WOMEN AND SELF-EFFICACY: A COMPARISON OF LESBIAN, HETEROSEXUAL, ANDROGYNOUS, AND FEMININE TYPED WOMEN

By

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ABSTRACT

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This study examined lesbian women in comparison to heterosexual women across the constructs of gender-role identity and general self-efficacy. The measurements employed in this research design included the Bem Sex Role Inventory (BSRI) (Bem, 1978) and the Sherer Self-Efficacy Scale (Sherer, Maddux, Mercandante, Prentice, Dunn, Jacobs, and Rogers, 1982); sexual orientation was assessed through self-identification. As predicted, general self-efficacy levels varied statistically between feminine and androgynous gender typed women, as assessed by the BSRI, with the highest scores being observed among females classified as androgynous. Support was not found for the hypothesis that heterosexual and lesbian women would differ at a statistically significant level in their general self-efficacy scores and no interaction was found to be present between these variables as assessed by Factorial ANOVA. Finally, in contrast to my research question, the BSRI did appear to classify participants in gender role categories that statistically corresponded to their self-identified gender roles at a degree greater than chance. Despite these findings, the low significance level points to a further need to re-
examine the current usefulness of the Bem Sex Role Inventory in measuring and
classifying the construct of gender identity.
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# TABLE OF CONTENTS

ABSTRACT............................................................................................................................................................................. iii

ACKNOWLEDGMENTS ................................................................................................................................................................. v

TABLE OF CONTENTS.............................................................................................................................................................. vii

LIST OF TABLES................................................................................................................................................................. x

CHAPTER ONE: INTRODUCTION TO THE LITERATURE......................................................... 1

Gender....................................................................................................................................................................................... 1

Gender vs. Sex (Terminology and Differentiation).................................................. 1

Gender Identity and the Importance of Examining Gender ......................... 2

Gender Stereotypes: The Masculinity and Femininity Dichotomy .......... 3

Measurement of Gender Identity ................................................................ 5

Androgyny .............................................................................................................................................................................. 8

Historical Presence of Androgyny .............................................................. 8

Models of Androgyny ................................................................................ 8

Advantages and Drawbacks of Androgyny .............................................. 11

Lesbianism ........................................................................................................................................................................... 14

Consequences of a Lesbian Identity ............................................................ 14

Defining Sexual Orientation ...................................................................... 16

Measurement of Sexual Orientation .......................................................... 16

Self-Efficacy ......................................................................................................................................................................... 18

What is Self-Efficacy? ............................................................................... 18

Determinants and Factors in Developing Self-Efficacy ........................... 20
APPENDIX B ........................................................................................................................................ 73
Demographic Information.............................................................................................................. 73

APPENDIX C ................................................................................................................................... 75
Bem Sex Role Inventory.............................................................................................................. 75

APPENDIX D ................................................................................................................................... 78
Self-Efficacy Scale...................................................................................................................... 78
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Post Hoc Tukey Test Examining Differences in General Self-Efficacy Levels Between Gender-Role Categories as Classified by the BSRI</td>
<td>45</td>
</tr>
<tr>
<td>2</td>
<td>Chi-Square Analysis of Self-Identified Gender-Role Identity Compared to BSRI Gender-Role Classification</td>
<td>47</td>
</tr>
</tbody>
</table>
CHAPTER ONE: INTRODUCTION TO THE LITERATURE

Gender

Gender vs. Sex (Terminology and Differentiation)

The terms sex and gender are often unclear and as a result are typically used incorrectly and interchangeably (Woodhill & Samuels, 2003). As this study will focus on gender and variances in gender conformity, definitions and differentiation of these two terms are necessary. Sex can be defined as relating to a person’s biology and physiology in terms of sex organs and sex characteristics. It is a relatively narrow term referring only to the innate reproductive characteristics of a person (Matlin, 2000). Gender is seen as culturally based and developed (Archer & Lloyd, 2002). It is a much broader term and concept than sex, as it refers to the psychological and social characteristics and categories created in our society and in human culture (Matlin, 2000). Gender involves socialized patterns of thinking, feeling, and behaving that are culturally constructed and adopted as the norms of expression (Woodhill & Samuels, 2003). One could even argue that all traits aren’t naturally or intrinsically masculine or feminine but rather that society assigns groupings of traits to each individual sex and some are ultimately left as neutral (Boswell, 1997).

Because sex simply refers to the binary categories of male and female while gender refers to the attributes generally associated with the two sexes, having a differentiation is crucial in terms of being able to identify and distinguish between sex
role differences and gender role differences in order to greater understand the
dimensions and issues present in each realm (Archer & Lloyd, 2002). Also through
understanding that gender is socially constructed, we can in turn realize that we have
some degree of control and power to change those constructions. Gender and sex are
often treated as the same rather than being identified as separate constructs along with a
general lack of distinction or consistency in the literature (Howard & Hollander, 1997;
Unger & Crawford, 1993). While many of the articles cited in this research use sex and
gender interchangeably or even inaccurately (i.e. Sex-Role rather than Gender-Role
Inventory), it is gender-roles that are the interest and focus of my research, not sex-roles.

*Gender Identity and the Importance of Examining Gender*

According to Erikson, gender role development is one of the central features of
both our identity and of our life development (1950). We begin to develop gender
identities early in life with a person’s conceptions about their gender identity initially
being acquired by observing sex differences in behavior around them (Cook, 1985).
Children, adolescents, and even adults often experience strong pressure toward gender
typing from parents, peers, the media, and other social institutions. In turn, individuals
become likely to internalize these prescriptive messages and as a result come to anticipate
evaluative reactions not only from other people but also from themselves for deviations
from gender-typed conduct (Bandura, 1986; Bem, 1978; Bussey & Bandura, 1999;
Mischel, 1970). We evaluate ourselves based on perceived gender compatibility and can
suffer anxiety, depression, despair, discomfort, and rejection if we aren’t compatible with
the societal norms or if we identify as cross gender-typed (Kohlberg, 1966; Spence & Buckner, 1995; Bailey & Zucker, 1995; Berndt & Heller, 1986).

Following this train of thought, it seems likely that individuals who feel strong pressure toward gender typing will be less likely than others to feel able to explore a wide range of options when deciding which interests to pursue or which talents to follow and therefore will be less likely to settle on options that will be maximally fulfilling for them. Therefore it can be inferred that the perception of self as being gender conforming is not as important as the perceived pressure to be conforming that is damaging (Egan & Perry, 2001). This is congruent with Bem’s line of thinking that people will be best adjusted if they feel free to explore cross gender options if desired or as called for by the situation (Bem, 1974). Unfortunately, this is not the case in our society as there are often harsh repercussions in American culture for deviating significantly from the established gender norms of behavior (Egan & Perry, 2001).

**Gender Stereotypes: The Masculinity and Femininity Dichotomy**

Masculinity and femininity are commonly measured and conceptualized in terms of the dimensions of instrumentality and agency for masculinity and expressiveness and communion for femininity (Archer & Lloyd, 2002). Instrumentality is associated with independence, self reliance, goal orientation, and coordination and adaptation of family needs with the outside world. Agency involves maintenance of the individual organism, assertiveness, self-protection and expansion, and an urge toward mastery (Cook, 1985). Expressiveness is a general sensitivity to others, concern for interpersonal relationships, nurturance and emotional expressiveness, and maintenance and regulation of the family
within itself (Spence & Helmreich, 1978). Communion is the integrated participation of an individual with a larger whole, a focus on relationships, cooperation, selflessness, and union with others (Bakan, 1966).

Beliefs about masculinity and femininity are often expressed in the form of stereotypes. Stereotypes are shared beliefs held about groups of people. In the case of gender stereotypes, the focus is on beliefs held about people in regards to the categories of masculinity and femininity (Archer & Lloyd, 2002). Stereotypes take the form of massive generalizations or blanket statements made about a particular group. Cook (1985) presents a list of stereotypical masculine and feminine attributes:

Men (Masculinity) - aggressive, independent, unemotional, objective, dominant, competitive, logical, rational, adventurous, decisive, self-confidant, ambitious, worldly, act as a leader, assertive, analytical, strong, sexual, knowledgeable, physical, successful, good in math and science, and the reverse of the feminine characteristics listed below. (p.4)

Women (Femininity) - emotional, sensitive, expressive, aware of others’ feelings, tactful, gentle, security oriented, quiet, nurturing, tender, cooperative, interested in pleasing others, interdependent, sympathetic, helpful, warm, interested in personal appearance and beauty in general, intuitive, focused on home and family, sensual, good in art and literature, and the reverse of the above masculine characteristics. (p.4)

While there is considerable variability between people in a given sex category as far as the gender congruent or incongruent traits that any given person decides to display,
stereotypes and societal attitudes create natural boundaries and limitations to accepted
gender expressions (Egan & Perry, 2001). Borders are built to separate gender, behavior,
and personality and these borders and limitations take the form of stereotypes. It is
hardly accurate or fair to say that a woman who acts instrumentally or with agency is not
feminine and a man who acts expressively or communally is not masculine (Woodhill &
Samuels, 2003). Stereotypes put people into boxes of acceptable and non-acceptable
behaviors, individuals who don’t conform to these stereotypes can suffer anxiety,
depression, discomfort, and social rejection (Kohlberg, 1966; Spence & Buckner, 1995;

Measurement of Gender Identity

The measurement of gender identity operates largely on the stereotypes and
commonly held notions of typical gender thoughts, feelings, and behaviors (Archer &
Lloyd, 2002). While there are many instruments that measure sex and gender roles, all
with slightly different conceptualizations of what constitutes gender identity, the two
most commonly used scales in current research are the Bem Sex-Role Inventory (Bem,
1974) and the Personal Attributes Questionnaire (Spence & Helmreich, 1978; Spence,
Helmreich, & Stapp, 1975). While my research exclusively uses the Bem Sex-Role
Inventory, there are some similarities and differences between these two scales that
warrant a brief discussion.

The Personal Attributes Questionnaire (PAQ), developed in 1975, measures
socially desirable and gender stereotypic instrumental and expressive traits of masculinility
and femininity. There are 24 items on the PAQ and they are bipolar in nature to allow for
measuring masculinity and femininity on a continuum. The PAQ is based on descriptive stereotypes which include traits considered to be typical of men and women and also prescriptive stereotypes which are traits considered as ideals for men and women. The PAQ would not be used to measure gender attitudes and ideology, as is the case with the BSRI, but rather solely to measure instrumentality and expressiveness (Spence, 1991).

The Bem Sex-Role Inventory also measures masculinity and femininity, but with items being selected as either masculine or feminine on the basis of sex-typed social desirability rather than on the basis of differential endorsement by males and females (Bem, 1978). The BSRI was founded on the conception of a sex-typed person as someone who has internalized society’s standards of desirable behavior for men and women. The Bem Sex-Role Inventory characterizes a person as masculine, feminine, or androgynous as a function of the difference between his or her endorsement of masculine and feminine personality characteristics. Therefore, a person is sex-typed, whether masculine or feminine, if their difference score is high, and androgynous, if their difference score is low. Another way of stating it is that a person is sex-typed on the BSRI to the extent that his or her Androgyny score reflects the greater endorsement of “sex-appropriate” characteristics than of “sex-inappropriate” characteristics. Sex-typed individuals conform to social standards (i.e. sex-typed women are cooperative, dependent, and warm while sex-typed men are independent and aggressive). Non-sex-typed individuals are non-conforming to social standards of gender and therefore embody some degree of blending of the two dimensions (Bem, 1974).
There are many criticisms of these two scales with the main one being that gender is a multifaceted and complex construct and both scales operationalize gender in a very one-dimensional manner. Masculinity and femininity are made up of more than just personality traits; they also include behaviors, occupations, and expressions of physical appearance (Egan & Perry, 2001). These dimensions are demonstrated in other scales such as the Sex-Role Behavior Scale, though this scale is not as well established or as commonly used in research (Orlofsky, Ramsden, & Cohen, 1982). The Sex-Role Behavior Scale covers four areas of behaviors: recreational activities, marital behavior (domestic, childcare, and sexual activities behavior), vocational interests, and interpersonal activities. In contrast, both the BSRI and the PAQ look at gender in a one-dimensional view by only examining personality characteristics when gender is clearly a multidimensional construct. A man could easily have dependent and nurturing personality traits (typically associated with feminine gender identity) and yet be interested in typical masculine activities such as football and fixing cars (Archer & Lloyd, 2002).

Overall, the BSRI and the PAQ are similar in content and focus despite the few differences discussed above. Numerous studies have reported correlations between the parallel masculinity and femininity scales on these two instruments (Cunningham & Anthill, 1980; Gaa & Liberman, 1981; Wilson & Cook, 1984) along with noting adequate amounts of convergent validity (Spence & Helmreich, 1978; Spence, Helmreich, & Stapp, 1975; Choi & Fuqua, 2003). While most people develop solely a masculine or feminine identity, some people are inevitably masculine and feminine (Pearson & Cooks,
1995). This is the essence of the concept of androgyny, to be discussed in detail in the following section, and the main drive behind Bem’s creation of the Bem Sex-Role Inventory (Bem, 1974).

Androgyny

**Historical Presence of Androgyny**

Psychological androgyny, more commonly known simply as “androgyny”, is a construct that has been the subject of research and debate for the past 35 years (Ward, 2000). While formal definitions and empirical investigations have only focused on this construct within the past few decades (the majority of the research was conducted in the 1970’s and 1980’s), the existence of androgyny is not a new phenomenon. Androgyny is a concept with roots in classical Greek mythology and has been referenced throughout European and American literature throughout the past centuries including extensive commentary by prominent psychologists such as Carl Jung, who believed that the integration of the masculinity and femininity that is inherent in each of us is essential for personal wholeness (Cook, 1985).

**Models of Androgyny**

Sandra Bem (1974) is generally credited with being the first to define androgyny as a psychological construct to be used in empirical research. Bem defined psychological androgyny as a blending of positive masculine and positive feminine characteristics. Prior to Bem, both in society and in the field of psychology, masculinity and femininity existed separately as bipolar ends of a spectrum (Cook, 1985). This meant that a person
was either masculine or feminine, but could not be both simultaneously. Bem (1979) felt that people could be both masculine and feminine or in other words, both instrumental and expressive or both agentic and communal at the same time, the essence of her definition of androgyny. Bem also asserted that androgynous individuals could tap into these tendencies based on the appropriateness of the current situation as opposed to individuals who were strictly masculine or strictly feminine being limited solely to one gender role mode of response. This assertion led to Bem’s belief and later research directions, that androgynous individuals therefore have an advantage over sex-typed individuals as they are potentially more comfortable and competent in performing a variety of tasks, along with having greater behavioral flexibility and psychological well-being (Bem, 1979).

There are three commonly mentioned models of androgyny: an interaction or balance model, additive model, and a masculinity model (Ward, 2000). Bem’s BSRI is based on the interaction or balance model of androgyny where masculinity and femininity are extreme tendencies when appearing individually but when present jointly the two dimensions tend to moderate each other’s influences. This is in contrast to other models of androgyny such as the additive model where high levels of both masculine and feminine characteristics equate to androgyny. The Personal Attributes Questionnaire operationalizes androgyny in accordance to this model. The additive model operates on the “more is better” mentality with the summation of the independent influences of masculinity and femininity creating androgyny (Spence, Helmreich, Stapp, 1975). Finally there is the masculinity model of androgyny which argues that it is the addition of
masculinity that contributes the most variance explained to constructs such as self-concept or psychological well-being (Ward, 2000).

As mentioned, the Bem Sex-Role Inventory was created to further the advancement of the study of psychological androgyny. There are other scales that also measure androgyny: the Personal Attributes Questionnaire (already mentioned in previous section), the ANDRO scale from the Personality Research Form, the Adjective Check List Masculinity and Femininity scales, and the California Psychological Inventory (CPI) Masculinity and Femininity Scales. Of all the available scales assessing androgyny, the BSRI is the most frequently used and has the greatest amount of empirical support (Cook, 1985).

Bem also suggested two additional forms of androgyny within her balance model conceptualization: 1) cross-situational flexibility which is the ability to show instrumentality or expressiveness as called for by the situation and also 2) blending of qualities or an integrative model. According to this second model, some situations call for both aspects of expressiveness and instrumentality (Bem, 1978). This blending of masculinity and femininity conception was later validated by other studies (Lubinski, Tellegen, & Butcher, 1981; Vonk & Ashmore, 1993). Lubinski and colleagues (1981) asserted that a blending of expressiveness and instrumentality would prove more adaptive in more complex situations than one approach alone thereby making androgyny a preferred gender identity (Lubinski et al., 1981).
Advantages and Drawbacks of Androgyny

There are many possible advantages to androgyny aside from its adaptive quality in complex situations. For example, research by both Kagan (1964) and Kohlberg (1966) discuss how individuals who are highly sex-typed (conforming to social expectations) are more motivated to keep their behavior consistent with their internalized standards of their sex-role, where as androgynous individuals are not. The result of this consistency is keeping any behavior that is considered inappropriate for that sex-role suppressed, which means that individuals are limiting their experiences to solely one gender as opposed to the androgynous person who moves freely back and forth between masculine and feminine behaviors (Bem, 1974). A narrow masculine or feminine self-concept inhibits cross gender-role behaviors while an androgynous self-concept embraces them as called for by the situation at hand (Bem, 1979).

Bakan (1966) also commented on benefits of androgyny in his belief that personal maturity is associated with the integration of masculinity and femininity in a person. Bem saw androgyny as a balance of the positive characteristics of both genders which in turn would promote an equality of opportunity between the sexes (1974). The psychologically androgynous person has an advantage over sex-typed individuals in terms of behavioral flexibility and psychological well-being because androgynous individuals are more comfortable and competent in performing a variety of tasks (Bem, 1979). “Whether used as a metaphor for personal wholeness or a celebration of the masculine and feminine tendencies in life itself, androgyny as a blending of the two sets
of masculine and feminine characteristics has most often been seen as representing an ideal, which provides a unique set of capabilities and sensibilities” (Cook, 1985, p.19).

Bem’s (1974) ideology was aimed at creating a society that transcended gender distinctions. She hoped for an androgynous society where men and women could share the personality characteristics historically associated only with one of the sexes. While support for an ideal of androgyny still remains controversial, Bem (1974) hoped that at the very least, her research would cause people to “…question the traditional assumption that it is the sex-typed individual who typifies mental health and to begin focusing on the behavioral and societal consequences of more flexible sex-role self-concepts. In a society where rigid sex-role differentiation has already outlived its utility, perhaps the androgynous person will come to define a more human standard of psychological health” (Bem, 1974, p. 162).

Before concluding the discussion of androgyny, it is important to note that androgyny can also be made up of a balance of negative feminine and masculine characteristics (Woodhill & Samuels, 2003). Therefore, rather than a person embodying positive aspects of both genders, a person might possess negative personality traits of both genders (i.e. harsh and weak). While, it is commonly assumed that androgyny is always positive, highly desirable, and even an ideal state of being (Spence and Helmreich, 1979; Kaplan, 1979; Bem, 1974), it is important to remember other interpretations of androgyny.

Although positive assumptions hold true through much of the literature, rather than being seen as an ideal, according to some, conformity in sex-appropriate
characteristics is assumed to be an index of an individual’s normality and is seen as the ideal. Androgyny, which is seen as a deviation from the norms of gender expression, is then viewed as a maladjustment or abnormality (Spence & Helmreich, 1978). Rudman and Glick (2001) discussed issues that women face in the workplace around deviating from the expected communal feminine gender expressions and the backlash that results from breaking the societal gender norms for women. Their research found that women who acted agentically (showed assertiveness and competitiveness) were viewed as insufficiently feminine and were generally disliked by their co-workers. Despite these psychologically androgynous women being able to reach greater levels of success than some of their more sex-typed counterparts, they in turn suffered social repercussions for their gender role deviations (Rudman & Glick, 2001).

This assumption and view of androgyny as an abnormality can also be seen in the stereotype that those who are gender non-conforming are homosexual (Madson, 2000). Women who are independent and assertive are commonly perceived to be lesbians and men who are sensitive and enjoy shopping for example are stereotyped as being gay (Katz, 1999). Madson (2000) found that this is especially true in people who are not only psychologically androgynous, but present themselves as physically androgynous as well. Madson found that individuals who do not present themselves in stereotypically gender appropriate ways, are commonly viewed as being homosexual and as a result are faced with negative attitudes, discrimination, violence, and undeserved homophobic attitudes (Madson, 2000).
Therefore, while androgyny is often conceptualized as an ideal, it is important to remember that identifying as androgynous comes with risks and social repercussions as it does constitute a deviation from societal gender-role expectations (Matlin, 2000). Androgynous individuals, despite potentially being better suited to deal with environmental and social demands (Bem, 1974), are regularly met with mixed reactions, social rejection, assumptions of homosexuality, and hostility; sometimes in the form of violent hate crimes (Katz, 1999).

Lesbianism

Consequences of a Lesbian Identity

In the United States today, it is estimated that between 4-17% of the population identifies as gay or lesbian (Perez, DeBord, & Biescheke, 2000). Within that 4-17%, it is further estimated that 1.4 to 6% of women categorize themselves as lesbian (Crooks & Baur, 2005). With a distinct population of lesbian women (and gay men) making up a sizable portion of the country, it only seems logical to assert that becoming aware of the unique concerns and challenges of this populous is necessary in order to fully understand the impact of being part of a marginalized group in society.

Identifying as lesbian is often accompanied with having to face numerous issues including (but not limited to): dealing with family, friends, and societal rejection, self-esteem issues, feelings of isolation, depression, relationship issues, family of origin conflicts, internalized homophobia, coming out concerns, discrimination in the form of legal and civil rights, and identity struggles (Gluth & Kiselica, 1994). Another prevalent
issue for lesbians is being concerned with safety and trust. This is warranted in that gay and lesbian individuals face widespread marginalization, prejudice, and negative attitudes that are entrenched in the cultural and political value systems (Whitley & Egisdottir, 2000). This can be evidenced in that not long ago, homosexuality was viewed as pathological by the American Psychological Association until finally being removed from the Diagnostic and Statistical Manual in 1973. Sodomy laws existed in 14 states until 2003 and were disproportionately enforced for homosexual offenders, threatening severe fines and jail time for those caught committing these “ungodly acts of perversion” (Sodomy Laws, 2006). Negative attitudes can further be illustrated in the fact that in 2003, 1,479 gay and lesbian individuals were victims of hate crimes in the United States which resulted in either death or serious injury (Hate Crime Organization, 2006).

The social marginalization and every day injustices faced by lesbian women also have mental health correlates. In a survey conducted by Bradford, Ryan, and Rothblum (1994) to examine the demographic, lifestyle, and mental health information of 1,925 lesbians across the United States, it was found that “…over half the sample had had thoughts about suicide at some time, and 18% had attempted suicide…32% had been raped or sexually attacked…almost one-third used tobacco on a daily basis, and about 30% drank alcohol more than once a week” (p.228). Not only does openly identifying as gay or lesbian come with the above mentioned struggles and numerous others, it is important to note briefly that sometimes just the perception of being gay or lesbian due to gender non-conformity is enough to provoke verbal and/or physical aggression (Whitley & Egisdittir, 2000). With all of these consequences being a direct result of identifying as
lesbian in American Society, it is logical to hypothesize that a lesbian woman's self-efficacy levels may also be affected by these societal attitudes and system-wide discriminations; a relationship discussed in a later section.

**Defining Sexual Orientation**

Many different definitions have been proposed in attempting to describe and classify people according to sexual orientation. These definitions range from one-dimensional conceptualizations based solely on sexual factors to more multidimensional and integrative models that include not only sexual preferences but also emotional and social preferences among other dimensions (Sell, 1997). The most commonplace definition of sexual orientation is typically described and broken down into three categories; homosexual, heterosexual, and bisexual. Within homosexuality, a differentiation is often made between gay (homosexual males) and lesbian (homosexual females) though it is important to note that labels vary by personal preference. A lesbian is typically conceptualized as a woman whose "primary erotic, psychological, emotional, and social interest is in a member of the same sex, even though those interests may not be overtly expressed" (Crooks & Baur, p. 268, 2005). Heterosexual individuals are primarily sexually, psychologically, emotionally, and socially interested in the opposite sex while bisexual individuals are characterized by an interest in the above areas toward both same and opposite sex partners (Crooks & Baur, 2005).

**Measurement of Sexual Orientation**

As previously mentioned, numerous conceptualizations of sexual orientation exist varying in the number of dimensions examined and also how it is measured with some
viewing sexuality as a continuous and changing variable and others depicting it as static or fixed. The variations in definitions of sexual orientation have in turn lead to the development of different scales attempting to measure and classify people into their appropriate sexual category. The two most commonly known and used measures of sexual orientation today are the Kinsey scale and the Klein Sexual Orientation Grid (KSOG) (Sell, 1997). The Kinsey scale, developed by Kinsey and colleagues in 1948, is a bipolar scale examining sexual orientation on a continuum from “exclusively heterosexual” to "exclusively homosexual” (Crooks & Baur, 2005). This scale places people into one of seven categories based on sexual contact and erotic attraction to members of the same or opposite sex. While this scale was the first to conceptualize sexuality as a continuum rather than being a dichotomous variable, it has many limitations some of which include: not being a true continuum by forcing people into one of the seven possible categories, the fact that it lumps individuals who may be significantly different if other aspects of sexuality were examined into the same categories, and also that the scale assesses orientation solely on sexual attraction and contact which is only one dimension of orientation (Sell, 1997).

Another commonly used scale for assessing sexual orientation is the Klein Sexual Orientation Grid (KSOG) which measures orientation on seven dimensions: sexual attraction, sexual behavior, sexual fantasies, social preference, emotional preference, heterosexual/homosexual life-style, and self identification (Benet, 2003). While this scale has the advantage of being more inclusive of other aspects and dimensions of sexual orientation, it also has several limitations that merit discussion. One drawback of the
KSOG is that the addition of multiple dimensions and scales makes scoring difficult and in turn less practical for researchers who may only examine a limited number of dimensions. A second limitation involves the question of whether all the dimensions on the KSOG measure separate constructs or are statistically measuring only one similar construct. Finally, because the KSOG measures heterosexuality and homosexuality on the same scale rather than independently, one often becomes the trade-off of the other as one's score can not simultaneously represent possession of differing degrees of both dimensions (Sell, 1997).

Despite differences in the conceptualization and measurement of various sexual orientation scales, it has been argued that no scale to date provides an adequate classification scheme for sexual orientation (Benet, 2003). While the use of a scale would allow for some degree of standardization or comparison across research studies, because of the limitations of both of these scales and in order to not require more of participants who may also be confused by differing definitions of sexual orientation, this study will allow for self-identification of sexual orientation.

Self-Efficacy

What is Self-Efficacy?

Self-Efficacy is the belief in one’s ability to perform a task or to execute a specified behavior successfully (Bandura, 1977). Self-efficacy beliefs provide the foundation for human motivation, well-being, and personal accomplishment because unless people believe that their actions can produce the outcomes they desire, they have
little incentive to perform tasks or to persevere when faced with difficulties (Pajares, 2002). According to Bandura, “Perceived self-efficacy is not a measure of the skills one has but a belief about what one can do under different sets of conditions with whatever skills one possesses” (1995, p.37). Therefore, in accordance with Bandura’s Self-Efficacy Theory, these beliefs and expectations of personal mastery will in turn affect a person’s degree of persistence and initiation in any given behavior (1977). “Inability to exert influence over things that adversely affect one’s life breeds apprehension, apathy, or despair. The capability to produce valued outcomes and to prevent undesired ones, therefore, provides powerful incentives for the development and exercise of personal control” (Bandura, 1995, p.1). Self-efficacy was originally conceived for the use of evaluating treatment outcomes of various forms of psychotherapy and therapeutic change, but since its proposal, self-efficacy has been used to study numerous realms of human functioning as it was found to influence beliefs about how people think, feel, and act (Bandura, 1977).

Self-efficacy needs to be differentiated from similar constructs such as self-concept, agency, and self-esteem as the measurement and implications are slightly different for each realm of study. Self-concept is a global or composite perception of oneself formed through direct experiences and evaluations adopted from significant others (Bandura, 1997). “Self-efficacy is a context related judgment of personal ability to organize and execute a course of action to attain designated levels of performance; whereas self-concepts do not focus on accomplishing a particular task but instead incorporate all forms of self-knowledge and self-evaluative feelings” (English & English,
Self-concept has been found to largely reflect a person’s beliefs in their personal self-efficacy (Bandura, 1997). Agency refers to a person’s striving to master their surroundings and to separate themselves from other individuals. Beliefs of personal efficacy are the key components of agency; if people don’t believe that they have the capability and power to produce a desired result, they will most likely not attempt to make something happen. Self-esteem is also concerned with judgments of self-worth which may or may not be independent of self-efficacy beliefs (McAdams, 1988).

**Determinants and Factors in Developing Self-Efficacy**

There are 4 factors deemed to contribute to the development of our personal self-efficacy beliefs: (1) mastery experiences in previous performances, (2) vicarious experiences of observing others perform tasks, (3) the social persuasions received from others, and (4) how somatic and emotional states are perceived by the person (Pajares, 2002). The most prominent way to create or foster a strong sense of self-efficacy is through successful mastery experiences. According to Bandura (1995) personal experiences of success will build a robust belief in one’s personal efficacy while failures will undermine it. “Developing a sense of efficacy through mastery experiences …involves acquiring the cognitive, behavioral, and self-regulatory tools for creating and executing appropriate courses of action to manage ever-changing life circumstances” (Bandura, 1995, p. 3).

The second way of fostering and strengthening one’s self-efficacy beliefs is through vicarious experiences provided by viewing social models. Seeing people similar to oneself succeed through perseverant efforts, will raise the vicarious observer’s beliefs
that they, too, possess the capabilities to master comparable activities (Bandura, 1986; Schunk, 1987). “By the same token, observing others fail despite high effort lowers observers’ judgments of their own efficacy and undermines their level of motivation” (Bandura, 1995, p. 3).

The third factor that influences the development of self-efficacy beliefs is social persuasion. If a person is repeatedly told that they possess the capabilities to achieve competence or mastery in certain activities, they are then more likely to mobilize efforts and in turn sustain those efforts than they would be if they are harboring self-doubts and dwelling on their personal deficiencies when problems arise (Litt, 1988; Schunk, 1989). “People who have been persuaded that they lack the capabilities tend to avoid challenging activities that can cultivate their potentialities, and they give up quickly in the face of difficulties” (Bandura, 1995, p.4).

The fourth factor is how physiological and emotional states are perceived and interpreted. The interpretation of emotional and physiological reactions directly relates to a person’s judgment of their capabilities. In terms of mood, a positive mood is going to enhance perceived self-efficacy while a more despondent mood will diminish it (Kavanagh & Bower, 1985). The interpretation of stress reactions as either signs of vulnerability and weakness or roads to a poor performance rather than as energizing facilitators of one’s performance is also a factor in a person’s development and perception of their self-efficacy beliefs (Bandura, 1995).
Specific vs. General Measures of Self-Efficacy

While the concept of general self-efficacy is the focus of this study, self-efficacy is most commonly viewed and measured as being task or situation specific (Sherer et al., 1982). Bandura conceptualized task specific self-efficacy as a “person’s judgment of their capabilities to organize and execute courses of action required to attain designated types of performances” (1986, p. 391). According to this task-specific view, self-efficacy is made up of three dimensions: 1) magnitude or level (beliefs about performance in increasingly difficult aspects of a task), 2) strength (effort expended to maintain a behavior despite the existence of obstacles), and 3) generality (broadness of the belief). The specific nature of efficacy beliefs is well reflected by the first two of the three dimensions of self-efficacy; level and strength (Bandura, 1997). The third dimension, relating to the generality of self-efficacy across different tasks and domains, is upon which one branch of self-efficacy research hinges (Sherer et al, 1982; Tipton and Worthington, 1984; Shelton, 1990). Based on the dimension of generality and Bandura’s concepts of self-efficacy, Sherer and colleagues hypothesized that “an individual’s past experiences with success and failure in a variety of situations should result in a general set of expectations that the individual carries into new situations” (1982, p. 665). This general set of expectations is termed generalized self-efficacy. The existence of the concept of a generalized self-efficacy is supported by evidence of self-efficacy expectancies found in domain or situation specific studies generalizing to behaviors outside of the specific target behavior being measured (Bandura, 1977; Sherer et al, 1982; Sherer & Adams, 1983; Woodruff & Cashman, 1993). Sherer, et al (1982) hypothesized...
that these generalized expectancies are likely to manifest themselves in general patterns of behavior and in responses to situations in which the individual has little or no information. Out of these beliefs, Sherer, et al. developed a generalized self-efficacy scale. The goal of the Self-Efficacy Scale (SES) is not to replace the numerous specific measures of self-efficacy, as direct behavioral measures of specific tasks provide the most accurate estimates of self-efficacy expectations, but rather to measure self-efficacy that is not linked or confined to specific behaviors or domains (Sherer et al, 1982).

The Self-Efficacy Scale, developed to measure generalized expectancies that are suggested to be the result of past mastery experiences and the attribution of success to either internal forces of skill or externalized ones of chance, (Sherer et al, 1982) was also significantly influenced by Self-Efficacy Theory which proposes that there are two types of expectancies that exert powerful influences on a person’s behavior: 1) outcome expectancies and 2) self-efficacy expectancies (Maddux, Sherer, & Rogers, 1982). Outcome expectancies are beliefs regarding how certain behaviors will produce or lead to certain outcomes. This corresponds to the past mastery experiences dimension that the SES aims to capture. These expectancies are believed to be the most influential determinant of behavioral change because the expectancy will determine a person’s decision to initiate or perform a behavior, the amount of effort that will be put forth, and finally the degree of persistence that will ensue in the face of adversity. Self-efficacy expectancies on the other hand are a person’s beliefs in terms of how they attribute the successful performance of a target behavior to either internal or external forces. Individuals with an internal locus of control are more likely to have higher self-efficacy
levels because they attribute their successes to their own personal skill levels. External locus of control is typically related to lower degrees of self-efficacy because successes are attributed to external forces such as luck or chance (Bandura, 1977). Taking these factors into account, the implications of scoring on the SES is that individuals possessing high self-efficacy expectancies are more likely to attempt new behaviors, to persist and succeed in them, and therefore continue to increase their self-efficacy expectations (Sherer et al, 1982).

Implications of Self-Efficacy

Because self-efficacy is defined as the expectation that one can successfully perform a behavior and individuals differ in their expectations and perceptions of their personal self-efficacy, it is only logical to conclude that those differences will in turn have behavioral correlates (Bandura, 1977). Self-efficacy theory asserts that a person’s self-efficacy expectancies exert powerful influences on their behavior (Sherer & Adams, 1983). Bandura asserted that “People’s level of motivation, affective states, and actions, are based more on what they believe than on what is objectively true” (1997, p.2). With this in mind, people with higher levels of self-efficacy have lower levels of depression, are more likely to complete greater amounts of schooling, and in turn have greater occupational interests, pursuits, and competence (Betz & Hackett, 1981), and have better overall health than those with lower self-efficacy levels because they are better able to exhibit behaviors that will promote health and also eliminate those behaviors that will impair health (Bandura, 1995). Individuals with high self-efficacy levels are also better able to cope with stressors because it is not the actual life stressors per se, according to
Self-Efficacy Theory, but rather the person’s perceived ability or inability to manage those events that will lead to the detrimental biological effects of stress or allow a person to avoid them (Bandura, 1992). Through a Social cognitive theory lens, stress reactions can be viewed in terms of perceived inefficacy to exercise control over aversive threats and strenuous environmental demands (Bandura, 1977). People with high levels of positive self-efficacy are able to set challenging goals for themselves and then maintain a strong continuous commitment to them. They can approach potentially stressful situations with confidence in their abilities and typically gain some control over them (Bandura, 1995). Self-Efficacy beliefs influence how people think, feel, act, and motivate themselves in all realms of existence. “The successful, the venturesome, the sociable, the non-anxious, the non-depressed, the social reformers, and the innovators take an optimistic view of their personal capabilities to exercise influence over events that affect their lives” (Bandura, 1995, p.13).

Intersections of Self-Efficacy, Gender, Androgyny, and Lesbianism

*Self-Efficacy and Gender*

Sherer and Adams (1983), in a study examining correlations between the Self-Efficacy Scale and gender roles, found that general self-efficacy is significantly correlated with masculinity (but not with femininity) when examined using the Bem Sex-Role Inventory. These findings, later replicated by Ward (2000), indicate that masculine characteristics of agency and instrumentality tend to yield higher self-efficacy levels than those of communion and expressiveness. It is not surprising that masculinity, being an
instrumental and agentic domain, is strongly associated with psychological well-being given the nature of the personality characteristics associated with that realm. It also makes sense that androgyny in women would be a healthier gender identity than being strictly feminine sex-typed because of the addition of positive masculine traits (Ward, 2000).

Gabriele Oettingen suggests that cultural differences can affect the sources of self-efficacy belief systems (1995). Relating cultural differences to masculine and feminine gender categories, it seems only logical that societal impositions of gender role expectations will have an effect on a person’s perceived self-efficacy. We live in a culture that places an emphasis on differences between men and women rather than focusing on similarities (Matlin, 2000). “A [gendered] culture strives for maximal distinction between men and women. Men are expected to strive for material success, to be assertive, ambitious, and competitive, whereas women are expected to be successful in serving the communal side of life, such as caring for children and the weak” (Oettingen, 1995, p.152). This constant distinction between men tending to embody a sense of agency and instrumentality while women tend to embrace communion and expressiveness is bound to have cognitive and behavioral correlates (McAdams, 1988).

Everyone must construct their gender identity based on socialization, norms, and their own personal comfort levels. “The newborn arrives without any sense of self. The self must be socially constructed through transactional experiences with the environment” (Bandura, 1995, p.164). Therefore, because we live in a gendered cultural value system,
it can be inferred that while men and women share a common society, the subculture of each group will vary from each other significantly and that those variances might in turn affect self-efficacy levels. There are also power differentials that exist between men and women (Oettingen, 1995). These perceived limits to ability and social acceptance might also affect a person’s self-efficacy appraisals because limitations will inhibit a person’s perception of personal mastery; one of four previously discussed factors deemed to contribute to personal self-efficacy levels (Bandura, 1995).

*Self-Efficacy and Lesbianism*

While there is not much research in the area of self-efficacy and homosexuality, a need to investigate the impact of societal attitudes and limitations imposed on homosexuals and the resulting impact on self-efficacy beliefs, is definitely warranted. “Self-efficacy beliefs touch virtually every aspect of a person’s life including how well they persevere in the face of adversity” (Pajares, 2002, p. 4). Homosexual individuals are met with adversity and societal constraints in realms ranging from typical everyday sexism to institutional discrimination, for example, the banning of legal rights such as the ability to marry. These environmental influences and factors are likely to have an adverse effect on a lesbian’s self-efficacy levels as they directly relate to several of the factors discussed previously that contribute to self-efficacy levels (Bandura, 1986).

The impact of societal and environmental influences on self-efficacy can best be explained through a social cognitive theory lens. Social cognitive theory is made up of a large set of factors that “operate as regulators and motivators of established cognitive, social, and behavioral skills. Perceived self-efficacy occupies a pivotal role in social
cognitive theory because it acts upon the other classes of determinants. By influencing the choice of activities and the motivational level, beliefs of personal efficacy make an important contribution to the acquisition of the knowledge structure on which skills are founded” (Bandura, 1977, p.35). The reason that self-efficacy beliefs can be viewed as central to social cognitive theory is because from a social cognitive theory perspective, human behavior and functioning are the result of an ever-changing interplay of personal, behavioral, and environmental influences. In other words, our thoughts are influenced by our environment which then results in behaviors therefore indicating the importance of cognition in people’s capacity to construct reality and perform behaviors; we are both the producers and the products of our environments (Bandura, 1986). With an understanding of the intricate relationship present between the environment and a person’s thoughts and corresponding actions, one can hopefully understand why a lesbian might feel like she has an artificial ceiling imposed onto her self-efficacy levels due to societal attitudes on homosexuality. This artificial ceiling might in turn result in lower self-efficacy levels for lesbian women than are possessed by their heterosexual and socially accepted counterparts.

Not only are experiences shaped by an individual’s perception but also through something Bandura (1995) termed collective efficacy, which in this case can be viewed as efficacy for the gay and lesbian community. “Perceived collective efficacy is defined as a group’s shared belief in its conjoint capabilities to organize and execute the courses of action required to produce given levels of attainments. People’s beliefs in their collective efficacy influence the type of future they seek to achieve, how they manage
their resources, the plans and strategies they construct, how much effort they put into their group endeavor…” (Bandura, 1995, p.478). One common institution that undermines collective efficacy is the government. Legal policies instituted by the government, such as prohibition against same-sex marriage, continually undermine the self-efficacy of the gay and lesbian population.

Looking at the factor of vicarious experiences provided by viewing social models, mentioned by Bandura (1986) as an important contributor to self-efficacy development, it seems reasonable to hypothesize that lesbian women might have lower self-efficacy levels than straight women because of a lack of prominent and positive social role models. Lesbians portrayed in the media are often shown in ways that are exceedingly stereotyped and in no way accurately reflect the real lives and struggles of the average lesbian woman (Epstein & Friedman, 1995). A similar effect could be observed in the elderly population and research by Bandura shows that the elderly do indeed have lower levels of self-efficacy partly because of low societal opinions and views of their capabilities being expressed in the media and in our culture (1995).

Bandura (1995) stated that “A declining sense of efficacy…which may stem from undermining cultural practices…can set into motion a negative spiral of self-debilitating appraisals…” (p. 211). If lesbians are only exposed to stereotyped depictions and not real life role models who are thriving in the face of adversity, how are they to reach any conclusion other than what is presented to them in the media; lesbians are not self-efficacious and successful, they exist solely to satisfy the sexual pleasures of men, to be
murdered in violent hate crimes, or to serve as models of abnormality and abomination (Epstein & Friedman, 1995).

**Self-Efficacy and Androgyny**

The constraints of masculinity and femininity pose their own unique struggles, but those identifying as androgynous, despite its previously mentioned advantages, face marginalization in their deviation from traditional gender roles in the form of stereotypes of homosexuality, hostility, depression, along with social isolation and rejection (Madson, 2000). Relating the experiences of androgynous individuals to the factors involved in the development of self-efficacy, it would seem clear that women who are androgynous will have high degrees of self-efficacy because of the addition of instrumental and agentic traits (Bem, 1974; Sherer & Adams, 1983; Ward, 2003). Women who are androgynous are more likely to possess the tools necessary for dealing with life situations as they can draw on their masculinity or femininity as required by the situation at hand (Bem, 1974). As a result, androgynous women will be more likely to have successful mastery experiences, which are the most important contributor to the development of personal self-efficacy (Bandura, 1977). Finally, because androgynous women are likely to be more flexible in their interpretations of emotional and physiological states, another important contributor to self-efficacy levels, it is probable that they will have higher self-efficacy than their sex-typed counterparts (Bandura, 1995).

Despite the studies noted, I was unable to find sufficient previous research studies specifically addressing the relationship between self-efficacy and androgyny. I read numerous articles examining similar constructs and their relationship to androgyny, as
discussed in a previous section, but nothing examining these two specific dimensions jointly. I believe that this points to the need for a more contemporary examination of androgyny as the bulk of the research in this field was conducted in the 1970’s and 1980’s. I idealistically hope that my findings will help contribute to the lack of contemporary analyses of androgyny and spark a continued interest in this topic.

Hypotheses & Research Questions

1. Women classified as non sex-typed (androgynous) will have significantly higher general self-efficacy levels than women classified as sex-typed (feminine).

2. There will be a significant difference in general self-efficacy scores between lesbian women and straight women regardless of sex-role category.

3. There will be an interaction effect present between sexual orientation and BSRI category with general self-efficacy scores being significantly different between androgynous lesbian women and androgynous straight women.

4. Research Question: Self-identified gender will not correspond to BSRI identified sex-role category.
CHAPTER TWO: METHOD

Participants

Approval was received from the Humboldt State University International Review Board on March 13, 2006, IRB approval #05-40. Participants for this study were recruited through posting surveys on the World Wide Web on list serves and message boards of highly frequented and credible gay and lesbian websites in order to obtain an adequate sample of lesbian women. Criteria for participation in the study included that all participants were at least 18 years of age and able to read and understand the surveys presented to them. For the purpose of this study, only data from females were analyzed and comparisons were only made between lesbian women and straight women; men and bisexual women did complete the surveys as well, but other than reporting descriptive statistics, they were excluded from the bulk of the statistical analyses.

A total of 243 participants completed surveys for this study, but 20 were males whose data were not analyzed due to the scope of the research. Another 4 participant surveys were discarded because of incomplete information. Of the 219 female participants, there were 175 (79.9%) white, 2 (0.9%) African American, 6 (2.7%) Asian, 15 (6.8%) Latina, 5 (2.3%) Native American, and 16 (7.3%) mixed or other in the ethnicity question. Participant ages ranged from 18 to 65 years of age with the mean being 31 (SD = 11.4). This sample was not limited to a population that is currently
attending school however 4 (1.8%) identified as freshman, 15 (6.8%) as sophomores, 19 (8.7%) as juniors, 29 (13.2%) seniors, and 141 (64.4%) identified as having graduated with a college degree or being in another category. For self-identified sexual orientation, 109 (49.8%) participants chose heterosexual, 30 (13.7%) indicated bisexual, 72 (32.9%) identified as gay/lesbian, and 7 (3.2%) chose the “other” option with many indicating uncertainty about their current sexual orientation.

Instruments

All instruments were accessed via the Internet by a password encrypted link to the survey’s homepage. Participants clicked a button indicating their informed consent and then were directed to a page including demographic information, the Bem Sex Role Inventory, and the Sherer Self-Efficacy Scale.

Bem Sex-Role Inventory

The first measure that participants received was the Bem Sex-Role Inventory (Bem, 1978). This instrument is designed to facilitate research on psychological androgyny and measures the self-identified sex-role (more accurately termed gender-role) of an individual. The BSRI places participants into one of four categories based on responses to 60 items (20 femininity items, 20 masculinity items, and 20 neutral filler items which constitute the social desirability subscale) evaluating various personality characteristics (i.e. assertiveness, warmth, dominance, shyness, etc.). Participants rate the degree to which each of the personality characteristics describe themselves on a Likert
scale with ratings ranging from 1 (*never or almost never true*) to 7 (*always or almost always true*; Bem, 1978).

The four resulting categories are masculine, feminine, androgynous, and undifferentiated. Placement into the masculine sex (gender) role category indicates an endorsement of masculine attributes along with a simultaneous rejection of feminine attributes. The reverse is true for those categorized as feminine; an endorsement for feminine attributes is present along with a simultaneous rejection of masculine attributes. The androgynous category indicates an equal level of endorsement for both masculine and feminine traits (high scores for both sets of characteristics). Finally, undifferentiated is an absence of endorsement for either masculine or feminine attributes (low scores on both sets of characteristics; Bem, 1974).

Empirical checks on social desirability of responses can also be explored using the twenty neutral items to examine a person’s tendency to characterize his or her self in a socially desirable direction. This subscale ensures that the BSRI is not simply tapping into a tendency within the population to endorse only socially desirable traits. The twenty items are made up of 10 positive and 10 negative personality characteristics that all qualified as neutral with respect to gender in a factor analysis. Social Desirability scores can range from 1 to 7 with 1 indicating a strong tendency to describe oneself in a socially undesirable direction and 7 indicating a strong tendency to describe oneself in a socially desirable direction (Bem, 1974).

Norms were established for the BSRI based on a sample of undergraduate Stanford students (males = 444, females = 279) in 1973 and then were modified based on
a 1978 sample (males = 476, females = 340). Internal consistency was evaluated at both norming periods with coefficient alphas being computed for each subscale; all values were over $\alpha = .75$ (Bem, 1978). Later studies examining the psychometric properties of the BSRI confirmed these results with similar coefficient alpha measurements (Bieger, 1985; Spence, 1991; Oswald, 2004). Test-retest reliability was also examined as 28 men and 28 women from the original sample in 1973 were tested again 4 weeks after the initial completion of the measure. Correlations between the two test administrations all ranged between .89 and .93 indicating that results were indeed largely consistent over time (Bem, 1978).

In terms of the construct validity of the BSRI, construction of the scale included naming 200 personality characteristics which were then rated by judges on a 7 point scale from *not at all desirable* to *extremely desirable* in American society for men or women. Judges were 40 undergraduate Stanford students in 1972 and 60 the following summer with half being male and half being female. “A personality characteristic qualified as masculine if it was independently judged by both males and females in both samples to be significantly more desirable for a man than for a woman ($p < .05$). Of those characteristics that satisfied these criteria, 20 were selected for the masculinity scale and 20 were selected for the femininity scale” (Bem, 1973, p.157). Adequate convergent and discriminate validity have also been noted for the BSRI in numerous studies over time (Chung, 1996; Holt & Ellis, 1998; Ramanaiah & Martin, 1984; Taylor & Hall, 1982; Wilson & Cook, 1984).
With regards to scoring, Bem recommended using the median cutoff values for smaller samples and/or samples with only one gender of subjects. As my study only includes women, I used the medians from Bem’s original normative sample as directed by the test manual. The femininity raw score cutoff is 4.90 and the masculinity raw score cutoff is 4.95. Participants were categorized as feminine, masculine, androgynous, or undifferentiated based on these values (Bem, 1978).

Self-Efficacy Scale

Sherer and Adams’ Self-Efficacy Scale (SES) contains a total of 30 items; 23 scored items along with 7 filler items. In the original version of the scale, items were scored on a 14 point Likert scale with responses ranging from strongly agree to strongly disagree (Sherer et al, 1982). In a study working to establish further psychometric support for the scale, a response format of a 5 point scale was developed and yielded nearly identical results and therefore were used in the current study due to simplicity and brevity (Sherer & Adams, 1983).

Scale items were written to measure generalized self-efficacy with a focus on three areas: 1) willingness to initiate behavior, 2) willingness to put forth effort to complete a behavior, and 3) persistence in the face of adversity. Two subscales are present within the Self-Efficacy Scale, general self-efficacy and social self-efficacy. The general self-efficacy subscale contains 17 items, accounts for 26.5% of the variance, and measures self-efficacy with no reference to a specific behavioral domain. The social self-efficacy subscale contains 6 items, accounts for 8.5% of the total variance, and measures efficacy expectations in social situations (Sherer et al, 1982). The two factor structure of
the SES was later examined and validated indicating a strong level of stability over time (Woodruff & Cashman, 1993; Choi, 2003). Cronbach’s alpha throughout several studies has ranged from .83 to .86 for general self-efficacy and .69 to .71 for social self-efficacy indicating an acceptable degree of internal consistency within the Self-Efficacy Scale (Sherer et al, 1982; Sherer & Adams, 1983; Woodruff & Cashman, 1993; Choi, 2003).

In regards to construct validity, correlations with other measures of personality were conducted in the development of the test to ensure validity of the construct of self-efficacy. Correlations were conducted with the: Internal-External Control Scale (Rotter, 1966), Personal Control Subscale of the I-E Scale (Gurin, Gurin, Lao, & Beattie, 1969), Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1964), Ego Strength Scale (Barron, 1953), Self-Esteem Scale (Rosenberg, 1965), and the Interpersonal Competency Scale(Holland & Baird, 1968). All of these scales measure personality characteristics related to self-efficacy though none are synonymous with the concept of self-efficacy. All correlations indicated sound construct validity of the Self-Efficacy Scale (Sherer et al, 1982). Further evidence was established for construct validity by Sherer and Adams (1983) the year after scale development through the comparison of SES scores with additional personality measures including 3 validity and 10 clinical scales on the MMPI, the Rathus Assertiveness Schedule which measures willingness to take initiative in social situations (Rathus, 1973), and with the Masculinity scale of the Bem Sex-Role Inventory (Bem, 1978). While again self-efficacy is not synonymous to assertiveness, initiative, or masculinity, positive expectancies and correlations were expected to be found between these concepts and the self-directed behavior.
characteristics of an individual with high self-efficacy levels. Results confirmed that these expectancies indeed were found to be present (Sherer & Adams, 1983; Choi, 2003).

In terms of criterion validity, Self-Efficacy Theory asserts that self-efficacy expectations in terms of mastery experiences and successful performances in one area will generalize to other behaviors (Bandura, 1977). Based on this theory, evidence of criterion validity can be shown by illustrating past success in vocational, educational, and military spheres being positively correlated with Self-Efficacy Scale scores. Correlational analyses showed that the SES scores predicted past success as hypothesized (Sherer et al, 1982; Woodruff & Cashman, 1993).

With the SES showing theoretically appropriate correlations with numerous related personality measures indicating good construct validity and good criterion validity through positive correlations found between measures of vocational, educational, and military success, it is reasonable to conclude that this instrument is appropriate for use in the realm of self-efficacy measurement (Woodruff, 1993; Choi, 2003). This can also be evidenced in the fact that since its construction in 1982, the Self-Efficacy Scale in whole or in part has been widely used in empirical studies as a measure of general or trait self-efficacy (e.g. Earley & Lituchy, 1991; Eden & Kinnar, 1991; Mallinckrodt, 1992; Johnson, Stone, Altimaier, & Berdahl, 1998; Judge, Thoresen, Pucik, & Welbourne, 1999; Lee & Cramond, 1999; Nash & Chisler, 2000; Endler, Speer, Johnson, & Flett, 2001; Hirschy & Morris, 2002).
Procedure

Participants were given information on how to access the World Wide Web link, along with the username (women) and password (women) included at the direction of the test publishers, via emails, blogs, and postings on message boards of highly frequented gay and lesbian websites. Included in the survey found at the instructed website was a page addressing informed consent, a collection of demographic information, the Bem Sex-Role Inventory, Self-Efficacy Scale, and finally a page thanking participants for their help and providing contact information if they desire to contact us for more details or survey results. Instruments were counterbalanced to control for reactivity effects through a programming instruction that alternates the order of the two main instruments each time the webpage was loaded. All survey responses were kept confidential through analyzing results in a group format and not collecting participant names when surveys were completed. Data was stored on a password encrypted laptop and on a disk that was stored in a locked drawer in my office.

Internet Based Research

With the increasing popularity of the internet and advances in web-based technology, there has been a corresponding increase in the amount of research being conducted over the World Wide Web. Miller, et al suggest that “The use of emergent Web-based computer technology offers an unprecedented opportunity to conduct cross-sectional and longitudinal research studies in a cost-efficient manner while increasing survey accessibility to study participants providing a more accurate data collection
alternative to researchers” (2002, p. 56). Not only does Internet research provide increased accessibility and lower costs, but it also is extremely useful in gathering data from less visible and decentralized populations. Riggle, Rostosky, & Reedy (2005) assert that data collection via Internet sampling is comparable and often preferred to in-person paper and pencil collection of data for the gay and lesbian population, and is especially useful with sampling restrictions and issues of generalizability, both of which are issues in small communities such as Humboldt County.

Issues in Internet research often appear in relation to concerns about the reliability and validity of the data collected by electronic means (Kraut et al, 2004). This concern however can be balanced by research that suggests that an advantage to online surveys with the gay and lesbian population is that participants might have a tendency to be more open and honest in an Internet setting because of a perception of greater anonymity and privacy (and possibly safety) than they would be in more traditional survey administrations (Riggle et al, 2005). Other concerns as noted by Couper (2000) include issues around two types of errors; coverage error (the unknown proportion of gay and lesbian people who do not have access of familiarity with the Internet) and sampling error (not adequately sampling from all who do have access and/or familiarity with the Internet). The benefits, especially in conducting Internet research specifically with the gay and lesbian population, seem to clearly outweigh the drawbacks. With Internet technology being a commonplace and prevalent as it is today, I anticipate that the previously mentioned errors will be negligible.
CHAPTER THREE: RESULTS

Research Design and Analysis

Mean general self-efficacy scores were tested for each BSRI gender role classification using ANOVA with a post-hoc Tukey test being employed to examine differences between each gender grouping. Frequency distributions of participant’s self-identified sexual orientation and gender role identity were also conducted to examine the distribution of those classifications. A Chi Square analysis was also used to test for significant differences between self identified gender roles and those classified by the Bem Sex Role Inventory.

Data examination prior to analysis revealed an issue with the normality of the general self efficacy variable due to skew and kurtosis ratios being greater than three. To address this issue, a square root transformation was conducted and successfully corrected for the lack of normality. Also, because of unequal n’s in the sexual orientation groups, it was important to assess if performing one-way ANOVA’s would violate normative assumptions. To test for possible effects on the data, homogeneity of variance was examined and showed non-significant variances between the groups under review. Due to the non-significant variances, it is reasonable to assume that the F statistic is robust enough to handle the unequal n’s and that my statistical analyses are an accurate reflection of the true nature of the data.
On the Bem Sex Role Inventory (BSRI), raw scores on the femininity scale ranged from 3.45 to 6.70 \((M = 5.1, Mdn = 5.1, SD = 0.6)\). On the masculinity scale, raw scores ranged from 3.0 to 6.75 \((M = 5.0, Mdn = 5.0, SD = 0.7)\). Bem’s original normative scores reported a femininity raw cutoff score of 4.90 and a masculinity raw score cutoff of 4.95. These cutoff points were used in this study to determine the gender role classification of participants.

As far as the classification of participants using the BSRI, 61 (27.9\%) of the total \((n = 219)\) participants were classified as feminine, 48 (21.9\%) were classified as masculine, 75 (34.2\%) of participants were classified as androgynous (meaning that their scores were at or above the cutoffs for both masculinity and femininity), and 35 (16\%) were classified as undifferentiated (scoring below Bem’s normative cutoffs for masculinity and femininity). Participants were asked to classify themselves on their self-identified gender role for the purposes of comparison with BSRI classified categories (to be discussed shortly). Of the participants who responded to this survey item \((n = 214)\), 77 (35.2\%) self-identified as feminine, 2 (.9\%) identified as masculine, 131 (59.8\%) self-identified as androgynous, and 4 (1.6\%) identified as undifferentiated.

In terms of general self-efficacy, participant scores ranged from 23 to 85 \((M = 63.7, Mdn = 64, SD = 9.9)\). In a study by Sherer and Adams to examine the validity of the five point version of the scale (also used in this study), similar general self-efficacy scores were reported with a sample of 101 participants \((M = 64.3, SD = 8.6)\) (1983). Social self-efficacy levels of participants, though not central to the focus of this study, ranged from 10 to 29 \((M = 20.1, Mdn = 20, SD = 4.4)\).
As previously mentioned, sexual orientation in this study was determined via self-identification. For self-identified sexual orientation, 109 (49.8%) participants chose heterosexual, 30 (13.7%) indicated bisexual, 72 (32.9%) identified as gay/lesbian, and 7 (3.2%) chose the “other” option with many indicating uncertainty about their current sexual orientation.

Inferential Statistics

In my first hypothesis, I predicted that women classified as androgynous (non sex-typed) would have significantly higher general self-efficacy levels than women classified as feminine (sex-typed) regardless of sexual orientation based on classification by the BSRI. One-way ANOVA revealed that there was a significant difference in general self-efficacy levels between females classified as androgynous ($M = 66.2$, $SD = 9.7$) and those classified as feminine ($M = 59.6$, $SD = 8.7$), $F (1,113) = 15.74$, $p < .001$, partial $\eta^2 = .12$.

In my second hypothesis, I predicted that there would be a significant difference in general self-efficacy scores between lesbian women and straight women regardless of sex-role category, with lesbian women having lower general self-efficacy levels. Using participant’s self-identified sexual orientation, a one-way ANOVA revealed that lesbian women ($M = 61.7$, $SD = 11.1$) did not score significantly different from heterosexual women ($M = 64.2$, $SD = 8.8$), $F (1, 113) < 1$, $p = ns$, partial $\eta^2 = .01$.

In my third hypothesis, I examined the intersections of gender-role identity and self-identified sexual orientation (lesbian vs. heterosexual) by predicting the presence of
an interaction effect with a significant difference in general self-efficacy scores between androgynous lesbian women and androgynous straight women. Factorial ANOVA revealed that no overall interaction between these variables was present $F(7,172) = 1.18, p = \text{ns, partial } \eta^2 = .03$ though the post hoc Tukey test confirmed a significant difference to be present between the masculine/androgynous and the feminine/undifferentiated subgroups. (See Table 1)
Table 1

Post Hoc Tukey Test Examining Differences in General Self-Efficacy Levels Between Gender-Role Categories as Classified by the BSRI

<table>
<thead>
<tr>
<th>BSRI Gender Role Category</th>
<th>Fem</th>
<th>Mas</th>
<th>Andro</th>
<th>Undif</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variables</td>
<td>Fem</td>
<td>Mas</td>
<td>Andro</td>
<td>Undif</td>
</tr>
<tr>
<td>Mean General Self-Efficacy</td>
<td>59.6(b)</td>
<td>67.7(a)</td>
<td>66.2(a)</td>
<td>58.8(b)</td>
</tr>
</tbody>
</table>

*Note.* Fem = Feminine  
Mas = Masculine  
Andro = Androgynous  
Undif = Undifferentiated  
Means are presented as untransformed data to retain interpretability  
Means with differing subscripts differ significantly using Tukey Test at \(p < .05\)
In my research question, I predicted that self-identified gender identity would not correspond to BSRI identified gender role category. A Chi-Square analysis, with masculine and undifferentiated subgroups excluded due to small N’s, revealed this inquiry to be not supported with BSRI gender classification and self-identified gender identity being consistent across participant’s identification of feminine or androgynous, $\chi^2 (1, N = 107) = 12.2, \ p < .001, \ V = .34$. (See Table 2)
Table 2

Chi-Square Analysis of Self-Identified Gender-Role Identity Compared to BSRI Gender-Role Classification

<table>
<thead>
<tr>
<th>Variables</th>
<th>BSRI Gender Role Category</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fem</td>
</tr>
<tr>
<td>Self-Identified</td>
<td>0</td>
</tr>
<tr>
<td>Masculine</td>
<td>(0%)</td>
</tr>
<tr>
<td>Self-Identified</td>
<td>30</td>
</tr>
<tr>
<td>Feminine</td>
<td>(46%)</td>
</tr>
<tr>
<td>Self-Identified</td>
<td>18</td>
</tr>
<tr>
<td>Androgynous</td>
<td>(17%)</td>
</tr>
<tr>
<td>Self-Identified</td>
<td>2</td>
</tr>
<tr>
<td>Undifferentiated</td>
<td>(67%)</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
</tr>
</tbody>
</table>

Note. Percentages report the ratio of participants categorized by BSRI compared to self-identified gender role identity.
CHAPTER 4: DISCUSSION

The goal of this study was to examine the relationships and intersections present between sexual orientation, gender role identity, and self-efficacy levels of women. While there was no interaction present between sexual orientation and gender identity, the present data did support my first hypothesis that women classified as androgynous (non sex-typed) would have significantly higher general self-efficacy levels than women classified as feminine (sex-typed) regardless of sexual orientation. This means that women who identified as androgynous had a greater belief in their abilities to perform tasks and execute behaviors to produce the outcomes they desire than women who identified as feminine (Bandura, 1977). The data also showed that women classified as androgynous yielded higher self-efficacy levels than those classified as undifferentiated. This might indicate that it may not be androgyny that corresponds to higher self-efficacy levels, but rather the lack of conformity to a specific gender role (being either high in masculinity and femininity or low in masculinity and femininity) that correlates with general self-efficacy levels.

My second hypothesis, that general self-efficacy scores between lesbian women and straight women regardless of sex-role category, with lesbian women having lower general self-efficacy levels, failed to achieve statistical significance but maintains a practical significance that may prove more meaningful and encouraging. Lesbian women not scoring lower on general self-efficacy levels could be the result of many factors or
aspects of this particular sample including age, education, ethnicity, etc. A more encouraging explanation is that lesbian women have transcended the social oppression and discrimination that would potentially lower their self-efficacy levels. I had predicted lesbians would have lower self-efficacy levels due to struggles that would be incurred in the four factors considered to be determinants of self-efficacy: mastery experiences in previous performances, vicarious experiences of observing others perform tasks, social persuasions received from others, and how somatic and emotional states are perceived by the person (Pajares, 2002). It is possible with our society moving toward greater levels of acceptance of the lesbian population and with increases in positive lesbian role models that lesbian women are more able to cope with the societal pressures and discrimination and therefore reflected similar general self-efficacy scores to heterosexual women. This finding is therefore valuable in that it might instill hope in those who fear that our social institutions are proving damaging to the perceived abilities of the lesbian population.

As previously mentioned, an interaction effect between self-identified sexual orientation and BSRI gender classification failed to achieve statistical significance. It was my belief that certain gender/orientation combinations would yield differing general self-efficacy levels. While this wasn’t the case, it is possible that allowing for self-identification of sexual orientation confounded this finding or that certain characteristics of this population may have affected the analysis. With a larger and more diverse sample, another study may yield different findings.

My final research inquiry was not supported by my data. Self-identified gender was predicted by the BSRI at a frequency slightly greater than chance. While role
identities did not differ significantly from the classification given to participants by the BSRI, the frequency was far from perfect indicating that this finding may provide further support for the need to develop more comprehensive measures of gender or to re-examine the current usefulness of the BSRI when questions arise about its contemporary value.

Limitations of the Current Study

The sample size of this study, 219 female participants, had many more self-identified heterosexual women than lesbian women which may have affected the lack of a statistical finding for self efficacy levels when comparing these two groups. It is possible that having a larger sample size and one with more equal sample sizes of each category would have resulted in a significant result.

Another limitation is in the classification of participants on the sexual orientation variable. While allowing for self-identification of sexual orientation allows for a greater flexibility of self-definition, its resulting subjectivity also creates an issue related to generalizability. By not using a standardized measure such as the Klein Sexual Orientation Grid or the Kinsey Scale the results of this study may be difficult to generalize and compare to other studies examining sexual orientation. I believe that due to the previously mentioned shortcomings of the borderline archaic methods of conceptualizing orientation that currently exist, self-identification of orientation, despite its drawbacks, is a sound and appropriate measure. It is possible that by combining self-identification and the KSOG of Kinsey Scale, these issues may be reduced (Benet, 2003).

Another limitation of the current study involves the BSRI itself. A few limitations and controversies have been brought up in regards to the BSRI. One major
controversy that has been discussed throughout the literature questions what exactly the BSRI is measuring. For example, Payne suggests that “The content of the scale does not cover a full range of the ways in which males and females differ stereotypically in American society” (1985, p. 178). As a result the construct validity of the BSRI is lessened and it might be more accurate to assert that it measures the constructs of dominance and expressiveness rather than masculinity and femininity. While dominance and expressiveness are closely related to the constructs of masculinity and femininity, some research suggests that the BSRI has failed to adequately operationalize the constructs of masculinity and femininity (Choi, 2003).

Other potential limitations are the complexity of the factor structure of the BSRI and the scoring methods originally proposed by Bem in the first version of this instrument (Payne, 1985). These issues however have been remedied through switching to a median cutoff method in 1977 as far as scoring is concerned, and through the development of a Short Form of the BSRI which is less complex in its factor loadings (Choi, 2003). Despite the few limitations discussed, The BSRI has been used in countless studies throughout the past 25 years and has been consistently found to be a psychometrically sound and theoretically acceptable measure (Bem, 1974; Bieger, 1985; Cook, 1985; Oswald, 2004).

Finally, some limitations have also been discussed in the literature in regards to the Self-Efficacy Scale. Woodruff & Cashman discuss that while the Self-Efficacy Scale has indeed shown itself to be related to scales measuring self-esteem, assertiveness, sense of mastery, and other related concepts, that this does not necessarily mean that the scale
captures the concept of general self-efficacy (1993). According to Bandura, self-efficacy beliefs are largely situational and therefore the construct of general self-efficacy beliefs and expectancies might be expected to vary in strength depending on the dimension of life being measured or considered (1977). Shelton, another developer of a general self-efficacy scale, discussed her findings that self-efficacy is solely task specific and can only be generalized within a specific domain of interest (1990).

Another consideration that should be noted is that Sherer and colleagues (1982) developed their scale with generalizability in mind but focused largely on the social and vocational or academic competence realms of life and as a result may have developed a scale that might accurately measure these facets of existence rather than a generalized self-efficacy. This might indicate an overlap and lack of clear distinction between task-specific, domain, and generalized self-efficacy beliefs indicating a potential existence of three levels of efficacy. It is possible that the SES might more accurately represent the domain (beliefs about one’s abilities in a particular aspect of life) area rather than generalized which points to a need for the further examination of the generalizability of the SES and the greater intricacies and depths of the concept of self-efficacy (Woodruff & Cashman, 1993). It is possible that a clearer operational definition of what the scale is measuring and full clarification of the concept of general self-efficacy are needed before this scale can be considered a completely valid instrument (Choi, 2003).

Suggestions for Further Research

While self-identified sexual orientation was used in this study from the belief that it would yield more valid results than the current methods of measuring orientation, I
would recommend that both self-identification and the KSOG and/or the Kinsey Scale be collected in addition to self-identified orientation to allow for a more comprehensive and multidimensional assessment of sexuality. It may also be interesting to examine the bisexual population and make comparisons in self-efficacy levels between bisexual, heterosexual, and homosexual groups. While this study did not examine the bisexual population due to the unique concerns and issues facing that group, the limited data collected showed promise for differences in general and social self-efficacy levels between different gender role identities. It is also important to continue to evaluate the impact of sexual orientation on self-efficacy despite the lack of correlation in this study. The conceptualization of sexual orientation changes depending on a person’s self definition or based on the instrument being used to measure and categorize it. As our conceptualization of sexual orientation continues to change with time and advances through research and knowledge, the resulting relationships with self-efficacy and other constructs may also take on new meanings.

Further research is also needed to examine the relationships present between androgyny, self-efficacy, and other related constructs. Androgyny has been associated in with greater self-esteem, general well-being, and higher self-efficacy levels and gaining a further understanding of the relationships present between these variables and the potential determining factors has both clinical and practical significance.

Finally, another future focus of researchers, despite the limited support in the current study for the present utility of the BSRI, would be to develop a more multidimensional measure of gender role identity. Gender is a multifaceted and complex
construct and many of the current scales, including the BSRI, conceptualize it in a one-dimensional manner. Masculinity and femininity include more than just personality traits and therefore the findings of research based on their classifications are in turn limited to one aspect of gender identity (Egan & Perry, 2001). It is my belief that a better and more theoretically sound measure of gender is needed and that this should be the focus of future gender related research.
REFERENCES


http://www.emory.edu/education/mfp/eff.html.


APPENDIX A

Consent Form
Consent Form

You are being asked to participate in a study conducted by Elisa B. Setmire, M.A. Candidate and Emily Sommerman, Ph.D. This is a study involving the potential relationships present between gender role identity, sexual orientation, and self-efficacy. The Human Subjects Review Board at Humboldt State University has approved this study, and your participation is of a completely voluntary nature. The researcher will answer any questions you may have concerning this investigation or the procedures at any time. Your participation in any study is entirely voluntary and you may decline to enter this study or may withdraw from it at any time, for any reason you wish, without jeopardy. The investigator may also terminate your participation in the study at any time. The results obtained from this study will be reported in a group format only, meaning that individual participants will not be singled out or separated in order to assure anonymity of responses.

Completion and return of the attached demographic information sheet and questionnaires is considered to be informed consent, and you must be at least 18 years of age to participate in this study. If you are under 18 please do not participate in this survey. If you choose not to participate, please return the blank forms to us.

If you do choose to participate, please fill out the demographic information sheet, and the following questionnaires. The referral sheet that is stapled to the top of this packet lists several resources on campus and in the community that are helpful in dealing with any issues that may come up for you in the process of answering the questions on the following surveys. It is yours to keep, so please remove it before turning in the rest of the packet. Please do not put your name on any of the forms, as this will insure complete anonymity of your responses. The total time anticipated to fill out the requested information should be no longer than 15 minutes. When you are finished, please put it in the envelope provided and turn in where instructed to do so.

If you have any questions or concerns as a result of participating in this study, please feel free to contact us at (707) 826-3270, Harry Griffith Hall Room 120F, Humboldt State University. We greatly appreciate your participation in this study.

Thank you for your time,

______________________    _________________________
Emily Sommerman, Psy.D.    Elisa Setmire, M.A. Candidate
APPENDIX B

Demographic Information
Demographic Information

You are being asked by Elisa B. Setmire, M.A. Candidate to complete this form.

Please answer all of the following questions as they are important to the study being conducted. All information will be kept confidential and will not be used in any way to identify individual participants. This information will only be used in a group format. Thank you in advance for participating in this study.

Sex (Defined by your biological and physiological characteristics):

- ____ Female
- ____ Male
- ____ FTM
- ____ MTF

Ethnicity:
- ____ White
- ____ African American
- ____ Asian
- ____ Latino/a
- ____ Native American
- ____ Other: Please Specify ______________________

Age: 

________________

Year in School:
- ____ Freshman
- ____ Sophomore
- ____ Junior
- ____ Senior
- ____ Graduate

Sexual Orientation:
- ____ Heterosexual
- ____ Bisexual
- ____ Lesbian/Gay
- ____ Other: Please Specify ______________________

Gender Identity (socially constructed categories of thinking, feeling, and behaving - describe your typical psychological traits, tendencies, and behaviors):

- ____ Masculine: possess mostly traditional male attributes
- ____ Feminine: possess mostly traditional female attributes
- ____ Androgynous: possess high amount of both male and female attributes.
- ____ Undifferentiated: possess low amounts of both male and female attributes.
APPENDIX C

Bem Sex Role Inventory
Developed by Sandra L. Bem, Ph.D.

You are being asked by Elisa B. Setmire, M.A. Candidate, Humboldt State University, to complete this inventory.

Please follow the directions carefully.

DIRECTIONS

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

Example: sly
- Write a 1 if it is never or almost never true that you are sly.
- Write a 2 if it is usually not true that you are sly.
- Write a 3 if it is sometimes but infrequently true that you are sly.
- Write a 4 if it is occasionally true that you are sly.
- Write a 5 if it is often true that you are sly.
- Write a 6 if it is usually true that you are sly.
- Write a 7 if it is always or almost always true that you are sly.

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

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<th>Characteristic</th>
<th>Rating</th>
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</thead>
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<tr>
<td>Sly</td>
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<tr>
<td>Malicious</td>
<td>1</td>
</tr>
<tr>
<td>Irresponsible</td>
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<tr>
<td>Carefree</td>
<td>5</td>
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</table>

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APPENDIX D

Self-Efficacy Scale
You are being asked by Elisa B. Setmire, M.A. Candidate to complete this scale.

Instructions: This questionnaire is a series of statements about your personal attitudes and traits. Each statement represents a commonly held belief. Read each statement and decide to what extent it describes you. There are no right or wrong answers. You will probably agree with some of the statements and disagree with others. Please indicate your own personal feelings about each statement below by marking the letter that best describes your attitude or feeling. Please be very truthful and describe yourself as you really are, not as you would like to be.

Mark: A If you **Disagree Strongly** with the statement
   B If you **Disagree Moderately** with the statement
   C If you **Neither Agree nor Disagree** with the statement
   D If you **Agree Moderately** with the statement
   E If you **Agree Strongly** with the statement

1. ___ I like to grow house plants.
2. ___ When I make plans, I am certain I can make them work.
3. ___ One of my problems is that I cannot get down to work when I should.
4. ___ If I can’t do a job the first time, I keep trying until I can.
5. ___ Heredity plays the major role in determining one’s personality.
6. ___ It is difficult for me to make new friends.
7. ___ When I set important goals for myself, I rarely achieve them.
8. ___ I give up on things before completing them.
9. ___ I like to cook.
10. ___ If I see someone I would like to meet, I go to that person instead of waiting for him or her to come to me.
11. ___ I avoid facing difficulties.
12. ___ If something looks too complicated, I will not even bother to try it.
13. ___ There is some good in everybody.
14. ___ If I meet someone interesting who is hard to make friends with, I’ll soon stop trying to make friends with that person.
15. ___ When I have something unpleasant to do, I stick with it until I finish it.
16. ___ When I decide to do something, I go right to work on it.
17. ____ I like science.
18. ____ When trying to learn something new, I soon give up if I am not initially successful.
19. ____ When I’m trying to become friends with someone who seems uninterested at first, I don’t give up easily.
20. ____ When unexpected problems occur, I don’t handle them well.
21. ____ If I were an artist, I would like to draw children.
22. ____ I avoid trying to learn new things when they look too difficult to me.
23. ____ Failure just makes me try harder.
24. ____ I do not handle myself well in social gatherings.
25. ____ I very much like to ride horses.
26. ____ I feel insecure about my ability to do things.
27. ____ I am a self-reliant person.
28. ____ I have acquired my friends through my personal abilities at making friends.
29. ____ I give up easily.
30. ____ I do not seem capable of dealing with most problems that come up in my life.