THE RELATIONSHIP BETWEEN PATERNAL AND INDIVIDUAL GENDER ROLE
IDEOLOGIES: IMPLICATIONS FOR SOCIAL SUPPORT
AND PSYCHOPATHOLOGY

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ABSTRACT

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This study explored the relationship between social support, individual-paternal gender role ideology matches, and psychopathology among college-aged males. From the Self-Parent Identification Scale (Mast & Herron, 1986), 133 male participants and their fathers were categorized as masculine, feminine, androgynous, or undifferentiated. The Symptom Check List 90 (Derogatis, 1992) and the Perceived Social Support from Family (Procidano & Heller, 1983) were utilized to assess symptoms of mental distress and perceptions of social support. Results indicate that the presence or absence of a match between a male’s personal gender role ideology and his perception of his father’s was not related to the amount of perceived maternal, paternal, or familial social support. In addition, no relationship between individual-paternal gender role ideology matches and psychopathology was found. Further, both maternal and familial social support was found to be unrelated to the occurrence of psychopathology. However, a significant negative correlation was evidenced between paternal social support and psychopathology. Results of this study serve to highlight the importance of support from the father figure in the lives of college-age males.
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CHAPTER I
INTRODUCTION

Humans are highly social creatures and readily rely on other people for emotional and psychological support. During times of trouble and strain, people often find solace in the company of caring others. It appears to be a basic human tendency to seek out a supportive companion during times of urgency and the summation of these companions make up what is known as the individual’s social network.

A key ingredient to most people’s social support network is their family. In fact, one of the main sources of social support for any individual is the family unit (Winefield, Winefield, & Tiggeman, 1992). Family members best understand the individual; they know what makes him or her happy and sad and what hopes, fears, and aspirations he or she possesses. Thus, during the most stygian of times, humans often look to their family for emotional and psychological comforting.

The family unit plays another important role in a person’s life. In addition to being a source of support, family members (especially the same-sex parent) teach one about gender roles. By watching and listening to their same-sex parent, individuals learn what it means to be “masculine” and “feminine”, and as a result learn how he or she is expected to behave in today’s society. Sometimes, however, one adopts gender-role ideologies that are not in accordance with the positions taken by his or her same-sex parent. When this occurs, serious consequences may result. Family members may vociferously challenge the
individual’s beliefs, may adopt a more negative view of him or her, or may even shun the person because of his or her views. In short, the relationships between the individual and his or her family may become strained and a withdrawal of social support by the family unit may result.

The relationship between social support, gender role ideologies, and psychopathology was the focus of this research project. Specifically, this study investigated (a) whether perceived familial social support was lower among male participants whose gender role ideology conflicted with that of his father, (b) whether individuals who perceived lower levels of familial social support had higher rates of psychopathology than those who perceived higher levels of support, (c) whether conflicts in gender role ideology between the son and father were related to higher rates of psychopathology among the participants, and (d) whether a combination of lower rates of perceived familial social support and conflicting gender role ideologies were related to higher rates of psychopathology.

Social Support and Social Support Networks

The term “social support” has been defined as “the presence of others, or the resources provided by them, prior to, during, and following a stressful event” (Ganster & Victor, 1988) and is comprised of two main categories: emotional and instrumental (Duck, 1990). Emotional support refers to those functions which primarily promote emotional adjustment, and it consists of three main components. The first is the expression of attachment, which refers to verbal and nonverbal expressions of caring, sympathy, and concern. The second is network support, which refers to feeling part of a group in which the members share common interests and concerns. The third is esteem support, in which
the bolstering of another person’s sense of competence or self-esteem is the primary objective.

Instrumental support is the second major category of social support. It is involved in those functions which directly promote problem solving, and is divided into two main components. The first is known as tangible aid, which refers to concrete assistance, wherein goods or services are provided. The second is informational support, in which information, advice, or guidance concerning possible solutions to a problem are offered.

There are many ways in which these types of support are expressed. For instance, providing detailed information, facts, or news about the situation, or offering ideas and suggestions about how the individual should react to a stressor are common ways to provide informational support. Emphasizing the individual’s abilities, attempting to alleviate the person’s feelings of guilt, and agreeing with the recipient’s perspective of the situation are examples of esteem support. Further, giving someone a loan, offering a ride, or cooking dinner for an upset friend are examples of tangible aid. Additionally, emotional support can be given by expressing one’s willingness to help, assuring the individual that the disclosed problem will be kept confidential, or offering physical comfort in the form of a hug or kiss. Finally, network support can be transmitted through spending time with the individual, introducing him or her to new companions, or by relating a story about others who have been through similar situations.

Just as these types of support can be expressed in numerous ways, people attempt to elicit support from others in a variety of manners. For instance, one can try to procure support by complaining about a stressful situation, describing one’s emotions or displaying them nonverbally, requesting advice or affection, expressing confidence or doubt in one’s coping ability, or requesting tangible assistance (Duck, 1990). In fact, people attempt to
elicit support in so many ways that it seems almost any act could result in support attainment; even the act of doing nothing can be construed as a behavior designed to result in support reception (Duck, 1990!)

Although social support can be expressed and elicited in numerous ways, one consistent prerequisite for obtaining support is the presence of people who are capable of providing it when called upon. These people, who are available to provide emotional and instrumental social support to a person during times of stress, are known as the individual’s “social network” (Duck, 1990).

Three main components are hypothesized to exist in any social network (Duck, 1990). First, the network’s “range” reflects the number of different people who comprise one person’s social network. Friends, family members, and spouses are examples of people who normally make up this network and, in general, as the network’s size enlarges, the support received by the individual increases.

The second aspect of a social support network is known as “multiplexity” (Duck, 1990), which refers to the numerous roles or functions any one member of a person’s social support network can perform. When investigating social support networks, multiplexity involves others being frequent sources of support. For instance, any certain member of one’s social support network may be capable of bolstering one’s self-esteem, offering tangible aid or emotional support, or providing solution-oriented strategies. With each new function any one member can perform, the network’s multiplexity increases.

The third and final aspect of a support network is called the network’s “density” (Duck, 1990), which refers to the extent to which different members of the support network are connected to one another and how close they feel to each other. It is believed that as density increases, feelings of solidarity and cohesiveness among the network
members also increase (Albo & Moore, 1978). For instance, a group of people who have common interests and share a sense of companionship will tend to have a higher level of density than a group of strangers who feel no common connection.

All three of these major aspects of a support network have a significant impact on the ability of its members to provide support to an individual. If sufficient, the network members will likely be able to offer the support the troubled individual requires. However, the components of one’s social support network are highly alterable and only when all three variables are present in adequate amounts does support reception result. For example, in some situations the density of the network may be sufficient but the multiplexity may be inadequate or the range may be acceptable but the density is lacking. In such scenarios, even though some aspects of the social network are adequate, not all are sufficiently developed to result in support reception and the end result is that the psychological strain plaguing the person is not ameliorated and negative psychological repercussions could ensue.

The Role of Social Support in the Development of Psychopathology

In today’s society, young adults experience many psychosocial problems, which can be broken down into two main categories: emotional and behavioral (Nestmann & Hurrelman, 1994). Emotionally, feelings of loneliness, despondency, dejection, negative self-image, and suicidal tendencies are common. In fact, these problems occur so frequently that it has been estimated as many as 27% of adolescents experience depression and 4.7% actually attempt suicide (Nestmann & Hurrelman, 1994). Behaviorally, today’s young adults are not faring much better. Juvenile delinquency, vandalism, (petty) theft, truancy, alcohol abuse, and drug addiction are just some of the behavioral problems of adolescents. In fact, as many as 9% of today’s youth are believed to abuse alcohol and
approximately 2% are thought to be addicted to drugs to some extent (Nestmann, & Hurrelman, 1994).

The psychosocial difficulties facing young adults have served as an impetus for research concerning the relation between social support and psychological well-being. In a study assessing perceived support, Procidano and Heller (1983) demonstrated that higher levels of social support from one’s family and friends were significantly related to lower levels of psychopathology in college students. Similarly, support from the family has been found to be positively related to adjustment (Wolchik, Beals, & Sandler, 1989) and feelings of self-worth and social, scholastic, and romantic competence (Nestmann & Hurrelman, 1994). Conversely, familial social support has been determined to be negatively related to depression among children and young adults (Nestmann & Hurrelman, 1994).

The positive relationship between adequate levels of social support and such health variables as stress reduction (Cobb, 1976), better physical health (Duck, 1983), enhanced well-being (Mueller, 1980; Kessler & McLeod, 1985), recovery from illness (Wortman & Conway, 1985), and the absence of psychological distress (Kessler & McLeod, 1985) has also been documented. Further, Kadushin (1996) determined that social support is positively related to both psychological well-being (e.g. better adjustment to the illness; less depression, mood disturbance, and anxiety; and higher self-esteem) and survival time of men with HIV. In summary, these studies demonstrate that adequate levels of social support from one’s social network can, in fact, help protect an individual from developing many forms of psychopathology.

In addition to examining its immediate consequences, the longevity of the beneficial effects of social support has been investigated by past researchers. For instance,
Vachon, Lyall, Rogers, Freedman-Getofsk and Freedman (1980) studied the initial and long-term effects of social support with recently widowed women. In this study, a support intervention on the post-bereavement adaptation of 162 widows was evaluated. The intervention consisted simply of a “widow contact” in which one of six widows, who had resolved their own bereavement and who had participated in a training seminar, offered emotional support to a newly widowed woman. The effect of the “widow contact” was measured by administering a psychiatric screening measure called the Goldberg General Health Questionnaire (GHQ). The questionnaire was designed to tap affective responses and was administered to the widows at intervals of 6 and 24 months after bereavement. The results of this study indicated that social support had a beneficial impact on psychological health that persisted through a two-year follow-up (Vachon et al., 1980).

Researchers also have determined that insufficient social support often leads to an increased rate of psychological difficulties (Ganster & Victor, 1988). For instance, lack of social support has been linked with the presence of psychiatric disorders, suicidal ideation, and clinical depression (Broadhead, Kaplan, Shernamn, Wagner, Schoenbach, Grimson, Heyden, Tibblin, & Gehlbach, 1983); acute and trait anxiety (Cohen & Wills, 1985; Gottlieb, 1983); and negative mood states following stressful daily events (Caspi, Bolger, & Eckenrode, 1987). In fact, the absence of social support is thought to be so integral to the development of psychopathology that it is believed to account for as much as 5 to 10 percent of the total variance in such psychological health variables as anxiety, depression, and somatic complaints (Ganster & Victor, 1988).

In summary, social support has a significant effect on mental health. Whether it be anxiety, suicidal ideation, or levels of self-esteem, the amount of social support one receives from his or her social network can be the determining factor between
psychological health and malaise. In fact, the importance of social support to psychological health is considered so significant that many researchers have begun to investigate the exact processes through which it promotes psychological adjustment.

Many different theories exist regarding the process through which social support promotes psychological health. Cohen and Syme (1985) proposed the perception that others will lend support promotes positive affect and a better psychological state. Others have suggested social support increases self-esteem which provides greater resilience when faced with adversity (Gottlieb, 1983) and helps reduce the perceived importance of the stressor (House, 1981). Others state that social relationships encourage behavioral mechanisms which promote health (e.g. adhering to medical regimens, getting adequate sleep) and protect well-being in the face of stress or other health hazards (e.g. exercising, developing coping behavior) (Cohen, 1988).

Having both adequate levels of social support and a beneficial social support network at one’s disposal can help alleviate the negative impact of many stressors. By providing information, empathy, and appropriate models to emulate, social network members are often able to help stressed individuals cope with their current predicament. These social network members can consist of friends, teachers, coworkers, coaches, and acquaintances, but some of the most important members of an individual’s social network are his or her parents. Especially during childhood and adolescence, the role of parents in an individual’s social support network is extremely important. Ideally, the parents offer their child the physical and emotional comfort needed as he or she encounters the many stressors associated with becoming a young adult. When this occurs, many beneficial consequences result. However, when the parents fail to provide the needed support many deleterious effects ensue.
The Role of Family as a Social Support Network

Past studies have demonstrated the important role of family members in a person’s social support network (e.g. Dakof & Taylor, 1990; Hahlweg & Goldstein, 1987; Procidano & Heller, 1983). For instance, in assessing the use frequency of several specific social support outlets, Winefield et al. (1992), found that supportive behaviors from family members represented one of the largest sources of social support for young adults. This relationship was so strong, these researchers concluded that feeling understood and cared for by family members was central to a young adult’s ability to adaptively cope with his or her life.

Parents play an especially vital role in the social support network of growing children. For instance, Bryant (1994) determined that offspring were more independent, socially involved, and responsible when the parents provided both discipline and social support. Similarly, it has been demonstrated that when a mother offers support, approval, and attention, her children show fewer antisocial actions and more frequent prosocial behaviors (Bryant, 1994). Finally, research has found that the presence of multiple secure relationships, especially within the family, increases a child’s ability to experience emotional intimacy and enhances feelings of self-worth (Nestmann, & Hurrelman, 1994).

The beneficial effects of familial support do not end with the termination of the childhood years, however. Social support from family members is also an important aspect in the lives of young adults. In adolescence, social support is relied upon to help the young adult conquer new developmental tasks such as dealing with the biological changes of puberty, entering junior high school, and becoming a teenager. At this time, social support continues to be vital to the psychological health of the individual (Nestmann, & Hurrelman, 1994).
Past researchers have demonstrated the effect of parental support on an adolescent’s mental health. For instance, research involving adolescents has found that young people entertaining suicidal ideas and those who have actually attempted suicide generally have or had poor relationships with their parents (Nestmann, & Hurrelman, 1994). Additionally, depressive and lonely adolescents have been found to be in more frequent conflict with and receive less support from their parents (Nestmann, & Hurrelman, 1994). Conversely, high levels of paternal and maternal support have been found to increase an adolescent’s psychological well-being (Bryant, 1994) while low levels have been found to decrease psychological health (Nestmann & Hurrelman, 1994). Finally, it has been determined that the level of intimacy between adolescents and their parents is positively correlated with their feelings of self-esteem (Cochran, Larner, Riley, Gunnarsson, & Henderson, 1990).

Researchers also have determined that familial social support affects both physical and psychological well-being in individuals suffering physical ailments. In a survey of 152 adults and adolescents with sickle cell disease, less perceived familial support was related to more frequent hospital contact and higher narcotic use during painful episodes (Vichinsky, Johnson, & Lubin, 1982). Conversely, researchers have found that with people in chronic pain, the level of family support was a significant factor in the control of disease symptoms and related psychological difficulties (Jamison & Virts, 1989). Specifically, patients who described their families as supportive reported fewer problems with sleep disturbance, inactivity, tenseness, irritability, and depression. Further, in a study assessing the social support networks of cancer patients, Dakof and Taylor (1990) found that family members were cited most frequently as providing the most helpful social support. In a study on the relationship between family support and patient functioning in
people with severe diabetes (Mengee, Connis, Gordon, Herman, & Taylor, 1990), higher levels of support were associated with higher levels of psychological and social functioning. Finally, Siddall and Conway (1988) found that family social support was significantly related to successful outcome in people undergoing addiction treatment.

These studies give evidence of the significant role of parents and the family in the social support networks of humans. Clearly, the parental and familial units are two of the primary sources of support in the lives of most people. Since social support constitutes a major buffer to many forms of psychopathology, the importance of these individuals becomes even greater. Without the support of one’s family and parents, a person’s pool of support resources is decreased significantly. As a result, such individuals may not obtain the amount of support he or she requires and may therefore be more prone to develop psychological difficulties.

The Perceiver x Supporter Interaction Effect

Social support investigations have traditionally focused on two aspects of social support: perceived and enacted. Perceived support involves the individual’s belief that support from one’s social network would be available if needed (B. R. Sarason, Sarason, & Pierce, 1990). In contrast, enacted support refers to the actual amount and quality of support provided by the individual’s social network (Barrera, 1986).

In the past, researchers assumed that perceived and enacted support would be highly related because it was believed that perceived support was a direct reflection of the actual amount of received support (i.e. enacted support; Barrera, 1986). However, recent investigations have called this assumption into question. For instance, Barrera (1986) found correlations between perceived and enacted support to be below $r = .30$, with many approaching zero. Additionally, Gurung, Sarason, and Sarason (1994) found minimal
relations between perceived and enacted support in an investigation studying interactions between individuals and their significant others. Similar results have been found in many other investigations (e.g. Belsher & Costello, 1991; Heller & Lakey, 1985; Lakey & Heller, 1988) and at the current time, it is believed that only 10% of perceived support can be accounted for by enacted support (Lakey, McCabe, Fisicaro, & Drew, 1996). These studies suggest that, contrary to what was once believed, perceived and enacted support are not highly related.

Perceiver Effects

With the revelation that perceived and enacted support are not strongly linked came an increased focus on the idea that individual characteristics of the perceiver and supporter may impact social support perceptions. With respect to the perceiver, investigators began to conceptualize perceived social support as a stable personality characteristic. Sarason, Sarason, and Shearin (1986) were the first researchers to conceptualize perceived social support as a personality characteristic in its own right and they hypothesized that it constituted a generalized sense of acceptance based upon early parent-child relationships. Essentially, they envisioned perceived social support as a characteristic formed from early attachment experiences in which people learned to view the world as either supportive or unsupportive and themselves as either worthy or unworthy of support. Thus, according to Sarason et al., some individuals develop high perceived support (i.e. see the world as supportive and themselves as support-worthy) while others develop low perceived support (i.e. see the world as unsupportive and themselves as unworthy of support).

The view of perceived social support as a stable personality characteristic rooted in early attachment experiences has some empirical validity. For instance, Sarason et al.
determined that perceived support was as stable as other personality characteristics over a three-year period, even during times of much environmental change. In fact, perceived support has been found to be more highly correlated with personality variables than with actual aspects of the social environment (Lakey & Cassady, 1990). Similarly, researchers have found perceived support to be related to parental bonding (Sarason et al., 1986). For instance, Lakey and Dickinson (1994) conducted a study which focused on the development of perceived peer support among freshmen who had recently moved away from home for the first time. They found that perceived support from the family predicted the perceived supportiveness of friendships. These results give further evidence of both the stability of support perceptions across situations and the importance of familial support experiences.

With the conceptualization of perceived support as a personality characteristic, researchers began to hypothesize that perceived support operated according to schematic processes thereby impacting the manner in which support information was interpreted and remembered. This idea lead researchers to study the differences in support perceptions of individuals classified as high and low support perceivers. In one study (Lakey & Cassady, 1990), participants read hypothetical descriptions of stressful situations and supportive statements that could be made by friends or relatives and found that low support perceivers interpreted the supportive statements as less helpful. Similarly, Pierce, Sarason, and Sarason (1992) found that when mothers provided the same written supportive statement to their child in a laboratory setting, low support perceivers viewed the message as less supportive. Additionally, Lakey, Moineau, and Drew (1992) found that individuals who had high levels of perceived support and rated social support as important interpreted supportive behaviors as more helpful than did individuals with lower levels of perceived
support who rated support as less important. Finally, when Sarason, Pierce, Shearin, Sarason, Waltz, and Poppe (1991) asked college students to rate the typical level of support provided to the average student they found low support perceivers gave lower estimates of support than did high support perceivers. These studies further demonstrate the importance of personal characteristics in social support perceptions.

In summary, recent studies demonstrate that the perception of support involves more than just the amount of support provided by others. Due to the consistently low correlations found between perceived and enacted support, it is clear that the perception of support is more intricate than what was once thought. Recently, investigators have studied the possibility that perceived support acts as a stable personality characteristic and have found evidence suggesting that such is the case. However, researchers have also investigated another line of inquiry with regards to perceived support. As opposed to the studies focusing on support perceptions and the recipient of support (e.g. the perceiver), this line of research has focused on enacted social support and the characteristics of individuals who are providing it (e.g. the supporter).

**Supporter Effects**

Studies investigating enacted support and the effect of supporter variables on support judgments are relatively new to the psychological literature. Therefore, there is not a large amount of data concerning the effects of supporter characteristics on social support perceptions. However, existing studies indicate that supporter characteristics do affect social support perceptions. For instance, Lakey et al. (1996) found that individuals who were rated as more conscientious and extroverted were viewed as more supportive by undergraduate students. Similarly, the amount of self-disclosure offered by the target and his or her sense of humor has been found to be positively correlated with support
judgments (Lakey et al., 1996). On the other hand, traits such as supporter negative affectivity, openness to experience, and agreeableness were found to be unrelated to support judgments.

Although not comprehensive, these studies provide evidence to support the contention that the traits and characteristics of the individual providing support impact the perceptions of support made by perceivers. When combined with the literature on social support perceptions due to perceiver effects and the results of studies examining the relationship between perceived and enacted support, the conclusion must be drawn that social support perceptions are multifaceted and not entirely, or even primarily, dependent on enacted support. Instead, perceived social support appears to be related to the personality traits and characteristics of both the recipient and provider of support. However, the research discussed thus far has focused on these two aspects as though they were entirely distinct. Although perceiver and supporter characteristics can act as separate entities, they also can combine to produce a third type of effect (i.e. the Perceiver x Supporter Effect) which many researchers now believe is the primary contributing factor to perceptions of social support.

Perceiver X Supporter Effects

Along with the focus on the independent contributions of the perceiver and supporter to support perceptions increased attention has been given to Perceiver x Supporter interaction effects. This reflects a combination of the perceiver and supporter effects in which the unique characteristics of the perceiver and supporter interact to impact the amount and quality of support perceptions.

Perceiver x Supporter interactions differ from both the perceiver and supporter effects in significant ways. Perceiver effects correspond to the perceiver's interpretive
biases of support and represent the extent to which the individual views others as more or less supportive, regardless of the supporter’s actual characteristics. On the other hand, supporter effects correspond to the characteristics of support providers which impact support perceptions and are demonstrated by the extent to which one supporter is rated as supportive by all other individuals. However, Perceiver x Supporter interactions relate to the process by which different perceivers see different supporters as more or less supportive and are highly dependent on the unique fit between the perceiver and supporter (Lakey, Ross, Butler, & Bentley, 1996).

With respect to Perceiver x Supporter interactions, researchers have accumulated evidence suggesting that this interaction may account for the greatest proportion of variance in support perceptions. For instance, in a series of investigations (Lakey, McCabe, Fisicaro, & Drew, 1996), the unique contributions of the perceiver effect, supporter effect, and Perceiver x Supporter interaction effect were investigated. This study sought to determine which of the three effects accounted for the most variance among support judgments and their results highlight the importance of the Perceiver x Supporter interaction effect. In all of the investigations, similarity between the perceiver and supporter in terms of values, personality, and hobbies and interests was found to account for more of the variance in support perceptions than did the characteristics of either the perceiver or supporter individually. For instance, in one study the similarity between the perceiver and target (i.e. Perceiver x Supporter effect) accounted for 18% of the total perceived support variance, more than the supporter effect of target conscientiousness (5%).

One limitation of this study, however, was that it utilized a correlational design and therefore could not address causality. Thus, the researchers conducted a second study
in which an experimental design was used to determine whether similarity had a causal role in support judgments. In this study, the participants were presented with a description of a hypothetical individual who varied with regard to how similar (in terms of such things as their views on war, capital punishment, the importance of money, role of government, affirmative action, and the inherent goodness of people) he or she was to the subjects. By varying similarity across conditions, Lakey, McCabe et al. (1996) were able to assess the causal role of similarity in support perceptions. As with the first study, there was a significant main effect for similarity, thus indicating that more similar supporters were viewed as more supportive. In addition, the Perceiver x Supporter interaction effect (e.g. similarity) was determined to be more highly associated with support judgments than were perceiver effects such as age, gender, and ethnicity. This provides further evidence of the importance of the Perceiver x Supporter effect and due to the experimental design of the study, offers evidence suggesting that interaction effects (e.g. similarity) play a causal role in support perceptions.

In an additional study, Lakey, Ross et al. (1996) addressed an important limitation of Lakey, McCabe et al.’s (1996) investigations (i.e., the potential that judgments about hypothetical others may not generalize to actual people). In this study, strangers interacted with one another for brief periods of time in an attempt to determine the contributions made to support judgments by variables such as similarity (in terms of such things as ethics, favorite vacation spots, and life satisfaction) between perceiver and supporter and conscientiousness and sense of humor of the supporter. The results of this investigation again provided evidence of the importance of the Perceiver x Supporter interaction to support perceptions. In this investigation, similarity (e.g. a Perceiver x Supporter interaction) and conscientiousness and sense of humor (e.g. supporter effects) were all
found to significantly account for portions of the support judgment variance. However, the Perceiver x Supporter interaction effect accounted for the most variance. Specifically, similarity accounted for between 36 and 48%, conscientiousness accounted for between 28 and 36%, and sense of humor accounted for 22% of the perceived social support variance.

These studies demonstrate the importance of the Perceiver x Supporter interaction to perceptions of support. By including similarity between the perceiver and supporter as a variable, these researchers were able to demonstrate that the Perceiver x Supporter interaction plays an important and causal role in social support perceptions. By directly comparing effects due to perceivers, supporters, and the Perceiver x Supporter interaction, they were able to demonstrate that the latter accounts for more of the total variance of perceived support than either of the former two effects. This represents an important advance in the field of social support perception investigations. While perceived social support once was thought to be a direct reflection of enacted support, the current view is that many factors are involved in such perceptions, the most significant of which is believed to be Perceiver x Supporter interactions.

Although psychological literature has provided evidence that similarity in terms of values, personality, hobbies, and interests promotes increased support perceptions, some germane areas have yet to be explored. One such domain involves gender role ideologies. Gender role ideologies can provide an example of a Perceiver x Supporter effect when the ideologies of both the perceiver and supporter are investigated. Just as with values, hobbies, and interests, gender role ideologies vary from person to person; sometimes they match and sometimes they conflict and whether they coincide may be related to social support perceptions. However, the relationship between social support perceptions and
gender role ideologies has received little attention. Through such an investigation the Perceiver x Supporter effect can be further investigated, a greater understanding of the relationship between gender roles and social support can be accrued, and a gap in the psychological literature can be filled.

The Development of Gender Stereotypes and Gender Roles

The domain of research investigating gender roles and gender stereotypes has been fraught with inconsistencies regarding the meanings of many terms. This obviously can result in unnecessary confusion. Therefore, it is imperative that any discussion of gender roles and gender stereotypes be prefaced with clear definitions of the terms to be utilized. In this article, sex will be used specifically as a biological term which distinguishes between males and females based solely on their sex organs and genes. Gender, on the other hand, has recently been conceptualized as a psychological and cultural term (Basow, 1992) and has been utilized in reference to the social traits and characteristics associated with each sex (Golombok & Fivush, 1994). As opposed to sex, gender is constructed by people, not biology, and is shaped by historical, cultural, and psychological processes. Therefore, gender will be used to refer solely to the behaviors and characteristics associated with being a male or a female in the United States.

Distinctions must also be made between the terms “gender role identity,” “sex-typing,” “gender identity,” “gender role,” and “gender stereotypes.” Gender role identity is synonymous with the term sex-typing and is commonly used to describe the degree to which an individual identifies and matches with societal definitions of masculinity and femininity (Basow, 1992). Gender identity is a person’s concept of him- or herself as male or female and is almost always in line with one’s biological sex (with the exception of transsexuals; Golombok & Fivush, 1994). For example, when a person states “I am a
man” or “I am a woman”, he or she is making reference to his or her gender identity. Gender role differs from gender identity in that it does not center on one’s biological sex. Instead, it refers to the behaviors and attitudes considered appropriate for males and females in a particular culture (Golombok & Fivush, 1994). For instance, in the United States aggressive behavior is considered masculine and passive behavior is thought of as feminine (Basow, 1992). Finally, gender stereotypes are the structured sets of beliefs about the personal attributes of women and men (e.g. men are independent and women are dependent; Basow, 1992).

The terms gender role and gender stereotypes play different but important parts in the area of investigation concerning societal expectations of the sexes. Conceptually, these two terms are not equivalent, and although the difference is small, it is significant. With gender roles, behaviors and attitudes are being labeled (e.g. crying easily is feminine) while with gender stereotypes, the individual is labeled (e.g. men are logical). The role each plays in this line of inquiry differs as well. Through gender stereotypes, one learns how the characteristics and attributes of the sexes are categorized by society. Through gender roles, one learns how the two sexes are expected to behave and the contributions they are demanded to make to society. A thorough understanding of both areas is necessary because they act to buttress each other and, in doing so, help strengthen preexisting gender stereotypes and gender roles.
Gender Stereotypes

Stereotypes regarding the attributes and characteristics of males and females are pervasive in America. To prove this point all one has to do is write a list describing men and women. If even one descriptor differs on the two lists then the existence of gender stereotypes has been proven.

Over the last decade, a considerable amount of research has been done in the domain of gender stereotypes. Specific areas of focus have included: common stereotypes concerning men and women, the basis of these stereotypes and how they are formed, and how they function in our society. The first line of inquiry involves the specific areas targeted by gender stereotypes and with regards to extant gender stereotypes, researchers have found that they focus on just about everything. For instance, they can center on anything from a person’s attitudes and interests to one’s social relations (Golombok & Fivush, 1994). Overall, however, gender stereotypes are most common in a few main areas (Basow, 1992). First, they regularly focus on masculine and feminine traits (e.g. independence and gentleness, respectively). Second, they often center on masculine and feminine roles (e.g. head of the household and caretaker of children, respectively). Third, they frequently focus on masculine and feminine occupations (e.g. truck driver and telephone operator, respectively).

Although great variability exists in the types of things being stereotyped, there is remarkable consistency with regards to the labels attached to each gender. For instance, masculinity is associated with competency, instrumentality, and activity (Basow, 1992) and the common belief is that men are agentic (i.e., assertive and achievement-oriented), act on the world, and make things happen (Golombok & Fivush, 1994). Femininity, on the other hand, is associated with warmth, expressiveness, and nurturance (Basow, 1992) and
women are often viewed as communal (i.e. selfless and other-oriented) and concerned with social interaction and emotion (Golombok & Fivush, 1994).

Stereotypes of men and women are more complex than they first appear, however. For example, the typical male stereotype is comprised of four main factors (Basow, 1992). First, it is associated with status; men are commonly believed to have a need to achieve success and obtain others' respect. Second, it is traditionally associated with toughness; people often relate strength and self-reliance with masculinity. Third, anti-femininity is thought by society to be correlated with the male stereotype; it is commonly believed that one must avoid stereotypical feminine activities in order to be masculine. The fourth factor involved incorporates sexuality because, in the view of society, the male stereotype goes hand-in-hand with sexual proficiency.

With respect to women, researchers have determined that three distinct stereotypes exist: the housewife, the professional woman, and the Playboy bunny (Basow, 1992). The housewife corresponds to the stereotype of the traditional woman who holds no out-of-home job and takes care of the children. The professional woman, on the other hand, is thought of as independent, ambitious, and self-confident, while the Playboy bunny is the stereotype of woman as a sex object. Although these three are considered to be distinct stereotypes, all are expected to be concerned with having and caring for children. Therefore, even though these subtypes are perceived as differing on many traits, behaviors, and occupations, they are similar in at least that one respect.

Past research indicates that society holds preconceived notions regarding the characteristics of males and females. Clearly, the words “masculinity” and “femininity” are highly descriptive terms today. In order to be considered masculine, one must behave in an independent and goal-oriented manner. The epitome of femininity, on the other hand, is
thought by society to encapsulate the characteristics of selflessness, dependency, and nurturance. This clear division between societal definitions is so apparent that it has led some researchers to question how they are formed.

Two basic theories exist as to the origin of gender stereotypes (Basow, 1992). The first is known as “the kernel of truth” theory, which purports that gender stereotypes have some empirical validity. According to this theory real differences in behavior between the sexes exist and stereotypes are simply exaggerations of those differences. Thus, the differences between the sexes exist first then the stereotypes are engendered as a reflection of them. If this is true, then what have been called stereotypes would, in reality, simply be generalizations.

The second theory is known as the “social-role theory” (Basow, 1992), which states that stereotypes arise from the different social roles normally held by men and women. In essence, this theory posits that stereotypes regarding the capabilities, behaviors, and traits of men and women are spawned because males and females tend to do different things. For instance, males are more likely to play with guns, be in charge of household repairs, and be employed as adults; while females are more likely to bake, play with dolls, and be home makers (Basow, 1992).

The social-role theory claims that because men and women tend to do different things, they develop different skills. For example, because women are more likely to be involved in childcare than are men, they are more likely to develop the traits associated with that role (e.g. nurturance). On the other hand, because men are more frequently employed, they are more likely to acquire skills associated with holding a job (e.g. task-oriented behaviors). According to the social-role theory, the different behaviors and traits which result from the distinct experiences of males and females are observed by society,
society then begins to associate men and women with different characteristics, and stereotypes proliferate as a result. Thus, in contrast to the “kernel of truth” theory, this theory states the progression of gender stereotypes thusly: men and women perform different tasks as dictated by societal roles, they then develop different skills related to those tasks, society observes the differences, and stereotypes are fostered. In this way, gender stereotypes buttress and build off each other.

The social role theory has some empirical support. For instance, it has been found that when men are described as homemakers (a traditionally female role), they are perceived as more similar to traditional women (i.e. high communal, low agentic) and when women are described as full-time employees (a traditionally male role), they are viewed as more similar to traditional men (i.e. low communal, high agentic) (Eagly & Steffen, 1986). Similarly, when men and women are in identical roles, they are perceived as similar (Jackson & Sullivan, 1990). Thus, it appears people do observe the behaviors of men and women and then create labels in an attempt to explicate what they have witnessed.

In addition to uncovering the extant gender stereotypes and attempting to determine their bases, past researchers have sought to decipher how gender stereotypes function in American society. According to Basow (1992), stereotypes operate in three main ways. First, they serve as perceptual filters through which we see individuals. In this respect, people are more likely to notice and remember stereotypic-consistent behaviors than nonstereotypic-consistent ones. For instance, if one sees both a male and female acting assertively, he or she is more likely to remember the male’s behavior than the female’s because assertiveness is associated with men and not women.
A second manner in which gender stereotypes are believed to operate is by setting up self-fulfilling prophecies (Basow, 1992). In essence, this claims people in our society develop gender-stereotypic characteristics as a result of being influenced by pre-existing gender stereotypes. For example, if women are viewed as less rational than men, some women may begin to view themselves as such and, therefore, will refrain from participating in rational thought-building activities (e.g. problem-solving activities and advanced math courses.) As a result of a lack of experience (but not necessarily a lack of innate ability), these women are less likely than men to develop rational thought capabilities. Thus, the stereotype has been fulfilled.

The third way in which gender stereotypes operate is through impression management (Basow, 1992). To at least a small extent, everyone wants to be approved of by society and, as a result, people often present themselves in a manner which they feel will increase their likelihood of acceptance. Since gender stereotypes are so pervasive in our society, one way to ensure approval is by adhering to these societal expectations. In this manner, gender stereotypes provide a set of criteria by which people can model their self-presentations in an attempt to become socially acceptable.

Although gender stereotypes run rampant throughout our society, not everyone adheres to them. Thus, if behaving in a gender-stereotypic manner is done to elicit acceptance, then one should expect people to behave in nongender-stereotypic ways when confronted with an individual who is thought to hold unconventional gender role views. There is evidence that this is the case. For example, Zanna and Pack (1975) determined that when confronted with a desirable and traditional man, women acted in an extremely conventional manner. However, if the man was presented as having a nontraditional ideology, the women presented themselves as more liberated. Similarly, a study assessing
the behaviors of women in interview situations found that when interviewed by a man who
was believed to hold traditional gender role views, the women presented themselves in a
more traditional way (i.e. wore more make-up and clothing accessories and gave more
traditional answers to questions regarding family and marriage) than when they were
interviewed by a male whom they believed held less traditional beliefs (Von Baeyer, Sherk,

Gender stereotypes provide information regarding how society differentially views
the sexes. They give insight into the attributes and characteristics commonly associated
with being a male or female in America. However, they fail to adequately explicate the
specific societal functions men and women are expected to fulfill. Only through the
investigation of gender roles can a more thorough understanding be obtained concerning
the societal expectations placed on males and females.

Gender Roles

Gender roles reflect the views of society concerning the specific positions,
functions, and duties considered suitable for males and females. For men, extant gender
roles generally dictate that they provide basic requirements for life (e.g. shelter and food)
for both women and children. For women, however, gender roles normally declare that
their position be one of caretaker and nurturer.

The significant influence gender roles have over the lives of all humans has led to
the investigation of how they are formed and developed. Such psychological icons as
Freud, Erikson, Kohlberg, and Bandura have spent time investigating the process by which
humans learn the societal expectations placed upon those of their sex. Currently, four
theories of gender role development are in vogue: cognitive-developmental theory,
psychodynamic theory, social learning theory, and gender schema theory.
Cognitive-developmental theory. The cognitive-developmental theory of gender development is inextricably tied to Kohlberg and is based on Piaget’s theoretical stages of cognitive development (Basow, 1992). According to this theory, the way children learn their gender role is related to their level of understanding of the world. Before the age of five, children do not understand physical constancy and therefore cannot possess a firm gender identity. Around the age of 6 or 7, however, children begin to grasp the permanency of gender and become aware of sex categories. After this, they start to build a gender identity (i.e. they begin to categorize themselves as either boys or girls) through which they begin to organize and evaluate their future behaviors (Basow, 1992).

At this stage, children start to value same-sex behaviors and attitudes while devaluing other-sex actions and characteristics (Basow, 1992). At this point children also start to search for same-sex models to emulate. The range of appropriate models is practically limitless; parents, other adults, peers, stories, TV, and movies all provide potential examples. The only prerequisite is that the model be of the same sex as the child.

According to the cognitive-developmental theory, children learn to behave in a sex-typed manner through copying appropriate models (Basow, 1992). From their fathers and other male models, boys may learn that “men don’t cry” and that they must always be in control. Girls, on the other hand, may learn from their mothers and other female models that emotionality and submissiveness are acceptable in women. Whatever the modeling source, the process of gender development is always the same, progressing from an awareness of sex categories, to the establishment of a gender identity, to the active search for appropriate models to copy, and then to the incorporation of sex-typed behaviors (Basow, 1992).
**Psychodynamic theory.** Sigmund Freud is credited with the promulgation of the psychodynamic theory of gender development. In contrast to the cognitive-developmental theory, this theory ignores the active part of the child in the development of gender roles and instead posits that biology and parental identification are the foundations of development (Basow, 1992).

In essence, Freud proposed that between the ages of 5 and 6, boys and girls begin to realize they are anatomically different from one another (Basow, 1992). At the same time, they begin to have incestuous feelings for their opposite-sex parent, known as the Oedipus conflict for boys and the Electra conflict for girls. At this time they begin to fear their same-sex parent because they see him or her as competition for the affections of their opposite-sex parent. This conflict creates much stress in the child and, as a result, they begin to identify with the same-sex parent in an unconscious attempt to alleviate their anxiety. This identification provides the impetus for the child to develop a gender identity similar to his or her same-sex parent. As a result, he or she begins to adopt the sex-typed behaviors of the same-sex parent and, in this way, gender roles are passed from one generation to the next.

**Social learning theory.** In contrast to Freud’s theory, which views gender role development as an unconscious and biologically based process, the social learning theory posits that it is a product of various forms of learning (Basow, 1992). This theory emphasizes the importance of the environment and states that children learn their roles directly through operant conditioning and indirectly through observational learning and modeling (Basow, 1992).

With respect to operant conditioning, the social learning theory states that children learn how to behave in sex-typed manners because they are rewarded and punished for
behaving in certain ways. For example, girls become communal and boys agentic because they are reinforced for different behaviors (e.g. paying attention to the needs of others and being assertive, respectively) and are either punished or not rewarded when they behave in ways viewed as inappropriate (e.g. being competitive and emotional, respectively) (Basow, 1992). In this respect, the child is conditioned to behave in ways society views as appropriate for their sex.

The other aspect of this theory stresses observational learning and modeling (Basow, 1992) which is similar to the cognitive-developmental theory in that it allows for the active role of the child in the development of gender role ideology. Like the cognitive-developmental theory, this theory states children acquire gender role behaviors and attitudes by modeling other people (normally of the same sex) whom they observe.

The hypothesized process through which gender identity develops starts at birth. According to this theory, boys and girls are treated differently from the moment they are born (Basow, 1992); they are exposed to different repertoires of modeling behaviors by others, and they receive differential reinforcement for the behaviors in which they personally engage. As a result, they become aware of gender-linked behaviors very early and begin to model their behavior after individuals of the same sex. In this way, they mold their behavior to accord with the appropriate gender role and their behavior becomes sex-typed (Basow, 1992).

According to the social learning theory, however, the child has yet to develop a gender identity at this point (Basow, 1992). In contrast to the psychodynamic and cognitive-developmental theories, this theory hypothesizes gender identity develops after the initiation of sex-typed behaviors; boys and girls learn to behave is gender appropriate ways first and only afterward develop their gender identity. Thus, in contrast to the
psychodynamic and cognitive-developmental theories which would explain the order of gender role belief development as: "I am a girl; I must do girl things", the social learning theory would describe it as: "I do girl things; I must be a girl."

One important point needs to be made regarding the social learning theory of gender development, gender role behaviors are viewed as mutable (Basow, 1992). Unlike the psychodynamic theory, this theory does not view communal and agentic behaviors as fixed aspects of an individual's personality. Instead, they are seen as behaviors which can change throughout one's life depending on the environmental factors to which one is exposed. Apparently, anatomy is not destiny.

Gender schema theory. Another theory which purports to explain gender role development was originally proposed by Sandra Bem in the early 1980's and is known as the "gender schema theory" (Basow, 1992). This theory represents a combination of the social learning and cognitive-developmental theories and acknowledges the importance of cultural factors (Basow, 1992). According to this theory, the first step of gender role development is becoming aware of the cultural distinctions between males and females. This awareness of sex categories then leads to the development of a gender schema (i.e., a cognitive structure that organizes and guides future perceptions). The child then begins to learn societal expectations by observing those in his or her environment and encodes and organizes the obtained information into his or her preexisting gender schema according to the culture's definition of gender roles. Thus, some behaviors, activities, and attributes will become associated with masculinity (e.g. strength and courage) while other will be linked with femininity (e.g. kindness and beauty). As a result, the child builds images in his or her mind about what it means to be masculine and feminine.
The child’s gender identity then comes into play. After learning what it means to be masculine and feminine, the child begins to conceptualize how well he or she matches the stereotypes by comparing personal behaviors and attributes to his or her conception of the ideal man or woman (Basow, 1992). In this way, the child learns to evaluate his or her adequacy as a person. If the child determines he or she is not behaving in the expected manner, then the child’s self-concept will likely be damaged and there is an increased probability he or she will begin to conform more completely with gender stereotypes. This is the process through which many cultural stereotypes of the sexes become self-fulfilling prophecies.

Although four main theories exist which allege to explain gender role development, two criticisms can be leveled against the psychodynamic and cognitive-developmental theories. The first criticism involves the breadth of coverage of conditioning forces purported to be involved in gender role development. In both the psychodynamic and cognitive-developmental theories, the sole route through which a child learns gender roles is proclaimed to be through copying the behaviors of appropriate models. Although modeling is believed to be an important component to gender development, the reception of punishment and rewards is also considered integral. By focusing solely on modeling and failing to address the role of punishments and rewards, both the psychodynamic and cognitive-developmental theories have left an important component of gender development unexplored.

The second criticism focuses on the role a child takes in the gender role development process. When a child is learning gender roles he or she is thought to act as an active participant (Basow, 1992). However, the psychodynamic theory does not take this fact into consideration. In fact, the psychodynamic theory views the child much like a
sponge which absorbs characteristics and attributes directly from his or her same-sex parent.

These two criticisms call into question the validity of the psychodynamic and cognitive-learning theories of gender role development. However, neither of the criticisms apply to the social-learning and gender schema theory of gender role development. Both theories (a) incorporate direct operant conditioning and modeling forces, and (b) allow for the active participation of the child in the gender role development process. As a result, the social-learning and gender schema theories appear to have more validity and therefore will be utilized in this paper.

The process by which gender role ideologies are formed in the individual has been the focal point of much theorizing in the past. As a result, four different theories of gender development have been created and although the theories differ in many ways, the theories agree on two main points: gender role development begins early in life and some of the most influential people in this process are the child’s parents.

Parents and the Development of Gender Roles

The parental unit is an extremely influential socializing force in the life of a growing child. Parents represent one of the most significant modeling and conditioning sources available to a child as he or she attempts to understand societal expectations of males and females. By observing his or her parents, a child begins to differentiate between societally acceptable and unacceptable sex-linked behaviors and attributes. Likewise, by being punished and rewarded for behaving in ways thought by the parents to be either appropriate or inappropriate, the child learns what actions are acceptable and unacceptable in his or her society. Thus, parents are immensely influential in the process of gender role ideology development in growing children.
When it comes to their children, parents are no more immune than anyone else to possessing gender stereotypes and expectations. For instance, first-time parents perceive girl infants as softer and more vulnerable than male infants even though hospital data indicates the infants are similar in terms of health and physical measures (Rubin, Provenzano, & Luria, 1974). Also, research with middle-class parents has demonstrated that they expect sons to be more agentic than daughters, and daughters to be more emotional than sons (Antill, 1987). It has even been demonstrated that parents make different causal attributions to the successes of their sons and daughters. For instance, parents tend to attribute their sons’ achievement in such areas as sports and math to natural talent but attribute the success of their daughters to hard work (Eccles, Jacobs, & Harold, 1990). In short, parents tend to distort their impressions of their children in the gender role appropriate direction.

Other researchers have noted the effect of gender stereotypes on perceptions as well. In a study by Seavy, Katz, and Zalk (1975) the interactions between adults and an infant were investigated to determine the effect of gender labeling on the adult’s view of the child. The study consisted of having adults interact with a three-month-old baby dressed in a yellow outfit. Although the child was actually a girl, one third of the participants were told that the infant was male, another third were informed that she was female, and the last third were given no sex information. Each participant was observed while he or she interacted with the child for three minutes.

The results of the study indicated that the gender label offered to the participants did affect their perceptions. When the infant was labeled a girl, the participants were more likely to perceive the actions of the infant as feminine. When the participants were told the child was a boy, however, they were more likely to perceive the infant’s behavior as
masculine. These differences were found even though the same child was used in all conditions.

In another study, the effect of gender labeling on adults’ perceptions of emotions was investigated (Condry & Condry, 1976). Participants were shown the exact same set of videotapes of an infant’s reaction to several emotionally arousing toys. Although the same videotapes of the same infant was used in all conditions, half of the subjects were told the baby was a boy and the other half were told the baby was a girl. After viewing the tapes, the participants were asked to rate the emotional reactions of the infant. The results support the contention that gender labeling does affect perception. For instance, when the participants thought the infant was a boy, they rated the neonate as showing more pleasure than when they thought the infant was a girl. Again, it is important to remember that the same videotapes of the same infant were used in both conditions.

As these studies make clear, gender labels do have an effect on adults’ and parents’ perceptions and conceptions of children. The problem that arises is that gender beliefs may or may not impact the way parents react to and treat their children. The effect of sex on the treatment of children constitutes the focus of much psychological investigation. Researchers have sought to determine three main things: first, whether gender stereotypes affect parental treatment of children; second, the areas in which parents demonstrate the most differential treatment toward the sexes; third, the effect of parental gender stereotypes on the gender development of the child.

In reference to the first two lines of investigation, researchers have concluded gender stereotypes do affect parental treatment of children and that there are specific areas in which parents differentiate most in their handling of the sexes (Basow, 1992). The first area involves parental treatment. Researchers have determined parents treat boys more
roughly than girls and are quicker to assist a girl than a boy when he or she is crying (Condry, Condry, & Pogatshnik, 1983). Further, although parents more often verbally communicate in ways which promote cognitive development with their sons, they vocalize more with their daughters (Basow, 1992). Finally, researchers have determined that caretakers of infants pay more attention to the assertive behaviors of boys than of girls and more to girls’ attempts at communication than boys’ (Fagot, Hagan, Leinbach, & Kronsberg, 1985).

The second area in which differential treatment of the sexes has been found involves play activities (Basow, 1992). In this domain especially, it has been found that parental behavior is highly gender specific. For instance, a study of the rooms of 120 boys and girls found that girls were provided with more dolls, fictional characters, children’s furniture, manipulative toys, and the color pink, while boys were more often given sports equipment, tools, vehicles, and the colors red, white, and blue (Pomerleau, Bolduc, Malcuit, & Cossette, 1990).

Similar results were found in the Seavy, et al. study (1975) mentioned previously. In this study, it was determined that gender labeling actually affected adults’ choice of toys when interacting with an infant. For instance, when the participant was under the impression that he or she was interacting with a girl, a female-typed toy (e.g. a Raggedy Ann doll) was chosen. When the participant thought the infant was a boy, however, a gender-neutral toy (e.g. a plastic ring) was chosen (Seavy et al. 1975). Although the results of this study do not perfectly coincide with the hypothesis that adults react in entirely stereotyped ways depending on the sex of the child, they do give further evidence to the impact of gender on the treatment of infants.
Parents and adults do not only demonstrate their gender stereotyped behavior through toy selection; they show it through their reactions to play activities as well (Basow, 1992). Researchers have found that parents discourage their children from playing with other-sex toys and engaging in other-sex endeavors (Antill, 1987) and encourage them to participate in sex-typed activities (Lytton & Romney, 1991). Others suggest that while cross-sex play may not be explicitly prohibited, parents tend to react more positively when their child plays with toys they view as gender appropriate (Caldera, Huston, & O'Brien, 1989).

The third area in which parents give evidence of differential treatment is in the assignment of household chores (Basow, 1992). By the age of five, boys and girls are likely to be assigned different tasks around the house, and gender differences in the assigned chores increase from childhood through adolescence (Basow, 1992). While boys are likely to be assigned maintenance chores (e.g. mowing the lawn, painting things), girls are more frequently assigned domestic tasks (e.g. laundry, shopping, cleaning) (Basow, 1992).

Gender stereotypes significantly affect the way parents treat their sons and daughters. Girls receive more reinforcement than do boys for demonstrating dependent behaviors, conforming to adult expectations, focusing on their physical appearance, and searching for a mate (Basow, 1992). Boys, on the other hand, are reinforced more often for behaving in an independent manner and for striving for achievement in both scholastic and athletic activities (Basow, 1992). In comparison to girls, boys are both praised and punished more often, receive more attention, are more intensely socialized, and receive more pressure to behave in gender-appropriate manners (Basow, 1992). Thus, although
both are expected to conform to parental and societal expectations, boys are particularly hard-pressed to adhere to gender role dictates.

The knowledge that gender stereotypes lead to a difference in parental treatment has led researchers to question whether parental gender stereotypes would similarly impact the development of gender role ideology in children. Specifically, researchers sought to examine the effect of parental gender role beliefs on the child’s personal gender role views, self-perceptions, activities, and interests. Researchers have determined that parents play an instrumental part in the development of gender roles in their children. Parental behavior and attitudes are thought to be the key elements in the development of gender role ideology in children (Hoffman & Kloska, 1995) and modeling family roles are viewed as a particularly important mechanism for gender-role socialization (Huston, 1983). Recent psychological studies lend credence to this proposition. For example, employed mothers (a non-traditional role for women) and involved, nurturing fathers (a non-traditional behavior for males) are more likely to raise children who hold less traditional gender-role beliefs (Ellis, 1994; Lamb, 1986). Similarly, when the parents hold less gender-stereotyped beliefs, their children also possess less gender-stereotyped attitudes (Hoffman & Kloska, 1995) and demonstrate greater knowledge of non-gender-typed objects and occupations than do other children (Weisner & Wilson-Mitchell, 1990).

The same relationship holds for traditional gender role ideologies. For instance, fathers who hold traditional views tend to have children who begin to label by gender early (before 28 months), show more gender-typing in their play behavior, and their sons demonstrate more traditional gender beliefs (Emihovich, Gaier, & Cronin, 1984; Fagot & Leinbach, 1989).
Parental beliefs affect more than just children's development of traditional versus non-traditional gender role ideologies. For instance, parental preconceptions regarding the capabilities of the sexes have been found to impact their children's self-perceptions regarding their natural abilities and may actually affect their interests, skill acquisitions, and future scholastic and career choices (Eccles et al., 1990). For example, studies have found that parents' gender-stereotyped behaviors and attitudes diminish their daughter's sense of personal control, independence, and achievement behavior because such actions are in conflict with the parents' beliefs and behaviors (Eccles & Hoffman, 1984; Hoffman, 1972).

Parents can affect their children's aspirations and self-concept through a process called "self-fulfilling prophecy." Specifically, this is a multi-step process through which a parent's view of his or her child actually causes the offspring to develop in a way consistent with the parent's preconceptions. First, a parent's conceptualization impacts the child's own self-perception of his or her ability in a certain area (Eccles, 1989). Second, the child's self-perceptions influence choices regarding his or her involvement in various activities; past studies have shown that children spend more time engaged in activities in which they think they are skilled (Eccles et al., 1990). Third, as a result of this increased practice, the capabilities the parents were convinced were originally present begin to grow and these increased skills are viewed by the parents as support for their preconceptualization of their child.

Parental preconceptualizations can have a major impact on the development of gender role beliefs and subsequent behaviors of their children. For example, if a mother believes males are scientifically-oriented and females are effective with home-oriented activities, she may treat her daughter very differently than her son. She may buy toy doctor
kits and chemistry sets for the son, but for the daughter, Barbie-dolls may predominate in gift-giving occasions. Such gender role stereotypic beliefs may also cause the parent to react to success in specific areas in a differential manner. For instance, if the son came home with an “A” in his science class, much praise may be bestowed onto him for his scientific prowess. On the other hand, if the daughter came home with the same grade, parental touting may be kept to a minimum because they do not foresee science in their daughter’s future.

These subtle cues are perceived by the child and begin to shape his or her self-view. For the son, science may become associated with praise and an increase in self-efficacy. For the girl, no such associations develop and domestic activities may instead be associated with pleasure. Thus, the child learns that some activities will be rewarded while others will not and this inevitably will cause the child to behave in ways which promote the most reinforcement. As a result, the girl will play with her dolls and learn domestic tasks while the boy will pursue more scientifically-oriented activities and learn how to become skilled in these areas. The parental expectations for their children then are confirmed but the parents never know that they actually caused the outcome.

The significant impact preconceptions have on a child’s behavior was found in a study by Fagot et al. (1985). In this study, caretakers of 1-year-old children were found to pay more attention to assertive behaviors of boys than girls and more to girls’ communication attempts than to boys’. Interestingly, at the beginning, the boys and girls did not differ in either of these behaviors; however, approximately ten months later, the boys were demonstrating more assertive behaviors than the girls and the girls were showing more attempts at communication than the boys (Fagot et al., 1985). This difference in behavior is believed to be the direct result of the differential treatment
afforded the sexes by the caretakers and these findings give evidence of the powerful effect differential treatment has on the development of gender-stereotyped behaviors in children.

Although researchers have thoroughly investigated the effects of parental gender stereotypes on children’s behavior and goal aspirations, they have conducted much less research specifically investigating the consequences of differing child-parent gender role orientations. Thus, research is scarce regarding how family support of, or conflict with, an individual’s gender role ideology may affect one’s mental health. However, some limited data does exist. In a study by McHale, Bartko, Crouter, and Perry-Jenkins (1990), the effect of participation in cross-sexed household tasks was investigated. Specifically, this study sought to determine whether participation in stereotypical “feminine” or “masculine” chores had an effect on the psychological well-being of sons whose fathers held either traditional or nontraditional gender role beliefs. Results demonstrated that sons who engaged in chores which were inconsistent with their father’s gender role behaviors (e.g. sons of more traditional fathers who performed “feminine” chores) were at higher risk of psychopathology. In particular, these boys reported more stress regarding their family responsibilities, lower levels of perceived competence, and less warmth and acceptance in the father-child relationship (McHale et al., 1990). Although this study only addressed chores, it provides evidence that negative consequences can accrue when a child’s behavior is inconsistent with the gender-role norms and ideologies of his or her same-sex parent.

The Present Study and Hypotheses

There is a dearth of literature specifically investigating the effect of loss of family support resulting from conflicts between individual and same-sex parent gender role
ideologies on mental well-being. However, some past investigations exist which hint at the connections between these three factors. First, it has been determined that parental social support can be withdrawn when an individual’s behavior does not accord with parental gender role beliefs (McHale et al., 1990). Second, the absence of social support has been found to negatively impact psychological well-being (Ganster & Victor, 1988). Yet, no studies have been conducted which investigate the specific relationships between gender role ideologies, social support, and psychopathology. The purpose of this study was to investigate the effect of loss of family support resulting from conflicts between individual and same-sex parent gender role orientations on mental well-being. Specifically, four hypotheses were investigated.

**Hypotheses**

1) There will be lower rates of perceived familial social support among participants whose gender role ideology conflicts with their father than participants whose gender role ideology is similar to that of their father.

2) Participants who perceive lower levels of familial social support will have higher rates of psychopathology than individuals who perceive higher levels of familial social support.

3) Participants who have conflicting individual-paternal gender role ideologies will have higher rates of psychopathology than participants who do not have such conflicts.

4) A combination of decreased perceived familial social support and conflicting individual-paternal gender role ideologies will be positively related to higher rates of psychopathology among the participants.
In addition to these four hypotheses, two additional exploratory analyses were performed. The first examined the relationship between individual-paternal gender role ideology matches/mismatches and both maternal and paternal social support. The second investigated the relationship between familial, maternal, and paternal social support and specific types of psychopathology.
CHAPTER II
METHOD

Participants

Participants consisted of 150 male undergraduate students enrolled at the University of Dayton or Sinclair Community College. Each participant received either research credit in his introductory psychology course or five dollars for his participation.

Measures

Five instruments were used in the present study (see Appendices A-D): a) The Symptom Check List 90 (Derogatis, 1992); b) The Perceived Social Support from Family (Procidano & Heller, 1983); c) The Perceived Social Support from Mother (adapted from the Perceived Social Support from Family; Procidano & Heller, 1983); d) The Perceived Social Support from Father (adapted from the Perceived Social Support from Family; Procidano & Heller, 1983); and e) The Self-Parent Identification Scale (Mast & Herron, 1986).

Symptom Check List

The Symptom Check List 90 (SCL-90;) is designed to measure the frequency of an individual's psychological distress and psychiatric symptoms over the past week. This instrument consists of 90 items (83 primary symptom items and 7 "additional" items) which cover 9 primary symptom dimensions and 3 global indices of distress. The 9 primary symptom dimensions consist of Somatization, Obsessive-Compulsive,
Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, and Psychoticism. The 3 global indices of distress consist of Global Severity Index (GSI), Positive Symptom Distress Index (PSDI), and Positive Symptom Total (PST), and they express the level of the individual’s psychopathology. For each item, individuals were asked to indicate how much the problem had distressed or bothered them in the past 7 days by circling one of five numbers on a five-point Likert-type rating scale (ranging from 0 = not at all to 4 = extremely). The SCL-90 required approximately 12-15 minutes to complete.

Scoring for the 9 symptom dimensions consisted of determining a summed distress score for each of the 9 symptom dimensions, and the “additional” items of the “90”. This was done by adding together all of the distress scores for each item comprising a dimension. Next, each summed distress score (except for the additional items) was divided by its respective number of items. For instance, in the case of Somatization, it was divided by 12; in the case of Anxiety, it was divided by 10. This provided the raw symptom dimension score. After determining the raw score for each dimension, they were converted into standard T-scores by referring them to the appropriate norm.

To determine the global indices, the grand total of the summed distress scores and the additional items was divided by 90. This gave the Global Severity Index (GSI) score. Counting the number of positive symptom responses made by the respondent (i.e. non-zero responses) gave the Positive Symptom Total (PST). By dividing the grand total of the distress scores and the additional items by the PST, the Positive Symptom Distress Index (PSDI) was determined. The global indice scores were then referred to the appropriate norm for conversion to standard T-scores. The SCL-90 had normative data for psychiatric outpatients and inpatients, non-patient normals, and non-patient adolescent
populations. Scores higher than one standard deviation above the mean for a certain symptom indicated the presence of that symptom.

Past researchers have demonstrated that the SCL-90 has strong reliability. In terms of internal consistency, the SCL-90 has been found to obtain alpha coefficients ranging from .77 for the Psychoticism dimension to .90 for Depression (Derogatis, 1992). Others have found alpha coefficients greater than .85 (Horowitz & White, 1987). One week test-retest reliability measures have been found to range between .80 and .90, which is considered an appropriate level for measures of symptom constructs (Derogatis, 1992).

Psychometric data also have been accumulated with regards to the factorial invariance of the SCL-90. The term “factorial invariance” refers to constancy—the constancy in composition of a dimension as one moves across significant subject parameters such as age, sex, or social class. In essence, factorial invariance is synonymous with generalizability; the greater invariance shown by a measure, the greater its generalizability. Derogatis (1992) reports the invariance coefficients for the nine symptom dimensions range from .51 to .85 for both males and females. He concludes that 8 of the 9 dimensions demonstrate high levels of agreement, while the Psychoticism scale demonstrates a moderate level of agreement. Similarly, studies have given evidence for the invariance of the SCL-90 across both social class and psychiatric diagnosis (Derogatis, Lipman, Covi, & Rickels, 1971, 1972). Since factorial invariance is an indicator of the generalizability of the instrument, these scores indicate that the SCL-90 has moderate to high levels of generalizability with regard to social class, psychiatric diagnoses, and sex.

The validity of the SCL-90 also has been investigated. The SCL-90 has been found to have high convergent validity with measures of psychological health such as the Minnesota Multiphasic Personality Inventory (MMPI) and the Middlesex Hospital
Questionnaire (MHQ). With regards to the MMPI, the 9 SCL-90 scales have been found to have correlations ranging from .44 to .58 with many MMPI subscales (i.e. Body Symptoms, Depression, Introversion, Anxiety, and Paranoia; Derogatis, 1992). The convergent validity between the SCL-90 and the MHQ averages .63. Further, research on the presence of depressive disorders have provided evidence supporting the sensitivity of the SCL-90 to depressive symptomology (Derogatis, 1992). Derogatis (1992) also reports that the SCL-90 correlates well with established external criterion measures, with alphas ranging from .30 to .75, and states that these correlations give evidence of the high degree of convergent validity of the SCL-90.

The construct validity of the SCL-90 has been further verified through research on stress, depression in alcoholics, and anorexia nervosa. For instance, the SCL-90 has been found to be sensitive to stress levels in individuals involved at Three Mile Island and to differences in cardiac rehabilitation interventions (Derogatis, 1992). The SCL-90 has also been found to distinguish between symptomology in depressed and non-depressed alcoholics as screened by the Raskin Depressive Screen (Pottenger, McKernon, Patrie, Weissman, Ruben, & Newberry, 1978). Finally, the SCL-90 has been used by general hospitals to evaluate the psychological profiles of young women with anorexia nervosa (Derogatis, 1992).

The Perceived Social Support from Family

The Perceived Social Support from Family instrument (PSS-Fa; see Appendix A) is designed to measure the extent to which an individual perceives his or her needs for support, information, and feedback are fulfilled by family members. The PSS-Fa consists of 20 items which are to be answered in one of three ways: “yes,” “no,” or “don’t know.”
On the PSS-Fa, points were awarded for responses which indicated support. On items number 1, 2, 5-15, 17, and 18, a “yes” response was awarded one point, indicating support. On these items, “no” responses were indicative of a lack of support and therefore were not awarded any points. Several items were worded so that a negative response indicated support reception. On items number 3, 4, 16, 19, and 20, a “no” response was awarded one point, indicating support. On these items, a “yes” response was indicative of no support and therefore did not receive a point. To determine the amount of perceived support, the points awarded to each individual item were summed together. The minimum possible score was 0 and the maximum potential score was 20; higher scores reflected more perceived social support from family members.

Recent studies investigating the psychometric properties of the PSS-Fa have indicated that it is a reliable, valid, and generalizable method of assessing an individual’s perception of social support from his or her family. Information on the means of nonclinical samples have been found to range from 11.60 to 14.28 with standard deviations ranging from 2.68 to 6.40. In regards to internal consistency, Cronbach alphas have ranged from .88 to .91 (Ferraro & Procidano, 1986; Procidano & Heller, 1983). Others have found an internal consistency alpha as high as .92 (Lyons, Perrotta, & Hancher-Kvam, 1998). Thus, the instrument appears to be internally consistent.

The test-retest reliability of the PSS-Fa over a one month period has been found to range from .80 for high school girls (Procidano, Guinta, & Buglione, 1988) to .86 for college students (Ferraro & Procidano, 1986). The average correlation based on z transformations was found to be .82. Further, there is no evidence of testing effects (over a 1-month period) in the instrument. Pre-post comparisons from the college students were nonsignificant, t (112) = .41, n.s. (Ferraro & Procidano, 1986)
The validity of the PSS-Fa also has been investigated. In a study by Lyons et al. (1988), the construct validity of the PSS-Fa was examined by calculating the correlation between it and the perceived social support from friends (PSS-Fr). Results indicate that the correlation between the two measures was .42 (p < .01) for college students. In a meta-analytic investigation by Procidano (1992), the correlations between the PSS-Fa and PSS-Fr ranged from -.11 (i.e., familial support is negatively correlated with friend support) to .53 with an average correlation of .31 in nonclinical and clinical groups.

Procidano also investigated the relations of the PSS-Fa to other social support indices (Procidano, 1992). The PSS-Fa was found to be moderately related to the number of family members reported to provide intangible support (r = .30); and modestly related to the number of family members reported to provide tangible support (r = .22). Procidano (1992) also determined that the relationships of the PSS-Fa to family environment characteristics were fairly high. For example, by comparing the PSS-Fa to the Family Environment Scale (Moos, 1974), correlations of .67 for cohesion, .51 for expressiveness, and -.44 for conflict were obtained. Finally, several independent studies provide support for the convergent validity of the PSS-Fa. For instance, Arsuaga (1988) found that the PSS-Fa was moderately related to received support, as measured by the Inventory of Socially Supportive Behaviors (Barrera, Sandler, & Ramsay, 1981). Additionally, Sarason, Shearin, Pierce, and Sarason (1987) found fairly substantial correlations between the PSS-Fa and subscales of the Social Support Questionnaire (I. G. Sarason, Levine, Basham, & Sarason, 1983) and the Interpersonal Support Evaluation List (Cohen & Hoberman, 1983).

Several studies have sought to determine the PSS-Fa’s ability to discriminate between unrelated constructs in an attempt to prove that it measures familial support. For
instance, in a meta-analytic investigation Procidano (1992) examined the relationships between the PSS-Fa and the size of the friend network. Summing across the studies, Procidano determined that PSS-Fa was unrelated to the size of intangible ($r = .01$) and tangible friend support networks ($r = .03$). Similarly, the PSS-Fa has been found to be significantly and negatively related to Langer Symptom scores ($r = -.29; p< .01$) and to be unrelated to both positive and negative life events (Procidano & Heller, 1983). Further, the PSS-Fa has been found to be unrelated to the Good Impression, Social Presence, and Sociability scales on the California Personality Inventory (Procidano & Heller, 1983). Additionally, the PSS-Fa has been found to be unrelated to general health status measures on the General Wellbeing Inventory (Lyons, Perrotta, & Hancher-Kvam, 1988). Finally, when compared to the Depression, Psychasthenia, and Schizophrenia scales of a shortened version of the MMPI (i.e. the FAM), the PSS-Fa was found to be significantly and negatively related to all three scales ($p$'s $< .001$). Thus, there is evidence that the PSS-fa specifically measures familial support and not other constructs.

In regards to contrasted-groups validity, the PSS-Fa has been found to be able to differentiate between clinical and nonclinical populations. In Procidano's (1992) meta-analysis, the mean of nonclinical individuals ranged from 11.60 to 14.28 (grand mean $= 12.70$) while the clinical means ranged from 7.19 to 11.34 (grand mean $= 9.25$). A comparison of the two groups demonstrated that the difference was significant $t (1354) = 12.32, p < .001$.

In an attempt to determine the effects of temporary within person states, Procidano and Heller (1983) performed a pre-post test study involving 60 positive and negative self-statements. Initially, students were administered the PSS-Fa and PSS-Fr scales. Then, one week later, each student read and contemplated a set of 60 positive or negative self-
statements. It was hypothesized that positive self-statements would positively affect the student’s mood while the negative self-statements would negatively effect his or her mood. After reading the self-statements, each student immediately completed the same battery of tests as he or she did one week earlier. Analysis of the data showed that the PSS-Fa was not influenced by either the positive or negative self-statements. The results of this study suggest that the PSS-Fa is not affected by temporary with-in person states and give evidence to its stability.

These studies give evidence to the reliability and validity of the PSS-Fa. Studies examining the PSS-Fa have shown that it is highly reliable. Similarly, numerous studies have investigated the convergent and discriminant validity of the PSS-Fa. In general, these studies have determined the PSS-Fa is related to many other measures of social support. In contrast, the PSS-Fa has been concluded to be unrelated or negatively related to many measures of constructs with which it should not be positively correlated. Overall, ample evidence suggests that the PSS-Fa scale is both a reliable and valid instrument for investigating social support.

The Perceived Social Support from Father and Mother

In addition to the Perceived Social Support from Family, two additional inventories were used in this study to assess perceptions of maternal and paternal support (The Perceived Social Support from Mother and The Perceived Social Support from Father; see Appendices B and C). In order to assess the participant’s support perceptions of his father and mother the Perceived Social Support from Family form was slightly modified. This was accomplished by substituting any reference to family with references to either the participant’s mother or father. For instance, instead of the statement “My family gives me the moral support I need” the statement “My mother gives me the moral support
I need" was utilized to assess maternal support perceptions. The same strategy was used to assess paternal support perceptions. By using the same format as the PSS-Fa and substituting references to the participant's family with references to his father and mother, the support perceptions of the participant could be assessed specifically for his mother and father. Although no psychometric data currently exists concerning these two inventories, due to the extreme similarities between these two measures and the Perceived Social Support from Family, it is believed that such data would closely match information concerning the psychometric properties of the PSS-fa.

**Self-Parent Identification Scale**

The Self-Parent Identification Scale (SPIS; see Appendix D) was constructed to classify personal and perceived parental sex-role orientations as masculine, feminine, androgynous, or undifferentiated in a single trial. The SPIS consists of equivalent masculine and feminine scales with 11 items in each and six neutral traits for a total of 28 unipolar items, all culled from the Bern Sex Role Inventory scale. The masculine items are self-reliant, willing to take risks, forceful, self-sufficient, aggressive and assertive, has leadership abilities, willing to take a stand, dominant, acts as a leader, and independent. The feminine items are warm, gentle, sympathetic, loves children, tender, compassionate, eager to soothe hurt feelings, flatterable, sensitive to the needs of others, does not use harsh language, and shy. The neutral items are helpful, truthful, conscientious, likable, sincere, and happy.

On the SPIS, respondents made comparisons between themselves, their fathers, and their mothers for each of the 28 traits. This was done by placing check marks in either one or two of the three columns (titled "Mother", "Father", and "Self") to indicate which person(s) were most closely associated with the attribute in question. If the respondent felt
the given attribute was associated with a certain person, then a check was made in the corresponding column. If the given attribute was not associated with the person, then no check was made. For no item was the respondent permitted to check all three columns and at least one check had to be made for each item. Thus, the respondent was free to identify with either parent at either pole of the construct or to identify the parents with each other in opposition to themselves. This resulted in six acceptable patterns of identification (Self-Mother, Self-Father, Mother-Father, Self, Mother, Father). For instance, if the respondent felt that the attribute “Does Not Use Harsh Language” was descriptive of his father and himself but not of his mother then a check would be placed in the Father and Self columns but not in the Mother column.

To determine the respondent’s sex-role orientation, the number of masculine and feminine items to which the respondent gave self-endorsements was calculated. Once this was done, the respondent was classified as androgynous if he endorsed six or more traits on both the masculine and feminine scales. If the respondent endorsed six or more traits on the masculine scale but less than six traits on the feminine scale, then he was classified as masculine. If six or more items were endorsed on the feminine scale and less six items were endorsed on the masculine scale, then the respondent was classified as feminine. Undifferentiated respondents were those who do not endorse six or more items on either the masculine or feminine scale.

Determining the perceived parental sex-role orientation followed the same steps as described above. Thus, each parent could have been classified as androgynous, masculine, feminine, or undifferentiated. For example, the father was classified as perceived-masculine if the respondent endorsed six or more traits on the masculine scale and less than six traits on the feminine scale with respect to his perception of the father.
Psychometric investigations have been conducted on the SPIS and the results indicate that it is a valid and reliable measure of personal and perceived parental sex-role orientations. In regards to internal consistency, the SPIS has been found to have alpha coefficients of .76 and .72 for the M-scale and F-scale, respectively (Mast & Herron, 1986). This indicates that the SPIS is internally consistent. The test-retest reliability of the SPIS has also been documented. Reports indicate the SPIS has three week test-retest coefficients of .85 and .83 on the M-scale and F-scale, respectively. This gives evidence suggesting the SPIS is reliable.

In terms of classification criteria, the cut-off score of six has been validated. On the M-scale, the mean scores of masculine and androgynous categories were found to be at least one point above the scale’s cut-off of six while the mean scores of feminine and undifferentiated categories were determined to be at least two points below. On the F-scale, the mean scores of feminine and androgynous individuals were revealed to be at least one point above the scales cut-off point of six while the mean scores of masculine and undifferentiated groups were at least one point below. These findings indicate that the cut-off score of six on each scale is appropriate.

The validity of the SPIS has also been scrutinized, and the results indicate that the SPIS is a valid instrument for assessing personal and perceived parental sex-role orientations. Specifically, the SPIS was validated against the Personal Attributes Questionnaire (PAQ; Spence, Helmreich, & Stapp, 1975). In this investigation, the Pearson product-moment correlations between the SPIS M-scale and the PAQ M-scale and between the SPIS F-scale and the PAQ F-scale were obtained for men and women and for their mothers and fathers, separately. Correlations between the raw scores on the two tests for the individual’s were positive and moderate resulting in M-scale coefficients
of .43 and .49 and F-scale coefficients of .43 and .31 for the men and women, respectively. Correlations between the two sets of scores for the mothers were found to be .52 and .57 (M-scale) and .55 and .60 (F-scale) for the mothers of the men and women, respectively. The correlations between the raw scores of the two tests for the father were determined to be .70 and .65 (M-scale) and .66 and .63 (F-scale) for the fathers of the men and women, respectively. This gives evidence that the SPIS M-scale and F-scale are moderately and positively correlated with the M-scale and F-scale of the PAQ for persons and their parents to a significant extent.

The validity of the SPIS was further investigated by analyzing whether sex-role classifications on the SPIS significantly discriminated between persons with masculine and feminine career commitments. Sex-typed individuals demonstrate a preference for gender-appropriate behaviors. Thus, it was believed that the use of masculine and feminine career groups would provide an appropriate pool of sex-typed individuals through which the validity of the SPIS could be examined. The masculine career group was comprised of men and women in a Master’s level business program (a traditionally masculine occupation). The feminine career group consisted of men and women in a Master’s level social work program (a traditionally feminine occupation). The masculine career group contained the largest proportion of masculine men and women and the smallest proportion of feminine men and women. In this group, the M-scale median of 7.4 was elevated and the F-scale median of 5.9 was not. The feminine career group contained the largest proportion of androgynous men and women and more feminine men and women than the masculine group. In this group, the F-scale median of 7.3 was elevated. These results give evidence that the SPIS appropriately discriminates between individuals with masculine and feminine career orientations and, by extension, indicates the SPIS is a valid instrument.
The SPIS has been found to be both a reliable and valid instrument for investigating personal and perceived parental sex-role orientations. The SPIS has strong internal consistency and test-retest reliability. Further, the SPIS has been demonstrated to be moderately and positively correlated with another respected sex-role instrument, the PAQ. Perhaps its most attractive feature, however, is its ability to accurately identify both personal and perceived parental sex-role orientations in just one administration. Other notable sex-role inventories exist which can assess personal and parental sex-role orientations. However, doing so requires multiple trials resulting in a protracted administration time. Fortunately, the SPIS provided a reliable, valid, and time-efficient option for the investigation of personal and perceived parental sex-role orientations.

Procedure

Participants were administered five paper-and-pencil instruments in groups ranging in size from 5 to 20. The five instruments were administered in a counterbalanced order in an attempt to avoid ordering effects. The instruments in set one were arranged thusly: Self-Parent Identification Scale (SPIS), Perceived Social Support - Mother (PSS - Mo), Perceived Social Support - Father (PSS - Fa), Perceived Social Support - Original (PSS - Original), and Symptom Check List - 90 (SCL - 90). Set two was arranged: SCL-90, PSS - Original, PSS - Mo, PSS - Fa, SPIS. Set three was arranged: SPIS, PSS - Fa, PSS - Original, PSS - Mo, SCL -90. Set four was arranged: SCL 90, PSS - Original, PSS - Fa, PSS - Mo, SPIS.

Each participant was told that the researcher was interested in learning about family relationships and that the folder given to them contained five instruments. They were instructed not to write their name on any of the instruments and were asked to
respond in an honest fashion. Participants were told that their responses would be kept completely confidential.

Before beginning the questionnaires, the researcher gave a brief synopsis of the directions for each instrument and asked if there are any questions. When all questions had been answered, the participants were told to complete the questionnaires. When all the participants had completed the battery, they were given a debriefing statement (see Appendix E) providing a more detailed explanation of the study, as well as the names and contact numbers of two people involved in the study whom the participant could contact with any further questions.
CHAPTER III
RESULTS

This study utilized a planned comparison approach since specific relationships between gender roles, social support, and psychopathology were hypothesized. For all statistical analyses, an alpha value of .05 and two-tailed tests of significance were utilized.

The Relationship between Gender Role Conflict and Social Support

It was predicted that there would be lower rates of perceived familial social support among participants whose gender role ideology conflicted with their father's (e.g., a feminine son with a masculine father); see Table 1 for the number of individual and paternal gender role ideologies reported by the participants. To test this hypothesis, a one-way analysis of variance (ANOVA) was performed to compare the familial social support means of the gender role conflict and no gender role conflict groups. Table 2 shows the means and standard deviations of the conflict and no conflict groups for familial social support. No significant differences appeared between these two groups. Levels of familial support did not differ between the gender role conflict and no gender role conflict groups. These results, therefore, do not support this hypothesis.

Although not part of the original hypotheses, two exploratory analyses were performed to examine the relationship between paternal and maternal social support and the match between individual and paternal gender role ideologies. Two one-way
Table 1

Individual and Paternal Gender Role Ideologies

<table>
<thead>
<tr>
<th>Son</th>
<th>Masculine</th>
<th>Feminine</th>
<th>Androgynous</th>
<th>Undifferentiated</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Masculine</td>
<td>31</td>
<td>4</td>
<td>5</td>
<td>16</td>
<td>56</td>
</tr>
<tr>
<td>Feminine</td>
<td>18</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>22</td>
</tr>
<tr>
<td>Androgynous</td>
<td>25</td>
<td>1</td>
<td>0</td>
<td>6</td>
<td>32</td>
</tr>
<tr>
<td>Undifferentiated</td>
<td>16</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>23</td>
</tr>
<tr>
<td>Total</td>
<td>90</td>
<td>8</td>
<td>9</td>
<td>26</td>
<td>133</td>
</tr>
</tbody>
</table>

Note. Total number of participants = 133.
### Table 2

**Means and Standard Deviations of Conflict and No Conflict Groups for Familial, Maternal, and Paternal Social Support**

<table>
<thead>
<tr>
<th>Group</th>
<th>n</th>
<th>M</th>
<th>SD</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Familial Social Support</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conflict</td>
<td>98</td>
<td>14.765</td>
<td>4.792</td>
<td>.333</td>
<td>.565</td>
</tr>
<tr>
<td>No Conflict</td>
<td>35</td>
<td>15.285</td>
<td>3.923</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Maternal Social Support</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conflict</td>
<td>98</td>
<td>13.530</td>
<td>4.893</td>
<td>.296</td>
<td>.587</td>
</tr>
<tr>
<td>No Conflict</td>
<td>35</td>
<td>13.029</td>
<td>4.033</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Paternal Social Support</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conflict</td>
<td>98</td>
<td>11.734</td>
<td>4.875</td>
<td>.000</td>
<td>.983</td>
</tr>
<tr>
<td>No Conflict</td>
<td>35</td>
<td>11.714</td>
<td>4.650</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ANOVAs were performed to further investigate these relationships. Table 2 shows the means and standard deviations of the conflict and no conflict groups for maternal and paternal social support. No significant differences were obtained between the two groups with regard to either maternal or paternal social support. These results indicate that neither maternal nor paternal social support was significantly related to the match between individual and paternal gender role ideologies.

The Relationship between Social Support and Psychopathology

It was predicted that participants who perceived lower levels of familial social support would have higher rates of psychopathology than those who perceived higher support levels. To test this hypothesis, familial social support was correlated with overall psychopathology (see Table 3). This correlation did not reach significance \((r = -.090, p > .05)\), indicating that perceived social support from the family was not significantly related to rates of overall psychopathology.

Although not part of the original hypotheses, the relationships between maternal and paternal social support and overall psychopathology were investigated using a correlational approach. Table 3 shows the correlations between maternal and paternal social support and overall psychopathology. Maternal social support did not significantly correlate with overall psychopathology \((r = .011, p > .05)\). However, the correlation between paternal social support and overall psychopathology did reach significance \((r = -.171, p < .05)\), indicating that greater paternal social support was related to lower levels of overall psychopathology.

Additional exploratory analyses were conducted to further investigate the unique relationships between familial, paternal, and maternal social support and specific types of psychopathology. This was computed by correlating the total support scores for family,
### Table 3

**Correlations between Familial, Maternal, and Paternal Social Support and Psychopathology**

<table>
<thead>
<tr>
<th>Scale</th>
<th>Familial Support</th>
<th>Maternal Support</th>
<th>Paternal Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Psychopathology</td>
<td>-.090</td>
<td>.011</td>
<td>-.171*</td>
</tr>
<tr>
<td>Somatization</td>
<td>.020</td>
<td>.116</td>
<td>.037</td>
</tr>
<tr>
<td>Obsessive-Compulsive</td>
<td>-.159</td>
<td>-.059</td>
<td>-.205*</td>
</tr>
<tr>
<td>Interpersonal Sensitivity</td>
<td>-.172*</td>
<td>-.043</td>
<td>-.224*</td>
</tr>
<tr>
<td>Depression</td>
<td>-.092</td>
<td>-.002</td>
<td>-.195*</td>
</tr>
<tr>
<td>Anxiety</td>
<td>-.032</td>
<td>.015</td>
<td>-.125</td>
</tr>
<tr>
<td>Hostility</td>
<td>-.014</td>
<td>.051</td>
<td>-.100</td>
</tr>
<tr>
<td>Phobic Anxiety</td>
<td>-.008</td>
<td>.047</td>
<td>-.101</td>
</tr>
<tr>
<td>Paranoid Ideation</td>
<td>-.035</td>
<td>.041</td>
<td>-.109</td>
</tr>
<tr>
<td>Psychoticism</td>
<td>.023</td>
<td>.050</td>
<td>-.084</td>
</tr>
</tbody>
</table>

* p < .05
father, and mother with the nine subscales of the SCL-90. These correlations are summarized in Table 3. With regard to social support from the mother, no significant correlations were obtained. Maternal social support was not significantly related to any of the subtypes of psychopathology measured by the SCL-90. With regard to familial social support, one significant result was obtained, indicating that familial social support was significantly and negatively related to the interpersonal sensitivity. With regard to paternal social support, three significant correlations were obtained. Paternal support was significantly and negatively correlated with the depression, interpersonal-sensitivity, and obsessive-compulsive subscales on the SCL-90.

The Relationship between Gender Role Ideologies and Psychopathology

It was predicted that participants who had conflicting individual-paternal gender role ideologies would have higher rates of psychopathology than those lacking such conflicts. To test this hypothesis, a one-way ANOVA was performed to compare the overall psychopathology means of the gender role conflict and no gender role conflict groups. Table 4 shows the means and standard deviations of the conflict and no conflict groups by psychopathology. No significant differences were found between these two groups. Levels of psychopathology did not significantly differ between the gender role conflict and no gender role conflict groups.

Although not part of the original hypotheses, additional exploratory analyses were performed to examine the relationship between individual-paternal gender role ideology matches and specific types of psychopathology. Nine one-way ANOVAs were conducted to compare the means of the conflict and no conflict groups with regard to specific types of psychopathology. Table 5 shows the means and standard deviations of the conflict and
Table 4

**Means and Standard Deviations of the Conflict and No Conflict Groups by Overall Psychopathology**

<table>
<thead>
<tr>
<th>Group</th>
<th>n</th>
<th>M</th>
<th>SD</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conflict</td>
<td>98</td>
<td>138.67</td>
<td>31.36</td>
<td>.343</td>
<td>.559</td>
</tr>
<tr>
<td>No Conflict</td>
<td>35</td>
<td>142.46</td>
<td>36.66</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 5

Means and Standard Deviations of Conflict and No Conflict Groups for the Nine Subscales of the SCL – 90

<table>
<thead>
<tr>
<th>Scale</th>
<th>n</th>
<th>M</th>
<th>SD</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somatization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conflict</td>
<td>98</td>
<td>1.44</td>
<td>.354</td>
<td>3.00</td>
<td>.085</td>
</tr>
<tr>
<td>No Conflict</td>
<td>35</td>
<td>1.57</td>
<td>.452</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obsessive-Compulsive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conflict</td>
<td>98</td>
<td>1.79</td>
<td>.501</td>
<td>.172</td>
<td>.679</td>
</tr>
<tr>
<td>No Conflict</td>
<td>35</td>
<td>1.84</td>
<td>.596</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpersonal Sensitivity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conflict</td>
<td>98</td>
<td>1.65</td>
<td>.506</td>
<td>.609</td>
<td>.437</td>
</tr>
<tr>
<td>No Conflict</td>
<td>35</td>
<td>1.57</td>
<td>.513</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conflict</td>
<td>98</td>
<td>1.61</td>
<td>.480</td>
<td>.001</td>
<td>.977</td>
</tr>
<tr>
<td>No conflict</td>
<td>35</td>
<td>1.61</td>
<td>.538</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conflict</td>
<td>98</td>
<td>1.48</td>
<td>.470</td>
<td>.006</td>
<td>.939</td>
</tr>
<tr>
<td>No conflict</td>
<td>35</td>
<td>1.47</td>
<td>.486</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hostility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conflict</td>
<td>98</td>
<td>1.63</td>
<td>.572</td>
<td>4.73</td>
<td>.031*</td>
</tr>
<tr>
<td>No conflict</td>
<td>35</td>
<td>1.90</td>
<td>.768</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 5 (cont.)

<table>
<thead>
<tr>
<th>Scale</th>
<th>n</th>
<th>M</th>
<th>SD</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phobic Anxiety</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conflict</td>
<td>98</td>
<td>1.13</td>
<td>.215</td>
<td>.277</td>
<td>.600</td>
</tr>
<tr>
<td>No conflict</td>
<td>35</td>
<td>1.11</td>
<td>.212</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Paranoid Ideation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conflict</td>
<td>98</td>
<td>1.68</td>
<td>.550</td>
<td>.006</td>
<td>.939</td>
</tr>
<tr>
<td>No Conflict</td>
<td>35</td>
<td>1.67</td>
<td>.596</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Psychoticism</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conflict</td>
<td>98</td>
<td>1.38</td>
<td>.410</td>
<td>.907</td>
<td>.343</td>
</tr>
<tr>
<td>No conflict</td>
<td>35</td>
<td>1.46</td>
<td>.564</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
no conflict groups for the nine subscales on the SCL – 90. No significant results were obtained between these two groups with regard to depression, anxiety, interpersonal sensitivity, obsessive-compulsiveness, paranoid ideation, phobic anxiety, psychoticism, and somatization. However, individuals who possessed a gender role ideology which was similar to that of their father demonstrated significantly higher rates of hostility. These results suggest that while the presence of an individual-paternal gender role ideology match was not related to most types of psychopathology, it was positively related to hostility.

The Relationship between Social Support, Gender Role Ideologies, and Psychopathology

It was predicted that a combination of lower levels of perceived familial social support and conflicting individual-paternal gender role ideologies would be positively related to higher rates of psychopathology. To test this hypothesis, a multiple regression was performed with familial social support being entered first, individual-paternal gender role ideology pairings second, and psychopathology serving as the criterion variable. No significant results were found (see Table 6). The combination of level of familial social support and the presence or absence of gender role conflict did not significantly predict levels of psychopathology.

Since a significant relationship was found between paternal social support and psychopathology, an exploratory analysis was conducted to further investigate the relationship between paternal support, gender role ideologies, and psychopathology. A multiple regression was performed with paternal social support being entered first, individual-paternal gender role ideology pairings second, and psychopathology serving as the criterion variable. No significant results were found (see Table 7). Although paternal support had been shown to be significantly related to levels of psychopathology among
Table 6

Summary of Regression Analysis for Familial Social Support and Gender Role Ideology Pairing Variables Predicting Overall Psychopathology (N = 133)

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE. B</th>
<th>Beta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Familial Social Support</td>
<td>-0.663</td>
<td>0.625</td>
<td>-0.093</td>
</tr>
<tr>
<td>Gender Role Ideology Pairing</td>
<td>4.13</td>
<td>6.47</td>
<td>0.056</td>
</tr>
</tbody>
</table>

p > .05
Table 7

Summary of Regression Analysis for Paternal Social Support and Gender Role Ideology Pairing Variables Predicting Overall Psychopathology (N = 133)

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE. B</th>
<th>Beta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paternal Social Support</td>
<td>-1.17</td>
<td>.589</td>
<td>-.171*</td>
</tr>
<tr>
<td>Gender Role Ideology Pairing</td>
<td>3.76</td>
<td>6.39</td>
<td>.051</td>
</tr>
</tbody>
</table>

* p < .05
the participants, gender role ideology pairings did not add significantly to the criterion variable.
CHAPTER IV
DISCUSSION

The purpose of this study was to investigate the relationships between son-father gender role ideologies, social support, and psychopathology. It was predicted that lower levels of perceived familial social support would be found among males whose gender role ideologies conflicted with their fathers. Results of this study failed to support this hypothesis; feelings of support from family members were not related to the possession of similar gender role attributes and characteristics as one’s father.

In addition to this hypothesis, two exploratory analyses were performed to further investigate the relation between son-father gender role ideologies and paternal and maternal social support. These analyses were conducted to more specifically explore the relationship between gender role ideologies and the amount of perceived support from each parent. Neither maternal nor paternal support was significantly related to the match between an individual’s gender role ideology and that of his father. These results indicate that the possession of a similar gender role ideology to one’s father was not related to the amount of perceived support from a male’s parents.

Research concerning the relationship between gender role ideologies and social support from family members is scarce. However, a previous study (McHale et al, 1990) found that engagement in cross-sexed household tasks resulted in less perceived paternal support and higher rates of psychopathology among the male participants. At first, the
results of the current study appear to conflict with prior research. However, there is an important distinction between the two investigations which may account for the discrepancy. The McHale et al. study investigated the manifestation of gender role attributes through actual behaviors. The current study did not measure actions and instead focused exclusively on the degree to which one cognitively identified himself as fitting into societal definitions of masculinity and/or femininity. Thus, one potential explanation for the current results is that although the participants possessed different gender role ideologies, their actual behavior may not be drastically different from that of their fathers. It could be that without the actual differences in behavior, the conflict between the father and son (in terms of gender role ideologies) may not have become apparent. If such is the case, then the key element may be the degree to which son-father gender role ideology conflicts become apparent through the behaviors of the son. Further research should investigate the importance of manifested gender role ideology conflicts to social support.

This finding also has important implications for the line of research investigating Perceiver X Supporter effects with regard to social support. Although past research has found that the match between the characteristics and attributes of the perceiver and supporter plays a significant role in supportive interactions, the primary emphasis of these research endeavors has not been on gender role ideologies. The results of the current investigation indicate that the specific match between a father and son, in terms of gender role attributes, is not related to support perceptions. However, due to the fact that this study did not focus on demonstrated behaviors, and therefore conflicts in gender role ideologies may have gone unnoticed, further investigation of the impact of gender role ideologies on social support is warranted.
In addition to the interplay between gender role ideologies and social support, the current study examined the relationship between overall familial social support and psychopathology. It was predicted that higher rates of psychopathology would be found among males who perceived lower levels of overall familial support. Results of this study failed to support this hypothesis, indicating that the amount of support one perceived from the family unit was not related to the occurrence of psychopathology among the male participants. This result conflicts with prior investigations (i.e. Procidano & Heller, 1983; Wolchik et al., 1989) and therefore warrants further investigation.

To more specifically explore the potential relationship between social support and overall psychopathology, two exploratory analyses were conducted through which the relationship between maternal and paternal social support and individual psychopathology was investigated. Results of these analyses partially support the contention that parental support is related to psychopathology. With regard to maternal support, no significant relationship was found, indicating that the amount of support received from the mother was not related to the occurrence of psychopathology. This result conflicts with prior research (Bryant, 1994). Although the relationship was not found for mothers, it was found for paternal support, indicating that higher rates of support from one’s father was related to lower levels of psychopathology among college males. This result is consistent with prior investigations (Bryant, 1994; Nestmann & Hurrelman, 1994). These findings suggest that support from one’s father has more of a relationship to the existence of psychopathology among college-aged males than does maternal support.

Because a significant result was found between paternal social support and overall psychopathology, an additional exploratory analysis was conducted to further clarify the relationship between paternal support and specific types of psychopathology. Although
paternal support was not significantly related to such areas of psychopathology as hostility, anxiety, paranoid ideation, psychoticism, phobic anxiety, and somatization, significant negative correlations were found with regard to depression, interpersonal sensitivity, and obsessive-compulsiveness. This result fits with previous findings which have found negative relationships between familial social support and psychological difficulties (Nestmann & Hurrelmann, 1994).

These findings indicate several things. First, the provision of paternal social support is related to lower levels of depression. This indicates that males who possess higher levels of paternal support less frequently suffer from such things as dysphoric mood, lack of life interest and motivation, feelings of hopelessness, and thoughts of suicide. The second indication is that the existence of adequate levels of paternal support is related to lower rates of interpersonal sensitivity. Thus, feelings of inadequacy and inferiority, tendencies for self-deprecation and self-doubt, and a lack of confidence in interpersonal interactions are less likely among males who perceive higher rates of support from their father. Finally, higher rates of paternal social support are related to lower rates of obsessive-compulsive behavior. Accordingly, males who perceive more paternal support are likely to experience fewer irresistible or unwanted thoughts, impulses, and actions.

As part of this study, the relationship between son-father gender role ideologies and overall levels of psychopathology was also examined. The hypothesized association between these two constructs was not supported by the results of this study. It had been predicted that higher rates of overall psychopathology would be found among those male participants who possessed gender role ideologies which did not match those of their
father. However, the results of this study suggest that individual-paternal gender role ideology pairings are not significantly related to rates of psychopathology.

Another prediction of this study was that the combination of lower levels of familial social support and conflicting individual-paternal gender role ideologies would be positively related to rates of psychopathology. No significant result was found, indicating that the interaction between less familial support and gender role ideology conflicts does not relate to the occurrence of psychopathology among males. Thus, the possession of both low familial social support and conflicting individual-paternal gender role ideologies does not appear to be related to higher rates of psychopathology.

Because a significant result was obtained for paternal support and psychopathology, a exploratory regression analysis was conducted to investigate the combined impact of paternal support and gender role conflict. The result of this analysis was not significant, indicating that the interaction of paternal support and gender role ideology matches is not related to levels of psychopathology.

The primary purpose of this study was to examine the potential relationships between social support coming from family members, individual-paternal gender role ideology pairings, and psychopathology. The results of this investigation suggest several things. First, the possession of a gender role ideology which is either similar or different from one’s father does not impact the level of perceived social support college-aged males receive from their family members. Second, conflicts between males and their fathers with regard to gender role ideologies are not related to levels of psychopathology. Third, social support from the entire family unit and from the mother specifically is not related to rates of psychopathology among males. However, support from the father is related to psychopathology, indicating that the father remains an important figure in the lives of
college-aged males and that a caring relationship between the two is important to mental health.

The role of social support for college males, especially peer support, has been documented (Procidano and Heller, 1983). However, the role of the father has not been as extensively explored. The primary implication of this study is that social support from the father plays a significant role in the mental health of college-aged males. This is important information, especially for college counseling centers. When a male student enters a college counseling center with psychological complaints, an investigation of the individual’s relationship with his father should be pursued. This would be especially pertinent when the student demonstrates such problems as anxiety in interpersonal relationships, lack of motivation and energy, suicidal ideation, and/or intrusive and recurrent thoughts and actions. If a strained relationship between the individual and his father is demonstrated, then the improvement of this relationship may be investigated as an appropriate therapeutic goal. By ignoring or underestimating the importance of the paternal relationship in the lives of college-aged males, the therapeutic process could become unnecessarily unproductive, and the student may continue to experience needless psychological difficulties.

Although this study serves as a reminder of the continuing importance of the father figure in the lives of college males, several limitations need to be addressed. First, the generalizability of the study is questionable. The vast majority of the participants (96%) were of Caucasian decent. In addition, the participants were chosen exclusively from a college population. Thus, these results may not generalize very well to populations other than white college males. Future research endeavors should attempt to include a more diverse population. A second limitation of the study involves the use of a correlational
design. Because correlation does not prove causation, this study cannot be used as an indication that a lack of paternal social support actually causes psychological difficulties. However, past prospective studies have been able to establish temporal order with regard to social support and mental health (e.g., Ganster & Victor, 1988). Thus, it may be that the same causal relationship could be found between paternal social support and psychopathology.

A third limitation involves the amount support the average participant perceived from his family members. In general, the participants perceived a high level of maternal, paternal, and familial support. For instance, perceived familial support scores among the no conflict participants averaged greater than 15 out of 20 points. This restriction in range with regard to support perceptions introduces the possibility of ceiling effects, which may have obscured some genuine differences among the participants. This limitation could be addressed in the future either by using a measure that permits more variability at the high end of support perceptions or by including participants who would be predicted to report lower levels of perceived support.

A fourth potential limitation of this study deals with the discrepancy between the average current age of the participant and the age at which he permanently moved away from his parents' home. The average age of the participants was 21.33 years old and the average age at which they left home was 18.21. This indicates that the typical participant had spent over three years living away from his family by the time he participated in this study. This could have an important impact on the results of this investigation. It is possible that the lack of significant results in terms of the relationship between the familial and maternal social support and rates of psychopathology was due to the fact that the participant had adjusted to being away from his family. It is possible that he had difficulty
at an earlier stage of his college career but had been able to resolve those issues before taking part in the study. It should be noted, however, that such a possibility lends even further credence to the importance of the father. This is so because although the participant was able to successfully adapt to the college atmosphere without the support of his mother or the family unit in general, he still relied on his father’s social support. Future investigations need to address the limitations of this study if a more accurate depiction of the relationships between social support, gender roles, and psychopathology is to emerge.
APPENDIX A
Perceived Social Support – Family Form

The following statements refer to feelings and experiences that occur to most people one time or another in their relationships with their families. For each statement there are three possible answers: Yes, No, Don’t know. Please circle the answer you choose for each item.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>My family gives me the moral support I need.</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>I get good ideas about how to do things or make things from my family.</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>Most other people are closer to their family than I am.</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td>When I confide in the members of my family who are closest to me, I get the idea that it makes them uncomfortable.</td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td>My family enjoys hearing about what I think.</td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td>Members of my family share many of my interests.</td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td>Certain members of my family come to me when they have problems or need advice.</td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td>I rely on my family for emotional support.</td>
</tr>
</tbody>
</table>
Yes  No  Don’t know  9. There is a member of my family I could go to if I were just feeling down, without feeling funny about it later.

Yes  No  Don’t know  10. My family and I are very open about what we think about things.

Yes  No  Don’t know  11. My family is sensitive to my personal needs.

Yes  No  Don’t know  12. Members of my family come to me for emotional support.

Yes  No  Don’t know  13. Members of my family are good at helping me solve problems.

Yes  No  Don’t know  14. I have a deep sharing relationship with a number of members of my family.

Yes  No  Don’t know  15. Members of my family get good ideas about how to do things or make things from me.

Yes  No  Don’t know  16. When I confide in members of my family, it makes me uncomfortable.

Yes  No  Don’t know  17. Members of my family seek me out for companionship.

Yes  No  Don’t know  18. I think that my family feels that I’m good at helping them solve problems.

Yes  No  Don’t know  19. Other people’s family relationships are more intimate than mine.

Yes  No  Don’t know  20. I wish my family were much different.
APPENDIX B

Perceived Social Support - Mother form

The following statements refer to feelings and experiences that occur to most people one time or another in their relationships with their mothers. For each statement there are three possible answers: Yes, No, Don’t know. Please circle the answer you choose for each item.

1. My mother gives me the moral support I need.
   Yes  No  Don’t know

2. I get good ideas about how to do things or make things from my mother.
   Yes  No  Don’t know

3. Most other people are closer to their mother than I am.
   Yes  No  Don’t know

4. When I confide in my mother, I get the idea that it makes her uncomfortable.
   Yes  No  Don’t know

5. My mother enjoys hearing about what I think.
   Yes  No  Don’t know

6. My mother shares many of my interests.
   Yes  No  Don’t know

7. My mother comes to me when she has problems or needs advice.
   Yes  No  Don’t know

8. I rely on my mother for emotional support.
   Yes  No  Don’t know
| 9.  | I could go to my mother if I were just feeling down, without feeling funny about it later. |
| 10. | My mother and I are very open about what we think about things. |
| 11. | My mother is sensitive to my personal needs. |
| 12. | My mother comes to me for emotional support. |
| 13. | My mother is good at helping me solve problems. |
| 14. | I have a deep sharing relationship with my mother. |
| 15. | My mother gets good ideas about how to do things or make things from me. |
| 16. | When I confide in my mother, it makes me uncomfortable. |
| 17. | My mother seeks me out for companionship. |
| 18. | I think that my mother feels that I'm good at helping her solve problems. |
| 19. | Other people's maternal relationships are more intimate than mine. |
| 20. | I wish my mother was much different. |
APPENDIX C
Perceived Social Support - Father form

The following statements refer to feelings and experiences that occur to most people one time or another in their relationships with their fathers. For each statement there are three possible answers: Yes, No, Don't know. Please circle the answer you choose for each item.

1. My father gives me the moral support I need.
   Yes  No  Don't know

2. I get good ideas about how to do things or make things from my father.
   Yes  No  Don't know

3. Most other people are closer to their father than I am.
   Yes  No  Don't know

4. When I confide in my father, I get the idea that it makes him uncomfortable.
   Yes  No  Don't know

5. My father enjoys hearing about what I think.
   Yes  No  Don't know

6. My father shares many of my interests.
   Yes  No  Don't know

7. My father comes to me when he has problems or needs advice.
   Yes  No  Don't know

8. I rely on my father for emotional support.
   Yes  No  Don't know
9. I could go to my father if I were just feeling down, without feeling funny about it later.

10. My father and I are very open about what we think about things.

11. My father is sensitive to my personal needs.

12. My father comes to me for emotional support.

13. My father is good at helping me solve problems.

14. I have a deep sharing relationship with my father.

15. My father gets good ideas about how to do things or make things from me.

16. When I confide in my father, it makes me uncomfortable.

17. My father seeks me out for companionship.

18. I think that my father feels that I'm good at helping him solve problems.

19. Other people's paternal relationships are more intimate than mine.

20. I wish my father was much different.
APPENDIX D

Self-Parent Identification Scale

The items in this section are concerned with how you view yourself in relation to your parents.

Please look at each item carefully and decide who it describes best. In many cases, the trait will apply to more than one person. Place and X in either one or two columns to indicate that the trait applies to one or two people. Please make sure that every trait has at least one and no more than two X’s in the column next to it. Please do not check all three columns for any one item.

Examples of the six possible answers are given below:

<table>
<thead>
<tr>
<th>TRAIT</th>
<th>SELF</th>
<th>MOTHER</th>
<th>FATHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funny</td>
<td>X</td>
<td></td>
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<tr>
<td></td>
<td>X</td>
<td>X</td>
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<td></td>
<td>X</td>
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<td>X</td>
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<tr>
<td></td>
<td>X</td>
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</tr>
</tbody>
</table>

Please make sure that you answer each item in one of the six ways shown above. If you were not raised by the same two parents, stepparents, foster parents, or other adult guardians, please check here _______.

Please answer each item according to the directions given on the preceding page.

<table>
<thead>
<tr>
<th>TRAIT</th>
<th>SELF</th>
<th>MOTHER</th>
<th>FATHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Warm</td>
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<tr>
<td>2. Self-reliant</td>
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<td>3. Helpful</td>
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<td>4. Gentle</td>
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<tr>
<td>5. Willing to take risks</td>
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<td>6. Sympathetic</td>
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<td>7. Forceful</td>
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<tr>
<td>8. Truthful</td>
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<tr>
<td>9. Loves children</td>
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<td>10. Self-sufficient</td>
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<td>11. Tender</td>
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<td>12. Aggressive</td>
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<tr>
<td>13. Conscientious</td>
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<td>14. Compassionate</td>
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<td>15. Assertive</td>
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<td>16. Eager to soothe hurt feelings</td>
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<tr>
<td>17. Has leadership ability</td>
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<tr>
<td>18. Likable</td>
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<tr>
<td>19. Flatterable</td>
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<tr>
<td>20. Willing to take a stand</td>
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<tr>
<td>21. Sensitive to the needs of others</td>
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<td>22. Dominant</td>
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<td>23. Sincere</td>
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<td>24. Does not use harsh language</td>
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<td>25. Acts as a leader</td>
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<td>26. Shy</td>
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<tr>
<td>27. Independent</td>
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<td>28. Happy</td>
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</tbody>
</table>
APPENDIX E

Debriefing Statement

You have just participated in a study designed to investigate the relationship between gender roles, social support, and psychopathology. Specifically, this study was designed to determine whether having a different gender role orientation than one’s same-sex parent and perceiving less familial and parental social support was related to increased psychological discomfort among individuals.

The term “gender role orientation” refers to the personal set of behaviors and attributes to which one adheres and how they compare to the societal definitions of masculinity and femininity. Social support refers to the emotional and physical comfort one person provides another in a time of need. Discomfort refers to psychological distress (e.g. depression and anxiety). It is hypothesized that individuals who have different gender role orientations than his or her same-sex parent will perceive less parental and familial social support than individuals whose gender role orientation is similar to his or her same-sex parent. It is also hypothesized that such individuals will experience more psychological discomfort than other people.

In order to draw valid conclusions from this study, it is essential that you do not discuss its purpose with any student who has not yet taken part in the experiment. If you have any further questions concerning this study, please contact Braden Blumenstiel. I can reached through the graduate student mailing system at the University of Dayton. I have a mailbox folder in St. Joe’s Hall room 313 or you can contact Dr. Carolyn Roecker (229-2618).

Thank you.
APPENDIX F

Demographic Information Sheet

Age: ___________  Sex: ___________

Education:

Freshman
Sophomore
Junior
Senior
Graduate Student

Family: I was raised primarily by...

Biological mother and biological father
Biological mother and step father
Biological father and step mother
Biological mother only
Biological father only
Other

If applicable, at what age did you stop living with both biological parents?

Ethnicity:

Caucasian-American
African-American
Hispanic
Other
APPENDIX G

Informed Consent

I am at least the age of eighteen and agree to participate in this study focusing on family relationships. I understand that I will be required to complete five paper-and-pencil questionnaires and that doing so will take approximately one hour. I realize my responses will be kept completely confidential and I am free to end my participation at any time without penalty. Finally, I am aware that no adverse effects are expected as a result of my participation and that I can contact either Dr. Carolyn Roecker at 229-2618 or Braden Blumenstiel at 643-2943 with any further questions regarding this study.

________________________________________
Signature of participant

________________________
Date
REFERENCES


