The Effect of Feminist and Anti-Feminist Speeches on Feminist and Nonfeminist Women's Self-Esteem

Fall 1979

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THE EFFECT OF FEMINIST AND ANTI-FEMINIST SPEECHES ON FEMINIST AND NONFEMINIST WOMEN'S SELF-ESTEEM

BY

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B.A., Boston University, 1977

THESIS

Submitted in partial fulfillment of the requirements for the degree of Master of Science: Psychology in the Graduate Studies Program of the College of Social Sciences at the University of Central Florida; Orlando, Florida

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Three groups of women from undergraduate psychology classes at the University of Central Florida were exposed to an experimental treatment which consisted of either a feminist, anti-feminist or a sex-role neutral speech. All subjects were administered the Feminism II Scale prior to the treatment, and the Tennessee Self-Concept Scale both prior to and immediately following the treatment conditions. No posttest differences in total self-esteem scores were noted among the treatment conditions. The anti-feminist treatment sample did have significantly lower scores on the family self subscale of the Tennessee Self-Concept Scale than either the feminist or control groups. Additionally, there were no significant posttest self-esteem differences between subjects scoring high versus low on the Feminism II Scale. A test for homogeneity of variance revealed significant treatment effects on the overall variability of the self-esteem change scores among the three treatment groups. Implications for the psychotherapeutic situation are discussed.
ACKNOWLEDGMENTS

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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACKNOWLEDGMENTS</td>
<td>iii</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>vi</td>
</tr>
<tr>
<td><strong>I. INTRODUCTION</strong></td>
<td>1</td>
</tr>
<tr>
<td>Sex-role Stereotypes</td>
<td></td>
</tr>
<tr>
<td>Sex-role Identity and Self-Concept</td>
<td></td>
</tr>
<tr>
<td>Characteristics Associated with Feminism</td>
<td></td>
</tr>
<tr>
<td>Summary of Theories and Hypotheses</td>
<td></td>
</tr>
<tr>
<td><strong>II. METHOD</strong></td>
<td>25</td>
</tr>
<tr>
<td>Subjects</td>
<td></td>
</tr>
<tr>
<td>Materials</td>
<td></td>
</tr>
<tr>
<td>Procedure</td>
<td></td>
</tr>
<tr>
<td>Experimental Design</td>
<td></td>
</tr>
<tr>
<td><strong>III. RESULTS</strong></td>
<td>35</td>
</tr>
<tr>
<td>Analyses of Covariance of Self-Esteem Scores</td>
<td></td>
</tr>
<tr>
<td>Post-hoc Analysis</td>
<td></td>
</tr>
<tr>
<td>Analyses of Covariance Comparisons of High and</td>
<td></td>
</tr>
<tr>
<td>Low Scorers on Feminism II Scale</td>
<td></td>
</tr>
<tr>
<td>Test for Homogeneity of Variances</td>
<td></td>
</tr>
<tr>
<td><strong>IV. DISCUSSION</strong></td>
<td>46</td>
</tr>
<tr>
<td><strong>APPENDIX A</strong> CONSENT FORM GIVEN TO SUBJECTS</td>
<td>55</td>
</tr>
<tr>
<td><strong>APPENDIX B</strong> TEXTS OF FEMINIST AND ANTI-</td>
<td>57</td>
</tr>
<tr>
<td>FEMINIST SPEECHES</td>
<td></td>
</tr>
<tr>
<td><strong>APPENDIX C</strong> DEBRIEFSING STATEMENT GIVEN TO</td>
<td>73</td>
</tr>
<tr>
<td>SUBJECTS</td>
<td></td>
</tr>
<tr>
<td><strong>APPENDIX D</strong> FEMINISM II SCALE, FORM A</td>
<td>76</td>
</tr>
<tr>
<td>TENNESSEE SELF-CONCEPT SCALE</td>
<td></td>
</tr>
</tbody>
</table>
TABLE OF CONTENTS--Continued

| APPENDIX E | RAW SCORES FOR ANTI-FEMINIST TREATMENT GROUP | 84 |
| RAW SCORES FOR FEMINIST TREATMENT GROUP | 86 |
| RAW SCORES FOR CONTROL GROUP |  |
| APPENDIX F | AGE AND MARITAL STATUS OF HIGH AND LOW SCORERS ON THE FEMINISM II SCALE | 88 |
| REFERENCES | 90 |
LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mean Self-Esteem Scores on the Tennessee Self-Concept Scale</td>
<td>36</td>
</tr>
<tr>
<td>2</td>
<td>Self-Esteem Scale Change Scores, Anti-feminist Treatment Group</td>
<td>38</td>
</tr>
<tr>
<td>3</td>
<td>Self-Esteem Scale Change Scores, Feminist Treatment Group</td>
<td>39</td>
</tr>
<tr>
<td>4</td>
<td>Self-Esteem Scale Change Scores, Control Group</td>
<td>40</td>
</tr>
<tr>
<td>5</td>
<td>Raw Scores for the Anti-Feminist Treatment Group</td>
<td>84</td>
</tr>
<tr>
<td>6</td>
<td>Raw Scores for the Feminist Treatment Group</td>
<td>86</td>
</tr>
<tr>
<td>7</td>
<td>Raw Scores for the Control Group</td>
<td>88</td>
</tr>
<tr>
<td>8</td>
<td>Age and Marital Status of High and Low Scorers on the Feminism II Scale</td>
<td>91</td>
</tr>
</tbody>
</table>
I. INTRODUCTION

There exist in society today strong expectations and pressures for both men and women to behave according to clearly defined sex-typed roles. Carden (1972) has written in an opinion paper that women are conditioned by society, from the moment they are born, to be passive, submissive, dependent creatures who are not expected to excel in anything intellectual, and who are not expected to do anything more with their lives than become wives and mothers. Almost everyone in society (parents, teachers, toy manufacturers, writers of television shows and children's books) cooperates, both consciously and unconsciously, in this sex-role conditioning or socialization. Parents reward their children with approval for behaving according to the cultural stereotype for their sex. In a review of the literature by Hoffman (1972), she writes that girls get less encouragement than boys from their parents to act independently. They get more parental protectiveness and less pressure for establishing an identity separate from the mother. As a result, many girls do not develop the confidence or the adequate skills for being independent, and they grow up continuing to be dependent on others. Boys learn confidence through mastery of their environment, while girls' success is more contingent upon eliciting the help of others.
Sex-Role Stereotypes

The sex-typed roles which children learn as they grow up seem to be very strongly ingrained into our culture. A number of studies have been done to test the prevalence of clearly defined sex-role stereotypes for men and women.

In a study by Rosenkrantz, Vogel, Bee, Broverman and Broverman (1968) a sex-role questionnaire was developed to assess individual perceptions of masculine and feminine behavior. The scale consists of over 100 bipolar items each of which describes with an adjective or short phrase a particular behavioral trait or characteristic. The scale has a wide range of content areas, including interpersonal sensitivity, emotionality, aggressiveness, dependence-independence, maturity, intelligence, activity level, gregariousness, and others. Examples of items are: "very aggressive--not very aggressive," and "doesn't hide emotions at all--always hides emotions."

This sex-role questionnaire was used in a study by Broverman, Broverman, Clarkson, Rosenkrantz and Vogel (1970). The subjects were 46 male and 33 female mental health workers, ranging in age from 23 to 55, and ranging in experience from internship to extensive professional practice. They were divided into three groups. One group was asked to identify from the scale of bipolar items which characteristics describe a mature, healthy, socially competent adult male. The second group was asked to describe a mature, healthy, socially competent adult woman, and the third group was asked to describe a mature, healthy, socially competent adult.
person (sex unspecified). The hypothesis was that "clinical judgements about the traits characterizing healthy, mature individuals will differ as a function of the sex of the person judged" (p. 1). These differences were expected to parallel the sex-role stereotypes prevalent in our society. The hypothesis was supported. More positively valued characteristics such as competence, rationality, and assertiveness were ascribed to males than to females. The results suggest that clinicians feel that healthy women differ from healthy men by being more submissive, less independent, less adventurous, less objective, more easily influenced, less aggressive, less competitive, more excitable in minor crises, more emotional, more conceited about their appearance, and having their feelings more easily hurt. It was also found that characteristics which were regarded as healthy for an adult (sex unspecified) were considered more often by clinicians to be healthy for men than for women. The authors state in their discussion of the traits ascribed to an adult female that "this constellation seems a most unusual way of describing any mature, healthy individual" (p. 5). They suggest that a "double standard of health" exists where ideal concepts of health for a mature adult, sex unspecified, are meant primarily for men and less so for women. This puts women in a double bind, according to the authors. They can either adopt the behavior specified as desirable for women or for adults (sex unspecified). If they adopt the behavior seen as desirable for for adults (which is close to the behavior seen as desirable for males) they may be accused of being "unfeminine." But if they
adopt the behavior seen as desirable for women, they are deficient with respect to the general standards for adult behavior.

If such stereotypic notions about sex-roles are held by mental health professionals, as suggested by this study, their biases could present blocks to those individuals who wish to grow beyond these traditional stereotypic roles. That such notions are held by people who are considered by society to be experts on "what people are like," and who exert a great influence on social standards and attitudes through their writing, theorizing, and clinical functioning suggests that much societal change must begin with them (Broverman et al., 1970).

The stereotypic characteristics identified as descriptive of men and women in the study by Broverman et al. (1970) parallel those characteristics identified by college students in a study by Rosenkrantz et al. (1968). The sex-role questionnaire was given to 74 male and 80 female college students. The students were told to indicate which items describe typical adult males, adult females, and themselves. Social desirability of each of the bipolar items in the scale was determined by asking 73 male and 48 female college students not taking part in the main part of the study to indicate which pole of each item represents the more socially desirable characteristic for people in general (not for one sex or the other). There was high agreement between the male and female raters as to the social desirability of the items.

It was found that there was strong agreement between the
sexes about which characteristics described males and which described females. The stereotypically masculine characteristics were perceived by the raters as socially desirable significantly more often than the stereotypically feminine characteristics.

The self-concepts of the men and women were found to be very similar to their respective stereotypes. The authors suggest that this could mean that women hold negative values of their worth relative to men. The authors find this implication surprising, as the data were collected from college women who are presumably more enlightened than the general population, and more likely to be able to hold their own intellectually in relation to men, at least in terms of college grades. They conclude that "the factors producing the incorporation of the female stereotype along with its negative valuation into the self-concept of female subjects, then, must be enormously powerful" (Rosenkrantz et al., 1968, p. 293).

**Sex-Role Identity and Self-Concept**

Several other studies seem to lend support to the conclusions by Rosenkrantz et al. (1968) that the female role is associated with negative self-evaluation. A study by R. Sears (1970) suggests that even in the sixth grade, femininity is associated with negative self-evaluation. Four self-concept scales and the femininity scale of the California Personality Inventory were given to 84 girls and 75 boys in the sixth grade. The first self-concept scale consisted of a shortened and revised version of the
Self-Concept Inventory developed by P. S. Sears (1963) for use with sixth grade children. This scale consists of items specifying ten general categories of abilities, conduct and achievement. The second scale was a revised version of the Self-Criticism Scale, developed by R. Sears (1937), and the third scale was an Ideas of Reference Scale. The second and third scales consist of direct questions to be answered with a yes or no. The Self-Criticism Scale questions consist of expressions of satisfaction or dissatisfaction with physical abilities, school achievements, and social relations, as well as expressions of guilt about various kinds of inadequacies. The Ideas of Reference Scale questions are oriented toward hypersensitivity to other people's actions or presumed feelings toward oneself, with the majority of the questions implying some derogation. The fourth scale, the Self-Aggression Scale (R. Sears, 1961) consists of five items expressing hostility toward the self. The results of the four self-concept scales were given equal weight and summarized in a single summary self-concept score.

The results of the study indicated that femininity was consistently associated with poor self-concepts in both sexes. Femininity was also found to be related to timidity, high self-aggression, high pro-social and low anti-social aggression. Sears (1970) suggests that "these relationships are probably based on a common element of fearfulness and insecurity" (p. 278). Sears feels that the boys' results can be explained by the notion that poorly sex-typed individuals have poor self-concepts, as they do not fit in
with most of their peer group. Sears did not offer an explanation for the girls' results. Perhaps their scores reflect their tendency, even as young as sixth grade, to absorb the culture's negative evaluation of their sex and to incorporate it into their self-image. The girls could have absorbed this negative evaluation by observing social interactions between men and women, by hearing negative statements about women, or by modeling their mothers' behaviors and attitudes. Sears' study was very thorough in the way it assessed the self-concepts of the subjects.

Rice and Rice (1973) also feel that femininity is associated with negative self-evaluation. They state in an opinion article that since the personal characteristics associated with being a woman are devalued by society in relation to the male characteristics, the feminine woman suffers from low self-esteem, chronic depression and a lack of identity. They state that a woman's self-image is also affected by the societal programming of double-binding behaviors. Society tells her to be sexy, but to be a virgin; to be strong, but to be weak around men; to be smart enough to get a man, but to be "smart enough" to hide her intelligence; to achieve in school, but to "fail" in the world of work if she wants to remain "feminine." She is overtly told to love being a woman and the woman's role, but is covertly taught, by society's negative evaluation of women, to hate herself and her sex. These statements are not supported by empirical test results, however.

Another study, by Smith (1939), also seems to demonstrate that girls have a relatively poorer opinion of themselves than do
boys. One hundred boys and 100 girls in each year-of-age group from 8.0 years to 15.0 years were read questions by their teachers in their classrooms. These questions consisted of a descriptive phrase, and the subjects were asked to indicate whether each item was more descriptive of girls or boys (for example: "Who are kinder to animals, girls or boys?"). Social desirability of the items was determined by the votes of 17 experienced teachers. The teachers were in complete agreement as to the social desirability of the items.

It was found that with increase in age, the boys have a progressively poorer relative opinion of the girls, and the girls have a progressively better relative opinion of the boys. With increase in age, both boys and girls have a progressively better opinion of the boys and a progressively poorer opinion of the girls. These results could reflect a tendency of the subjects to absorb the culture's negative evaluation of females relative to males. The results could also reflect in part the tendency of pre-adolescent boys to "dislike girls."

This study used the subjects' responses to the questions given them to make statements about their opinions about themselves and about members of the opposite sex. The questions, however, are not direct measures of self-concept, but are measures of attitudes toward each sex as a whole. As subjects' self-concepts may differ from their conception of their sex as a whole, the conclusions of this study would have been much more powerful had a direct measure of self-concept been included.
The relationship between sex-role identification and self-concept was examined more directly in a study by Connell and Johnson (1970). The Gough Fe Scale and the Coopersmith Self-Esteem Inventory were given to a group of adolescents with a mean age of 13.5. The hypothesis was that subjects with high sex-role identification have higher self-esteem than those with low sex-role identification. The Gough Fe Scale was used as a measure of sex-role identification. It was found that males with high sex-role identification had greater self-esteem than males with low sex-role identification and females with high sex-role identification. Females with high sex-role identification felt as adequate or worthwhile as females with low sex-role identification. The authors believe that "for the early adolescent, the male role may have reward value above and beyond that of the female role" (p. 268). The authors state that society defines the male role in terms of mastery and competence, and defines the female role in terms of negative characteristics such as dependency and subservience. They conclude that females acquire no less self-esteem for adopting certain male characteristics, such as independence and competence, than for adopting the traditional female characteristics, which are rewarded. It may be, however, that many parents are now rewarding with approval the adoption of such "male" characteristics as competence and independence by their female children; therefore, this may be a source of positive self-feeling for girls. One must be careful, however, of drawing definite cause-and-effect relationships between sex-role identification and
self-esteem; many other factors could be responsible for a positive self-concept.

Lyell (1973) believes that a major source of self-esteem is productivity, that is, participation in the work world. Lyell hypothesized that those who are expected to work and are working (adult males) would have higher self-esteem than those who are not expected to work, and are not working (adolescent males and females, and adult females). She feels that this culture gives prestige to young adults only if they are in the labor force. Work at home, such as housework and child-rearing, is held in general disesteem by the culture, for it does not contribute directly to the productivity of the culture, and is therefore valued negatively. Lyell suggests that many housewives tend to accept uncritically the culture's evaluation of their work as routine, dull, repetitive, unimportant, and unproductive, and are generally unable to see that it is defined this way because it is outside the labor force.

Lyell tested her hypothesis by comparing the self-evaluations of male and female adolescents (ages 16 to 18) to those of male and female adults (ages 24 to 27). Self-concept was measured by a scale of 25 bipolar self-descriptive adjectives. Subjects were asked to indicate which point on the continuum between the two adjectives they felt most accurately described themselves, and which point described their ideal selves. Self-esteem was measured by the distance between the ideal self and the actual self. This method of assessing self-esteem was developed by
Rogers (1951), who theorized that the farther apart the self-perception and the self-ideal are, the greater the feelings of inferiority, insecurity, inner dissatisfaction, and inadequacy.

Lyell found that adult women and adolescent boys and girls tended to express more negative self-evaluation than adult men, who tended to respond positively about themselves. The adult men tended to convey a sense of positive self-feeling and well-being, while the adolescent males and females and the adult females tended to be quite dissatisfied with themselves. Lyell feels that these results can be explained by the notion that males go from the low prestige and concomitant negative self-evaluation of adolescence into the high prestige and concomitant positive self-evaluation of the work role. Women, on the other hand, go from the low prestige and concomitant negative self-evaluation of adolescence into the low prestige role of homemaker, and the negative self-evaluation persists into young adulthood.

This study would have been much more powerful had the same subjects been followed from adolescence through young adulthood. As the adolescent subjects were different from the adult subjects, possible differences between the two groups make the conclusions less powerful. The author attributes the adult male subjects' higher self-esteem to their entrance into the high prestige role of the worker, and attributes the lower self-esteem of the adolescents and the adult females to their low prestige roles. Other factors besides role prestige may have contributed to the subjects' self-evaluation, however, such as the period of
"identify crisis" for the adolescent, or other events taking place in their lives. Also, the author does not state what sort of jobs the working adult males hold. If they all hold high prestige professional positions, their self-evaluations might be higher than those workers with lower prestige, blue collar jobs. Again, one must be careful not to jump to conclusions about cause-and-effect; entrance into the work world may mean an increase in self-esteem for some people, but one must not assume it is true for everyone. Likewise, not all women's negative self-evaluations can be attributed to the fact that they occupy the role of homemaker. Many women do not consider the role dull and unimportant. The method the author used to measure self-esteem appears adequate. However, the results would have been more powerful if a validated self-esteem scale had been used as well as the bipolar adjective scale.

Stevens (1971) supports the position taken by Lyell (1973) that the role of homemaker is a low prestige job. In her opinion article she states that in our society, "not paid" usually means "not valued," and feeling "not valued" could mean lower self-esteem. Stevens feels that not all women can find fulfillment as a homemaker, but society expects them to find fulfillment in this role, which is essentially stultifying, boring, and a 24-hour-a-day drudgery. She further states that if women continually subjugate themselves to the needs of others (as the role of homemaker usually demands), the result may be a loss of identity and feelings of insignificance and impotence. Stevens also believes that if
women measure their self-worth in relation to a man's approval, the result could be a lowered feeling of self-worth.

These assumptions have not been tested by Stevens in a controlled experimental setting, but if they are true, they lend support to the notion that homemakers who accept society's definition of their role as unimportant, and accept a definition of themselves as "not valued," may suffer profound psychological effects, two of which may be a loss of self-esteem and a loss of self-worth.

Birnbaum (1971) has tested the notion that women in the homemaker role have lower self-esteem compared to career-oriented women. The purpose of her study was to find out what differences exist between family-oriented women, career-oriented women, and women who combine family and career roles. Birnbaum examined life patterns, personality style and self-esteem of 81 female University of Michigan alumnae who graduated with distinction, in order to find out to what extent homemaking and child rearing offer sufficient satisfaction to bright, college educated women. An extensive autobiographical questionnaire as well as projective cues were administered to the subjects. Birnbaum found that the homemakers described themselves as conventional, dependent, and not at all competitive. Their personality styles were found to be built on a muting of self-assertion and aggression, and the affirmation of love, nurturance, and self-sacrifice. They derived a sense of purpose from motherhood, yet they were found to be currently experiencing some distress, having low self-esteem, and perceiving themselves as neither attractive to men nor especially competent.
The single career-oriented women were found to have personality styles which rested on personal effort and busy counter-dependent involvement in work and community activities. They viewed themselves as not very attractive and somewhat alienated from men, and they sometimes felt lonely and out of place, but their self-esteem was high, and they felt productive and worthwhile. The women who combined career and homemaker roles were found to be unconventional, competitive, and not at all self-sacrificing. They experienced their work as pleasurable and intrinsically gratifying, and had egalitarian marriages. These women felt attractive, personally competent, and had high self-esteem. (A fuller description of the methodology used in this study was unavailable to this author.)

Birnbaum's (1971) findings parallel those of Shaver and Freedman (1976). They analyzed responses to a questionnaire on happiness which appeared in Psychology Today. The questionnaire covered such areas of experience as childhood memories and background, love and sex, friends and family, work and income, philosophical attitudes, religious feelings, good and bad experiences, and physical and emotional problems. Fifty-two thousand readers responded to the questionnaire, ranging in age from 15 to 95. When the authors compared the responses of housewives to those of employed married women, they found that the housewives were much more likely to be anxious and worried (46% of the housewives as compared to 28% of the working women), lonely (44% compared to 26%), and to feel worthless (41% compared to 24%). The authors suggest
that housewives as a group may have more problems because they are more isolated from adult contact throughout their day, spending more time watching television (an activity the authors suggest is related to feeling worthless) and spending their time with children (which the authors suggest may be related to feelings of loneliness). Perhaps another explanation may be that these women define their work as unimportant, and therefore feel less valued. Shaver and Freedman found that the happiest group of women were those who combined the role of homemaker with a career.

The respondents to the happiness questionnaire were, on the average, younger, more affluent, better educated and more liberal than the average American, so one cannot necessarily generalize from their responses to all Americans.

The findings of Birnbaum (1971) and of Shaver and Freedman (1976) seem to support the notions espoused by Lyell (1973) and Stevens (1971), that women who limit themselves to the role of homemaker, the traditional sex-role for women, have lower feelings of self-worth than women who do not so limit themselves.

Chesler (1971) agrees with Stevens (1971) that many women feel unhappy and unfulfilled in the homemaker role, and offers an explanation for the feelings of unhappiness and low self-esteem experienced by many housewives. She states in an opinion article that most women are unhappy because they have been trained to be passive and dependent in a world that values activity and strength; because as over-30 housewives whose children are in school, they are bored and unfulfilled as well as overworked by staying home;
because they have been brainwashed [by society's expectations] to feel "happy" with an unrealistic set of emotional expectations [i.e., that the role of homemaker will be fulfilling to them]. (p. 18)

Chesler does not support these statements with the results of empirical research.

The feelings of negative self-worth that many women experience can perhaps also be understood in terms of the "minority group" paradigm. Hacker (1951) defines a minority group as

a group of people who, because of their physical or cultural characteristics, are singled out from the others in the society in which they live for differential and unequal treatment, and who therefore regard themselves as objects of collective discrimination. (p. 60)

Hacker feels that common observation would suggest that many women believe themselves to be members of a minority group in the same way in which some Negroes, Jews, Italians, and other ethnic groups so conceive themselves. He cites some of the characteristics of members of a minority group as being group self-hatred, a tendency to denigrate other members of the group, and a tendency to accept the dominant group's stereotyped conception of them. These characteristics are exemplified, according to Hacker, by many women's tendency to attribute such unflattering characteristics to other women as "cattiness" or "disloyalty," a preference to work under men as opposed to women, a hatred of all-female gatherings and a general dislike of other women.

If women see themselves as belonging to a minority group, this may have definite psychological consequences. Hacker states that
since a person's conception of himself is based on the defining gestures of others, it is unlikely that members of a minority group can wholly escape personality distortion. Constant reiteration of one's inferiority must often lead to its acceptance as a fact. (p. 61)

If this is true, then the more women are exposed to sources which present a negative evaluation of their sex, the more likely they are to incorporate this evaluation into their self-image and have low self-esteem. Weisstein (1970) concurs with this point in an opinion article. She believes that if a woman is expected to be inferior, inconsistent, weaker, nonintellectual and emotionally unstable, she usually ends up being so, as the influence of social expectation is very powerful.

Hacker's (1951) article represents his own opinions and those of other researchers; he does not support his views, however, with his own empirical research.

Miller and Mothner (1971) have written a theoretical paper which also supports the ideas presented by Hacker (1951) about women's minority group status, and about their tendency to absorb the dominant group's negative conception of them. Miller and Mothner believe that whenever there is an unequal relationship between two social groups, this leads to profound psychological results: The less powerful group may absorb some of the untruths created by the dominant group. This may lead to women feeling that they have no right to raise the issue of their own needs and interests, and to develop feelings of anger, self-contempt, and inferiority. Again, however, Miller and Mothner do not support their views with their own empirical research, nor do they review the
research of others.

It has been theorized above that the more women are exposed to sources or speakers which present a negative evaluation of their sex, the more likely they are to incorporate this evaluation into their self-image and have low self-esteem. It may also be true that the more authoritative the source, the more likely individuals are to believe the speaker's message and to be influenced by it. Temerlin (1968) has done a study which demonstrates how the opinion of an authority figure can influence the beliefs and opinions of others, even to the point of accepting the truth ideas which they might not normally accept. Temerlin examined the effect of the opinion of an authority figure on clinicians' diagnoses of pathology. Three groups of mental health professionals (25 psychiatrists, 25 clinical psychologists and 45 graduate students in clinical psychology) listened to an audiotape in which a man was interviewed by the author as if he were a prospective client. The subjects were selected from three cities on a stratified random basis to represent employment in state mental hospitals, Veteran's Administration hospitals and private practice. The tape was played at staff meetings at the participating hospitals and clinics as part of a seminar, practicum meeting, or inservice training program on diagnostic interviewing.

The person on the tape was, unbeknownst to the subjects, not a prospective client but an actor trained to portray a normal and healthy personality. He was required to appear happy and effective in his work, self-confident, secure, and able to establish a warm
and comfortable relationship with the interviewer. The actor also appeared happily married, seemed to enjoy sex, had a happy childhood and good sense of humor, and was agnostic. He was completely free of delusions, psychosomatic symptoms and hallucinations. Since even the most well-adjusted people sometimes have anxieties over difficult life situations, the actor expressed mild concern over Viet Nam, did not always know precisely the best way to raise his children, and had occasional disagreements with his wife about whether to stay in bed Sunday morning or go to church. The actor knew the interview was being recorded, but did not know the purpose it was to be used for. He was told to portray a successful physical scientist and mathematician who was in the clinical setting because he had read a book on psychotherapy and wanted to talk about it. Before the subjects heard the tape, it was evaluated by three clinical psychologists who, without prior suggestion, agreed that the person on the tape did in fact appear to have the characteristics listed above. Before the subjects heard the tape, they were told by a confederate billed as a highly prestigious man in their own field that the man on the tape was "a very interesting man because he looks neurotic but is actually quite psychotic." After listening to the interview, the subjects were asked to indicate their diagnoses on a data sheet which listed ten psychoses, ten neuroses, and ten miscellaneous personality types, one of which was "normal or healthy personality." They were also asked to write a brief description of the patient on the tape, indicating the behavioral basis for their diagnoses. After the subjects had
completed their diagnoses, they were asked if they wanted to change their original diagnoses. Confederate subjects then chatted with the real subjects to see if they had been suspicious of the procedure or the prior suggestion by the "prestigious clinician." All subjects were then debriefed.

It was expected that the subjects' diagnoses would be influenced by the prior suggestion by the confederate. This hypothesis was supported: All of the 25 psychiatrists diagnosed some degree of mental illness. Twenty-two of the 25 clinical psychologists and 40 of the 45 clinical psychology graduate students diagnosed illness. This study was very well controlled; four control groups were used. Three groups consisted of clinicians, matched and stratified for professional identity. One group of clinicians received no suggestion prior to hearing the tape. Twelve subjects in this group diagnosed a normal, healthy personality and nine diagnosed mental illness. A second group of clinicians received the suggestion that the man on the tape was a perfectly healthy person. All 20 subjects in this group diagnosed mental health. The third group of clinicians was told that they were evaluating scientists as candidates for industrial research positions. They rated the man on the tape on ten employment-relevant scales and one mental health scale. Seventeen out of 24 subjects in this group said the man was healthy; seven said he was neurotic. For the fourth control group a mock sanity hearing was held in a county courthouse with lay jurors selected from a regular jury wheel. All 12 subjects said the man on the tape was mentally healthy. All
differences between experimental and control groups are significant at the .01 level.

Temerlin offered some explanations as to why mental health workers, especially psychiatrists, might tend to diagnose mental illness after hearing a suggestion by an authority figure. First of all, the field of psychiatry seems to be a system with established role hierarchies, and the system may reward conformity with authority figures. Temerlin also suggests that the clinicians may have expected a psychotic, as they encounter many in their daily work. Or, they may have a tendency to diagnose mental illness when they are in doubt as to the diagnosis, as it is a less dangerous error than to mistakenly diagnose health.

Temerlin's study is very well planned and well controlled. Great care was shown in the selection of subjects from various mental health settings, various professional roles, and from various cities.

Characteristics Associated with Feminism

For the purpose of this study, feminism will be defined as the view which seeks to modify those ideas and practices differentiating masculine and feminine social roles, and which seeks to bring about a change in the role and status of women in the direction of equality with men.

Dempewolff (1972) suggests that women who wish to break down the traditional sex-role stereotypes and establish a less rigid definition of male and female sex-roles must have a certain amount
of autonomy. One aspect of autonomy which Dempewolff believes is highly correlated with feminism is independence of judgement. Dempewolff defines feminists' independence of judgement as independence from implicit pressure from others to agree with an erroneous group opinion about the "proper" way to categorize or dichotomize sex-roles. She measured this characteristic using the Barron Independence of Judgement Scale (Barron, 1953). The scale was devised to measure an individual's autonomy with regard to the pressure for conformity to a false group consensus. According to the theoretical rationale used in constructing the scale, independent individuals value creative work, are receptive to new and original ideas, place more value on people as individuals (as opposed to superficially pleasing characteristics), are not fond of taking orders, do not value strict discipline, tend to be in communication with their inner life and feelings, have empathy, and prefer some uncertainty to polish, perfection, and situations which do not challenge the understanding and imagination of the observer. The scale consists of 84 items concerning the above personality characteristics.

Dempewolff hypothesized that feminists would be higher in autonomy as measured by the Barron Independence of Judgement Scale than nonfeminists. She administered a Feminism Scale (Dempewolff, 1972), the Barron Independence of Judgement Scale, a Modernism Scale and a Social Distance Scale to 154 male and female college undergraduates. (The results of the Modernism and the Social Distance Scales are not discussed here.) Feminist and nonfeminist
subjects were differentiated by the extent to which their behavior and extra-curricular club and group membership identified them with feminist values and the aims of the women's movement. It was found that supporters of feminism scored significantly higher on Barron's Independence of Judgement Scale than opposers of feminism. If it is true, then, that feminists are more independent in their judgement than nonfeminists, they should be less influenced by the opinions of others. This was a well-designed correlational study.

Summary of Theories and Hypotheses

It has been theorized above that society negatively evaluates many of the characteristics associated with being a woman. It has also been theorized that women who live in this society and are constantly exposed to this negative evaluation may tend to incorporate it into their self-images. These women may suffer a lowering of self-esteem and other psychological consequences as a result.

The purpose of the present study is to test the assumption that women who are exposed to a negative evaluation of their sex will experience a decrease in self-esteem. The inverse of this assumption will also be tested: that women who are exposed to a positive evaluation of their sex will experience an increase in self-esteem. It is expected that women will tend to be more influenced by the evaluations or opinions about the female sex if they are presented by a source who is seen as an authority figure. As Temerlin (1968) has shown, individuals tend to believe a speaker
and accept his or her ideas if that speaker is represented as a person with prestige and authority. Feminists, however, may not be as likely as nonfeminists to be influenced by a speaker's opinions, if it is true that they have greater independence of judgement, as Dempewolfiff (1972) suggests.

The following hypotheses were, therefore, tested:

1. Women who are exposed to a negative evaluation of their sex, presented by an authority figure, will tend to experience a decrease in self-esteem (as measured by the Tennessee Self-Concept Scale) following the presentation.

2. Women who are exposed to a positive evaluation of their sex presented by an authority figure will tend to experience an increase in self-esteem (as measured by the Tennessee Self-Concept Scale) following the presentation.

3. Feminists will undergo less change in self-esteem than nonfeminists following negative and positive evaluations of their sex.
II. METHOD

Subjects

While data were collected from both male and female students in three undergraduate classes at the University of Central Florida, only the data from the females were analyzed for this study.

In the first class, 16 females and 9 males participated in the pretest and 17 females and 13 males participated in the posttest. There were 17 subjects who were present for both the pretest and the posttest. Twelve were females and five were males. The females' ages ranged from 20 to 50. The males' ages ranged from 17 to 24.

In the second class, 24 females and 13 males participated in the pretest and 21 females and ten males participated in the posttest. Twenty-two subjects were present for both the pretest and the posttest; 17 were females and five were males. The females' ages ranged from 18 to 37, and the males' ages ranged from 19 to 21.

In the third class, seven females and three males participated in the pretest, and seven females and three males participated in the posttest. There were six females and two males who participated in both the pretest and the posttest. The females' ages ranged from 19 to 34, and the males' ages ranged from 23 to 26.
The Feminism II Scale

This scale was developed by Judith Dempewolf (1972). The scale consists of items selected from the Kirkpatrick Belief-Pattern Scale for Measuring Attitudes Toward Feminism (1936). Items were selected on the basis of contemporary appropriateness, then altered when necessary to clarify the items and bring them up to date. Two items from the Mafeer Inventory of Feminine Values (Steinman, Fox, & Levi, 1964) were added, as well as two items from Gruzen (1970), and an item from Kelley and Suelzle (1971). These items made up the Feminism I Scale, which contained pairs of items, one item in each pair supporting feminist values, the other item endorsing a more traditional view of women.

The Feminism I Scale was given to subjects whose views toward feminism were known. Items were eliminated which received many negative comments and which did not discriminate between feminists and nonfeminists. The Feminism I Scale was later administered to students in an introductory psychology course at the University of Cincinnati. Their responses were factor analyzed, and certain items were deleted from the scale. This purified scale was called Feminism II.

To validate the scale, Feminism I was given to selected subjects (only those items which were included in the Feminism II Scale were scored). These subjects belonged to certain groups or organizations at the University of Cincinnati which were known to hold more extreme attitudes toward feminism (either strongly
feminist or strongly nonfeminist) than would be found in a random sample of college students. The Feminism II Scale was validated by a 2-way analysis of variance to test whether it effectively discriminated between the subjects in the feminist and nonfeminist organizations. A significant effect was found for organizational membership, thus demonstrating known-groups validation for the Feminism II Scale.

Two short forms of Feminism II were developed (Forms A and B) by dividing the pairs of items from the Feminism II Scale so that the sum of the item means for each half was equal. The items were also alternated in direction of scoring so as to avoid response set. Both Forms A and B were given to subjects in two introductory psychology classes to determine their reliability. A correlation coefficient of .95 was found between Form A and Form B, thus producing a parallel-forms reliability estimate (Dempewolff, 1974).

The Tennessee Self-Concept Scale

This scale was developed by William H. Fitts and the Tennessee Department of Mental Health, and was published in 1965. The scale is well standardized, widely applicable, and multi-dimensional in its definition of self-concept.

There are two forms of the scale, the Counseling Form and the Clinical and Research Form. Both forms contain 100 self-descriptive statements with five response options for each statement, and are identical except for their scoring and profiling systems. The Counseling Form deals with fewer variables and scores, and is
quicker and easier to score. This form is more appropriate for self-interpretation and feedback to counselees.

The present study will utilize the Counseling Form. This form yields an overall self-esteem score, as well as scores in several different sub-categories: self-criticism, identity (the individual's perception of his basic identity, what he is as he sees himself), self-satisfaction, behavior (the individual's perception of the way he acts), physical self, moral-ethical self, personal self, family self, and social self. The scale also includes scores which measure the amount of variability from one area of self-perception to another, a distribution score, which measures the way an individual distributes his or her answers across the five available choices, and a time score, which measures the amount of time it takes an individual to complete the scale.

The norms for this scale were developed from a standardization group of a broad sample of 626 people from various parts of the country, and ranging in age from 12 to 68. There was equal representation of males and females, and Negroes and Whites. Subjects came from all different social, economic, and intellectual levels. (See the Manual of the Tennessee Self-Concept Scale for normative data and test-retest reliability coefficients for all scores and sub-scores.)

Content validity was demonstrated through unanimous agreement by seven clinical psychologist judges that each item was correctly classified in its appropriate sub-category.

The scale was also validated by demonstrating that it can
discriminate between groups of psychiatric patients and nonpatients, between delinquents and nondelinquents, and between the average person and a psychologically integrated person. The scale was also shown to differentiate among psychiatric patients from three clinical diagnostic categories: paranoid schizophrenics, depressive reactions, and emotionally unstable personalities.

The Tennessee Self-Concept Scale has been shown to correlate with other measures. Most of the scores of the scale correlate with MMPI scores in the predicted directions for each score. Clear nonlinear relationships have been shown between the scores of the Tennessee Self-Concept Scale and the Edwards Personal Preference Schedule. (Individual correlation coefficients are reported in the Manual for the above and several other measures.)

Validation of the Tennessee Self-Concept Scale has also been demonstrated through studies in which the scale shows changes in self-esteem following certain life experiences. In a study by Gividen (1959) the scale showed significant self-esteem decreases in Army paratroop trainees following experiences of physical danger and attitude training in which failure was considered a disgrace. The scale also differentiated between the group which failed the training and the group which passed.

The Tennessee Self-Concept Scale has also been used as a tool to measure improvement following therapy. In a study by Ashcraft and Fitts (1964), 30 subjects were given the scale before and after a six-month period of psychotherapy. A control group of 24 subjects was given the scale at the beginning and end of a 6.7-month
period during which they were waiting for therapy. The therapy
group changed significantly and in the expected direction on 18 of
the 22 variables studied, while the control group changed on two
variables. Of 1,110 individual score changes predicted, 765 were
correctly predicted. A significant proportion of these changes
occurred for 25 of the 30 subjects.

These studies and others demonstrate that the Tennessee Self-
Concept Scale can reflect self-esteem changes following certain
life experiences, and for this reason it was chosen for use in the
present study.

Procedure

Subjects were asked to sign a consent form prior to beginning
the experiment. (See Appendix A for a copy of this consent form.)
They were asked to identify themselves on the answer sheets by
their social security numbers or whatever numbers they wished to
use.

All subjects in each of the three classes were administered
the Tennessee Self-Concept Scale and the Feminism II Scale, Form A.
It took the subjects approximately 50 minutes to complete both
scales. They were presented at this time with a brief explanation
that the study was a survey of various attitudes about social
issues and about oneself. They were told that the study would be
conducted in two parts, with one administration now, and one in
several weeks. The instructor of each of the three classes was
absent during this first administration; only the experimenter was
present to administer the scales.

The experimental treatment was presented several weeks later, so that the subjects would not be as likely to suspect that the treatment was part of the experiment. All three classes heard a speech approximately ten minutes long given by a confederate of the experimenter. The instructor for each class introduced the confederate as a friend who is a visiting professor and practicing psychotherapist from out of town. Subjects were told that the confederate was asked by their professor to drop by and speak to the class for a few minutes about his work.

Each of the three classes heard a different speech by the confederate. The first class heard a very anti-feminist talk, in which the confederate discussed "psychology's view of women" in a very role-limiting context, stressing the validity of the traditional sex-roles for women, and how he deals with women's problems in therapy. To this group (to be called Group A, for anti-feminist) he was introduced as an authority in the field of sex-roles and psychology of women, with many publications to his credit. The second class heard a very feminist talk, in which the confederate discussed "psychology's view of women" in a very positive context, touching on the issues of women's capabilities and the many opportunities open to women, and how he deals with women's problems in therapy. To this group (to be called Group F, for feminist) he was also introduced as an authority in the field of sex-roles and psychology of women, with many publications to his credit. (See Appendix B for the texts of the feminist and anti-feminist talks.)
The third class was used as a control group. They were given a talk on stress management. This talk was sex-role neutral, in that it contained no mention of sex-roles whatsoever. (This group will be called Group C, for control group.) The confederate was introduced to this group as an authority on stress management, with many publications to his credit.

Subjects were asked to hold all questions and comments until after the confederate's speech had ended. This was to ensure that the speeches would not be interrupted.

Immediately after the talk, the confederate told each class that he would take a short break, but that he would return for questions afterward. The instructor then informed each class that since there was a little time remaining in the class period, that time would be used to do the second part of the "attitude study," the first part of which was administered to them several weeks before. The experimenter then gave the second administration of the Tennessee Self-Concept Scale.

In each of the three classes, the same professor was the instructor. He was present during each of the confederate's speeches and during the second administration of the Tennessee Self-Concept Scale. The experimenter was absent during the speeches so as to reduce the likelihood that the subjects would suspect that the confederate's speech was part of the experiment. The experimenter and her research assistant were both present during the second administration of the Tennessee Self-Concept Scale.

After the Tennessee Self-Concept Scale was completed, the
subjects were debriefed as to the true nature of the experiment. The confederate returned to the room and was re-introduced as a graduate student in clinical psychology. Each subject was given a copy of the debriefing statement (see Appendix C). All questions were answered, and all effort was made to ensure that the subjects understood that the feminist and anti-feminist speeches were part of the experimental treatment, and did not represent a definitive statement of psychology's view of women. Subjects were also told when and where the final results of the experiment could be obtained. The experimenter asked the subjects to indicate on their answer sheets if they guessed, during the confederate's speech, that he was involved in the experiment.

See Appendix D for copies of the Feminism II Scale, Form A, and the Tennessee Self-Concept Scale.

**Experimental Design**

The experimental design is the nonrandomized control group pretest-posttest design. The Tennessee Self-Concept Scale scores were analyzed using separate one-way analyses of covariance.

All subjects within each of the three experimental treatment groups were divided into two groups: those with low Feminism II Scale scores (equal to or below the mean Feminism II Scale scores for each of the three groups) and those with high Feminism II Scale scores (above the mean Feminism II Scale score for each of the three groups). One-way analyses of covariance were performed on selected self-esteem scores to compare the high and low scores on
the Feminism II Scale.

The subjects in this experiment were not randomly assigned to the three treatment conditions; they were enrolled in three separate classes. Because the three subject populations differed on such variables as age, educational and family background, attitudes toward feminism, and degree of psychological sophistication, the analysis of covariance procedure was selected to statistically control sources of secondary variance.
III. RESULTS

The raw scores for all subjects on the Tennessee Self-Concept Scale and the Feminism II Scale may be found in Appendix E.

Table 1 contains the pretest and posttest mean scores on the Tennessee Self-Concept Scale for the anti-feminist treatment group, the feminist treatment group, and the control group. The overall pretest and posttest means for the anti-feminist treatment group are 115.26 and 117.2 respectively. The overall pretest and posttest means for the feminist treatment group are 116.61 and 119.4 respectively. For the control group, the overall pretest and posttest means are 107.24 and 111.35 respectively. The mean pretest and posttest self-esteem scores of the control group are consistently lower than the mean pretest and posttest scores of the other two treatment groups. The mean pretest and posttest self-esteem scores for the feminist treatment group were, for the most part, consistently higher than the mean self-esteem scores of the other two treatment groups.

The majority of the mean self-esteem scores increased slightly from pretest to posttest, with the exception of the moral-ethical self scale means in the anti-feminist treatment group and control group, and the family self scale means in the anti-feminist and feminist treatment groups. The decreases in these means were very slight, however, ranging from one point (in the moral-ethical self
TABLE 1

MEAN SELF-ESTEEM SCORES ON THE TENNESSEE SELF-CONCEPT SCALE

<table>
<thead>
<tr>
<th></th>
<th>Anti-feminist Treatment Group n = 17</th>
<th>Feminist Treatment Group n = 12</th>
<th>Control Group n = 6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre 346.11</td>
<td>Post 349.83</td>
<td>321.83</td>
</tr>
<tr>
<td></td>
<td>Pre 351.58</td>
<td>Post 358.66</td>
<td>334.50</td>
</tr>
<tr>
<td>Total</td>
<td>Pre 125.70</td>
<td>Post 127.64</td>
<td>116.60</td>
</tr>
<tr>
<td>Identity</td>
<td>Pre 111.05</td>
<td>Post 111.58</td>
<td>110.41</td>
</tr>
<tr>
<td>Self-Satisfaction</td>
<td>Pre 109.35</td>
<td>Post 112.35</td>
<td>103.00</td>
</tr>
<tr>
<td>Behavior</td>
<td>Pre 68.35</td>
<td>Post 70.70</td>
<td>68.16</td>
</tr>
<tr>
<td>Physical Self</td>
<td>Pre 72.11</td>
<td>Post 71.88</td>
<td>69.50</td>
</tr>
<tr>
<td>Moral-Ethical Self</td>
<td>Pre 66.76</td>
<td>Post 66.76</td>
<td>59.66</td>
</tr>
<tr>
<td>Personal Self</td>
<td>Pre 71.94</td>
<td>Post 71.82</td>
<td>61.50</td>
</tr>
<tr>
<td>Family Self</td>
<td>Pre 66.11</td>
<td>Post 70.58</td>
<td>62.66</td>
</tr>
<tr>
<td>Social Self</td>
<td>Pre 68.08</td>
<td>Post 69.08</td>
<td>66.00</td>
</tr>
<tr>
<td>Overall Total</td>
<td>Pre 115.26</td>
<td>Post 119.40</td>
<td>107.24</td>
</tr>
<tr>
<td></td>
<td>Post 117.20</td>
<td></td>
<td>111.35</td>
</tr>
</tbody>
</table>
scale means for the control group) to .12 (in the family self scale means for the anti-feminist treatment group).

The largest mean increases, from pretest to posttest periods, across the nine scales were found in the total self-esteem scale scores, ranging from 5.47 points (for the anti-feminist treatment group) to 12.67 points for the control group. The moral-ethical self scale means increased the least, ranging from a drop of .23 (for the anti-feminist treatment group) to an increase of 2.83 points (for the feminist treatment group). The mean scores of the control group increased more than those of the other two treatment groups, with the mean scores of the anti-feminist treatment group increasing the least.

The mean scores on the Feminism II Scale for the anti-feminist treatment group, the feminist treatment group, and the control group were $M = 94.82$, 93.4, and 94.3, respectively. Raw scores on the Feminism II Scale ranged from 80 to 108 points in the anti-feminist treatment group, from 63 to 109 points in the feminist treatment group, and from 82 to 104 points in the control group.

Tables 2, 3, and 4 contain the self-esteem scale change scores for all nine subscales of the Tennessee Self-Concept Scale for each of the three treatment groups. These change scores were obtained by subtracting the posttest scores from the pretest scores for each subject. They show how many points each subject changed in either the positive or negative direction on each subscale following the experimental treatment.

For the anti-feminist treatment group, the total self-esteem
### TABLE 2

**SELF-ESTEEM SCALE CHANGE SCORES**  
**ANTI-FEMINIST TREATMENT GROUP**

<table>
<thead>
<tr>
<th>Subject</th>
<th>Total</th>
<th>Identity</th>
<th>Self-Satisfaction</th>
<th>Behavior</th>
<th>Physical Self</th>
<th>Moral-Ethical Self</th>
<th>Personal Self</th>
<th>Family Self</th>
<th>Social Self</th>
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### TABLE 4

SELF-ESTEEM SCALE CHANGE SCORES

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scale scores underwent the most change, both in the positive and negative directions following the experimental treatment. The scores changed 332 points (this number represents the sum of the absolute values of all the change scores for that subscale). Additionally, there was considerable change in the self-satisfaction scale scores (137 points) and in the behavior scale scores (183 points). The family self scale scores underwent the least change (74 points). Out of a total of 153 individual scores in the anti-feminist treatment group, 55 scores (36%) changed in the negative direction while 98 scores (64%) changed in the positive direction.

For the feminist treatment group, the total self-esteem scale scores underwent the most change, both in the positive and negative directions (136 points) following the experimental treatment. The physical self scale scores and the personal self scale scores underwent the least change (31 points and 34 points, respectively). Out of a total of 108 individual scores in the feminist treatment group, 34 scores (31%) changed in the negative direction while 74 scores (69%) changed in the positive direction.

For the control group, the total self-esteem scale scores underwent the most change, both in the positive and negative directions (76 points) following the experimental treatment. The moral-ethical self scale scores underwent the least change (19 points). Out of a total of 54 individual scores for the control group, 15 scores (27%) changed in the negative direction while 39 scores (73%) changed in the positive direction.

For the anti-feminist treatment group, change scores ranged
from -52 to 56 points for the total self-esteem scale. For the identity scale, change scores ranged from -16 to 11. Self-satisfaction scale change scores ranged from -41 to 20, and behavior scale change scores ranged from -22 to 29. Change scores for the physical self scale ranged from -14 to 13; change scores for the moral-ethical self ranged from -19 to 13; and change scores for the personal self scale ranged from -17 to 13. Family self scale change scores ranged from -15 to 7, and social self scale change scores ranged from -5 to 16.

For the feminist treatment group, change scores ranged from -9 to 30 for the total self-esteem score, from -12 to 7 for the identity scale, and from -11 to 14 for the self-satisfaction scale. Behavior scale change scores ranged from -8 to 18, physical self change scores ranged from -2 to 10, and moral-ethical self change scores ranged from -5 to 13. Personal self scale change scores ranged from -3 to 7, family self scale change scores ranged from -7 to 10, and social self scale change scores ranged from -5 to 12.

For the control group, change scores ranged from 0 to 32 for the total self-esteem scale, from -5 to 6 for the identity scale, and from -2 to 14 for the self-satisfaction scale. Behavior scale change scores ranged from 2 to 21, physical self scale change scores ranged from -9 to 8, and moral-ethical self scale change scores ranged from -5 to 6. Personal self scale change scores ranged from -1 to 16, family self scale change scores ranged from -5 to 33, and social self scale change scores ranged from -2 to 10.
Analyses of Covariance of Self-Esteem Scores

Analyses of covariance (ANCOVA) were computed to determine if there were any significant pre-post differences between the three treatment groups for self-esteem scores. Separate one-way ANCOVA's were computed for the total self-esteem scores of the Tennessee Self-Concept Scale and for each of the eight subscale scores.

Analysis of covariance for the total self-esteem scores revealed no significant difference between the three treatment groups, $F(2,31) = .6653, p > .05$. No significant difference was found between the three treatment groups for the identity scale scores, $F(2,31) = .4806, p > .05$. There was no significant difference between the three treatment groups for the self-satisfaction scale scores, $F(2,31) = .7467, p > .05$, nor for the behavior scale scores, $F(2,31) = 2.3798, p > .05$. No significant difference was found between the three treatment groups for the physical self scale scores, $F(2,31) = .1437, p > .05$, nor for the moral-ethical self scale scores, $F(2,31) = .5187, p > .05$. There was no significant difference between the three treatment groups for the personal self scale scores, $F(2,31) = 2.9328, p > .05$, nor for the social self scale scores, $F(2,31) = 1.7887, p > .05$. However, analysis of covariance for the family self scale scores revealed a significant difference between the three treatment groups, $F(2,31) = 3.4672, p < .05$. 
Post-hoc Analysis

A post-hoc analysis was performed on the change scores of the family self scale using Duncan's Multiple Range Test with Kramer's adjustment for unequal cell frequencies. It was found that the family self scale scores of the anti-feminist treatment group were significantly lower than the family self scale scores of the control group ($t [29] > 1.699, p < .05$). The family self scale scores of the feminist treatment group were not significantly different from the scores of the control group, and the family self scale scores of the anti-feminist treatment group were not significantly different from the scores of the feminist treatment group.

Analysis of Covariance Comparison of High and Low Scorers on the Feminism II Scale

One-way analysis of covariance was used to compare the self-esteem scores of the high versus the low scorers on the Feminism II Scale. Self-esteem scores were examined for the total self-esteem scale scores and the family self scale scores for all three treatment groups. Separate analyses of covariance revealed no significant differences in total self-esteem scale scores between subjects with high versus low Feminism II Scale scores across each of the three treatment groups (all $F's < 1.00$, $p's > .05$). There were no significant differences in family self scale scores between subjects with high and low Feminism II Scale scores across each of the three treatment groups (all $F's < 3.30$, $p's > .05$).
Test for Homogeneity of Variances

Bartlesstt's Test for Homogeneity of Variances was performed on the Tennessee Self-Concept Scale change scores across the three treatment groups. It was found that there was a significant difference in variance among the three treatment groups $\chi^2(2) = 39.853$, $p < .001$. Inspection of the sample variances revealed that the anti-feminist treatment group had the largest variance ($s^2_1 = 142.222$) while the sample variances for the feminist treatment group and the control group were $s^2_2 = 45.286$ and $s^2_3 = 68.284$ respectively. Analyses of these sample variance differences revealed that the average variability of the Tennessee Self-Concept Scale change scores for the anti-feminist condition was significantly greater than either the feminist or control conditions $[F(152, 107) = 1.421, p < .01; F(152, 53) = 2.868, p < .01]$. Finally, the variability of the Tennessee Self-Concept Scale change scores for the feminist treatment condition was significantly smaller than that of the control condition $[F(107, 53) = 2.019, p < .01]$. 
IV. DISCUSSION

It was hypothesized that women who were exposed to a negative evaluation of their sex presented by an authority figure (the anti-feminist speech) would experience a decrease in self-esteem, while those women who were exposed to a positive evaluation of their sex presented by an authority figure (the feminist speech) would experience an increase in self-esteem. In general, these hypotheses were not supported. No significant difference was found between the three treatment groups in self-esteem following the experimental treatment, with the exception of the family self scale of the Tennessee Self-Concept Scale. The family self scale scores of the anti-feminist treatment group were found to be significantly lower than the scores of the control group, which was in the predicted direction.

It was also hypothesized that feminist women (as measured by the Feminism II Scale) would undergo less change in self-esteem than nonfeminists following negative and positive evaluations of their sex. This hypothesis was tested for the total self-esteem scale scores and the family self scale scores of the Tennessee Self-Concept Scale for all three treatment groups, and was found not to be supported.

However, it was found that the variance of the anti-feminist treatment group was significantly greater than the variances of
either the feminist treatment group or the control group. It was also found that the variance of the feminist treatment group was significantly smaller than that of the control group. In other words, the Tennessee Self-Concept Scale scores of the anti-feminist treatment group underwent more change following the treatment, both in the positive and negative directions, than the scores of the other two treatment groups. Although it was hypothesized that the anti-feminist speech would cause decreases in the subject's self-esteem, it appears that it caused some subjects to experience an increase in self-esteem, while others experienced a decrease.

This issue merits further investigation because of its implications for psychotherapy. If a therapist holds anti-feminist or feminist values, these values may be communicated to his or her female clients. Thus, the way that therapist relates to his or her clients in terms of therapy goals, what client efforts the therapist feels are appropriate to support, and even the clients' self-perceptions may be affected. This effect appears to be particularly potent in the case of a therapist who holds anti-feminist attitudes. The results of the present study, although minimally generalizable to the therapy experience, could suggest that some female clients of an anti-feminist therapist may be affected positively, and experience an increase in self-esteem, while other female clients may be affected negatively, and experience a decrease in self-esteem. In other words, an anti-feminist therapist may be detrimental to some female clients while other women may be helped by such a therapist.

Ideally, the notion of whether a therapist's feminist or
anti-feminist biases can affect the self-esteem of his or her female clients should be tested with practicing psychotherapists whose attitudes toward feminism have been previously assessed. Such a study might examine changes in self-esteem in the clients of feminist and anti-feminist therapists during and after a period of psychotherapy, and the extent to which the clients introject the therapists' values. Feminist and nonfeminist clients could be compared to determine direction and extent of self-esteem change when paired with a feminist or anti-feminist therapist. Clients on a waiting list might be used as a control group.

There are a number of possible reasons why the first two hypotheses were not supported by the data. First of all, the subjects may not have believed the confederate in his role as a professor and psychotherapist. The confederate appeared a bit stiff and nervous during his delivery of the speeches (especially the anti-feminist and feminist speeches), and had to read the speeches (as opposed to talking in a relaxed way with only occasional reference to his notes), which may have detracted from his credibility. An informal poll of the three treatment groups regarding the credibility of the confederate revealed that several subjects in the anti-feminist treatment group knew that the speaker was a confederate. Only two subjects in the feminist treatment group suspected that the speaker was a confederate, and no one in the control group suspected.

Second, assuming at least some credibility of the confederate, the self-esteem of a population of college students may not be
as likely to be affected by the opinions of an authority figure as a sample drawn from a wider nonuniversity population. The college system may reward more for original thinking than for conformity with the views of authority figures. If it is true that college students are more independent in their thinking and judgement than a nonuniversity population, then their opinions and self-perceptions are less likely to be swayed by the opinions of a high-prestige authority figure.

The experimental treatment may have lost a lot of its impact due to the fact that it was a group administration. The messages of the speeches may, therefore, have been experienced by the subjects as not particularly personally relevant. That is, they may have felt that the speaker was not talking about them as individual persons, but about their sex in general, and if they disagreed with the speaker's message, they may have just tuned him out and not allowed their self-perceptions to be affected by that message. A fourth possibility is that the subjects may have been confused or annoyed with the somewhat complicated answer sheet numbering system in the second administration of the Tennessee Self-Concept Scale, and not answered the questions as thoughtfully or as patiently as they might have otherwise. The somewhat complicated numbering system was due to a mix-up with the answer sheets, which was not discovered until after the first administration of the Tennessee Self-Concept Scale. The order of the questions on the handouts did not match the order of the questions on the answer sheet, because the questions on the handout were ordered for use with the Clinical and
Research Form answer sheet, not the Counseling Form, as was used in this experiment. This was corrected by altering the order in which the questions were to be answered on the answer sheet. These alterations were clearly marked on the answer sheets and were explained thoroughly to all subjects, but some individuals may still have been confused. Finally, the failure to obtain significant results could be due to the low number of subjects used in the study, and the unequal number of subjects in each treatment group. The number of subjects in the control group in particular was disproportionately low in comparison with the other two treatment groups.

Most self-esteem scores in the three treatment groups increased following the experimental treatment. This can perhaps best be explained as a function of taking the Tennessee Self-Concept Scale twice, rather than being due to the experimental treatments.

In light of the above criticisms, it is difficult to explain the significance found in the family self scale scores. It might be possible that the anti-feminist speech affected the way in which the subjects thought of themselves in relation to their families. If they accepted the opinions of the speaker about women's roles, they may have seen themselves as getting less approval from parents, relatives or spouses for adopting the more limited, traditional female role, if the expectation was held by their families or themselves that they attain certain career goals. Or, if the subjects saw themselves as leading lives quite different from the lifestyle advocated for women by the anti-feminist speech, they may have felt guilty that they were not doing as much for their families as the
speaker said women should. It could also be that the significance in the family self scale scores is a result not of the experimental treatment, but of extraneous, possibly family-related events which occurred in the lives of the subjects between the first and second administrations of the Tennessee Self-Concept Scale. Such extraneous life events could perhaps also partially account for the lack of significance found in the other Tennessee Self-Concept Scale scores.

The third hypothesis, which stated that feminists would have less change in self-esteem following the experimental treatment than nonfeminists probably failed to be supported by the data due to the fact that all the subjects scored relatively high on the Feminism II Scale. There were no subjects whose scores could definitively classify them as nonfeminists, so there could be no real comparison of feminists and nonfeminists with respect to self-esteem changes.

The results of this study suggest that hearing a negative or positive evaluation of the female sex as presented by an authority figure does not affect women's self-esteem. This seems to be the case for this study with this particular experimental design. The present data suggest that a larger number of subjects should be taken from the general population, where more variability in self-esteem and attitudes toward feminism and less sophistication in the areas of psychology and experimental research could be expected.

The experimental treatment might be a lot more powerful if it were done with a one-to-one administration design. Each subject
might have an interview with the confederate, during which the confederate could get across to the subject his or her attitudes towards women's roles while interviewing the subject for candidacy as a research assistant or a subject in a research project. Or, subjects could be presented with a document on women's roles ostensibly written by a high-prestige figure in the field of psychology, and asked to review the document.

Subjects in a future study would preferably be randomly assigned to treatment groups, or assigned to treatment groups on the basis of high or low scores on the Feminism II Scale, or high or low scores on the Tennessee Self-Concept Scale. Randomization or assignment of subjects to groups was, unfortunately, not possible in the present study.

A future study might also include an independence of judgement scale to test the notion that more independent thinkers are less likely to be influenced by the opinions of an authority figure than less independent thinkers. Each subject's score on such a scale might be compared with his or her score on the Feminism II Scale with respect to self-esteem changes following the experimental treatment.

An attempt was made in writing the feminist and anti-feminist speeches to compose speeches of approximately equal length, with maximum credibility, and noninflammatory in content. Perhaps the anti-feminist speech was perceived by some subjects, particularly the more feminist ones, as being inflammatory and somewhat unbelievable. In the future, the credibility and emotional impact of the
speeches might be assessed by subjecting them to the opinions of independent, qualified judges, or by running a pilot test and obtaining the opinions of the subjects. The present study lacked the control of having independent judges judge the speeches as to whether they were credible or inflammatory, and whether they were likely to have a positive or negative effect on a subject's self-esteem. While the experimenter intended the anti-feminist speech to have a negative effect on women's self-esteem and the feminist speech to have a positive effect, the speeches may not have been perceived as such by the subjects. Indeed, the results indicated that the anti-feminist speech had a positive effect on some subjects' self-esteem. A woman with very traditional, nonfeminist values might agree wholeheartedly with the anti-feminist speech and perceive it in a positive light, and perhaps experience an increase in self-esteem. There is also the possibility that the feminist speech, with its message of virtually unlimited role opportunities for women, might make some women feel frightened at the thought of so many new role options, or might make them feel guilty that they have not taken full advantage of their opportunities for growth. For these women, the feminist speech might have a negative effect on their self-esteem.

The results of the present study suggest that hearing a positive or negative evaluation of one's sex presented by an authority figure could cause increases or decreases in one's self-esteem. Significant effects were observed for both treatment conditions, but other moderating variables may have interceded with the
treatments to produce those effects. It was not clear from the results what those variables might be. The variables of age, marital status and score on the Feminism II Scale were examined, but no conclusions could be drawn, due to the low number of subjects in each age group. Table 8 (Appendix F) shows the age and marital status of high and low scorers on the Feminism II Scale. In comparing the low scorers on the Feminism II Scale to the high scorers across the three treatment groups, 87% of the low scorers were unmarried (14 out of 16 subjects). Seventy-seven percent of the married, separated or divorced subjects scored above the mean (for their treatment group) on the Feminism II Scale (seven out of nine subjects). Fifty-nine percent of the young subjects (< M age) scored low on the Feminism II Scale (13 out of 22 subjects). Seventy percent of the older subjects (> M age) scored high on the Feminism II Scale (seven out of ten subjects). There was a trend for the older, married, separated or divorced subjects to score relatively high on the Feminism II Scale. Future research studies need to examine the interaction of the variables of age, marital status and feminist attitudes with self-esteem change in the therapeutic or research situation. A final factor to be examined in a future study would be the effect of the sex of the therapist or confederate on self-esteem changes.
APPENDIX A

CONSENT FORM GIVEN TO SUBJECTS
CONSENT FORM

I UNDERSTAND THAT I AM NOT REQUIRED TO PARTICIPATE IN MUFFIE SPURGE'S EXPERIMENT, AND MAY WITHDRAW AT ANY TIME.

I ALSO UNDERSTAND THAT THE EXPERIMENT WILL BE MEASURING ATTITUDES AND PERSONALITY TRAITS, AND THAT MY RESPONSES WILL BE KEPT ANONYMOUS (SOCIAL SECURITY NUMBERS WILL BE USED TO IDENTIFY EACH SUBJECT).

NAME: _______________________

DATE: _______________________
APPENDIX B

TEXTS OF FEMINIST AND ANTI-FEMINIST SPEECHES
I am here to discuss with you some of the issues involved in
the psychology of women. I see mostly women clients in my private
practice, and am familiar with the many problems a woman encounters
living in today's world. Since women's issues and women's liberation
are such frequently talked-about and debated topics nowadays,
many of you are probably wondering what psychology has to say
about these issues, that is, what are the opinions of the many
psychologists and psychiatrists practicing psychotherapy in this
country today? Well, psychology has some very definite opinions,
and these opinions are what determine my standpoint, my theoretical
frame of reference, when I do psychotherapy with women clients.

First of all, I want to say that I am a feminist. How can a
man be a feminist? Well, to me, feminism means the freeing of all
people from the restrictions of their culturally defined sexual
roles, and the focus on balancing out the centuries of negation of
female energy by the positive assertion and development of it in
the world today. In other words, feminism means helping each
individual discover her (or his) potential and develop it to the
fullest.

Our culture is sexist. For years women have been considered
second-class citizens, and not as worthwhile as men. They have
been locked into restricting roles by society, which tells them
that their only duty in life is to be a good wife and mother. Our
culture has taught us that women are passive, dependent creatures,
not as aggressive, assertive or capable as men, and certainly not suited for any kind of intellectual pursuit. Well, we are finally finding out that these kind of ideas about male-female differences are just plain wrong! Women are just as capable as men of doing any kind of task--there are no differences between males and females outside of the obvious physical differences, and there is no reason why women shouldn't achieve just as much as men. The role behaviors proscribed for each sex are artificial, created by society for convenience's sake, in a time when society needed a structural order to survive. But today society is different, and these artificial role differentiations are no longer necessary. A woman doesn't have to remain in the home; if she chooses, she may take her place in the professional world. Women don't have to be confined to the passive role any longer--they can be assertive, they can speak up for themselves without being thought of as "unfeminine." A woman can tell a man what she feels about him, without being thought of as aggressive. And a woman can even initiate sex if she cares to, without having to passively wait for the man.

Even though society is changing its attitudes toward women, many women grew up when society held very negative and limiting attitudes toward women and their roles (such as, "a woman's place is in the home," and "women are good for making babies, not thinking," things of this nature). Even today, women are constantly coming into contact with those who define them in constricted and destructive ways. You hear it on the street, at parties, on T.V.
shows which portray women as silly and incompetent . . . you hear it everywhere. So by the time a woman enters therapy, she may have absorbed many, if not all of these destructive stereotypes. When such a woman comes to me in therapy, I help her oppose those stereotypes, to fight against them, and bolster up any intellectual or societal strivings that may have been repressed or squashed in this individual.

Many women come to me with feelings of worthlessness. Well, being raised, as we said, in a culture that defines women as inferior and second-class citizens, of course some women are going to have a very negative self-image. Housewives especially get these low self-image feelings. This is because housework is considered to be a low-prestige job in our society. It is considered routine, dull, repetitive, and unimportant. If a woman defines herself as fit only for this sort of drudgery, of course she is going to have feelings of low self-worth. I help these women see that being a housewife doesn't have to be their only identity, their only life. Many have been brainwashed by our sexist culture into believing that housework and motherhood are a woman's only proper roles, and that all they are good for is housework. Well, I help them see that they can be anything they want to be, and that housework isn't their only role option anymore.

Many such women can find relief and re-education in therapy with a feminist therapist, and in consciousness-raising groups. These are groups where women meet and talk together about their experiences of being female, and explore new role options, new
ways of developing their potentials. In therapy and in these groups, we try to undo the years of brainwashing—to help women see that society's negative definition of women is the cause of many of these feelings of inferiority and low self-worth. Instead of continually blaming themselves for inadequacies, women can explore what part of it is their own responsibility and what part is imposed by society.

I try to help women to gain new feelings of self-respect, and to promote feelings of pride and joy in being female. I help women see that they don't have to copy men as models. In other words, it is not that women must now try to be like men, and become doctors and lawyers and earn money doing "men's work." Rather, it is my hope that women can come to respect their own work and themselves, be they doctors or nurses or mothers. They must come to respect "women's work" and women's qualities whether they are the same as men's or different.

I also help women see that they don't have to distrust other women as competitors for male approval; that women can be a great source of support to one another, and help each other toward greater feelings of self-confidence.

I'm not trying to impose on any woman the values that a woman should not be satisfied being a wife and mother. But not all women can find fulfillment in the role of homemaker, just as not all men can find fulfillment in becoming lawyers. The way I feel is, motherhood may give women an identity and fulfillment if it is freely wanted, but it is not all-fulfilling for everyone. Motherhood
should be taken on as a role in conjunction with other roles. The goal of each woman should be to develop a lifestyle that uses her energies and capacities to function in various roles productively, and to gain personal satisfaction from whatever role or roles she takes on. But society expects all women to find fulfillment in the role of housewife and mother, which is for some a 24-hour-a-day prison of boredom and drudgery. And these expectations make some women feel that there must be something wrong with them, if they do not find fulfillment there. Some women actually come to me in therapy and say, "There is something the matter with me, I hate being a housewife. Fix me so I can be satisfied with it!" And I tell these women just what I've been telling you, that society has got them believing that they should like housework and motherhood, that that's what a woman is made for. And I expose these ideas for the sexist propaganda they are.

In the past, society and Freud defined the woman's role as not to be an achiever herself, but to get vicarious satisfaction through the achievements of her husband and family. These ideas are outdated now, though. Today, women are free to get satisfaction through their own achievements. They don't have to feel guilty to say, "I'm not satisfied with just the wife and mother role and watching my husband do all the achieving." It's O.K. to have your own wants, dreams and ideas, and this is what I encourage women to feel free to do. I want to help women to see that they have as much worth and potential as do men. My goal in therapy is for my clients to have an enhanced self-image, a more positive view of
themselves as human beings. I help women to explore themselves to find out what their wants, dreams and potentials are, and to feel free to express what is inside of them. And when they are ready to strike out in new role directions, I give them every ounce of support I can give.

Working women have their own set of problems. Many meet with disapproval and resentment from male co-workers and bosses, and are told that they have become "unfeminine" or "less of a woman," and this causes hurt and emotional stress. To these women especially I try to give as much support as I can. I try to help them understand that even though society's views about women are changing, these changes are slow, and for the first generations of working women, it will be tough, until society finally realizes that women are just as capable as men of sound judgement and intelligent, informed actions and decisions.

Another problem many women face is society's expectation that a woman's motivating force in life should be to gain male approval, to do everything possible to make herself attractive to men, no matter what the cost. It's the old "We must suffer to be beautiful" adage that women have been indoctrinated with since birth. Many women express to me feelings of being tired of all the make-up, the dieting, the perms, the whole Revlon-Clairol-Playtex everyday ritual. Many express feelings of being uncomfortable or actually hating their own bodies becuase they are too short, too tall, too fat, too thin, too bowlegged, too knock-kneed, or something that might make men not like them. Dreading
summertime because more of their bodies will be seen . . . and judged. Some women actually feel that if they are unattractive, they are failures in life, for they feel they are unable to succeed in the one thing society judges women by: being able to catch and marry a decent man. Well, I tell women that this is all bullshit—a woman isn't a failure if she is not attractive to a man! Women are individuals, not just an extension of some man. And each woman has her own identity, and her identity is not determined by the kind of man she marries!

In summary, then, my final goal in therapy is to increase each person's sense of self-worth, and help her overcome all the hassles and stresses she has to deal with in our society.

Let me just read you part of a letter a former client of mine wrote me when she terminated therapy. This really sums up the kind of things we as psychologists are working toward with our women clients:

I don't feel guilty anymore than I hate doing dishes and stuff like that, and I've gotten rid of feeling that I'm crazy because I'm not content with what I'm supposed to be content with. I'm doing things I wanted to do before, but before I wasn't sure if wanting them was right. Now, I'm not afraid of being bright, or of not being beautiful, or of having an ego of my own. I'm not afraid to be assertive, or to take control of my life, or to consider myself important. I value women—and myself. And I don't reject being female anymore; I can finally feel a sense of pride in being what I am.
I am here to discuss with you some of the issues involved in the psychology of women. I see mostly women clients in my private practice, and am familiar with the many problems a woman encounters living in today's world. Since women's issues and women's liberation are such frequently talked-about and debated topics nowadays, many of you are probably wondering what psychology has to say about these issues, that is, what is the opinion of the many psychologists and psychiatrists practicing psychotherapy in this country today? Well, psychology has some very definite opinions, and these opinions are what determine my standpoint, my theoretical frame of reference, when I do psychotherapy with women clients.

Let me begin by giving you the opinions of some of the most prominent men in the field of psychology, and then move into some glimpses of how I do therapy. Dr. Benjamin Spock, a name with which you are all no doubt familiar, states that "biologically and temperamentally I believe women were made to be concerned first and foremost with child care, husband care, and home care." Theodor Reik is of the opinion that, "ideally, a woman's only aims should be to become a good wife and mother." Karl Menninger states that man is the most important figure in the social order. Woman's goal is to serve, love, and be protected by him. The woman must adjust to the man's situation, must struggle to make the best of every situation, and in protecting or building up the personality of her husband or lover by means of her receptivity, a
woman builds her own personality.

Helene Deutsch states that the majority of women essentially desire to be submissive and dependent. Traits of intuition and subjectivity are related to the female's passivity. Deutsch sees the intellectual woman as being dry, sterile, and masculinized. Such a woman has given up the warm, intuitive, womanly knowledge for cold, unproductive thinking.

Psychology is of the opinion that the behavior and personality of each sex is determined by biological structure. Men are biologically different from women, so naturally they are going to differ physically and psychologically. Men are more aggressive, assertive and active by birth, so naturally they are best suited to be the earners and achievers in our society. Women are more nurturant and dependent by birth. Research has shown that women have a higher need to be affiliated than men, that is, a greater need for love and approval, and a greater fear of abandonment. Women work for love and approval. Much more important that the desire to achieve is the desire to be loved. And, society is arranged so that women may fill this need through marriage and motherhood. A woman needs a man to love her, protect her, and provide for her. And having a child can bring a woman even further satisfaction, as she can both receive and give love to the child. In fact, the majority of healthy, adjusted women prefer motherhood and homemaking to a career, for just these reasons. Bruno Bettelheim states that "as much as women want to be good scientists and engineers, they want first and foremost to be womanly companions of men, and
to be mothers." Women lose interest in the vocational world as their thoughts turn to marriage. They may enter the vocational world or the academic world, but so often they're not really serious about what they're doing—it's just something to do while waiting to meet a man, or for many, even a way of getting a man. This search for a man is something that eventually occupies every young girl's thoughts, and is something that she actively orients her life toward. According to Erik Erikson, a woman's identity is already defined in her kind of attractiveness to men, and in the kind of man by whom she chooses to be sought. In other words, the kind of man a woman eventually ends up with determines what she is, and what she will be in future years.

I think a woman, if she is smart, should strive to find the kind of man who can provide her with the things she wants out of life, and be satisfied with this. A woman should do what she can to be as feminine as possible, so she can get the kind of man she wants. And feminine means being attractive and pretty. If you want something from a man, you can't be direct—it's too threatening. And don't criticize him—you have to develop subtle ways of getting what you want. Be soft. Be pretty. Flatter him. Get him to give you what you want and think it was his idea. It is every woman's responsibility to strive to look pleasant, speak softly, and be the kind of woman a man would be proud to call his own.

Then, once a woman is married, she never has to go out and work for a living. She is spared that, protected from that by her husband. And if a woman tries hard to please her man, she will be
be amply rewarded by him—he will put her right up on the pedestal and treat her like a princess. So, really, what do women want to be liberated from? If they live according to the roles society has set out for them, they can look forward to a pleasant life, protected from the hardships of the work world by their men.

Sometimes women come to me in therapy with problems involving low self-esteem, and a poor self-image as a woman. I tell them that the more feminine you are, the more you can do to win male approval, the more you will get their approval and admiration of you as a woman, and the better you'll feel about yourself.

Sometimes women come to me in therapy feeling upset and empty, saying they lack a goal in life. Well, I help them see that they have a goal, every woman has a goal, and that is motherhood and/or wifehood. And I tell these women to make it their goal to be the best wife and homemaker they can be. And I assure them that this is where their greatest fulfillment lies, this is their greatest potential avenue of satisfaction, and the more they put into it, the more they'll get out of it.

Especially fulfilling to women is motherhood. To quote Erik Erikson again,

mature, womanly fulfillment rests on the fact that a woman's [bodily] . . . design harbors an inner space destined to bear the offspring of chosen men, and with it, a biological, psychological, and ethical commitment to take care of human infancy.

The healthy woman doesn't need to look to the work world for fulfillment. A woman gains fulfillment and satisfaction in life through nurturing and fostering the fulfillment of others, that is,
her husband and children. Freud states that

true feminity can be achieved only by giving up the masculine or intellectual interests and ambitions. Such ambitions can be satisfied vicariously through male accomplishment. A mother can transfer to her son all the ambition she has had to suppress in herself, and through his achievements, she gains satisfaction.

There is a branch of psychological thought known as "functionalist theory." Functionalist theory states that the social order can function only if the majority of people adjust themselves to it and perform the functions that are expected of them. Marriage is an institution that serves the needs of society, as it determines women's fundamental status, which is the husband's wife, mother of his children. Society needs women to stay in their proscribed roles. When they attempt to step out of these roles, society gets disrupted. And this is exactly what is happening nowadays, with women trying to step out of their traditional roles and be "liberated." This results in role confusion for both men and women, as old familiar patterns of behavior are being disrupted, and men and women aren't altogether certain about what their roles should be. And this sort of thing creates anxiety and stress, social stress, in a world which already has its share of stress.

So, psychologists and psychiatrists see women's acceptance of the woman's role as perhaps a solution to many of society's problems. According to Joseph Rheingold,

when women grow up without dread of their biological functions and without subversion by feminist doctrine, and therefore enter upon motherhood with a sense of
fulfillment and altruistic sentiment, we shall attain the goal of a good life, and a secure world in which to live it.

Society is structured so that each sex has its own role, and when a person steps outside of that role into the role of the opposite sex, it is met with disapproval and resentment. But this is simply society's way of enforcing its own roles, and women have got to look at this and understand it for what it is. And this is what I tell women who come to me in therapy and say that they are encountering difficulties in trying to enter the professional world. I explain to them that this is to be expected, that they are stepping outside the roles proscribed for them by society, and naturally they are going to run into disapproval and resentment from co-workers and bosses, and men are going to fight them every inch of the way. And this is stressful on a woman. People are going to call them less feminine, but in reality they are being less feminine, you see, because they are trying to enter into the man's role. A woman is truly feminine only when she can accept and be comfortable in the feminine role. So, when women come to me because they are encountering difficulty in coping with the professional world, I try to convince them to get back into their correct role, for their own psychological health, and for the good of society in general, so that everything will run more smoothly and with less stress.

So, since psychology has shown that women are biologically and temperamentally suited for the role of wifehood and motherhood, they should desire this role, and be able to find
fulfillment in it. And if they come to me in therapy dissatisfied with it, I try to help them to accept their natural roles, and to explore with them, to uncover whatever might be standing in the way of their feeling fully comfortable in these roles.

Psychiatrists and psychologists have many interpretations for women who reject the traditional homemaker role, ranging from such things as penis envy and unresolved Electra complex, to general female stubbornness. The most prevalent among these interpretations today is that women who reject the homemaker role and try to enter the work world have strong masculine strivings. For some women, the search for an identity outside the home is actually a running away from the closeness and love of the family and home. Helene Deutsch feels that fear of femininity can mobilize the masculine tendencies in women, and can cause them to repress or deny their sexual desires by entering professional life. She also feels that some women who want to change their destiny from that of motherhood are really unable to resolve aggressive hatred against their own mothers, and thus are unable to identify with them. For some women, the love and affection they need so much is for some reason not being given at home, which causes them to seek fulfillment elsewhere, such as in the work world. In cases such as these, I try to involve the husband in therapy, in order that he may be better able to understand his wife, and to strengthen the marital relationship by giving the wife the affection she needs. Of course, for each individual woman, the causes and reasons behind their dissatisfaction with the female role will differ, but these
are just a few of the most common reasons.

Well, this is, just briefly, a quick overview of where psychology stands today on women's problems and issues. Actually, we are just beginning to understand the psychology of women, an area which has been neglected for so many years. But there has been a lot of research in recent years, and more research projects are being undertaken all the time, so we are making good progress in moving toward a better understanding of the mind of the woman.
APPENDIX C

DEBRIEFING STATEMENT GIVEN TO SUBJECTS
This study was undertaken for my master's thesis in clinical psychology. It was conducted in two parts. Part One consisted of giving a scale measuring attitudes towards women (Feminism Scale) and the Tennessee Self-Concept Scale to three undergraduate psychology classes. Part Two consisted of giving the Tennessee Self-Concept Scale and a selected speech to each of the three classes.

One class heard a speech that was very feminist in content; another class heard a speech that was very anti-feminist in content; and another class heard a "feminism-neutral" speech on stress management. (This class was used as a control group.) The person who gave the speeches is not a professor or authority in the field of sex roles and psychology of women as he was represented, but is an assistant to the experimenter.

The purpose of the experiment is to investigate the effect of hearing a feminist or anti-feminist speech on a person's self-esteem. (This is why self-esteem was measured both before and after the speech.) The relationship of holding feminist or anti-feminist values to self-esteem changes following the speeches is also being investigated.

The content of the feminist and anti-feminist speeches represents the views of a few individuals in the field of psychology, whose quotes were used out of the context in which they were written, in order to lend credence to the speech and to support the position being taken.
The results of each participant will be kept anonymous. No attempt will be made to identify participants on the basis of the identification numbers they used.

If anyone wishes to obtain his or her individual scores on the Feminism Scale and the Tennessee Self-Concept Scale, those scores and an interpretive guide may be obtained from Dr. King in mid-July. A copy of the final paper will be catalogued into the library in late summer or early fall.

Thank you very much for your cooperation.

Muffie Spurge
APPENDIX D
FEMINISM II SCALE, FORM A
AND
TENNESSEE SELF-CONCEPT SCALE
INSTRUCTION SHEET

This is a social attitude scale consisting of many statements which people might make about their attitudes on certain issues. Please read each item and determine to what extent you agree or disagree with the statement. If you are very much in agreement, fill in the circle in the AA column of the answer sheet. If you agree a little, fill in the circle in the A column. If you are in slight disagreement, fill in the circle in the D column. And if you disagree a great deal, fill in the circle in the DD column.

There are no right or wrong answers, since this is a measure of individual attitudes. Please read the items carefully, and answer to the best of your ability. You may be undecided about some items, but try to respond in a way which comes closest to your feelings about the statements. Don't spend too much time on one item, but rather, try to answer as best you can. If any question offends you, you may skip it. Please identify yourself by your social security number only, to insure confidentiality.
ATTITUDE SCALE

Social Security Number: __________
Age: __________
Sex: __________
Marital Status: __________
Course: __________

Please mark your answer in the appropriate circle on this sheet:

AA - Agree very much
D - Disagree a little
A - Agree a little
DD - Disagree a lot

1. Women should feel free to compete with men in every sphere of economic activity.
   AA AD
2. It is better to have a man as a boss or supervisor than a woman.
   0 0 0 0
3. Management of property and income, acquired by either husband or wife, should rest with both husband and wife.
   AA AD
4. If a woman with an infant continues to work outside the home, she is neglecting her maternal duty.
   0 0 0 0
5. A woman could be just as competent as a man in a high political office.
   0 0 0 0
6. A woman should take her husband's name at marriage.
   0 0 0 0
7. Both husband and wife should be equally responsible for the care of young children.
   0 0 0 0
8. Women should not compete in football or baseball, even against other women.
   0 0 0 0
9. Sex is no indication of fitness or lack of fitness to enter any type of occupation.
   0 0 0 0
10. The intellectual leadership of a community should mostly be in the hands of men.
    0 0 0 0
11. Society should be prepared to provide day care centers so any woman who wants to hold a job can do so.
    0 0 0 0
12. It is only fair for a school which offers professional training to limit the number of female students in favor of males.
    0 0 0 0
13. Objections which one might have to the use of obscene language should bear no relation to the sex of the speaker.

14. Men should usually help a woman with her coat and open the door for her.

15. Men should have an equal chance for custody of children in a divorce.

16. It should usually be the duty of the husband to support his wife and family.

17. Women workers have abilities equal to those of men workers for most jobs.

18. Women should be happier in the long run if they could adjust to their role as housewives.

19. Women can control their emotions enough to be successful in any occupation.

20. Police duty is a job that should usually be done by men.

21. A woman should have the same freedom and the same restrictions as a man.

22. The husband should usually initiate sexual relations with his wife.

23. It is natural if a woman's career is as important to her as husband and children.

24. For her own safety, parents should keep a daughter under closer supervision than a son.

25. Women should feel free to enter occupations requiring aggressiveness rather than remaining in jobs calling for compliance.

26. A woman should almost always let her date pay for whatever they do together.

27. Women should ask men out for dates if they feel like it.

28. Women should accept the intellectual limitations of their sex.
Mark the appropriate letter or number according to the sample below. Be sure your marks are heavy and completely fill the spaces.

SAMPLE:

SEX
Male
Female

The statements in this inventory are to help you describe yourself as you see yourself. Please respond to them as if you were describing yourself to yourself. Do not omit any item! Read each statement carefully; then select one of the five responses listed below. Erase completely any answer you wish to change and mark your new answer.

RESPONSES  Completely false  Mostly false  Partly false and Mostly true  Completely true
          and Partly true
C        M        PF--PT        M        C
F        F        T        T
1        2        3        4        5

When you are ready to start, find the box on your answer sheet marked Time Started and record the time. When you have finished, record the time finished in the box on your answer sheet marked Time Finished. Erase any stray marks on your answer sheet.

TENNESSEE SELF-CONCEPT SCALE

1. I have a healthy body. ........................................ 1
2. I am an attractive person. .................................. 2
3. I consider myself a sloppy person. ......................... 3
4. I am a decent sort of person ................................ 4
5. I am an honest person. ...................................... 5
6. I am a bad person. ........................................... 6
7. I am a cheerful person ...................................... 7
8. I am a calm and easy going person. ....................... 8
9. I am a nobody. ................................................. 9
10. I have a family that would always help me in any kind of trouble. ........................................... 10
11. I am a member of a happy family. ......................... 11
12. My friends have no confidence in me. .................... 12
13. I am a friendly person ...................................... 13
14. I am popular with men. ...................................... 14
15. I am not interested in what other people do. ............ 15
16. I do not always tell the truth ............................ 16
17. I get angry sometimes. .................................... 17
18. I like to look nice and neat all the time
19. I am full of aches and pains
20. I am a sick person
21. I am a religious person
22. I am a moral failure
23. I am a morally weak person
24. I have a lot of self-control
25. I am a hateful person
26. I am losing my mind
27. I am an important person to my friends and family
28. I am not loved by my family
29. I feel that my family doesn't trust me
30. I am popular with women
31. I am mad at the whole world
32. I am hard to be friendly with
33. Once in a while I think of things too bad to talk about
34. Sometimes, when I am not feeling well, I am cross
35. I am neither too fat nor too thin
36. I like my looks just the way they are
37. I would like to change some parts of my body
38. I am satisfied with my moral behavior
39. I am satisfied with my relationship to God
40. I ought to go to church more
41. I am satisfied to be just what I am
42. I am just as nice as I should be
43. I despise myself
44. I am satisfied with my family relationships
45. I understand my family as well as I should
46. I should trust my family more
47. I am as sociable as I want to be
48. I try to please others, but I don't overdo it
49. I am no good at all from a social standpoint
50. I do not like everyone I know
51. Once in a while, I laugh at a dirty joke
52. I am neither too tall nor too short
53. I don't feel as well as I should
54. I should have more sex appeal
55. I am as religious as I want to be
56. I wish I could be more trustworthy
57. I shouldn't tell so many lies
58. I am as smart as I want to be
59. I am not the person I would like to be
60. I wish I didn't give up as easily as I do
61. I treat my parents as well as I should (Use past tense if parents are not living)
62. I am too sensitive to things my family say
63. I should love my family more
64. I am satisfied with the way I treat other people
65. I should be more polite to others
66. I ought to get along better with other people
67. I gossip a little at times
68. At times I feel like swearing.
69. I take good care of myself physically.
70. I try to be careful about my appearance.
71. I often act like I am "all thumbs".
72. I am true to my religion in my everyday life.
73. I try to change when I know I'm doing things that are wrong.
74. I sometimes do very bad things.
75. I can always take care of myself in any situation.
76. I take the blame for things without getting mad.
77. I do things without thinking about them first.
78. I try to play fair with my friends and family.
79. I take a real interest in my family.
80. I give in to my parents (Use past tense if parents are not living).
81. I try to understand the other fellow's point of view.
82. I get along well with other people.
83. I do not forgive others easily.
84. I would rather win than lose in a game.
85. I feel good most of the time.
86. I do poorly in sports and games.
87. I am a poor sleeper.
88. I do what is right most of the time.
89. I sometimes use unfair means to get ahead.
90. I have trouble doing the things that are right.
91. I solve my problems quite easily.
92. I change my mind a lot.
93. I try to run away from my problems.
94. I do my share of work at home.
95. I quarrel with my family.
96. I do not act like my family thinks I should.
97. I see good points in all the people I meet.
98. I do not feel at ease with other people.
99. I find it hard to talk with strangers.
100. Once in a while I put off until tomorrow what I ought to do today.
APPENDIX E

RAW SCORES FOR FEMINIST TREATMENT GROUP

RAW SCORES FOR ANTI-FEMINIST TREATMENT GROUP

RAW SCORES FOR CONTROL GROUP
TABLE 5

RAW SCORES FOR ANTI-FEMINIST TREATMENT GROUP

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APPENDIX F

AGE AND MARITAL STATUS OF HIGH AND LOW SCORERS ON THE FEMINISM II SCALE
### TABLE 8
AGE AND MARITAL STATUS OF HIGH AND LOW SCORERS ON THE FEMINISM II SCALE

#### Anti-Feminist Treatment Group

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| Low Feminism Scores | 7         | 0         |
|                     | 0         | 0         |
|                     | 0         | 0         |

| High Feminism Scores | 2         | 2         |
|                     | 0         | 4         |

#### Feminist Treatment Group

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| Low Feminism Scores | 4         | 1         |
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|                     | 1         |           |

| High Feminism Scores | 2         | 0         |
|                     | 2         | 1         |

#### Control Group

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| Low Feminism Scores | 2         | 0         |
|                     | 0         | 1         |

| High Feminism Scores | 3         | 0         |
|                     | 0         | 0         |
REFERENCES


