

ANDROGYNY AND ITS RELATIONSHIP
TO FATHERS' ATTITUDES TOWARD AND PARTICIPATION
IN INFANT CARETAKING ACTIVITIES

by

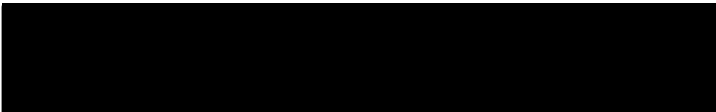
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A Thesis

Presented to
the Oregon Health Sciences University
School of Nursing
in partial fulfillment
of the requirements for the degree of
Master of Nursing

June 13, 1986

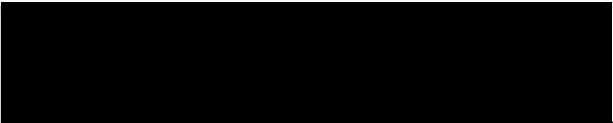
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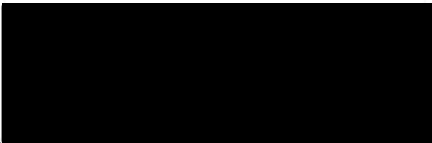
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This study was supported by traineeships
from the United States Public Health Service,
Grant Numbers 2ALL NU00250-06 and
2ALL NU00250-05.

ACKNOWLEDGMENTS

I would like to acknowledge and thank all who have given their encouragement and support in helping me to attain this goal.

A very special thanks to Sheryl Boyd, my advisor, for her unrelenting support and patience, not to mention expertise in guiding me through the thesis process. Her enthusiasm for research is contagious, inspiring and motivating me through procrastination to completion.

I would also like to thank:

Marie Brown for her perceptive insights and suggestions that brought clarity to this paper. Her humor and encouragement were also greatly appreciated.

Marie Duncan for her encouragement, helpful suggestions, and permission to use subjects and data from the Boyd and Duncan study.

Darlene Maddox for her understanding and flexibility. Her word processing expertise and knowledge of the APA format made getting this paper in final form easy.

My parents who have supported me through more than one educational endeavor, for always being there to assist me in whatever capacity was needed, bolstering my self confidence with love and encouragement.

My sister Ariane and all my running buddies for their miles of listening and encouraging.

And finally my children Tristan and Brooke and my husband John who know the true meanings of "father involvement" and "positive paternal attitude," for their love, patience and comic relief throughout this experience.

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CHAPTER I

INTRODUCTION

This study is concerned with the concept of androgyny and its relationship to fathers' attitudes towards participation in parenting activities. Although there is abundant research on the mother/infant relationship, researchers have just begun scrutinizing the equally important father/infant relationship. More research is needed on fathering to develop a better understanding of the role of the father in the family.

The roles of men and women in this country have undergone marked changes in the last century in conjunction with dramatic socioeconomic development. Industrialization has had a major impact on society as a whole and on family life as a social system within the larger social system of society. In the past, traditional sex role distinctions clearly delineated the father's and mother's roles and/or functions within the family. In Western industrialized society a precedent was set for mother-centered childrearing practices (Lynn, 1974). Infant care activities were seen as women's responsibility and therefore feminine activities (Cordell, Parke, & Sawin, 1980). In the past, fathering has been seen by many as relatively unimportant beyond protection and providing for the mother and child (Benton, 1972; Fein, 1978; Park

& Sawin, 1979). Reiber (1976) believes the distinct roles of mothering and fathering to be merely sex role distinctions imposed by social norms.

The feminist movement has been a crucial force in changing societal beliefs and definitions of masculinity and femininity. Fathers are becoming more involved in childbearing and childrearing practices, and they are receiving long overdue recognition as significant and important contributors to the physical, emotional, and psychological development of their children from birth on. Still, despite cultural changes regarding men's and women's roles, traditional sex role stereotypes persist with a powerful ability to influence behavior. The term androgyny has recently grown in popularity as an alternative to the traditional sex role definitions. By definition, androgynous persons are those with both masculine and feminine characteristics which they use according to situational appropriateness. Since childcare and nurturant behavior are not usually associated with masculinity, some fathers with a traditional masculine sex role orientation may find it difficult to perceive childcare activities as appropriate behavior for themselves. On the other hand, fathers with an androgynous sex role orientation may see childcare activities as consistent with their perception of the fathering role. This study will investigate the role of the father and the influence of sex role orientations of the mother and father on the paternal role.

As family health care providers, nurses need to expand the focus on the mother/child relationship to include the father and his relationship to other family members. Nursing research and study of families is mandatory if the profession is to gain the knowledge and understanding necessary to develop effective interventions with which to promote family health and psychological growth.

Review of Literature

The concept of androgyny as it relates to fathering is the focus of the proposed study. In order to discuss androgyny, a clear understanding of its meaning and conceptualization are necessary. Therefore, this review shall begin with a definition of androgyny, origins of an androgyny concept, measurements of psychological androgyny, conceptual assumptions, and early studies of the concept. Next, androgyny shall be discussed as it is seen as a new sex role orientation and possible phase in cultural sex role evolution paradigms. Finally, androgyny will be examined in relation to fathering, as sex role orientation appears to be one of the multiple variables related to the development of paternal involvement. Thus, the fathering role shall be examined with specific interest in paternal involvement in and attitudes toward parenting activities. The review shall be followed by the conceptual framework, operational definitions, and hypotheses.

Androgyny

Definition

The word androgyny is a combination of two Greek root words: andro = male and gyne = female. In a 1964 edition of Webster's Dictionary, androgyny is defined as both female and male in one, or hermaphroditic. Crooks and Baur (1980) use the word in a psychological sense to mean equal presence of male and female influences and feel that it should not be confused with hermaphroditism which implies a kind of mixed biological gender. Androgyny first appeared in psychological literature as a psychological concept and has become a focus of concern and interest in recent years among scholars in a number of disciplines (Bem & Lenny, 1976). It is a term which denotes the integration of both femininity and masculinity within a single individual (Bem, 1974, 1975a, 1975b; Bem & Lenny, 1976; Block, 1973, Kaplan & Bean, 1976; Pyke, 1981; Spence, Helmreich & Stapp, 1975).

The concept of psychological androgyny implies that it is possible for an individual to be both masculine and feminine, both instrumental and expressive, both agenic and communal, depending upon the situational appropriateness of these various modalities; and it further implies that an individual may even blend these complementary modalities into a single act. (Bem, Martyna, & Watson, 1976, p. 1016)

Origins of Androgyny Concept

The origins of the androgyny concept within the discipline of psychology are rooted in differential psychology, particularly the studies and investigations concerned with male/female differences (Pyke, 1980). While sex-difference literature provides very little consistent evidence of sex differences, this "does not preclude the assumption of the coexistence of the feminine and masculine principles within an individual" (Pyke, 1980, p. 23). Carl Jung may have been the first to use the androgyny concept directly, theorizing that man has a consciousness that is masculine but is counterbalanced by his anima or unconscious feminine element. Women have a masculine component as well, a masculine soul or animus. Jung perceives the male developmental task as uncovering and integrating his anima with his total personality releasing creative energy while the female task is to assist man in his psychological growth using her animus to nurture his anima. Jung's model obviously reserves androgyny in its most complete sense for the male (Pyke, 1980). Similarly, Bakan's (1966) theory postulates a masculine (agency) and feminine (communion) component in man, hypothesizing agency as detrimental to the organism if unmitigated by communion. Pyke views this as selling androgyny to men while urging women to "stay as sweet as they are." Later, Block (1973) hypothesized a six-stage model of sex role development with the last stage achieving an androgynous sex role

definition. Block claims support for her model in findings associating moral maturity and higher levels of ego functioning with more androgynous definitions of self (Pyke, 1980; Block, 1973).

There has been a proliferation of research designed to validate conceptually and behaviorally the psychological concept of androgyny (Kelly & Worell, 1977). Bem has been instrumental to the psychological development of the androgyny concept (Pyke, 1980). For years our society has viewed femininity as the mark of the psychologically healthy woman and masculinity as the mark of the psychologically healthy male (Bem, 1975b). In agreement with the feminist movement, Bem believes that society's current system of sex role differentiation has not only outlived its usefulness but that it is hindering development of men and women as complete and full human beings. Bem advocates androgyny as a new standard of psychological health (1975b). She conceptualizes masculinity/femininity (M/F) as orthogonal dimensions, deviating from the traditional view of M/F on bipolar ends of a single continuum (Pyke, 1981; Bem, 1974, 1975a, 1975b, 1976). Bem has operationally defined and constructed a measure for androgyny, the Bem Sex Role Inventory (BSRI), and through her research has made androgyny a legitimate focus for empirical psychological study (1981).

Conceptual Assumptions of Bem's and Spence, Helmreich, & Stapp's Sex Role Formulations

Bem's (1974) and Spence, Helmreich, & Stapp's (1975) models of

sex roles view masculinity and femininity as distributed separately. Men and women can be high or low on each dimension (M/F) because they are independent dimensions. The person is considered sex-typed, that is, high masculine or high feminine, to the degree that he or she endorses "sex-stereotyped characteristics of one variety to the relative exclusion of sex stereotyped characteristics of the other variety" (Kelly & Worell, 1977, p. 1102).

Another assumption is that if masculinity and femininity are not opposites, they must be defined in a way that is sex-typed but nonmutually exclusive. Bem (1974) and Spence et al. (1975) use variants of the expressive (female) and instrumental (male) distinctions and assume separate dimensions existing together to account for androgynous roles (Bem, 1974; Kelly & Worell, 1977; Spence et al., 1975).

The sociocultural ideals of masculinity and femininity would need to be assumed in defining these terms. For example, socially desirable characteristics for males would be appropriate assertiveness, instrumentality, task directedness, cognitive orientation, social ascendance, and so forth. Socially desirable characteristics for females would include supportiveness, expressiveness, affectivity, concern for others, and so forth (Bem, 1974; Kelly & Worell, 1977). Spence et al. (1975) terms their masculine dimension as "male valued" and feminine dimension as "female valued." Bem (1974) describes sex-typing as involving the

internalization of "society's sex-typed standards of desirable behavior for men and women" (p. 155). Bem's and Spence's behavioral samplings are confined to the culturally sex-typed and socially valued characteristics (Bem, 1974; Kelly & Worell, 1977; Spence et al., 1975).

A final assumption involves a response repertoire model that appears to be incorporated into their sex role formulations (Kelly & Worell, 1977). Whereas a highly sex-typed person would seem to have a limited number of behavioral responses in different situations because of inability or reluctance to engage in cross sex-typed behavior even when it might be more appropriate or adaptive, the androgynous person with a balance of masculine- and feminine-typed characteristics has both forms of responses in his/her repertoire and would, therefore, behave with more flexibility and/or adaptability from situation to situation (Kelly & Worell, 1977).

Measuring Psychological Androgyny

In the past masculinity and femininity have been conceptualized both in society and by psychologists as being negatively correlated at bipolar ends of a single continuum (Bem, 1974; Constantinople, 1973). High masculinity implies low femininity, and the absence of masculine characteristics implies the presence of feminine characteristics (Constantinople, 1973). There is a 40-year history of inventories and scales to measure M/F based on

the assumptions that the M/F construct is unidimensional by nature and can be measured by a single score (Constantinople, 1973). By this definition of masculinity and femininity the individual that scored somewhere between the two polar ends would seem to be in an unclear position, perhaps ambivalent and having sex role confusion or by implication to have deviant sexual behavior, bisexuality or maladjustment in general (Kelly & Worell, 1977). The traditional M/F scale test construction utilized: (a) the ability of an item to discriminate biological sexes as sufficient criterion for inclusion in the M/F scale, even though the item may have been irrelevant to cultural or social concepts of sex roles; (b) a single set of items on the scale to measure both masculinity and femininity so that one direction of response implies masculinity while the other direction of response implies femininity; and (c) the resulting summation of masculine and feminine responses to place the subjects at a point somewhere on a single continuum (Kelly & Worell, 1977). "Thus, the 'meaning' of masculinity and femininity was defined in terms of the empirical sex differentiated frequency of item endorsement without apparent reliance on any theory or concept of sex roles" (Kelly & Worell, 1977, p. 1102).

Bem (1974) believed that the M/F dichotomy obscured two plausible hypotheses: (a) that many individuals may be androgynous, and (b) that strongly sex-typed individuals might be severely limited by the range of behaviors available to them from situation

to situation. The more recent sex role formulations and inventories of Bem (1974) and Spence et al. (1975), rely on the following set of assumptions:

- a) an orthogonal two dimensional model of masculinity/femininity; b) a sociocultural definition of sex roles; c) the sampling of positive, socially valued but sex-typed characteristics; d) a "response repertoire" model of sex role style. (Kelly & Worell, 1977, p. 1102)

Bem's Early Studies

Bem developed the Bem Sex Role Inventory (BSRI) as a tool to measure how masculine, feminine or androgynous a person was (see Appendix A). A detailed description of the BSRI will be given in the next chapter.

Using the BSRI as her tool to measure for androgyny, Bem set out to test her hypotheses, that sex-typed individuals are restricted in their behavior, and androgynous persons are more adaptable. To do this Bem measured a number of behaviors stereotypically either feminine or masculine, choosing actions that represent the best of what masculinity (assertiveness, independence) and femininity (nurturing, willingness to be responsible or helpful toward another living creature) have come to stand for and that any healthy adult should be capable of. Bem predicted that sex-typed individuals would do well only if the activity performed was considered appropriate for his sex by traditional sex role

standards while the androgynous individuals would do well regardless of sex role stereotypes attached to the activity (Bem, 1975a).

Bem (1975b) conducted a study of independence by placing individuals in a booth with microphones and earphones and showing them a series of cartoons previously rated for their humorous quality. The students thought the study was on humor when in fact it was to test conformity versus independence of judgment. As a new cartoon appeared, the subjects heard the experimenter call on each of them in turn, asking for their ratings of the cartoon. They were actually listening to a preprogrammed tape in which the voices answered the experimenter falsely, for example, rating a cartoon as funny when it was not, and vice versa. There were 36 trials of taped voices. As predicted, feminine women were less independent than anyone else, conforming to the incorrect taped judgments more frequently than masculine or androgynous persons. A similar study was done to test for assertiveness where the experimenter called subjects on the telephone with the unreasonable request of: "When would you be willing to spend two hours, without pay, to fill out a questionnaire about your reactions to various insurance policies for students?" They were not asked whether they would participate or not, but rather under the assumption that they would, they were simply asked when. To agree would cost the subject time, effort, and inconvenience, but to

refuse, he/she would have to assert his or her preference over that of the caller. As predicted, the feminine women found it harder than anyone else to be assertive. When later asked how difficult they found it to turn down the caller, 67% of the feminine women found it very difficult compared with 28% of the masculine men or androgynous students.

The feminine behaviors Bem selected to test all measured the extent to which a person would be willing to help or be responsible for another living creature. In the first study, the experimenter measured how responsive people were toward a 6-week-old kitten. The subjects were told that the experimenter was looking at how different activities affected their moods, while in actuality only their reaction to the kitten was being monitored. A kitten was put into a room with the subject who was told to respond to it any way he or she wished. It was recorded how often the subject petted or touched the kitten. Later the subject was given a choice of different activities in the room (i.e., puzzles, reading, playing with a maze, or playing with the kitten), and time spent playing with the kitten when they didn't have to was measured. As predicted, masculine men were the least playful with the kitten--only 9% had a high degree of playfulness, compared with 52% of other students. An unexpected result was that androgynous women were more playful toward the kitten than feminine

women who were thought to be so fond of cuddly small things. The difference was 64% compared to 34%.

In another study, Bem, Martyna, and Watson (1976) conducted the same test except that this time a 6-month-old baby was used instead of a kitten. Subjects were told that the experimenter was concerned with infants' reactions to strangers. The experimenter observed for 10 minutes through a one-way mirror, measuring the students' responses to the infant, that is, how often the subject talked to, smiled at, or picked up the infant. Again, the masculine men were least likely to play with the infant with only 21% being highly responsive as compared with 50% of all other students. This time feminine women responded warmly but no more than androgynous women. Another experiment tested a subject's response to a person with emotional problems. The subjects were paired in the lab with one assigned to be the "talker" and the other as the "listener" for what they were told was a study in acquaintance. Actually, the talker was a confederate of the experimenter who delivered a memorized script of personal problems. The listener was instructed to never shift the focus of the conversation away from the talker, but he was allowed to ask questions and make comments. Recordings were made of how often the listener nodded or made sympathetic comments. The listeners were also asked later how concerned they felt about the talker's problems. Masculine men were least responsive again, with only 14% above average in

showing concern or reacting sympathetically compared to 60% of the other subjects. Feminine women reacted most strongly to the talker, even more so than androgynous women.

Bem et al. (1976), felt that this pattern of results suggests that rigid sex roles can seriously restrict behavior, especially for men. The masculine men performed well on stereotyped activities and poorly on feminine activities. They were unable to express concern, warmth, and playfulness, perhaps traditionally feminine traits but certainly important human traits as well. Feminine women were also found to be restricted to performing well in feminine activities but lacking in masculine sex-typed activities such as in asserting their own preference and independent judgments. The lack of response to the kitten may have been that feminine women are also afraid of animals. In contrast to the masculine men and feminine women, the androgynous men and women responded to the situations as was needed or appropriate, regardless of traditional sex role typing of the activity. They showed independence, assertiveness, warmth, and responsiveness equally well. It should be noted, Helmreich, Spence and Holahan (1979) found Bem's studies to be somewhat unclear about what to expect in cross-sex typed individuals (masculine women, feminine men), as her interest has focused on the masculine men, feminine women, and androgynous individuals who are all more common in our society.

It would seem to follow from an extension of her logic, however, that these groups would also be less flexible than undifferentiated and androgynous groups showing the mirror image in their preferences and comfort ratings of same- and opposite-sex tasks as masculine men and feminine women. (p. 1635)

Bem and Lenny (1976) designed another study to test whether sex-typed people avoid cross-sex or opposite-sex behavior. Subjects were asked to choose an action to perform for pay and were told that it didn't matter how well they did the activity. In fact, they only had 1 minute to perform while a photograph was taken of them, supposedly for another study. The subjects were given 30 pairs of activities to act out for pay. The pair combinations were as follows: (a) masculine activities pitted against feminine activities, that is, oiling a hinge versus preparing a baby bottle; (b) feminine activities pitted against neutral activities, that is, winding yarn into a ball versus sorting newspapers geographically; and (c) masculine activities pitted against neutral activities, that is, nailing boards versus peeling an orange. As predicted, feminine women and masculine men consistently avoided opposite sex behavior even when it offered more pay. The subjects preferred losing money over acting in trivial ways characteristic of the opposite sex, particularly when the person running the experiment was of the opposite sex. Of the

sex-typed subjects, 71% chose highly stereotyped activities compared with 42% of the androgynous students. Wondering how subjects would feel if they had to carry out an opposite sex activity, Bem asked all the subjects to perform three masculine, three feminine and three neutral activities while being photographed. They were then asked to rate how each activity made them feel about themselves. As was expected, masculine men and feminine women reported feeling much worse than androgynous subjects about doing a cross-sex task. When asked to perform opposite sex tasks, the sex-typed subjects felt less likable, less attractive, less feminine or masculine, and more nervous and peculiar, especially when the experimenter was of the opposite sex (Bem, 1975a).

The results of Bem's studies convinced her that traditional concepts of femininity and masculinity do restrict people's behavior in important ways. Advocating androgyny as a more human standard of psychological health, she feels it is time we allowed assertive, independent, self-reliant behavior and sensitivity, concern for the needs and welfare of others and the ability to relate to other people and depend on them for emotional support as traits appropriate and important for all human beings to have (Bem, 1974, 1975a, 1975b).

Sex Roles and Androgyny

The primary category for human classification is sex. Immediately after birth, babies are labeled "male" or "female" on the

basis of physical sex characteristics (Schaffer, 1981). An understanding of sex roles and their impact on human experience is necessary for an understanding of the role of fathering. The male sex role and fathering role seem inherently intertwined and inseparable, just as the word father implies male or very simply defined means male parent. Russell (1982) feels that the traditional cultural belief "that mothers should have the major responsibility for the care of children . . . is the most fundamental of the beliefs on which current sex role patterns are based" (p. 139). On this basis the following assumptions are made: (a) the mother/infant relationship is both unique and necessary, (b) fathers do not have the same capacity for nurturance and are not as sensitive as mothers to the needs of their children; and (c) the father/infant relationship is not very important (Russell, 1982). Today's sex roles appear to be in a state of flux as these views are being challenged. In agreement with this, Pleck (1981) feels that the study of sex roles is in a critical transitional stage in which elements of an older paradigm for sex role research persist while a new way of viewing sex roles is emerging. Pleck's sex role paradigms shall be discussed in the following paragraphs preceded by definitions of sex role and related terms.

Sex role stereotypes are widely held beliefs that men and women differ in many of their characteristics (Spence et al.,

1975). Similarly, Schaffer (1981) defines stereotypes as widespread assumptions and beliefs about the personality traits and characteristics of men and women. Sex role stereotypes refer to women and men as members of different groups and do not often account for or allow individual differences within the groups (Schaffer, 1981). The concept of "sex role stereotype" as popularly used "usually means inaccurate perceptions of the sexes rooted in traditional ideology" (Pleck, 1981, p. 136). Pleck (1981) makes a distinction between stereotypes and norms as he defines sex role as referring to the set of characteristics and behaviors widely viewed as "(a) typical of women or men (sex role stereotypes), and (b) desirable for women or men (sex role norms)" (Pleck, 1981, p. 10). These behaviors and characteristics of sex roles include aspects of social roles such as activities performed in the family and at the job and aspects of personality, such as dispositions and traits (Pleck, 1981). The male role may be characterized in specific social roles by terms like breadwinner, father, and husband, and in regard to personality by traits such as emotionally inexpressive, competitive, aggressive or goal oriented. Pleck distinguishes this sex role definition from a more general concept of social role in that most definitions of social role are concerned only with desirable behaviors and characteristics, whereas his definition of sex roles is concerned with not only desirable but also typical behaviors and characteristics.

He views sex role as a special type of social role in regards to its descriptive element and in the kind of social group to which it refers. Where other social roles are defined in prescriptive terms, sex role is defined in prescriptive and descriptive terms. Essential to defining sex role are the concepts of stereotype and norms:

Sex role stereotypes are widely shared beliefs about what the sexes actually are like, that is, descriptive beliefs about the sexes. Sex role norms are widely shared beliefs about what the sexes should be like, that is, prescriptive beliefs about the sexes. (Pleck, 1981, p. 135)

The concept of stereotype comes from studies of prejudice against ethnic and racial groups, results suggesting prejudice comes partly from inaccurate and negative beliefs about a group's actual characteristics (Pleck, 1981). The concept of norm comes somewhat from occupational and family roles research. Pleck (1981) views sex role as similar in some ways to family and occupational role and in other ways to an ethnic identity.

Sex-typing is another term often used in discussion of sex roles. While stereotypes and norms are beliefs about men and women as social groups, sex-typing refers to actual characteristics of an individual along sex role-related dimensions. It may refer to the processes by which females and males come to have different characteristics, differences between the sexes, or it

may refer to the process by which one boy or girl develops more masculine or feminine characteristics than another boy or girl, that is, differences within each sex (Pleck, 1981). As stated earlier, Bem (1974) describes a sex-typed person as someone who has internalized society's sex-typed or sex role standards of desirable behavior for men and women. By suppressing behaviors that are considered inappropriate for his/her sex, a highly sex-typed person keeps his/her behavior consistent with his/her internalized sex role standard, perhaps limiting his/her range of behaviors available to him/her from situation to situation (Bem, 1974). Sex-typing is assessed by scales of sex role-related dimensions where subjects rate themselves or are rated by others. Bem's Sex Role Inventory (1981) and the Personal Attributes Questionnaire (Spence et al., 1975) are examples of more recently developed sex-typing measures.

Sex role identity is another term Pleck uses in his paradigms and, as defined by him, "is a hypothetical psychological structure by which, it is thought, an individual psychologically 'validates' or 'affirms' his or her sex group," (Pleck, 1981, p. 12) going beyond cognitive awareness of biological sex to psychological identification with it. Schaffer (1981) defines it simply as a person's awareness of belonging to one of the two sexes. She calls it gender identity instead of sex role identity, and gender

roles consist of the behavior people display to indicate their gender.

Male Sex Role Identity (MSRI)

In his book, The Myth of Masculinity, Pleck (1981) critically examines a set of ideas about sex roles, the male role in particular, that he calls the male sex role identity paradigm (MSRI). This view of the sex roles has dominated the social sciences since the 30s and has shaped our culture's conception of the male role (Pleck, 1981). Although this paradigm was never identified as a theory and as such put through rigorous analysis, he feels it is representative of a psychology of masculinity constructed by our society, a product of our culture so taken for granted there was little awareness that it was only one possible way of viewing sex roles.

The MSRI paradigm views the establishment of sex role identity as the fundamental problem of individual psychological development. An assumption of the MSRI paradigm is that an individual's sex role identity is ideally derived from his or her relationship with the same sex parent by modeling, reinforcement and cognitive learning of sex-typed traits. It is, therefore, suggested that men's efforts to attain a healthy sex role identity are hindered by such factors as maternal overprotectiveness, paternal absence, a feminizing influence in the schools, and the current trend of blurring male and female roles in our society. According to the

paradigm, it is more difficult for males to achieve appropriate sex role identity; black males are particularly vulnerable to sex role identity problems; and homosexuality reflects a disturbance of sex role identity and is an obvious expression of the difficulty in our culture for a man to achieve a masculine sex role identity. MSRI advocates more paternal involvement with children but for different reasons than those preferring a new sex role paradigm such as androgyny. Another proposition of the paradigm suggests that hypermasculinity, exaggerated masculinity often resulting in negative social consequences, indicates insecurity. Male adolescent initiation rites are seen as a response to sex role identity problems. The MSRI views sex role identity development as an innate psychological need, with individuals preprogrammed to learn a traditional sex role as a part of their normal psychological development. In other words, sex roles develop from within rather than being imposed arbitrarily from without, and culturally defined sex roles do not restrict the individual's potential but rather they are external structures necessary for normal development. The paradigm operationally defines sex role identity by measures of psychological sex-typing, conceptualized in terms of psychological masculinity and/or femininity dimensions. In the final assumption, the paradigm attributes the difficulty for men to develop and maintain sex role identities to historical changes in the character of work and the organization

of the family (Pleck, 1981). These ideas and assumptions of the MSRI paradigm are summarized by Pleck in 11 propositions, all of which he claims represent a particular line of research conducted by social scientists.

Pleck (1981) interprets the MSRI paradigm, in brief, "as the product of the interaction between late nineteenth and twentieth century social concerns about masculinity and an early, immature stage of psychoanalytic thought" (p. 158). After dominating research on sex roles for 4 decades, anomalous results and trends in society and the social sciences caused its evolution through three stages to a new and radically different paradigm now taking shape. Pleck believes the MSRI paradigm originally grew out of the mental testing tradition in early American psychology. Psychology emerged as a modern science in the early twentieth century with the development of standardized intelligence tests. Following this model, the first sex role identity researchers developed the first masculinity/femininity (M/F) scales, ranking individuals on a hypothetical continuum ranging from masculinity to femininity. Pleck calls this early phase the "simple conception" of sex role identity as researchers conceptualized sex role identity as a single dimension of personality. The influence of psychoanalytic theory on academic psychology in the 1940s led to a second phase of MSRI research where the paradigm began to distinguish sex role

identity at two levels, the conscious and the unconscious. Referred to as the "multileveled conception" of sex role identity, this view suggested that masculine behavior in men, particularly extreme masculine behavior, may indicate overcompensation for an unconscious feminine identity. It was not until the 1960s that MSRI theorists appeared to enter a third identity phase. Researchers started seeing the possibility of masculinity and femininity as two independent psychological dimensions rather than at opposite ends of a single dimension. An individual's sex role identity could be both masculine and feminine or androgynous. They began to view an androgyny identity as ideal, allowing for greater flexibility in behavior. This phase emerged at a time when traditional sex roles were being questioned and challenged with the birth of the feminist movement.

In addition to changing trends in society at large, the paradigm's evolution was stimulated by empirical problems internal to the paradigm. The various M/F scales based on simple concept of sex role identity were not as strongly related as they should have been if they all assessed a single dimension of sex role identity. Some of these findings could be explained by the multileveled conception; however, this led to new problems. Looking for an alternative model to resolve some of these problems, researchers proposed the androgynous conception. This concept has also generated puzzling results but has become an important transitional

concept to a completely "new way of viewing sex roles that has emerged both in the social sciences and in society" (Pleck, 1981, p. 8). Pleck calls this new interpretation of sex roles the "sex role strain" (SRS) paradigm, and he summarizes it in the following proposition:

- 1) sex roles are operationally defined by sex role stereotypes and norms;
- 2) sex roles are contradictory and inconsistent;
- 3) the proportion of individuals who violate sex roles is high;
- 4) violating sex roles leads to social condemnation;
- 5) violating sex roles leads to negative psychological consequences;
- 6) actual or imagined violation of sex roles leads individuals to over conform to them;
- 7) violating sex roles has more severe consequences for males than females;
- 8) certain characteristics prescribed by sex roles are psychologically dysfunctional;
- 9) each sex experiences sex role strain in its paid work and family roles; and
- 10) historical change causes sex role strain." (Pleck, 1981, p. 9)

Pyke (1980) describes the evolution of sex roles somewhat differently than Pleck (1981) but basically comes to the same conclusion about androgyny, that it is another phase or transition in the evolution of sex roles rather than the final goal. There are six stages she identifies in her hypothesized model of the evolution of sex role development from a species perspective. The first stage is called the undifferentiated stage. Taking place

during the late Miocene period, this was a time of gradual emerging of awareness but where individual survival was the "name of the game" and sex roles as such did not exist. With the exception of biological mothering, there was no sexual division of labor during this stage. During the next stage, the biological stage, emphasis was placed on biological differences, that is, unique powers of women such as childbearing and nursing and limitations on women such as pregnancy, menstruation and being physically weaker. It is suggested that possibly the unique powers of women engendered a sense of awe and mystery as well as fear among men, and to handle their fear men needed to denigrate the object of fear, subjecting limits on women based on biological distinctions. In the middle Pliocene period, a division of labor on the basis of sex occurred due to adaptations to environmental changes, infant immaturity and the female's biological capacity for nursing. At this time the division of labor was not correlated with a generalized view of female inferiority. The third stage, the polarity stage, took place during the 17th, 18th and early 19th centuries. This stage was characterized by rigid sex role categorization allowing for no deviation and including a general contempt for women and demeaning of their work, while there was an elevation of male psychology as normative or superior. Unrestricted by biology, men were in a position to accrue wealth and property which led to control of women to ensure the offspring were legitimate heirs,

resulting in women becoming a form of property also. The fourth stage is the deviation stage. In North America the antislavery movement gave impetus to this phase. With technological advances such as labor-saving devices and contraception and the necessity of females in the labor force during wars, women became more visible in public arenas leading to increased tolerance for deviation from traditional female roles. The women's liberation or rights movement in the 60s brought legislative changes bringing greater changes in women's roles, although for the majority traditional role prescriptions are still practiced. Following this stage is the androgyny stage. It is described as being just over the horizon and characterized by individuals acquiring skills, attitudes, traits, values and psychological qualities traditionally viewed as characteristic of the opposite sex. In society this stage would include sexual equality in the labor market, rewards for androgynous orientations, mild disparagement of sex-typed individuals, greater variance in life styles and greater tolerance for variance. The final stage, transcendence, is the ultimate or final goal in the evolution of sex roles in Pyke's hypothesized model. Societal expectations for individuals would no longer be primarily on the basis of gender but instead the emphasis would be "on the individual as a gestalt - an autonomous being with a unique, idiosyncratic complex concatenation of habits, skills,

attitudes and inclinations which may be freely expressed unhampered by arbitrary roles and restrictions between psyche and sex" (Pyke, 1980, p. 30). To reach this stage, Pyke feels sex role ideology based on ideas of feminine/masculine qualities, whether together as in androgyny or separate, must be totally exorcised before sex role transcendence, the final goal, can be achieved (Pyke, 1980).

In opposition to those who eagerly embrace androgyny as the ultimate in sex role evolution, Pyke (1980) believes it has definitional and conceptual problems and produces contradictory evidence. She did not elaborate or give examples of this. Although she agrees that androgyny allows for greater freedom for individual expression and behavior and is a more humanizing orientation, Pyke feels it still perpetuates the femininity/masculinity duality. "Perhaps the ephemeral, artificially contrived nature of femininity and masculinity accounts in part for our difficulties in identifying and measuring these assumed differences in the psychological domain" (Pyke, 1980, p. 27).

Androgyny in Relation to Fathering

Although there is a great deal of literature on the concept of androgyny, only three studies were found that have looked at androgyny in relation to fathering.

Cummings (1979) conducted a study "to examine the relationship

between psychological androgyny in new fathers and their expectations of the expressive and instrumental dimensions of the fathering role" (p. 1). One hundred subjects met the criteria for inclusion in the study which were willingness to participate, married, and first time fathers whose wives and infants were both healthy. The subjects were approached by the investigator at two New York hospitals and asked to volunteer to fill out a three-part questionnaire immediately or within 7 days of the birth. The measuring instrument for androgyny was Bem's BSRI, and the investigator designed an instrument to discriminate between fathers who expect the father role to be more or less expressive in nature and those who expect the father role to be more or less instrumental in nature. Androgyny and the father's role expectations, as defined by Cummings, were not found to be related. It was found that fathers expected to share the expressive role almost equally with the mother and mothers were expected to be slightly more instrumental than the father as he was still seen as the major breadwinner for the family. The findings were unexpected, as Bem and her associates (Bem & Lenny, 1976; Bem, Martyna & Watson, 1976) had found a relationship between androgyny and expressiveness in the laboratory situation. Cumming's study had the advantages of a larger sample and subjects nearer to the "lived situation," while Bem's laboratory studies had contrived situations and a narrow range of measured behavior. However, Bem's

studies measured actual behavior, while Cummings measured expected behavior.

Another study that looked at the relationship between the father's role and masculinity, femininity and androgyny was done by Russell (1978). He felt that the relationship between nurturance and sex role classification found in the laboratory by Bem and associates (Bem & Lenny, 1976; Bem et al., 1976) might extend to parenting behaviors. In his study, Russell expected androgynous fathers to be more involved in childrearing than masculine fathers and that as a group androgynous and feminine fathers would be more involved than masculine and undifferentiated fathers who are both low in femininity. The mother's sex role and childcare behavior were also investigated in this study. Russell hypothesized an interaction between mother's and father's sex roles and their parenting behavior, that is, fathers married to masculine or androgynous women might be more involved than fathers married to feminine sex-typed women. The study included 43 father/mother couples with a child under 10 years of age. These couples were from traditional families, that is, father employed and mother not employed. The couples were approached in a shopping center in a suburb of Sydney, Australia, and two small country towns. To determine level of parent involvement, Russell conducted a structured interview with the father and the mother together. The BSRI was also used in this study to determine sex role classification.

Unlike Cumming's (1979) study, Russell's findings indicated that the degree of paternal participation was related to sex role classification. As predicted, it was found that androgynous fathers carried out more childcare tasks; they were more involved in day-to-day caretaking activities and play and interacted with their children more than masculine fathers. The fathers high in femininity participated more than those low on femininity also. "Studies show that the fathers who participate more extensively in childrearing are also the fathers who are more nurturant, sensitive and more influential in their children's development" (Russell, 1978, p. 1179). Russell was careful to note, however, that although androgynous men display nurturance and participate more in childcare, this does not mean that an androgynous personality trait causes these behaviors. He suggests that father participation may be a complex interaction of variables. It was also found in this study that the degree of mother participation was not related to sex role classification. There was some evidence of mother's influence on father's level of participation, however. Fathers low on femininity married to women low on masculinity participated and interacted less than fathers low on femininity married to women high on masculinity (Russell, 1978). Although he admits other plausible explanations for this, Russell feels the important factors in this analysis are that highly masculine fathers would feel childcare is not their domain and

that highly feminine mothers would feel it is their domain. This goes along with Bem's (1975a) findings that masculine men and feminine women would consistently avoid the activity viewed as inappropriate (cross-sex behavior) for their sex even if they were offered more money in the laboratory setting.

Russell (1982) conducted another study of Australian families with a specific interest in nontraditional families in which fathers had the major or at least equal responsibility for the day-to-day care of their children. He termed these families "shared-caregiving families" but frequently referred to them as nontraditional families. Throughout the study, comparisons were made between the nontraditional families and traditional families. Traditional families were defined as families in which fathers were employed and mothers were not employed, while nontraditional families were defined as:

Two-parent families in which the mother and father share the caregiving or the father has the major responsibility, and in which the father has sole responsibility for his children for at least 15 of their waking hours each week--the average reported by parents was 26 hours/week. (p. 141)

Russell chose to define his sample in terms of father's caregiving behaviors rather than in terms of parental employment arrangements as a result of preliminary findings indicating that the hours of

father's paid employment was a poor predictor of paternal involvement in childcare regardless of mother's employment. Fifty two-parent families with at least one child under 10 years of age were recruited as a part of a more extensive study of 300 Australian families. Data was collected from interviews in the parents' homes; both parents were interviewed separately and together giving self report in response to open-ended and unstructured questions. Russell felt this method necessary in early stages of an investigation but identified it as a major limitation of the study. In addition to interviews, parents in 33 families also completed the BSRI. The study focused on three broad issues: family life style, explanations for a shared caregiving family pattern, and consequences of a shared-caregiving life style. For the purpose of brevity, only those findings and implications relating to the relationship between sex role orientations and paternal involvements in childcare shall be discussed.

As in his earlier study, Russell (1978) hypothesized that the relationship between display of nurturance and sex role classification found in Bem's studies (Bem, 1974, 1975a, 1975b, 1977; Bem & Lenny, 1976; Bem et al., 1976) would extend to parenting behaviors, particularly the father's behavior. Russell expected shared-caregiving fathers to describe themselves in a less traditionally masculine way than traditional fathers. As predicted, nontraditional fathers scored higher on femininity on the BSRI and

nontraditional mothers scored higher on masculinity as compared to traditional fathers and mothers. In the shared-caregiving group, there were more androgynous mothers and fathers, fewer feminine mothers, and fewer masculine fathers. The relationship between mother's masculinity and father's femininity was not statistically significant but showed a tendency in that direction. In Russell's 1978 study, as stated earlier, fathers low on the femininity married to mothers high on masculinity did participate more in childcare and interacted more with their children, than low femininity fathers married to low masculinity mothers. These differences almost reached statistical significance. Possible explanations Russell offered were that high masculine mothers felt less competent in childcare activities, causing more father involvement, or that high masculine mothers with more qualities of independence and assertiveness insisted on more father participation. Bem's findings (1975a; Bem & Lenny, 1976) support the idea that masculine men might be less inclined to engage in nurturing behaviors because they feel it is not their domain (cross-sex behavior), whereas feminine women might be inclined to feel childcare is their domain. Russell (1978) feels these may be the more important factors but had insufficient numbers of subjects to look at specific analysis of either high femininity in mothers or high masculinity in fathers.

Bem (1974) suggests that differences in sex role behavior may be due to differences in beliefs about the two sexes. Similarly, Parke (1981; Parke & Sawin, 1979) felt that parental behavior might be a reflection of parental beliefs and/or perceptions of their role. Following this line of logic, Russell (1982) looked at parental beliefs underlying their decision to adopt a nontraditional lifestyle. He hypothesized that:

nontraditional families would be: less likely to believe that there are fundamental biological differences between mothers and fathers; likely to believe that mothers and fathers have equal abilities to be caregiver; and more likely to attribute current sex differences in parental roles to social factors."

(p. 148)

Results showed significant family type differences in line with the hypotheses. The differences between traditional and shared-caregiving fathers was particularly marked; caregiving fathers were more likely to believe, as did mothers, socialization explanations for sex role differences. Many parents believed in maternal instinct but more so in traditional families, particularly traditional fathers.

In regards to parent/child interactions, shared-caregiving fathers were found to be more like traditional mothers, that is, more involved in indoor cognitive and creative play versus rough

and tumble outdoor play of traditional fathers. This was consistent with Field's (1978) findings that suggest fathers with a major caregiving role adopt an "interactive style" with their children similar to that of traditional mothers.

As a result of their change from a traditional lifestyle to a nontraditional one, parents of this shared-caregiving group reported changes within themselves and with their relationships with their children and with each other. Mothers reported advantages of increased self-esteem, independence, mental stimulation and job satisfaction; disadvantages reported included feeling guilty about leaving their children and physical demands of job and family, such as exhaustion and feeling rushed. Mothers also reported feeling less closeness to their children yet greater tolerance. Fathers reported advantages of feeling a strong close bond to their children, an improved father/child relationship, and a better understanding of the caregiving role. The disadvantages fathers reported were the constant demands of the caregiving role and criticisms from the male peer group. The parents reported changes in the husband/wife relationship such as less time spent together and more tension but greater equality. The parents reported only 30% of neighbors, close friends and relatives as being supportive of their nontraditional lifestyle; generally, women were found to be more supportive than men.

In view of these results, it is tempting to advocate shared-caregiving lifestyles despite the disadvantages reported. For example, it would seem better for children to have a mother that may be around less time but one with a higher sense of self-esteem and independence, and greater tolerance for her children (i.e., the mother has less time but more quality time). The mother loses some of her closeness to her child, but the father gains greater closeness. Parents may have less time together but have feelings of greater equality and understanding of each other's roles as worker and caregiver. It seems that children would benefit more from two equally involved parents than one parent, if for no other reason than providing a wider variety of experiences with two different caregivers (i.e., more mirrors of self to test and learn from). More research is needed on the developmental outcomes for children as well as the effects on the parent's development and the father/child relationship (Russell, 1982).

Eighteen of these families were in a 2-year follow-up study. Nine of the families had reverted back to a traditional lifestyle, and in only four cases were the lifestyles found to be the same as in the initial interview. The BSRI scores obtained on the initial interview were reexamined for those parents who reverted back to a traditional lifestyle. It was hypothesized that the more traditionally masculine fathers and feminine mothers would be more likely to revert back. Statistical significance to support this

hypothesis was not found, but because of the small number of subjects, Russell (1982) felt that it was still plausible and needed further study. Those who reverted back reported doubts about the advantages of the nontraditional lifestyle, especially for mothers (Russell, 1982). The major benefits they experienced from the nontraditional lifestyle were a closer father/child relationship and husband/wife relationship and fathers willing to be more helpful. Mothers' doubts about the advantages of a non-traditional lifestyle might be explained by recent findings which indicate that even those fathers more involved in childcare than traditional fathers are still less involved than the average mother (Lamb, Frodi, Hwang & Frodi, 1982).

In summary, factors which Russell (1982) found to be important in the decision to adopt a family lifestyle in which fathers are caregivers were the following: sex role concepts of parents; beliefs about the roles of parents; family financial situation; employment potential of parents, especially mothers; flexibility in hours of employment; family characteristics; prior experiences with children and knowledge about childcare. He suggests that the variables may combine differently within families, some factors may override others, and reasons for adopting a nontraditional lifestyle and for continuing it may be different. Due to the complexity of families and multiple factors involved, no simple conclusions can be drawn (Russell, 1982).

Radin (1982) questioned Russell's (1982, 1978) suggestion that sex role self-concepts influence family lifestyles. Her study examined possible antecedents and consequences of paternal child-rearing in two-parent families. A self-selected sample of 59 intact, middle-class, primarily white families with a child 3-6 years of age, living within 50 miles of Ann Arbor, Michigan, was chosen for the study. There were 32 boys and 27 girls participating in the study. The sample was divided into three groups according to degree of paternal involvement (high, medium, and low) determined by a "Paternal Involvement in Child Care Index" (Radin, 1982). The father's and mother's total involvement scores were added to give a grand total involvement score that formed a continuous variable. The higher score indicated more paternal involvement. The top 20 families were labeled "Father Primary Caregiver" group; the middle 19 were the "Intermediate" group; and the bottom 20 families were the "Mother Primary Caregiver" group. The parents' sex role orientation was determined by the BSRI. Data was collected from parents through parental interviews in addition to various paper and pencil inventories and from children through a series of tasks administered to the child. Results regarding sex role orientation indicated no significant differences between primary caregiving fathers and the husbands of primary caregiving wives on the Bem (1974) masculinity and femininity scores. In the "Father Primary Caregiver" families, there

was more paternal involvement in childcare with less masculine mothers and more masculine fathers. Radin suggested the possibility that those individuals most secure in their gender identities might comfortably deviate from traditional role prescriptions, while those with insecure identities would conform rigidly to traditional roles. Although her evidence is contrary to Russell's (1982) results, it nonetheless points out the influence which sex role orientation has on behavior.

Another study of nontraditional families was conducted by Lamb et al. (1982). Taking advantage of a unique national family policy which the Swedish government adopted over the past 10 years, they were able to look at nontraditional families. Beginning in 1974, the Swedes designed a series of reforms with the intent to eliminate "antiquated sex-role stereotypes." They believed that until men shared some of the traditional responsibilities of home and childcare, equal employment opportunities for men and women could not be guaranteed. The reforms were designed to involve men in activities traditionally considered feminine. One of these reforms, the national parent leave program, guaranteed 90% of the parent's income for 9 months, allowing the parent to remain at home to care for a newborn. The parent choosing to take the paid leave could be either the mother or the father or any combination of the two decided upon by the parents. For example, the mother could choose to stay home for 3 months and

then the father for 6 months, both could work half-time for 9 months, one parent could stay home for the entire 9 months, and so forth. In addition, both parents were given 2 weeks' leave with full pay immediately following the birth of their infant. To further insure job security and to encourage parents to take advantage of the program, legislation mandated employers to guarantee reemployment without prejudice or loss of seniority. Social reformers were disappointed to find that the vast majority of parents taking advantage of the leaves were the mothers. By 1979 only 15% of the parents taking leaves were the fathers, and most of those fathers only took 1 month or less of the allotted time. Lamb et al. (1982) designed an ongoing study of 52 Swedish couples and their firstborn infants, all of whom lived in Goteborg, Sweden. Subjects were recruited through childbirth preparation classes. The ages of the men ranged from 22-51, and the women's ages ranged from 21-35. The investigators recruited 26 couples in which the father planned to stay home for 1 or more months (non-traditional family), and 26 couples in which the father planned to take little more than the 2 weeks' leave given to all parents (traditional family). The only demographic dimensions on which the two groups differed was education; nontraditional parents were slightly better educated. Data was collected by interview and observation methods. In addition, couples were asked to complete Weinraub's Household Task Inventory (Weinraub & Leite, 1977) and a

Swedish translation of Bem's Sex Role Inventory (Bem, 1974). Lamb et al. (1982) were interested in motivations, attitudes, and values of highly involved fathers and their wives. Data was collected through interviews conducted before and after the birth which were designed to determine how important employment and parenthood were to each parent, how the parents planned to divide their responsibilities, and how their friends and family felt about their plans. Postnatal interviews provided information about how the parental responsibilities were actually divided, a reevaluation of the importance of parenthood and employment, and an assessment of each parent's satisfaction. Through observation the investigators gathered information on each parent's responsiveness to the infant's signals and on gender differences between the parents' responses, focusing on differential treatment of sons and daughters as well as gender differences in styles of parenting behavior. The investigators predicted that: parental sensitivity, involvement, and satisfaction would be greatest when parenthood was valued highly and work was less valued; the value of parenthood would be negatively and value for work positively related to resentment of the infants' intrusion; and nontraditional fathers would value parenthood more and work less than traditional fathers. Results revealed substantial differences between the traditional and nontraditional families despite their similarities in demographic areas such as age, education, and occupation. As

predicted, fathers-to-be in nontraditional families valued parenthood more and work less than their wives, and the reverse was true of traditional fathers-to-be who valued work more and parenthood less than their wives did; nontraditional parents anticipated greater paternal involvement in early childrearing than traditional parents; and nontraditional families distributed household tasks in a less sex role stereotyped fashion than traditional couples and husbands and wives themselves were less sex-typed. It should be noted that at the time of the postnatal interview (5 months), few fathers had assumed primary caretaking responsibility, and there were no differences between the two family types in the number of fathers who had done so or in the average amount of time the fathers had spent as primary caretakers. Postnatal interview results indicated the following:

1. The value of parenthood to both mothers and fathers was negatively correlated to resentment of the infant's intrusion and positively correlated with satisfaction involving parenthood.
2. The father's value of parenthood and satisfaction were correlated with measures of paternal caretaking and involvement.
3. The mothers perceived their spouses to be more involved and engaging in more caretaking when mother's value of work was higher.
4. The mother's value of work was positively correlated with

resentment and negatively correlated with reported satisfaction with parenthood.

5. The traditional fathers resembled nontraditional mothers to the extent that the value of parenthood and the value of work were negatively related.

6. Postnatally nontraditional parents valued both work and parenthood more than traditional parents.

7. The nontraditional fathers reported more caretaking and involvement than traditional fathers did. However, there were no differences between traditional and nontraditional families in mothers' reports of fathers' caretaking and involvement.

8. The gender differences which were found included mothers reporting more satisfaction with parenthood than fathers.

9. The androgynous parents were more satisfied with parenthood and valued parenthood more than those who were sex-typed.

10. The parental involvement and attitudes were unrelated to the infant's sex.

The investigators were also interested in stylistic differences in parenting behavior and hypothesized:

If nontraditional (caretaking) fathers behaved more like traditional mothers than traditional fathers, it would suggest that the style differences have their basis in the differential socialization and distinctive role demands of adult men

and women in traditional cultures. (Lamb et al., 1982, p. 130)

Mothers and fathers were found to behave in characteristically different ways regardless of family type. The behavioral and interactional style of the father was not changed by an increase in paternal involvement. In other words, it appeared that parental gender had more influence on style of parental behavior than family type. These differences in parental behavior style may be due to biological differences between the sexes or to well socialized sex differences affecting even the nontraditional couples who seem "eager to shake off remaining trappings of sex stereotype" (Lamb et al., 1982, p. 134). As stated earlier, Field (1978) and Russell (1982) found evidence that fathers with a major caregiving role adopt an interactive style with their children similar to that of traditional mothers.

Father's Attitudes

Another study on antecedents and consequences of various degrees of paternal involvement was conducted by Sagi (1982) in Israel. He also looked at nontraditional fathers with the goal of gaining a better understanding of fathers' potential and capacity as an effective nurturant parent. He carefully points out that how ever "nontraditionality" is defined, recent findings indicate that even those fathers more involved than the traditional norm are still less involved than the average mother. For this reason,

he suggests not equating "nontraditional" with role-reversing or role-sharing families or with fathers "becoming" mothers, but rather viewing it as a new image for families with varying degrees above the norm of paternal involvement.

Sagi (1982) selected his sample from a large middle-class suburb of Haifa in a two-stage recruitment process to assure different levels of paternal involvement. The final sample consisted of 60 subjects of intact families with two children, one being between 3 and 6 years of age. Using the "Paternal Involvement in Child Care Index," the fathers were divided into three groups with 20 labeled high involvement, 20 intermediate involvement, and 20 low involvement. Fathers were asked to rank their satisfaction with the various components of involvement in child-care and to indicate their satisfaction with their father's involvement. To determine the effects of paternal involvement on the child, one child (3-6 years old) was tested for empathy, independence, locus of control, achievement, gender development and perception of his or her father. Empathy is considered an expressive skill associated with femininity while achievement, locus of control and independence are considered instrumental and are associated with masculinity. Results indicated that greater paternal involvement was associated with increased feelings of satisfaction. Sagi states that there is available evidence that satisfaction with parenthood may cause the father to be more

responsive and sensitive to his children. Results also indicated that high paternal involvement was associated with better development in the domains of empathy, independence, locus of control, and achievement.

[These results] support Lamb and his colleagues' assertion that men with nontraditional attitudes are likely to enhance positive development in their children. The influence of involved fathers is a combination of the positive aspects of traditional femininity and masculinity. (Sagi, 1982, p. 229)

Although not stated as such, this combination of masculinity and femininity with positive results for the child follows Bem's (1975a, 1975b, 1976) reasoning in advocating androgyny in place of traditional sex role orientations.

Boyd (1980) conducted a study also looking at fathers' levels of participation and attitudes. She explored the possibility of introducing the father to his infant as a nursing intervention to possibly increase paternal involvement and to have a positive effect on his attitude toward involvement. In this study, fathers were demonstrated the Brazelton Neonatal Behavioral Assessment Scale on their own infant. It was hypothesized that those fathers receiving the demonstration would have significantly more positive attitudes toward paternal involvement than those who did not. In addition, it was hypothesized that the experimental fathers would

also report more participation in parenting activities. Forty-four subjects were randomly assigned to one of the four groups of the Solomon four-group research design. The subjects consisted of first-time fathers of Portland, Oregon, who participated in labor and delivery, had the ability to read English, planned to live with the mother and infant, and whose infants were delivered vaginally and had a normal physical exam. Paternal attitude and involvement were measured by a Paternal Attitude Scale (PAS) and a Self Report Form (SRF) in which fathers indicated the number of times each week that they participated in specific parenting activities. The Paternal Attitude Scale was used during the postpartum hospitalization period as a pretest measure. At 4 weeks postpartum, all four groups received the PAS and the SRF. Results indicated that there was a significant difference in the father's attitude toward parenting between fathers who were and who were not involved in the Brazelton Neonatal Behavioral Assessment demonstrated on their own infant. Fathers in the experimental group that were involved in the demonstration had more positive attitudes toward paternal involvement. However, there were no significant differences found between the control group's and the experimental group's participation in infant care activities. One explanation which Boyd offered as a possible reason that paternal involvement was not significantly effected was the

potentiality of mothers discouraging the fathers' active involvement. Although Boyd did not collect formal data on this variable, fathers' verbal comments and notes on their self report indicated that some fathers were being somewhat discouraged in participation by their wives. This idea corresponds with Russell's (1978) findings that indicated low feminine fathers married to high masculine mothers participated more than low feminine fathers married to low masculine mothers. For example, low masculine or feminine mothers may see childcare as their domain thus discouraging father participation, while high masculine or androgynous mothers may expect or desire fathers' participation. Another interesting finding in this study was that as the childcare task became more complex, fewer fathers participated. This goes along with Sagi's (1982) comment that even the fathers involved in childcare activities above the traditional norm are still less involved than the average mother.

Summary

The review of literature has explored the concept of androgyny and sex roles and their possible influence on the father role. While some studies indicate a relationship between sex role orientation and paternal involvement and attitudes, other studies did not find a positive correlation. Studies of nontraditional families and fathers have explored the antecedents and consequences of

paternal involvement in childrearing, indicating multiple variables involved in determining and/or influencing the fathering role. Sagi's (1982) study showed high levels of paternal involvement in childcare activities to be related to increased paternal satisfaction and to have positive effects on children. Evidence of the importance of promoting positive paternal attitudes and involvement seems enough to warrant further research in this area and the discouragement of sex role ideals that may inhibit paternal involvement. The complexity of families, multiplicity of intervening variables, and the dynamic nature of the two make it impossible to draw simple conclusions. However, it underscores the need for further research if we are to obtain a better understanding of fathering and thereby increase our effectiveness as health care providers in meeting the needs of all family members.

Conceptual Framework

The focus of this study is the relationship between the father's sex role orientation and his attitude toward and participation in infant care activities. The conceptual framework is based on role theory and will describe the basis for examining this relationship.

Role theory is focused on persons and their behaviors (Biddle, 1979). Ethologists, anthropologists, psychologists, and sociologists differ in their orientations and explanations for human conduct underscoring the difficult task of conceptualization

of persons and their behaviors (Biddle, 1979). However, they all share the same concern for "one basic set of phenomena--patterned human behaviors and roles" (Biddle, 1979, p. 4). Biddle (1979) defines role theory as "a science concerned with the study of behaviors that are characteristic of persons within contexts and with various processes that presumably produce, explain, or are affected by those behaviors" (p. 4). To contemporary social scientists, the term "role" has come to mean a set of standards, norms, descriptions or concepts held for the behavior of a person or social position or a behavioral repertoire characteristic of a person or a position. Roles have been defined in terms of expectations people hold of each other where each set of expectations is considered a separate role required of one by virtue of one's position. As now used, the concept of role extends beyond the idea of putting on a calculated performance, rather, it becomes "second nature," and a person may not be cognizant of his role behavior unless he is made aware of it (Biddle, 1979).

It is the belief of many that roles of men and women are defined by strong cultural forces. Bem (1975a, 1975b) and Balswick and Peek (1971) firmly believe that the acceptable emotional responses and behaviors for men and women are dictated by powerful societal expectations, expectations powerful enough to result in defining adequate mental health in terms of how well one fits into the societal role appropriate for one's gender. As cultural

changes and/or revolutions occur, so do society's definitions and delineations of roles, that is, gender roles and roles of fathers. With the advent of the women's movement, there has been significant change in societal expectations of appropriate roles for women. Likewise, societal definitions of men's roles have also expanded. The once clearly defined sex roles appear to be blurring as men and women are being allowed entrance into traditionally masculine and traditionally feminine domains once considered acceptable for men only and women only, respectively.

With recent cultural changes regarding men, women, and traditional sex roles, there is a need to examine and reevaluate the role of the father and the possible influences sex roles may have on that role. Despite apparent changes in sex role definitions for modern society, stereotypic thinking about sex roles persists and is pervasive (Schaffer, 1980; Bentler & Ellis, 1973). The father is much more involved and responsive toward his infant than our culture has acknowledged, and the care and nurturance of infants needs to be recognized as an appropriate and natural male behavior (Parke, 1974, 1981). A father's concept of sex-appropriate behavior could strongly influence the extent to which he participates in childrearing (Russell, 1978; Parke & Sawin, 1980). There is also some evidence (Boyd, 1980; Boyd & Duncan, 1985; Russell, 1978, 1982) that mother's role influences to some degree father's participation level.

The concept of androgyny as defined by Bem (1974, 1975a, 1975b), offers both men and women a wider range of choices and behaviors. An androgynous person:

might be both masculine and feminine, both assertive and yielding, both instrumental and expressive, depending on the situational appropriateness of these various behaviors; and conversely, that the strongly sex-typed individuals might be seriously limited in the range of behaviors available to them as they move from situation to situation. (Bem, 1974, p. 155)

Since childcare and nurturant behavior are not usually associated with masculinity, it is possible that it may be viewed as inappropriate behavior for men by traditionally masculine sex-typed fathers. Androgynous and feminine fathers, on the other hand, would view nurturing and childcare activities as appropriate and consistent with their role of father. This is consistent with Bem's (1975b) review of Kagan's (1964) and Kohlberg's (1966) findings.

According to both Kagan (1964) and Kohlberg (1966), the highly sex-typed person becomes motivated - during the course of sex role socialization - to keep his or her behavior consistent with an internalized sex role standard; that is, he becomes motivated to maintain a self image as masculine or feminine, a goal which he presumably accomplishes by suppressing any

behavior that might be considered undesirable or inappropriate for his sex. (Bem, 1975, p. 634)

It appears that all family members would benefit from two parents equally involved in childrearing activities as they begin to develop a parent/child relationship of primary importance throughout their lives (Walters & Walters, 1980). Past and present sex role stereotypes may be restricting and influencing fathers' involvement with their infants and children, short changing all family members in the process.

Operational Definitions

Androgynous mothers/fathers: As determined by the Bem Sex Role Inventory, mothers or fathers who measure high on both masculinity and femininity at 15-30 months post-birth of their first child.

Involvement: As determined by Boyd's (1980) Self Report Form, administered at 12 months post-birth, is a measure of the father's report of the number of times per week he participated in 13 infant caretaking activities.

Attitude: As determined by Boyd's (1980) Paternal Attitude Scale administered at 12 months post-birth, is a measure of father's responses to items indicating a favorable or negative attitude toward paternal involvement in infant caretaking activities.

Hypotheses

1. Androgynous fathers will report (a) a more positive attitude toward father involvement in infant caretaking activities, and (b) more involvement in infant caretaking activities than masculine fathers.

2. Masculine fathers married to androgynous women will report (a) a more positive attitude toward father involvement in infant caretaking activities, and (b) more involvement in infant caretaking activities than masculine fathers married to feminine women.

CHAPTER II

METHODS

The proposed research is a descriptive nonexperimental study designed for the purpose of determining if a relationship exists between paternal and maternal sex role orientation and paternal attitudes toward and involvement in infant caretaking activities. Russell (1978, 1982) emphasizes the difficulty of determining whether an androgynous sex role orientation is the cause of greater paternal involvement and positive paternal attitudes or is the result of involvement in infant caretaking activities. For this study the investigator has chosen to investigate the relationship between sex role orientation (androgyny) and positive paternal attitudes toward and involvement in infant caretaking activities. A causal relationship cannot be implied between androgyny and paternal participation and paternal attitudes toward participation; therefore, the variables cannot be labeled dependent and independent. New data was collected via questionnaire from a group of subjects that had previously participated in a study conducted by Boyd and Duncan (1985). The following paragraphs will describe the design and procedure, setting, instruments, and data analysis.

Design and Procedure

This is a nonexperimental descriptive study using questionnaires for measuring sex role orientation and paternal attitude toward and participation in infant caretaking activities.

With permission from Boyd and Duncan (1985), data collected from their study was used, specifically data collected using their Paternal Attitude Scale, Father's Data Sheet, and Father's Self Report Form. The subjects were initially recruited by Boyd and Duncan between January of 1982 and March of 1983. The parents were approached to participate in their study approximately 12-36 hours after delivery. The fathers were given the Paternal Attitude Scale in the immediate postpartum period, 1 month postpartum, and 12 months postpartum, and the Father's Self Report at 1 month postpartum and 12 months postpartum. The subjects of the Boyd and Duncan study were contacted by mail requesting their participation in this study, at which time families were between 15-30 months postpartum. The letter (see Appendix D) requested them to fill out Bem's Sex-Role Inventory, which takes about 15 minutes to complete, and the Background Data Form (See Appendix E), and to return them within 10 days in the envelope provided. Also, subjects were asked to sign a consent form (see Appendix F). Subjects who chose not to participate were requested to return the blank form promptly as an indication to the investigator they did not wish to participate; no further attempt was made to contact

them. The data was collected over an 8-week period between July 25, 1984, and September 19, 1984. Twenty-six couples responded after an initial letter was sent, 12 responded after a reminder postcard was sent 2 weeks later, and 5 responded after they were contacted by phone again 2 weeks later. Six couples said they intended to return the forms and did not, 10 nonrespondents could not be reached by phone, and one couple returned the questionnaire blank indicating they did not wish to participate. Thus, 43 couples (72%) of the original 60 returned the completed questionnaire.

To provide anonymity and confidentiality, the BSRI was labeled "mother" and "father" for each of the 60 couples, and also the forms were given the subject's previously assigned code number so their name does not appear on any forms. The investigator used the Boyd and Duncan (1985) study's file containing names, addresses, and phone numbers of subjects for the purpose of recontacting subjects by mail and phone that did not respond to the initial letter.

Setting

Boyd and Duncan's (1985) sample, from which the samples for this study was drawn, was recruited from the postpartum unit of Emanuel Hospital of Portland, Oregon. This hospital has a total of 550 beds; 34 beds comprise the postpartum unit. Patients of private physicians and clinic patients utilize the obstetrical

services. In July of 1979, Emanuel Hospital was designated a Level III Perinatal Center. Of the 220 deliveries per month, approximately 20% are classified as high risk. It is permissible for the husband or other chosen support person to remain with the mothers in labor, and with obtained permission they may also attend vaginal or repeat cesarean deliveries. The husband or support person is allowed to remain with the mother and infant throughout the day and may participate in infant care.

Instruments

In the following paragraphs, the instruments and their reliability will be discussed. The variable sex role orientation was measured by Bem's Sex Role Inventory (1981). The variables paternal attitude toward and involvement in infant caretaking activities were measured by Boyd's (1980, 1981) Paternal Attitude Scale and Father's Self Report Form (1980).

Measurement of Sex Role Orientation

Sex role orientation was determined by Bem's (1974) Sex Role Inventory (BSRI) (see Appendix A). The actual test given to the subjects is labeled Bem Inventory to discourage responses influenced by knowledge of the purpose of the scale. Bem designed this tool to implement empirical research on the concept of psychological androgyny. As discussed in Chapter I, the tool was to measure how masculine, feminine, or androgynous a person was. The

inventory consists of 60 personality characteristics, of which 20 are traditionally feminine, that is, gentle, affectionate, sensitive to others needs, understanding; 20 are traditionally masculine, that is, independent, assertive, self-reliant, ambitious; and 20 are neutral characteristics, that is, friendly, likable, and truthful. In the development of the tool, these items were chosen from a list of 400 such traits which were given to a group of undergraduates who rated the desirability of each characteristic as "for a man" or "for a woman." The final list was drawn from those characteristics that both females and males rated as being significantly more desirable for one sex than the other (Bem, 1975a). Throughout the inventory the masculine, feminine, and neutral traits appear in the following order: (a) the first adjective on the list and every third one thereafter is masculine, (b) the second adjective and every third one thereafter is feminine, and (c) the third adjective and every third one thereafter is filler or neutral. The subjects rated each adjective on its accuracy in self-description on a scale from 1 ("never or almost never true") to 7 ("always or almost always true"). When the masculine and feminine scores are approximately equal, the person has an androgynous sex role while the difference in total masculine and total feminine scores indicates the degree to which they are sex-typed as one or the other (Bem, 1975a, 1981).

Subjects were classified into three sex role groups when the BSRI was first designed. The subjects could fall into one of the following groups: (a) one with a feminine sex role where the subject's femininity score was significantly higher than his masculinity score, (b) one with a masculine sex role where the subject's masculinity score was significantly higher than his femininity score, or (c) an androgynous sex role where the subject's femininity and masculinity scores were both high and approximately equal. An androgynous sex role represents an equal endorsement of feminine and masculine personality characteristics (Bem, 1981). Some researchers (Spence et al., 1975; Strahan, 1975) challenged this definition of androgyny claiming it "obscured a potentially important distinction between those individuals who score high on both femininity and masculinity, and those individuals who score low on both" (Bem, 1981, p. 9). Spence et al. (1975) recommended the subjects be divided at the median on both scales (femininity and masculinity) resulting in a four-fold classification (see Figure 1).

Bem (1977) explored this possibility by reanalyzing earlier laboratory studies and by giving the BSRI to a large group of undergraduate students that were also asked to complete other paper and pencil questionnaires. Results indicated a significant distinction between high-high (androgynous) and low-low (undifferentiated) scorers. On this basis Bem (1981) also felt the BSRI

		MASCULINITY SCORE	
		Below Median	Above Median
FEMININITY	Below Median	Undifferentiated (low masculine- low feminine)	Masculine (high masculine- low feminine)
SCORE	Above Median	Feminine (high feminine- low masculine)	Androgynous (high masculine- high feminine)

Figure 1. Sex role groups based on median split: Bem's (1981) normative sample.

should be scored to yield four distinct groups of masculine, feminine, androgynous, and undifferentiated subjects. In scoring the BSRI the first step was to calculate each subject's femininity ("a") and masculinity ("b") scores. These scores are the averages of the subject's ratings of the masculine and feminine adjectives on the BSRI, that is, a subject's masculinity score is the mean of his or her ratings on the masculine adjectives, and that same subject's femininity score is the mean of his or her ratings on

the feminine items. The sum of the ratings for each scale, masculinity and femininity, was totaled and divided by 20 unless items had been omitted. The resulting averages obtained for the femininity scale and the masculinity scale are entered into the boxes "a" and "b," respectively, for raw score (RS) at the bottom of the answer sheet (see Appendix A). The box on the scoring section labeled as "class" refers to the classification of subjects into the four sex role groups--masculine, feminine, androgynous, or undifferentiated--based on the median split from Bem's (1981) normative sample (see Figure 1). These medians, sexes combined, are as follows: Femininity $RS \geq 4.90$; and Masculinity $RS \geq 4.95$ (Bem, 1981). For example, a mother with a femininity RS of 4.95 and a masculinity RS of 5.00 would be considered androgynous (high feminine and high masculine). Likewise, a father with a femininity RS of 4.85 and a masculinity RS of 5.00 would be considered masculine (low feminine and high masculine).

Reliability of the BSRI

For Bem's (1981) analysis of the internal consistency of the BSRI, two samples of subjects were used; one sample administered the BSRI in 1973 included 444 males and 279 females, and the other sample in 1978 included 476 males and 340 females. All subjects were undergraduate students in Introductory Psychology at Stanford University. The coefficient alpha was computed separately for

males and females in both samples for femininity score, masculinity score, and the femininity minus masculinity score. All scores demonstrated high internal consistency with the alpha coefficients ranging from .75 to .87.

Test-retest reliability scores taken approximately 4 weeks apart also proved to be highly reliable with the lowest test-retest reliability being .76 which occurred for males on the masculinity items (Bem, 1981).

The Marlowe-Crowne Social Desirability Scale was also administered by Bem (1981) along with the BSRI to 28 females and 28 males of the 1973 test-retest sample to provide an empirical check on the relationship between an individual's scores on the BSRI and a social desirability response set. The BSRI was not found to be measuring a tendency to describe oneself in a socially desirable fashion. The structure of the BSRI is such that it controls for social desirability response set. There is no single pattern of response that could correlate with a socially desirable personality; what is perceived as a socially desirable response is itself a function of the subject's sex role (Bem, 1981).

The alpha coefficients of the BSRI for this study ranged from .64 to .89 (see Table 1) and were all lower than those of the BSRI with Bem's normative sample with the exception of fathers' ratings of the masculine items (.89 in this study vs. .87 in Bem's study). Also in this study it was noted that the alpha coefficients on the

BSRI of the feminine items of the scale were lower than the masculine items for both mothers and fathers. This was also found with the alpha coefficients of Bem's (normative sample) analysis for internal consistency. It could be speculated that perhaps the reason for less reliability on feminine items is that masculine traits are more endorsed in our society than feminine ones. Pyke (1980) believes social rewards in our culture are contingent on

Table 1

Reliability of Tools

Alpha Reliability Coefficients of Scales	
Bem's Sex Role Inventory	
Mothers' feminine items	0.64
Fathers' feminine items	0.71
Mothers' masculine items	0.82
Fathers' masculine items	0.89
12-Month Paternal Attitude Scale	0.89
12-Month Parent Caretaking Activities	
Mother rating father	0.85
Father rating father	0.85

instrumental/masculine behavioral manifestations and that apparently a masculine sex-role orientation leads to most optimal functioning in this society although limiting in an ideal sense.

Measurement of Paternal Attitude Toward
and Participation in Caretaking Activities

The variables paternal attitude toward and participation in infant caretaking activities were measured using Boyd's (1980) Paternal Attitude Scale (Appendix B). The scale consists of 38 Likert items, such as "babies like to be held by their fathers, as well as their mothers," or "when I stay out of the way, my wife can do a better job of taking care of our baby." The items were responded to on a 5-point bipolar scale: strongly disagree, disagree, uncertain, agree, and strongly agree. Subject areas included in the items are such things as feeding, bathing, holding, father's satisfaction, childrearing decisions such as planning and discipline, and perceptions of father's versus mother's role, responsibilities, and caretaking abilities.

The items were scored from 1 to 5 points with 1 point given for a response indicating an unfavorable attitude and 5 points given for a response indicating a favorable attitude. Three points were given for an uncertain response, and 2 and 4 points were given for slightly negative and slightly positive responses, respectively. Positive responses were those scores 3, 4, or 5 points. There are an equal number of favorable and unfavorable

responses: 19 of each or 38 total. The total score could range from 38 to 190 points, the higher score indicating a more positive attitude towards involvement. An alpha coefficient of 0.91 was obtained for the 38-item scale in Boyd's 1980 study. In Boyd and Duncan's (1985) study, the range of alpha reliability coefficients for the paternal attitude scale varied from .90 at postpartum, .91 at 1 month, and .89 at 12 months.

The other variable, actual participation in infant caretaking activities, was determined by the portion of the Self Report Form (see Appendix C) in which fathers were asked to give the number of times they participated in the 13 infant caretaking activities. The Self Report Form was developed and utilized by Boyd (1980) and by Boyd and Duncan (1985) in their study. The father's response to the frequency of caretaking activities ranges from 1-6 points, 1 being assigned to the "never" response and 6 being assigned to the response indicating the highest degree of involvement. Total possible points range from 13-78 with the higher score indicating greater involvement. Boyd reports an alpha coefficient of 0.81 on the 13 caretaking items in her 1980 study.

The alpha coefficients for Boyd and Duncan's (1985) Paternal Attitude Scale and Father's Self Report Form (participation) are also listed on Table 1. Both tools were found to be reliable and their reliability to be stable over time.

Data Analysis

The t-test is a basic parametric procedure for testing differences in group means. For this study the t-test was used to compare the two groups of fathers (androgynous and masculine) specifically looking at their differences in attitude and level of participation as stated in Hypothesis 1: Androgynous fathers will report (a) a more positive attitude toward father involvement in infant caretaking activities, and (b) more involvement in infant caretaking activities than masculine fathers.

The t-test was also appropriate for comparing two groups of couples, again looking for differences in paternal attitude and paternal participation level as stated in Hypothesis 2: Masculine fathers married to androgynous women will report (a) a more positive attitude toward father involvement in infant caretaking activities, and (b) more involvement in infant caretaking activities than masculine fathers married to feminine women.

Alpha reliability coefficients were used to examine the internal consistency of the tools.

CHAPTER III

RESULTS AND DISCUSSION

This chapter will begin with a description of the sample and a comparison of this study's sample to Bem's (1981) normative sample. Next, the hypotheses will be discussed in relation to the review of literature, and finally limitations and nursing implications shall be discussed.

Sample

The 60 first-time fathers and 60 first-time mothers requested to participate in this study were drawn from Boyd and Duncan's (1985) study entitled "Parent-Infant Interaction During the First Eighteen Months." Their study also included 60 mothers and 60 fathers whose infant was at least the second living child (multiparous) for both parents. For this study, it was felt that previous parenting experiences would be another possible intervening variable, and for that reason these multiparous groups were excluded. The parents were both able to read English and were between the ages of 18 and 45. Other criteria for inclusion in the study are as follows: (a) normal physical exam; (b) no infant or maternal complications during labor, delivery or postpartum; and mother and father plan to parent together in the same household.

Forty-three families from the Boyd and Duncan (1985) study participated in this study. All fathers were present at the delivery of their infants, of which 20 were male and 23 were female. Thirty-three of the deliveries were vaginal, and 10 were cesarean deliveries. As discussed earlier, for inclusion in the study, all couples had to be planning to parent in the same household. All were married with the exception of one couple who were single and had never been married. Prenatal classes were attended by 39 (91%) of the 43 couples, and 30 (70%) said the pregnancy was planned. As can be seen in Table 2, most couples were Caucasian Protestants with an annual income greater than \$20,000. The mean age of fathers was slightly higher (29.4) than that of mothers (27.3), and the average number of years in the relationship was 3.86.

As can be seen in Table 3, there is a difference between Bem's (1981) normative sample and this study's sample in terms of percentages of subjects classified as masculine, feminine, androgynous and undifferentiated. For example, this study had more feminine mothers (60%) than Bem's study, with 39% of the females being feminine. This difference might be accounted for by the much smaller sample size of this study or perhaps because the mothers of this study were emphasizing more feminine traits with the birth of a baby than Bem's sample who were college students. Also, there were more males in this study that were masculine

Table 2

Parental Characteristics

	Mean	Range	Standard Deviation
Mother's age	27.3	20-36	4.3
Father's age	29.4	20-42	5.2
Mother's education	15.0	11-21	2.1
Father's education	15.7	11-21	2.5
Years of relationship	3.9	.6-11	2.5

Description of Origin			Description of Religion		
	Mother	Father		Mother	Father
Caucasian	39	41	Protestant	25	23
Spanish/American	1	1	Catholic	8	9
Oriental	1	0	Jewish	0	0
Afro/American	0	0	Other	5	3
American Indian	0	0	None	4	7
Other	2	1	Missing	1	1

Income (In Dollars)				
<5,000	5,001-10,000	10,001-15,000	15,001-20,000	>20,000
0	4	4	4	31

n = 43

Table 3

Subjects' Sex Role Classification

	Fathers ^a	BSRI Norm Sample	Mothers ^b	BSRI Norm Sample	Total ^c
Masculine	22 (51%)	42%	1 (2%)	12%	23 (27%)
Feminine	5 (12%)	12%	26 (60%)	39%	31 (36%)
Androgynous	8 (19%)	20%	12 (28%)	30%	20 (23%)
Undifferentiated	8 (19%)	27%	4 (9%)	18%	12 (14%)

Note. BSRI = Bem's Sex-Role Inventory (Bem, 1981), pg. 9.

^a $n = 43$. ^b $n = 43$. ^c $n = 86$.

(51%) compared to Bem's (42%), and fewer undifferentiated men (19%) compared to Bem's (27%). Feminine and androgynous men were almost equal in the two groups. Again, this study has a smaller sample size, and the men are married and have recently become fathers compared to Bem's men who are college students. In comparison of this cross-sectional data, it is interesting to note that the groups differed in that with marriage and becoming a parent (this study) there were more masculine men and fewer undifferentiated men instead of fewer masculine or undifferentiated and more androgynous men as might be expected with the men taking on a more nurturing role. It might be speculated that the mother's sex role is influencing this, that is, the mother taking over childcare, putting the father in a more traditional (masculine) role of taking charge as breadwinner and protector in the new family unit more so than he may have been when single and without children.

Bem's (1981) sample of subjects appears to be very similar to this study sample in terms of classification into sex roles when you look at total percentages of mothers and fathers in this study versus Bem's sample of male and female students classified in each of the four sex roles (see Table 3). The largest number of fathers in this study were masculine, and the largest number of mothers were feminine. These findings were similar to those of Russell (1978).

The mothers and fathers were also categorized as couples by sex role orientation in a matrix of 16 possible mother/father sex role combinations (see Figure 2). For example, masculine fathers married to masculine mothers are in the first cell, and masculine fathers married to feminine mothers are in cell 2. The largest number of couples were in cells 2 and 3 of the matrix in which 33% of the couples were masculine fathers married to feminine mothers (traditional couples by our society's standards), and 14% of the couples were masculine fathers married to androgynous mothers. In addition to being the largest two groups, these two couple combinations are the ones of particular interest to this study in regards to the second hypotheses that will be discussed later with discussion of hypotheses and results. Russell's (1978) study also found masculine fathers and feminine mothers to be the largest sex role categories, but in his 16-cell matrix did not find masculine fathers married to feminine mothers to be the most common couple. This indicated to him that there is not a straightforward relationship between mothers and fathers sex role classification, and the number of subjects in each cell was too small to permit statistical analysis of the pattern of couple sex role classification.

	Masculine Mothers (<u>n</u> = 1)	Feminine Mothers (<u>n</u> = 26)	Androgynous Mothers (<u>n</u> = 12)	Undifferentiated Mothers (<u>n</u> = 4)
Masculine Father (<u>n</u> = 22)	Masculine Father/ Masculine Mother <u>n</u> = 0 <u>1</u>	Masculine Father/ Feminine Mother <u>n</u> = 14 <u>2</u>	Masculine Father/ Androgynous Mother <u>n</u> = 6 <u>3</u>	Masculine Father/ Undifferentiated Mother <u>n</u> = 2 <u>4</u>
Feminine Father (<u>n</u> = 5)	Feminine Father/ Masculine Mother <u>n</u> = 0 <u>5</u>	Feminine Father/ Feminine Mother <u>n</u> = 4 <u>6</u>	Feminine Father/ Androgynous Mother <u>n</u> = 1 <u>7</u>	Feminine Father/ Undifferentiated Mother <u>n</u> = 0 <u>8</u>
Androgynous Father (<u>n</u> = 8)	Androgynous Father/Masculine Mother <u>n</u> = 0 <u>9</u>	Androgynous Father/Feminine Mother <u>n</u> = 4 <u>10</u>	Androgynous Father/Androgynous Mother <u>n</u> = 3 <u>11</u>	Androgynous Father/Undiffer- entiated Mother <u>n</u> = 1 <u>12</u>
Undifferentiated Father (<u>n</u> = 8)	Undifferentiated/ Masculine Mother <u>n</u> = 1 <u>13</u>	Undifferentiated/ Feminine Mother <u>n</u> = 4 <u>14</u>	Undifferentiated/ Androgynous Mother <u>n</u> = 2 <u>15</u>	Undifferentiated/ Undifferentiated Mother <u>n</u> = 1 <u>16</u>

Figure 2. Matrix of all possible combinations of mother/father dyads. (n = 43)

Hypotheses

The first hypothesis is: Androgynous fathers will report (a) a more positive attitude toward father involvement in infant care-taking activities, and (b) more involvement in infant caretaking activities than masculine fathers.

As predicted in the first part of the hypothesis, there was a significant difference between androgynous and masculine fathers, with androgynous fathers reporting a more positive attitude toward participation in infant caretaking activities than masculine fathers (see Table 4). This was consistent with Bem's findings (1975b, 1976, 1977; Bem & Lenny, 1976) in which masculine men showed significantly less willingness to engage in nurturing behaviors than feminine or androgynous fathers. In Russell's (1978) study, he hypothesized degree of father participation to be related to sex role classification and found that androgynous fathers interacted more and carried out more childcare tasks with their children than masculine fathers did.

The second part of Hypothesis 1 was not found to be consistent with Bem's and Russell's findings. When fathers reported their activities (actual participation), no significant differences were found between masculine and androgynous fathers. This is an interesting finding as it would seem that those same fathers with a more positive attitude would also be significantly more involved in infant caretaking activities. One possible explanation for

Table 4

Comparisons of Masculine Fathers' and Androgynous Fathers' Attitudes Toward and Participation in Infant Caretaking Activities

	Masculine Fathers (<u>n</u> = 22)	Androgynous Fathers (<u>n</u> = 8)	<u>t</u> -test	P
Fathers' attitude toward participation	M 3.95	M 4.31	-1.86	0.037
Fathers' report of father's activity/participation	M 3.61	M 3.94	-1.19	0.123
Mothers' report of father's activity/participation	M 3.58	M 3.95	-1.29	0.1045

this is mother's influence on father's level of activity. Boyd (1980) also found with verbal and written comments from fathers that they were being somewhat discouraged in participation by their wives. Also, in Boyd and Duncan's (1985) study, results indicated the role of the father may be influenced by the mother's attitude toward permitting his participation, that is, when mother's attitude is more positive, the father is also more likely to be involved in infant caretaking activities.

The second hypothesis is: Masculine fathers married to androgynous women will report (a) a more positive attitude toward father involvement in infant caretaking activities, and (b) more

involvement in infant caretaking activities than masculine fathers married to feminine women.

As can be seen on Table 5, there was no significant difference between the two groups which seemed to indicate that mother's sex role classification does not influence father's activity level or attitude. These findings were similar to Russell's (1978, 1982) in that the couples with androgynous mothers reported more father participation in infant caretaking activities than couples with feminine mothers. However, (in this study) these couples reported less positive attitudes than the couples in which the mothers were feminine.

One explanation for why there was no statistical difference in this study between high masculine fathers married to androgynous mothers and high masculine fathers married to feminine mothers is that both feminine and androgynous mothers are high on femininity (nurturing is their domain) and that other variables were acting on androgynous mothers. For example, the androgynous mother may be focusing more on her new role as mother with the advent of a new baby, letting her career go on hold for a while, and emphasizing her feminine traits despite her high level of masculinity. Other demands of the family situation can be significantly effecting roles that fathers adopted (Russell, 1978). Reiber (1976) also suggests that the reason more men are not involved in childrearing could be that some women, who are just as

Table 5

Comparisons of Masculine Fathers Married to Feminine Mothers and Masculine Fathers Married to Androgynous Mothers

	Masculine Father/ Feminine Mother ($\underline{n} = 14$)	Masculine Father/ Androgynous Mother ($\underline{n} = 6$)	t-test	P
Fathers' attitude toward participation in caretaking activities	M 4.05 SD 0.59	3.80 0.22	-0.97	0.173
Fathers' report of father's activity/participation	M 3.45 SD 0.54	3.82 0.91	1.16	0.13
Mothers' report of father's activity/participation	M 3.54 SD 0.73	3.59 0.99	0.12	0.45

influenced as men by social forces, do not want or encourage father involvement, wanting to keep the infant bond their own. She found in her study a preference by some women to be sole nurturer. Reiber also points out how the American economy and work structure allows men (traditional breadwinner) little freedom of choice in his degree of involvement with his children.

In summary, androgynous fathers were found to have more positive attitudes toward participation in infant caretaking activities than masculine fathers. However, there was no significant difference between androgynous fathers and masculine fathers in father's report of actual activity or involvement. The review of literature indicates the reason for this may be related to mother's influence on father's participation. In other words, regardless of father's willingness to participate in infant care, mothers may be inhibiting them because of their own sex role attitudes. This idea led to the second hypothesis that masculine fathers married to androgynous mothers will have a more positive attitude toward and involvement in infant caretaking activities than masculine fathers married to feminine (traditional) women. The results did not support the second hypothesis.

It is interesting that attitudes of fathers married to androgynous women were less positive, but they were actually rated higher by both the mother and father on their participation in caretaking activities. Thus, although their attitudes did not

reflect a more positive inclination toward involvement, these fathers were slightly more involved. Although support for Hypothesis 2 was not found, this does not preclude the fact that a relationship may exist but that there are other intervening variables and further investigation is needed.

Limitations

The subjects of this study were recruited by self-selection in Boyd and Duncan's study (1985) and then asked to participate in this study approximately 15-30 months postpartum. In addition, the sample size was small and fairly homogeneous, all of which limit the generalizability of the results.

As pointed out by Russell (1982), a causal relationship cannot be drawn between sex role orientation (androgyny) and attitudes toward and participation in infant caretaking activities. Were it possible, it would be interesting to measure subjects' sex role orientations before marriage and the birth of a child and then again after the birth and at different intervals during the first few years postpartum. The BSRI was given only once at 15-30 months postpartum, and conclusions cannot be drawn regarding whether involvement in their infant's care caused fathers to adopt an androgynous orientation or whether an androgynous orientation is stable over time and androgynous sex roles caused fathers to have a more positive attitude toward involvement.

Another limitation is that sex role orientation is only one of many variables believed to influence paternal attitude and involvement. Some of the other variables identified in the review of literature include: maternal sex role orientation and attitude toward father participation; prior experience with children and knowledge about childcare; employment potential for parents (especially for mothers); flexibility in hours of employment and father's availability; the father's relationship with his own father (i.e., modeling a positive relationship or rejecting a negative one); value of work and parenthood and satisfaction with the parenting role; and prenatal preparation of the father. In addition, such demographic variables as income, education, ethnic origin, age, and religion might influence father's level of participation. It was beyond the scope of this study to examine the multiple variables involved.

It would have been interesting also to have been able to put the BSRI sex-typing scores on a continuum, that is, most strongly sex-typed or sex-reversed to least strongly sex-typed or sex-reversed or most androgynous. This would have allowed a comparison of the most masculine sex-typed fathers to the most androgynous sex-type fathers to see if they differed even more in attitude and participation level. This was statistically too involved for this study.

Nursing Implications

Although the past emphasis on the mother/infant relationship is shifting now to the father/infant relationship, there is still a great need for research on fathering. Rather than focus on the father/infant relationship as an isolated dyad, it is important to study this relationship as it interacts in the family (i.e., mother/infant/father) system as each member influences the other members.

Just as each family member influences the behavior of other members, society as the larger social system has influenced the behavior of individuals. This study looked at society's sex role stereotypes and explored its possible influence on fathers' involvement in childcare activities keeping in mind mother's role and influence as well. There appears to be some evidence that sex role orientations of both mother and father may be interfering in father's participation level. Nurses are in an opportune position in a variety of settings to assist families in promoting optimal physical and psychological growth. To do so effectively, nurses need to have a better understanding of variables that promote and inhibit positive parent/child relationships, as well as conduct more research looking at these variables. In addition to research, nurses also need to be aware of their own sex role orientations and attitudes and how these may influence their interactions with parents. It is not being suggested that nurses change

their attitudes and certainly not to try to persuade parents to change theirs. However, through awareness that there are other views than traditional sex role orientations, the nurse may assist parents in exploring their role expectations and attitudes, pointing out advantages to all family members when both parents are highly involved in the difficult and rewarding task of childrearing.

More specifically, nurses may assist fathers in their desire for involvement through flexible clinic hours and parent education classes geared toward both parents and again held at flexible times to ensure both parents' availability for attending.

CHAPTER IV

SUMMARY, RECOMMENDATIONS, AND CONCLUSIONS

Summary

This is a descriptive nonexperimental study with the purpose of exploring the possibility of a relationship existing between the concept of androgyny and paternal attitudes toward and participation in infant caretaking activities. A sample of first-time mother/father couples was drawn from a group of subjects participating in Boyd and Duncan's (1985) study entitled "Parent/Infant Interaction in the First Eighteen Months." Subject's paternal attitude and level of participation were measured 12 months postpartum as a part of Boyd and Duncan's study using Boyd's (1980) Paternal Attitude Scale and Fathers Self Report Form. In addition, subjects at 15-30 months postpartum were given another paper and pencil test, Bem's Sex Role Inventory, designed by Bem (1974; 1981) to measure subject's sex role orientation or sex role type. The four sex role groups that subjects could be classified into were masculine (high masculine, low feminine), feminine (low masculine, high feminine), androgynous (high masculine, high feminine), and undifferentiated (low masculine, low feminine). By traditional sex role standards in our society, men are traditionally masculine and women are traditionally feminine. Through

extensive research Bem has found evidence that indicates traditional or highly sex-typed individuals might be severely limited by the range of behaviors available to them from situation to situation. In addition, she has found that some individuals appear to have integrated both masculine and feminine characteristics, easily exhibiting those characteristics most appropriate for the situation without regard to society's sex role stereotyping of the behavior as masculine or feminine. She uses the term androgynous to describe those individuals. Russell (1978; 1982) explored the possibility that the relationship between display of nurturance and sex role classification found in Bem's studies may extend to parenting behaviors (particularly the father's behavior), and found evidence to support his hypothesis.

In this study it was hypothesized that androgynous fathers would report (a) a more positive attitude toward father involvement in infant caretaking activities, and (b) more involvement in infant caretaking activities than masculine fathers. Another variable discussed in the review of literature, in addition to sex role classification, that may also influence father's level of involvement with his infant, was mother's influence on father's involvement. For example, a highly sex-typed feminine woman may feel strongly that infant caretaking activities are her domain, thus inhibiting father's involvement regardless of how positive his attitude may be. This leads to the second hypothesis, that

masculine fathers married to androgynous women will report (a) a more positive attitude toward father involvement in infant care-taking activities, and (b) more involvement in infant caretaking activities than masculine fathers married to feminine women.

A total of 60 couples were asked to participate, of which 43 agreed to do so. The largest two groups in the sex role classifications were masculine men and feminine women, as would be expected if Bem is correct in her assumptions of our society's endorsement of these traditional sex role classifications. Of the mother/father dyads, the largest two groups were masculine fathers married to feminine mothers (traditional) and masculine fathers married to androgynous women. These two groups were also the ones of particular interest to the second hypothesis.

Results supported the first part of Hypothesis 1 with androgynous fathers reporting a more positive attitude toward participation in infant caretaking activities than did masculine fathers. There was no significant difference between androgynous and masculine fathers in their reports of actual participation activities. Again, it was felt mothers' influence may have been inhibiting fathers' actual involvement. However, there was no statistically significant differences between the mother/father dyads of Hypothesis 2. In fact, masculine men married to feminine women reported a slightly more positive attitude than did masculine fathers married to androgynous mothers. However, the reverse was true in

reports of participation levels with the masculine father and androgynous mother couple reporting more actual involvement or participation from father than the masculine father and feminine mother couple.

The paper and pencil measures were found to be reliable and stable over time. Consideration of the small sample size and its homogeneity and other intervening variables not controlled for must be given in regards to results. The complexity of families, multiplicity of intervening variables, and dynamic nature of the two preclude drawing simple conclusions. It does, however, present some interesting questions in need of further investigation and underscores the need for further research of the mother/father/infant relationship to increase our effectiveness as health care providers in promoting health and psychological growth of all family members.

Recommendations

1. Replication of the study with a larger, more diverse population to explore relevancy for the broader population.
2. Investigation of children of androgynous parents and those of traditional sex-typed parents, with a comparison of parameters such as independence, achievement, assertiveness, empathy, and concern for others.
3. Investigation of paternal attitudes and androgyny over time, starting before marriage and parenthood.

4. Investigation of other variables that influence fathers' attitudes and involvement, such as job flexibility, prenatal and postnatal preparation for transition to fatherhood, education, religion, and ethnic origins.

5. Exploration of the hypothesis that androgynous individuals display better psychological adjustment.

Conclusions

As found in previous studies reviewed in the literature, sex role orientation is one variable that significantly influences father's attitudes toward and involvement in infant caretaking activities. As hypothesized in this study, it was found that androgynous fathers had more positive attitudes toward participation in infant caretaking activities than masculine fathers. However, no significant difference was found between androgynous fathers and masculine fathers in their reports of actual level of participation. It was felt that mother's sex role attitudes may have played a part in inhibiting or encouraging father's actual participation regardless of his attitude. This led to the second hypothesis that masculine fathers married to androgynous mothers would have a more positive attitude toward and more involvement in infant caretaking activities than masculine fathers married to feminine mothers (traditional). No significant difference was found between these two couple combinations in this study. Although there seems to be some evidence that the mother's roles

and/or attitudes are affecting the father's participation level, it is not so straightforward as to say it is her sex role orientation. This seems to indicate other intervening variables are involved and needs further investigation.

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APPENDIX A

BEM SEX-ROLE INVENTORY

BEM SEX-ROLE INVENTORY

Mother/Father Code # _____

Directions

On the opposite side of this sheet, you will find listed a number of personality characteristics. We would like you to use those characteristics to describe yourself, that is, we would like you to indicate, on a scale from 1 to 7, how true of you each of these characteristics is. Please do not leave any characteristic unmarked.

Example: sly

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

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

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

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

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

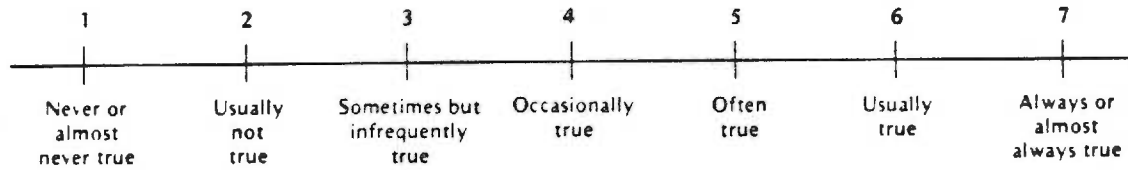
Write a 6 if it is usually true that you are sly.

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

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

Sly		Irresponsible	
Malicious		Carefree	

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Defend my own beliefs		Adaptable		Flatterable	
Affectionate		Dominant		Theatrical	
Conscientious		Tender		Self-sufficient	
Independent		Conceited		Loyal	
Sympathetic		Willing to take a stand		Happy	
Moody		Love children		Individualistic	
Assertive		Tactful		Soft-spoken	
Sensitive to needs of others		Aggressive		Unpredictable	
Reliable		Gentle		Masculine	
Strong personality		Conventional		Gullible	
Understanding		Self-reliant		Solemn	
Jealous		Yielding		Competitive	
Forceful		Helpful		Childlike	
Compassionate		Athletic		Likable	
Truthful		Cheerful		Ambitious	
Have leadership abilities		Unsystematic		Do not use harsh language	
Eager to soothe hurt feelings		Analytical		Sincere	
Secretive		Shy		Act as a leader	
Willing to take risks		Inefficient		Feminine	
Warm		Make decisions easily		Friendly	

	a	b	Class
R.S.			
S.S.			

a - b SS diff.



APPENDIX B

PATERNAL ATTITUDE SCALE

PATERNAL ATTITUDE SCALE

1. When I stay out of the way, my wife can do a better job taking care of our baby.

strongly disagree uncertain agree strongly

2. I am afraid I will hurt my baby when I hold her/him.

strongly disagree uncertain agree strongly

3. It is just as much my responsibility as my wife's to change the diapers.

strongly disagree uncertain agree strongly

4. I enjoy just sitting and holding my baby.

strongly disagree uncertain agree strongly

5. When our baby cries during the night, it will be my wife's responsibility to see what is wrong with her/him.

strongly disagree uncertain agree strongly

6. As long as my wife cuddles and hugs our baby, it really won't be necessary for me to cuddle the baby.

strongly disagree uncertain agree strongly

7. If it is necessary, my wife should be the one to take our baby's temperature.

strongly disagree uncertain agree strongly

8. Babies like to be held by their fathers, as well as their mothers.

strongly disagree uncertain agree strongly

9. Helping take care of our baby will be a big source of satisfaction for me.

strongly disagree uncertain agree strongly

10. When our baby begins to eat cereal, feeding the baby will be my wife's task.

strongly disagree uncertain agree strongly

11. I should stay home with my baby sometimes and let my wife go out.

strongly disagree uncertain agree strongly

12. I am just as capable of giving our baby a bath as my wife.

strongly disagree uncertain agree strongly

13. My wife can do a better job of taking care of our baby when I am involved.

strongly disagree uncertain agree strongly

14. Fathers and mothers should share equally in the child-rearing decisions.

strongly disagree uncertain agree strongly

15. During infancy, the father's role in the family is not nearly as important as the mother's role.

strongly disagree uncertain agree strongly

16. Employers should allow fathers time off from work for the first few days after the baby comes home.

strongly disagree uncertain agree strongly

17. Singing to our baby is part of my wife's role and not my role.

strongly disagree uncertain agree strongly

18. Babies need to be held frequently by both their mother and father.

strongly disagree uncertain agree strongly

19. Fathers need to spend several hours a week with their baby.

strongly disagree uncertain agree strongly

20. It is not necessary that I know what to do when my baby cries, as my wife will know how to calm her/him.

strongly disagree uncertain agree strongly

21. The father's main function in child care is playing with the baby.

strongly disagree uncertain agree strongly

22. Fathers should not have to decrease their activities outside the home to become more involved with their baby.

strongly disagree uncertain agree strongly

23. Children develop better when the mother solves most of the child-rearing problems.

strongly disagree uncertain agree strongly

24. It is my wife's responsibility to arrange for babysitting.

strongly disagree uncertain agree strongly

25. I am not afraid to hold my baby.

strongly disagree uncertain agree strongly

26. My wife should not have to take full responsibility for raising the children.

strongly disagree uncertain agree strongly

27. Fathers should not have to be involved in the planning for the needs of the baby.

strongly disagree uncertain agree strongly

28. Discipline of the small child should be the role of the mother.

strongly disagree uncertain agree strongly

29. Fathers should share the task of getting up in the night with their crying baby.

strongly disagree uncertain agree strongly

30. I obtain a great deal of pleasure from rocking my baby.

strongly disagree uncertain agree strongly

31. Fathers should not have to assume babysitting responsibilities.

strongly disagree uncertain agree strongly

32. I believe babies should be hugged and cuddled by their fathers.

strongly disagree uncertain agree strongly

33. Babies should have a lot of care and attention from their fathers.

strongly disagree uncertain agree strongly

34. It will be safer if my wife bathes the baby.

strongly disagree uncertain agree strongly

35. When our baby is sick, I can care for her/him just as safely as my wife can.

strongly disagree uncertain agree strongly

36. Women instinctively know more about babies than men do.

strongly disagree uncertain agree strongly

37. Helping my wife with the baby will make adjustment to the baby a lot easier for both of us.

strongly disagree uncertain agree strongly

38. The father's role is to provide financial security, and the mother's role is to provide emotional security.

strongly disagree uncertain agree strongly

APPENDIX C

FATHER'S SELF-REPORT FORM

Code _____
 Date _____

 FATHER'S
 SELF-REPORT FORM

What type of feeding is your baby now receiving?

1. Bottle only
2. Breast only
3. Both, but mostly breast
4. Both, but mostly bottle

Is your baby taking any foods other than milk or formula?

1. Yes
2. No

When you put your baby to bed at night, what is the longest period of time that he/she usually sleeps?

1. Less than 3 hours
2. 3-4 hours
3. 5-6 hours
4. 7-8 hours
5. More than 8 hours
6. Not sure

How many times a week do you do each of the following activities with or for your baby?

Talk to	Never	1-2	3-5	6-8	9-12	13 or more
Hold	Never	1-2	3-5	6-8	9-12	13 or more
Cuddle	Never	1-2	3-5	6-8	9-12	13 or more
Give a bottle to	Never	1-2	3-5	6-8	9-12	13 or more
Feed solid foods	Never	1-2	3-5	6-8	9-12	13 or more
Dress or change clothes	Never	1-2	3-5	6-8	9-12	13 or more
Rock	Never	1-2	3-5	6-8	9-12	13 or more
Sing to	Never	1-2	3-5	6-8	9-12	13 or more
Change wet diaper	Never	1-2	3-5	6-8	9-12	13 or more
Bathe	Never	1	2	3	4	5 or more
Stay home alone with baby	Never	1	2	3	4	5 or more
Put to bed at night	Never	1	2	3	4	5 or more

How many times a week does your wife do each of the following activities with or for your baby?

Talk to	Never	1-2	3-5	6-8	9-12	13 or more
Hold	Never	1-2	3-5	6-8	9-12	13 or more
Cuddle	Never	1-2	3-5	6-8	9-12	13 or more
Give a bottle to	Never	1-2	3-5	6-8	9-12	13 or more
Feed solid foods	Never	1-2	3-5	6-8	9-12	13 or more
Dress or change clothes	Never	1-2	3-5	6-8	9-12	13 or more
Rock	Never	1-2	3-5	6-8	9-12	13 or more
Sing to	Never	1-2	3-5	6-8	9-12	13 or more
Change wet diaper	Never	1-2	3-5	6-8	9-12	13 or more
Bathe	Never	1	2	3	4	5 or more
Stay home alone with baby	Never	1	2	3	4	5 or more
Put to bed at night	Never	1	2	3	4	5 or more

Do you have the same job you had at the time of your baby's birth?

1. Yes
2. No

Does your job require you to be out of the house?

1. Less than 40 hours per week
2. 40-50 hours per week
3. 50-60 hours per week
4. More than 60 hours per week

How many evenings a week are you usually away from home?

1. None
2. One
3. Two
4. Three
5. Four or more

APPENDIX D

LETTER TO PARENTS

THE OREGON HEALTH SCIENCES UNIVERSITY

School of Nursing
Office of Research Development
and Utilization

3181 S.W. Sam Jackson Park Road Portland, Oregon 97201 (503) 225-7796

Dear

Enclosed you will find more questionnaires!! Again, we would very much appreciate your help!

Ann Barshney is a graduate student who is working on her thesis and is also interested in parenting. She is examining personality attributes as they relate to parenting (please read the Informed Consent for more detailed information). What we are asking is that each of you read and sign the Informed Consent and then complete the questionnaire. They are marked only with your code numbers and for mother or father.

We have other good news. We have finally begun to analyze all of the other data. We recruited 132 families and now 2½ years later still have 120 families who have either completed the original study or are still awaiting their 18 month home visit. Anyway, by mid-August we will be sharing with you the results of our postpartum and one month home visits. Until then, if we can be of any help to you, please feel free to call us.

In the meantime, we would appreciate your helping us as we examine another aspect of parenting by completing the enclosed Informed Consent Form and BEM Inventory. Please return the completed forms within two weeks. Thank you very much for your continued interest and support in our study.

Sincerely,



Sherry Boyd, R.N., Ph.D.
Marie Duncan, R.N., M.S.

SB/MD/pmb

cc: file



Schools of Dentistry, Medicine and Nursing
University Hospital, Doernbecher Memorial Hospital for Children, Crippled Children's Division, Dental Clinics

APPENDIX E

FATHER'S DATA SHEET

1	2	3	4	5
Post-Graduate				

Annual Family Income:

1. Less than \$5,000
2. \$5,001 - 10,000
3. \$10,001 - 15,000
4. \$15,001 - 20,000
5. More than \$20,000

Family:

- Number of older brothers you have _____
Number of younger brothers you have _____
Number of older sisters you have _____
Number of younger sisters you have _____

Did you ever have responsibility for the care of younger brothers or sisters during your childhood?

1. Never
2. Seldom (less than 5 times)
3. Sometimes (6-15 times)
4. Often (16-25 times)
5. Very often (more than 26 times)

Did you every babysit for children under one year of age?

1. Never
2. Seldom (less than 5 times)
3. Sometimes (6-15 times)
4. Often (16-25 times)
5. Very often (more than 26 times)

Did you every babysit for children between the ages of one and five?

1. Never
2. Seldom (less than 5 times)
3. Sometimes (6-15 times)
4. Often (16-25 times)
5. Very often (more than 26 times)

Were you brought up by:

1. Both your parents
2. Your mother only
3. Your father only
4. Relatives or friends
5. Other _____

For the following five items, circle the response to the statement which best describes your father or significant male figure as you remember him:

- | | |
|---|--|
| Believed in showing his love for me. | 1. Never
2. Very seldom
3. Seldom
4. Sometimes
5. Frequently
6. Very frequently |
| Understood my problems and helped me with them. | 1. Never
2. Very seldom
3. Seldom
4. Sometimes
5. Frequently
6. Very frequently |
| Hugged or kissed me goodnight when I was small. | 1. Never
2. Very seldom
3. Seldom
4. Sometimes
5. Frequently
6. Very frequently |
| Was able to make me feel better when I was upset. | 1. Never
2. Very seldom
3. Seldom
4. Sometimes
5. Frequently
6. Very frequently |
| Gave me a lot of care and attention. | 1. Never
2. Very seldom
3. Seldom
4. Sometimes
5. Frequently
6. Very frequently |

For the following five items, circle the response to the statement which best describes your mother or significant female figure as you remember her.

Believed in showing her love for me.

1. Never
2. Very seldom
3. Seldom
4. Sometimes
5. Frequently
6. Very frequently

Understood my problems and helped me with them.

1. Never
2. Very seldom
3. Seldom
4. Sometimes
5. Frequently
6. Very frequently

Hugged or kissed me goodnight when I was small.

1. Never
2. Very seldom
3. Seldom
4. Sometimes
5. Frequently
6. Very frequently

Was able to make me feel better when I was upset.

1. Never
2. Very seldom
3. Seldom
4. Sometimes
5. Frequently
6. Very frequently

Gave me a lot of care and attention.

1. Never
2. Very seldom
3. Seldom
4. Sometimes
5. Frequently
6. Very frequently

During your wife's pregnancy, did you want to have a:

1. Boy
2. Girl
3. Either

Was this pregnancy:

1. Planned
2. Unplanned

How soon after the birth of your baby did you get to hold him/her?

1. Within 30 minutes
2. Within 1 hour
3. Within 6 hours
4. Within 12 hours
5. Within 24 hours
6. No opportunity yet

Does your job require you to be "out-of-the-house"?

1. Less than 40 hours per week
2. 40-50 hours per week
3. 50-60 hours per week
4. More than 60 hours per week

How many evenings a week are you usually away from home?

1. None
2. One
3. Two
4. Three
5. Four or more

Does your wife plan on working outside the home after delivery?

1. Yes
2. No
3. Undecided

If yes, how soon after delivery will she return to work?

1. Less than 4 weeks
2. 5-8 weeks
3. 9-12 weeks
4. Later than 12 weeks

Did you attend prenatal classes?

1. Yes
2. No

How many classes did you attend?

Did you attend the class on baby care?

1. Yes
2. No

Did you attend any other classes on baby care other than the prenatal class?

1. Yes
2. No

Have you ever taken a course on child care or child development?

1. Yes
2. No

If yes, was it in one of the following?

1. Junior high school
2. High school
3. College
4. Community or adult education classes

How many books on baby care did you read?

1. None
2. 1-2
3. 3-4
4. More than 4

APPENDIX F

CONSENT TO ACT AS A SUBJECT
FOR RESEARCH AND INVESTIGATION

CONSENT TO ACT AS A SUBJECT
FOR RESEARCH AND INVESTIGATION

Investigators: Sheryl Boyd, R.N., Ph.D., Associate Professor,
Department of Family Nursing, and Ann Barshney,
R.N., Pediatric Nurse Practitioner

I, _____ agree to participate in the investigation: "Parental Personality Attributes Correlated to Paternal Attitudes Toward and Involvement in Infant Caretaking Activities" under the direction of Sheryl Boyd. This research project is part of the investigation "Parent-Infant Interaction in the First Eighteen Months" in which I am currently participating, also under the direction of Sheryl Boyd, R.N., Ph.D., and Marie Duncan, R.N., M.S. The investigation aims to explore parent-infant interaction.

I understand that participation involves filling out the enclosed questionnaire, "Bem Inventory," and returning it in the self-addressed envelope provided. The questionnaire takes approximately twenty minutes to complete.

Although I may obtain no direct benefit from participating in this study, my contribution will expand the knowledge about parenting and aid in the development of parenting education programs which will prepare individuals for the role of parenthood.

The only risk involved would be the possibility that the personal nature of some of the questions may cause me some temporary discomfort.

I understand it is not the policy of the Department of Health

and Human Services, or any other agency funding the research project in which I am participating to compensate or provide medical treatment for human subjects in the event the research results in physical injury. I also understand that the Oregon Health Sciences Center, as an agency of the State, is covered by the State Liability Fund, and that if I suffer any injury from the research project, compensation would be available to me only if I establish that the injury occurred through the fault of the Center, its officers or employees. I also understand that if I have further questions, I should contact Dr. Michael Baird, M.D., at (503) 225-8014.

I understand I may refuse to participate, or withdraw from this study at any time without affecting my relationship with, or treatment at, the Oregon Health Sciences University. Ann Barshney and/or Sherry Boyd have offered to answer any questions I might have regarding the study. I have been assured that all information collected in this study will be kept confidential.

I have read the foregoing and agree to participate in this study.

Father's Signature

Date

Mother's Signature

Date

AN ABSTRACT OF THE THESIS OF
ANN D. BARSHNEY, B.S.N., P.N.P.

For the MASTER OF NURSING

Date of Receiving this Degree: June 13, 1986

Title: ANDROGYN AND ITS RELATIONSHIP TO FATHERS' ATTITUDES
TOWARD AND PARTICIPATION IN INFANT CARETAKING ACTIVITIES

APPROVED: _____

Sheryl Boyd, R.N., Ph.D., Thesis Advisor

This descriptive study was designed to examine the relationship between the concept of androgyny and fathers' attitudes toward and participation in infant caretaking activities.

The sample of 43 first-time mother/father couples were subjects that had participated in Boyd and Duncan's (1985) study entitled "Parent/Infant Interaction in the First Eighteen Months." Subject's paternal attitude and level of participation were measured 12 months postpartum in the above mentioned study using Boyd's (1980) Paternal Attitude Scale and Father's Self Report Form. Between 15-30 months postpartum, subjects were asked to participate in the present study by completing another paper and pencil test, Bem's Sex Role Inventory. This tool was designed by Bem (1974, 1981) to measure subject's sex role orientation or sex role type.

It was hypothesized that androgynous fathers would report (a) a more positive attitude toward father involvement in infant caretaking activities and (b) more involvement in infant caretaking activities than masculine fathers. In addition to fathers' sex

role classification influencing his attitude and participation level, it was hypothesized that mothers' sex role classification may also influence father's attitude and involvement. The second hypothesis stated that masculine fathers married to androgynous mothers would report (a) a more positive attitude toward father involvement in infant caretaking activities and (b) more involvement in infant caretaking activities than masculine fathers married to feminine mothers.

For analysis, t-tests were used to compare groups in both hypotheses. Results supported the first part of Hypothesis 1 with androgynous fathers reporting a more positive attitude participation than masculine fathers. There were no significant differences between androgynous and masculine fathers in their reports of actual activities. Again, it was felt mothers' influence may have been inhibiting fathers' actual participation. However, there was no statistically significant difference between the mother/father dyads in Hypothesis 2 when masculine fathers married to androgynous mothers were compared to masculine fathers married to feminine mothers. Although there seems to be some evidence that mother's roles and/or attitudes are affecting father's participation level, it is not so straightforward as to say it is her sex role orientation. This seems to indicate other intervening variables and needs further investigation.