

ANDROGYNY AND CLINICAL SOCIAL WORK

Frederick David Lamme

1979





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ANDROGYNY AND CLINICAL SOCIAL WORK

A Project Demonstrating Excellence  
submitted to the  
Institute for Clinical Social Work  
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Doctor of Clinical Social Work

by

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We hereby approve the Project Demonstrating Excellence

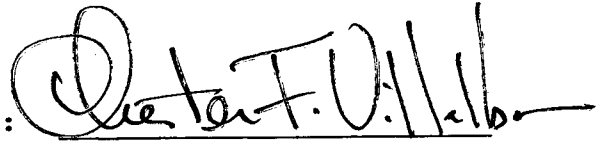
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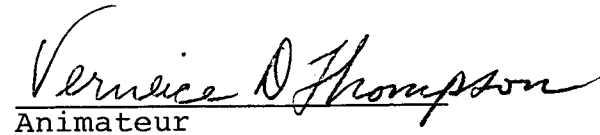
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## ABSTRACT

by

Frederick D. Lamme

This exploratory study tested and sustained the hypothesis that clinical social workers are a relatively psychologically androgynous group. The project also demonstrates the importance of the clinician's heightened consciousness of his own masculine/feminine identity and values as to sex roles, in order that these values are in no way imposed on patients.

The study has its origin in a long-standing interest of the investigator in sex roles and the phenomenology and treatment of gender dysphoria problems. This interest was further stimulated by life experience in the 1970's and was accentuated by his experience in the Institute for Clinical Social Work.

An exhaustive review of the literature on changing sex roles was conducted. The theoretical foundation of the project was based in Jungian psychology, but first an exploration of the development of sexual differentiation and of sex roles was carried out, in the areas of biology, anthropology, mythology and religion. The contribution of Sigmund Freud was touched on, and then the contributions of C. G. Jung and the contemporary Jungian analyst, June Singer, were explored in depth. This was integrated with the work of Stanford University



psychologist Sandra Bem, who came seemingly independently to her definition of androgyny. Androgyny, as defined by Singer and Bem, and as used in this project, refers not to bisexuality, but to a simultaneous possession in an individual of a high degree of masculine and feminine stereotyped traits.

Bem's measuring instrument, the Bem Sex Role Inventory, was used as the device for investigating the project's principal hypothesis. A copy of the BSRI was sent with a cover letter to 100 male and 100 female clinical social workers selected randomly, and 132 usable replies were received and tabulated.

The study concludes with implications for practice, recommendations for consciousness raising, and suggestions for further research.

To Mary Lankford Lamme

Ad Majorem Gloriam Mulierum et Hominum

## PREFACE

These principal questions were explored in this project:

1. The definitions of what is "masculine" and what is "feminine" seem to be in flux--how shall they be defined?
2. What is the impact of changing sex roles on clinical social workers and on their clinical judgments?
3. Do clinicians' personal values (and personal sex role stances as representing some of these values) have an influence on the therapy they do? (Previous studies indicate so.)
4. Would heightened consciousness of these factors help the clinician to keep from imposing his personal values on the patient? (The thesis of this project is that this is so.)
5. Is there less sexism in social work than in other clinical disciplines? (Some recent evidence suggests this.)

6. Would androgyny be a solution to sex role problems and to sexism?
7. What is meant by psychological androgyny?
8. Is social work an androgynous profession?  
(It seems so.) This is the principal hypothesis of this study.

## ACKNOWLEDGEMENTS

I would like to thank:

My father, who conceived me.

My mother, who nurtured me and provided the matrix for this work.

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Statistical consultant Louis Jaeckel, who analyzed the data and enabled me, for the first time, to understand statistics.

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Patricia Everall, my ever-reliable secretary and typist.

And lastly, my wife, Mary Lankford Lamme, who participated in my struggles toward androgyny, served as editor of this work, who supplied unfailing support and patience, and to whom this work is dedicated.

And to all others who have assisted, inspired, nurtured and criticized me in my life's work, I shall remain ever grateful.

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## CHAPTER I

### STATEMENT OF THE PROBLEM

Dean Jean Sanville of the Institute for Clinical Social Work, in her opening address to the Institute at the inauguration of its doctoral program on September 30, 1977, stated that "social work has been predominantly a woman's profession." This is supported by data continuously reported by the National Association of Social Workers (NASW).<sup>1</sup> The writer's experience in the Institute these past two years has heightened his awareness of sex roles--similarities and differences between men and women in the Institute and conflicts engendered by changing sex roles. As one might expect in a predominantly woman's profession, one of the main contemporary influences has been the Women's Movement. This has seemed to be for better and for worse. It has been for the better that women liberate themselves from stereotyped sex roles and develop a wider range of freedom of action. Many enlightened feminists have called for "Human Liberation," freeing both men and women from sex role limitations. But a

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<sup>1</sup>Cited by Alfred Kadushin, "Men in a Woman's Profession," Social Work, 21 (6), 1976: 440-447.

man in a woman's profession must necessarily participate in all the vicissitudes of sex role and power changes while the women are working through their struggles. And, as in any process of social change, some good parts of tradition have to be given up, which may represent a loss, in some respects, to many people.

It seems strange that so little has been written on this subject. Although at least a dozen articles since 1970 on the Women's Movement and feminist issues were uncovered in the social work literature review, there was only one article on the role of men in the profession.<sup>1</sup>

Professor Kadushin, of the University of Wisconsin, conducted a survey in 1976 which revealed that many male social workers experience conflict between their gender identity and occupational status. The survey consisted of a questionnaire mailed to a random sample of 422 male social workers in direct service positions. A 61% return rate was achieved. Some respondents seemed to resent the implication that social work is a woman's profession, seemingly wishing to avoid dealing in "stereotypes" and wishing to transcend questions of gender. Kadushin states, "It is a matter of established fact that sex-typing of professions exists," quoting a report, "Sexual Stereotypes of Occupations," in the

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<sup>1</sup>Kadushin, op. cit.

Journal of Vocational Behavior, August, 1975.<sup>1</sup> He notes how in plays, novels and the mass media, the social worker is almost invariably portrayed as a woman. "Although everyone has heard of Lady Bountiful, nobody mentions Lord Bountiful."<sup>2</sup> (This writer recalls many instances of the pronoun "she" being used in earlier social work literature.)

NASW statistics as of February, 1975, reflected a membership of 36.7% male and 63.3% female. 1975 enrollment statistics for schools of social work indicated that in the immediate future the profession may become even more decidedly female. Of Master's Degree students, 32.8 percent were male and 67.2% female.<sup>3</sup> Kadushin reports, as do others, that the organizational apparatus of the profession has been largely under male control, but until recently women have produced most of the theoretical work and textbooks which have shaped the profession. (cf. Addams, Richmond, Robinson, Garrett, Hamilton, Towle, Perlman, Austin, and Hollis.)

Social workers themselves associate female sex typed characteristics with the profession (Derek Jehu, "The Connotative Meaning of Social Work: A Semantic Analysis," British Journal of Social Work, 27, January, 1970, as quoted by Kadushin).<sup>4</sup> Kadushin also quotes John Seeley as opining that

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<sup>1</sup>Quoted in Ibid.

<sup>2</sup>Ibid.

<sup>3</sup>Ibid.

<sup>4</sup>Ibid.

the general orientation of social work to psychosocial problems and problem solving is more characteristically "female" than "male".<sup>1</sup> Support for Seeley's idea was found in an abstract of a dissertation by Ellen R. Piel, who found that men choose "enterprising and investigative careers; women social careers."<sup>2</sup>

Kadushin notes that there are advantages for career advancement for males in a female profession, as in Soviet medicine, where the great majority of practitioners are women, but 75% of the administrators are men. Kravetz<sup>3</sup> and Scotch<sup>4</sup> also report on the advantages of being a male in social work in terms of salaries and advancement to supervisory and management positions. Given that this is so, why should males have problems in female professions? Kadushin offers theoretical postulates concerning social roles, role strain, status contradiction, and role inconsistency.

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<sup>1</sup>Ibid. See also John R. Seeley, et al., Crestwood Heights.

<sup>2</sup>Ellen Ruth Piel, "Sex and Careers: The Relationship between Sex Typing and Differences on Career-Related Variables for Men and Women."

<sup>3</sup>Diane Kravetz, "Sexism in a Woman's Profession," Social Work, 21 (6), 1976: 421-426.

<sup>4</sup>C. Bernard Scotch, "Sex Status in Social Work: Grist for Women's Liberation?" Social Work, 16 (3), 1971: 5-11.



"Role strain results when the perceptions and expectations related to one social role conflict with those related to another role held simultaneously by the same person. Thus the male social worker's gender status and occupational status are both involved in determining the reciprocal interaction between himself and his community, colleagues, and clients. The inconsistent and contradictory images evoked by these two statuses create tension for the male social worker and ambiguity and confusion for those with whom he interacts . . . similar role strain is encountered by the female engineer, jockey, or rabbi, and by male elementary school teachers, librarians and nurses. Dealing with the consequences of such role strain requires special expenditures of psychic energy at significant emotional costs. Role strain theory suggests that the male social worker has to be more than normally secure in his sexual self-identification to contend with occupational stereotyping without developing feelings of defensiveness and anxiety. Homogenization of the sexes may eventually furnish a solution to these difficulties, but such developments lie in the distant future."<sup>1</sup>

Other problems uncovered by Kadushin were low salaries and the general public's tendency to confuse all of social work with public welfare. Overall, he found only a rather modest amount of role strain reported. In accounting for this he speculated that among those factors which led to the results were: 1) the effects of selection of a female-typed profession by androgynously oriented males (this emphasis is the writer's); and 2) the influence of the professional education socialization process experienced by the respondents.

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<sup>1</sup>Kadushin, *ibid.*

He noted that one solution to the problem of entering a profession which is inappropriately sex-typed for one's gender is to specialize in an activity which is more appropriately sex typed. Thus women lawyers often specialize in family law, women physicians specialize in obstetrics or pediatrics; male social workers concentrate in corrections work or seek administrative positions.

A "given" premise of this study is that both men and women enter social work with the idea of being helping, "nurturant" persons. These characteristics are generally associated with feminine psychology, as are acceptance, gentleness, succorance, receptivity, nonaggressiveness, and sensitivity to and concern with feelings.<sup>1</sup> This premise will be supported by data in the survey, as reported below. Social workers have notably chosen to enter a profession in which the training has been "softer", more practice oriented and less theoretical than the "hard", rational discipline expected in the training of psychologists and psychiatrists via studies in the natural sciences and mathematics.<sup>2</sup> Generally, social work theory has been synthetic rather than analytic, but this now seems to be changing as social workers, men and women, like women in general, are less willing to accept second-class status.

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<sup>1</sup>Ibid.

<sup>2</sup>Ibid.

Thus we are seeing a trend toward the doctorate as the standard terminal degree, but unfortunately, in the traditional graduate schools this equates with the pursuit of "hard" ("masculine") knowledge from the social sciences and a trend away from the nurturant ("feminine") field of practice. This trend in the graduate schools toward linear, rational, empirical training represents a possible loss of the only unique contribution social work has made to the psychotherapy professions.<sup>1</sup>

In the Institute we have tried to reverse this trend, but again, with the pursuit of knowledge, the masculine "Logos" (see definitions in Chapter II) comes into ascendancy; so nurturant, "supportive" therapy is discouraged and analytical therapy is encouraged; aggressive competition and group demonstrations of competence are "in", and subjective "intuitive-feeling" reports of "experiences" are "out". As always, therefore, there is a danger of a one-sided development and a tendency to "throw the baby out with the water". Perhaps the move towards Logos is a necessary, useful corrective, so long as it is not simply a moving to the opposite pole.

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<sup>1</sup>cf. Gareth Hill, "Patterns of Immaturity," p. 129.

A particular conflict for many men in the Institute program is just as they have begun to develop their feeling-intuitive sides (or choose to remain in this mode of consciousness) they are thrust back into an aggressive-competitive situation reminiscent of adolescent athletics. This is the classical "Male Dilemma" of our times, as explicated in the book of that title. Men have no desire to compete aggressively with women, lest we be thought of as chauvinistic. If we were really to "take off our gloves" and fight, we might be called "pigs." Women, however, now seem to have permission to give their aggression free rein at a time when men are being asked to suppress theirs. Of course, women in the field have to deal with the consequences of giving up traditional feminine behaviors and roles, which may also at times be a loss. Steinmann states:<sup>1</sup>

In these changing times, women are quite legitimately questioning traditional concepts of femininity and trying to find ways to express themselves intellectually and creatively, without sacrificing their important and rewarding roles as lovers, wives and mothers. Without in any way underrating the problem women face, however, it is vital to remember that men, as well as women, in our society suffer severe ambiguity in defining their "appropriate" roles . . . men, like women, now face a dilemma: how can a male be true to his own physical and psychological needs, while allowing the females with whom he interacts maximum freedom to develop their own potentials.

Perhaps the only solution to this conflict is for men and women to work together to change static and stereotypic

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<sup>1</sup>Anne Steinmann, "Values, Role Expectancies and Therapeutic Goals," in Women and Therapy, Franks and Burtles, p. 79-80.

attitudes re sex roles, and this process must begin with increased consciousness of how these roles no longer benefit them.

Clinical social workers, with their expertise in human behavior and the social environment, need to be particularly sensitive to the undercurrents and implications of changing sex roles. Our awareness can be greatly enhanced by scrutinizing our own profession.

The social work profession, despite two or three studies to the contrary,<sup>1</sup> seems to be a field wherein women can advance to supervisory and management positions. This can lead to another typical conflict with social work, which the writer has experienced--that of the "animus bound" woman in a position of authority and the "anima" type man who is her subordinate. (See definitions of "animus" and "anima" from the work of Carl Jung, below). This kind of conflict has been particularly rampant in public welfare agencies, where personnel tend to be less trained and less conscious, but it exists in clinical social work as well. The woman seeking a position of authority in any field undoubtedly is greatly motivated by animus (i.e., essentially "masculine") power concerns, as well as financial gain and status, just as men may seek. In a traditional male field, she will have to hold her own against men, and be held in check by

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<sup>1</sup>Kravetz, *ibid*; Scotch, *ibid*; and Dorothy Zietz and John Ehrlich, "Sexism in Social Agencies: Practitioners' Perspectives," Social Work, 21 (6), 1976: 434-439.

them. However, in a women's field (e.g., nursing, teaching, social work) wherein a great number of the men in the field are nurturant, "anima" types, the animus type woman superior may have free rein to be dominant, aggressive, sadistic and controlling, unless somehow held in check. This particular "battle of the sexes" has been called "animosity" by Jung.<sup>1</sup>

It must be noted that dominance and sadism are the opposites of submission and masochism, respectively, and thus may represent the "return of the repressed;" or should we say it represents an "identification with the aggressor" in these women? In any event, the interpersonal dynamic could not operate without complicity or unconscious collusion on the part of the "anima" male, hence he is not simply an "innocent victim."

It seems that each group which perceives itself as having inferior social status (e.g., minority groups and women, collectively) goes through a period of "identification with the aggressor" in its striving to attain equality. It is not unusual for persons of ethnic and/or racial minority backgrounds to imitate some of the more gross aspects of the "persecutor." There seems to be a tendency in some women to mimic the worst qualities of men in their quest for equality. We have, to be sure, always seen the negative consequences

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<sup>1</sup>C. G. Jung, Aion: Researches Into the Phenomenology of the Self.



of repressed aggression in the controlling qualities of "smothering mothers" in patriarchal cultures (which are often covertly matriarchal) or in some social workers (particularly child welfare workers,) per Guggenbuhl-Craig.<sup>1</sup> But now it seems we are witnessing a new form of "masculine protest". This was Alfred Adler's term, related to, but less pejorative than Freud's "penis envy", a dynamic concept in which masculine values are held to be superior by members of both sexes--hence women as well as men may strive to emulate them.<sup>2</sup> The Adlerian V. J. Bieliauskas states, ". . . if women try to show their masculine superiority they'll support the superiority of the male sex, and thus accentuate the masculine protest."<sup>3</sup>

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<sup>1</sup>Adolf Guggenbuhl-Craig, Power in the Helping Professions, Spring Publications, Zurich, 1971.

<sup>2</sup>cf. Heinz Ansbacher and Rowena Ansbacher, The Individual Psychology of Alfred Adler, Basic Books, New York, 1956.

<sup>3</sup>V. J. Bieliauskas, "A New Look at Masculine Protest," Journal of Individual Psychology, 30, 1974, 92-97.

SIGNIFICANCE OF SEX ROLE STEREOTYPING ON CLINICAL  
SOCIAL WORKERS AND ON THEIR CLINICAL JUDGMENTS

A related problem which is deserving of attention is "sex role stereotyping and clinical judgments of mental health." In their classic, pivotal article of this approximate title, Inge and Donald Broverman, et al, in 1970 set the stage for a thorough re-examination of clinical judgments in this area in all the psychotherapy professions.<sup>1</sup> The Brovermans found that a group of 79 clinicians (46 men and 33 women, from psychiatry, psychology and clinical social work, but not differentiated as to discipline in the report) judged stereotypical masculine traits as more often socially desirable than stereotypical feminine traits, whether in men or women. These clinicians also held that there were different standards of mental health for men and women, and judged the standards for women in a rather invidious manner, (i.e., the "healthy" woman was more submissive, less independent, less adventurous, more easily influenced, less aggressive, more emotional, etc.) There were no significant differences in the judgments of male and female clinicians. As the Brovermans stated, "This . . . seems a most unusual way of describing any mature, healthy individual."<sup>2</sup> An

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<sup>1</sup>Inge Broverman and Donald Broverman, et al, "Sex-Role Stereotypes and Clinical Judgments of Mental Health," Journal of Consulting and Clinical Psychology, 34, 1970:1-7.

<sup>2</sup>Broverman, op cit.

analysis of female-valued items, however (see Appendix D), reveals there are also some positive items, e.g., "easily expresses tender feelings," "enjoys art and literature." Thus it may be that masculine protest has crept into this whole matter, insidiously. If all traditionally feminine traits are held to be inferior, what will become of the human race? If we mental health professionals value only "masculine" traits, is this not to encourage the development of a race of "amazonian" women and "heroic" men in which sex differences are obscured?

The Brovermans noted that "an adjustment notion of health, i.e., that health consists of a good adjustment to one's environment . . . automatically leads to a double standard of health." And, "clinicians undoubtedly exert an influence on social standards and attitudes beyond that of other groups." "The cause of mental health may be better served if both men and women are encouraged toward maximum realization of individual potential, rather than to an adjustment to existing sex roles."<sup>1</sup>

One attempt to solve this dilemma of differences between the sexes is to deny that any differences exist. This is the strategy of certain militant feminists, but it seems scientifically untenable in terms both of biology and recent developments in Jungian psychology and other schools of psychology. A premise of this project is "different, but

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<sup>1</sup>Ibid.

equal." Thus, "feminine" qualities, whether in a man or a woman, will be defended as of equal value as masculine ones. The Stanford psychologist Sandra Bem, a feminist herself, has arrived independently at the same conclusion as modern Jungians--that differences between the sexes do exist. Further, she holds they can be measured. Her instrument, the Bem Sex Role Inventory (or BSRI, see Appendix B) appears to be the least "sexist" measure yet designed.

It has long been a part of the social work ethic that the clinician not impose his/her values on the patient. In his Doctor of Social Work dissertation at the University of California, Berkeley, in 1970, Joel Fischer, a social work maverick who did a sound piece of work in this area, showed that caseworker values do affect clinical judgments.<sup>1</sup> Fisher's final sample consisted of responses from 360 practicing Master's level social workers who were asked to judge two case analogues as to diagnosis, treatment plan and prognosis. All variables were found to have an effect on clinical judgments. Subjects consistently made more negative judgments about the more "pathological" of the two cases, as did they about the one from the lower socio-economic class. Interestingly, when in some of the analogues, the race of the "client"

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<sup>1</sup>Joel Fischer, The Relation Between Personal Value Orientations, Client Diagnostic Variables, and Casework Decisions. Unpublished dissertation, University of California, Berkeley, 1970.

was changed from white to black, the cases were judged more positively (race was the only variable manipulated). This was seen as a reflection of the social climate at the time of the study. Subjects scrupulously did their best to avoid unfair assessments of black clients, a process which resulted in a sort of "reverse discrimination."

Similarly interesting is another study by Fischer and four female social work students at the University of Hawaii in 1976.<sup>1</sup> In this study, "Are Social Workers Sexists?", Fischer, et al, answer, "Yes", but the nature of that bias is hardly in the expected direction. Most of the literature in all three mental health fields since the Broverman article indicates that "sexism" exists in re negative judgments toward women by male (and female) therapists.<sup>2</sup>

Fischer, et al, constructed another clever case analogue:

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<sup>1</sup>Joel Fischer, et al, "Are Social Workers Sexists?" Social Work, 21 (6), 1976: 428-433.

<sup>2</sup>See Barbara Stevens, "The Psychotherapist and Women's Liberation"; Norma Haan and Norman Livson, "Sex Differences in the Eyes of Expert Personality Assessors: Blind Spots?"; Carol Nadelson and Malkah Notman, "Psychotherapy Supervision: The Problem of Conflicting Values," "Report of the (APA) Task Force on Sex Bias and Sex Role Stereotyping in Psychotherapeutic Practice"; Benjamin Fakrikant, "The Psychotherapist and the Female Patient".

The client was described as a 35 year old college graduate who had been married ten years and had two children. The client was said to have requested counseling on the grounds that the spouse 'had lost all interest in me'. The client emphasized that the marital difficulties included unsatisfactory sex relations. The sex of the client was varied simply by changing the reference in the case history from "Mr. T" to "Mrs. T."

The case history was also varied to test for the possible effects of sex role stereotyping, i.e., whether aggressive females were judged more negatively than passive females. Two versions were developed, one depicting the client with 'aggressive' personality traits and another specifying 'passive' personality traits. Thus there were four versions of the same case history: aggressive male, aggressive female, passive male and passive female.

The case was adequately pre-tested and then the four versions were distributed randomly to the subjects, who consisted of the total NASW membership in the State of Hawaii (289 people). Each person received only one version of the case, and 135 subjects responded with usable questionnaires, of which 79 (58%) were female and 56 (42%) were males. This corresponded favorably with the 1972 national NASW membership figures of 60% female and 40% male. Findings from other research, as well as the ideologically based opinion (mentioned above) would suggest that a pro-male, anti-female bias might be revealed in the results. Instead, the opposite results were obtained: a strong pro-female bias appeared to characterize social workers' judgments in this study. In most clinical judgments, the female client was judged significantly more positively than the male client. No



statistically significant effects on clinical judgments were attributable to the sex of the respondents.

Fischer concludes:

For this sample, at least, the findings appear to contradict the charges that female clients cannot be perceived objectively by male social workers or are perceived differently or more negatively by male than by female social workers. The presence of anti-female job discrimination in some areas of social work and in society in general does not justify an automatic assumption that social workers assume those discriminatory attitudes in their practice with clients. On the other hand, this study shows that anti-male sex discrimination in practice may indeed be a common phenomenon. This is a problem that may be far more persistent and serious in actual practice than theretofore realized and certainly is one that is almost totally ignored in the literature.<sup>1</sup>

Fischer goes on to speculate that the results may be a reflection of the changing role of women in our society and an indication of the effectiveness of the media and professional literature in sensitizing social workers to the problem of discrimination against women. "Thus social workers may deserve credit for leaning over backwards to insure their judgments are not biased against women (although this may be viewed also as rather patronizing behavior.)"<sup>2</sup>

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<sup>1</sup>Joel Fischer, et al, *ibid.*

<sup>2</sup>*Ibid.*

Whatever one may think of Fischer and his "casework is ineffective" bias, this is a well designed and controlled study which would seem to put to rest certain current beliefs.

A study which tends to confirm Fischer's work, although not revealing of an anti-male bias, was conducted on undergraduate and graduate students at the University of Minnesota School of Social Work by Linda Harris and Margaret Lucas in 1975.<sup>1</sup> Harris and Lucas expected to confirm the Broverman findings, with the additional hypothesis that male and female social work students would differ in their concept of female mental health. The authors expected that the impact of the Women's Movement would have caused significant attitude changes in female students during the five years, 1970-1975. They administered the Rosenkrantz-Broverman Sex Role Stereotype Questionnaire (see Appendix D) to 345 students in the same manner as the Brovermans, thinking they would essentially duplicate the Broverman's findings, with the exception noted above. The results were very interesting:

No statistically significant difference existed between scores for a healthy man and a healthy woman, scores for a healthy man and a healthy person, or scores for a healthy woman and a healthy person. Consequently, these scores do not confirm the hypothesis that a double standard of mental health exists in the social work student population studied.<sup>2</sup>

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<sup>1</sup>Linda H. Harris and Margaret E. Lucas, "Sex-Role Stereotyping," Social Work, 21 (5), 1976: 390-395.

<sup>2</sup>Ibid.

Harris and Lucas found some differences, however, between undergraduate and graduate students. The double standard clearly did not apply among undergraduates, but graduate students tended to rate a healthy man differently from a healthy person and from a healthy woman. (They rated a healthy woman the same as a healthy person.) Thus there was some tendency to subscribe to a "double-standard" which discriminated against men. "This finding is somewhat paradoxical in that a healthy man was viewed as less 'masculine' than either a healthy woman or a healthy person."<sup>1</sup> (This does not surprise this writer, as it tends to confirm that an androgynous male is "healthier" than a more "masculine" one.) Harris and Lucas essentially come to the same conclusion further on in their paper. They conclude that a trend toward androgyny is underway, with a concomitant androgynous concept of mental health, at least among the social work students studied.

Whether the findings of Fischer, et al, and Harris and Lucas indicate that these attitudinal changes should be attributed to the Women's Movement, the media, or to professional socialization in schools of social work is unknown. Whether clinical social workers, belonging to a predominantly woman's profession, are different today in their clinical judgments of sex role stereotypes from other mental health professionals is also unknown. Whether this is due overall

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<sup>1</sup>Linda Harris and Margaret Lucas, op. cit.

to the influence of the Women's Movement or to inherent androgyny in clinical social workers, is again unknown, but both causes are suspected.

## THE THESES OF THIS PROJECT

There are two theses in this project:

I. It is deemed important that the clinical social worker possess a heightened consciousness of his/her own masculine/feminine identity and his/her own values as to sex roles, in order that values in these areas are not unconsciously (or consciously) imposed on patients. It has long been part of the social work ethos that the clinician not impose his/her values on the patient and that he/she is responsible for special self-awareness to prevent this from happening.<sup>1</sup> (One would hope that the clinical social worker would not consciously indoctrinate the patient according to either "feminist" or "masculinist" precepts, at least not without due notice.) Nevertheless, as many clinical writers from Carl Rogers<sup>2</sup> to Barbara Stevens have pointed out, the clinician's own values do get communicated to the patient, regardless of scrupulous attempts at analytic "neutrality," and patients do tend to identify with their therapists, so one may just as well be aware of these phenomena and accept them. This is all the more reason for heightened consciousness.

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<sup>1</sup>Note: Otherwise throughout this project the "masculine" or generic third person pronoun will be used to denote both sexes, as per standard English usage.

<sup>2</sup>As quoted in Joel Fischer, op. cit. and Barbara Stevens, op. cit.

II. The second thesis of this project is that both men and women in clinical social work are essentially psychologically androgynous already. This will be developed into a hypothesis and presumably proved by the survey following. This is the main question to be investigated in this project.

The Jungian analyst June Singer<sup>1</sup> opines that everyone is already (potentially) androgynous, so that it is not a question of how to become so, but rather to unlearn much of our sex role learning. She posits this as the solution to 1) sex role problems, and 2) conflicts between the sexes. The solution to the "battle between the sexes" would seem to be in recognition of and integration of our androgyny. Many men in social work have no desire to "prove themselves" in competition with women, nor to try to prove the superiority of the male sex. But neither do they wish to countenance claims of female superiority or see themselves as the inferior, subordinate sex. Many traditional men have reacted to the assertion of female superiority (or even equality) by defensive attempts to "put women in their place" or to accuse them of "penis envy." In the writer's opinion there is such a thing as penis envy, but like masculine protest, it stems from over-valuing of the masculine. (Likewise, there may well be "womb envy," a desire for dependency or fecundity on the part of males.) The way out of these various dilemmas

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<sup>1</sup>June Singer, Androgyny, p. 273.

is hereby proposed to be the recognition of our essential psychological androgyny--that we are all composed of a mixture of masculine and feminine psychological elements, neither being "better" than the other, and that all that is needed is the raising of our consciousness in this regard.

## CHAPTER II

### THEORETICAL FRAMEWORK AND LITERATURE REVIEW

#### DEFINITIONS

As the terms androgyny, sex role, (and gender role, gender identity, sexual identity, and sexual orientation) seem to be so overlapping, confusing, and in flux, some attention will first be given to their definitions as used in this project. The parenthesized terms are included for the sake of clarification, completeness, and contrast.

1) Androgyny is defined by Webster's Third New International Dictionary<sup>1</sup> as "Having the characteristics of both sexes: the state of being at once both masculine and feminine." The word derives from the Greek "andros", man, and "gyne", woman, and implies a combination of the two. Singer states that it is an archetype expressing the primal unity which exists in the psyche--the Two-in-One which represents the Primal Unity existing in the universe before it divided, which is characteristic of most creation myths. As used by Singer and in this project, the term refers to psychological androgyny, that is, the presence of masculine and feminine psychological characteristics or traits in an

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<sup>1</sup>quid videt.



individual, and is not to be confused with hermaphroditism, bisexuality, or effeminacy or masculinity of appearances or behavior in an individual, although all these items would be possibilities in an androgyne. Bem asserts that sexual preference should be considered orthogonal to androgyny (or to any concept of mental health or ideal personaility),<sup>1</sup> i.e., there may be a relationship present, but it exists tangentially, or at "right angles". (Greek orthogonion = right angle.)

The definition of androgyny proposed by this writer goes beyond Singer--that is, it represents the conscious integration in an individual of the animus and anima characteristics defined by Jung. (See below.) This is not a simple task by any means, and many individuals have spent long periods in Jungian analysis (and/or related consciousness raising modalities) to achieve this.

2) Sex role (often a hyphenated term, but the hyphen will be omitted in this project), is essentially a social-psychological and anthropological term referring to the constellation of qualities an individual understands to characterize males and females in his culture.<sup>2</sup> It is essentially a set of learned behaviors which differs from culture to culture, but which may have some biological

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<sup>1</sup>Sandra Bem, "Beyond Androgyny", p. 1.

<sup>2</sup>Jeanne Block, "Conceptions of Sex Role", p. 512-527.

substrates (see below under "Developmental Origins"). Each individual as he grows up learns what kinds of behaviors are appropriate to males and to females in his culture.

3) Gender identity is the "sameness, unity, and persistence of one's individuality as male, female (or ambivalent) . . . especially as it is experienced in self-awareness and behavior. Gender identity is the private experience of gender role and gender role is the public expression of gender identity."<sup>1</sup> (Gender role is therefore the outward expression of one's gender identity.) R. R. Sears<sup>2</sup> uses the term gender role interchangeably with sex role.

4) Sexual identity is essentially the manifestation of gender identity as it is experienced and expressed in one's sexual behavior, i.e., one may be aware of oneself as male, female, or ambisexual, and within this identity play an active or passive role, or both, in a heterosexual, homosexual, or bisexual relationship, with associated sexual fantasy of being a

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<sup>1</sup>John Money and Anka Ehrhardt, Man and Woman, Boy and Girl.

<sup>2</sup>Robert R. Sears, "The Development of Gender Role."

male, female, hermaphroditic or sexually changeable person. (This term overlaps both gender identity and sexual orientation, and it thus seems somewhat redundant.)

5) Sexual orientation refers to one's sexual preference, whether heterosexual, homosexual, or bisexual. Obviously, in the case of bisexuality, this orientation may be changeable.

6) Other terms.

a) "Sex Role Identity". This term is used by Jerome Kagan and others to denote the degree to which an individual sees himself as masculine or feminine, but it would seem to overlap both sex role and gender identity.

b) "Core Gender Identity", is mentioned by John Money<sup>1</sup> as a term "newly introduced into psychoanalytic theory to refer to an infant's developing sense of self as a boy or girl in the second year of life," i.e., well in advance of the oedipal period.

It is proposed that the terms "sexual identity," "sex role identity," and "core gender identity" are adequately subsumed by the other items listed and that they be considered redundant; at least they will not be used in this project. Much of the overlapping undoubtedly arises

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<sup>1</sup>John Money and Anka Ehrhardt, op. cit.; also, Harry Gershtman, "The Evolution of Gender Identity", American Journal of Psychoanalysis 28, 1968.

due to the "boundary problems" of the disciplines of psychology, sociology, anthropology, and biology.

## DEVELOPMENTAL ORIGINS OF SEXUAL DIFFERENTIATION

This topic will be explored in two ways, reflecting 1) its biological origins, and 2) its mythological origins.

It is an established biological fact that the mammalian fetus, were it not for the beginning of production of androgen by its primordial gonads, would develop as an anatomical (though not necessarily fertile) female. In the human fetus hormone production begins in the 6th week of gestation. Its production is mysteriously keyed by the presence of the sex chromosomes, XX in the case of females and XY in the case of males. These sex chromosomes "pass the program" to develop as ovaries or testes. Thereafter they have no known direct influence on sexual or psychosexual differentiation.

In other words, to create a male, something must be added. There are two such substances, one known (only inferentially) as "Mullerian-inhibiting substance", which suppresses further development of the Mullerian ducts, which later develop into the female generative tract, and testosterone (the principal androgen). Testosterone also influences brain development, especially in the hypothalamus, which subsequently influences certain aspects of sexual and aggressive behavior.<sup>1</sup> And it obviously is associated with

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<sup>1</sup>John Money and Anke Ehrhart, *ibid*; also Jean Sanville and Joel Shor, Illusion in Loving.

aggressive behavior throughout life, as may be seen by the effects of castration. The later a male mammal is castrated, the more he retains "sex-appropriate" habitus and aggressive behavior. It is not precisely known how much this can be ascribed to brain sensitization or to learned patterns of behavior, but animal studies point to the former. The testosterone production in turn leads to differentiation of the external genitalia in males.

In the female, estrogen production leads to the development of fertile ovaries and to the sensitization of certain brain structures which mediate the monthly cycle. In the absence of any hormones, however, the fetus would still develop into an anatomical female, even with secondary sex characteristics, although these would not be as pronounced as if hormones were present. Estrogen (from the Latin "estrus" or "heat") also has "feminizing" effects, e.g., in re breast development and in re behavior. Estrogen given to a male fetus in sufficient quantities has a functionally castrating or anti-androgenizing effect. The reverse is also true; androgen administered to a genetically female fetus in sufficient quantities causes hypertrophy of the clitoris and "masculinization" of the brain structures. The other female anatomical structures, however, would remain unchanged after the first few months of gestation, and the female could remain fertile.

Testosterone given to an adult female has a libido

enhancing effect, just as it does in males. Actually, androgen (testosterone) and the estrogens (estrogen itself and progesterone) are chemically similar steroid hormones, and the breakdown products found in the urine are indistinguishable. Both sexes possess both hormones, only in a matter of degree, the male testosterone level being normally about 10 times that of the female. The adrenal gland produces the female's testosterone and the male's estrogen. Recent data suggests that women have a surge of testosterone production premenstrually and another around ovulation, thus accounting for increased sexual interest around these times.<sup>1</sup>

The effect of estrogen level on sexual interest in female humans is not as clearly distinguishable as in animals, but without any hormones there is very little sexual interest on the part of either males or females. An excess of testosterone in a woman leads to hirsutism. The writer recalls a case in which a very passive dependent woman had undergone hormone tests for hirsutism, revealing a quite high testosterone level. This failed, apparently, to influence her passive behavior, thus perhaps proving that sex role learning may be stronger than hormones in influencing behavior. More aggressive males, however, as revealed in studies of criminals who have committed violent crimes,

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<sup>1</sup>Judith Bardwick, "The Sex Hormones," in Women in Therapy, Franks and Burtles, eds., pp. 27-50.

tend to have higher levels of testosterone than others.

Maccoby<sup>1</sup> notes that hormone levels operate on a feedback system, and one must be cautious in trying to correlate these levels with aggressivity. She cites a rat study which shows that male rats low on a dominance hierarchy with other males show an increase in testosterone level when placed with females whom they can mount and dominate. When an animal is defeated in a fight, however, his testosterone level decreases. Thus, hormone levels constitute an open system, in which a high testosterone level can be both a cause and an effect of aggressive behavior. The effect of estrogens on behavior is less well-known.

There are some very recent studies which suggest that differential cerebral abilities are correlated with male and female hormones, respectively. These studies cannot be explored in depth within the scope of this project. Women, however, usually have a higher degree of response on evoked potential (EP) which can be measured by an electroencephalogram, and which correlates with greater perceptual and emotional sensitivity. Estrogen also has a pronounced effect on MAO (monoamine oxidase, a neurotransmitter, high levels of which are associated with depression) inhibition. Testosterone does also, but to a lesser degree. Thus the

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<sup>1</sup>Eleanor Maccoby and Carol Jacklin, The Psychology of Sex Differences.



decline in estrogen levels in mid-life may account to some degree for midlife depressions.<sup>1</sup>

It may not be true that "anatomy is destiny", as Freud stated, but it seems to be true that hormones are destiny. To lessen the emphasis on differences, however, it must be reiterated that both sexes possess both types of sex hormones, just as each person has vestigial anatomical remnants of the opposite sex (viz. the clitoris and the male teat.) Karl Pribram and Dianne McGuiness, both eminent Stanford University neuropsychologists, state, "Men and women are different. What needs to be made equal is the value placed on these differences."<sup>2</sup>

Mythologically, the differentiation of the sexes is expressed in creation myths. In some cultures, e.g., Japanese Shintoism, the cosmic primordial unity of the sexes is expressed by the myth of a cosmic egg, which "hatches" or splits in two to create the world and subsequently its two sexes. This is said to be less sexist than the Judeo-Christian myth, but note that the egg may be considered a feminine symbol. In the Judeo-Christian myth a solitary masculine spirit, God, begins to feel lonely, per Singer's

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<sup>1</sup>Donald Broverman, et al., "Roles of Activation and Inhibition in Sex Differences in Cognitive Ability." Also Daniel Goleman, "Special Ability of the Sexes."

<sup>2</sup>As quoted in Goleman, op. cit.

interpretation, so he creates the World by inspiring (or breathing into space) with the Word--the logos spermatikos. The Creator is masculine and the creation feminine. However, it contains masculine elements, e.g., Adam, whom God also feels will be lonely. Thus God creates Eve out of Adam's side. Likewise, Christian theology postulates the church as the Bride of Christ. The Church and the Virgin Mary comprise the principle feminine elements in the Christian tradition. The Judeo-Christian tradition, like the Moslem, is strongly patriarchal. These patriarchal religions seem to have developed in reaction to earlier matriarchal and pantheistic ones. This development seems to parallel the institution of "law and order" (cf. the Old Testament as a book of laws), monogamy, and the idea of male superiority in the ancient Near East. It may have been necessary for this myth to develop in order to give males a real role in society, for in a matriarchal, matrifocal society they may simply exist as "drones" or as tangentially associated wanderers whose main importance to the tribe is insemination. Thus, out of an attempt to give males equality came an over-compensation, the myth of superiority.

It may well be that women are the superior sex. Only women can bear children, and women live longer than men. With the aid of some mechanical or chemical means (e.g., a catalyst) they could produce children without men. Part of the current controversy over "test-tube" babies is the fear

that lesbian women will produce children with the aid of anonymous male sperm donors. Indeed, there are reports of discussions between homosexual men's and women's organizations concerning this. Thus we see a Hegelian progression here--from thesis (matriarchy) to antithesis (patriarchy) to synthesis (hopefully a balancing out of the roles of the sexes in a more equal manner). It is the writer's hope we do not revert to a matriarchy. There is no evidence that "amazonian" societies were any more peaceful than patriarchal ones have been, and there is no reason seen why it would be desirable for men to return to the status of drones, as tends to be the state of affairs in certain socially disorganized lower socio-economic class populations, and which may be a trend emerging throughout our society.

The Great Round is another form of creation myth expressing primal unity. In primitive Egyptian, Greek, African and Indian creation myths, the Round is the calabash containing the World Parents. Heaven (father) and Earth (mother) lie on top of each other in the round, timelessly united, "for as yet nothing has come between them to create duality out of the original unity."<sup>1</sup> Corresponding to this is the Chinese tai chi (or yin-yang) symbol expressing the union of the opposites of masculine and feminine, black and

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<sup>1</sup>Erich Neumann, The Origins and History of Consciousness, p. 9.

white, night and day. Still another related symbol is the uroboros, the self-contained serpent who feeds off itself and fertilizes itself.<sup>1</sup>

Then there is Plato's androgyne:

The original human nature was not like the present. The sexes were not two, but three in number--man, woman, and a union of the two--the androgyne. This primeval person was round, his back and sides forming a circle; one head and two faces looking in opposite ways, and two privy members corresponding to male and female. He could walk upright, backwards and forwards, and also roll over and over at a great pace. Terrible was their strength, and the thoughts of their hearts were great . . . and they dared to scale the heavens and attack the gods. The gods took council, and Zeus discovered a way to humble their pride--he cut them in two like an apple is halved for pickling. After the division the two parts of the androgyne, each desiring his other half, would come together and throw their arms around one another, entwined in mutual embraces, longing to grow into one; they were on the point of dying from self-neglect because they did not like to do anything apart. Zeus, in pity of them, then invented a new plan--he turned their privy parts around to the front so they sowed their seed in one another and no more like grasshoppers in the ground, and after the transposition the male generated in the female in order that by mutual embraces of man and woman they might breed and the race might continue . . . so ancient is the desire of one another which is implanted within us, reuniting our original nature, making one of two, and healing the state of man.

Each of us when separated is like a flat fish, having one side only, and but the indenture of man, always looking for his other half . . . and when one of them meets with his other half, the actual half of himself, the pair are

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<sup>1</sup>Neumann, op. cit.

lost in an amazement of love and friendship and intimacy . . . yet they could not explain what they desire of one another, for the intense yearning which each of them has for the other does not appear to be the desire of lover's intercourse, but of something else which the soul of either evidently desires and cannot tell, and of which she (note the Greek word for soul, as in most languages, is of feminine gender) has only a dark and doubtful presentiment."<sup>1</sup>

Singer notes, "this charming fantasy . . . puts into words the sense of longing that lovers experience . . . that goes beyond any rational explanation."<sup>2</sup> It is a prototype, or archetype of the collective unconscious (see definition of archetype under Jung section) which expresses in yet another way the primal unity of the sexes.

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<sup>1</sup>Abridged from Plato, "Symposium", Benjamin Jowet, trans., as quoted in June Singer, Androgyny, p. 109-111. See also Jean Sanville and Joel Shor, Illusion in Loving, p. 8.

<sup>2</sup>Singer, *ibid*, p. 110.

## THE CONCEPT AND DEVELOPMENT OF SEX ROLES

The reader will recall the definition of sex role as essentially a social-psychological and anthropological concept denoting culturally defined, gender appropriate behaviors which are learned early in life. "This socialization process, which begins at birth and produces distinguishable results in children by the age of three, influences their future role taking, the positions they are afforded in society and those in which they perceive themselves."<sup>1</sup> Gershman defined core gender identity as the feelings one holds about one's self as a man or woman. He held it was not established at birth, but was found in children by the end of the second year of life.<sup>2</sup>

Every society has definite prescriptions for what it considers appropriate sex roles. The great majority of societies prescribe a more aggressive role for males, a more "passive" or nurturant one for females. There are exceptions in certain South Pacific societies, as Margaret Mead and others have pointed out, e.g., among the Tschambuli, the roles as we know them are reversed; the Mundugumor advocate violent men

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<sup>1</sup>Marilyn Biggerstaff, Social Work Practitioners' Conceptions of Sex and Social Roles, p. 28.

<sup>2</sup>Harry Gershman, "The Evolution of Gender Identity."

and violent women, and the Arapesh ideal is mild-mannered men and mild-mannered women.<sup>1</sup> The limitations of this project will not allow further exploration of differences in other societies.

Sears notes "for the great majority of infants, sex role ascription is simple and easy; there is never any occasion to change it from birth to death. The infant is recognized as a boy or girl at once and is treated in whatever ways the culture prescribes as appropriate to that gender."<sup>2</sup>

One means of assessing sex typed activity preferences in children is the "It" test, devised by D. G. Brown in 1957. The child is given a "sexually neuter" doll, the "It", and a variety of toys and objects, and is asked to select the object or activity the doll prefers. It is assumed the child's choices are a projection of his personal preferences. The results of these studies indicate boys show an increasing preferences of "sex appropriate" games with age. As early as age three, boys are aware of some of the activities and objects that our culture regards as masculine. Among girls, however, preferences are more variable up to 9 or 10 years of age. Many girls between three and ten show a strong

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<sup>1</sup>Margaret Mead, "The Standardization of Sex-Temperament" in Lee and Stewart, eds., Sex Differences--Cultural and Developmental Dimensions, p. 194.

<sup>2</sup>Robert R. Sears, "Development of Gender Role," in Sex and Behavior, Frank Beach, ed., p. 133.

preference for "masculine" games, activities and objects; whereas, it is unusual to find boys who prefer "feminine" activities during this period. This difference in game preferences is matched by a relatively greater frequency of girls stating a desire to be a boy or wanting to be a daddy rather than a mommy when they grow up. "Since our society assigns greater freedom, power, and value to the male role, it is understandable that this would be the case. This devaluation of the female role is probably one reason why the typical woman regards herself as less adequate and more fearful than most men."<sup>1</sup>

Kagan reported on some other research by B. G. Rosenberg and B. Sutton-Smith in 1960 which children in grades 4, 5, and 6 were tested as to game preferences, and which suggested girls were more masculine in their game preferences than 30 years previously. Kagan interpreted this to mean that "the wall separating male and female recreational activities is cracking and some traditional differences in sex-typed game choices may be undergoing some change."<sup>2</sup>

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<sup>1</sup>D. G. Brown, "Masculinity-Femininity Development in Children" reported in Jerome Kagan, "Acquisition and Significance of Sex Typing and Sex Role Identity" in Review of Child Development Research, Hoffman & Hoffman, eds.

<sup>2</sup>Kagan, op. cit., p. 142.



The significance of games and activities are that they are: 1) an important socialization device, and 2) a diagnostic measure of attitudes and development. Erickson, in his famous studies, noted that boys build towers (phallic symbols) and girls enclosures (womb symbols). These findings have lately come under some criticism.<sup>1</sup> However, personal inquiries have revealed there still are sex differences in children's productions in sand play, a Jungian child therapy technique. Boys still more often play with aggressive toys, e.g., soldiers and construction equipment, while girls play with animals (of both genders) and houses.<sup>2</sup>

Kagan summarizes by stating that the psychological sex is undifferentiated at birth, but begins to develop in the second year of life and is well developed by age seven. Girls are allowed greater freedom to express dependency, passivity and conformity, but boys are pressured to inhibit these traits.<sup>3</sup>

Eleanor Maccoby and Carol Jackson of Stanford University, who are avowed feminists, made what appears to be the most objective and exhaustive study of this whole subject in their

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<sup>1</sup>See Erik Erikson, Childhood and Society, and Daniel Goleman, "Special Abilities of the Sexes," in Psychology Today, November 1978.

<sup>2</sup>Personal communication with Mary L. Lamme, M.S.W., child psychotherapist.

<sup>3</sup>Kagan, op. cit.

1974 book, in which they reviewed over 2000 studies and reports.<sup>1</sup> They began with biology, also noting that nurturance (giving aid and comfort to others) was related to female hormones in animal studies, estrogen levels being the highest in the immediate post-partum period. They also, however, reiterate the caution about generalizing from animal studies to humans. They quote Bem, for example, as finding little difference between male and female college students in interacting with an eight week old kitten. They report many studies define boys as more aggressive than girls. They define aggression as:

A loose cluster of actions and motives . . . the central theme of which is the intent of one individual to hurt another person through arousing fear. That boys are more aggressive may be merely a reflection that the two sexes are reinforced for different forms of aggression. Girls may show hostility in subtle, "catty" ways, but boys are allowed more physicality. Since aggressivity is less acceptable for girls they may build up greater anxieties over it and greater inhibitions against displaying it, with the result their aggressive impulses find expression in displaced, attenuated, or disguised forms.<sup>2</sup>

Finally, Maccoby and Jacklin report an interesting finding of Mussen and Rutherford in 1963: that as measured by the "It" test, the femininity of first grade girls was

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<sup>1</sup>Eleanor Maccoby and Carol Jacklin, op. cit.

<sup>2</sup>Ibid.

unrelated to their mother's femininity. The same correlation was found between first grade boys and their fathers, and a similar correlation between early adolescent children and their parents.

This presents interesting implications as to child rearing practices, parental substitutes, etc., in that it implies children may be more influenced by either "innate" strivings or by cultural influences (e.g., their peers) than by their parents in these regards.<sup>1</sup> The "nature vs. nurture" controversy as regards sex differences and sex roles thus is something that certainly cannot be settled within the confines of these pages. Both play a part, and it is something of a false dichotomy to try to say "either-or". John Hampson states that even in lower animals, behavior previously dismissed as "instinctive" as often modified by environmental factors.

Freud states that biological duality is an ultimate, irreducible fact. But in applying this knowledge to psychology, we rely on "an inadequate empirical and conventional equation of masculinity with strength and activity, and femininity with weakness and passivity."<sup>2</sup> The striving to be masculine is entirely ego-syntonic for males from the beginning, while the passive attitude is repressed. In

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<sup>1</sup>John Hampson, "Determinants of Psychosexual Orientations" in Sex and Behavior, Frank Beach, ed.

<sup>2</sup>Sigmund Freud, "An Outline of Psychoanalysis," p. 188.

females, the striving to be masculine is also ego-syntonic during the phallic phase, before feminine development continues.

But then it succumbs to the momentous process of repression, whose outcome, as has so often been shown, determines the fortunes of a woman's femininity. A great deal depends on whether a sufficient amount of her masculinity complex escapes repression and exercises a permanent influence on her character. Normally, large portions of the complex are transformed and contribute to the construction of her femininity: the appeased wish for a penis is destined to be converted into a wish for a baby and for a husband, who possesses a penis. It is strange, however, how often we find that the wish for masculinity has been retained in the unconscious and, from out of its state of repression, exercises a disturbing influence.<sup>1</sup>

Analysis of the masculine struggle against passivity and the feminine striving for a penis is considered of paramount importance, but highly problematical. Freud found his efforts to persuade a woman to abandon her wish for a penis on the grounds of its being unrealizable, and to convince a man that a passive attitude need not signify castration and is indispensable, analogous to "preaching to the winds." These rebellious overcompensations produce the strongest resistance to change. Freud concluded that the analyst must console himself with having given the analysand "every possible encouragement to re-examine and alter his attitude."<sup>2</sup>

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<sup>1</sup>Sigmund Freud, Analysis Terminable and Interminable, p. 250-253.

<sup>2</sup>Ibid.

Adler also spoke of "psychological hermaphroditism,"<sup>1</sup> in that each individual has both submissive and aggressive traits. He concurred with Freud in citing Fliess' comment: "The male neurotic suffers from a suppression of his feminine traits, and the female neurotic from a suppression of her masculine traits."<sup>2</sup>

The writer has often spoken of an "environmental heredity," in which personality traits and other behavioral traits are passed on from parents to their children, usually quite unconsciously. This makes it very difficult to sort out which human attributes are genetically inherited and which are learned. Lying in this "gray area" would be Jung's "archetypes of the collective unconscious." Jung implied that these patterns come through the genes, but he did not rule out their coming from the environment. His closest formulation was that some kind of imprints or "Gestalten" are already in the brain, predisposed to react with environmental inputs to produce a whole perception.

Thus, at this time it cannot be said what part of sex roles and sex differences are apportionable to biology (heredity) and environment (learning), but it is no doubt a combination of the two. Hence we should be careful of false dichotomizing.

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<sup>1</sup>Ibid, p. 46

<sup>2</sup>Ibid. . .

Let us now turn to Jung's theory of the animus and the anima as it pertains to this research project.

(See also tables listing various theorists' schemes of masculine-feminine polarities at the end of this chapter [Table 5] and in Appendix E.)

## THE WORK OF C. G. JUNG

Although Freud had his theory of bisexuality, it was not nearly as developed as a theory of male-female differences as Carl Jung's theory of the animus and anima. In Jung's idea, the animus is conceived as the sum total of contra-sexual (i.e., masculine) images and traits in the female's psyche, and the anima correspondingly as the totality of feminine images and traits in the female's psyche. The animus is the image of man in the female's psyche, and the anima is the image of woman in the male's psyche.

Jung used the term "psyche" (Greek for soul) interchangeably with the term "self," which represents the totality of the personality or being. In his anatomy of the self Jung included these principal parts: the ego, the persona, the shadow, and the animus or anima. All these parts are considered to be complexes, i.e., emotionally charged clusters of associations in the brain. The ego is the center of consciousness; the personal (the outer "mask" we wish to present to others) is largely conscious; but the shadow, (aspects we would not want others to see) and the animus and anima are largely unconscious. The shadow, by definition, eludes consciousness, but realization of it is one of the goals of analysis.

In addition, the animus and anima and the shadow are considered archetypes.<sup>1</sup> The Greek word "archetype" derives from arche (first, or "in the beginning") and typos (in the same sense as in typewriter or linotype, as leaving an imprint). The archetypes are primordial and transpersonal, transcending the individual. This implies that they are constituents of the psyche inherited phylogenetically through our connection with the whole human race.

The term "anima" is the Latin word for soul, and "animus" is its masculinized form, which Jung developed. The following table demonstrates how the word "soul" has been defined as feminine, and "spirit" as masculine in all Western languages in which gender appears.

TABLE I		
<u>Language</u>	<u>Spirit</u>	<u>Soul</u>
Greek	to pneuma	'e psyche
Latin	spiritus	anima
French	(le) esprit	(la) ame
Spanish	el espirito	la alma
German	der Geist	die Seele

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<sup>1</sup>C. G. Jung, Aion, p. 8.



This brief discursion is designed to demonstrate how "soul" is always defined as feminine, i.e., of the earth, and "spirit" as masculine, or coming from the heavens. In Christian theology, soul is thus intimately connected with the body and is part of creation, whereas spirit is "something added" from the Creator, from heaven. Compare the "logos spermatikos" by which the Holy Spirit ("Creator Spiritus") made fertile the Virgin Mary, the sperm which is necessary to fertilize every egg, and the testosterone which is necessary to create a male being.

Jung provides the classic definitions of animus and anima in a short chapter on the same in Aion. The animus and anima are first (and usually best) experienced in projection. Let us quote Jung here:

The projection-making factor is the anima or rather, the unconscious as represented by the anima. When she appears in dreams, visions, and fantasies, she takes on personified form, thus demonstrating that the factor she embodies possesses all the outstanding characteristics of a feminine being. She is not an invention of the conscious, but a spontaneous product of the unconscious. Nor is she a substitute figure for the mother. On the contrary, there is every likelihood that the numinous qualities which make the mother-imago so dangerously powerful derive from the collective archetype of the anima, which is incarnated anew in every male child.<sup>1</sup>

Jung goes on to state that since the anima is an archetype that is found in men, it is reasonable to assume the equivalent archetype to be present in women. He states:

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<sup>1</sup>Ibid, p. 14.

Woman is compensated by a masculine element, and therefore her unconscious has, so to speak, a masculine imprint. This results in a considerable psychological difference between men and women, and accordingly I have called the projection-making factor in women the animus, which means mind or spirit. The animus corresponds to the paternal Logos, just as the anima corresponds to the maternal Eros. I use Eros and Logos merely as conceptual aids to describe the fact that woman's consciousness is characterized more by the connective quality of Eros than by the discrimination and cognition associated with Logos. In men, Eros, the function of relationship, is usually less developed than Logos.<sup>1</sup>

Since the animus and anima are archetypes, they are not necessarily under our personal control, but may "take possession" of the personality at any time. This is especially apt to happen when the animus or anima is confronted by its corresponding part in a person of the opposite sex. That is, the animus will provoke the anima and vice-versa. Jung states:

In both its positive and its negative aspects the anima/animus relationship is always full of "animosity," i.e., it is emotional, and hence collective. Affects lower the level of the relationship and bring it closer to the common instinctual basis, which no longer has anything individual about it. Very often the relationship runs its course heedless of its human performers, who afterwards do not know what happened to them.<sup>2</sup>

The animus expresses itself in opinionated views and insinuations, and the anima resorts to moodiness and criticality. The level of interaction is reduced to the banal, collective level in which a barrage of misapplied truisms

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<sup>1</sup>Ibid, p. 14.

<sup>2</sup>Ibid, p. 15.

and illogical arguments are released. Regardless of the participants, this same dialogue is repeated daily by millions throughout the world and remains essentially unchanged.

Of course, the animus and anima have positive aspects, as well. The animus can transcend conventional opinion, giving a woman "spirit," and the philosophical or religious attitude which mediates between the conscious and the unconscious. The anima contributes capacity for relatedness to the man's consciousness in the same way that the animus provides the woman capacity for deliberation and reflection.

Integration of the animus and anima is considered essential to individuation, for the negative potential of these archetypes grows to the extent that they remain unconscious. Jung used this analogy: "Those who do not see them are in their hands, just as a typhus epidemic flourishes best when its source is undiscovered."<sup>1</sup>

Jung states that it is easier for a person to gain insight into his shadow than into the animus or anima. Our education (especially religious education) prepares us to recognize that we are not all "pure gold." Indeed, it seems a natural state of affairs for "men to have irrational moods and women irrational opinions." Jung's mention of the anima producing irrational moods and the animus irrational opinions, with the

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<sup>1</sup>Ibid, p. 21.

resultant standoff in interpersonal relations being known as "animosity," leads to the tie-in with a particular problem in social work, as mentioned in Chapter I. This is the conflict between the "animus-bound" woman in authority and her "anima-bound" male subordinate. Actually, as in any authority conflict, it is often difficult to trace the origin of the problem. Just as a quite reasonable authority figure may be moved to wrath by an unreasonably rebellious subordinate, so may a sufficiently reasonable subordinate be provoked by an unreasonable superior. This is in itself an archetypal conflict, and requires the existence of a pole of the conflict to some degree in both parties in order for it to be operative.

The situation then, is even more complicated when it involves a combination of an authority situation and a crossing of traditional sex roles. The female superior may be quite reasonable, but be provoked by an "anima-ridden" male subordinate, or the male subordinate may be reasonable, but be provoked by the unreasonableness of his "animus-ridden" superior, who "knows she is right." If, in addition, the female superior then falls back on "feminine weakness," or "feminine wiles" (manipulativeness), or on expectations of male gallantry as a defense, the conflict may well become insoluble.

Traditionally, a gentlemen does not attack a lady, and one male dilemma of today is how to handle female aggressions.

The traditional male would return in kind (and perhaps with fisticuffs if necessary) aggression received from another male, but would not do the same with a female, as she is (usually) smaller and "weaker." If women are to enter equally into aggressive and competitive situations with men, then they may have to expect their aggressions to be returned.

So what is a man to do in this situation--resort to a slapping or fisticuffs? Traditionally, males were taught rules of sportsmanship and fair play, including "no hitting below the belt." Females traditionally have had less training in competitive sports. Perhaps one solution to this problem would be mandatory "fair-fight" training a la George Bach,<sup>1</sup> which is advocated for couples. This has relevance, as often animus-anima battles are manifested in "hitting below the belt," i.e., attacking the other person in an area of gender-related vulnerability. These types of attacks are called "animus barbs" or "anima barbs." The animus will hurl a spear at the man in an area which is traditionally a male domain, e.g., how he does his job or his very manliness, while the anima will throw a "nit-picky" little barb at the woman in a traditional area of her domain, e.g., the home, her cooking, her appearance, her femininity, etc. As the anima represents really only a hypothetical or idealized female, it

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<sup>1</sup>George Bach, The Intimate Enemy.

knows better than a real female just how she should be, and correspondingly, the animus knows better than a man himself just how he should be. With the liberation from traditional sex roles we are now seeing, animus-anima games may become even more complicated and subtle, or perhaps be resolved. It is too early to predict.

It must be said that men are not totally innocent in the matter of using aggression against women. Whereas a traditional gentlemen would not hit a lady, he might well use various power strategies to keep her in her (subordinate) place. Or an anima-ridden male may resort to passive-aggressive tactics, which have traditionally been a refuge for women or any person or group feeling itself the underdog. Further, an "anima possession" in a male may well drive a woman to feel like responding physically--e.g., by shaking the hapless, "helpless" male or slapping him in the face.

As James Hillman says,

Although Jung has given us this concept of the anima, he has limited it by definition to the psychology of men. Empirically, the anima shows first where a man's consciousness is weak and vulnerable, reflecting his interior contra-sexuality as a feminine inferiority--he whines and bitches. However, the archetype of the anima cannot be limited to the special psychology of men, since the archetypes transcend both men and women and their biological differences and social roles. The representations of the anima in Greek mythology, where the archetype appears in the configurations of nymphs, maenads, amazons, nereids, and so on, or in the more numinous and articulated divine forms of Persephone-Kore, Aphrodite, Artemis, Hebe, Athena, refer to a structure of consciousness relevant to the lives

of both men and women. Therefore, psychological creativity is not limited to men only, nor is the anima archetype a masculine prerogative.<sup>1</sup>

Perhaps the only solutions to these problems are

1) liberation from traditional sex roles for both men and women, 2) fair play and mutual recognition of vulnerabilities (one doesn't hit someone when he's down), and 3) raised consciousness of all these matters. These ideas will be further elaborated on in Chapter IV.

Jung foresaw, in 1927 in his article, "Women in Europe" in Civilization in Transition, many of the changes women have experienced in regard to sex roles in the past 50 years. He saw women as in the same process of transition as men, and indeed as "taking up masculine professions."

When we observe the way in which women . . . have begun to take up masculine professions, to become active in politics, to sit on committees, etc., we then see that woman is in the process of breaking with the purely feminine sexual pattern of unconsciousness and passivity and has made a concession to masculine psychology by establishing herself as a visible member of society. She no longer hides behind the mask of Mrs. So and So, with the obliging intention of having all her wishes fulfilled by the man, or to make him pay for it if things do not go as she wishes.<sup>2</sup>

It was such observations as this which have led to Jung's being called "sexist," but we must remember that he

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<sup>1</sup>James Hillman, The Myth of Analysis, p. 50.

<sup>2</sup>C. G. Jung, Civilization in Transition, p. 117.

was writing as a man of his time, which began in the Victorian era. Actually, many of his observations were quite "avante garde" for their time, and Jung also recognized some of his limitations:

Moreover, what can a man say about woman, his own opposite . . . that is outside the sexual programme, free of resentment, illusion, and theory? Where is the man to be found capable of such superiority? Woman always stands just where the man's shadow falls, so that he is only too liable to confuse the two.<sup>1</sup>

Jung notes that psychology itself, dealing as it does with relationships, is of particular interest to women.

Into this territory a man must venture if he wishes to meet woman half-way. Circumstances have forced her to acquire a pound of masculine traits so that she shall not remain caught in an antiquated, purely instinctual femininity, lost and alone in the world of men. So too will man be forced to develop his feminine side, to open his eyes to the psyche and to Eros. It is a task he cannot avoid, unless he prefers to go trailing after woman in a hopelessly boyish fashion, worshipping from afar, but always in danger of being stowed away in her pocket.<sup>2</sup>

And again:

The indirect methods of woman are dangerous, for they can hopelessly compromise her aim. That is why she longs for greater consciousness, which would enable her to name her goal and give it meaning, and thus escape the blind dynamics of nature. (Writer's note: notice the appeal to greater consciousness here.)

Jung goes on to point out how religion traditionally

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<sup>1</sup>Ibid, p. 113.

<sup>2</sup>Ibid, p. 125.



provides guidelines as to sex roles, but now, with the weakening of religious faith, there is a vacuum in this area.

The feminine psyche responds to this hunger, for it is the function of Eros to unite what Logos has sundered. The woman of today is faced with a tremendous cultural task--perhaps it will be the dawn of a new era.<sup>1</sup>

Other than in one reference,<sup>2</sup> which shows his knowledge of its Platonic origins, Jung does not use the term "androgyny"; however, he frequently refers to the animus-anima (or yang-yin) constellation as a "syzygy", from the Greek Syzygia, meaning union, pair, in the sense of being yoked together. He did note that the animus-anima archetypes are the most fundamental of all archetypes, projected as they are from the universal human experience of Father and Mother or their derivatives, the parental imagos. The other archetypes, whether they be sun or moon or the Deity, all have gender, and this phenomenon shows up in Indo-European and other languages, which classify all nouns according to gender. Only in English have we essentially lost this. It remained for June Singer to develop the concept of androgyny.

Let us not forget that there are positive aspects of the animus-anima, as well as negative, as Jung mentioned in the quote above. The positive anima provides man with a

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<sup>1</sup>Ibid, p. 133.

<sup>2</sup>C. G. Jung, The Archetypes and the Collective Unconscious, p. 67.

capacity for loving, for gentleness, soulfulness, and relatedness, while the positive animus gives woman the capacity for non-personal objectivity, firmness, rationality, and self-control. A woman without a developed animus may be like a nymph or wood-sprite, totally feminine, but lacking in ego, with its capacities for discrimination and boundary setting. Likewise, the man without a developed anima may be a harsh, constricted, hypermasculine type (the stereotype of a Marine comes to mind), without the capacity to relate, particularly to women, or to appreciate subtle nuances. It is necessary for a man to be in touch with his anima and a woman to be in touch with her animus (consciously or unconsciously) in order for a complete relationship to exist, as it is to a great extent through the countrasexual components that we relate. That is, mature relationship is not just man to woman, but also the man's anima related to the woman, the woman's animus to the man. Jung called this the "marriage quaternio"--it is a fourway, or even an eight-way relationship.

## THE WORK OF JUNE SINGER

June Singer, a Jungian analyst in Chicago, whom the writer met in Zurich, amplified Jung's theories of the animus and anima into a theory of androgyny in her book of that title published in 1976. She states that androgyny is archetypal, and she takes care to differentiate it from bisexuality and hermaphroditism. Hermaphroditism is a physical abnormality. Bisexuality is a psychological condition, but differs fundamentally from androgyny in that it tends to be acted out in the interpersonal sphere, i.e., by sexual relations with both males and females, whereas androgyny is an intrapsychic state. "The androgyne consciously (emphasis is this writer's) accepts the interplay of the masculine and feminine aspects within the individual psyche."<sup>1</sup>

Singer notes that Freud emphasized the biological and interpersonal aspects of bisexuality, while Jung was interested in the intrapsychic aspects. Jung seemed to imply that bisexuality is an expression, usually misunderstood, of a natural, but unconscious thrust toward androgyny.

Androgyny begins with our conscious recognition of the masculine and feminine potential in every individual and is realized as we develop our capacity to establish harmonious relations between the aspects within every individual. These aspects thereby produce conflict, or work cooperatively and

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<sup>1</sup>June Singer, Androgyny, p. 21.

thereby release the energy that would otherwise be dissipated in reducing conflict.<sup>1</sup>

Singer points up the role of "otherness" within the psyche and in interpersonal relations, where it makes for the attraction and dynamism in a relationship.

As a man's "normal" consciousness is masculine . . . his soul or anima becomes the container for the unconscious processes which are constantly taking place within him. Likewise . . . the woman's masculine soul or animus is the carrier of her unconsciousness.<sup>2</sup>

Again, we come to the realization that it is not so important which sex carries certain specific responsibilities or attributes. The vital point is that there must be opposition between two differentiated entities in order for the dynamic process to set in and to express itself by creating something new. Each element--whether masculine or feminine--must be understood as comprising a set of qualities, a certain way of being or doing which resists confusion with its opposite. The clear difference is what attracts, for the mystery of the "other" promises to fill a longing for completion in the world as in the self.<sup>3</sup>

This writer would differ from Jung and Singer in their conceptualization of the self (or consciousness) as masculine in a man and feminine in a woman, with the anima or animus being the contrasexual component. Perhaps it would be better if we did not assign gender to the self, which is a psychic entity, but rather regard the self as a mixture of

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<sup>1</sup>June Singer, op. cit., p. 32.

<sup>2</sup>Ibid, p. 32.

<sup>3</sup>Ibid, p. 178.

animus and anima components in both men and women. This follows James Hillman's reconceptualization of this particular logical problem, with which Singer disagrees.<sup>1</sup> That a man's body is male, or a woman's female, few would disagree with, but his or her psyche or self?

The traditional Jungian view of homosexuality is that it is a state of possession of the self by the contrasexual component, and this would not be changed by the reformulation. It is merely a matter of proportion. In the heterosexual male the "animus" or masculine gender components would predominate and in the heterosexual woman, the "anima" or feminine components. Another divergent reformulation of this conceptual problem is Hill's, which shall be discussed later. This writer would agree that "otherness" is necessary as a dynamic for attraction to take place between people and that an androgyny which meant that everyone was pressed out of the same mold would not make for much attraction. However, a man may be attracted to animus components in a woman and this does not mean that he is homosexual; likewise, a woman may be attracted to a man's anima. Part of the dynamism of the attraction between men and women has to do with the subtle nuances of the four-way relationship of the "quaternio". For example, one variation which can be stimulating to both is

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<sup>1</sup>See Singer, op cit., p. 194; also James Hillman, The Myth of Analysis.

for the man to take the "passive" role and the woman the "active" in sex.

Singer quotes Berdyaev on this.

The union of the sexes is four-membered rather than two-membered. It always means the complex union of the male element of the one with the female element of the other, and the female element of the first with the male element of the second. The mystical life of the androgyne is realized not in one bisexual being, but rather in the quadripartite union of two beings.<sup>1</sup>

She goes on to emphasize the dynamic process of union, alternating with separation. "Androgyny expresses itself through sexual union in a dissolution of gender identity. The breaking of the boundaries gives each woman and man the freedom to be her or his most natural self."<sup>2</sup> Of course this process is most satisfactory in people with good ego boundaries, who can return to being their separate selves after the mystical union. The borderline personality would be likely to conceive of the mystical union in overly concrete terms. "The androgyne . . . knows that the separation is as essential to life as the union."<sup>3</sup>

The rest of Singer's work is largely devoted to an exploration of androgyny as it is expressed in various forms, including heterosexuality, bisexuality, homosexuality, masturbation, celibacy, and marriage, widowhood, old age,

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<sup>1</sup>Nicholas Berdyaev in "Women, the Feminine and Alchemy," Maitreya 4, p. 32, as quoted by Singer, op. cit., p. 327.

<sup>2</sup>Singer, *ibid*, p. 326.

<sup>3</sup>*Ibid*, p. 329.

and in creativity. It seems important to this writer to emphasize, along with Sandra Bem (see below), that sexuality is orthogonal to androgyny, i.e., they exist in some relationship to each other, but at "right angles." The androgyne may express himself sexually in any mode he chooses, but he is not bound to do so. Creativity is something the true androgyne experiences via the freeing up of the masculine and feminine energies within him. He is not so bound or constricted as a person caught in traditional sex roles, nor does he rely on an "other" outside of the self. Traditionally, creativity was seen as a feminine phenomenon, although fecundity of the bearer was inoperative without the logos spermatikos of masculine inspiration. Creativity in a male was often dependent upon the ministrations of a feminine "inspiratrice." Space, unfortunately, will not allow for a further development of this topic.

Finally, Singer responds to the question, "How do we become androgynous?"

The answer to this question is that we do not become androgynous; we already are. it is necessary only to let ourselves be ourselves. It is not necessary to learn how.<sup>1</sup>

This is not, of course, as easy as it might sound; it may require considerable unlearning. But we all have the basic animus-anima components within us. More on specific consciousness-raising suggestions will be found in Chapter IV.

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<sup>1</sup>Ibid, p. 273.

## THE WORK OF SANDRA BEM

Sandra Bem, an avowed feminist, who along with her husband Daryl, teaches psychology at Stanford University, has seemingly come independently to her conception of androgyny. At least in her more than six published articles she only once gives bibliographic credit to Jung, and gives none to Singer. Of course most of her work was published prior to 1976, when Singer's book appeared. Bem, from as early as 1972, has devoted much of her professional work to the subject of androgyny, which she defines as the simultaneous possession of a high degree of both masculine and feminine stereotyped traits as measured on a self-rating scale she devised, the Bem Sex Role Inventory (BSRI), 1974, (Appendix B.) In his search for a suitable instrument for measuring masculinity-femininity, the writer was referred to Bem's Inventory by Thomas Kimlicka, psychology intern at Langley Porter Institute.

Bem originally defined androgyny as an approximately equal score on her masculinity-femininity items. (The Inventory contains 20 "masculine" items, 20 "feminine" items, and 20 "neutral" items, which are not scored.) The test was originally conceived of as simply a new measure of masculinity and femininity, with an adjunct third purpose of measuring androgyny. This three-fold conceptualization, especially in its definition of androgyny, was criticized by



Spence, Helmreich, and Stapp of the University of Texas.<sup>1</sup> They pointed out that this definition of androgyny served to obscure what could be a useful distinction between those individuals who score high in both masculinity and femininity and those who score low in both.

Accordingly, Bem revised her scoring scheme to classify subjects as follows: masculine = high masculine, low feminine; feminine = high feminine, low masculine; androgynous = high masculine and high feminine; and undifferentiated = low masculine and low feminine. The BSRI is designed as a group test rather than an individual one, but individual profiles may be obtained by reference to their relation to medians of the group studied. This conceptualization may be viewed graphically as follows:<sup>2</sup>

TABLE 2			
FEMININITY SCORE	MASCULINITY SCORE		Above Median
	Androgynous	Feminine	
	Masculine	Undifferentiated	Below Median

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<sup>1</sup>Spence, Helmreich and Stapp, "Ratings of Self and Peers on Sex Role Attributes," etc., 1975.

<sup>2</sup>From Sandra Bem, "Scoring Packet for the BSRI," revised 1976.

Traditionally measures of masculinity-femininity have been bi-polar, i.e., masculinity and femininity were conceived of at opposite ends of a single continuum. Bi-polar assessment instruments, e.g., the Minnesota Multiphasic Personality Inventory M-F scales and the California Personality Inventory M-F scales classified people into two categories. A person was considered appropriately sex typed if his or her physical sex corresponded to the test's sex role stereotype, i.e., feminine-women, and masculine-men. He or she was considered inappropriately sex typed if there was an opposite correspondence.

Bem's work, therefore, has posited a dualistic conceptualization of gender identity, i.e., all individuals possess both masculine and feminine characteristics. In defense of classifying individuals at all, which certain militant feminists and humanists denounce ("we're all the same"), it should be noted that throughout all of history, different attributes or traits have been described as masculine or feminine. Certainly the work of Jung and Singer supports this. The very word "analysis" implies a taking apart, sorting out and differentiating of psychological characteristics, in the hope of a synthesis, a putting back together of the elements in a higher, more conscious, more differentiated manner. Jung frequently made mention of the parallel between the processes of psychotherapy and alchemy. Much of the work of alchemy had to do with the differentiation

and then the union of the masculine and feminine elements, though working on their analogues in matter.<sup>1</sup> [This writer recalls an archetypal dream of a patient concerned with sexual identity issues which had women segregated on the left wing of a barracks and men on the right, incidentally supporting the classical association of the left side of the body with the feminine and the right side with the masculine.]

As aforestated, the BSRI appears to be the least "sexist" instrument yet devised. It was thoroughly researched on a large group of modern college students, namely Stanford University students in the early 1970's, who should be as little bound by sex role stereotypes as any conceivable group deriving from the general population. The original sample consisted of 723 Stanford students and an additional 194 Foothill Junior College Students tested in 1973, and another sampling of 665 Stanford students was done in 1975.<sup>2</sup> As a preliminary to selecting the 60 items a list of 200 positive masculine and feminine characteristics was compiled and 20 items each were culled out based on an independent rating of social desirability of the items. The neutral characteristics were set up as a validity control, with 10 of these items being considered socially desirable and 10 undesirable.

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<sup>1</sup>Singer, op. cit., p. 261

<sup>2</sup>Bem, 1974 and 1976 (Revised Scoring Packet).

To test further both the BSRI and her basic conceptualization of masculinity as "independent" and femininity as "nurturant", Bem set up 3 experiments using students who had taken the BSRI. The test for independence consisted of nine students each in the classifications of masculine, feminine and androgynous, watching cartoons which they were to rate on a 7 point scale from "very funny" to "very unfunny", while they listened with earphones, supposedly to another student rater's comments, but actually heard a recording from a control room. Independence was gauged by whether they conformed or deviated from the opinions expressed by the other voice. As expected, those already rated as "masculine" or androgynous came out higher on independence than those rated as "feminine."

The tests for nurturance consisted of controlled experiments, observed through one-way windows of 1) structured and unstructured play with a kitten (in the unstructured play the subject could play with the kitten or not, as he chose), and 2) unstructured interaction with a human infant. Again, as expected, those subjects (male and female) who rated high in femininity or as androgynous rated higher in nurturance than those scoring high in masculinity. In addition, Bem subjected her data to very elaborate statistical testing, which cannot be gone into here, but which seemed to more than adequately confirm her hypotheses.<sup>1</sup>

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<sup>1</sup>Bem, 1974, 1975, 1976; Bem & Lenney, 1976.

Thus it is the writer's opinion that the BSRI is the best available test for rating masculinity, femininity, and androgyny. Other recent such measures include the Personal Attributes Questionnaire (PAQ) of Spence and Helmreich and the Rosenkrantz-Broverman Sex Role Stereotype Questionnaire (Reproduced in Appendix D, attached.)<sup>1</sup>

Bem, and Spence, Helmreich and Stapp have also established correlations with Male-Female scores and self-esteem. Persons scoring in the undifferentiated category were found to have significantly lower self-esteem than androgynous individuals. Individuals scoring high on masculinity or femininity were in the middle. Spence, Helmreich, and Stapp correlated scores of college students on their PAQ and the Texas Social Behavior Inventory, which is considered an accurate test of self-esteem.<sup>2</sup> The correlations ranged from high to low in this order:

TABLE 3				
	<u>High M</u> <u>High F</u>	<u>High M</u> <u>Low F</u>	<u>Low M</u> <u>High F</u>	<u>Low M</u> <u>Low F</u>
Females	1	3	5	7
Males	2	4	6	8

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<sup>1</sup>Spence & Helmreich, Masculinity & Femininity.

<sup>2</sup>Spence & Helmreich, op. cit.

Thus the most well adjusted individuals in terms of their self-esteem were androgynous females, followed by androgynous males.<sup>1</sup> It may be stated, therefore, that there is a positive correlation between androgyny and mental health. Bem accounts for this by her observation that androgynous individuals are more able to vary their behavior across situations, e.g., androgynous females are not afraid to show independence, and androgynous males are not afraid of showing playfulness and nurturance--cf. their playing with kittens and infants.<sup>2</sup> Bem quotes earlier researchers as correlating high femininity in females with high anxiety, low self-esteem, and low social acceptance.<sup>3</sup> Likewise, she quotes Paul Mussen as finding that whereas high masculinity is correlated in adolescent males with better psychological adjustment, in adulthood it is correlated with high anxiety, high neuroticism and low self-acceptance.<sup>4</sup> The conclusion which may be reached from this is that traditional men and women are anxious about their sex roles and sex role identities.

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<sup>1</sup>Ibid.

<sup>2</sup>Bem, 1975.

<sup>3</sup>Bem, op. cit., quoting Consentino and Heilbrun, 1964.

<sup>4</sup>Paul H. Mussen, 1961 and 1962, as quoted in Bem, 1976.

The prescription Bem offers for this is that androgyny be seen as a transitional phase leading to sex role transcendence. That is, when androgyny becomes a reality, the concept of androgyny will have been transcended.<sup>1</sup> A person would transcend all stereotypes and adopt a dynamic and flexible orientation to life in which assigned gender is irrelevant. Bem sees the major purpose of her work as freeing individuals from sex role stereotypes. She notes that the concept of a healthy personality has traditionally included a concept of sexual identity with three basic components: 1) a sexual preference (for members of the opposite sex); 2) a sex role identity as either masculine or feminine, depending on one's gender; and 3) a gender identity, i.e., a secure sense of one's maleness or femaleness. Bem takes an iconoclastic position toward the first two components, but states she is prepared to be less cavalier with the third (alteration of which would require mutilating sex change surgery). She recommends that people try to be happy with their bodies, but make decisions about sexual preference, child bearing, etc., according to how they feel. She concludes with her personal set of prescriptions for a liberated sexual identity:

Let sexual preference be ignored,  
 Let sex roles be abolished, and  
 Let gender move from figure to ground.<sup>2</sup>

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<sup>1</sup>Bem, 1976, quoting Hefner, et al., 1975.

<sup>2</sup>Bem, 1976.

This is consistent with Bem's position that sexual preference should be considered orthogonal to any concept of mental health or ideal personality.<sup>1</sup>

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<sup>1</sup>Ibid.



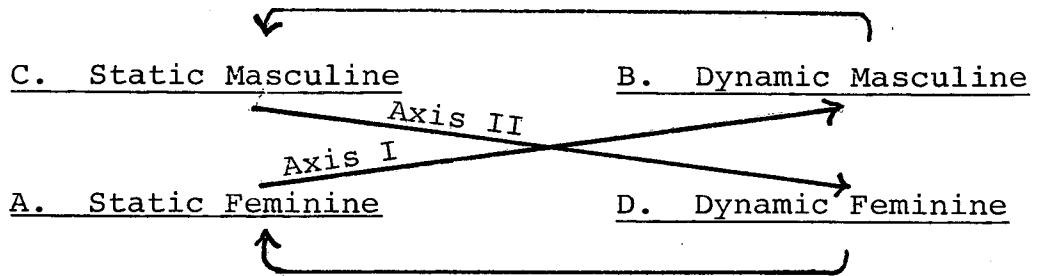
## OTHER CONCEPTIONS OF MASCULINE-FEMININE POLARITIES

It may be seen from this review of the literature that attributes of the masculine and feminine have always been conceptualized as opposites, even if coexisting in one individual. This follows from Jung's brilliant formulation of the complexes as having two poles, on a continuum, which accounts for the dynamism inherent in them. Thus, as previously mentioned, even those (few) cultures which reverse the traditional sex roles still conceive of them as opposites. Let us conclude this chapter with brief mention of a few other theorists' ideas on this subject.

Gareth Hill, in his Project Demonstrating Excellence for the Institute for Clinical Social Work conceptualized four archetypal patterns of masculine and feminine, which may also be seen as states of consciousness, and as stages of development through which we all, men and women, move. They are, in this order:

- The Static Feminine
- The Dynamic Masculine
- The Static Masculine
- The Dynamic Feminine

They may be diagramed to show two axes and the order of progression through them, as shown on the next page.



To summarize briefly the definitions of these four patterns, it may be said that the static feminine represents the state of consciousness manifest in a matriarchal society, or in a matriarchal woman. The dynamic masculine represents the advance (or escape) from this state as manifest in the rebellious consciousness and/or behavior of phallic, adolescent males (or puer consciousness). The static masculine represents the next state of development into which males (and females) move, the patriarchal masculine consciousness of law, order and respect for institutions (or senex consciousness). This state finally collapses into the dynamic feminine state, which is characterized by moist-eyed, soft, adolescent, "puella" maidens, like female "flower-children," or as Hill describes it, like vegetation on the forest floor. This last movement is typified by the male who in his "mid-life crisis" seeks to abandon all the institutional structures he has built up by giving himself over to a younger female, or to drink or drugs or "dropping-out."

This author could not agree more with Hill's formulation, which was prefigured by Jung and the Jungian analysts Neumann and Whitmont. As Anne Belford Ulanov points out, Jung himself foreshadowed the concept of the transformative feminine, Erich Neumann spoke of the "elementary" and "transformative" characters of the feminine, with the transformative feminine having a dynamic aspect, and Edward Whitmont elaborated this theory into a concept of the static and dynamic masculine.<sup>1</sup>

This writer does not agree, however, with Hill's separation of the terms masculine and feminine from their gender linkage. It is true that they are archetypal qualities, found in both men and women, but to separate them from their ultimate origins in gender would seem to lead to confusion. Perhaps at fault here is the common confusion between sex and gender. It is true that these qualities are not sex-linked, i.e., found only in genetic males or genetic females, but to deny their origins in gender, i.e., maleness or femaleness (or masculinity or femininity, if you will) is to render them meaningless. Ultimately, even gender is rooted in sex differences (cf. the hormonal differences which produce different behaviors).

What Hill seems to be saying here, and he says it best with his concept of the four patterns, is that at any

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<sup>1</sup>See Ulanov, The Feminine, p. 157; Jung, The Archetypes and the Collective Unconscious, Collected Works IX, part 1, 1959, pp. 81-82; Neumann, The Great Mother, pp. 24-39, Whitmont, The Symbolic Quest, pp. 171-174.

given time, an individual may be in a masculine or feminine state of consciousness. Then, as always, the opposite state of consciousness represents "otherness". (One cannot be simultaneously in both states of consciousness, according to all known formulations.) So if a man is in an "anima" state, he may "argue in a very womanish way . . . and be transformed into the animus of his own anima," as Jung put it.<sup>1</sup> This concept is prefigured in the ancient Chinese diagram of the Yin-Yang interaction, called the Tai Chi Chuan, in which a white dot of yang is centered in yin, and a black dot of yin is centered in the yang portion. But to carry these conceptions too far is to result in the meaninglessness of a reductio ad absurdum.

To this writer, the preferable formulation is to state that we all have a mixture of animus and anima qualities. This avoids the problem of assigning gender to the self, and delivers us from the trap of describing "consciousness as masculine," "unconsciousness as feminine," in which Jung and Neumann got caught. "Otherness" would still be the opposite of the predominating state of consciousness.

This writer agrees with Hill's application of his theory to social work in his Afterword. It would indeed seem that psychology and psychiatry are "static masculine" professions, and that social work has been caught in the

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<sup>1</sup>Jung, Aion, p. 15.

"static feminine", from which it has been trying to free itself through the Logos of the academic route. This has been at some cost. There has been a tendency even in our Institute to overidentify with both the dynamic and the static masculine states.

The solution which Bem, Kimlicka and this writer endorse is a recognition of our essential androgyny, and Hill gives this his tacit endorsement by stating, "men, women and the profession of social work must learn to move freely through all modalities of consciousness in order to find the fulfillment they seek."<sup>1</sup>

Kimlicka states:

The androgynous person is one in which sex role flexibility offers an advantage since he/she has incorporated both masculinity and femininity into his/her personality. The androgynous person is thought of as being able to flow between his/her dualities. He/she can be independent and tender, assertive and yielding, thinking and feeling, and so on.<sup>2</sup>

And,

It seems especially critical for psychotherapists to maintain the awareness that a dynamic conception of androgyny implies simultaneous combination and a rhythmic flow of masculinity and femininity in contrast to abrupt switches between masculine and feminine situationally appropriate behaviors.<sup>3</sup>

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<sup>1</sup>Hill, "Patterns of Immaturity", p. 29.

<sup>2</sup>Thomas Kimlicka, "A Comparison" etc., p. 32.

<sup>3</sup>Thomas Kimlicka, op. cit., p. 34.

Kimlicka suggests in view of this static vs. dynamic differential that clinicians who develop programs for "androgyny training" stress the exercise of both masculine and feminine attributes, but allow their clients to integrate these skills into their own unique personalities, e.g., assertiveness training would increase masculinity, but a client would be free to decide when and where to be assertive.

Jane Wheelwright, a San Francisco Jungian analyst, in her unpublished paper "Women and Men" makes reference to the worthwhile accomplishments of the Women's Movement, without which we would be "stuck in the sterile stalemate of the past." However, she expresses concern that the movement may give women the sense they are no different from men. If women get caught up in this denial they may lose sight of qualities unique to them, which would be a loss. "For by suppressing their innate feminine nature and overdeveloping and overvaluing male attitudes, they deliver themselves over to the rule of the inner masculine component, the animus, and function in effect, like inferior men."<sup>1</sup>

Anne Belford Ulanov, in her book, provides an interesting synthesis of Jung's and Neumann's theories of feminine development. Her quote from Rainer Maria Rilke recalls what Jane Wheelwright had said:

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<sup>1</sup>Jane Wheelwright, "Women & Men", p. 5. (Published late 1978.)

The girl and the woman in their new unfolding, will but in passing be imitators of masculine ways, good and bad, and repeaters of masculine professions. After the uncertainty of such transition, it will become apparent that women were only going through the profession and the vicissitudes of those (often ridiculous) disguises in order to cleanse their most characteristic nature of the distorting influence of the other sex . . . This humanity of woman, borne its full time in suffering and humiliation, will come to light when she will have stripped off the conventions of mere femininity in the mutations of her outward status . . . some day there will be . . . women whose name will not longer signify merely an opposite of the masculine, but something in itself, something that makes one think, not of any complement and limit, but only of life and existence: the feminine human being.<sup>1</sup>

Erich Neumann, for his part, was the great constructor of Jungian developmental theory, which included at least some preliminary work on the stages of feminine development before his untimely death in 1960.<sup>2</sup> These stages, which can begin at any time in a person's life, but are not usually considered to develop until adulthood, are presented here as explicated by Ulanov for feminine development and by this writer for masculine development, in parallel columns.<sup>3</sup>

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<sup>1</sup>Ulanov, op. cit.,

<sup>2</sup>Erich Neumann, "The Psychological States of Feminine Development", Spring, 1959.

<sup>3</sup>See Neumann, The Origins & History of Consciousness.

TABLE 4

<u>Psychosexual Parallels</u>	<u>Feminine Development</u>	<u>Masculine Development</u>
Pre-Oedipal Phases	I. Containment in the maternal uroboros or Great Mother (the Matriarchy).	I. a. The same con- tainment in the maternal uroboros.  b. The separa- tion of the world parents --the princi- ple of oppo- sites.
Oedipal Stage	II. Stage of Iden- tification with the Great Father (the Patriarchy).	II. Identification with the Father.
Separation- Individua- tion of young adulthood.	III. Identification with a "real man"-the hero who "rescues" her by bringing her into a (patriarchal) marriage.	III. The birth of the hero, involving the "slaying" of the Mother and the Father.
Further Individua- tion	IV. Self-discovery.	IV. Transformation, or "Centro- version".

Neumann's theories will only be thus touched on here, as 1) they are not as explicit as the Freudian psychosexual theory, applying more to stages of adult development of consciousness, and 2) they are highly inter-related with complex mythological material which is beyond the scope of this study. They are included for sake of



completeness.

To complete this survey of other conceptions of masculine-feminine polarities, the following table is supplied as a summary, as space will not allow further exploration of this topic:

TABLE 5		
Opposite Pairs		Source <sup>1</sup>
Masculine	Feminine	
Yang	Yin	Taoist philosophy
Logos	Eros	Greek philosophy
Animus	Anima	C. G. Jung
Active	Passive	Sigmund Freud
Outer	Inner	Erik Erikson
Instrumental	Expressive	Talcott Parsons
Initiation	Conservation	Harrison Gough
Agency	Communion	David Bakan
Manipulative	Communicative	Karl Pribram
Independent	Nurturant	Sandra Bem
Assertiveness	Nurturance	F. Lamme (and Harry Levinson)

See also the chart of Yin and Yang qualities in

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<sup>1</sup> Various sources. The first three are found in the works of Jung and the last six are found in Bem, 1976, and Jeanne Block, "Conceptions of Sex Role."

Appendix F and the "Two Modes of Consciousness" chart compiled by Robert Ornstein in Appendix E. The limits of this study will not permit a tie-in with the work of Ornstein, et al., as to left brain and right brain functions, but this scientific work certainly supports the old notions of the left side of the body (controlled by the right hemisphere of the brain) being "feminine" and the right side, (controlled by the left hemisphere) being "masculine".

To close this chapter, let us make the observation that excesses in either the masculine or feminine direction are undesirable. Excesses on the masculine end of the axis would be such as described by Bakan, who warned of the hazards of "unmitigated agency", e.g., excessive aggression leading to conflict on the personal, communal and global scale, and metastasis--uncontrolled penetrating growth.<sup>1</sup> Excess on the feminine end would be inert passivity, and excessive nurturance--leading to "softness" and a "whatever's right" philosophy.

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<sup>1</sup>Bakan, The Duality of Human Existence.

## CHAPTER III

### THE SURVEY

#### RESTATEMENT OF HYPOTHESIS

$H_0$  (Null Hypothesis): Clinical social workers are not an androgynous group (i.e., no more androgynous than the reference group of Bem's Stanford students.)

$H_1$  (Hypothesis): Clinical social workers are an androgynous group (as compared with the norms of the reference group, Bem's Stanford students.)

## RESEARCH PROCEDURES

Planning for this project began in March, 1978. The writer was then thinking about a survey of masculine-feminine characteristics of students of the Institute for Clinical Social Work, perhaps using the MMPI male-female scales administered individually or on a group basis. He applied for permission to use the MMPI in this fashion, but already feeling some discontent about its "datedness" (the M scale was standardized on Kansas state highway patrolmen in 1943),<sup>1</sup> he began a search for a better instrument. Colleagues at the Permanente Medical Group, Walnut Creek, California, especially Marie Herbert, Ph.D., who led the writer to Thomas Kimlicka, were helpful.<sup>2</sup> Following the interview with Kimlicka, the MMPI was abandoned for the BSRI. Professor Bem had indicated on the BSRI order form that permission for its use for educational, training and research purposes was not required. Permission was required only for a large scale reproduction or distribution, or inclusion of items in publications for sale.

The BSRI was considered to be more than adequately pre-tested by S. Bem and her associates. A sample BSRI form

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<sup>1</sup>Personal communication with Thomas Kimlicka, Ph.D., June 19, 1978.

<sup>2</sup>Credit should be given at this time to Philip Brown, Ph.D., Frank Politizer, Ph.D., and Marie Herbert, Ph.D., psychologist colleagues at PMG, who aided the writer in a comprehension of psychological testing.

may be seen in Appendix B, and a breakdown of the items into masculine, feminine and neutral in Appendix C. This instrument seemed quite appropriate to the task of surveying for androgyny, and as Bem's validation of it has been described above in Chapter II, no further comment on it will be made.

A discussion of the merits of using the BSRI on the Institute student body with the writer's mentor in early summer, 1978, led to the decision not to survey the student body, for these reasons: 1) confidentiality and privacy considerations; 2) lack of an adequately sized sample, particularly of male students.<sup>1</sup> It was then decided to survey a random, nationwide sample of clinical social workers, using the National Registry of Health Care Providers in Clinical Social Work, 1978 edition.

Before this was attempted, a computerized search of the psychological, psychiatric, and social science literature reviewing Psychological Abstracts, Dissertation Abstracts International, Social Science Citations, and The Comprehensive Dissertation Index, and a manual search of Social Work Abstracts (1975-78) and Social Service Review (1970-74), was made, revealing no precise duplication of this project. The period searched was 1970-78, as several sources indicated little work was done in this area before the Broverman article in 1970. The closest approximation was a doctoral dissertation

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<sup>1</sup>Personal communication with Chester Villalba, L.C.S.W., June 5, 1978.

in social work, "Social Work Practitioners' Conceptions of Sex and Sex Roles," by Marilyn Biggerstaff, University of Southern California, 1976. Biggerstaff did not, however, study the characteristics of social workers themselves as closely as this author. She obtained age, sex, ethnicity, number of years in practice, and knew in which agency the practitioner worked, using seven agencies in the Los Angeles area, but did not use any evaluatory instruments on the subjects.

## THE SAMPLE

Again, following a suggestion of the mentor, it was decided to use a random sample of 200, 100 men and 100 women, from the 1978 National Registry, as another Institute student had done. Statistical consultation with Louis Jaeckel, Ph.D., indicated this was a quite adequate sample of the population to be studied. The 1978 Registry contains some 1600 names, of which this sample would be  $\frac{200}{1600} = \frac{1}{8}$ . No one precisely knows how many clinical social workers are practicing in the United States, as there are two, somewhat overlapping membership organizations, one of which, the NASW, recently listed 56,483 members, having all types of generic and non-clinical members not separated as to class.<sup>1</sup> It was felt that the National Registry was the most representative listing of clinical social workers, as those listed in it have certified themselves as having a clinical sequence in graduate school, at least 2 years of supervised clinical practice, and identify themselves as engaging in active clinical practice.

The random sample was obtained by selecting the first male name and the first female name on each of the 102 pages of the Registry, excluding names of persons personally known to the writer, including Institute students. If a "known

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<sup>1</sup>NASW "Directory of Professional Social Workers," 1972.

name" appeared, the procedure was to go to the next unknown name. Exclusion of androgynous names, e.g., "Lynn," left an exact 100 male names and 100 female names. An excellent geographical distribution was incidentally achieved, with representation from the East Coast, Midwest, South and West; thus it cannot be said that the results were skewed by Californians!

Mailed to each of the 200 on October 10, 1978, was:

1) a standard BSRI form supplied by Sandra Bem, on which was added blanks requesting information as to sex, age, and number of years of practice (see Appendix B), and 2) a cover letter on Institute stationery requesting anonymity of the replies and return of the form by October 30, 1978. The cover letter indicated that this survey was part of a study of the motivations and characteristics of people in the field of clinical social work. (See Appendix A.)

A stamped, self-addressed envelope was enclosed. As a protective measure in case of large scale omission of sex, the return envelopes were coded by using "Oliver Wendell Holmes" stamps for the men, and "Susan B. Anthony" stamps for the women.

By the arbitrary cut-off date of November 10, 1978, 72 usable men's and 60 usable women's forms had been returned. Only one returned form was unusable, and this was because the sex had been omitted. It was highly probable that this person was a female, judging by the "Susan B.



Anthony" stamp. Two or three more forms were returned after the cut-off date, and were not counted in the survey.

Various sources indicated this was an excellent return rate for a mailed survey ( $\frac{60}{100} = 60\%$  of the women, and  $\frac{72}{100} = 72\%$  of the men provided usable replies). Fischer, for example, stated, "survey research can be expected to yield a 25% to a 60% return rate."<sup>1</sup> To protect the anonymity of the respondents, envelopes were opened and immediately separated and stored separately from the forms, care being taken to ensure that respondents had indicated their sexes on the form. Envelopes were saved for the purpose of later sending a summary of the results (group, not individual) to those who had requested them by including a return address on the envelope.

The BSRI forms were manually scored and tabulated during November, 1978, using the method suggested by Professor Bem, i.e., computing group median scores of the masculinity-femininity items. This was done by adding up the numbers which respondents assigned themselves on the 20 masculine items (the first adjective and every third one thereafter) and dividing by 20 to compute their masculinity quotients (scores), then adding up the numbers which respondents rated themselves on the 20 feminine items (the second adjective and every third one thereafter) and dividing by 20 to compute

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<sup>1</sup>Fischer, "The Relationship between Personal Value Orientations, etc."

their femininity quotients on each form. The second step was to obtain medians for the male and female scores for the total sample, sexes combined, and the third step was to classify respondents as to whether their male and female scores were above or below each of the two medians. The reader will recall that this was devised as a group test and that although individual profiles can be readily obtained by the above methods, this was not the purpose of this study, in which it was desired to reach a mass conclusion.

## STATISTICAL ANALYSIS OF THE DATA

1. The Data

The data consist of scores on a sample of 72 men and 60 women. For each subject we have the scores on a number of individual items, and the subject's age and years of practice. Composite scores were computed by averaging:

M = Average of scores on 20 masculine items.

F = Average of scores on 20 feminine items.

A few subjects did not score themselves on the items "Masculine" or "Feminine". Their composite M or F scores were corrected by averaging the other 19 items in that category.

TABLE 6								
BRIEF OVERVIEW OF THE DATA								
	72 Men				60 Women			
	<u>M</u>	<u>F</u>	<u>Age</u>	<u>Years Practice</u>	<u>M</u>	<u>F</u>	<u>Age</u>	<u>Years Practice</u>
Minimum	3.50	4.15	29	1	3.40	4.00	27	2
Median	5.45	4.80	42	13	5.35	5.05	43	11
Maximum	6.45	5.90	76	33	6.30	5.85	68	40

If we combine the men and women to find median M scores and F scores for both groups together, and adjust them slightly so that no actual score falls on the median, we find:

Combined median M score: 5.375

Combined median F score: 4.925

The following 2 x 2 tables were constructed to show the relationship between M and F scores for the subjects. High (low) M or F means above (below) the respective combined median.

TABLE 7							
<u>Men</u>							
		<u>Low F</u>		<u>High F</u>			
High M (N = 1)		19	26%	20	28%	39	54%
Low M		<u>23</u>	<u>32%</u>	<u>10</u>	<u>14%</u>	<u>33</u>	46%
		42	58%	30	42%	72	
<u>Women</u>							
		<u>Low F</u>		<u>High F</u>			
High M		10	17%	18	30%	28	47%
Low M		<u>14</u>	<u>23%</u>	<u>18</u>	<u>30%</u>	<u>32</u>	<u>53%</u>
		24	40%	36	60%	60	

The four cells in each table correspond to Bem's two-way categorization:

Androgynous	Feminine
Masculine	Undifferentiated

In Bem's study of Stanford undergraduates the following combined medians were found:

Combined median M score: 4.89

Combined median F score: 4.76

The proportion of Stanford subjects in each of the four cells was found to be:

TABLE 8					
Men			Women		
		Totals			Totals
37%	21%	58%	16%	29%	45%
<u>27%</u>	<u>16%</u>	43%	<u>20%</u>	<u>34%</u>	54%
64%	37%		36%	63%	

In categorizing the present subjects using the medians from the Stanford study, rather than the medians from the present study, quite a different breakdown resulted:

TABLE 9

TABLE 9							
		<u>Low F</u>		<u>High F</u>			
		<u>Men</u>					
High M		26	36%	37	51%	63	87%
Low M		<u>4</u>	<u>6%</u>	<u>5</u>	<u>7%</u>	<u>9</u>	<u>13%</u>
		30	42%	42	58%	72	
		<u>Women</u>					
High M		12	20%	30	50%	42	70%
Low M		<u>3</u>	<u>5%</u>	<u>15</u>	<u>25%</u>	<u>18</u>	<u>30%</u>
		15	25%	45	75%	60	

The proportions of subjects in each of the four cells in the present study may be compared to the proportions for the Stanford study in either of two ways: by using the medians from the present study, or by using the medians from the Stanford study.

## 2. Androgyny

The cell of most interest is the "androgyny" category (high M and high F). Using the medians from the Stanford study, it was possible to test whether or not the proportions of androgynous men or women are the same as in the Stanford study. In other words, "androgynous" was defined as:

M score above 4.89 and F score above 4.76, as in the Stanford

study. We can then perform statistical tests of the null hypothesis that the proportions of androgynous subjects in the present study (51% for men and 50% for women) are no different from the corresponding proportions in the Stanford study (21% for men and 29% for women). Performing tests separately for the men and for the women demonstrated that in both cases the differences are highly statistically significant. That is, the difference between the proportions of androgynous men in the two studies was significant at the .001 level of significance, and the same was true for the women.

The formula used in these tests was the following:

$$Z = \frac{\frac{X - 0.5}{n} - p_0}{\sqrt{\frac{p_0(1-p_0)}{n}}}$$

Where  $p_0$  is the proportion of androgynous subjects in the Stanford study (the null hypothesis),  $n$  was the sample size, and  $X$  was the number of androgynous subjects observed in the sample. Under the null hypothesis,  $Z$  was approximately a standard normal random variable. We found  $Z = 6.19$  for the men and  $Z = 3.44$  for the women. Since it is very unlikely to find such large values of  $Z$  merely due to chance, we arrived at the conclusions stated above.

Since the men and women in the present study were higher on both M and F scores than the Stanford subjects, it

was not surprising that a higher proportion are androgynous by the definition above. In the breakdowns of the subjects based on the medians from the present study, the proportions in each cell appeared closer to the Stanford proportions, especially for the women, as can be seen from the tables above. It is possible to define "androgyny" internally for a group of subjects without comparing them to an external reference population, but this results in norms to which only individual scores can be compared, and is of no relevance for the purposes of this study.

### 3. Relation of Scores to Age and Years of Practice

A simple way to examine the relationship between M scores or F scores and age or years of practice is to construct 2 x 2 tables based on the medians of the variable, as was done above. The medians in Table 6 were adjusted slightly so that no subject fell on the median. Now treating men and women separately, we used the separate median M and F scores given in Table 6. We found the following:



TABLE 10

		<u>Low Age</u>	<u>High Age</u>
		<u>Men</u>	
High M (N=)		19	18
Low M		<u>16</u>	<u>19</u>
		35	37
High F		16	19
Low F		<u>19</u>	<u>18</u>
		35	37
		<u>Women</u>	
High M		16	14
Low M		<u>12</u>	<u>18</u>
		28	32
High F		10	21
Low F		<u>18</u>	<u>11</u>
		28	32

Testing the hypothesis that age is unrelated to the scores in each of the tables above, a statistically significant result was found only in the last one. That is, among women, F scores tended to be higher for the older women and

lower for the younger women. This result is significant at the .05 level of significance. The test used here is equivalent to the standard Chi-square test for independence in a 2 x 2 table. The result is:  $\chi^2 = 4.16$ ; it is unlikely for such a large value to have occurred by chance. There appears to be a tendency for older women's M scores to be lower than younger women's, but it was not statistically significant. In interpreting these results, it must be remembered that this is not a longitudinal study, so we cannot infer that women's scores change as they grow older. Instead of the statistical test used above, the correlation coefficient could have been computed. It would have provided a more sensitive test, but probably would not have given different results.

In a similar test for years of practice, we found the following:

TABLE 11

	<u>Low Years</u>	<u>High Years</u>	
	<u>Men</u>		
High M	17	20	37
Low M	<u>19</u>	<u>16</u>	<u>35</u>
	36	36	72
High F	19	16	35
Low M	<u>17</u>	<u>20</u>	<u>37</u>
	36	36	72
	<u>Women</u>		
High M	16	14	30
Low M	<u>14</u>	<u>16</u>	<u>30</u>
	30	30	60
High F	11	20	31
Low F	<u>18</u>	<u>11</u>	<u>29</u>
	29	31	60

The tables above are similar to the corresponding tables for age, due to the high correlation between age and years of practice. In the last table above, the relationship between women's F scores and the years of practice came close

to being statistically significant. (It would be significant at the .05 level if we do a one-sided test.) The other three tables did not show statistically significant relationships.

#### 4. "Masculine" and "Feminine"

Among the individual items scored were the specific "Masculine" and "Feminine" items. They were included in their respective composite M and F scores. All other items are character traits. It was interesting to compare the scores on these items with the composite M and F scores. Each item was scored on a scale of 1 to 7: the higher the score, the more the subject was determined as having that trait. Tabulating the scores on these items (a few subjects left them blank) separately for men and women and also separating high from low composite scores, we found:

TABLE 12

"Masculine" and Composite M Scores

	<u>Women</u>	<u>Low M</u>	<u>High M</u>	<u>Total</u>
	1	-	1	1
	2	-	-	-
	3	-	-	-
Masculine	4	-	-	-
	5	14	2	16
	6	18	22	40
	7	<u>3</u>	<u>11</u>	<u>14</u>
Number		35	35	70
Average		5.69	6.26	5.97
	<u>Men</u>			
	1	11	9	20
	2	11	9	20
	3	5	-*	5
Masculine	4	2	8	10
	5	-	2	2
	6	-	-	-
	7	<u>-</u>	<u>-</u>	<u>-</u>
Number		29	28	57
Average		1.93	2.46	2.19

\*=A bimodal distribution.

TABLE 13

"Feminine" and Composite F Score

	<u>Men</u>	<u>Low F</u>	<u>High F</u>	<u>Total</u>
	1	13	10	23
	2	14	10	24
	3	3	3	6*
Femi- nine	4	4	6	10
	5	2	3	5
	6	-	1	1
	7	<u>-</u>	<u>-</u>	<u>-</u>
Number		36	33	69
Average		2.11	2.55	2.32
	<u>Women</u>			
	1	-	-	-
	2	-	-	-
	3	-	-	-
Femi- nine	4	5	1	6
	5	7	8	15
	6	14	14	28
	7	<u>2</u>	<u>7</u>	<u>9</u>
Number		28	30	58
Average		5.46	5.90	5.69

\*A bimodal distribution.

We found some difference in averages within each table, between subjects with low and high composite scores. But there was a much greater difference between men and women in their scores on the specific "Masculine" and "Feminine" items, far greater than the differences between men and women in median composite M and F scores in Table 6. Moreover, in the tables above, we saw that the men with low composite M scores were much higher on "Masculine" than even the women with high M scores; likewise, the women with low composite F scores were much higher on "Feminine" than the men with high F scores. It appeared that although men and women had very similar scores on the other individual items, they saw themselves very differently with respect to "Masculine" and "Feminine".

The analysis above suggests that perhaps the subjects should be scored only on the 19 items in each category which represent specific character traits. Using the means above and the medians in Table 6, we easily computed the approximate result of omitting "Masculine" and "Feminine" from the composite scores. For example, the men's median M score is 5.45, which corresponds to a total score of  $5.45 \times 20 = 109$  on the 20 items. Subtracting 5.97, the average of the men's "Masculine" scores, and then dividing by 19, we found 5.42; that is, the median of the men's 19-item composite M scores would be approximately 5.42. Similarly, we found the following approximate medians of

19-item composite scores:

	Men		Women	
	M	F	M	F
Approximate Median	5.42	4.93	5.52	5.02

Comparing these results to Table 6, the women's median M was slightly higher than the men's median M, and the gap between men's and women's median F was much smaller.

One other feature of the tables above deserves mention. The distribution of women's "Masculine" scores, especially for high-M women, appears to be bimodal. That is, there are two distinct peaks in the distribution, at 1-2 and at 4. Looking at the men's "Feminine" scores, we see the same effect. It appears that some women and some men were willing to label themselves as "occasionally" like the opposite sex (that being the meaning of 4 on the scale), although many others, with the same composite scores as they, did not do so.



## INTERPRETATION OF THE DATA

It may, therefore, be concluded that the hypothesis of this study has been sustained: clinical social workers are an androgynous group. To summarize the data:

TABLE 14		
	<u>This Study</u>	<u>Stanford</u>
Combined Median M Score	5.38	4.89
Combined Median F Score	4.93	4.76
Proportions of Androgynous Subjects:		
Men	51%	21%
Women	50%	29%

The hypothesis is considered sustained as the difference in proportions of androgynous men between this group and the Stanford group is significant at the  $p = <.001$  level and the same is true for the women.

The question may be raised as to whether the Stanford students (who would be in their early 20's) are an appropriate reference group for this group of social workers (median age 42 for men and 43 for women). In the writer's opinion, the answer is in the affirmative. Both groups would be more sophisticated and presumably more intelligent than the general population. Stanford students would have to be of superior

intelligence and drive ( = aggressiveness) in order to gain admission. (The 1975 sample in which the medians used as a reference for this study did not include Foothill Junior College students.) This may account for the percentage of androgyny among the Stanford women (29%) being higher than that of the men (21%). A female would have to be quite aggressive (assertive) during her high school career to gain admission. Potential social workers gaining admission to graduate schools would have to be more intelligent and assertive than the general population of college students, i.e., they may be considered to roughly approximate the intelligence and assertiveness of a Stanford undergraduate. No actual data is available to support this assumption, however.

It is also a commonplace among interpreters of M-F scales, particularly those of the MMPI, that college educated males show up higher on the M-F scale, i.e., more "feminine" and college educated females likewise show up higher on this scale than the general population. (Remember that the MMPI M scale is bipolar--with separate forms for males and females.) This is interpreted to mean that educated males are more culturally sophisticated, i.e., in arts and letters, than high school graduates, and therefore have fewer "macho" interests, while educated females likewise are more developed in their interests and in their thinking than uneducated

ones.<sup>1</sup> Thus one would expect an educated population to be more androgynous than the general population. Positive correlations have been shown to exist between intelligence and "masculinity", but this area of research is tricky and controversial.<sup>2</sup> Perhaps this again supports the premise that the more assertive females perform better in their educational careers.

It would appear from the higher percentage of androgynous subjects among the social workers (it will be recalled that social work males and social work females had about the same percentage, 50%), that androgyny might increase with age. Testing this hypothesis, however, reveals significance only for higher F scores among older women, and this at only the  $<.05$  level. This likely means that the older women are more "traditional" in ascribing feminine attributes to themselves. A similar correlation is shown with high F in the social work women and years of practice, but this does not prove much, except that age and years of practice are highly correlated (as one might expect). What it does show is that years of practice make no difference as to one's androgyny.

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<sup>1</sup>Personal conversations with Philip Brown, Ph.D., Frank Politzer, Ph.D., et al.

<sup>c</sup>cf. Maccoby and Jacklin, Kagan in Hoffman and Hoffman, Spence and Helmreich.

Thus we must ascribe the higher androgyny in social workers to other factors, e.g., socialization into the field, motives for entering the field, "inherent traits," etc. Perhaps this is simply another proof of the basic hypothesis that "nurturant" males and "assertive", i.e., aggressive, independent, females, enter the field. We will recall that social work has been a traditional place for women to enter into a profession and to advance into supervisory and management positions; males may enter the field because they are nurturant types or were unable to enter other professional training.

These findings are supported by Biggerstaff's work, which showed no statistically significant differences in practitioner's case ratings according to years of practice. Sex and age of practitioners were found to be related to ratings of non-traditional cases, but only just slightly above levels of chance.<sup>1</sup> Biggerstaff sums up her research stating,

" . . . This finding is in opposition to the (feminist) literature which indicated that older therapists could be expected to diagnose and treat clients according to a more traditional male dominated model and thus would rate the nontraditional female case more severely than the younger social workers."<sup>2</sup>

Jung's theory of "middle-life changes" is unsupported

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<sup>1</sup>Biggerstaff, op. cit., pp. 89-91.

<sup>2</sup>Biggerstaff, ibid, p. 86.

by this study, with respect to androgyny. This theory posits that people in mid-life, i.e., around 35 - 55 years of age, often experience an enantiodromia, or swing to the opposite, but perhaps the theory really pertains only to changes in orientation (introversion-extraversion) and function (thinking, feeling, sensation and intuition). In any event, it appears that androgyny does not increase with age, at least for the social work population studied. (The writer had thought that it might.) Louis Jaeckel, statistical consultant, also cautioned against any interpretation of apparent changes with age, as this is not a longitudinal study.<sup>1</sup> If anything, men's and women's M scores were higher at younger ages, lower in the older age brackets, thus perhaps showing some indication of "mellowing" with age. (Men's F scores increased slightly with age, indicating the same thing.) This would seem to support Jung's theory of enantiodromia, i.e., as to masculinity-femininity, men become more passive or feminine with age, women more active or masculine. However, these trends did not reach statistical significance. What may be noted is that the social work men's M and F scores, i.e., their essential androgyny, remained fairly constant at all ages.

Finally, we noted the findings that the men's self-ratings on the specific item "masculine" on the BSRI, and

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<sup>1</sup>Personal interview, January 4, 1979.

the women's self-ratings on "feminine" differed from their overall ratings of themselves. Men with low composite M scores rated themselves higher on the "masculine" items, and women with low composite F scores rated themselves higher on "feminine". This may be interpreted to indicate a discrepancy between subjects' conscious (as indicated by the specific item) and unconscious (as indicated by the test as a whole) views of themselves. This may account for Bem's inclusion of these specific adjectives, which might seem overly explicit, in the test. In any event, this finding has important implications for practice, as shall be demonstrated.

## CHAPTER IV

### CONCLUSIONS

#### ANDROGYNY AND CLINICAL SOCIAL WORK

Generalizing from the sample in this survey, which is considered to be adequate, the assumption has been supported that clinical social workers are an androgynous group. What are the implications of this finding?

First, let us consider the positive implications of this: Androgyny in Singer's, Bem's and this writer's view is a positive phenomenon. As a state of consciousness, androgyny is appropriate to these times. (cf. recent workshops on "raising androgynous consciousness" by June Singer, et al). Harry Levinson and Alice Sargent, East Coast psychologists and management consultants, are quoted in a recent newspaper article as calling for "androgynous managers", as more women enter that field. Levinson says men in business should become more nurturing, women more assertive, and goes on to say:

Women are often baffled by the dynamics of team play that men take for granted . . . they need to learn the subtle blend of cooperation and competitiveness that characterizes male relationships. Men should learn more "feminine"

behaviors, e.g., being able to express feelings, show vulnerability and ask for support, increasing their interpersonal competences.<sup>1</sup>

Such managers would have a high concern for both task and relationships, and thus, incidentally, be androgynous.

This is much the meaning that Singer attaches to androgyny. It cannot be emphasized enough that it is a state of consciousness. It does not mean that one would have to change one's appearance, i.e., become "homomorphic", as Singer calls it.<sup>2</sup> It does not mean effeminacy of manner, dress or bearing for a male, nor masculinization of the same for a female, but, of course, those who choose to make those alterations may do so.

As it is a state of consciousness, (which also includes unconscious states), then what remains to be done is largely consciousness-raising. It is a basic premise of Jungian analysis, if not indeed most all psychotherapies, that this is a primary goal of psychotherapy. If we as clinicians are not conscious of our own psychological makeups and values, then how shall we help others? There are great dangers inherent in lack of consciousness among psychotherapists, as we all know.

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<sup>1</sup>Harry Levinson, quoted in The San Francisco Chronicle, December 4, 1978

<sup>2</sup>Singer, *ibid.*



That clinical social workers may be somewhat unconscious of the masculine-feminine balance in their personalities is shown by the survey in this project. Clinicians' conscious perceptions of themselves, as shown by their self-ratings on the specific items "masculine" or "feminine" were discrepant from their overall scores. Men with low overall masculine scores tended to rate themselves higher on "M" and women with low overall feminine scores gave themselves higher "F" scores, as previously noted. Given this discrepancy as an indication of unconsciousness, there is the danger that social work clinicians might project or impose on their patients unconscious values or unresolved conflicts regarding sexuality, sexual identity and sex roles. These adjectival qualities on the BSRI may be regarded as personal values. And Fischer's work on personal value orientations, client diagnostic variables, and casework treatment decisions (as previously discussed) attest to the fact that therapists' personal values may affect their clients.

One consequence of personal bias is the danger of indoctrination under the guise of "consciousness raising" regarding male-female issues. The author has treated many men and women patients who have been confused and upset by the ideology taught by the faculty of the Women's Studies Department at a local college, which is dominated by militant

feminists. Many traditional women who sought "re-entry" into the working world or who simply wished to take classes found themselves attacked for adhering to the traditional roles of wife and mother. It can be argued that this kind of heavy-handed insistence on change is essential to the transition in our society towards sex role transcendence. Nevertheless, it is unnecessarily painful for many who undergo it. Feminists defend militancy with analogies to the liberation efforts of minority groups, in which radicalism is supported as part of a transitional period, but social work clinicians have not been immune from similar efforts, viz., some of the calls for "feminist therapy" in journal articles and at conferences. As previously discussed, Fischer noted that much of the literature on "sex role stereotyping" was written from a "feminist" perspective, was polemical and not supported by controlled research.<sup>1</sup> Paul Werner and Jack Block reanalyzed the data in Norma Haan and Norman Livson's research and found their statistical analysis (and hence their conclusions) to be in fundamental error. The conclusion that (male) clinicians in this study engaged in sex role stereotyping was not supported. Thus this interfaculty dispute at the University of California, Berkeley, shows that even "empirical" studies may be affected by sex bias--in the direction desired by the

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<sup>1</sup>Fischer, et al., op. cit.

investigators!"<sup>1</sup>

It is not intended to attack women's liberation or to support male domination. Rather, what this writer advocates is Human Liberation, or a position of egalitarianism (or "equalitarianism"). While it is inappropriate for clinicians to indoctrinate their patients, it is possible to raise questions with them about sex roles. For example, this clinician receives many individuals and couples who are concerned with or distressed about sex role issues. Often a brief statement about three kinds of relationships--the male-dominated (traditional) relationship, the female-dominated (or role reversed), and the egalitarian--which the writer gently endorses, clarifies these alternatives to the clients who are free to determine what they want.

It is the opinion of this writer that openly stating one's values in this area is preferable to claiming neutrality, while subtly influencing the patient to "see it my way." In the arena of male-female issues, it is nearly impossible to maintain neutrality and conduct "value-free" psychotherapy. In fact, to the extent one thinks one can do so, he may be deluded. One's values as to sex roles are difficult to conceal. We all know of persons who attempt to conceal the most strident male (or female) chauvinist attitudes under the guise of being "gentlemanly" or "sweet." Fortunately, social

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<sup>1</sup>Werner and Block, op. cit., Haan and Livson, op. cit.

workers collectively do not seem to be sexists, or at least engaged in sex role stereotyping of their patients, as per Harris and Lucas (Fischer, et al, notwithstanding.).<sup>1</sup> This finding is supported for other psychotherapists by Werner and Block's report.<sup>2</sup>

However, Delk and Ryan, in their studies of "A" and "B" type therapists, found that "A" therapists stereotyped patient analogues more than "B" type therapists. ("A" types [of either sex] are more feminine," engage in a more supportive type of therapy and seem to work better with schizophrenics. "B" type therapists are more "masculine," tend to do reconstructive therapy, and achieve greater success with neurotics, in Delk and Ryan's studies.) They question Phyllis Chesler's assumption that female patients should have female therapists,<sup>3</sup> as many of the latter are "A" types, and "A" type therapists (male or female) were shown to stereotype more than "B" types. The "A" type therapist tends to structure therapy more, with definite guidelines for "appropriate" behaviors and attitudes. A-B type therapists (persons high in both sets of qualities, i.e., androgynes), stereotype the least.<sup>4</sup> Thus the net

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<sup>1</sup>Cf. Harris & Lucas, *ibid*; Fischer, et al, *ibid*.

<sup>2</sup>Werner and Block, *ibid*.

<sup>3</sup>Phyllis Chesler, Women and Madness.

<sup>4</sup>Delk and Ryan, "A-B Status and Sex Stereotyping Among Psychotherapists and Patients."

conclusion here, also, is that androgynous therapists are apt to do the least amount of stereotyping.

The confines of this project will not allow further exploration of the A-B therapist material, but it would seem to be a further recommendation for androgynous therapists--and clinical social workers have been shown to be androgynous. Three questions must now be raised: 1) how to raise consciousness of androgyny among clinicians, 2) whether to advocate androgyny for our patients, and 3) whether the sex of the therapist makes any difference for the patient.

## IMPLICATIONS FOR PRACTICE AND RECOMMENDATIONS

Personal psychotherapy is the sine qua non for the would-be psychotherapist and is the "golden way" toward the achievement of higher consciousness of one's masculine-feminine makeup. Jungian-oriented psychotherapy, as described by Singer and Hillman would seem to be the "royal road" toward this goal. Hillman emphasizes the necessity of developing one's animus and anima beyond the crudities of their first expressions, and this idea is reinforced by Hill in his observation that an individual may pass through all four of his stages several times, hopefully in an upward spiral.<sup>1</sup>

Hillman reiterates the "alchemists' dictum that only what has been properly separated can be adequately joined."<sup>2</sup> Following Freud, he also states, "The end of analysis coincides with the acceptance of femininity" (in both sexes.) Analysis cannot terminate unless it abandons its own archetypal basis, the first Adam-then-Eve view of things.<sup>4</sup>

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<sup>1</sup>Cf. Hillman, "Anima", Part I; Hill, "Patterns of Immaturity."

<sup>2</sup>Hillman, *ibid*, p. 109.

<sup>3</sup>Hillman, Myth of Analysis, p. 292.

<sup>4</sup>*Ibid*.

Analysis itself is essentially a masculine process--the Apollonian process of throwing the light of consciousness upon the prima materia. But it seems necessary first to go through this Apollonian consciousness-raising before one can appreciate the delights of Dionysian consciousness on a higher level. Otherwise, one remains in the formless state of consciousness of the "static feminine" or finds the feminine only in intoxicated states. Hence Freud's pessimism about the terminability of analysis.

As analysis (and other forms of psychotherapy) tend to require so much time, perhaps it will be necessary to rely on educational techniques for raising the clinician's consciousness of androgyny. Graduate schools of social work (and our Institute) could devise courses to study the various meanings of masculine and feminine, as explored in this project, and experiential type groups or workshops could be organized. June Singer and Shirley Luthman, L.C.S.W. have led such workshops, according to recent brochures.<sup>1</sup> The theme of androgyny would seem ideal for mixed groups in which it could be discussed and applied to personal experience. Supposedly the Chinese dance/movement form of Tai Chi Chuan involves a "centering", or an experience of masculine and feminine states of consciousness through different forms of

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<sup>1</sup>Recently received by mail.

movement. Pamela Butler significantly subtitles her book Self-Assertion for Women, "A Guide to Becoming Androgynous." Assertiveness training can be a useful technique for either passive or aggressive men or women to learn to more effectively express their aggressive strivings. There is not otherwise much literature available to help the would-be androgynous male, although Steinman and Fox and Bernie Zilbergeld touch on theme in their works.<sup>2</sup>

In any event, the conscious androgyne is able to move freely through several modes of being--being firm as well as nurturant, self-reliant as well as gentle..

Whether or not we should advocate androgyny for our patients is a highly charged issue. This writer takes the position that we should merely point out the alternatives, "smoothing off the rough edges" in relationship therapy, and offering individuals the option of working further in this area in individual therapy. Others may wish to proffer proposals for educational and societal change. It will be recalled that several studies indicated that androgyny is positively correlated with self-esteem and other attributes of mental health, so it can be argued that this would be a positive societal value, worthy of incorporating into public and religious education. However, as with other emotionally

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<sup>1</sup>Recently received by mail.

<sup>2</sup>Steinmann & Fox, op. cit.; Bernie Zilbergeld, Male Sexuality.



charged topics, such as sex education, care should be taken that the prospective public is ready to receive such attitudinal restructuring.

A very important question raised by this study and supported by Delk and Ryan's work is whether the sex of the therapist is important as far as his match with the patient. Traditionally, in agency staffings there has been much discussion about whether a certain patient should have a male or a female therapist. Some feminists, e.g., Chesler, have argued that women should be seen only by female therapists. If we, as clinical social workers, are androgynous, capable of assuming either a masculine or feminine state of consciousness and capable of understanding both, then the gender of the therapist would no longer seem important as to whom should be assigned whom, except in cases of persons traumatized by a parent of one sex, etc. Of course, a patient should still have freedom of choice as to the therapist he sees, including gender considerations. But perhaps the prevailing arguments over who should see whom can end. For example, it has been the policy of the Jung Institute in San Francisco that candidates in training, if possible, receive personal analysis from two different analysts, preferably one male and one female. If the analyst is androgynous, and presumably if he is fully analyzed (fully conscious) he would be, then why would this make any difference?

The androgynous therapist could alternately be both "mother" and "father" to his patient, taking an active or passive stance, being analytical or supportive, as the case required. This is supported by Delk and Ryan's findings, although curiously, one will note that the "A" type ("feminine") therapists tend to be more active, in the sense of supportive and structuring. Perhaps this is the "chicken-soup-ladling" type of "maternal" therapist, from which image we in clinical social work have been striving to flee. The "B" type therapist was defined as the paternal or logos type, i.e., more congruent with the image of the psychoanalyst who does reconstructive therapy, and is curiously (or not so curiously) more passive. The androgynous therapist could be consistent in his stance, or changeable, as needed in the case. He would then serve as a role model of different behaviors for the patient. This has been considered an acceptable stance by most schools of psychotherapy, and would serve to make for societal change through the traditional "water dripping on stone" effect and "ripple effect" of individual (or couple, or family, or group) psychotherapy.

There are also obvious implications for couple therapy, as the writer pointed out in his paper delivered at the Society for Clinical Social Work's Annual Scientific Meeting in October, 1976.<sup>1</sup> In couple counseling or therapy

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<sup>1</sup>Frederick D. Lamme, "Application of Jungian Theory to Interpersonal Relations," unpublished manuscript, 1976.

the therapist bears a possibly even more awesome responsibility for consciousness of his own sex role stance, as conflicts over sex roles are one of the primary reasons couples seek counseling. The personal value system of the clinician is bound to emerge even more rapidly here, if indeed, it is not inquired about on the telephone when an initial appointment is sought. It would be far more difficult, if not impossible, to maintain "analytic neutrality" here.

Marriage is the archetypal "proving ground" for the animus and anima. Nowhere else can one experience the weapons of the negative animus and anima or the bliss of the positive animus and anima in all their glory. The attainment of androgyny is best accomplished within marriage (or other paired relationships over time). Thus the relationship therapist must be particularly aware of his own animus-a constellation, be experienced in relationship himself, and be aware of his values as to sex roles. One must be quite careful not to line up with the spouse of one sex as against the other; or if one discovers prejudices in this regard one should make them known, perhaps suggesting to the patients that they transfer to someone who can be more objective.

The androgynous clinician, then, who is by definition conscious of his own gender identity makeup and value system, should be the most suitable, least prejudiced couple and family therapist. Even the most conscious therapist, of

course, may encounter in himself a reaction of dislike to a particular patient. He must then decide ethically whether to keep the case, discuss his feelings with colleagues or a consultant, or suggest a transfer. And again, if a quite traditional couple comes to an androgynous clinician, he must be watchful re imposing his value system.

By logical extension, the androgynous clinician would have some advantage in working with families and in mixed groups. It may be less necessary for him to use a co-therapist of the opposite sex, as he is capable of role-modeling both sets of gender behavior. It can be quite salutary for children in family therapy (or individual therapy, for that matter) to observe the sex role behavior of a therapist whose attitudes are neither so rigid nor so amorphous as those of their parents.

The androgynous or enlightened social work clinician could serve a function in preventive mental health by virtue of his taking a less polarized attitude than that of either the traditionalist or feminist. He could offer workshops in male-female relationships, educational groups for distressed couples, and in his consultation and teaching role serve as a non-polemical model for human relations. We seem, in the writer's opinion, collectively in some danger of swinging too far from the traditional pole, which may only heighten conflicts between the sexes, with resultant family breakdown.

The mention of physical expressions of anger in the

section on Jung's theory was not without reason. A person of either sex may be moved to rage by animus or anima provocations by someone of the opposite sex. Especially, in the writer's observations, in less sophisticated people this may be expressed physically. Perhaps one reason for the reported increase in "wife abuse" today is that the egos of blue-collar or lower middle class males simply cannot take the provocations fostered by the militant feminist movement. The alternatives for these males seem to be "fight or flight" (into divorce).

Thus the principal societal implication of changing sex roles which will be mentioned in these pages is a recommendation that we not take a one-sided, unbalanced view of these matters. Some havens for "battered wives" seem to encourage a "victim mentality" in their women clients, and often the males in their lives are kept strictly away, so that the women involved in these matters may not be encouraged to look at their part in the problem, and little is done to help the men and women together work through their problems. The writer's experience with troubled marriages which seem to be exacerbated by the doctrines taught in a local college's women's studies program has been mentioned above. A counter-balance which comes to mind would be consciousness-raising groups for men, but unfortunately, men seem much less inclined than women to join any such type of group.

So there are obvious implications for practice inherent

in these pages--from work with the individual, couple, family and group to the societal level. The limitations of this project will not permit further exploration, but perhaps the reader can think of other applications. The implications for work on an educational level, for example, are somewhat obvious. Just as educators are taking responsibility for altering consciousness of sex role factors via changing sex role descriptions in textbooks, so could clinicians, whenever they are in a teaching role, seek to eliminate sex role stereotypes, without falling into the position that no differences between the sexes exist. This writer would plea for a balanced position--for although society, in a period of rapid social change tends to move from one extreme to the other (the Hegelian dialectic or the Jungian enantiodromia), for the sake of preserving family life and some decent relationship between the sexes, it would seem some balance is in order.

## SUGGESTIONS FOR FURTHER RESEARCH

This has been essentially an exploratory study in a new area, sustaining the hypothesis that clinical social workers are androgynous. No attempt was made to investigate the hypothesis that such psychotherapists are less "sexist" in their clinical judgments than other therapists, although this is suspected, and supported by Delk and Ryan's work. ✓  
Further investigations into this area might include a controlled study correlating the sex role attributes of individual therapists and their clinical judgments, e.g., the BSRI could be given to a controlled sample who are also asked to judge case analogues.

Or, the BSRI could be administered to a population similar to that in this study, with another clinical population as a control, e.g., a comparison with social work master's level students or with psychologists or psychiatrists could be explored to see if there are differences in these groups. The BSRI surveys of clinical social workers and these other groups could also be done in conjunction with a test of their clinical judgments to explore any differences in this area. The results of the secondary hypothesis developed in this study, of course, showed that androgyny did not increase with age or years of practice, so the question of using a population of social work students as a control might be moot. It was felt that for the purposes of this study the Stanford undergraduate norms were adequate as a control.

Another possibility would be to explore the correlations between clinicians' BSRI scores and an attitudinal questionnaire on sex roles--which would have to be devised--no adequate one exists. Still another idea would be to survey a group of clinical social workers on the BSRI with an adult group from the general population as a control. As previously stated, however, the present survey showed no increase in androgyny with age, so it would seem that a student population would be an adequate control.

Finally, a survey of clinicians from different disciplines (or within social work) could be made using an instrument other than the BSRI, for example the Spence and Helmreich Personal Attributes Questionnaire. This might conceivably show some other result.



Let us conclude with a quote from Roberto Assagioli, the Founder of Psychosynthesis, as told to Claude Servan-Schreiber, the French feminist/journalist:

Only by accepting both the masculine and feminine principles, bringing them together, and harmonizing them within ourselves, will we be able to transcend the conditioning of our roles, and to express the whole range of our human potential . . .

We are now in a period of crisis and profound changes. I believe the woman is evolving more rapidly than man. For him the task is to discover the real human being beneath masculine limitations--to be not only a 'masculine-man', but a human being, who plays masculine roles, and if he chooses, feminine ones. We know that historically there were matriarchal civilizations and patriarchal civilizations; the ideal would be a new synthetic civilization, that is neither patriarchal nor matriarchal, but one that is psychosynthetic, that is to say, a civilization in which the highest and best qualities of each are manifested.<sup>1</sup>

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<sup>1</sup>Roberto Assagioli and Claude Servan-Schreiber, "A Higher View of the Man-Woman Problem," Synthesis 1, 1974, pp. 119 and 122-213.

# Institute For Clinical Social Work

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Dear Fellow Clinical Social Workers:

As part of my doctoral project in the Institute for Clinical Social Work, I am conducting a study of the motivations and characteristics of people in the field. Your name has been chosen at random from the National Registry of Health Care Providers in Clinical Social Work.

It would be very much appreciated if you would rate yourself on the enclosed rating scale using the numbers suggested on the continuum at the top, and return the form to me in the enclosed stamped, self-addressed envelope, preferably immediately, but in any case not later than October 30, 1978.

Please complete the personal data on the form, but to protect your anonymity, do not include your name. You may place your name and address on the envelope if you wish a copy of the results of the survey; otherwise, this is not necessary.

Thank you very much for your cooperation in this project.

Sincerely,



Frederick D. Lamme, M.S.W.  
996 Hawthorne Drive  
Lafayette, Ca. 94549

Enclosure

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## THE BEM SEX ROLE INVENTORY

(Requests for personal data in left lower corner = this writer's.)

1 2 3 4 5 6 7  
 NEVER OR USUALLY SOMETIMES BUT OCCASIONALLY OFTEN USUALLY ALWAYS OR  
 ALMOST NEVER NOT INFREQUENTLY TRUE TRUE TRUE TRUE ALWAYS OR  
 TRUE TRUE TRUE TRUE TRUE ALWAYS TRUE

Self reliant	
Yielding	
Helpful	
Defends own beliefs	
Cheerful	
Moody	
Independent	
Shy	
Conscientious	
Athletic	
Affectionate	
Theatrical	
Assertive	
Flatterable	
Happy	
Strong personality	
Loyal	
Unpredictable	
Forceful	
Feminine	

Reliable	
Analytical	
Sympathetic	
Jealous	
Has leadership abilities	
Sensitive to the needs of others	
Truthful	
Willing to take risks	
Understanding	
Secretive	
Makes decisions easily	
Compassionate	
Sincere	
Self-sufficient	
Eager to soothe hurt feelings	
Conceited	
Dominant	
Soft-spoken	
Likable	
Masculine	

Warm	
Solemn	
Willing to take a stand	
Tender	
Friendly	
Aggressive	
Gullible	
Inefficient	
Acts as a leader	
Childlike	
Adaptable	
Individualistic	
Does not use harsh language	
Unsystematic	
Competitive	
Loves children	
Tactful	
Ambitious	
Gentle	
Conventional	

Sex: M ☐ F ☐

Age: \_\_\_\_\_

Number of Years in Practice (post-masters): \_\_\_\_\_

From Bem's "Beyond Androgyny", 1976, p. 21.

The Masculine, Feminine, and Neutral Items on the BSRI

Masculine items	Feminine items	Neutral items
49. Acts as a leader	11. Affectionate	51. Adaptable
46. Aggressive	5. Cheerful	36. Conceited
58. Ambitious	50. Childlike	9. Conscientious
22. Analytical	32. Compassionate	60. Conventional
13. Assertive	53. Does not use harsh language	45. Friendly
10. Athletic	35. Eager to soothe hurt feelings	15. Happy
55. Competitive	20. Feminine	3. Helpful
4. Defends own beliefs	14. Flatterable	48. Inefficient
37. Dominant	59. Gentle	24. Jealous
19. Forceful	47. Gullible	39. Likable
25. Has leadership abilities	56. Loves children	6. Moody
7. Independent	17. Loyal	21. Reliable
52. Individualistic	26. Sensitive to the needs of others	30. Secretive
31. Makes decisions easily	8. Shy	33. Sincere
40. Masculine	38. Soft spoken	42. Solemn
1. Self-reliant	23. Sympathetic	57. Tactful
34. Self-sufficient	44. Tender	12. Theatrical
16. Strong personality	29. Understanding	27. Truthful
43. Willing to take a stand	41. Warm	18. Unpredictable
28. Willing to take risks	2. Yielding	54. Unsystematic

Note: The number preceding each item reflects the position of each adjective as it actually appears on the Inventory. A subject indicates how well each item describes himself or herself on the following scale: (1) Never or almost never true; (2) Usually not true; (3) Sometimes but infrequently true; (4) Occasionally true; (5) Often true; (6) Usually true; (7) Always or almost always true.

THE ROSENKRANTZ-BROVERMAN SEX ROLE STEREOTYPE QUESTIONNAIRE<sup>1</sup>Male-Valued and Female Valued Stereotypic Items

<u>Feminine Pole</u>	<u>Male-Valued Items</u>	<u>Masculine Pole</u>
Not at all aggressive		Very Aggressive
Not at all independent		Very independent
Very emotional		Not at all emotional
Does not hide emotions at all		Almost always hides emotions
Very subjective		Very objective
Very easily influenced		Not at all easily influenced
Very submissive		Very dominant
Dislikes math and science very much		Likes math and science very much
Very excitable in a minor crisis		Not at all excitable in a minor crisis
Very passive		Very active
Not at all competitive		Very competitive
Very illogical		Very logical
Very home oriented		Very worldly
Not at all skilled in business		Very skilled in business
Very sneaky		Very direct
Does not know the way of the world		Knows the way of the world
Feelings easily hurt		Feelings not easily hurt
Not at all adventurous		Very adventurous
Has difficulty making decisions		Can make decisions easily
Cries very easily		Never cries
Almost never acts as a leader		Almost always acts as a leader
Not at all self-confident		Very self-confident
Very uncomfortable about being aggressive		Not at all uncomfortable about being aggressive
Not at all ambitious		Very ambitious
Unable to separate feelings from ideas		Easily able to separate feelings from ideas
Very dependent		Not at all dependent
Very conceited about appearance		Never conceited about appearance
	<u>Female-Valued Items</u>	
Very talkative		Not at all talkative
Very tactful		Very blunt
Very gentle		Very rough
Very aware of feelings of others		Not at all aware of feelings of others
Very religious		Not at all religious
Very interested in own appearance		Not at all interested in own appearance
Very neat in habits		Very sloppy in habits
Very quiet		Very loud
Very strong need for security		Very little need for security
Enjoys art and literature very much		Does not enjoy art and literature at all
Easily expresses tender feelings		Does not express tender feelings at all

<sup>1</sup> Broverman and Broverman, et al, "Sex Role Stereotypes and Clinical Judgments of Mental Health, J. Cons. & Cl. Psych., 1970, 34, 1, p. 3.

THE TWO MODES OF CONSCIOUSNESS: A TENTATIVE DICHOTOMY<sup>1</sup>

## Who Proposed It?

Many Sources	Day	Night
Blackgurn	Intellectual	Sensuous
Oppenheimer	Time, History	Eternity, Timelessness
Polanyi	Explicit	Tacit
Levy, Sperry	Analytic	Gestalt
Bogen	Propositional	Appositional
Lee	Lineal	Nonlineal
Luria	Sequential	Simultaneous
Semmes	Focal	Diffuse
I Ching	The Creative: heaven, masculine, yang	The Receptive: earth, feminine, yin
Many sources	Verbal	Spatial
Many sources	Intellectual	Intuitive
Vedanta	Buddhi	Manas
Jung	Causal	Synchronicity
Bacon	Argument	Experience

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<sup>1</sup>From Robert E. Ornstein, The Psychology of Consciousness,  
Harcourt, Brace & Co. (2nd Edition), 1977, p. 37.

YANG	YIN
The creative, arousing, generating element. The begetter.	The receptive, yielding, containing element. The bearer.
Sun, light, penetration.	Earth, darkness, womb.
Active, aggressive, assertive, initiating and moving toward a conscious goal.	Passive, waiting, letting nature take its course, in tune with the repeating cycles of nature.
Conscious knowledge, discrimination, meaning, law, order. Directedness, to the point.	Dark, instinctive earth wisdom, not consciously thought out, indirect, serpentine.
Capacity for nonpersonal objectivity.	Subjective, personal, devoted. Concerned minutely with relatedness to people and things.
Understanding, meaning, essence.	Experience, being, existence.

(Anonymous--but a traditional formulation passed around the C. G. Jung Institute of San Francisco)

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