like. Although these stereotypes are descriptive of some people, they are not representative of all. Instead, individuals differ from one another in their adherence to cultural stereotypes about gender. That is, they differ in the extent to which their traits, behaviors, interests, and roles conform to
those expected for their gender. Moreover, they differ in their gender attitudes, their beliefs about the appropriate traits, interests, behaviors, and roles of females and males.

Are various domains of an individual’s gender self-concept associated with one another? Although most people’s gender identity is consistent with their anatomy, that does not imply a connection between gender identity and gender-related attributes. A person can feel that she is a female but have male-related traits, such as ambitiousness and independence, or engage in roles generally associated with men, such as construction worker or engineer. Furthermore, a person’s gender-related attributes are not linked to her or his sexual orientation. Preference for a same- or other-gender sexual partner does not reflect the individual’s gender-related traits, behaviors, interests, or roles (Zucker, 2001).

Prenatal Development

Our journey toward understanding the development of a personal sense of gender begins with an examination of prenatal sex differentiation; that is, the biological processes that influence the making of our physical sex. As we shall see, prenatal sex differentiation consists of a highly complex set of processes. The first step, the joining of the sex chromosomes in the fertilized egg, is followed by several other prenatal events that collectively contribute to the determination of sex (see Table 3.1). Furthermore, not only is the biological process highly complex, but the meaning of biological sex is multidimensional; it is defined by our chromosomes, hormones, reproductive organs, and brain organization (Tobach, 2001).

Stages of Prenatal Sex Differentiation

The stages of prenatal sex differentiation begin with the sex chromosomes, followed by the development of the gonads and hormones, internal reproductive organs, and external genitalia and differentiations of the brain. Let us examine each of these steps in greater detail.

| TABLE 3.1 Stages of Prenatal Sex Differentiation of Females and Males |
|------------------|------------------|------------------|
| Stages           | Females          | Males            |
| 1. Chromosomes   | XX               | XY               |
| 2. Gonads and hormones | ovaries (estrogens) | testes (androgens) |
| 3. Internal reproductive organs | uterus, fallopian tubes, and upper vagina | vas deferens, seminal vesicles, and prostate |
| 4. External genitalia | clitoris, labia, and vaginal opening | penis and scrotum |
| 5. Brain         | female differentiation of the hypothalamus | male differentiation of the hypothalamus |
Chromosomes. Sex differentiation begins with the combining of the sex chromosomes at conception. Normally individuals inherit 23 pairs of chromosomes from their parents. Twenty-two of these pairs contain genes that determine the general nature of the human species and the individual’s specific characteristics (e.g., eye color), and one pair consists of the sex chromosomes, containing the genetic material that begins the process of sex differentiation. Genetic females have two X chromosomes, one received from each parent, and genetic males have one X chromosome received from their mother and one Y from their father.

Gonadal Development. Until the sixth week of development there are no anatomical differences between XX and XY embryos. In fact, all embryos contain the same undifferentiated tissue that will later develop along sexual lines. However, at that point in time, the Y chromosome in XY embryos directs the previously undifferentiated gonadal tissue to develop into testes, the male sex glands. In XX embryos gonadal development begins at approximately the twelfth week after conception; the previously undifferentiated gonadal tissue develops into ovaries, the female sex glands. Recent evidence suggests that the X chromosome might direct this development (Tobach, 2001).

Once the gonads develop, the remaining process of sex differentiation is regulated by the sex hormones. Most research has examined XY development and we know that prenatal male differentiation requires the presence of the male sex hormones, collectively known as androgens. Until recently, it was believed that no gonadal hormones were necessary for female development; differentiation of female sex organs would proceed in the absence of androgens. Now there is evidence that the female sex hormones, collectively known as estrogens, play a more active role in female development than previously believed (Tobach, 2001).

Development of Internal Reproductive Organs. The female and male internal reproductive organs develop from the same previously undifferentiated tissue. Both XX and XY fetuses contain two sets of tissues. One of these, the mullerian ducts, are the foundation for female structures, and the other, the wolffian ducts, serve as the basis for male internal reproductive structures. In XX individuals, the mullerian ducts differentiate into the uterus, fallopian tubes, and upper vagina and the wolffian tissue degenerates. In XY development, two substances produced by the testes govern the process of developing male internal reproductive structures. Testosterone, an androgen, is necessary for the transformation of the wolffian ducts into the male organs, including the vas deferens, seminal vesicles, and prostate; and the mullerian inhibiting substance is necessary for the degeneration of the mullerian ducts.

External Genitalia. Similar to the development of the internal reproductive structures, the external structures develop from previously undifferentiated tissue present in both XX and XY individuals. In XX fetuses, estrogen differentiates this tissue as the clitoris, labia, and vaginal opening. In XY development, testosterone transforms the tissue into the penis and the scrotum (Tobach, 2001).
Brain Differentiation. Sex differences in the brain are less observable and, predictably, more controversial than sex differences in reproductive organs. However, experimentation on lower animals and case histories of humans whose prenatal exposure to androgens was abnormal for their genetic sex shows there is a critical period of time during which exposure to sex hormones can affect the hypothalamus and, thereby, influence the threshold for subsequent behaviors. For example, in both animals and humans, this early exposure to androgens organizes the hypothalamus so that it becomes insensitive to estrogen (Rathus et al., 2002). The result is the elimination of the normal hormonal cyclical pattern associated with the menstrual cycle. We explore behavioral and sexual effects in humans in the next section as we examine the outcomes of certain variations in prenatal sex differentiation.

Variations in Prenatal Development

The pattern of sex differentiation just described is the typical one that characterizes the prenatal development of most individuals. However, several variations can occur, and examination of these can help us understand the role of the chromosomes and hormones on gender identity and gender-related attributes.

Intersexuality, the intermingling of female and male sexual characteristics, occurs in about 1.7 percent of all births. In some cases the baby has ambiguous genitalia that look like an enlarged clitoris or a mini-penis. In other cases, the external genitalia are at odds with the baby’s gonads (Fausto-Sterling, 2000). In Western cultures, which recognize only two genders, early genital surgery, coupled with gender reassignment has been the typical course of action (Meyerowitz, 2002). (See Explore Other Cultures 3.1 for a different view.) But genital surgery can lead to loss of fertility, reduced sexual desire, and urinary problems, without providing the individual any further sense of gender identity. The Intersex Society of North America recommends that any surgery be postponed until adolescence, when the individual can make an informed choice (Dreger, 1999; Fausto-Sterling, 2002; McDonough, 2000). Let us take a closer look at some of the varieties of intersexuality.

Turner’s Syndrome. Turner’s syndrome is a condition in which the individual has a single X chromosome rather than a pair of sex chromosomes. The missing chromosome could have been an X or a Y but is defective or lost. Because two chromosomes are necessary for the development of the gonads, the individual has neither ovaries nor testes. Externally, the genitalia are female and the individual is reared as a girl. Estrogen therapy at puberty enables girls with Turner’s syndrome to develop female secondary sex characteristics, such as breasts and pubic hair (Lippa, 2002; Tobach, 2001).

Congenital Adrenal Hyperplasia (CAH). Congenital adrenal hyperplasia is an inherited disorder in which the adrenal glands of a genetic female malfunction and produce an androgen-like hormone (Zucker, 2001). Because this hormone is not produced until after the internal reproductive organs develop, these individuals have a uterus. However, the disorder causes either a partial or complete masculinization of the
external genitals with the formation of an enlarged clitoris or a penis. Usually CAH is diagnosed at birth and the baby is reared as a girl, requiring some degree of surgical feminization of the genitals. Additionally, because this condition does not cease at birth, the individual generally receives hormonal therapy to prevent continued masculinization of her body.

**Androgen-Insensitivity Syndrome.** The androgen-insensitivity syndrome is an inherited disorder in which the body of a genetic male cannot utilize androgen (Tobach, 2001). Analogous to CAH in which prenatal exposure to androgen masculinizes the external genitals of a genetic female, this inability of body tissue to respond to androgen feminizes the external genitals of a genetic male. Usually, the feminization of the external genitalia is complete and there is no suspicion that the baby is a genetic male (see Figure 3.1). Similarly, the inability of the body to respond to androgen prevents the wolffian ducts from differentiating into the internal male reproductive structures. However, because of the presence of the mullerian inhibiting substance, the mullerian ducts do not develop into the internal female organs. Consequently, the individual has no internal reproductive organs.

**5 Alpha-Reductase Deficiency.** The 5 alpha-reductase deficiency is an inherited condition in a genetic male which prevents the prenatal differentiation of the external genital tissue into a penis (Zucker, 2001). In other ways, prenatal development follows a male blueprint; testes and male internal reproductive organs develop. At birth these genetic males appear to be girls and are labeled as such. However, the surge of testosterone at puberty causes a belated masculinization of the external genitals and the development of male secondary sex characteristics, such as a deepening voice.
and facial hair. Thus, these genetic males, generally raised as girls, now develop the body of a male. In the Dominican Republic, where certain communities have a high frequency of the disorder, it is known as *guevdoce*, or “eggs (i.e., testicles) at twelve” (Lippa, 2002).

Case Studies. The relative influence of prenatal and postnatal experiences on gender-related development has been the focus of considerable controversy. Case histories of intersexuals have examined the role of prenatal hormones on the development of nonsexual gender-related attributes, gender identity, and sexual orientation, and have produced inconsistent findings. Several researchers contend that prenatal biological factors are highly influential, whereas others conclude that experiences after birth play the most significant role in shaping individuals’ gender-related attributes.

First, let’s examine the effects of prenatal hormones on gender-related interests and activities. On the one hand, higher levels of testosterone in pregnant women are related to more masculine-typed toy choices and activities in their daughters at age 3.5 years (Hines et al., 2002). Also, some studies show that girls
with CAH, who were exposed to an androgen-like substance prenatally, show stronger than average preferences for boys' toys and activities and for boys as playmates (e.g., Berenbaum, 1999; Berenbaum, Duck, & Bryk, 2000). However, the greater physical activity of these girls does not translate into more rough-and-tumble play (Geary, 2002), and evidence about aggressive behavior is mixed (Berenbaum & Resnick, 1997).

Investigations on the effects of prenatal estrogen suggest that it might not be necessary for the development of female gender-related interests or role expectations. For example, girls with Turner's syndrome, who lack prenatal estrogen, are similar to matched controls in their preferences for female playmates and female-style clothing, satisfaction with the female gender role, and interest in marriage and motherhood. Similarly, androgen-insensitive (XY) individuals raised as females tend to have female-related interests, although they also lack prenatal estrogen. Such individuals are generally romantically and sexually attracted to males. On tests of verbal and spatial skills, they also perform more like females than males (Lippa, 2002).

Turning to the development of gender identity, research similarly provides inconsistent findings. Some investigators have pointed to the importance of the gender of rearing, that is, experiences after birth, on gender identity (Zucker, Bradley, Oliver, & Blake, 1996). Others, such as Milton Diamond (1997), contend that individuals are not sexually neutral at birth and that their prenatal experiences predispose them toward a female or male identity. He notes, for example, that prenatal processes influence some intersexuals to switch from the gender of rearing to an identity of the other gender. Possibly, both biological and social factors are involved in shaping gender identity (Lippa, 2002).

There is some evidence that cultural values also play a role in the development of gender identity. Consider, for example, studies of individuals who have experienced a female-to-male body change (5 alpha-reductase deficiency). In the Dominican Republic, 16 of 18 who were raised as girls elected to reverse their gender identity at puberty and become males (Imperato-McGinley and colleagues, cited in Deaux & Stewart, 2001). Another study in New Guinea found that some changed and some did not but that those who did switch from a female to a male identity did so as a result of social pressure stemming from their inability to fulfill their female role (Herdt & Davidson, 1988). Although there might be a variety of explanations for these cultural differences, the researchers suggest that cultural expectations have some influence in shaping gender identity, at least for individuals with conflicting body signals.

Last, in examining influences on sexual orientation, case studies of intersexual individuals have led some researchers to contend that sexual orientation has its origins in prenatal development (e.g., Diamond, Binstock, & Kohl, 1996). Richard Lippa (2002), for example, points to a higher-than-average same-gender orientation among adolescent and adult females with CAH and suggests that prenatal exposure to androgen may serve as one influence on sexual orientation. However, based on their review of research on the topic, Amy Banks and Nanette Gartrell
(1995) conclude that atypical prenatal hormone exposure is not related to increased same-gender sexual orientation.

What can we conclude about this controversial issue? Unfortunately, it is difficult to evaluate the relative contribution of biological and postnatal factors because case studies do not enable adequate control (Zucker, 2001). For example, CAH girls have somewhat masculinized genitalia. Consequently, it is difficult to separate effects of their atypical exposure to prenatal hormones from the psychological and interpersonal reactions they might experience after birth. Both CAH girls and their parents are aware of their masculinization and this knowledge might serve as a powerful influence on the girls’ gender-related self-concept and on their parents’ treatment of them (Ruble & Martin, 1998).

Theories of Gender Typing

Now we turn to an exploration of the major theories that attempt to explain the acquisition of the traits, behaviors, and roles that are generally associated with one’s gender, a process known as gender typing. Although these theories propose different processes involved in the learning of gender, only one (psychoanalytic theory) contends that the development of gender-related attributes is rooted in biological sex differences. The other perspectives share the assumption that gender traits, behaviors, and roles are socially constructed; that they develop from children’s interactions with others and are not inherent in our biology. Furthermore, even psychoanalytic theory emphasizes the perceived significance of anatomical differences, rather than the effect of hormonal or other biological sex differences on gender development.

Psychoanalytic Theory

We begin our theoretical exploration with an examination of psychoanalytic theory, a complex theory of personality and psychotherapeutic treatment developed by the Viennese physician Sigmund Freud. Psychoanalytic theory proposes that gender typing stems from children’s awareness of anatomical differences between females and males combined with their strong inborn sexual urges. According to this theory, children have sexual urges that shift from one bodily region to another as they develop. During each psychosexual stage of development a different body part produces pleasure and children’s attempts to obtain this pleasure can have major effects on their personality development.

During the third, so-called phallic, stage (between the ages of 3 and 6 years) two experiences occur that have dramatic consequences for gender-related development. The first is the child’s discovery of the anatomical differences between females and males and the second is the child’s love for the parent of the other gender.
The child's sexual attraction for the other-gender parent, known as the **Oedipus complex**, runs a different course in the development of boys than it does in girls and leads to very different outcomes. For the little boy, the sexual attraction for his mother is accompanied by a belief that his father is a rival for his mother's affections and that his father, similarly, perceives him as a competitor. The boy's growing awareness of the anatomical differences between males and females serves to resolve his Oedipus complex. He assumes that females have been castrated, and that he, too, will be castrated by his powerful rival, his father. The boy's **fear of castration by his father**, called **castration anxiety**, is strong enough to induce him to give up his Oedipal feelings for his mother. When he does so, he forms a **close emotional bond** with his father, an attachment called **identification**. Through this identification process the boy adopts his father’s masculine behaviors and traits and incorporates his father’s values into his superego (the moral component of personality) thus developing a strong sense of morality.

The phallic stage of development follows a different sequence of events for the little girl. Her discovery of the anatomical distinction between females and males does not resolve the Oedipus complex as in boys, but rather sets it in motion. Sometimes referred to as the Electra complex, the girl develops **penis envy**, a desire to possess the male genitals, and blames the mother for her castrated state. Her desire for a penis is replaced by a desire for a child and she turns to her father to fulfill that wish. Because the girl lacks the fear of castration (having already been castrated), the chief motive for resolving the Oedipus complex is absent. Thus, she does not completely resolve her Oedipal feelings. However, with the realization that she will never possess her father, the girl gradually gives up her Oedipal feelings, identifies with her mother, and begins the acquisition of her mother’s feminine traits and behaviors. Although she, too, begins superego development, this development is weak because it is not driven by the powerful motivator of castration anxiety.

Freud believed that the girl’s continuing wish for a penis into adulthood contributes to the woman’s sense of inferiority and her sharing of the “contempt felt by men for a sex which is the lesser in so important a respect” (Freud, 1925/1959, p. 192).

**Evaluation.** First, as is fairly obvious, Freud’s theory is highly male-biased. His use of the male term **phallic** to label the third stage of psychosexual development, his strong emphasis on the superiority of the male organ, and his assumption that females are doomed to feelings of inferiority because they lack a penis are a few of the numerous indications of Freud’s pro-male bias. For these reasons, psychoanalytic theory is not widely embraced by feminist scholars (Basow, 2001). Second, psychoanalytic theory cannot be subjected to empirical examination. Important psychoanalytic concepts, such as penis envy and castration anxiety, are conceptualized as unconscious; thus, they are not translatable into clearly defined scientific measures. Third, Freud has been criticized for his emphasis on the anatomical foundations of gender development to the virtual exclusion of societal influences. From Freud’s perspective, gender is constructed from the presence or absence of a penis,
and not the societal value attached to males. Subsequent psychoanalytic thinkers have placed greater emphasis on the psychological and sociocultural aspects of gender development (Bornstein & Masling, 2002; Callan, 2001). Others, including Karen Horney, Nancy Chadorow, and Ellen Kaschak, have proposed psychoanalytic views that minimize the masculine orientation of Freud’s theory (Casey, 2002; Shields & Eyssell, 2001).

Social Learning Theory

Whereas psychoanalytic theory envisions the growing child as pushed around by her/his inborn desires, social learning theory, originally proposed by Walter Mischel (1966), views gender development as influenced by the social environment. Based on learning theory principles, this perspective proposes that children acquire behaviors associated with their gender because those behaviors are more likely to be imitated and to be associated with positive reinforcement.

Observational Learning. One mechanism through which gender-related behaviors are acquired is observational learning (Mischel, 1966) (also called imitation or modeling); that is, the acquisition of behaviors via the observation of role models. Children are continually exposed to both real-life and media models who engage in gender-stereotypic behaviors. Because they are more likely to emulate similar models than to emulate dissimilar models, they are more likely to observe and imitate same-gender individuals rather than other-gender individuals (Bussey & Bandura, 1999). Through observation of these models children learn which behaviors are considered appropriate for someone of their gender. For example, five-year-old Jenny sees her mother bake cookies and then uses her play kitchen to pretend she is baking. And, because the nurses in her pediatrician’s office are females, Jenny believes that only women can be nurses. Also, Jenny learns that it is important for women to be pretty because she sees televised female role models who are frequently concerned about their appearance.

Reinforcement and Punishment. Social learning theory maintains that even though children sometimes engage in cross-gender observational learning in addition to same-gender imitation, they are likely to perform primarily gender-appropriate behaviors. The mechanisms that explain this phenomenon are reinforcement and punishment. If people expect a positive reinforcement (reward) for performing the behavior, it is likely they will engage in that behavior. On the other hand, if they anticipate a negative consequence (punishment), they are not likely to perform that act. Thus, girls and boys learn, both through observing the consequences to models and as a result of the outcomes received for their own behaviors, that girls are more likely to be rewarded for certain actions and boys for others. For example, a girl playing “dress-up” might be praised for her beauty as she parades around wearing her mother’s old dress and high heels. If her brother wears the same outfit, however, his parents might tell him to take off the clothes.
Cognition. A modification of social learning theory, known as social cognitive theory, states that observational learning and rewards and punishments following behavior cannot alone account for gender typing; thought processes (cognitions), also, play a role. As children develop, they not only receive rewards and punishments from others but begin to internalize standards about appropriate gender-related behavior (Bandura, 2002; Bussey & Bandura, 1999). Consequently, children initially engage in gender-appropriate behaviors because of the anticipation of rewards from others. However, as they gain experience and maturity, they develop internal standards about gender-related behavior, which motivates them to engage in gender-appropriate activities in order to gain self-satisfaction and avoid self-censure. For example, Pablo might refuse to play with his sister’s dolls because playing with them would violate his personal standard of appropriate behavior for boys.

Evaluation. Unlike psychoanalytic theory, the concepts of the social learning perspective are clear and observable. Therefore, numerous studies have examined the theory’s assumptions. These studies have provided support for some aspects of the theory and are inconclusive about others.

One assumption of social learning theory is that girls and boys receive encouragement and reinforcement for different behaviors. In support of this perspective, several studies show that parents do treat their daughters and sons differently, at least in regard to some behaviors. For example, mothers encourage their preschool daughters more than their sons to talk about interactions with other people, thus fostering a greater interpersonal interest and concern (Flannagan, Baker-Ward, & Graham, 1995). In addition, parents buy their daughters and sons different types of toys, encourage different play activities, and assign them different chores (see Chapter 4).

According to social learning theory, the other process in gender typing is observational learning. Although children do imitate same-gender role models, observational learning is not restricted to the behaviors of individuals of the same gender as the child (Martin, Ruble, & Szrybal, 2002). Other characteristics such as a model’s power, can influence the selection of role models. Thus, while children no doubt learn from the behaviors of important adults in their lives, including parents and teachers, this learning is not restricted to adults of the same gender as the child.

Cognitive Developmental Theory

Cognitive developmental theory, originally formulated by Lawrence Kohlberg (1966), contends that children are neither pushed by their biological desires nor pulled by external rewards and punishments. Instead, children are active learners, attempting to make sense of the social environment. They actively search for patterns and rules that govern the functioning of females and males and then follow these in an attempt to best adapt to social demands.

By approximately 3 years of age, children can correctly label their own gender. However, they do not yet know that gender is unchangeable; that neither time nor
behavioral and appearance modifications can alter one’s gender. For example, Kohlberg (1966) reported that most 4-year-olds believe that a girl could become a boy if she wanted to, if she engaged in boy-related activities, or if she wore a boy’s clothes. As an example of this thinking, he reported the following conversation between two preschool children (p. 95):

**JOHNNY:** I’m going to be an airplane builder when I grow up.

**JIMMY:** When I grow up, I’ll be a Mommy.

**JOHNNY:** No, you can’t be a Mommy. You have to be a Daddy.

**JIMMY:** No, I’m going to be a Mommy.

**JOHNNY:** No, you’re not a girl, you can’t be a Mommy.

**JIMMY:** Yes, I can.

It appears that Johnny, but not Jimmy, has developed the concept of gender constancy, the belief that gender is permanent regardless of changes in age, behavior, or appearance, a belief that generally develops between the ages of 4 and 7 years.

According to Kohlberg (1966), the absence of gender constancy in young children is not a function of their lack of knowledge of genital differences. Even children who have this awareness at an early age do not conclude that gender cannot be altered. Instead the absence of gender constancy is due to the young child’s reliance on obvious physical characteristics, such as clothing or hair length, as informative, even if they are not. Kohlberg notes that this type of thinking parallels children’s beliefs about the changeability of other entities. Preschool children do not recognize that changes in any object’s visible characteristics do not necessarily alter its quality. For example, Kohlberg (1966) writes that most 4-year-olds believe a cat would become a dog if its whiskers were cut off.

Gender constancy is an important concept in cognitive developmental theory. The theory contends that gender typing cannot take place until children understand that their gender is unchangeable. Once they acquire that understanding, they begin to behave in gender-appropriate ways. Engaging in gender-consistent activities enables children to effectively master the environment and to competently adapt to the social world. To learn which behaviors are performed by females and which are performed by males, children actively observe parents and other role models. In this process they seek out information and use rewards and punishments as a source of information about which behaviors are gender-appropriate and which are not. Then they engage in the gender-appropriate behaviors because behaving in a gender-consistent manner is, in itself, rewarding.

You might think this sounds similar to the social learning theory assumption that children learn about gender from external rewards and punishments and from observation of others. However, Kohlberg (1966) notes that the cognitive developmental view of children’s use of the social environment is very different from the social learning perspective. According to social learning theory, rewards for gender-appropriate behavior lead to the development of gender-appropriate behaviors and attitudes. Cognitive developmental theory, on the other hand, argues that rewards
for gender-consistent behavior merely inform the child what is gender-appropriate and that children engage in these behaviors because acting in a gender-consistent manner is, in itself, rewarding. Let’s look at an example to help clarify the distinction. Six-year-old Caitlin has been praised for helping her mother cook dinner. According to social learning theory, she then wants to cook again because she anticipates positive reinforcement from others (and possibly from herself) for cooking. The attainment of gender constancy would not be necessary because her desire to cook stems from her expectation of positive reinforcement, not because cooking is defined as a female activity. According to cognitive developmental theory, on the other hand, the praise received by Caitlin serves as information that cooking dinner is a female activity. If she has attained gender constancy, she now wants to cook because behaving in a gender-consistent manner is, in itself, rewarding.

**Evaluation.** The concepts of cognitive developmental theory, like those of social learning theory, are clearly defined and easily measured and have generated considerable research. One important assumption of this perspective is that gender typing is dependent on an awareness of the unchangeability of gender. Examination of this assumption has provided mixed results (Maccoby, 2000; Martin, 2000). Some studies have shown that children who understand gender constancy are more likely than their peers who do not to select gender-appropriate activities (Martin et al., 2002; Warin, 2000). However, other research has found no consistent relationship between gender constancy and children’s understanding of gender stereotypes or involvement in gender-appropriate behaviors (e.g., Levy, 2000).

A second assumption of cognitive developmental theory is that, children tend to value same-gender activities once they attain gender constancy. On this point the theory receives considerable support; numerous studies show that children value their own gender more highly than they value the other gender (e.g., Powlishta, 2001).

A major criticism of cognitive developmental theory is that it does not specify why children use gender as a classifying concept. Kohlberg (1966) asserts that children want to adhere to social rules so as to best master the social environment, but his theory does not explain why these rules are structured around gender. As Bem (1983, p. 601) stated, “The theory fails to explicate why sex will have primacy over other potential categories of the self such as race, religion, or even eye color.”

**Gender Schema Theory**

**Gender schema theory,** proposed by Sandra Bem (1983), incorporates elements of cognitive developmental and social learning theories. Like the former, it proposes that children develop an interrelated set of ideas or schema about gender that guides their social perceptions and actions. However, unlike cognitive developmental theory, gender schema theory postulates that the use of gender as an organizing principle is not inevitable; it does not naturally stem from the minds of children. Similar to social
learning theory, it assumes that *gender schema development stems from learning the gender norms and practices of society.*

The theory proposes that children formulate conceptions of the traits and roles associated with females and males on the basis of societal expectations. Then they use this information to regulate their own behavior, and their self-esteem becomes contingent on their adherence to these gender schemas (Bem, 1981).

A significant difference between gender schema and cognitive developmental theories lies in the basis for gender schema development. Whereas Kohlberg (1966) assumes the development of cognitive conceptualizations about gender is a natural process, Bem (1981) contends that the use of gender as a way of processing social information occurs because societal norms and practices emphasize its importance. Thus, children do not organize the social environment on the basis of physical attributes, such as eye color or hair color, because society does not give these characteristics the same significance it applies to gender. Bem argues that children cannot avoid noticing that different toys, activities, jobs, and chores are deemed acceptable for girls and boys by their parents, peers, and teachers. As one illustration, Bem (1983) points out that elementary school teachers do not line up children separately by race because they do not want to emphasize race as a distinguishing characteristic. They might, however, group children by gender, thus increasing its perceived importance as a distinguishing characteristic.

Bem (1983) claims that individuals vary in the degree to which they use gender schemas to understand and evaluate others and to guide their own behavior. According to Bem, people who have strong gender schemas consider a narrower range of activities as acceptable for individuals of each gender, including themselves. For example, a high school girl who thinks of mathematics as a male domain would be less likely than her friend who does not view math as gender-related to sign up for advanced math classes.

Why do some individuals have stronger, less flexible gender schemas than do others? Bem suggests that variations among people might be influenced by individual differences in exposure to gender as an organizing characteristic. Consequently, she proposes several strategies parents can use for minimizing the development of gender schemas and, consequently, for reducing the development of gender-stereotypic attitudes and behavior. Can you think of parental practices that might be effective? Read Get Involved 3.1 and answer the questions to learn about Bem’s proposal.

**Evaluation.** Kohlberg’s cognitive developmental theory (1966) does not explain why children structure their social perceptions around gender. One strength of gender schema theory, on the other hand, is that it illustrates how societal messages can influence the formation of gender schemas.

In addition, there is considerable research support for the theory (Casey, 2002; Martin & Dinella, 2001). For example, one of its assumptions is that gender schemas help individuals organize their memories, thus facilitating the recollection of gender-consistent information. Consistent with this view, research shows that
Individuals remember material consistent with their own gender better than they remember material consistent with the other gender (Ganske & Hebl, 2001; Martin et al., 2002). For example, Isabelle Cherney and Brigette Ryalls (1999) asked adults to recall items that were located in a room where they were waiting for an experiment to begin. Females were better able to remember female-related items,

**GET INVOLVED 3.1**

**Parental Strategies for Minimizing Gender Schemas in Children**

Bem (1983) suggests that the following parental practices might help reduce gender schema development in children:

1. Elimination of gender stereotyping from parental behavior. For example, parents could share household duties instead of dividing them along gender lines.
2. Elimination of gender stereotyping from the choices parents present their children. That is, they could offer toys, activities, and clothing associated with both females and males.
3. Definition of femaleness and maleness along anatomical and reproductive lines only. That is, parents could reduce children’s tendency to organize the social world according to gender by teaching their children that one’s sex is relevant only for reproduction. Bem offers the following anecdote about her four-year-old son Jeremy and his nursery school classmate as an illustration of the limiting outcomes of a cultural definition of gender and the greater flexibility of a biological definition:

   One day Jeremy decided to wear barrettes to school. Several times that day, another little boy told Jeremy that he, Jeremy, must be a girl because “only girls wear barrettes.” After trying to explain to this child that “wearing barrettes doesn’t matter” and that “being a boy means having a penis and testicles,” Jeremy finally pulled down his pants as a way of making his point more convincingly. The other child was not impressed. He simply said, “Everybody has a penis; only girls wear barrettes” (p. 612).

**What Does It Mean?**

1. Do you agree that each of the practices proposed by Bem could help reduce gender schema development? Why or why not?
2. Which of these, if any, do you think you would use, or are using, in raising your own children? Explain your answer.
3. According to gender schema theory, minimizing the use of gender schemas for perceiving the social world should reduce the development of gender stereotypes. Are there other practices that might help reduce gender stereotyping?
4. What advantages and/or disadvantages might result if all children were raised to restrict their definition of gender to reproductive characteristics only?
such as a makeup kit, a cookbook, and a purse, whereas males were better at recalling male-related objects, including aftershave, a sports video, and a necktie.

**Gender-Related Traits**

We have explored a variety of theories that explain gender typing. Now let’s examine variations in individuals’ conformity to stereotyped expectations about their gender. As mentioned previously, people differ in the degree to which their own traits, behaviors, interests, and roles are consistent with gender stereotypes.

The most commonly measured variation has been in the gender-related traits individuals ascribe to themselves; that is, in their personal identification with female-related and male-related characteristics. Historically, these two sets of traits were viewed as bipolar; that is, as opposite extremes of a single continuum. In the opening vignette, we saw that Judith’s classmate believed she could not be both feminine and achievement oriented. This belief reflects the bipolar view that a person cannot have characteristics stereotypically associated with both females and males.

In the 1970s, there was a change in this characterization of female-related and male-related traits. At that time psychologists began to conceptualize the two dimensions as independent, rather than opposite, of one another. Unlike a bipolar dimension, such as tall-short, in which it is impossible to be described by both traits, the new perspective posited that individuals can exhibit any combination of female-stereotypic and male-stereotypic characteristics. That is, a high degree of one does not imply a low degree of the other.

In 1974 Sandra Bem proposed that femininity and masculinity should be assessed independently and developed the Bem Sex Role Inventory (BSRI) to accomplish that goal. The BSRI includes one set of traits viewed as more desirable for females than for males and another set of items seen as more desirable for males than for females. At approximately the same time, Janet Spence, Robert Helmreich, and Joy Stapp (1974) published the Personal Attributes Questionnaire (PAQ), which also has two separate dimensions to measure gender-related personality characteristics. On the PAQ these two scales comprise personality characteristics seen as desirable for both females and males but viewed as more representative of one gender than the other. On both instruments the female-related scale comprises communal traits and the male-related scale reflects agentic traits (see Chapter 2); however, when used as measures of gender-related trait identification, they have typically been labeled either “femininity” and “masculinity” or “expressiveness” and “instrumentality.”

The scoring of the BSRI and the PAQ reflects the goal of each to evaluate femininity/expressiveness and masculinity/instrumentality as independent dimensions. Thus, respondents receive a score on each dimension and the combination of the two indicates which of four categories best describes their gender-related traits. These categories are: (1) **femininity**, a high score on the femininity/expressiveness scale
and a low score on the scale for masculinity/instrumentality, (2) masculinity, a high score on the masculinity/instrumentality scale and a low score on the femininity/expressiveness scale, (3) androgyny, high scores on both scales, and (4) undifferentiation, low scores on both scales. Any individual, regardless of gender, can be characterized by any of these categories.

Although most investigations of gender-related traits have focused on White college students, a few have examined college and/or noncollege women with diverse ethnic backgrounds. These have shown that Black college women report greater masculinity than White (De Leon, 1995; Harris, 1993) or Puerto Rican (De Leon, 1995) women. To assess your own gender-related traits, try Get Involved 3.2.

Changes in Gender-Related Traits over Time

College women and high school girls’ . . . assertiveness . . . increased from 1931 to 1945, decreased from 1946 to 1967 and increased from 1968 to 1993 . . . Why did women’s assertiveness scores switch twice over the century? (Twenge, 2001, pp. 133, 141).

In the 1970s studies showed that more female than male college students scored high on femininity whereas more males than females scored high on masculinity and approximately one third of both genders were androgynous (e.g., Spence & Helmreich, 1978). To determine whether there has been any change over time, Jean Twenge (1997b) performed a meta-analysis of femininity and masculinity scores based on samples from over 50 different college campuses since the 1970s. Interestingly, the most notable change found by Twenge was the dramatic increase in masculinity scores of women. Also, there was a significant increase in androgyny among women and a weaker increase among men. Other research by Twenge (2001) and by Janet Spence and Camille Buckner (2000) has found that women and men no longer differ on a number of items long considered to be masculine. These include being active, independent, self-reliant, ambitious, assertive, acting as a leader, and defending one’s beliefs.

Twenge, Spence, and Buckner suggest that these changes in gender-related traits may be accounted for by societal changes that have occurred in recent years. Girls have been encouraged to become more assertive, to stand up for their rights, to be independent rather than helpless, and to have high occupational aspirations. They have been given more opportunities to develop their agentic skills, especially in the educational, vocational, and sports arenas.

Similarly women were expected to be self-sufficient during the Great Depression and World War II, in the early-to-middle years of the twentieth century, whereas passive domesticity was encouraged in the 1950s and early 1960s. These shifts in women’s status and roles closely parallel the changes in women’s assertiveness over the course of the century (Twenge, 2001).

Thus, today’s young women are more likely than their counterparts in the seventies to have witnessed or experienced roles that involve male-stereotypic characteristics. This could have contributed to the development of their greater masculinity and, in turn, their greater androgyny. Thus, consistent with the view that
GET INVOLVED 3.2

What Are Your Gender-Related Traits?

The following is a partial set of characteristics from the Personal Attributes Questionnaire. For each item, choose the letter that best describes where you fall on the scale. Choose A if you feel the characteristic on the left strongly describes you and choose E if the trait on the right is strongly descriptive of you. Choose C if you are in the middle, and so on. Also, ask a friend to rate you on these characteristics.

1. Not at all independent A B C D E Very independent
2. Not at all emotional A B C D E Very emotional
3. Very rough A B C D E
4. Not at all competitive A B C D E Very competitive
5. Not at all helpful to others A B C D E Very helpful to others
6. Not at all kind A B C D E Very kind
7. Not at all self-confident A B C D E Very self-confident
8. Gives up very easily A B C D E Never gives up easily
9. Not at all understanding of others A B C D E Very understanding of others
10. Goes to pieces under pressure A B C D E Stands up well under pressure

What Does It Mean?

To score yourself, give 0 points to a response of A, 1 point to B, and so on. Then add up your points for items 2, 3, 5, 6, and 9; this comprises your femininity/expressiveness score. Similarly, sum your points for items 1, 4, 7, 8, and 10; this comprises your masculinity/instrumentality score. Use the same procedure to score your friend’s ratings of you.

1. Are your two scores similar to each other or is one much higher than the other? Does your pattern of scores reflect the gender-related trait category you think best describes you? Why or why not?
2. Is your pattern of scores similar to the pattern based on your friend’s ratings? If not, describe the differences. Also, explain why your friend views your gender-related traits differently than the way you perceive them.
3. Although the Personal Attributes Questionnaire is widely used today, it was based on 1970s’ perceptions of traits more typical of either females or males. Are there any characteristics presented here that no longer seem to be more representative of one gender than the other? Which ones? What evidence do you have for the gender similarity on those traits?

From Masculinity and Femininity: Their Psychological Dimensions, Correlates and Antecedents by Janet T. Spence and Robert L. Helmreich, Copyright (c) 1978. By permission of the University of Texas Press.
gender is socially constructed, changes in women’s personal sense of gender seem to be related to their social experiences.

**Gender-Related Traits and Psychological Adjustment**

Once psychologists started to conceptualize gender-related traits as being more complex than a single dimension of femininity-masculinity, they began to examine the psychological well-being of individuals who varied in their pattern of gender-stereotypic traits. For example, when Bem formulated her concept of androgyny, she hypothesized that because androgynous individuals are comfortable engaging in both feminine and masculine behaviors, they can adapt more adequately to various situational demands and should report greater well-being than nonandrogynous individuals (Bem, 1975). Research shows, however, that it is high masculinity, and not the specific combination of high masculinity and high femininity, that is strongly related to well-being and self-esteem (e.g., Helgeson, 1994; Saunders & Kashubeck, 2002; Ward, 2000).

What can explain the positive relationship between masculinity and psychological adjustment? As we saw in Chapter 2, male-related traits are more highly valued in North America than female-related traits are. Therefore, people with male-stereotypic traits feel better about their ability to function effectively. Derek Grimmell and Gary Stern (1992) found support for this explanation in college students’ BSRI self-ratings, their BSRI ratings of the ideal person, and their psychological well-being. These investigators found that students’ masculinity score was related to their psychological adjustment. Moreover, respondents’ adjustment was predicted by the difference between their self-reported masculinity and their ratings of masculinity for the ideal person. The higher their own masculinity in relation to their perception of ideal masculinity, the higher their own self-esteem and the lower their anxiety and depression. Thus, it appears that the degree to which we feel we possess highly valued masculine traits is a good predictor of our psychological adjustment.

However, before we conclude that androgyny is not related to psychological well-being, let’s consider a different conceptualization of androgyny. See Learn about the Research 3.1 for a new approach to androgyny measurement and its psychological benefits.

**Evaluation of the Concept of Androgyny**

When the psychological measurement of androgyny was introduced in the 1970s, it was received enthusiastically by feminist scholars. It replaced the notion that psychological health required that females be feminine and males be masculine. By embodying socially desirable traits for both females and males, androgyny seemed to imply the absence of gender stereotyping. Furthermore, by incorporating both feminine and masculine behaviors it appeared to broaden the scope of behaviors
LEARN ABOUT THE RESEARCH 3.1
A Real-Life Approach to Androgyny

Examination of gender-related traits indicates that masculinity, and not the coexistence of masculinity and femininity, best predicts psychological adjustment. Recently, however, Jayne Stake argued that the psychological benefits of androgyny should not be dismissed on the basis of measuring individuals’ ratings of their gender-related traits. Instead, she suggested we consider androgyny as the integration of communal and agentic behaviors given in response to expectations demanded by specific life situations. That is, measurement of these behaviors must be grounded in situational contexts.

Stake focused on work-related expectations because job settings tend to require a wide range of behaviors from the worker. Her specific interest was in individuals’ responses to demands on the job that required both communal and agentic behaviors. She wanted to discover whether people who use both types of behaviors when they respond to these situations experience any benefits compared to those who rely on one type or neither type. Accordingly, in individual interviews, 194 undergraduate students were asked to describe a work situation in which they were expected to behave with both “sensitivity and caring” (e.g., “Be sensitive to the needs of others,” “Show others you care about them”) and “mastery and independence” (e.g., “Always show that you can handle things on your own—without the help of others,” “Show you have technical know-how”). Then they were asked to describe the behaviors they used to cope with these dual expectations. Similarly, they were asked to consider the overall expectations in their job and to describe what they usually did to respond to these expectations. These coping strategies in both the specific situation as well as in the job setting overall were coded into one of the four categories generally used to classify gender-related traits. In addition, students indicated to what extent their well-being was affected by work situations that expected both types of behaviors.

The results showed that androgynous coping behaviors used in response to dual expectations in specific job situations and dual expectations in the job overall were related to the highest level of well-being. Individuals who used both communal and agentic behaviors experienced more rewards and fewer negative outcomes than those using other types of strategies. Thus, it is possible that examining gender-related attributes as behavioral responses to specific situations rather than as general personality traits might be a fruitful approach to understanding the beneficial effects of various gender-related orientations.

What Does It Mean?

1. Stake examined expectations for communal and agentic behaviors in the workplace. Can you think of other situations that might make simultaneous demands?
2. Identify a job experience you had where both types of demands were made. Describe how you handled it and how you felt in this situation. Was your experience consistent with the results reported here?

that can be used to handle different situations and, thus, lead to more flexible and adaptive behaviors.

Although androgyne continues to be viewed by feminist scholars as more positive than restrictions to either femininity or masculinity, several feminist criticisms have been leveled against this concept. One is that the notion of androgyne, similar to the bipolar differentiation of femininity-masculinity, is based on the division of gender into female-stereotypic and male-stereotypic characteristics (Bem, 1993). Rather than making traits gender-neutral, androgyne involves the combination of gender-specific orientations. A second concern is that androgyne might be erecting unrealistic goals for individuals—the requirement that people be competent in both the communal and agentic domains. Third, according to Bem (1993), the concept of androgyne does not deal with masculinity and femininity in their unequal cultural context. It neither acknowledges nor attempts to eliminate the greater cultural value placed on male activities. Last, Bem is concerned that androgyne will not lead to the elimination of gender inequality, a goal that requires societal rather than personal change. That is, the mere existence of individuals with both feminine and masculine traits does not alter the patriarchal power structure in society.

Gender Attitudes

Let’s turn now to an examination of variations in gender attitudes. People differ in the degree to which they believe that gender should dictate females’ and males’ roles. Some individuals hold a traditional gender attitude, the belief that females should engage in communal behaviors and roles and males should engage in agentic behaviors and roles. They might believe, for example, that women should be the primary rearers of children whereas men should be the primary financial providers or that women are better suited than men to nursing whereas men are better suited than women to corporate management. Others adhere to a nontraditional or egalitarian gender attitude, the belief that behaviors and roles should not be gender-specific. To get more familiar with the meaning of gender attitudes, take the test in Get Involved 3.3.

The Sex-Role Egalitarianism Scale (King & King, 1990), which is shown in part in Get Involved 3.3, illustrates the multidimensional nature of gender attitudes. This scale comprises beliefs about appropriate roles within five life domains: marital, parental, employment, social-interpersonal-heterosexual, and educational; and there is considerable evidence that gender attitudes are not uniform across these dimensions. Instead, North American college students tend to have more nontraditional beliefs about women’s employment roles than they do about women’s combined family and work roles (e.g., Holland & Andre, 1992; Powell & Yanico, 1991). For example, Holland and Andre found that approximately 84 percent of a college student sample disagreed with the statement that it is more important for a wife to help her husband with his career than for her to have a career of her own. However, only 42 percent believed a woman should accept an employment
GET INVOLVED 3.3

What Is Your Gender Attitude?

On a scale from 1 (strongly agree) to 7 (strongly disagree), indicate the degree to which you agree or disagree with each of the following statements:

1. The husband should be the head of the family.
2. Keeping track of a child’s out-of-school activities should be mostly the mother’s responsibility.
3. Home economics courses should be as acceptable for male students as for female students.
4. A person should generally be more polite to a woman than to a man.
5. It is more appropriate for a mother rather than a father to change their baby’s diaper.
6. It is wrong for a man to enter a traditionally female career.
7. Things work out best in a marriage if a husband leaves his hands off domestic tasks.
8. Women can handle pressures from their jobs as well as men can.
9. Choice of college is not as important for women as for men.

What Does It Mean?

Before computing your score, reverse the points for statements 3 and 8. That is, if you answered “1” (strongly agree) to these two questions, give yourself 7 points, if you answered “2,” give yourself 6 points, and so on. Then sum the points for the 9 items. Note that higher scores reflect more nontraditional or egalitarian gender attitudes.

1. These statements come from the Sex-Role Egalitarianism Scale, developed in the 1980s. Are there any questions that you think are no longer adequate measures of egalitarian gender beliefs? If yes, give your reasons.
2. Look at your answers to Get Involved 3.2. Is there any consistency in the extent to which you describe yourself as communal and/or agentic and your beliefs about appropriate gender-related behaviors and roles? For example, if you received high scores on both communion and agency, reflecting an androgynous identity, did your answers to the questions in this activity indicate egalitarian beliefs? Can you explain why a person’s gender-related traits might not be associated with her or his gender attitudes?
3. If most North Americans were to endorse egalitarian gender beliefs, what positive outcomes might be experienced by women and girls? By men and boys? Would there be any negative consequences for either gender? Explain.
opportunity if it meant her husband would have to find another job and her family would have to move. For a look at gender role attitudes in other countries, read Explore Other Cultures 3.1 (see p. 58).

**Individual Differences in Gender-Related Attitudes**

As we have seen, gender attitudes can vary from traditional to egalitarian. Now let’s examine demographic and personality characteristics that might be related to differences in gender attitudes.

**Gender.** Not surprisingly, one of them is gender. Dozens of studies have shown that, among Whites, males have more traditional beliefs about the appropriate roles for women than females do (e.g., Brewster & Padavic, 2002; Burt & Scott, 2002; Harville & Rienzi, 2000). Similarly, Black men hold more traditional gender role attitudes than Black women (Kane, 2000).

**Ethnicity.** Another demographic characteristic that is related to gender attitudes is ethnicity. As we saw in Chapter 2, Black women are less likely than White or Latina women to adhere to gender stereotypes. Thus, we might think their attitudes about gender-related behaviors and roles would be uniformly more egalitarian.

Interestingly, research comparing Black and White views about gender roles shows a complex pattern. On the one hand, Black women seem to hold more traditional views about the domestic domain. They have more stereotypical views about children’s domestic roles (Dugger, 1988) and women’s responsibilities for housework and childcare (Binion, 1990). According to Dugger (p. 439) this traditional view might reflect a defensive reaction against the “labeling of Black women as ‘matriarchs’ . . . who rob their sons and men in general of their manhood.” On the other hand, there is some evidence that Black women hold more egalitarian views about women’s employment and political roles than White women do (Harris & Firestone, 1998). Also, Black college women, compared to White college women, perceive less conflict in the combination of the provider and domestic roles (e.g., Bridges & Etaugh, 1996), a difference possibly due to Black women’s longer history of combining work and family roles.

What about gender attitudes of Latinas? Traditionally, Latina/o families have been characterized as patriarchal with a dominant, powerful husband/father and a submissive, self-sacrificing wife/mother. Thus, it is not surprising that Latina women have been found to hold more traditional views about women’s employment and political roles than either Black or White women (Harris & Firestone, 1998). However, there is evidence that the views held by Latina women are becoming less traditional, over time. The Latina/o family has been undergoing many changes related to gender (Castaneda, 1996). They have been experiencing an increasingly greater flexibility in the division of household responsibilities and a more egalitarian approach to family decision making (Gonzalez & Espin, 1996). For example, Donna Castaneda (1996) notes that second- and third-generation Latinas/os are less likely
than first-generation women and men to believe that the husband should be the sole provider and decision maker within the family and that females should do all of the housework and obey the husband’s/father’s demands. Thus, the degree of acculturation of Latina women and Latino men seems to be strongly related to their gender attitudes.

Research on Native Americans has focused on their actual gender-related behaviors and roles rather than on their attitudes and has shown great variations over time and across tribal groups. According to scholars such as Theresa La-Fromboise and her associates (LaFromboise, Heyle, & Ozer, 1999), women’s behaviors and roles in traditional Native American life included caregiving, spiritual continuation of their people, and transmission of cultural knowledge. Many Native American societies were characterized by complementary but equally powerful roles for some women and men while other groups institutionalized alternative female roles. For example, within several Plains tribes, women’s roles included masculine ones, such as the “warrior woman” and the “manly-hearted woman” (aggressive and independent) in addition to the traditional role of the submissive, hard-working wife. Other tribes, such as the Navajo and Iroquois, were matrilineal; women owned the material goods and passed these on to their daughters and sisters and played important economic, political, and spiritual roles.

Interestingly, LaFromboise and her colleagues (1999) contend that colonization by Europeans and the continuing acculturation process by which Native Americans have become more involved in the dominant White culture have contributed in several Native American societies to a breakdown in complementary female-male roles and to an increase in male dominance and the subjugation of women. However, in many tribes women continue to experience considerable political power because of their traditional roles of caretakers for the community and transmitters of the culture.

Consistent with our discussion of the differences in gender attitudes across ethnic groups in the United States is evidence for cross-nation differences. For a closer look, see Explore Other Cultures 3.2.

In order to more directly learn about the gender attitudes of women of different ethnicities, perform the interviews described in Get Involved 3.4.

Other Factors. There is some evidence that gender attitudes are related to religious factors. Among college students, Jews, for example, tend to have less traditional gender beliefs than do Protestants (Lottes & Kuriloff, 1992; Willetts-Bloom & Nock, 1994), and Catholics fall somewhere in between (Harville & Rienzi, 2000). Moreover, the more strongly individuals embrace religion in their lives, the more traditional their gender attitudes are (Brewster & Padavic, 2000; Harville & Rienzi, 2000).

Two other demographic characteristics related to gender attitudes are social class and academic achievement. Among both Blacks and Whites, higher social class and educational level tend to be associated with more nontraditional views about gender (Brewster & Padavic, 2000). Similarly, a high GPA among college women,
CHAPTER 3

EXPLORE OTHER CULTURES 3.2

Gender Attitudes in Global Context

Deborah Best (2001) and her colleagues have conducted studies of the gender attitudes of university students in 14 different countries. Their research indicates that gender attitudes range from traditional to more egalitarian both across and within cultures. For example, the most egalitarian attitudes were found in northern European countries (the Netherlands, Germany, Finland, England). The United States was in the middle of the distribution, and the most traditional attitudes were found in Africa and in Asian countries (Nigeria, Pakistan, India, Japan, Malaysia). In general, women held more egalitarian views than did men, but not in Malaysia and Pakistan. Within a given country, however, the gender attitudes of women and men corresponded highly. Now go back to Chapter 2, and compare these results with those of Glick and Fiske on hostile and benevolent sexism across cultures.

GET INVOLVED 3.4

Ethnic Variations in Gender Attitudes

Interview two college women of approximately the same age (i.e., both traditional-age students or both older adults), from each of two different ethnic groups. Ask the following questions:

1. Do you think there should be different roles for women and men in the family? In dating relationships? In the workplace? If your respondent answered “yes” to any of these, ask her to be specific.

2. What is your career goal?

3. How important is your future/current career to your personal identity?

4. Do you want to get married and have children? If yes, do you think you will have any difficulty balancing your family and work roles?

5. Who do you think should be the primary provider in your family?

6. How do you think you and your spouse/partner will divide up the household responsibilities, including child care?

What Does It Mean?

1. Although your sample is very small, did you observe any ethnic differences? Did these differences match those discussed in the text? If yes, show the connections. If no, explain why your results might differ from those reported in past research.

2. You interviewed college women. Do you think your findings might have been different had your respondents been college graduates? Working-class or poor women without a college education? Explain your answers.
is related to nontraditional gender attitudes (Ahrens & O’Brien, 1996). In addition, nontraditional attitudes about gender are related to believing that gender differences are caused by differences in socialization or opportunities, as opposed to biological or religious (divine) causes (Neff & Terry-Schmitt, 2002).

**Perceived Value of Female versus Male Gender-Related Attributes**

Derek Grimmell and Gary Stern (1992) found that college students value masculinity more strongly than femininity. This is consistent with our previous discussion of the greater power held by males in North American society. Is it, therefore, more advantageous to be a male than to be a female? Alternatively, are gender-related advantages and disadvantages equally distributed between the genders or, perhaps, balanced in favor of females? To examine this question, try the exercises in Get Involved 3.5.

When Arnie Cann and Elizabeth Vann (1995) asked college students to list as many advantages and disadvantages as they could associate with being the other gender, they found that, overall, both women and men associated more advantages with being male. Specifically, these students considered differences in physical appearance requirements and actual physical differences as more disadvantageous to females than to males. For example, they believed that more females than males must be concerned about their appearance and that biological differences, such as pregnancy and menstruation, are disadvantageous to females. Interestingly, these students did not perceive males to have more social-role advantages than females. Although females were seen to be limited by workplace discrimination and the expectation to be subordinate in their relationships, males were viewed as hurt by the social pressure on them to be successful and to play a leadership role. Thus, these students seemed to be aware that the gender imbalance in power puts women at a disadvantage and that the social construction of the agentic, achievement-oriented male role establishes potentially difficult expectations for men.

Given the evidence that males are seen as having more advantages than females, it is not surprising that people evaluate males more negatively than they do females who violate gender expectations (Ruble & Martin, 1998). Scholars have proposed two possible explanations for this difference. The social status hypothesis contends that because the male gender role is more highly valued than the female role is, a male is seen as lowering his social status by engaging in female-stereotypic behaviors, whereas a female performing male-stereotypic behaviors is perceived as raising her status (e.g., McCreary, 1994). Consequently, males who engage in cross-gender behaviors are viewed more negatively than are females who deviate from gender expectations. As stated by Bem (1993), our society
GET INVOLVED 3.5

Would You Rather Be a Female or a Male?

Have you ever considered what life would be like if you were the other gender? Think about what is has been like to be a female or male. Then think about any advantages and/or disadvantages that would occur if you were the other gender. For each of the following three categories, list any advantages and/or disadvantages of being the other gender: (1) social roles, i.e., opportunities that are not equally available to the two genders and/or behaviors that are considered more appropriate for one gender than the other, (2) physical appearance expectations, and (3) physical differences, e.g., reproductive, size, or strength differences. Also, ask an other-gender friend to perform the same exercise. Discuss your answers with your friend.

What Does It Mean?

1. Did you imagine more advantages and/or disadvantages in one category than the others? If yes, how can you explain the pattern of perceived advantages and disadvantages?
2. Are the responses of your other-gender friend complementary to your own responses? In other words, are your friend’s perceptions of the advantages of being your gender consistent with your perceptions of the disadvantages of being your friend’s gender? Why or why not?
3. Examine the number of advantages relative to disadvantages that you associated with being the other gender and consider the relative importance of each. Do the same for your friend’s responses. Do you and/or your friend attach greater value to one gender or the other? If yes, how can you explain this?
4. If you or your friend perceive a relative advantage of one gender over the other, discuss some societal changes that would have to occur to reduce this discrepancy.

(Cann & Vann, 1995)

The social status hypothesis receives some support from the finding that people believe that occupations with higher prestige require skills associated with masculine characteristics and that these jobs should pay more than those requiring feminine characteristics (Kite, 2001).

The other explanation of the more negative evaluation of male gender-role violation is the sexual orientation hypothesis (e.g., McCreary, 1994). This perspective argues that cross-gender behavior in boys but not girls is considered a sign of actual or potential same-sex sexual orientation. Several investigations have provided support...
for this perspective. For example when Donald McCreary (1994) asked college students to evaluate either a child or an adult who had cross-gender traits and interests, he found they considered it more likely that the feminine male was or would become a gay man than that the masculine female was or would become a lesbian.

**SUMMARY**

**Gender Self-Concept**
- Gender self-concept includes gender identity and gender attitudes.

**Prenatal Development**
- Prenatal sex differentiation is a multistage process. The joining of the sex chromosomes at conception is followed by the differentiation of the gonads, the development of the internal and external reproductive organs, and the organization of the hypothalamus.
- After the gonads develop, the presence or absence of androgens influences the development of the reproductive organs and the brain.
- Estrogens appear to play a role in female development.
- Some individuals experience variations in their prenatal development known as intersexuality.
- Turner’s syndrome is a chromosomal disorder in which the individual has a single X chromosome. These individuals are raised as girls and have female gender expectations although they have no sex glands and no prenatal estrogen.
- Genetic females with the CAH are usually reared as girls, although they have a partial or complete masculinization of their external genitals.
- Genetic males with the androgen-insensitivity syndrome have feminized external genitals and are reared as girls.
- Genetic males with a 5 alpha-reductase deficiency experience a female-to-male body transformation at puberty.
- Case studies of intersexuels provide mixed evidence regarding the influence of prenatal biological factors on nonsexual gender-related attributes, gender identity, and sexual orientation. Some researchers claim that gender-related development is dependent on prenatal factors and others point to the importance of the gender of rearing.

**Theories of Gender Typing**
- Psychoanalytic theory proposes that gender typing stems from the child’s identification with the same-gender parent, a process that occurs when the child resolves the Oedipus complex.
- For the boy the resolution stems from fear of castration by the father. For the girl it stems from the realization that she will never possess her father.
- Because the girl’s desire for a penis continues, she experiences inferiority feelings throughout her life.
- Social learning theory proposes that children acquire gender behaviors via imitation of same-gender models and positive reinforcement of their own gender-consistent behaviors.
- Cognitive developmental theory contends that once children attain gender constancy, they are motivated to behave in gender-appropriate ways. Thus, they actively seek out the rules that characterize female behavior and male behavior. They then engage in gender-consistent behaviors because it enables them to competently adjust to the social environment.
- Gender schema theory proposes that children develop an interrelated set of ideas about gender. They learn the societal norms and practices that signify the importance of gender. They then organize the social world on the basis of gender and guide their own actions accordingly.
Gender-Related Traits

- On the basis of their gender-related traits, individuals can be categorized as feminine, masculine, androgynous, or undifferentiated.
- Research has shown an increase in masculinity and androgyny in women over time.
- Masculinity is related to psychological adjustment.
- Androgyny was once considered to be highly desirable, but recently feminist scholars have criticized it.

Gender Attitudes

- Gender attitudes are multidimensional.
- College students have less-traditional beliefs about the value of the employment role for women but more-traditional views about the combination of women’s employment and family roles.
- Among Whites, women are generally more nontraditional in their beliefs than men are.
- Among women, Blacks hold more traditional views about domestic responsibilities than Whites do but they have more nontraditional views about the combination of women’s employment and family roles.
- The roles of Latina/o women and men have become more egalitarian over time, but Latinas have more traditional views than do Black and White women.
- The gender-related behaviors and roles of Native American women vary greatly across tribes and in several societies increased acculturation has been accompanied by greater male dominance.
- College women and men associate more advantages with being male than with being female.
- Males, compared to females, are more negatively evaluated for engaging in cross-gender behavior.

**Key Terms**

- gender identity
- transgendered individual
- gender attitudes
- sexual orientation
- prenatal sex differentiation
- androgens
- estrogens
- mullerian ducts
- wolffian ducts
- testosterone
- mullerian inhibiting substance
- intersexuality
- Turner’s syndrome
- congenital adrenal hyperplasia
- androgen-insensitivity syndrome
- 5 alpha-reductase deficiency
- gender typing
- psychoanalytic theory
- Oedipus complex
- castration anxiety
- identification
- penis envy
- social learning theory
- observational learning
- social cognitive theory
- cognitive developmental theory
- gender constancy
- gender schema theory
- femininity
- masculinity
- androgyny
- undifferentiation
- traditional gender attitude
- nontraditional or egalitarian gender attitude
- social status hypothesis
- sexual orientation hypothesis

**What Do You Think?**

1. Evidence indicates that boys, more than girls, select role models who are powerful. Explain this finding.

2. As discussed in Chapter 2, it is possible that the media not only reflect gender stereotypes but help shape them. Now that you
are familiar with theories of gender typing, use one of these theories to explain how the media might contribute to an individual’s acquisition of gender stereotypes.

3. Which gender-typing theory or theories best explain(s) the development of gender-related traits, behaviors, and roles? Explain. To help you develop your reasons, critically think about the evaluations presented in the text. Indicate why you believe that some of the evaluative comments seem to be more credible than others. Additionally, if you have had any contact with young children, try to provide anecdotal support for some of the theoretical concepts.

4. Discuss the advantages and disadvantages to girls/women and boys/men of gender-related trait identifications consistent with stereotypes; i.e., femininity in females and masculinity in males. Can you think of the advantages and disadvantages of an androgynous identity?

5. There is some evidence that individuals who internalize their religious beliefs and attempt to live by them hold more traditional gender attitudes than individuals who do not. Consider possible explanations for this finding.

IF YOU WANT TO LEARN MORE


WEBSITES

Gender Identity
Border Crossings
http://www.uiowa.edu/~commstud/resources/bordercrossings/

Myth, Stereotype, and Cross-Gender Identity in the DSM-IV
http://www.abmall.com/gic/awptext.html

Women’s Studies Links
http://dir.yahoo.com/health/disease_and_conditions/intersexuality