

ANXIETY, SEX ROLE ORIENTATION AND AGE: MARRIED WOMEN IN URBAN INDIA

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The present investigation studies the relationship between level of anxiety, sex role orientation (masculine, feminine, androgynous and undifferentiated) and age (20 to 30 years and 31 to 45 years) in married women. Two hundred married women from the age group ranging from 20 to 45 years, from Ahmedabad city answered the Bern sex role inventory (Bern, 1981) and the Sinha W-A self analysis form of anxiety scale (1968).

A factorial design (4 x 2) for the analysis of variance is employed. Results indicate significant main effect of sex role orientation and age. The effect of the interaction between sex role orientation and age is not statistically significant. These results are discussed in the light of psychosocial characteristics of married women in contemporary India.

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In the behavioural and medical sciences, theoretical and empirical interest in anxiety parallels popular concern. Every alert citizen of our society realizes on the basis of his/her own experience, as well as, his/her observation of those around that anxiety is a pervasive and profound phenomenon. It is regarded as a principal causative agent for such diverse behavioural consequences as insomnia, immoral acts, debilitating psychological and psychosomatic symptoms, and endless idiosyncratic mannerisms. While fear and covert anxiety have always been a part of man's lot, not until the twentieth century did they emerge as an explicit and pervasive problem. Freud (1920) singled out anxiety as the crucial problem of emotional and behavioural disorders. Not only in psychopathology, but in the actions of normal people as well, it was recognised that anxiety was much more prevalent than was suspected several decades ago.

Rapid scientific and technological advances have generated a lot of pressure for social change. This has created social estrangement and alienation of individuals in an urban competitive society and has induced feelings of helplessness. Less obvious, deeper and more personal sources of anxiety are inner confusion, psychological disorientation, uncertainty with respect to values and acceptable standards of conduct. To the extent that social and cultural factors undermine personal security and create problems for the individual in establishing his/her psychological identity, there will be heightened vulnerability to and increased manifestations of anxiety.

The immediate, outward manifestation of anxiety in Indian conditions could be primarily due to economic problems, but it would be an error to conclude that economic insecurity is the inclusive cause of the emerging anxiety in the present society. Individuals are often caught in the chaos of conflicting patterns of social expectation. As a result, an individual encounters cultural requirements with no immediate means of meeting them. One such requirement for women is related to sex roles. Due to industrialization and social changes, women now have to meet roles that used to be male roles. However, there is no agent to replace her in her traditional role at home. This is a potential source of role conflict and role overload that might cause a certain amount of anxiety. However, the external conflict is further reinforced by the internal conflict in women's psyche due

to the socialization process of the female child in urban India. Upto puberty, both boys and girls are brought up in nearly the same way. Thereafter, suddenly the girls are induced to develop characteristics more congruent to the feminine stereotype. The identity crisis of adolescence is likely to be carried forward into the young adult stage of life by many women. Therefore, she might experience apart from role overload, role confusion too.

Among individual level variables, since Age is one of the most strongly correlated variables with developmental phases, it has been considered pertinent to the present study. The subjects in the study are clustered under two age groups in accordance with Erikson's psychosocial stages, namely young adult (20 to 30 years), and adult stage (31 to 45 years). The psychosocial crisis experienced by women at the young adult and the adult stage are different (Erikson, 1950) and, therefore, likely to have a differential effect on their anxiety. This provides a comparative basis and rationale to cluster the scores on anxiety and sex role orientation in different age groups.

The Concept of Sex-Roles

Maccoby and Jacklin, 1974 assert, that there are a great deal of myths in both the popular and scientific views about male and female sex differences. The distinction between male and female serves as a basic organizing principle in every human culture. Although societies differ in the specific tasks they assign to the two sexes, all societies allocate adult roles on the basis of sex, and accordingly, inculcate a role specific socialization of their children. Boys and girls are expected to acquire sex specific self-concepts and personality attributes to be masculine or feminine, as defined by that particular culture (Barry, Bacon and Child, 1957).

Human societies have set beliefs about how females or males should act, think and feel. Within a society, people have set beliefs about how the two sexes are different. Some behaviour or feelings are expected, encouraged and reinforced in one sex, but not in the other. This is called sex-typed behaviour, it refers to some way of acting or feeling that is considered appropriate for only one sex. The process by which a society thus transmutes male and female into masculine and feminine is known as the process of 'sex-typing'.

The concept of sex-role identity has traditionally been conceptualized in terms of 'masculinity' and 'femininity'. The terms masculinity and femininity have a long history in psychological discourse. The most generalized definitions of the terms, used by those developing tests of masculinity-femininity would seem to be that masculinity and femininity are enduring traits, which are more or less rooted in anatomy, physiology and early experience, and which generally serve to distinguish males from females in appearance, as the summation of those traits that are considered to be desirable for a particular sex. Both historically and cross-culturally, masculinity and femininity have represented complementary domains of positive traits and behaviour. Theorists have different labels for these domains. For example, according to Parsons and Bales (1955), masculinity has been associated with an 'instrumental' orientation, a cognitive focus on getting the job done or the problem solved, whereas femininity has been associated with an 'expressive' orientation, an effective concern for the welfare of others and the harmony of the group. Similarly, Bakan (1966) has suggested that masculinity is associated with an 'agentic' orientation; a concern for oneself as an individual, and femininity, is associated with a 'communal' orientation, a concern for the relationship

between oneself and others. Bakan adopted the term agency and communion to characterize two fundamental modalities in the existence of living forms—agency for the existence of organism as an individual and communion as the participation of the individual in a larger organization, of which the individual is a part. Agency manifests itself in self-protection, self-assertion, self-expansion, isolation, aloneness, urge to master, repression of thoughts and feelings. Communion manifests itself as being one with other organisms, lack of separation, contact, openness, union, and contractual co-operation. Erikson's (1964) anatomical distinction between 'inner' (female) and 'outer' (male) space represents an analogue to the psychological distinction between masculine "fondness for what works and for what man can make, whether it helps to build or to destroy", and a more 'ethical' feminine commitment to "resourcefulness in peace making and devotion in healing" (1964: 582-606).

Recently however, there has been a rising dissatisfaction with these orthodox sexual pigeonholes. There have been attempts to help free the human personality from the restricting prison of sex-role stereotyping and to develop a conception of mental health which is free from culturally imposed definition of masculinity and femininity (Bern, 1977). The concept of psychological androgyny was used to denote the integration of femininity and masculinity within a single individual. Androgynous individuals develop and integrate, in varying degrees, personality traits that have been called masculine and feminine. They personify the healthy human characteristics regardless of sexual identity. Such individuals can adapt better to situational demands than sex-typed individuals, because of their wide repertoire of behavioural responses. Their behaviour is a function of situational diagnosis, while sex typed or cross-sex typed individuals are motivated to behave consistently with a sex-role standard. The latter would also expect that others would treat them as one of a particular sex. The characteristics that define the masculine personality seem to be those that characterize a healthy adult and are more highly regarded in society. Hence, women with feminine characteristics are not healthy by definition. The woman is put to a precarious double bind. If she is feminine, she embodies a collection of traits which are negatively valued; if she is masculine, she violates the behavioural norms for her sex and may become subject to all the sanctions imposed upon deviants.

Small *et al.* (1984) found, in their study, that androgynous persons had the lowest level of dysphoria, anxiety and hostility. A series of studies by Bern and her associates (Bern, 1977; Bern, Martyna and Watson, 1976) on university students showed that androgynous individuals were behaviourally and emotionally more adaptable than rigidly stereotyped individuals because of their greater behavioural flexibility. Other researchers have reported a strong relationship between androgyny and such correlates of adjustment as self-esteem and self-actualization (Halgund, 1978).

On the basis of the above mentioned theoretical and empirical findings, the researcher makes the following set of conjectures. Androgynous individuals may have a lower level of anxiety, while uni-sex typed individuals would have relatively more anxiety and the undifferentiated individuals would have the highest level of anxiety.

In view of the above conjectures, the present investigation is an attempt to study the relationship among sex-role orientation, age and anxiety in married Indian women. The purpose of the investigation is: (a) to study the level of anxiety of married women having different sex-role orientations, (b) to study the differences in the level of anxiety of married women in different age groups, (c) to study the relationship between anxiety and sex-role orientation in relation to age.

Methodology

The level of anxiety in relation to sex-role orientation (masculine, feminine, androgynous and undifferentiated) and age (20 to 30 years and 31 to 45 years) is studied. A factorial design (4 x 2) for the analysis of variance is employed.

Sample: The sample selected for this study was from the urban, middle class, married women in the age range between 20 years and 45 years, in Ahmedabad, Gujarat. The total sample size was 200 women. The subjects were contacted on a door to door basis depending on their willingness and convenience.

Instruments Used: The Bern Sex-role Inventory, 1981 (BSRI) was used to classify the sample into different sex-role orientation groups. The BSRI is a standardized paper-pencil measure of psychological androgyny. The measure consists of sixty personality characteristics, twenty of which are stereotypically feminine and twenty are stereotypically masculine. The remaining twenty are neutral characteristics that serve as filler items. These are randomized and are presented to individuals who are asked to indicate on a 7-point scale, the extent to which each of the sixty characteristics describes herself. Test-retest reliability of the inventory ranges from .76 to .94 over an interval of 4 weeks. Moreover, subjects' score on the inventory are internally consistent and do not correlate with the tendency to characterize oneself as socially desirable. Coefficient alpha calculated for different samples are generally high, with the lowest alpha equal to .70 for undergraduate students at Stanford University. The validity of the BSRI has also been established through a series of studies (Bern, 1983; Bern, Martyna and Watson, 1976). In addition, psychometric analysis yielded low correlations between the two scales which proved that as predicted, masculine and feminine scores are "logically independent and that the structure of the test does not constrain them in anyway" (Bern, 1974:155-162).

The Sinha W-A Self Analysis form (Anxiety Scale) constructed and standardized by Sinha (1968) was used to measure the level of anxiety. It consists of hundred items of the 'Yes-No' type. The minimum possible score is zero and the maximum score is hundred. Higher score is indicative of higher anxiety. The reported reliability, both by the split half and test-retest method, are .86 and .73, respectively.

Concurrent validity was checked by correlating the W-A Self Analysis scores with scores on Taylor's Manifest Anxiety Scale. It was found to be .72 and when correlated to Cattell's IPAT Anxiety Scale Questionnaire, it was found to be .70. The mean anxiety scores of normal subjects and psychiatric patients were respectively 30.89 and 41.12. The mean anxiety score of hyper-anxiety subjects was 55.18 and that for other patients was 38.18. This showed that the test differentiated the anxiety levels successfully.

Results and Discussion

The data collected were analysed statistically. Measures of central tendency (mean) and variability (standard deviation) were calculated. A 4 x 2 factorial design for the analysis of variance was employed.

The BSRI is scored on the basis of a median split on the masculinity and femininity dimension. This scoring system yielded four groups: (a) Masculine (above median on masculinity dimension together with below median on femininity dimension), (b) Feminine (above median on femininity dimension together with below median on masculinity dimension), (c) Androgynous (above median on both masculinity and

femininity dimension), (d) Undifferentiated (below median on both masculinity and femininity dimension).

Table 1

ANOVA OF ANXIETY SCORES OF WOMEN IN DIFFERENT SEX- ROLE ORIENTATION GROUPS AND AGE GROUPS

<i>Source of Variation</i>	<i>df</i>	<i>Sum of squares</i>	<i>Mean sum of squares</i>	<i>F-ratio</i>
Sex-role orientation	3	3009.7	1003.2	3.73*
Age	1	901.4	901.4	4.15**
Sex-role orientation x Age	3	285.0	95.0	.35
Error term	192	51672.3	269.1	

* $P < .01$; ** $P < .05$

Table 1 presents the analysis of variance of the anxiety scores of women in different sex-role orientation groups and age groups.

The results indicate that the main effects of both sex-role orientation ($F=3.73$, $P < .01$) and age ($F=4.15$, $P < .05$) are statistically significant. However, the effect of the interaction between the sex- role orientation and age is not statistically significant ($F = .35$).

Further analysis was carried out using t-test to estimate the differences among mean scores of the four sex-role orientation groups and the two age groups.

Table 2

MEAN AND STANDARD DEVIATION OF THE ANXIETY SCORES OF WOMEN IN DIFFERENT AGE GROUP AND SEX-ROLE ORIENTATION

<i>Sex role Orientation</i>	<i>20-30 years</i>		<i>31-45 years</i>		<i>Total</i>	
	<i>M (SD)</i>	<i>Sample size</i>	<i>M (SD)</i>	<i>Sample size</i>	<i>M (SD)</i>	<i>Sample size</i>
Masculine	30.12 (19.00)	16	27.43 (16.13)	28	28.66 (17.51)	44
Feminine	32.15 (12.87)	27	23.80 (11.41)	20	28.60 (13.09)	47
Androgynous	25.92 (15.61)	26	21.83 (15.93)	29	23.76 (16.06)	55
Undifferentiated	35.42 (16.36)	31	33.70 (20.36)	23	34.69 (18.36)	54
Total	31.33 (16.19)	100	26.52 (16.96)	100	28.93 (16.79)	200

The mean score of anxiety of the undifferentiated women is the highest ($M = 34.69$), higher than the total group mean ($M = 28.93$), and the mean score of the androgynous women is the lowest ($M = 23.76$). The mean anxiety scores of the masculine ($M = 28.66$)

and the feminine women ($M = 28.60$) fall in between the mean score of the undifferentiated and the androgynous group (Table 2).

Table 3

COMPARISON OF ANXIETY SCORES AMONG FOUR DIFFERENT SEX-ROLE ORIENTATION GROUPS AND TWO AGE GROUPS

<i>Groups</i>	<i>Degrees of Freedom</i>	<i>t-ratio</i>
Masculine v/s Feminine	41	0.02
Masculine v/s Androgynous	40	1.44
Undifferentiated v/s Masculine	45	1.68 *
Feminine v/s Androgynous	51	1.69 *
Undifferentiated v/s Feminine	56	1.96 *
Undifferentiated v/s Androgynous	55	3.33 ***
Age groups:		
Group 1 (20-30 years) v/s	198	2.04 **
Group 2 (31-45 years)		

* $P < 0.1$, ** $P < 0.05$, *** $P < 0.01$

A series of t-tests (Table 3) reveals (a) a significant difference ($P < .01$) between the mean anxiety scores of the androgynous and the undifferentiated women, (b) The difference between the mean anxiety scores of the masculine and undifferentiated, between the feminine and androgynous, between the feminine and undifferentiated are all significant at only .10 level, (c) For the remaining two groups *i.e.* (i) masculine and feminine women, (ii) masculine and androgynous women, the mean differences are not significant.

In brief, the results indicate that the androgynous women have the least anxiety and the undifferentiated women have the highest anxiety. The lower anxiety of the androgynous individuals can be explained in terms of the psychological freedom to engage in whatever behaviour seems most appropriate to the situation, irrespective of its stereotype as masculine or feminine. This frees them from the boundaries marked by cultural stereotypes. The undifferentiated women who neither developed the masculine nor the feminine domain well, are not in a position to perform either masculine roles or feminine roles appropriately and thereby fall victim to anxiety easily.

The difference in the anxiety of masculine and feminine women is not significant, probably because both endorse characteristics of only one sex-role. A highly sex-typed person who is motivated to behave consistently with a sex role standard, would have to suppress those aspects of her personality which are incongruent with that standard. This has a particularly significant effect on women, because the characteristics of a stereotypic male seem to be close to the norm for the healthy adult, while the idealized feminine characteristics by definition are not healthy. Wolowitz (1972: 313) points out "the psychodynamics of the hysteric are uncomfortably close to the dynamics of the idealized normal feminine personality". Thus, if the woman is feminine, then she is not

healthy and if she is masculine, she violates the behavioural norms of her sex. This gives rise to a Catch 22 situation.

The results empirically verify the initial conjectures discussed earlier, that anxiety is the lowest in androgynous women. The result is supported by a host of earlier studies as mentioned earlier in the paper.

Nevertheless, there are findings (e.g., Consentino and Heilbrum, 1964; and Gall, 1969) that show that masculinity is negatively correlated with aggression-anxiety and manifest anxiety, while greater femininity shows greater aggression-anxiety for both males and females. It may be noted here that these studies used masculinity-femininity scales which are bi-polar scales, measuring masculinity and femininity at the two poles. Therefore, there was no room to study the androgynous (having high masculinity score and high femininity score) and undifferentiated groups (having low masculinity score and low femininity score), because, according to these scales, if an individual shows a high masculinity score, it essentially would mean that the individual has low femininity¹.

Harris and Schwab (1979) found that masculinity is related to adjustment and that the androgynous group also showed better personal and social adjustment than the undifferentiated and feminine groups. Jordan *et al.* (1976) reported masculine women have the least neuroticism followed by the androgynous. Note that in contrast to the above mentioned finding, the present data from Indian married women show androgynous individuals having the least anxiety.

Table 1 and Table 2 show results related to age and anxiety. Mean test used to analyse the significance of mean difference reveals that the 20 to 30 years age group has a significantly higher anxiety score compared to the 31 to 45 years age group ($P < .05$). It was expected that women of the 20-30 years age group would have a higher level of anxiety as compared to the anxiety level of the 31-45 years age group. The results of the present investigation confirm this expectation. Various researchers, such as Byrd (1959) state that the basic form of age trend in anxiety is U-shaped. That is to say, typically high levels of anxiety are assumed to occur in adolescence, and, subsequently, there is a general decline in the level throughout adulthood, until around old age, when anxiety begins to increase again. In the context of the present investigation, high anxiety of the women of the 20 to 30 years age group may be explained as follows. At this stage women would have just entered married life. The uncertainties of the new situation, coupled with the experience of separation from single status, may have induced higher level of anxiety. As Rank (1929) suggests, the life history of a human is an endless series of experiences of separation; one such experience is when the adult separates from his or her single state in favour of marriage. Anxiety is the apprehension involved in these separations, particularly experienced if the individual is unprepared to separate from her immediate position of security. Apart from this, marriage asks for a lot of adjustments on the part of the woman. Perhaps, it takes some time to adjust and adapt to her new roles. At 31 -45 years of age, women would have become more settled, would accept circumstances with less resistance, for by then, they are more or less adapted to their roles in the family. Hence the lower level of anxiety at this age.

While subjects were classified both in terms of sex-role orientation and age, the results, based on the analysis of variance show no significant relationship for the interaction factor (Table 1). The mean anxiety score of androgynous women in the age group of

31 to 45 years is the lowest ($M = 21.83$); the same in the age group of 20 to 30 years is 25.92 (Table 2). In the masculine women of 31 to 45 years age, the mean anxiety score is 27.43 and that in the 20 to 30 years age group is 30.81. In the case of feminine women, in the age group of 31 to 45 years the mean anxiety score is 23.80 and that in the 20 to 30 years age group is 32.15. For the undifferentiated women in the 20 to 30 years age group, the mean anxiety score is the highest with a mean score of 35.42 followed by undifferentiated women in the age group of 31 to 45 years (the mean score is 33.70). Though the differences in the mean scores are not statistically significant always, these results (Tables 2 and 3) do indicate that the androgynous women have the lowest level of anxiety and the undifferentiated women have the highest level of anxiety irrespective of the age group. The results also show a trend that in all the sex role orientation groups, the women in the age group of 31 to 45 years have a lower level of anxiety compared to women in the age group of 20 to 30 years. It should be noted here that the mean anxiety score of the undifferentiated women in both the age groups and the mean anxiety score of the feminine women in the 20 to 30 years age group are both higher than the mean score (30.89) of the normal subjects of Sinha's (1968) standardization sample.

In summary, based on the above results, it may be said that the women with the androgynous sex-role orientation have developed both masculine and feminine psychological characteristics, and are able to cope with any role depending on the demand of circumstances. They have a wider spectrum of behaviour in their behaviour repertoire. They are flexible and more adaptable over a wider range of behaviour (Bern, *et al*, 1976). Hence they are able to respond to most situations with the minimum of anxiety.

Both the masculine women and the feminine women have endorsed only one sex-role, so they would be able to deal effectively only with situations that demand characteristics of the particular sex-role that they have endorsed. Therefore, generally their level of anxiety is higher than that of the androgynous women. The undifferentiated women, on the other hand, have developed neither of the two sex-roles. As a result, they find difficulty in facing all kinds of situations. Hence their level of anxiety is the highest. Along with sex role orientation, the variable age (and thereby the psychosocial stages of development), also seem to have some relation with the anxiety level of married women in urban India.

Limitations, Suggestions for Future Research and Implications

The sample selected for this study was confined only to the urban areas of Gujarat. The rural areas have not been included. Therefore, the results are not applicable to women in the rural areas. Further, in India, the cultural forces and the subsequent role expectation of women population in the immediate society varies considerably across politically demarcated states. Therefore, the state itself may be a source of variance that restricts the generality of the present findings.

This study was an *ex-post facto* survey and so the causal relationship between age, sex-role orientation and anxiety could not be studied; however, a longitudinal study may provide some answers to the causal relationships, if any.

The results of the present study stimulate several psychosocial issues related to early socialization of women in contemporary India. With the trend of the community taking

up higher responsibility for child-care, greater education of children and reduced work load at home due to the household technology at the disposal of married urban women, the traditional female role and associated values are likely to face a crisis. The problem is particularly noticeable among married working women placed in a predominantly male-led corporate environment. The trend of increased rate of women graduates compared to the rate of increment in the total number of graduates during the last decade, is a compelling demographic motivation in favour of more women in the corporate realm, and the trend is likely to continue during the years to come. Scholars in women's studies have shown that there is hardly any difference between men and women in terms of natural abilities, albeit there are differences in perception, attitude and value orientation (Schwartz, 1989). The root of the difference in manifested behavioural forms across sexes being principally due to social expectation and stereotypes, makes the phenomenon of female child socialization all the more an issue of paramount importance. Certainly women are capable of a full range of behaviour and the present study indicates that the broader the spectrum of sex-role orientation (*i.e.* more androgynous) the lesser the anxiety. The inculcation of androgynous sex-role orientation among women (perhaps this should also include men), seems to be an answer to deal with the disparities in perception and behaviour between women and men. However, studies should be specially designed to address the above conjecture.

Notwithstanding the above issues, the present study also suggests that social workers, mental health professionals, therapists and counsellors should encourage married women clients to awaken their submerged 'other-selves' to achieve healthy wholeness. The helping professionals should be aware of the association between sex-role orientation and anxiety, and make use of this for their therapeutic efforts. Otherwise married women with anxiety problems may not be treated properly.

Note

The scale used in the present investigation has two independent dimensions for masculinity and femininity instead of a continuum. Therefore it provides possible variable space to define individuals with both high masculinity and high femininity (androgynous), as well as, low masculinity and low femininity (undifferentiated).

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