



The Role of Psychological Androgyny in Self-esteem

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Abstract : The proponents of androgyny hold the view that healthy personality development and mental well-being are ensured when an individual adheres to both female and male traits simultaneously. On the other hand, the conventional perspectives view that well-being is best guaranteed by sticking to the stereotypical gender roles. The most commonly used variable to measure mental health and well-being is self-esteem. Self-esteem is an individual's feeling of belief, respect, and value of his or her self. The present study addresses issues concerning the role of androgyny in the self-esteem of the participants. The study aims to find out the role of gender role perception and gender on the self-esteem of participants. A 2 (androgynous and sex-typed) × 2 (male and female) research design is employed in the study. Gender role perception and gender are the independent variables, and self-esteem has been taken as the dependent measure. Initially, 600 participants (300 females and 300 males) within the age group ranging from 30-45 years from various areas of Bhubaneswar city in Odisha, India, were purposively chosen for the study. The Sahoo Sex Role Inventory was administered to determine the androgynous and sex-typed orientations of the participants. Based on the median split of their scores on the Sahoo Sex Role Inventory, the 300 males were categorized into 150 androgynous males and 150 sex-typed male groups. Similarly, the 300 females, based on the median split of their scores, were divided into 150 androgynous females and 150 sex-typed female groups. Therefore, based upon their scores, the participants were divided into four groups, namely androgynous female, androgynous male, sex-typed female, and sex-typed male. Securing the highest scores from each group, 60 participants were considered for further study, thus making the total sample size of 240 (120 females and 120 males). The Rosenberg Self-esteem Scale was then administered to these 240 participants.

The interpretation of data revealed that the participants who were of androgynous gender role orientation had higher self-esteem than the participants having sex-typed orientation, which is supported by the literature. Also, no significant difference between males and females has been obtained. Therefore, it has been inferred that males and females do not differ with regard to self-esteem. Further, no significant interaction effect has been seen between gender role perception and gender.

IndexTerms - androgyny, gender role perception, mental health, self-esteem, sex-type, well-being.

I. INTRODUCTION

Society, through its agents of socialization, has since long been passing the notion that internalization of stereotypical gender roles is vital to psychological health across all developmental spans. The basis of a sound personality is laid down by males acquiring agentic traits and females holding communion traits. The major theories in psychology, such as the psychoanalytic theory, cognitive-developmental theory, and social learning theory, have vouched for this notion (Antill & Cunningham, 1980).

However, the social perception for the sets of culturally defined behaviour for females and males has undergone modification over the past decades (Hall, Durborow & Progen, 1986). The 1973 review of Constantinople identified deficiencies in the conjectural framework for holding femininity and masculinity as diametrical opposites (Adams, 1989; Myers & Gonda, 1982; Bernard, 1981). Based on the conventional bipolar model of gender roles, the desirable masculine qualities include agency, independence, aggressiveness, and achievement-striving. The desirable female traits include communion, cooperation, nurturance, and dependence. Due to the lack of functional utility of traditional gender roles in modern times, they are replaced with an extensive gamut of healthy gender-role behaviours for both males and females (Hall, Durborow & Progen, 1986). This alternative gender role is termed androgyny – a blend of feminine and masculine traits.

1.1 Androgyny

Bem played a pivotal role in investigating and promoting this new approach. Psychological androgyny describes the individuals who adhere to gender role traits stereotypical of both genders (i.e., high levels of both masculinity and femininity) rather than adhering merely to one or another gender role. Bem hypothesized that the behaviour of such people is governed by the situation, not by societal standards (May & Spangenberg, 1997). Therefore, greater resilience and pliability are ensured by androgyny, thereby assuring enhanced psychological health (Martin, Cook & Andrews, 2016). Later, in 1974 Bem developed the *Bem Sex Role Inventory (BSRI)* to classify the androgynous individuals (Ivtzan & Conneely, 2009). The publication of BSRI accelerated the attempt to develop similar other scales intended to determine androgynous individuals. Some of these include the Personal Attributes Questionnaire or PAQ (Spence, Helmreich, and Stapp, 1975); the Personality Research Form Andro Scale or PRF ANDRO (Berzings, Welling & Wetter, 1978); and a measure derived from the Adjective Checklist or ACL (Heilbrun, 1976) (Addie, 1983).

The analysis of several studies has associated androgyny with more pliability, competency and environmental aptness, more life satisfaction, subjective feelings of well-being (Lubinski et al., 1981), higher levels of creativity (Norlander et al., 2000), social responsiveness (Heilbrun & Mulqueen, 1987), more flexible or adaptive behaviour (Vonk & Ashmore, 1993), and a low level of social discomfort (Ivtzan & Conneely, 2009; May & Spangenberg, 1997). However, the most crucial aspect and popularly referred measure of mental health is self-esteem. Researchers have since long made efforts to demonstrate higher self-esteem in androgynous individuals (Cook, 1985; Whitley, 1983). Further, researchers have linked androgyny to high levels of self-esteem (May & Spangenberg, 1997).

1.2 Self-esteem

Self-esteem has become a standard variable that is used to assess psychological health. Self-esteem is a comprehensive sense of value or self-worth an individual has for himself or herself. Self-esteem can be described as a comprehensive self-evaluation containing both cognitive and affective components. Although considered a variable of self-concept yet self-esteem varies from self-concept, the former is an appraisal component of the latter. Self-concept is more general than self-esteem and is defined as a collection of beliefs about oneself or the picture one has of one's self (Shavelson & Bolus, 1982). Additionally, self-worth is used interchangeably with self-esteem.

The social milieu of individuals with high self-esteem is very much different from those with low self-esteem. A high self-esteem results in high self-regard and expectation to gain acceptance, whereas low self-esteem results in feelings of vulnerability even in day-to-day mundane affairs (Cameron et al., 2010). Researches have linked low self-esteem to several psychological health problems. On the other hand, individuals with high self-esteem experience lesser anxiety and have positive coping skills, and better physical health (Pyszczynski et al., 2004).

2. LITERATURE REVIEW

In connection with self-esteem being a popular indicator of psychological well-being, three competing theoretical models indicating association amidst gender role perception and well-being could guide research on self-esteem (Cate & Sugawara, 1986). They include – congruency model, androgyny model, and masculinity model. The congruency model advocates that congruency between an individual's gender-role adoption and gender ensures mental stability and well-being. The androgyny model advances the notion that when an individual imbibes both agentic and communion traits, regardless of gender, well-being is enhanced. Lastly, the masculinity model bids to view that possession of high masculine traits by an individual warrants greater well-being (Forshaw & Shmukler, 1993; Cheng, 2005).

Spence et al., 1975 made efforts to relate self-ratings of self-esteem to gender-role orientation and found that androgyny and mental health have a positive association. They reported that the androgynous participants had the highest levels of self-esteem. In contrast, the masculine and feminine participants scored in the middle range (the masculine scoring somewhat higher than the feminine) (Addie, 1983). Bem (1977) attempted to experiment to study differences in the scoring and classification system of the BSRI and concluded that, regardless of the scoring method chosen, the androgynous and masculine individuals scored more positively on a self-esteem measure (TSBI) than did the feminine and undifferentiated persons (Addie, 1983). Willemsen (1987), in his study, made 72 college students take the Personal Attributes Questionnaire and the 5-scale Offer Self-image Questionnaire to make a distinction in self-esteem scores among androgynous, feminine, masculine, and undifferentiated participants. They reported that generally, self-esteem was higher for androgynous and masculine individuals than feminine and undifferentiated participants.

However, the meta-analytic study done by Whitley (1983) on self-esteem, by combining the results of 35 studies, reported that masculinity contributed the most to variance in self-esteem than androgyny or femininity (Adams & Sherer, 1985). Hence, some researchers concluded that the relationship of androgyny to self-esteem could be majorly due to its masculinity component. Therefore, the literature on androgyny and self-esteem has yielded mixed results.

One of the focus areas in self-esteem research has been on gender disparities. Feingold (1994), in his study of gender differences, found that males had slightly higher self-esteem than females and were more assertive, while females were higher than males in extroversion, anxiety, and trust. Kling et al. (1999) did a meta-analytic study of gender differences in self-esteem by synthesizing the earlier research. They concluded that although small, still a consistent gender disparity exists in self-esteem, which favors males. They further emphasize that males are more harshly penalized for gender role deviation than females (VanArsdale, 2015). On the other hand, there is also literature that suggests no significant difference in self-esteem between males and females (Kling et al., 1999; Erol & Orth, 2011; Maccoby & Jacklin, 1974; Donnellan et al., 2007; Galambos et al., 2006). Therefore, the literature on self-esteem and gender offers mixed results. So an attempt has been made in the present study to determine whether any gender difference exists in self-esteem in the Indian context.

3. OBJECTIVE

An analysis of the literature revealed that not many studies in androgynous gender role orientation had been conducted in the Indian context. In order to add to the existing literature, the current study aims

- To analyse the effect of gender-role perception with respect to self-esteem and also,
- To probe the impact of gender on the self-esteem of participants.

4. HYPOTHESIS

Following the topics and questions discussed in the literature, two hypotheses have been predicted within the present study:

- It is predicted that the androgynous participants would have higher self-esteem than the sex-typed ones,
- Also, there would be a significant gender difference between males and females, with males being higher in self-esteem than females.

5. METHOD OF STUDY

5.1 Design

A 2 (androgyny vs. sex-type) × 2 (male vs. female) factorial design has been chosen for the present investigation. This study includes two independent variables, i.e., gender role perception and gender. Self-esteem is taken as the dependent variable.

5.2 Participants

600 participants (300 females and 300 males) were taken for the current study within the age group ranging from 30 - 45 years. These participants were selected through a purposive sampling procedure from different areas of Bhubaneswar city in Odisha, India. It was ensured that they were all educated with minimum educational qualification fixed at graduation. Also, it was ensured that they all belonged to similar socio-economic status and were working class.

5.3 Measures

Two measures were utilized in this study, the *SSRI* (to identify androgyny) and the *RSES* (to assess self-esteem).

Sahoo Sex-Role Inventory

The Sahoo Sex Role Inventory (SSRI, 1990) is an Indian adaptation of the Bem Sex Role Inventory (BSRI). The SSRI consists of 50 items (20 feminine items, 20 masculine items, and 10 neutral items). It retained certain original items of BSRI while certain culturally significant items were added, replacing the culturally insignificant ones. The inventory uses a 7-point scale on which the participants rate themselves on each descriptor item. The masculinity, femininity, and neutral items are considered separately during the time of scoring. Two scores (a masculinity score and a femininity score) are generated for each individual based on the self-affirmation ratings. By adding up the scores of an individual overall 20 items yields the masculinity score. Similarly, the femininity score is generated by adding up all the scores of an individual across the 20 items. The gap between masculinity and femininity score is indicative of gender-role adoption of a person. A lower gap implies androgynous orientation. It has a satisfactory level of reliability and validity (Sahoo, 1990). The test-retest reliability ranged from .75 to .81, and the Cronbach's alpha was .78.

Rosenberg Self-esteem Scale

The Rosenberg self-esteem scale incorporates 10 items that assess the degree of self-esteem in an individual. The scale comprises a list of positive and negative statements. It uses a 4-point Likert scale stretching from "Strongly Agree" to "Strongly Disagree." There is fixed scoring for each item. Some items involve reverse scoring. The self-esteem score is obtained by adding all the individual scores across 10 items. The higher the score, the greater is the self-esteem.

5.4 Procedure

The participants were given information about the study, and ethical issues were discussed with them. The participation was voluntary and after obtaining the consent of the participants, they were given the questionnaires. Anonymity was guaranteed. The participants were then instructed on how to respond to the items in each questionnaire. Each participant was given approximately 30 minutes to complete both scales. The participants were appealed to give their responses as fairly and justly as possible. In the 1st phase, 600 participants (300 Females and 300 Males) were given the SSRI to determine the androgynous and sex-typed (masculine male and feminine female) individuals. Based on the median split of their scores on the Sahoo Sex Role Inventory, the 300 males were categorized into 150 androgynous males and 150 sex-typed male groups. Similarly, the 300 females, based on the median split of their scores, were divided into 150 androgynous females and 150 sex-typed females group. Therefore, based upon their scores, the participants were divided into four groups, namely androgynous female, androgynous male, sex-typed female (feminine female), and sex-typed male (masculine male). The individuals with extreme scores from each group were considered for further study to obtain a greater level of accuracy in the study. Thus, 60 participants with the highest scores from each group were considered for the 2nd phase, making the total sample size of 240 (120 females and 120 males). This final sample of 240 participants was then administered the RSES to obtain the self-esteem scores.

6. RESULTS

The summary of the analysis of variances on self-esteem scores is presented in Table I. The mean ratings and standard deviations on self-esteem scores are presented in Table II.

The Analysis of Variance (ANOVA) computed on self-esteem scores of the participants shows a significant main effect for gender role perception, $F(1, 236) = 31.77, p < 0.01$ (see Table I). As depicted in Table II, the self-esteem of the androgynous group is higher than the sex-typed group ($M = 18.44$ and $M = 16.51$, respectively).

Table I: Analysis of Variance Performed on Self-esteem Scores of Participants

Sources	df	MS	F
Gender Role Perception	1	224.67	31.77**
Gender	1	9.60	1.36
Gender Role Perception × Gender	1	0.50	0.07
Error	236	7.06	

Note: * $p < 0.05$, ** $p < 0.01$

Table II: Mean self-esteem scores of participants in 4 groups

Groups	Male		Female		Combined	
	M	SD	M	SD	M	SD
Androgynous	18.21	2.34	18.67	3.03	18.44	2.71
Sex-typed	16.33	2.68	16.68	2.52	16.51	2.60
Combined	17.28	2.68	17.68	2.95	–	–

As indicated in Table I, there is a non-significant effect for gender, $F(1, 236) = 1.36$, n.s. The males and females do not differ in self-esteem ($M = 17.28$ and 17.68 , respectively). Further analysis reveals non-significant gender role perception × gender effect, $F(1, 236) = 0.07$, n.s..

7. DISCUSSION AND CONCLUSION

The purpose of the current study was two-fold: (a) to ascertain the role of gender-role perception with respect to self-esteem and (b) to look into the impact of gender on the self-esteem of participants. Self-esteem is the reflection of a person's self-belief, self-worth, and self-evaluation. The findings reveal that androgynous individuals possess higher self-esteem as compared to sex-typed individuals. Further, there is no difference between the self-esteem of males and females.

The 1st hypothesis that androgynous participants would report higher self-esteem scores than the sex-typed participants was supported by the results. The findings indicate a significant main effect of gender role perception on self-esteem. This finding corroborates the literature as well. Androgynous orientation allows the individuals to engage in situationally effective behavior without regard for its stereotype as masculine or feminine. As androgyny is a blend of masculine and feminine characteristics, so an androgynous individual has a vast repertoire of behaviors and skills at his or her disposal. This behavioral flexibility makes them more competent, and hence enhanced feelings of self-worth and self-esteem develop. Hence, it could be concluded that the adoption of an androgynous orientation represents a healthy balance of characteristics of both genders. Further, Bem's (1974) Gender Schema Theory which asserts that psychological androgyny is associated with mental health, supports the pattern of results revealed in the present study. Androgynous individuals may be more effective because they can perform both stereotypical masculine "instrumental" functions and stereotypical feminine or "communal" functions (Buckley & Carter, 2005).

The present study also indicates no gender disparities between females and males. Therefore, the results do not support the 2nd hypothesis that there would be significant gender differences between males and females and males would have higher self-esteem scores than females. Such a finding could probably be due to the sample belonging to an educated working-class population. Also, in recent years, educational programmes have become more gender-neutral than in the past (Cate & Sugawara, 1986). In today's times, females are academically and professionally promoted and encouraged to perform well.

Generally, conventional adoption of stereotypical gender roles by both genders has been highly valued in society for ages. Those individuals who deviate from these stereotypical roles are less positively evaluated by society—for example, females adopting agentic qualities. Since a person's self-esteem is linked to the evaluation accorded to that person's role, so any deviance could lead to low self-esteem. This fear of negative evaluation makes the male persons strictly adhere the masculine traits and females to feminine characteristics. The masculine traits being linked to self-esteem helps the males to develop higher self-esteem than the females. However, with the advent of the women's liberation movement, the androgynous gender role perception happened to be a more balanced and healthier orientation. The androgynous individuals are neither intensely feminine nor strongly masculine, but they quest to keep themselves open for the full range of human emotions and behaviors (Forisha, 1978). Several past researches and the present study have supported the notion that an androgynous orientation ensures higher self-esteem, which is an essential measure of mental well-being. Thus, it could be concluded that the present study substantiates the argument that an androgynous gender role perception ensures the possession of integrated gender identity and greater self-esteem.

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