Parental and social influences associated with the development of gender role conflict during female adolescences : as related by mature women in gender variant career fields

Rhiannon W. Condon

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Parental and Social Influences Associated with the Development of Gender Role Conflict during Female Adolescences: As Related by Mature Women in Gender Variant Career Fields

by

Rhiannon W. Condon

Submitted to the Graduate Faculty as partial fulfillment of the requirements for

The Doctor of Philosophy Degree in Counselor Education

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The University of Toledo
December 2012
An Abstract of

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Human development involves numerous interactions between the individual and social typecasts, family values, cultural traditions, media stereotypes, and a variety of external sources placing normative values and expectations on human development. These interactions can provide strong gender role typecasting, especially in developing adolescents, and sets boundaries for social interaction, support, and peer group associations (Hall-Lande, Eisenberg, Christenson, & Sztainer, 2007). One critical phase of development occurs between pre-pubescence and adolescence (Greenfield, Keller, Fuligni, & Maynard, 2003). The focus of this study is on female adolescent development and the effects of social/parental stressors utilized to force conformity and describe appropriate gender expectations to achieve essentials for success. The presence of gender role stressors during development will be utilized to establish the existence and effects of gender role conflict. The manifestation of Gender Role Conflict (GRC) occurs when external perceptions, gained through parental or social influences, formalize within developing females and creates incongruence between individual goals and social forces
pressures acting on the developmental process (Hoffman, 2006a). Female adolescence provides a challenge to individual awareness or submission to social compliance when forming developmental pathways to adulthood. All women do not necessarily experience gender role stress during adolescence development. However, for those who do, gender role related stress creates varied levels of dissonance between personal determination and social context (Fine, 2011). GRC is the resultant stresses which often mark the difference between successful developmental achievements or confounding socially prescribed developmental attitudes with unresolved conflict and elevated stress (Small & Memmo, 2004). This study will examine gender role conflict as it develops from intra-familial stress, social structure, and regional cultural influences and the resultant negative effect in achieving individuation, positive sense of self, and attainment of life goals (Hertzman, 2002). Stress has the potential to develop positive or negative connotations during development. However, this study focuses on the negative aspects of stress related gender role conflict and the long term effects on development (Dickerson, 2004). The researcher will utilize qualitative comparative case study design to examine the development of, or effects from parental, social, and cultural influences on adolescent female development and goal achievement (Martin & Fabes, 2009). The experiences of adult women who currently occupy gender variant career fields will be examined in order to identify the personal or social influences that affected career decisions. This research is not a study of career fields. Rather, it is a study of women who by career choice have broken career related social stereotypes and were more likely to have experienced gender role stress during development (Worell & Goodheart, 2006). Social and familial developmental expectations are primarily predicated on gender role assignment as
specified by birth sex (Fine, 2011). The resultant developmental gender role conflict emerges when external developmental influences are not congruent with individual values or goals (Allison & Schultz, 2004). Gender role preconceptions, as determined by birth sex alone, have been framed without regard to individual differences or consideration of the developing female’s self-expression or experience as she matures (Barnett, Biener, & Baruch, 1997). As such, the adolescent female is unwittingly placed in narrowly defined categories formed by societal and familial influences without regard to her individual characteristics or her voice (Anthony, Holmes, & Wood, 2007). The experiences of adult women as related to adolescent development, parental or social influences apparent, and/or existence of GRC prior to entering gender variant career fields will be obtained and discussed within this dissertation.
This dissertation is dedicated to the strongest influences in my life. Not in any particular order of significance but more importantly to identify each within the context of their stewardship and collectively identify those that have meant the most and have guided me through the many storms of my life. My father, Robert W. Condon, who I continue to miss and find so much comfort in the memories of his words of strength and persistence. To Dr. Paula Dupuy who not only reached out and addressed the educational issues of my studies, but was also able to identify the needs within this particular student’s soul as she found time to encourage and support them. To Dr. John Wideman, my oldest and dearest friend, who has been with me through the good, bad, and the absolute ugly. To Dr. Kathleen Salyers who had unfading confidence in me, guided me, and refused to allow me to slip into the dark abyss after I found so many reasons to quit this latest adventure. And finally, to Cindy Smith who has always been so giving and at long last provided me with all the missing pieces, filled all the empty spaces, which has allowed me to understand the meaning of happiness and feeling complete in life. To each and every one of you, please allow me to say “Thank you”!
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List of Abbreviations

APA ………………………… American Psychological Association
APsA ………………………… American Psychiatric Association

CBT ………………………… Cognitive Behavioral Therapy

EDNOS ………………………Eating Disorders not otherwise specified

FT ………………………… Feminist Theory
FOP ………………………… Fraternal Order of Police

GID ………………………… Gender Identity Dysphoria
GRC ………………………… Gender-Role Conflict
GRD ………………………… Gender Role Development
GRS ………………………… Gender-Role Stress
GRCT ……………………… Gender-Role Conflict Theory

IRB ………………………… Human Subjects Institutional Review Board

LGBT ……………………… Lesbian, Gay, Bi-Sexual, & Transgender

SelfDT ……………………… Self Determination Theory
SDT ………………………… Social Dominance Theory
SLT ………………………… Social Learning Theory
SMR ………………………… Standard Mortality Rate

US ………………………… United States
Chapter One

Introduction

Human development is described as a process of change (Papalia & Olds, 2011). The process of developmental change was initially thought to happen during specific events occurring during the growth process and measured primarily by physiological change. Papalia and Olds described early developmental processes as both quantitative and qualitative measures that occur over the entire lifespan. They describe quantitative developmental milestones such as weight, height, physiological changes, cognitive development, and ability to accomplish tasks, as processes which continue to serve as effective data points to measure progress. However, quantitative measures begin to lose singularity, reliability, and milestone validity as individuals reach adulthood and beyond (Grinnell & Unrau, 2005).

Huitt (2009) reported that qualitative development transcends quantitative standards of measurement and extends throughout the lifespan. Issues of qualitative development equally apply to lifespan theories regardless of theoretical basis. Huitt states that theories of development posited by Freud, Erikson, Piaget, in addition to Kohlberg, Brofenbrenner, Vygotsky, and others, all place significance on psychological developmental features occurring either unilateral or parallel to quantitative measures of development (Huitt, 2009; Kendler, 1989, 2008; Papalia & Olds, 2011). Qualitative developmental measures co-occur with early quantitative milestones and relate specifically to essential elements of both physiological and psychological development (McGoldrick, Carter & Garcia-Preto, 2010; Papalia & Olds, 2011). Although quantitative measures of development tend to occur more gradually after the pre-school
years, physiological changes continue to serve as quantitative markers as the child develops competent gross motor skills and begins development of fine motor skills which are measured during late childhood and early adolescence (Vernon, 2009).

Quantitative measures of development are marked by assessable milestones that present with co-occurring physiological indicators (i.e., speaking, walking, puberty, cognitive functions) that can be observed and measured (Bornstein & Lamb, 2011). This is particularly true during childhood and early adolescence where milestones are expressed in terms of medical evaluation rather than self-report of the child. However, quantitative measures become more difficult to detect in late adolescence and early adulthood because of the decreasing physiological indicators of continued growth and development (Huitt, 2009). Qualitative changes related to psychological development become more subtle and difficult to distinguish after puberty as those changes occur independently from a specific physiological marker. The categories of physiological markers lessen as the child moves into adolescence and into adulthood (Bornstein & Lamb, 2011).

A child can express happiness, comfort/discomfort, well-being, openness, trust and hope that, oftentimes, are only understood through the constant observations of anxious parents looking for any sign of age appropriate cognitive growth (Vernon, 2009). As the child grows older, the qualitative milestones are amplified consistent with the child's ability to reason and understand choice (Martin & Fabes, 2009). Detecting childhood growth and development, in both quantitative and qualitative terms, occur in ways that can be physically evaluated and measured by the child's ability to express himself or herself in identifiable terms (Bornstein & Lamb, 2011). Conversely,
adolescents outgrown the physiological yardsticks of development and psychological development is not tied to a specific occurrence or physical ability to perform functions (Vernon, 2009). Qualitative measures of adolescence and adulthood involve psychological wellness and the ability to make sense of social influences in order to begin the process of identity formation, casting off child-like hope, and develop an ability to make sense of the issues of personality (McGoldrick et al., 2010).

Erikson and Erikson (1997) refer to this psychological period of development as “Identity versus Identity Confusion”, a time when one confronts issues of fidelity. Erikson posits that adolescence is a process marked by changes which identify the establishment of basic patterns of identity and denial of childhood identifications. Physiological markers are not present as a milestone after early-adolescence, and the assessment of psychological growth depends on revelations or behavioral related actions of the adolescent (Martin & Fabes, 2009; McGoldrick et al., 2010).

**Developmental Challenges during Adolescence**

Upon entering into the era of adolescent development, the individual’s qualitative and quantitative measures become entwined and interdependent on each other. Physical limitations or abnormalities begin to have a profound effect on psychological factors as the expectations of day-to-day life increase with chronological age (Richmond & Levant, 2003; Ruble & Martin, 1998). When physical limitations inhibit success, those limitations have direct influence on psychological and personality development (Papalia & Olds, 2011). In these cases, dissonance between qualitative and quantitative tasks can be anticipated because of the more obvious nature of physical incapacity or limitation.
Unlike physical limitations, the qualitative or psychological impairments are not so easily detected (Bornstein & Lamb, 2011).

Kolb and Whishaw (1998) conducted research which concluded that brain plasticity does not stop with the completion of brain development and that experience and behavior can modify brain structure. They also reported that behavior affects the development of neuronal functions by stimulating additional growth of pyramidal cells. The less stimulation or acquisition of additional skill training reduces brain growth and can affect motor skills as well as the ability to learn new tasks (Kolb & Whishaw, 1998). Gender differences related to social stereotypes reduce the level of opportunity for growth and development of new skills and challenges for female adolescents (Fine, 2011; Ruble & Martin, 1998). Although there is no current research to determine correlation between restricted female developmental opportunities and continued brain development, it does introduce the question as to the long-term effect of reduced skill development between men and women.

Physical maladies can be successfully overcome or mitigated in order to permit the developmental process to continue, but emerging psychological impairments may go unnoticed (Bornstein & Lamb, 2011). Psychological dysfunction has a similar capability to transfer symptoms into life-time psychological disorders as assuredly as any physical limitation encountered during the developmental process (Hertzman, 2002; Huit, 2009). The adolescent period of development is critical to both the quantitative and qualitative wellness of the individual and represents a significant gateway necessary to transcend a rite of passage into successful adulthood (Bornstein & Lamb, 2011; Huit, 2009; Papalia & Olds, 2011; McGoldrick et al., 2010).
Although individual constructs of qualitative and quantitative processes needed to negotiate critical developmental gateways may be similar, they are significantly different when viewed through the lens of culture, gender, and environment (Caglar, 2009; Huitt, 2004). Accordingly, the scope of this research will be limited to female development of individuals who resided in the United States during adolescence. Consideration of culture, social, and family values developed outside of Western-European influence prior to adolescence will be discussed in Chapter 2.

**Female Adolescent Development**

The complexity of developmental change and growth that occurs during adolescence is recognized as one of the most challenging phases in both quantitative and qualitative measures (Papalia & Olds, 2011). It is during this period that the conceptualization of “self” becomes more apparent and is marked by increasing pressures related to self-evaluation and awareness (Bornstein & Lamb, 2011). The pressures exerted by outside influences become powerful factors in self-evaluation (Saunders & Kashubeck-West, 2006).

The psychological flexibility to process socially scripted gender roles and expectations does not uniformly occur during childhood and early adolescence (Insel & Fernald, 2004). Insel and Fernald report that socially constructed information about gender challenges the adolescent’s ability to find identity, develop useful social cognitions, and refine social behavior. Absent the ability to accomplish those specific tasks, poor self-evaluation based on outside factors or stereotypical social concurrence can result in fostering an enduring psychological stigma capable of hindering qualitative development throughout the life span (Insel & Fernald, 2004; Kessels, 2005).
The individual process of growth and establishment of durable concepts of “self” is a critical gateway in human development (Gestsdottir & Lerner, 2008). During adolescence, the additive environmental factors surrounding self-awareness and acceptance change from a unilateral internal process of self-evaluation into a mixed internal/external process of measuring “self” by the standards of outside influences (Insel & Fernald, 2004). This qualitative milestone of development occurs when the adolescent attempts to throw off the principles of childhood, the regulations of parents and endeavors to find a place within the environmental construct in order to become a part of the system (Gestsdottir & Lerner; Huit, 2009; Insel & Fernald; McGoldrick et al., 2010).

External influences have the potential to exert both positive and negative pressures on the adolescent (Schaie & Willis, 2009). Adolescents are particularly sensitive to external influences due to the process of self-awareness and self-evaluation that occurs throughout this critical phase of human development (Bornstein & Lamb, 2011; Huit, 2009). In principle, each outside contact and related interaction has the ability to influence an individual’s process of self-evaluation. The range of this type of developmental influence has been categorized into encompassing terms such as environment, culture, social, gender, and a plethora of labels described within various developmental theories (Huit, 2009; Steinberg & Morris, 2002). The critical importance of social acceptance within the roles of socially prescribed stereotypical definitions cannot be understated (Insel & Fernald, 2004).

Developmental Theory and Gender Role Conflict

Huit (2009) presented research that outlined the key principle of development in terms of system perspectives addressing psychomotor and physical development,
cognitive information processing, principles of behavioral psychology, emergence of affect and emotions and the integration of these systems into social learning and constructivism (Huitt, 2009). Huitt’s review blended the specific paradigms of stage-phase developmental models into a combination of significant tasks that must be accomplished in order for humans to learn, develop, and flourish in the 21st century.

While no one singularity or developmental milestone was highlighted, Huitt posited the need for body, mind, and environmental integration during the process of development.

Papalia and Olds (2011) described the study of developmental theory as an examination of the human process wherein the researcher seeks to describe the elements encountered from birth to maturity. They posited that during the developmental journey all humans must meet the challenges of the physical, cognitive and psychosocial domains, as well as compete within the eight stages of development throughout the life cycle. Papalia and Olds referenced the social constructs of development wherein the specific stages of development are identified as prenatal, infancy, early childhood, middle childhood, adolescence, young adulthood, middle adulthood, and late adulthood (see also Huitt, 2009). The challenges of each developmental stage create potential for differences between humans and it is those differences that are studied in efforts to determine the effectiveness of development across the life-span (Gauvain, 2000; Huitt, 2009; Papalia & Olds).

Utilizing developmental milestones as a template, researchers can make age-stage related physical measures within the physical domain, improve cognitions and responses in the psychological domain, and determine a level of acceptable social integration in the psychosocial domains of development (Deci & Ryan, 2000; Watson, 2002). However,
the psychosocial indicators are influenced by external forces, such as parents, society, family, and environmental factors and may indicate a reaction to the external factors rather than provide a true measurement of individual development within the psychosocial domain (McGoldrick et al., 2010; Vernon, 2009).

Precise measurements of psychosocial development in infancy and childhood are less complicated because of the ability to have knowledge of, or control for, external forces affecting a particular child. In these cases, the parents provide a controlled environment or are able to provide data related to external forces (Bornstein & Lamb, 2011). Psychosocial assessments of adolescents are more complicated for two reasons: 1) External forces are unknown and cannot be controlled during evaluation, and 2) the complexity of the developmental tasks during adolescence, which include the struggle with identity as well as social issues of esteem and self-worth, are not easily identifiable. Subsequently, adolescent evaluations may not be an accurate yardstick to measure an adolescent’s ability to integrate into society (Fine, 2011; Kessels, 2005; Worell & Goodheart, 2006).

Sustained developmental growth is equally essential among all primary domains of physical, cognitive, and psychosocial considerations (Watson, 2002). Reflectively, physical and cognitive domain milestones mark a developmental curve which depicts an acceptable path promoting successful progress onto the next developmental milestone (Bornstein & Lamb, 2011). Researchers utilize the developmental curve in order to measure changes over time which ultimately lead to the conclusion that fulfillment of physical and cognitive standards of growth have occurred. The developmental scales, or ensuing developmental curve, utilized to measure psychosocial development are more
ambiguous and less defined by clearly observable developmental markers (Margolis, Dacey, & Kenny, 2006).

The focus of this study is on the psychosocial domain of development. This qualification does not imply lack of consideration or empathy for difficulties associated with physical and/or cognitive domains of development. The differentiation is made to address specific aspects of female human development and the effects of influences encountered within the psychosocial domain of development (Fine, 2011; Papalia & Old, 2011). Gender is a social construct independent of biological sex (Brooks & Bolzendahl, 2004). Similarly, Gender role stress, particularly as it applies to resulting Gender Role Conflict (GRC), is a social construct that ascribes to cultural, social, religious rituals, and regional myths. GRC represents a conflict between parental or socially prescribed conduct and the individual goals of the adolescent female (Bartlett, Vasey, & Bukowski, 2003).

There is a clear distinction between gender role stress related to identity development and gender identity disorder (Zucker, 2003). Females who experience a discomfort with assumption of socially prescribed stereotypical gender-roles but do not experience a discomfort with their biological sex are not classified as being affected with Gender Identity Disorder (GID; Bartlett et al., 2003). It is important to distinguish between gender role and gender identity dissonance experienced by female children and adolescents (Zucker, 2003). Gender role dissonance does not directly correlate to lesbian or sexual divergent desires or activities. GRC is separate from sexual preference or sexual conduct expressed in lesbian or bi-sexual activity (King, 2003; Kulik, 2000; Reeder, 2003). Girls climbing trees does not indicate that they are developing lesbian
tendencies or attractions or GID. However, social labels are quickly affixed to such activity in terms of “tom-boy” or non-feminine behavior (Safir, Rosenmann, & Kloner, 2003).

The language used to describe gender dissonance creates confusion within the individual and within the social domain. A female adolescent’s rebellion against socially prescribed stereotypical female roles does not correlate with dissatisfaction with her biological sex (Wester, McDonough, White, & Taylor, 2010). An adolescent’s dissonance with a socially prescribed stereotypical role does not indicate lack of identity formation (Huit, 2009; Lucke, 1998). Huit also indicates that the psychosocial domain presents various threats that can inhibit successful development in areas of culture, environment, sociological considerations, and opportunity. However, when these threats are associated with gender variant conduct, the threats are cloaked in social sensitivity related to the relationship of women and gender (Fine, 2011; George & Bennett, 2005).

As society evolves, so do the challenges presented to the developmental process of adolescents (Quest & Hyde, 2009). Recognizing the presence of external influences is the cornerstone to understanding the issues related to GRC. Understanding the nature of GRC provides a formula for treatment of the various qualitative impairments directly related to unchecked GRC throughout the lifespan (Wester et al., 2010).

**The Nature of Gender Role Conflict**

Human development typically begins within the direct control of the nuclear and/or extended family (Bornstein & Lamb, 2011). The parents are a primary support system. They prevent harm and avoid aversive contact with outside influences in an effort to provide for the best health and welfare of their children (Fadiman & Frager,
However, as the female child grows into adolescence a split occurs. Half of her grows into the light; the other becomes a root that waits for a time to signal an ability to grow and emerge whole (Rogers, 1993). While this metaphor may not precisely fit into a developmental milestone model, it may accurately describe a phenomenon of development wherein the assimilated psychosocial messages represent the visible adolescent behavior while the struggle for individual identity describes the root.

Vernon (2009) and Worell and Goodheart (2006) concur that a subscript does occur in adolescent development where the female adolescent weighs the psychosocial availability of opportunity cultivated within the home and her individual intentions that are likely to occur when she is free to make decisions. This process or duality of purpose is not unlike what is experienced by male adolescents as they plan to leave their parents’ household (Small & Memmo, 2004). However, social scripts and expectations are such that they accept male adolescent challenges as a sign of entering into manhood while females who challenge the system are viewed under the lens of moral or family scrutiny (Fine, 2011; Worell & Goodheart, 2006).

According to Fadiman and Frager (2005), the family structure, consisting of parental dyad and siblings, serves as a primary source of behavioral influences utilized by parents to establish parameters of conduct, behavior, and social expectations of developing children within the household. Specifically, gender role influences occur from the time of physical birth (colors, manner of dress, and gender related interfamily methods of communication) throughout the lifecycle and are frequently reported to create conditions of conflict for those children/adolescents who do not “fit” the mold that has been conceptualized by family and socially promoted gender role constructs (Ashton &
Fuehrer, 1993). These socially contrived gender scripts accumulate and strengthen overtime and can form developmental pillars that are often regarded as strongly as religious or parental influences that occur during the same period (Signorella & Frieze, 2008). All three influences—parental, religious, and social—can be an overpowering force for the adolescent to successfully address during the struggle with finding personal identity (Harris & Firestone, 1998; Martin & Fabes, 2009).

GRC or stress is not a derivative of dissatisfaction with biological sex or gender dysphoria (Bartlett, Vasey & Bukowski, 2000; Peters & Cantrell, 1993). Peters (2002) posited that gender socialization occurs when the adolescent is allowed to evaluate and mold gender restrictions into a more palatable construct that is softened to allow individual growth while maintaining social standards of gender role conformance. Gender socialization is not resistance to the concept of gender-role consistency, or an assault on gender identity that is incongruent with biological sex, and should not be confused with sexual identity related disorders (Fine, 2011; Peters, 2002; Worell & Goodheart, 2006).

Gender related terms are often interpreted as relating to sexual identity or identity formation; it is noted that these terms are more often labeled and defined by social, rather than biological, context. The American Psychological Association (APA) Dictionary of Psychology (VandenBos, 2007) defines gender related terms and is useful to review before moving into the next section. Although not all inclusive, the gender specific definitions of terms frequently referred to within this research are included in Appendix A of this study.
Interestingly, gender assignment is the classification that occurs of gender at birth dependent on the presence of genitalia (VandenBos, 2007). However “gender roles” are a pattern of behaviors and personality traits that are used to define the masculine and feminine perception within a culture. Gender role socialization is the conditioning of individuals to the roles, expectations and behaviors that society prescribes for males and females (VandenBos). However, APA does not provide a definition for “gender role conflict” but does define “conflict” as a clash of opposing incompatible emotional or motivational forces within a person. As such, and in the interest of establishing a working definition of gender role conflict, the researcher will utilize Western European and American social definitions of masculinity and femininity relating to the socialization of individuals to certain roles, expectations, and behaviors which create incompatible emotional or motivational forces within an individual.

GRC is the end state of conflict between the needs of the individual and the expectations of external parental or social pressure (Fine, 2011; Worell & Goodheart, 2006). GRC is not a challenging force that encourages development and self-evaluation and GRC should not be confused with development which stimulates growth (Fine, 2011; Ruble & Martin, 1998). GRC fuels the synergetic process of incongruity and dissonance that predictably accelerates entering into, or during, adolescence with conflicting developmental cues endorsed by familial and social influences. This process is exacerbated by the social pressures of conformity. GRC represents a significant hindrance to identity formation and self-actualization processes to the detriment of the adolescent (Martin & Fabes, 2009).
**Historical perspective of gender role conflict.** Gender-role research has been conducted within the framework of examining the developmental processes as they occur in the family household and before the child has full exposure to outside influences and peers (Psaltis & Duveen, 2006). The strong influences of the nuclear family were thought to be responsible for providing necessary ingredients for appropriate childhood development (Antill, Cunningham, & Cotton, 2000). Primary developmental guidelines were structured along conventional family belief systems and were translated into milestones reflective of gender role stereotypes. These guidelines were measures typically applied to classification of male and female children by birth sex and pre-designated gender role expectations (Fagot, Leinbach, Hort, & Strayer, 1997). GRC was initially more prevalent in males than in females (Watts & Borders, 2005). Watts and Borders also reported that males suffered from gender-role conflict at significantly higher percentages of population than did women during the course of the mid-20th century. Watts & Borders also found that boys developed academic, social, and emotional problems during adolescence and into adulthood because of their inability to cope with gender conflict and accompanying stress related to success, power, and competitive environments.

The notation that “blue is for boys and pink is for girls” reflected a developmental belief system that shaped expectations for success, failure, personality, and life roles without consideration of individual differences of personality development (Carver, Yunger, & Perry, 2004). The same ingrained system of gender role assignment by biological sex at birth also served to promote inter- and intra-family projections about the futures of their children to include occupations and personality development (Bursik,
The roles of 19th and mid-20th century children were rigid and rarely varied between what was expected and what was done (Good & Sanchez, 2010).

During the period of escalated occurrences of male related GRC and its related stress, a working definition was posited, indicating that GRC was defined as a psychological state wherein gender socialized gender roles have negative consequences on the individual experiencing the stress (O’Neil, Helms, Gable, David, & Wrightsman, 1986). The GRC definition went on to include contributing factors and posited that gender role conflict occurred when rigid, sexist, or restrictive gender roles or values resulted in personal restriction, devaluation, or violation of self.

Good and Sanchez (2010) go on to report that gender roles, as taught to children and enforced by cultural or social standards are difficult to break and are assimilated by a specific social construct as the norm for female and male development. However, subscribing to social norms was costly for the developing adolescent. Whether male or female, the social expectations reinforced by parental and religious endorsement created a stifling effect on core developmental issues related to identity, self-esteem, and values of self-worth (Bursik 1995; Good & Sanchez, 2010).

Regardless of the means, adolescents were acquiring conflicting knowledge from outside the home either through siblings, extended family or the expanding nature of electronic media. The source of conflicting information was not important when assessing the social-cognitive conflict between socially prescribed roles and individual concepts of success. The critical factor was that individual differences of the adolescent were conflicting with social definitions of success (Psaltis & Duveen, 2006).
The Western/European history of GRC, as it specifically relates to women, parallels the ebb and flow of the women’s movement within the United States (US) (Krolokke & Sorensen, 2005). The first wave of the women’s movement involved the identification of political rights and ability to vote (Hooks, 2000). Although this wave did not completely eradicate or successfully alter the socially described gender stereotypes assigned to feminine abilities, it did threaten the male gender controlled governmental agencies and increased awareness of a woman’s right to make choice and the ability to make those choices within the polling booths. This wave occurred without redefining social definitions of gender roles and ended with the nineteenth amendment to the US constitution (Krolokke & Sorensen, 2005).

The second wave of the feminist movement incorporated social/cultural considerations and directly targeted gender inequality within the law and social structures of America (Hooks, 2000). This phase began in the 1960s and carried into the mid-1980s. Social change and justice were the mantra and new terms of gender role definition and GRC shifted from male prominence to a female perspective (Hooks, 2000). This period marked an increase in psychological research responsive to escalating reports of psychological disturbance occurring within female adolescents directly related to gender role conflict and resulting stress (McPhail, 2008). Scientist had previously observed the nature of gender stress and conflict etiology with men (Tuck, Rolfe, & Adair, 1994). They quickly discovered that the female cumulative level of social and career awareness, coupled with the feminism inspired political forces promoting improved egalitarian social and occupational principles, had collided with the core internal values of female development related to perceptions of GRC and stress just as
aggressively as it had affected men during the previous 50 years (Sacharin, Lee, & Gonzalez, 2009; Watts & Borders, 2005; Watkins, 2000).

**Developmental effects of gender role conflict.** Social and parental influences provide both positive and negative effects on child developmental (Good & Sanchez, 2010). However, social and parental values are often decades, or at least a generation, behind the “curve” of modernization and globalization of our cultural view and definitions of success (Arnon, Shamai, & Ilatov, 2008). The Western culture has long been observed as a looking glass to the future in areas of industrialization, opportunity, and respect of human rights (Sue & Sue, 2008). The age old question of “what do you want to be when you grow up” did not only reflect the hope and dreams of the child but also it reflected the aspirations and beliefs of the parents. Childhood development is framed in current culture but also in worldview (Shiraev & Levy, 2009).

Children in the United States have grown to expect and experience limitless opportunities (Arnon et al., 2008). Progressive opportunity and egalitarian social attitudes prevail within America. However, those overt social attitudes do not ensure an even playing field in the scope of social gender-related stereotypes (Shiraev & Levy, 2009). Family goals and traditions continue to forge expectations based on gender rather than ability (Berry, Poortinga, Bieugelmans, Chasiotis, & Sam, 2010; Fine, 2011). The resulting gender role stressors on child development are sources of causality that foster psychological and physiological disorders which may continue during each phase of lifespan development (Riggs & Han, 2009).

Psychologically related disorders acquired during childhood, adolescence and early adulthood have an unfortunate legacy of continuing throughout the life span (Schaie

& Willis, 2009). GRC attacks the core values of human development, and it intimidates the development of self-esteem, or clouds the lens which reveals a sense of self-worth, and self-determination, or an unimpeded expression of individual will (Ferrari & Olivette, 1999). GRC is uniquely responsible for creating the dissonance upon which the indecision of answering life’s basic questions of identity is created (Good & Sanchez, 2010). The resulting psychological impact ranges in identifiable disorders that span the spectrum of mood, anxiety, and substance abuse disorders (Dixon, Scheidegger, & McWhirter, 2010).

Separately, eating disorders are directly linked to incongruence between the physical status of a young woman and the projected social stereotype of the perfect woman (Neumark-Sztainer, 2011). According to Neumark-Sztainer, eating disorders often begin in childhood or adolescence but do not diminish with adulthood. Adolescents do not outgrow eating disorders but they too frequently die from them. Suicide rates are linked to developmental disturbance encountered in adolescence (Portes, Sandhu, & Longwell-Grice, 2002). Higher adolescent suicide ideation and completed suicides is directly linked to anxiety, stress, depression, poor self-esteem, negative self-worth, poor self-body image, and unsatisfactory relationships (Hazler & Mellin, 2004).

The final area of concern is behavioral disturbance, dysregulation of emotional control, and high risk activities of young adolescents (Buehler, 2006). Subjective well-being is directly related to gender self-confidence (Hoffman, 2006b). Adolescents engaging in risky activity are engaging in a rebellion against socially prescribed controls in deference to an emerging process of self-identity (Hughes & Seta, 2003). Aberrant behavior has been linked to hopelessness and poor self-concept, providing the adolescent
false power gained from a fearless concept of consequence (O’Dea & Abraham, 1999). Powerlessness, hopelessness, and personal dissatisfaction are the primary legacy of GRC and related stressors in the 20th and 21st century (Roswarski & Dunn, 2009).

**Parental and Social Influences Contributing to Gender Role Conflict**

The emergence of socially prescribed gender role stereotypes and resultant inter-family definitions of acceptable self-concept attitudes are germane to formation of gender-specific developmental processes (Gestsdottir & Lerner, 2008). Role-typing is culturally guided and translated into the developmental processes by social and parental influences (Brooks & Bolzendahl, 2004). Equally important is the finding that gender-role values, career orientation, and individual principles of success have direct linkage to perceptions of achievement (Barnett, Biener, & Baruch, 1997).

Regardless of the source, gender biases are based on common cultural expectations or held parental beliefs, such as (a) females nurture and do housework, (b) males are mechanically inclined, or (c) males are better at certain tasks and have more career options than women. This type of influence is constantly being reinforced and becomes embedded into the personality and self-image of developing females (Helwig, 1998; Witt, 1997). The pressure of social and parental influences on development occur independently, without regard to the adolescent and do not consider concepts of individual choice or unregulated identity formation during critical phases related to self-development (Martin & Fabes, 2009; Ruble & Martin, 1998). This incongruence, individual dissonance, and socially prescribed gender role expectations continue to manifest during childhood and adolescence, as well as into adulthood (Fine, 2011). Incongruity created by self-evaluation and personal interest subjected to unrelenting
pressure from both familial and social stereotypes does not provide a wholesome environment for development (Lengua & Stormshak, 2000).

Social influences play a powerful role in both informing the family and predicting the guidelines for gender role assignment generated by birth sex (Helwig, 1998). Although, initially less powerful than family influence, social influence increases pressure on female development, creates social scripts enhancing expectations on male adolescents and maintaining limitations on individual growth of female adolescents. During adolescence, social pressure strengthens and has potential to create developmental pressure equal to, or greater than, familial influence (Fine, 2011). However, the effects on female development resulting from sustained parental and social pressure are not sequential. In fact, these developmental influences are cumulative and effectively stifle overt adolescent efforts to pursue individual notations or interests (Broderick & Korteland, 2002; Helwig, 1998).

**Gender role conflict begins in childhood.** Children, regardless of sex, develop an understanding of the identifying traits which separate girls from boys (Lindsay, Sussner, Kim, & Gortmaker, 2006). Children are socialized to understand what it means to be a boy and what it means to be a girl (O’Brien et al., 2000). Children are frequently made aware of gender differences in society. Gender stereotypes articulated in children’s literature have a direct influence on children’s attitudes and behaviors consistent with the gender roles portrayed in the children’s story (Anderson & Hamilton, 2005; Martin & Fabes, 2009). As such, children are acculturated into socially normative values prior to reaching the age of reason (Bussey & Bandura, 1999; Fagot et al., 1997; Gestsdottir & Lerner, 2008).
It is difficult to conceptualize a developmental scenario which does not expose children to countless influences, experiences, suggestions, second party conversations, or any number of other forms of social and parental influences. These influences routinely lead to the developing female’s acceptance of gender role stereotypes and perpetuation of learned gender bias (Carver et al., 2004; Fine, 2011). Childhood preferences, which emerge during quantitative or qualitative changes related to individual growth, are subject to corrective actions related to even the simplest childhood preferences (i.e., toys, colors, clothing, activities, television programming, or developing methods of child interactions during play; O’Brien et al., 2000). A child’s unfettered response to stimulation is restricted by application of stereotypical gender role models based exclusively on the child’s birth sex (Martin & Fabes, 2009; Ruble & Martin, 1998).

Current research has posited that children model their parent’s behavior and use parental definitions to interpret male and female gender roles, gender typing, and attitudes significantly more frequently than would occur by chance (Antill et al., 2000; Phillips & Imhoff, 1997). Although adolescent behavior is influenced by many sources (i.e. peers, school, friends, media), several key influences on childhood development, especially in the paradigm of gender role assignment and associated expectations, are generated by inflexibly prescribed parental, family and cultural influences (Blazina, 2004; Dickerson, 2004; Fine, 2011). The resulting impact of predetermined gender role stereotypes, titles, expectations, and accompanying gender bias of developing unwritten perceived expectations speaks to the core issues of female development and identity formation (Dickerson, 2004; Peters, 2002; Ruble & Martin, 1998).
**Gender role conflict in female adolescence.** Social stereotypes, related life roles, duties, expectations, and opportunities determined by birth sex are used to inform children within the home and in preparation for school (Ruble & Martin, 1998). These engrained socially constructed gender roles or gender stereotypes are used to enforce social standards as female adolescents begin to meet the challenges of life (Hastings, Rubin, & DeRose, 2005). Adolescence is a period of rapid change and emotional growth. Huit (2009) describes this process as the movement from childhood into adulthood, a period where young adults can test the environment and begin to find their place and make sense of the world (Huit, 2009). Gender-role development is a part of the developmental process which can be directly affected by socially scripted gender role stereotypes (Fine, 2011). Gender role stereotypes are social constructs that have predetermined who can succeed and who will be denied based on gender (Martin & Fabes, 2009; Ruble & Martin, 1998).

Adolescence is a period where gender role stereotypes change from passive pressures on individual development (as experienced in childhood) to direct threats to forming identity and establishing a sense of self (Fine, 2011; Ruble & Martin, 1998). Rather than using this period to fine tune their self-awareness, those affected by gender-role stereotypes are faced with incongruity that generally leads to formation of GRC. The resulting dissonance does not end with adolescence (Worell & Goodheart, 2006). GRC accompanies the developing female as she moves into adulthood and continues to affect her decision making processes, self-esteem, and self-evaluation until treated or accepted (Anthony, Holmes, & Wood, 2007).
**Effect of gender role conflict and career selection.** Sacharin et al. (2009) concluded that professional women’s identity is a combination of the woman’s perceived compatibility between gender identity and the work place. They further concluded that women with higher levels of gender identity integration were more likely to successfully separate the stereotypical expectation of relationship orientation in contrast to successful business task performance orientation. The incongruence created by recognizable presence of GRC has historically generated elevated levels of interpersonal stress resultant from the will of the developing woman pitted against the socially acceptable path she feels forced to follow. The resultant conflict creates a condition resulting in a compromise of her personal aspirations as she enters into the work force (Brown, 2002).

Brown (2002) suggests that gender is a barrier to women finding occupational opportunities in various local social environments. He theorized that local attitudes, limited job availability, sex-type prestige of a specific occupation, and discrimination are entrenched within the social attitudes involving hiring practices. Simply stated, more prestige jobs are available for men than women. However, Brown does conclude that as social trends for more equal opportunities affect the employment culture, females will have more access to the work force. Sex-type thresholds for new employees have already become more advantageous for women due to the fact that women are more willing to perform cross-sex-typed occupations than men (Brown, 2002).

During the late 1970’s and early 1980’s, developmental screening inventories and measures enabled researchers to determine that men or women could have either predominately masculine or feminine gender role identity not predicted by biological sex or assigned social gender role expectations (Luhaorg, 2005). However, Luhaorg reports
that being male or female determined the amount of GRC experienced when entering into the work force and competing for stereotypically masculine or feminine occupations. In Luhaorg’s findings, she determined that females experience GRC related to employment at a significantly higher level than males.

Finally, Fallon and Jome (2007) reported that women engaged in non-traditional occupations experienced GRC when career choices indicated discrepancy between gender-role expectations of behavior and their actual selection of career. Reportedly, the source of the gender role discrepancies came from family, friends, peers and co-workers either directly or indirectly in statements related to a perceived “violation” of gender-role stereotypes (Fallon & Jome, 2007). However, later research concluded that GRC was also a significant issue in the early stages of new employment and actually intensified in male dominate career fields (Feenan, 2009).

**Statement of the Problem**

The problem addressed in this dissertation is twofold. First, the researcher will examine the effects of parental and social pressures resulting in development of GRC during female development occurring between five and twenty-one years of age. No child will be contacted during the course of this research. Research participants will be comprised of mature women over the age of 45. Research participants will be asked to provide a longitudinal perspective of social and parental pressures as they entered into and negotiated adolescence. Although historical to their personal perspective, recollections and experiences which occurred during adolescence and considered remarkable to the research participant will be examined in light of existing social and cultural pressures that continue in today’s society. The effect of parental pressure and
resultant effect on the developmental process remains a focus of concern. The actual prevalence rate of GRC within the female population is difficult to define (Good & Sanchez, 2010). However, GRC has been identified as a significant contributing factor to onset of mood and behavior disorders in adolescent females (Bornstein & Lamb, 2011; Martin & Fabes, 2009; Worell & Goodheart, 2006).

Broderick and Korteland (2002) reported findings that parental and social pressure can create long term and pervasive psychological repercussions, as expressed in personal devaluation, self-esteem, depression, self-efficacy, self-worth perceptions, anxiety, eating disorders, and a variety of mood or personality disorders, which are first triggered during development and may continue throughout the lifespan. In later studies, Good & Sanchez (2010) and Sacharin et al., (2009) concurred with Broderick and Korteland’s (2002) findings; and found that their research strengthened the argument that the negative effects of GRC represent a physiological and psychological threat to women adversely affected by incongruent parental pressures, which opposed personal values or predispositions. In the realm of female development, the aspects of GRC are a significant threat to identity congruency and can endure through the life-span (Worell & Goodheart, 2006).

Secondly, the aim of this qualitative study is to identify the “how” and “why” of GRC, its negative impact on development, the persistence of psychological implications on women, and discover tools useful in mitigating the consequences of GRC (Bornstein & Lamb, 2011; Denzin & Lincoln, 2009). In the setting of Western European/American society, GRC has a multi-generational context that has been utilized to measures the adverse influences of developmental stressors resultant from parental or socially
contrived gender scripts of the time (O’Neil et al., 1986; O’Neil, 1993; Hirshbein, 2010; Hoffman, 2006a). The multicultural and diverse population of America will continue to produce an environment that will result in dissonance between social and family expectation and the developmental process of females (Ward, 2004). Methods and techniques utilized by women who successfully managed the pressures of GRC during previous generations can be expected to add validity to the effects and scope of GRC and help identify the on-going nature of GRC in current day environments.

Gender role conflict is defined as incongruity between social and familial influences as to gender role expectations and the innate self-directed process of identity development based on personal goals and objectives (McGoldrick et al., 2010; Worell & Goodheart, 2006). However, they do not diminish upon reaching adulthood. GRC related disorders continue to affect women throughout the course of lifespan development until the individual is capable of resolving the dissonance or incongruity (Hoffman, 2006b; Priess, Lindberg & Hyde, 2009). Identification of measures which have led other women to resolution may be effective in treating those who continue to struggle. The best estimates of the magnitude of this problem indicate that 20–25 percent of women are adversely affected by psychological or physiological consequences directly related to gender role conflict (Kulik, 2002). Although there is no direct correlation to GRC, it is noted that the 20-25 percentile is consistent with the national average for depression and mood disorders in women within the US (National Institute of Health [NIH], 2009).

Stress has the capability to produce positive or negative effects on the developmental process (Schaie & Willis, 2009). However, GRC creates dissonance and incongruity and produces barriers to the developmental process (Kessels, 2005; Lengua
& Stormshak, 2000). GRC either occurs or does not occur within the developing female, the absence of which is beneficial, but its presence does not offer an opportunity to reflect positive influences on development (Arnon et al., 2008; Psaltis & Duveen, 2006; Worell & Goodheart, 2006).

**Purpose of the Study**

The scope of this research will concentrate on the effects of social and family influences on the developmental process of female adolescents and the nature of those influences as they apply to gender role congruence. Currently, social constructs have embraced gender equality and elimination of gender stereotypes. Although enhanced social awareness of gender related bias and resultant challenges to female development have occurred, the application of methods to eliminate gender bias has been largely ignored. The researcher has initially designated five primary goals:

1. Research has verified the existence of GRC and has identified the underlying factors perpetuating its continuation throughout the life span (Good & Sanchez, 2010; Worell & Goodheart, 2006). The aim of this study is to identify the critical elements leading up to onset, factors related to duration, and residual effects after the occurrence of GRC; to examine the experiences of participants, identify common factors, short/long term impact of GRC; and to identify measures utilized to overcome the constraints of GRC

2. GRC compromises normative female development and manifests its effects as mood, behavior, and emotional dissonance (Dixon et al., 2010; Kirsh & Kulper, 2002). Resultantly, clinical interventions often identify the
presenting symptoms but overlook the underlying causal factors related to GRC. The researcher will seek to identify coping measures utilized by participants to overcome GRC establish personal identity, refute gender stereotypes, and enter into career fields that were socially designated as male occupations. This study is not directly related to career development or career theory. However, this study will utilize gender-variant occupations to identify women who have successfully negotiated social restrictions and achieved personal goals.

3. The use of comparative case study design will provide the researcher an opportunity to identify common factors related to successful measures utilized by adult women to overcome GRC and social stereotypes. Additionally, the life experiences obtained during this research will be utilized to compare findings in grounded theory with actual experiences of the research participants. Common elements uncovered during this study will be evaluated in terms of generalizability and usefulness in development of treatment modalities and/or effective GRC related counseling.

4. The researcher will seek to facilitate participants’ developmental reflections and identification of “trigger points” or decision points related to the onset of GRC. Trigger points occur during developmental years and are those reactions to changes encountered during adolescence as well as external forces influencing interaction with a social environment. Trigger points are those events that force a
decision between conformity and individuated developmental growth. Encountering developmental milestones may be a source of dissonance for adolescent females. However, the external pressures that are confronted concurrent with the process of adolescence may be identifiable as events calling for decisions that directly result in dissonance. A retrospective review of these developmental events may produce opportunities to appraise developmental impact and relationships of gender stress and incongruity associated with GRC.

5. The scope of this study includes identification of factors relevant to future research. By its nature, qualitative research seeks to identify theoretical factors as related by the experiences and conceptualizations of the participants. As such, topics not covered in this plan of study may be identified during the course of research.

Although quantitative research may more efficiently quantify elements of causality, the focal point of this research attends to issues of perceived causation based on the qualitative assessment of differentiated women who have successfully negotiated stereotypical boundaries and gained employment in “non-traditional” vocational roles such as fire, police, military, or physically challenging careers. Objectively assessing social and family gender role constructs measured against the actual impact of gender role conflicts, female self-perception, and motivational factors for change or resistance, may best describe the effect as related to the cause. By so doing, the questions of GRC will be viewed as outcome research as opposed to projections.
Significance of the Study

Unlike maturational crisis that diminishes as the crisis event dissipates, GRC creates short-term and long-term persistent dysfunction that is not related to transitioning from one phase of development into another (e.g., attending college, marriage, pregnancy; Kirsh & Kulper, 2002). GRC has a direct connection to gender identity development and subsequently to gender behavior. As such, GRC directly correlates to current and later life satisfaction and achievement of personal goals (Grabill et al., 2005; Hoffman, 2006a; Huitt, 2009; Orrange, 2003). Rizzo (2009) found that mental disorders, related to developing female adolescents overall rate of self-injury, suicide attempts, mood disorders, and behavioral misconduct, are related to developmental stages or reaction to the inability to find congruity with role expectations and circumstances. There is a significantly higher incident rate of mood disorder, anxiety disorders, substance abuse, eating disorders, and incidents of suicide in adolescent females relative to their male cohorts (Dickerson, 2004; Fine 2011; Priess et al., 2009). At the time of this study, gender role stress continues to be the primary common point in the epidemiology related to the noted disproportionate incidents of identity formation and mental or behavioral disorders in adolescent females (Fine, 2011; Riggs & Han, 2009; Stemmier & Petersen, 2005).

Gender role conflict: Impact on life span development. Developmental crisis occurs when individuals are faced with acute incongruity resulting in disorganization of personal goals. Further this state creates mood, behavior, and emotional disruptions until resolved (Papalia & Olds, 2011). GRC can create developmental crisis with resultant mood, behavior, and emotional disorders. GRC and the resultant stress it places on
female development is measured in terms of depression, anxiety, image related disorders, and an inability to achieve unfettered realization of self-individuation (Tuck et al., 1994).

The psychological and physiological maladies that develop from, or are exacerbated by, GRC continue to represent a developmental threat to children integrating into schools or cultural environments where multicultural or regional influences do not coincide with the current American social scripts and gender role belief systems (Lindsay et al., 2006). There are regions within America where recent immigrants or cultural diverse populations have voluntarily segregated from mainstream American culture and do not subscribe to the current social definitions of gender equality, career expectations or opportunities (Bradford, Buck & Meyers, 2001; Sue & Sue, 2008). The struggles of women in past generations related to gaining equal ground and equality are destined to be repeated by various segments of America’s diverse and multicultural population (Darling & Turkki, 2009; Hattery & Smith, 2010).

Depression and suicidal ideation are significantly higher in female adolescents than found in males even though the highest rate of suicide completion remains the Caucasian male (Granello, 2010). Several causal factors for this occurrence have been posited by Hazler and Mellin (2004), which indicate that social constructs and gender role assignment are key factors in producing the stressors that encourage aberrant behavior in adolescent females. Social isolation is also a contributing factor and specifically relates to concept of self-image, peer group acceptance of psychological maturity, interaction with female peers, and gender role conformity to socially acceptable feminine norms. One of the underlying factors in female stress has been identified as lack of assertiveness. Parental influence, socialization processes, and gender role
stereotyping are strong contributing dynamics to female levels of assertiveness (Hazler & Mellin, 2004).

Gender-role assignment and subsequent socialization of gender expectations are directly related to the development of coping skills (Carver et al., 2004). Feminine-identified individuals show considerably higher levels of rumination and anxiety than do masculine identified persons (Ruble & Martin, 1998). This trait has been observed in 4th and 5th grade school children and prevails throughout adolescent development and into adulthood. In fact, predictors associated with coping skills and work related stress in later life have been directly linked to influences of gender role assignment and early childhood socialization (Broderick & Korteland, 2002; Gianakos, 2002; Martin & Fabes, 2009).

**Regional/global effects of gender role conflict.** GRC is not specific to the US and has world-wide implications in consideration of cultural diversity and varying social attitudes (Darling & Turkki, 2009). GRC is not a nation specific construct unique to America (Falicov, 2007). Factors related to GRC are promoted by regional influences and may vary from area to area within the US. GRC is a localized cultural construct and often varies within a region without boundaries. Therefore, the multicultural demographics are a more accurate measure of social influences than geography.

The global nature and influence of GRC is of specific concern within America due to the cultural friction that routinely develops between American social values and engrained cultural beliefs of our diverse population (Hattery & Smith, 2010). The resulting social-cultural conflict assures the continued existence of GRC within the US and stimulates heightened threats of physical and psychological harm to adolescent and
adult women (Zarate, Garcia, Garza & Hitlan, 2004; Duckitt, 2001). Failure to advocate against, or develop clinical awareness of, GRC would endorse a systemic short-fall in measures to extinguish GRC and development of effective treatment modalities (Falicov, 2007).

Projected Areas of Inquiry Resultant from Literature Review

The primary goals of this research are to obtain narrative descriptions of the process by which the participants have come to the realization of their appropriate gender roles and social expectations. The researcher does not presume the presence of GRC in all mature women. However, the research participants will be selected based on their obtaining and sustaining gender-variant occupations. As such, the effects of breaking away from cultural or social stereotypes may be present during the developmental years of the participants. Learning the influencing factors present during the developmental years of the participants will serve to support the goals of the research.

Although not all inclusive, the initial areas of inquiry will serve to support the goals and purpose of this study. Examining the perceptions of “how and why” of GRC, in the social context confronted by the participants, may provide critical information in regard to GRC and modalities of treatment for women suffering from its effects. The scope of this study includes participant accounts of individual efforts to negotiate incongruence and make sense of the factors related to the issue. Further, the researcher will examine the processes affecting the development of females in specific regard to gender role and social constructs which provide artificial parameters for what is and what is not considered acceptable conduct in post adolescence and early adulthood.
The following areas of inquiry will be initially explored as a “scene-setter”. However, the structure or content of the questions are not intended to limit the information provided by the participant. As such, these questions are not exclusive of participants’ conceptualizations and recollections.

1. When did the research participant recognize the existence of conflict between parental influences of gender values and her own conceptualization of individual preferences and identity?

2. What factors precipitated participant’s recognition of gender-role incongruity?

3. Can the participant identify the nature of influences that most affected childhood and adolescent decision-making contrary to personal preferences?

4. Did the participant recognize the nature of influence or pressure exerted by family to conform to gender expectations?

5. Did family or social influences result in incongruity between personal identity and gender role conformity?

6. Did the participant perceive social or parental pressure as the most powerful influences on gender-identity and conformity with normative expectations?

7. What was the family structure during childhood?

8. What was the family structure during adolescence (related to siblings, intact family structure, and contact with extended family)?

9. What influence, if any, did older siblings have on developmental issues related to gender identity and gender role conformity?

10. How did participant perceive the parental dyad in the family structure and how did those perceptions affect conceptualization of acceptable gender role
conformity?

11. What, if any, family stressors had influences on participant (SES, substance abuse, parental mental health disorders)?

12. What, if any, psychological reaction occurred related to gender identity or gender role conflict incongruity (i.e. substance abuse, eating disorders, poor self-esteem, depression, suicide ideation)?

13. What informed participant to challenge gender role stereotypes?

14. What measures did participant utilize to break the boundaries of gender-role stereotypes and/or GRC?

The actual number of predetermined questions will adjust according to the responses of the participant. The above listed questions are not intended to represent the entire scope of research inquiry.

Definition of terms

The following terms, in addition to those contained within Appendix A, will be utilized during the presentation of this research and addressed during the interview portions of this research. Unless otherwise cited, all definitions were obtained from the APA Dictionary of Psychology (VandenBos, 2007) and The Expanded Life Cycle: Individual, Family, and Social Perspectives (McGoldrick et al., 2010):

Gender Stress: Psychological and behavioral relate stress related to gender differences and moderating effects of social or familial standards applied against individual female or male human development.
Family: Social construct identified by blood-ties and unification of humans to form into a sub-entity of society in order to establish promote the health and welfare of that sub-entity.

Human Development: The accomplishment of certain physical, intellectual, social, spiritual, and emotional life cycle tasks critical to the expansion of an individual skills or abilities to cope with emerging encounters of life.

Life Cycle or Life Span: Expressed in terms of development using chronological age as the measure of stage development.

1. Infancy (birth – 2 years old)
2. Early Childhood (2 – 6 years old)
3. Middle Childhood (7 – 12 years old)
4. Pubescence (females 11 – 13 years old)
5. Adolescence (14 – 20 year old)
6. Early Adulthood (21 – 35 years old)
7. Middle Adulthood (36 – 50 years old)

Self-determination: The free choice of an individual's own acts without external compulsion. Individual willingness to take responsibility for making goals or critical decision.

Trigger Points: Hyperirritable topics that are associated with psychological trauma or events provoking a conditioned response or a mood disorder related reaction to a specific event or provoking psychological disturbance. Trigger points also
identify critical periods within developmental span that are most likely to create questions of congruity

Vocational Roles: The course or progress through life, or a distinct portion or phase in life, pertaining to remunerative work and or formal education. The availability and remunerative nature of the selected vocation is closely associated with gender and commonly associated vocations associated with birth sex and gender stereotypical associations.

Traditional: Social, familial, and cultural definitions assigned to the values and purposes established by the system construct in order to identify purpose and expectations.

**Organization of Chapters**

Chapter 1 is the introduction of the research topic and provides a rationale for the study. This chapter also identifies a specific statement of the research problem, research questions, definition of terms and the detailed organization of chapters.

Chapter 2 reviews literature relevant to gender role stress, human development issues related to gender role stress, positive and negative effects of gender role stress, and overall implications affecting primary individual developmental resulting in consequences to American women that extends through childhood, adolescence, early adulthood and into middle adulthood.

Chapter 3 presents the methodology and intent of the study. This chapter also describes research design, rationale and purpose of the study, and research hypothesis. Procedures for collection of data, selection of research participants, validity and
reliability measure, data analysis and are also described. Finally, considered limitations and threats to validity are presented for review.

Chapter 4 addresses the actual conduct of the research, the organization and content of the data collected, supporting documentation, recordings, transcripts, and documentation of measures utilized to assure validity during the actual conduct of research methods and means.

Chapter 5 will present consolidated findings, recommendations, and conclusions drawn after analysis of the collected data. Potential recommendations for future research needs, implications for the future, particular application for counselor educators and supervisors will also be presented.
Chapter Two

Review of the Literature

A literature review is conducted in order to introduce and develop a logical framework for the research basis and a concentrated effort to locate related studies (Creswell, 2008). The literature review, as it applies to qualitative research, should provide four broad functions (Maxwell, 2005) in order to compliment the foundation of the research method. In this study, the research method is defined as qualitative method utilizing a comparative case study design. As such, this literature review will attempt to do the following:

1. Identify the underlying theoretical concepts behind the development of the research questions or areas of inquiry. The review should illustrate the theoretical underpinnings of the initial assumptions and values presented by the research topic.

2. It should support or enhance the researcher’s theoretical knowledge about the intended research topic, surrounding factors, and scholarly traditions of conducting research (Maxwell, 2005). Denzin and Lincoln (2009) reported that researchers do not need to be experts in a particular theory but they must be sufficiently knowledgeable of theory in order to facilitate action research and make sense of the results.

3. It identifies gaps in the body of knowledge available on the subject matter in order to assist the researcher in defining significance and purpose of the study. The literature review may serve to clarify ambiguous research objectives as the researcher conducts a vigorous review.
4. Maxwell (2005) encouraged the researcher to have conversation with the related literature while developing and refining research questions. Merging the research questions into the larger body of knowledge allows for the enrichment of past studies, development of strategies, and clearly identifies weaknesses within the initial research design or question.

A rigorous review of the literature was conducted and continues to support the purpose, significance, and statement of the problem previously discussed in Chapter 1.

**Theories of Human Development**

The process of human development has been the subject of many noted theorists ranging from Freud, Erikson, Piaget, Kohlberg and Bronfenbrenner (Lerner, 1998). This study does not support or refute the tenants of any particular theory. Lerner simplified the process by describing human development as a journey that starts in the womb and ends in the grave. Developmental theory attempts to describe what happens in between those two events. It is nearly impossible to cram all the scientific theories of development into one study or volume (Schaie & Willis, 2009). This study does not intend to challenge that assumption.

The common thread that runs between all theories of development is that development occurs in phases and stages during the entire course of the life span (Bornstein & Lamb, 2011), and development is not unique to a specific region or culture within the world’s population (Sue & Sue, 2008). The variation in theory regarding development is largely due to the philosophical or theoretical beliefs about human events within nature’s biological process of development (Bornstein & Lamb, 2011). Although there are many differences of ideas disputed among the various scientific factions there is
also general concurrence that by definition, Bornstein and Lamb assert that development means change.

Papalia and Olds (2011) argue that developmental change is inspired by a convergence of influences which affect the newborn child and continue through the life span. Those influences combine internal needs with external realities and inspire a continuing interaction between the child and its environment. McGoldrick et al., (2010) report that the dialogue necessary to aid in positive development involves the individual, the family, and the social influences affecting the individuals’ perspectives and opportunities.

The researcher believes that this level of understanding is adequate to describe the theory of development within the context of research design. The researcher will seek to identify those interactions between the individual and environment in order to identify the nature of developmentally significant conversation that occurs between the developing child and external influences (Bornstein & Lamb, 2011), as well as evaluating the actions or reactions to that encounter. As such, detailed examination of any specific theory of development does not produce any benefit for the overall objective of the study.

**Understanding Gender Role Conflict**

A key factor in human development is acquiring appropriate human characteristics necessary to integrate into the family and sufficient social values in order to later integrate into society (Bornstein & Lamb, 2011; McGoldrick et al., 2010). External sources help shape the developmental pathways in order to facilitate positive growth and biological success in development (Papalia & Olds, 2011). Parents nurture and support the biological growth and provide a safe environment for development. In
most cases, consistent with modern medicine, the physical goals and quantitative elements of development are met and the child grows into adulthood McGoldrick et al., 2010). However, other than providing environmental conditions conducive to good health and safety, there is little that the parent can do to correct biological deficiencies or interfere with the natural course of the developmental process (Bornstein & Lamb, 2011).

The qualitative measures of development are also needed for successful integration into the family and also into society (Papalia & Olds, 2011). However, the psychosocial influences provided by parents, and later by society, can do much to support or deny the ability to achieve self-awareness and acquire self-identity (Bornstein & Lamb, 2011). The parent and social influence affecting female development are the topic of this study; specifically gender role values and social constructs that predetermine career, opportunity, status, and social power given as a matter of birth sex and not as a matter of merit (Fine, 2011).

Gender role stress is developed when parental or social influences exert pressures on the developing female in order to enforce conformity to social norms related to gender stereotypes (Fine, 2011). This pattern of gender stress transpires independent of consideration of the individual needs or preference of the developing child. The matter of choice is replaced by normative values carried by family or social environment (Fine, 2011; Martin & Fabes, 2009; Ruble & Martin, 1998). Interestingly, gender role conflict applies to both male and female adolescents (Mahalik, 1999). Although this study aims to identify GRC factors related to female development, it is useful to note that GRC can generate developmental trauma by exerting unrealistic expectations as well as
significantly limiting opportunities on males as well as females (Thompkins & Rando, 2003).

Children are affected by GRC in manner of parental corrections as to the child’s selection of toys, television shows, activities during socialization with other children, and type of clothing (Ruble & Martin, 1998; Witt, 1997). The early parental and social influences on children are subtle and rarely rise to the level of dissonance or incongruity. However, children as young as 5 years old have defined understanding about career roles suitable for males and females based on gender (Fine, 2011; Martin & Fabes, 2009; Thornburg & Weeks, 1995). The source of a majority of parental expectations is derived by a combination of influences from both the extended family traditions and current social constructs associated with gender role assignment. As such, parents are likely to support the social constructs in order to provide stability to their own expectations (Athenstaedt, Haas, & Schwab, 2004).

The age of GRC dissonance appears to occur at transition into adolescence. The subtle innuendo and social influences of GRC become more confrontational as the adolescent strives to reach independence and allow for individual development (Wisdom, Rees, Riley, & Weis, 2007). The notation of gender context in terms of success and failure are often accompanied by the subliminal message of ‘objectification’ of adolescent girls (Fine, 2011, Martin & Fabes, 2009, Wisdom, et al., 2007). The social pressure to accept normative gender values are also affected by parental pressures which continue within the adolescent’s household (Shanahan, McHale, Crouter, & Osgood, 2008).
Socially prescribed gender roles, and the manner in which children in American culture are socialized, is a significant factor in providing an environment for children to develop an understanding of individual expression and ability to share emotions (Martin & Fabes, 2009). However, the resulting GRC dissonance created when children move into adolescence and encounter social conformity pressures on gender identity development revealed a clear connection between individual efforts to exert control of their personal development preferences and direct conflict between the adolescent and their parents (Shanahan, et al., 2008). The conflict created is related to developmental delay and or a pronounced gravitation to conduct or substance abuse disorders as a way to resolve the conflict by re-assertion of control and relieve the pressures of developmental dissonance (Kulis, Marsiglia & Hurdle, 2003; Martin & Fabes, 2009).

Developmental stress related to gender role conflict has led to physical and psychological ailments, mood disorders and disorganized behavior. GRC has been recognized in early stages of childhood development and occurs and continues through adolescence and into adulthood (Bekker & Boselie, 2002). Gender role stress creates pressure on the individual which is amplified when combined with developmental challenges encounter during adolescence. Early exposure to GRC has an impact on developmental tasks related to moral orientation, self-identity, and self-esteem (Glover, 2001). GRC has also been identified as an impediment to negotiating transition from adolescence to adulthood in regard to adverse reaction to unpressured socialization and development of suitable coping skills (Lengua & Stormshak, 2000). Gender role stress and resulting GRC have been identified as the primary causal factors in cases involving women with poor self-esteem and poor self-perception of body image (Lennon & Rudd,
Social stereotypes related to conformity standards necessary to meet social expectations are also responsible for GRC from childhood to adulthood. The social normative pressures placed on children have direct effect on the manner and methods utilized by children to socialize and establish relationships (Ruble & Martin, 1998).

Adolescent reactions to external influences of development create dissonance within the individual (Good & Sanchez, 2012). By either measure, GRC can be a destructive influence in processes of qualitative individual development. The resulting dissonance and incongruity experienced by the individual female create gender role conflict that serves to inform the qualitative aspects of her development. This process begins in childhood, continues through adolescence and into adulthood (Antill et al., 2000). The adverse effects of GRC on female development range from poorly developed social skills to suicidal ideation (Allison & Schultz, 2004; Portes et al., 2002).

GRC is not bias to birth sex (Fine, 2011). GRC provides structured limitations for female development while promoting elevated expectations for males (Saunders & Kashubeck-West, 2006). Historically, the study of GRC focused on the male dissonance resultant from individual perceptions of failure in the face of parental or social expectations (Ashton & Fuehrer, 1993). In many cases, male adolescents recognized the growing incongruence between external expectations and individual goals.

GRC stress can develop independent of sexual orientation. Social stereotypes related to normative gender roles expectations are not effected by homosexual orientation (Peters & Cantrell, 1993). GRC related disorders are equally expressed by developing female adolescence whether their sexual orientation is heterosexual or lesbian. The core issues of GRC address the character of identity and self-esteem (Bussey & Bandura,
The presence of homosexuality does not diminish the adverse effect on developmental experiences by adolescent females as they grow into adulthood (Safir et al., 2003). Developmental dissonance resultant from gender stereotypes, social normative gender expectations, resulted in elevated levels of conflict or non-congruity in direct relationship to developmental issues and assumption of specific gender roles (Peters & Cantrell, 1993). Furthermore, research posits that although familial or social influences affecting gender role identity occurs in early childhood development it does not reach levels of incongruity until adolescence (Waelde, Silvern, & Hodges, 1994).

Research concludes that gender role conflict leads to significant levels of stress and elevated levels of depression (Barnett et al., 1997; Worell & Goodheart, 2006). In fact, several studies have indicated that gender role stress has manifested into incidents of alcohol and drug abuse within female populations (Lye & Esfijon, 1998). Heterosexual and lesbian female research participants equally express incidents of elevated levels of conflict or non-congruity in direct correlation to developmental issues and assumption of specific gender roles (Peters & Cantrell, 1993; Weber, 1996). Although familial and social conflict resulting in developmental stress often occurs in early developmental years, it often does not manifest until later in life or well after puberty (Waelde et al., 1994).

**Current Social Trends and Gender Role Conflict**

Cultural changes in gender role context, definition, attitudes and roles have shifted in the last decade (Fine, 2011). These changes represent a modification in the way that culture influences the development and gender role assignments associated with specified gender roles established by sex at birth. Currently, it appears that social
gender concepts are adapting to a more lenient and equality based model for women in today’s society (Huitt, 2009). As such, gender values are becoming less restrictive resulting in increased career opportunities, locus of control, and more equitable attitudes toward acceptable social roles for women (O’Brien et al., 2000; Peters, 2002). Although well intended in concept, the actual shift in gender stereotypes and implementing social changes is largely ignored and continue to be a source of stress and development of GRC (Worell & Goodheart, 2006).

The 21st century has ushered in a substantial paradigm shift in both cultural and parental opinions in regard to gender roles and gender-typing (Sacharin et al., 2009). The movement towards more progressive attitudes concerning gender roles, especially in the case of female children, will result in continued process of mind-set adjustments with corresponding changes in issues of self-concept, career, and expectations of developing females in the 21st century. There is a growing body of research that indicates there is a measurable change in attitudes, social, and parental concepts of expectations and demonstrated behavioral changes in adolescent females resultant from the less restrictive and limiting viewpoints of culture (Sacharin et al., 2009).

One of the key stimulants in this change process is access to comprehensive education and exposure to adjusted gender role definitions expressed in mass media. Clearly, there are other factors that affect gender role attitudes and development. Nonetheless, the relevance of childhood exposure to socialization and parental influences affecting gender role attitudes cannot be overlooked (Brooks & Bolzendahl, 2004).

However, even with more egalitarian social constructs, women continue to use previously learned concepts in order to conduct individual evaluations of success or failure.
(Saunders & Kashubeck-West, 2006). These socially scripted concepts extend into adulthood but are directly linked to early developmental stages adversely affected by GRC occurring within developmental lifespan (Waelde et al., 1994; McGoldrick et al., 2010). The resultant untreated effects of GRC lead to issues of poor self-esteem, depression, lack of individuation, impaired perception of success versus failure, and inability to self-actualization during the course of lifespan development (Kirsh & Kulper, 2002).

**Developmental Theory and Gender Role Conflict**

Developmental theory involves integrating the physical with the psychological changes which occur during life span developmental. The physical and the psychological factors of development are directly related to an individual’s ability to thrive and develop essential skills to negotiate the challenges of life (Bornstein & Lamb, 2011; McGoldrick et al., 2010). The process involves achieving milestones which mark integration of conceptualization of race, social conformity, orientation, identity development, and all aspects that make-up the self. However, social and parental concepts of gender, and the role that gender plays in integration of an individual into the social fabric, are often in conflict with the self-directed individual development (Taylor, 2008).

In addition to developmental theory, there are a number of specific theories that relate to social stressors and the resultant dissonance within developing females (Huitt, 2009). Several of the most salient of those specific theories are discussed within this section. Although not all inclusive the following theories were selected based on the theory tenants with social and environmental stressors on development.
Social learning theory. Social Learning Theory (SLT) considers that gender role conflict creates a psychological paradigm wherein individuals encounter issues, or relate to issues, significantly different than those individuals not so affected by GRC. Negative stereotypes become deep-seated within the individual’s area of influence which redefines opportunity and definitions of success (Datti, 2009). Although SLT does not specifically recognize GRC in terms of a specific cohort, it does relate to consideration of employment, success, personal goal attainment, and self-evaluation by addressing the destructive nature of social stereotypes (Datti, 2009; Turner, 2003).

High school students (male or female) learn by observation and interaction where and how to draw the lines between gender and social success, self-enhancement, and gender bias associated with normative self-regulation. Strictly scripted social definitions of gender or gender role expectations can either misdirect or impede a student’s ability to accurately define realistic growth or developmental objectives. School environments present an excellent sociological mixing bowl useful to establish dividing lines between genders, testing socially entrenched stereotypes related to gender, and expectations or acceptable measures of success (Carver et al., 2004).

Feminist theory. Feminist theory addresses the labeling of sexuality and gender as a component of interdisciplinary feminist theory which posits that physical and mental health are dependent on self-acceptance of gender role stereotypes that are discriminative in nature towards women as a class (Hooks, 2000). The objectifying nature of gender stereotypes can only be given credence or accepted. In this case, information is power and increased awareness of females in regard to gender stereotypes decreases the victimization effect, identifies the objectification of gender stereotypes and acts to reduce
developmental impact over the lifespan (Quest & Hyde, 2009). Feminist theory is the extension of feminism into social theory and modern concepts of gender inequality (Kolmar & Bartowski, 2005). Feminist theory attempts to explain the roles, politics, and social experiences of women in the 21st century. The feminist movement occurred in three waves within America (Krolokke & Sorensen, 2005). The first wave addressed issues of women’s right to vote, the second addressed concerns with gender inequality in both cultural and legal aspect of society, and the third wave is targeting issues that were not resolved in previous movements, specifically in the realm of inequality and gender bias.

Finch (2004) is an advocate of qualitative research method in the conduct of gender related research. She based a research history spanning from 1970–2000 on the foundation of talking with people in order to define terms, identify effects of gender discrimination, and promote the purpose of feminist theory within the body of research knowledge. Finch describes feminist theory as a movement that reconsiders the traditions, rituals, myths, social structures, and reviews them in context of how they have been utilized to promote discrimination and sexism during the last century. Interestingly, Finch concluded her journal article by stating, in the realm of social investigation, that “research which utilizes other than qualitative measures to address feminist questions are underdeveloped” (p.64).

**Wellness theory.** Wellness theory relates emerging popularity of positive psychology but posits wellness is a central issue of development (Hettler, 1984). According to Hettler, wellness is a philosophy of development that underscores the growth of the whole person and is based on 6 dimensions of wellness that address a
balance between: 1) intelligence, 2) emotions, 3) spiritual connections, 4) physical fitness, 5) social and environmental considerations, and 6) occupational satisfaction.

Wellness speaks to the acquiring of qualitative goals through the process of lifespan development. The pillars of this developmental theory relate to sense of worth, sense of control, emotional awareness and gender identity (Roscoe, 2009). GRC and the resulting incongruity during lifespan development is a significant impediment to positive development and wellness. However, wellness theory does not specifically address issues of gender congruity (Myers & Sweeney, 2007). Rather, the authors go on to say that, wellness theory suggests that wellness is a lifespan developmental issue and relies on the individual to create healthy decisions about lifestyle. The resulting dissonance created by GRC has direct impact on physical and psychological health as it represents a barrier to achieving self-awareness and identity and the ability to make sound decisions about lifestyle choices (Roscoe, 2009).

**Gender role conflict theory.** Gender role conflict theory is based on the hypothesis that women who attempt to experience or enact both feminine and masculine gender roles will experience dissonance related to social context of appropriate gender related assigned roles (Fallon & Jome, 2007). Gender role conflict theory addresses four primary factors encountered during an individual’s adolescent – adulthood developmental phase. These factors are described as identified as: 1) success, 2) power, 3) competition, and 4) restrictive emotionality (Hoffman, 2006a). These factors are posited to represent adolescent conceptualization of personal achievement, social acceptance, self-awareness and relevance, and personal strength to overcome anxiety and fear encountered when
self-expression is contrary to external pressures (Galligan, Barnett, Brenan, & Israel, 2010; Hoffman, 2006a).

The social and “power” aspects of GRC were first theorized in relationship to developing men because of the stereotypical, success-goal oriented social requirements expected from developing male adolescents (Thompkins & Rando, 2003). However, as society attempts to level the field of employment and opportunity consistent with social egalitarian and gender equality trends, the challenges of success are as viable for competitive women as for competitive men (Amato, 2006; Richeson & Ambaby, 2001;). Although significant social pressure is exerted on developing males to enforce adherence to gender norms, similar levels of pressure are equally exerted on developing females who refute gender norms and seek expanded opportunity (Luhaorg, 2005; Richmond & Levant, 2003).

**Self-determination theory.** Self-determination theory (SDT) posits that development is fostered by human motivation and a sense of wellness (Deci & Ryan, 2000, 2008). The level of intensity is secondary to the type of motivation as it applies to human development (Deci & Ryan, 2000). A primary tenant of SDT is the achievement of life goals and the measures necessary to assist in the accomplishment of those goals. SDT posits that the level and type of motivation can be, and has been, a predictor of goal achievement in later life (Deci & Ryan, 2008).

The idea of intrinsic motivation defines the role of goal setting and the role of the individual in forming the context in which motivational tools can be utilized to facilitate goal achievement (Chua & Koestner, 2008). SDT places value on autonomy and individual choice. However, SDT also identifies parental and social limitations as a
threat to achieving goals and establishing autonomy (Soenens et al., 2007). The type of dissonance described within the tenants of SDT and stressors related to GRC are remarkable. SDT identifies the importance of autonomy and self in goal setting, successful human development, achievement, and wellness within the individual (Deci & Ryan, 2008; Worell & Goodheart, 2006).

**Social dominance theory.** Social dominance theory was postulated in the late 20\(^{th}\) century in order to make sense of oppression, social control, development of hierarchies for the purpose of restricting expression, and maintain the social norm (Pratto, Sidanius, & Levin, 2006). Accordingly, social institutions, churches, financial organizations, educational institutions are empowered to develop normative standards and embed the resultant stereotypes into the fabric of any particular society. Because of the financial and political influences of these developed standards, individuals ascribe unregulated power to these entities to script and disseminate social standards. Over time, scripted myths or rituals are converted into standards of conduct for the dominated and entitlements for the empowered (Lange, Kruglanski, & Higgins, 2011). According to SDT, three influential factors regulate general population opportunities and are established pillars of population regulation. Age, gender, and accessibility regulated by bias (i.e. race, ethnicity) are dynamic predictors of the haves and the have not’s (Haley & Sidanius, 2005).

**Identifying the Effects of Gender Role Conflict**

Gender role conflict is not a listed disorder contained within the APA Diagnostic and Statistical Manual (DSM; 2000). The focus of this paper does not include an effort to identify a new mental health disorder or a condition that is identifiable with a set of
specific diagnostic criteria. GRC is a contributing factor of uncertainty or unresolved incongruence which occurs within the developmental process (Barnett et al., 1997; Broderick & Korteland, 2002; Fine, 2011). GRC is a powerful ingredient that factors into the stressors related to formation of identify, mood, and behavior related disorders that are defined within the DSM (Huitt, 2009; Lange et al., 2011).

Understanding the formative factors of development stress is useful in understanding epidemiological factors, prevalence, and occurrence rates of mood, behavior, and identity disorders within adolescence (Huitt, 2009; McGoldrick et al., 2010). Disorders occurring in adolescence often continue into adulthood and remain with the individual throughout the life span unless treated or resolved (Huitt, 2009). In that context, GRC represents a primary causal factor in stress related developmental disorders in female adolescents (Fine, 2011).

Research conducted in 1990s was focused on establishing a link between gender roles and a females’ self-perception of body satisfaction, self-esteem, and appearance in college age woman. The findings indicated that women used social notions and cultural norms in order to interpret their meaning of attractiveness or measuring social acceptance. Those perceptions also informed their understanding of self-esteem (Lennon & Rudd, 1997; Martín & Fabes, 2009). Using external measures in order to form internal conceptualizations of self-esteem and acceptance generated dissonance based on social standardization of how a woman should look and act (Lennon & Rudd, 1997).

Self-esteem issues are directly related to prominence of eating disorders in adolescent females (Herzog & Eddy, 2009). The social driven concept of “perfection” as marketed on television and in advertisement has direct impact on adolescent perception
of self-image and socialization (Fine 2011). The social pressure to seek perfection is causal to approximately 3 percent of critical adolescent eating disorders and may affect as high as sixty-one 61 percent of adolescents who maintained a sub-clinical level of eating disorders (Peck & Lightsey, 2008). Although the data supporting prevalence of eating disorders meeting DSM IV criteria is significantly below the 61–65 percent posited by Peck and Lightsey, the examination of data collected on sub-clinical eating related disorders supports the presence of a robust continuum of eating disorder conduct that occurs within female adolescents and prior to being identified within the DSM-IV criteria (Lock, 2011).

The prevalence of eating disorders not otherwise specified (EDNOS) is particularly alarming when the mortality rate is calculated over time. EDNOS occur in childhood and during adolescence (Frank, 2009). These eating related disorders are not outgrown after adolescents or a particular developmental stage. Once EDNOS occur, they continue throughout the life span, often reoccurring in later life (Arcelus, Mitchell, Wales & Nielson, 2011; Frank, 2009). Arcelus et al. reported the results of an examination of approximately 20,000 clinically defined EDNOS patients, observed over a 13 year period, involving the conduct of 36 research studies and assessments, with subsequent published findings. They noted that the standardized mortality rate (SMR) varied significantly dependent on the specific diagnosis of the patient (i.e. anorexia, bulimia, or EDNOS). However, approximately 700 (ratio of observed to expected) deaths occurred during these studies directly related to the patients primary diagnosis. The published results characterized the high mortality rate associated with EDNOS. A
secondary finding concluded that approximately 20 percent of the SMR of EDNOS was attributable to patients’ suicide (Arcelus et al., 2011).

Similar findings referred to stress induced developmental disorders correlated to higher levels of suicidal ideation and suicide rates among male and female adolescents (Rodgers & Chabrol, 2009). Poor self-esteem, self-evaluation, and sense of accomplish are related to self-perception based on family or social standards. Adolescence is a period defined by stressors related to matters of success largely guided by the ability to fit in connecting with others who are highly valued in the home or social construct. Failing to make successful connections or assume a proper fit within a specific social context is a source of great developmental stress (Dixon et al., 2009). Female adolescents are disproportionately affected by this specific type of developmental pressure. Gender role related developmental stressors contribute to 27 percent of suicide attempts in females as opposed to 3 percent in male adolescents. This statistic is particularly alarming when overall suicide attempts in females adolescents is 7-10 percent higher than males (Pinhas, Bryden, Ghabbour, & Toner, 2004).

Comparable findings have also been reported related to prevalence of mood disorders in female adolescents and substance abuse disorders occurring in adolescence and into adulthood (Wagner, 2009). The onset of major depression in female adolescents generally occurs between the ages of 13-19, and if untreated, it can continue through the course of development into adulthood (Hazler & Melin, 2004). Gender role conflict and its related developmental stressors continues to be a primary causal factor in epidemiology of elevated mood disorders, substance use disorders, and identity related disorders occurring in adolescent females, as compared to male adolescents (Fine 2011;
The significance of the short and long term effects of gender role conflict directly addresses the significance of this study.

**Importance of Recognizing the Cause before Treating the Effect**

Gender role conflict is not a listed disorder contained within the DSM IV-TR (APA, 2000). The focus of this research does not include an effort to identify a new mental health disorder with a specific set of diagnostic criteria. The researcher does seek to heighten the awareness of GRC as a catalyst triggering a variety of psychological and physiological disorders. Unrealistic social and parental influences can produce almost impossible ideals of expectations and quantifiable measures of success for developing females (Bekker & Boselie, 2002). The stereotypical influences and pressure are exerted throughout the developmental cycle and affect socialization, success, peer acceptance, and gender congruence from early childhood into adolescence (Kessels, 2005).

GRC is a continual force and dominant ingredient contained within the female developmental process that factors into the stressors related to the formation of identity, socialization, behavior, and development progress (Huitt, 2009; Lange et al., 2011). Unresolved developmental stress continues to manifest throughout the life span, unless the individual resolves the conflict between personal identity and social ideology (Pedro, Sandhu, & Grice, 2002). Pedro et al. go on to report that the inability to accomplish developmental tasks, within a social context, leads to the threat of suicide over the lifespan. In addition to the rate of suicide, purposeful self-injury risks increase when female adolescents are confronted with incongruity related to gender role expectations, identity, or sexual orientation (Alexander & Clare, 2004).
Understanding the formative factors of developmental stress is useful in understanding epidemiology, etiological factors, prevalence of occurrence rates of mood, behavior and identity disorders within female adolescents (Huitt, 2009; McGoldrick et al., 2010). Disorders occurring during adolescence often continue into adulthood and remain with the individual throughout the life span unless treated or resolved (Huitt, 2009). In that context, GRC represents a primary consideration and causal factor in stress related developmental disorders within female adolescents (Fine, 2011). Conversely, successful development, defined as the ability of the adolescent to perceive achievement of desirable developmental outcomes has demonstrated a reduction in negative psychological and psychological outcomes to include reduction in risk behaviors (Willoughby et al., 2007).

GRC research conducted in the 1990s was focused on establishing a link between gender roles and female self-perception of body satisfaction, self-esteem, and appearance in college age women (Martin & Fabes, 2009). The findings of this body of research indicated that women utilized social notions and cultural stereotypical norms in order to interpret their meaning of attractiveness and measuring social acceptance (Lennon & Rudd, 1997). These interpretations also informed their understanding of success, self-worth, and self-esteem forming internal conceptualizations as how the adolescent should look and act that resulted in adverse levels of developmental dissonance (Lennon & Rudd, 1997; Martin & Fabes, 2009).

The social driven concept of perfection, as marketed in multi-media advertisement, has direct impact on adolescent perception of self-esteem, self-image, stereotypical female expectations, and socialization (Fine, 2011; Lennon & Rudd, 1997).
Self-esteem issues are directly related to prominence of eating disorders, somatization, depression, and anxiety in adolescent females (Silverstein & Blumenthal, 1999). The social pressures to seek perfection are causal to approximately 3 percent of critical adolescent eating disorders and may affect as high as 61 percent of female adolescents who maintain sub-clinical levels of eating patterns (Peck & Lightsey, 2008). Although the data supporting the prevalence of eating disorder that meet DSM-IV-TR criteria is significantly below the 61 percent posited by Peck and Lightsey, the examination of data collected on sub-clinical eating related disorders supports the presence of a high incident rate of eating disorder conduct that occurs in female adolescents prior to meeting DSM-IV-TR criteria (see also Herzog et al., 1996; Mazzeo & Bulik, 2009).

Since 1990 the rate and prevalence of eating disorders among developing females has significantly increased (Scoffier, Maiano, & Longueville, 2010). The occurrence of gender role stress related to physiological and psychological disorders, as well as eating disorders, not otherwise specified (EDNOS) is particularly alarming when considering the long term effects over the life span (Lengua & Stormshak, 2000; Lock, 2011). The harmful effects of sub-clinical eating disorders can result in permanent physiological damage (Herzog et al., 1996; Herzog & Eddy, 2009) and the stress related to unsuccessful identity development increases the probability of suicide and emergence of mood disorders in adolescent and adult females (Herzog et al., 1996; Herzog & Eddy, 2009; Waelde et al., 1994; Young & Korszun, 2010).

Patients with eating disorders have a higher mortality rate than other age related cohorts (Arcelus et al., 2011). Arcelus et al. reported that patients with eating disorders, to include sub-clinical symptoms of EDNOS, demonstrate an alarming mortality rate
when compared to age related cohorts and eating disorders developed during adolescents are likely to continue into adulthood unless treated. Arcelus et al. goes on to report that approximately 20,000 cases, ranging over a period of thirteen years were studied. They found that the standardized mortality rate (SMR) varied significantly based on specific diagnosis of anorexia, bulimia, or EDNOS. Adding to that, the study produced findings which indicated 700 deaths directly related to primary diagnosis of eating disorders. However, an additional 20 percent (approximately 130) of deaths resulted in successful suicides with those patients struggling with EDNOS (Arcelus et al.). This study supports the lethality of disorders acquired in adolescents that continue through the lifespan unless untreated and contributes to the cause/effect of untreated gender role conflict as a contributing component of eating disorders (Arcelus et al., 2011; Fine, 2011).

Poor self-esteem, negative self-evaluation, or lack of sense of accomplishment are related to the development of a personalized scale of failure or poor accomplishment related to the standards presented by social or parental influences (Hirshbein, 2010; Lynch, Myers, Kliwer & Kilmartin, 2001). Dixon et al., (2010) found that adolescence is a period defined by stressors related to matters of success that is largely guided by the adolescent’s ability to fit in and connect with others who are highly valued in the home or social constructs. They further surmised that failing to make successful connections with the valued parental/social constructs or assume a proper fit within the appropriate stereotype is a source of significant developmental stress. Female adolescents are disproportionately affected by this specific type of developmental pressure (Dixon et al., 2010; Hoffman, 2006b).
In summary, the manifestation of GRC and the ability, or inability, of a developing female to meet the stereotypical models or projections has a direct correlation to development of mood, anxiety, eating disorders, and elevated rates of suicide (Dixon et al., 2010; Parent & Moradi, 2010; Taylor, 2008; Waelde et al., 1994). Gender role developmental stressors contribute to approximately twenty-seven percent of suicide attempts in females as opposed to approximately 3 percent in male adolescents (Taylor, 2008; Thompkins & Rando, 2003). The suicide statistic for female adolescents is particularly alarming when considering the fact that overall suicide attempts by females is 7-10 percent higher than males in similar age cohorts (Pinhas et al., 2004).
Chapter Three

Methodology

Peer reviewed research is the hallmark of acceptance of new ideas and expansion of theory (Marshall & Rossman, 2011). Marshall and Rossman go on to report that quantitative research carries the prestige of being the acceptable method of peer based research and deemed to be the most reliable and valid method of obtaining usable results. However, quantitative research does not respond to the questions of how and why. The interruptive nature of qualitative research offers an opportunity to answer those questions (Denzin & Lincoln, 2009). A significant body of research exists that confirms the existence of gender role conflict, and its effects on development, for both male and female children, adolescents, and adults (Eriksen & Kress, 2008; Sanders & Kashubeck-West, 2006). The method chosen for this research is qualitative and the design is comparative case study.

Overview: Purpose of Gender Role Conflict Research

The aim of this study is to identify individual processes and coping skills that respondents found to be useful in dealing with parental and or social influences that created dissonance during their developmental phases. Of particular interest, is the perception that if GRC affected the developmental process, how does it influence forming identity, as well as identify measures taken by the respondents to address, or overcome, GRC during their development? This inquiry will seek to identify the presence of GRC during the career selection process of the respondents.

The researcher will examine the presence of the effects of GRC, as expressed by the respondents, and evaluate the level of harm resultant from GRC during childhood,
adolescence, and early adulthood phases of development. Additionally, the researcher will seek to identify critical events that precipitated the onset of GRC, related environmental factors, and the direct impact on their ability to find role congruency as they moved through development into adulthood. The respondent will be asked to recall events or reactions to social stereotypes, integration and career opportunities, and influences of the family structure as they began to make individual decision during adolescence. Finally, the researcher will seek to identify any short-term or long-term effects of parental or social influences as they applied to their developmental experiences or resultant struggles with formation of identity, self-esteem, and assumptions of personal value.

As previously discussed, prominent theories of human development, as posited by Piaget, Adler, Kegan, Elliot, and Erickson (as cited in Bornstein & Lamb 2011; Huitt, 2009; Schaie & Willis, 2009) expressed an age and stage construct to the process of passing from birth into adulthood. The researcher does not seek to examine or support a particular theory of development. Rather, the researcher examines the existence of GRC during key milestones of development during the period encompassing childhood, adolescence and early adulthood. The researcher seeks to identify specific points during development that produced levels of dissonance or incongruity directly associated with GRC and resultant developmental stress. GRC is a social construct, independent of developmental stress related to the process of reaching maturity, which is superimposed on the developmental process by parental and social pressures in order to influence conformity to gender derived stereotypes (Worell & Goodheart, 2006). Social gender
related stereotypes are particularly rigid in application to career fields and occupational potential determined by birth sex and not ability (Luhaorg, 2005).

Regardless of paradigms associated with developmental theorists, the constant element within developmental equations is the process of growth, maturity, and self-identity. The researcher will seek to identify research participants who can provide perceptions, recollections, and amplify the molding forces of their development as expressed in cultural, societal, and family influences. As each of the posited developmental theories have been studied and applied, the common goal is progress and the assertion of self.

Although the case study will provide a more historical sense of what happened then, the results can be generalized to what is happening now. Current social trends and egalitarian attitudes announce that gender bias has no place in the work place. Society has developed laws to protect the opportunities of all individuals entering the work force. However, those practices on paper do not take shape in the work force or the social fabric of regionally influenced belief systems (Allen, 2003). As such, GRC created by parental and social gender related bias utilized to restrict opportunities is not a developmental problem of the past. GRC continues in the 21st century dialogue under a different set of terms and politically correct language (Allen, 2003; Good & Sanchez, 2010). The gender playing field, in terms of socially constructed stereotypes and expectations, is not equal, and the stress related to the developmental process continues to negatively affect young women in today’s society (Ferrari & Olivette, 1999; Fine, 2011).

This study will examine the developmental struggles of females who resisted social predetermination and endeavored to develop according to the forces within them
and not the predetermined and firmly applied standards of acceptance driven by the differences of sex. Social and familial values directly affect the developing child and have impact, both positively and negatively; on the way an individual adjusts and grows into adulthood (Arnon et al., 2008). Further, the researcher will examine the negative aspects of gender role stress as it relates to female development. Developmental impact, both short and long term, is discussed and demonstrates a clear association between gender-role conflict and adverse effect on developmental achievements extending into adulthood. The source of GRC stressors are typically generated by cultural and familial conceptualization of pre-scripted gender role assignments and subsequent developmental pathways (Good & Sanchez, 2010).

As previously cited, developmental and social psychology research has advised of the existence and consequence of GRC; however, the findings of those previous research efforts has been largely ignored. Recent mental health treatment modalities do little to address the subtle issues of GRC, but consistent with the trend of brief therapy, seek to identify the presenting problem and not the causality. The researcher does not seek to establish a case for GRC as a new diagnosis. However, the researcher does seek to inform the mental health community that the insidious nature of GRC can create a psychological dissonance favorable for mood, anxiety, behavior, and substance use disorders. The researcher will seek to identify current perceptions of GRC as expressed by research participants. The researcher seeks to categorize the nature of GRC, as it relates to developmental dissonance, in efforts to identify reproducible evidence to comprehensibly explicate the dynamics and repercussions of GRC.
Although the study concentrates on the work environment as critical selection criteria for participants, it is not the end point, nor the primary objective of the study. The collection of data begins within the examination of the work environment context but looks back on a participant’s decision points or trigger points related to the existence and role of GRC with females. Further, where the presence of GRC is confirmed, the researcher will encourage the participants to identify family and societal influences during the developmental stage where they were attracted to non-traditional occupations as a measure to establish their individuation. The resulting conflict and incongruity will be examined as well as the participant’s reactions to the GRC related conflict.

Finally, the research plan includes intent to identify parental and societal occurrences that affect the psychological well-being of developing females exposed to predetermine gender role stereotyping. GRC develops when individual development is externally affected by cultural, social, or parental influences that identify or restrict opportunities for unabated female development. This research will utilize a comparative case study design in order to obtain and analyze data developed from research participant’s conceptualizations of influencing events that affected their developmental understanding of gender related stereotypes current at the time. From the participant’s viewpoint, these observations will provide an understanding of the parental and social pressures in adolescence and ending in adulthood which influenced her decision making. Participants’ recollections, if noted, will also be collected during interviews which may serve to highlight how their counter-stereotype decisions were formalized.

Although the initial focus is on social stereotypes related to career decision, the participant will be encourage to discuss all factors perceived in development as related to
developmental challenges confronted when the participant was engaged in counter social-stereotypical processes. The longitudinal nature of developmental influences beginning in adolescence and continuing into adulthood, or to a point that the individual was able to break the mold, will be examined.

**Description of Research Design**

The researcher will utilize a qualitative method, comparative case study design. According to Creswell (2008), the “case” represents a bounded system and a place which provides the boundaries for the researcher’s area of inquiry. In this study, the researcher selected female participants who encountered childhood and adolescence experiences within the mid-western American culture and who were able to identify developmental stressors and/or the effects of GRC within their families that resided in that geographic area. Although GRC extends beyond the gates of the nuclear family, the family remains a primary source for the nurturing of stereotypical values and growth of GRC (Worell & Goodheart, 2006). It is important for the researcher to examine the recollections, perceptions, conclusions, and impact of GRC during childhood, adolescence, and adulthood within a population specific to a particular culture in order to establish the best results and increase reliability of data obtained (Creswell, 2008; Sue & Sue, 2008). The selection of research participants is informed by the necessity to apply structure to the case study (Creswell, 2008; Denzin & Lincoln 2009).

Research objectives include the identification of GRC related trigger points or decision points within the developmental process. As GRC is a socially derived set of rules it is not organic to the quantitative aspects of human development. However, it is specifically identified as a threat to qualitative measures of development (Martin &
Fabes, 2009; Worell & Goodheart 2006). The nature of a collective case study is superior to an intrinsic case study as the perceptions of a number of women, faced with the same relative circumstance, are more likely to produce data targeted by this study. The embedded aspects of GRC can be examined through the collection of data in comparative case studies (Creswell, 2008; Yin, 2011). The chronology of events within a bounded case study follows the developmental cycle of the participants and examines the external influences affecting decision points within the process (Glesne, 2010).

This research design will provide a structured approach to comparatively examine the individual nature of female human development intersecting with the complexities associated with parental influences, preexisting social values, and the addition of GRC into the female developmental process. Research posits that these developmental periods are complicated by physiological, psychological, and self-perceived developmental stressors (Worell & Goodheart, 2006). This study will examine the effect of external stressors that exacerbates the already completed developmental cycle. The nature of qualitative inquiry will allow that process to occur. The focus of the research is to capture the results in order to advance treatment and prevention paradigms consistent with the developmental threats presented by on-going GRC.

The design concept also supports the utilization of a case study approach due to the limited availability of research data and a narrowly selected research participant population. A qualitative method accounts for methods available to elicit first-hand recollections and reactions to the challenges of female adolescence and continue the experience into adulthood. The long-term effects of GRC, as obtained from descriptively derived insights provided by participants, may support an effort to quantify the effects of
GRC and open avenues for further research related to GRC and related stress. The intent of this research is to generate research participants’ viewpoints and experiences that more adequately address the psychological implications of GRC rather than amplify cause and effect correlations explored by previous research.

The case study design will allow the researcher to interview respondents in order to identify specific elements of social/parental pressures which may have manifested adverse consequences of GRC. Childhood recollections may be helpful in identifying critical periods of development where influences lead to the formation of preconceptions that contain long-term lifespan implications of female development. As a result, the identification of the long-term influence of developmentally stimulated GRC may be helpful in promoting psycho-educational programs intended to encourage social and parental forbearance of developmental pressures resulting in GRC. Current research posits that primary sources of social pressure and constraints, reflected or assumed in parental expectations or beliefs, is most powerfully communicated to developing children by pressures generated by extended and nuclear familial influence (Athenstaedt et al., 2004).

At the time of the respondents beginning their employment, a woman’s choice to seek a law enforcement career was atypical of socially supported female career occupations (Schulz, 2004). The selection of law enforcement career fields provided an opportunity to examine the results of GRC upon the respondents’ initial entry into that career field, and examine the longitudinal effects of GRC over their years of employment. This exploration of the respondent’s experiences will offer an opportunity to identify diverse variations within the analysis and will to identify the key common
patterns among the participants as they related to developmental experiences, GRC, and their careers fields (Creswell, 2008, 2010; Denzin & Lincoln, 2009; Worell & Goodheart, 2006).

The qualitative method and case study design will support the researcher’s efforts to identify developmental crisis points wherein the impact of gender role conflicts and aversive impact on female self-perception are first experienced. The identification of critical periods marking the provocation of conflict between internal needs and personal goals and conflicting influence from societal or familial sources may provide insight into the origin of GRC. This examination may aid in identifying the development of self-directed decision points that stimulated individual motivation factors promoting change or resistance to elements of GRC. In doing so, the researcher will attempt to identify specific categorization of events or periods within age/stage development which are reactive to influences directing effecting onset of GRC. This identification may be helpful in constructing therapeutic or evaluative screening instruments useful in detecting GRC during adolescent psychological evaluations or assessments.

**Description of Research Population**

The law enforcement career field had been identified, by social stereotype, as an acceptable male role and considered unacceptable for female participation (Schulz, 2004). Affirmative action compelled the hiring of women in law enforcement, but it did not change the socially scripted stereotype that casted negative connotations on women who entered into that field (Allen, 2003). The law enforcement profession offered an example of overt social change in regard to egalitarian opportunity while demonstrating a
subscript of continued discrimination focusing on gender rather than qualifications (Allen).

An age criteria was included for female members of law enforcement between the ages of 45–55 years old. That age group would have been at an appropriate entry level age for police academy training during the period spanning 1975–1985. Women entering into law enforcement during that period were generally considered the leading edge of the movement fostering the acceptance of women into law enforcement career fields (Allen, 2003). These women were likely to be information-rich and offer insight into their experiences with social and familial pressures that were experienced during their adolescent and young adulthood phase of development.

Additional selection criterions included the listed requirements; US born (minimum 2nd generation), high school graduate or GED equivalency, primary language English, employed in the career field specified for a minimum of 15 years (one agency or collectively), and raised within the continental US. These criterions were utilized to provide multicultural families of origin a period of time for orientation and acculturation into the American social structure and attempt to control for strong regional ethnic influence of 1st generation research participants. It was also believed that the fluency of language would be critical in enabling the participant to accurately describe experiences revealed during the course of the case studies.

**Sampling method.** The primary source of research participants was active or recently retired female law enforcement officers working within agencies in/or adjacent to Pennsylvania and included those employed at the federal, state, or local organizational
level of law enforcement. Potential participants were contacted in three primary methods:

1. Agencies were contacted by researcher and asked permission to utilize intra-departmental electronic bulletin board to post request for volunteers. In the interest of supporting high levels of confidentiality, the volunteer bulletin board posting included the researcher’s primary contact information and methods of responding directly to the researcher without involvement of agency human resources or administrative offices. Agency administrators were informed of the scope, nature, a topic of the research study. Those agencies granting access for this type of volunteer solicitation utilizing their intra-departmental mail systems were provided primary and co-investigator contact information and received an organizational letter of introduction identifying the human subjects Institutional Review Board (IRB) approval number and contact information for the University of Toledo IRB (see Appendix B). Agencies that did allow use of their bulletin board did ask that they receive feedback as to the number of responses to the request for volunteers. The agency was provided the number of volunteers but was not informed as to the identity or number of volunteers that were finally selected to participate in the study.

2. Fraternal Order of Police (FOP) national and state offices were contacted and asked permission to use organizational websites to post volunteer request for participation in the research study. Organizational officials were provided University of Toledo IRB approval number and contact information as well as the information for the primary and co-investigator. The posting listed contact information for the researcher and the organizational membership was asked to respond directly to the researcher. FOP
organizations did not request any feedback on the number of responses to the volunteer request. All inquiries or volunteer contacts were answered by the researcher.

3. Law enforcement officers known to the researcher were contacted in connection with a pre-existing professional knowledge in federal, state, and local law enforcement. These potential participants were contacted directly by the researcher and provided with scope and topic of research case study. This category was utilized as a method of last resort in efforts to eliminate potential bias which may develop due to previous knowledge of the participants. However, those officers selected from this category were screened and accepted into the study with the knowledge that all bias could not be eliminated. However, it could be identified and controlled.

All three methods of soliciting volunteers for the study were utilized. The researcher did not intend to obtain a significant sampling size and based on IRB protocol application was limited to a maximum of six participants. The sample power or N size was not a consideration in selecting volunteers for this research study. A “random purposeful” sampling strategy (Marshall & Rossman, 2011) was planned for use in the event that the “purposeful” sampling strategy became larger than needed or was too large for the researcher to effectively manage. The nature of a secondary random purposeful sampling selection of the designated research participants adds to the verification of validity or reliability of this research and will aid in clarifying or reducing researcher bias that may have been developed during the screening/initial interviews with the volunteers (Creswell, 2008; Yin, 2010).

**Sampling size.** Maxwell (2005) states that sample size in qualitative research takes on a different perspective from traditional interpretation of the term sample related
to an implied purpose of representing the population being sampled. He further states that of the two traditional sampling methods, probability sampling is the “paragon of high-quality research” (p.88) and convenience sampling should be discouraged. Maxwell concludes that a third strategy of sampling, specifically useful in qualitative study, is identified as purposeful sampling, defined by selection of a sample based on a particular setting, activity, or series of events that cannot be obtained by other measures of sampling.

Marshall and Rossman (2011) and Creswell (2008) also support the use of purposeful sampling methods when conducting qualitative research. The purposeful nature of sample selection also blends into the multi-case study research design that will be the design template for this research study (Yin, 2010). Sampling is not restricted to examining the nature of the participants; it also involves selection based on participant’s life events, processes and settings, which encompassed a need for purposeful selection of the participants (Maxwell 2005).

Yin (2010, 2011) states that sample size in case study research is not based on a formula to increase likelihood of detecting an effect. He states that sample size is more discretionary and reflective of the researcher’s judgment in the number of case replications that will be examined. If the theory base or research assumptions are straightforward and easily identified, then an appropriate multiple case study design could include as few as two or three participants. However, Yin concludes that if theory base is subtle or discreet and not easily detected, then it may be necessary to include four to six participants in the case study. Creswell (2008) and Glesne (2010) concur with
Yin’s findings and provide support for the researchers decision to select six participates for this study.

**Participant screening process.** A total of 19 volunteers were screened in the process of selecting research respondents. The screening process was based on the order of volunteers responding to the solicitation for research participants. The research study group was limited to six participants. As a result, the screening process reflected the order in which volunteers contacted the researcher. The volunteers contacted the researcher after being notified of the scope and purpose of the research. As volunteers were screened and eliminated, or discontinued their participation in the research, the next volunteer in the “queue” was contacted.

Common characteristics of all participants included: 1) All participants were female, 2) all participants were currently employed or recently retired from law enforcement, 3) all participants were US citizens and at least second generation residents, 4) all participants’ primary language was English and were educated in US school systems, and 5) all of the selected participants denied currently undergoing psychiatric treatment or attending counseling for job related or personal difficulties. Further, volunteers selected to be participants denied the following as well: being pregnant; recently being subjected to traumatic incidents; currently being a subject of an internal affairs investigation, law suit, and criminal investigation; and currently being involved in a divorce proceeding. These safeguards were established to protect the participants from undo stress and were specifically stated in the IRB protocol application.

The identification of research participants occurred in three primary methods: 1) Agencies published an electronic bulletin advising employees of the existence of the
research opportunity and electronic means by which to contact the co-investigator, 2) fraternal organizations published an electronic bulletin advising membership of the existence of the research opportunity and contact information for the co-investigator, and 3) participants were contacted who were known to the investigator in connection with the co-investigators prior employment in federal, state, and local law enforcement agencies. The complete list of research volunteers included the following: a) 10 respondents obtained research information from agency bulletin boards, b) five respondents from fraternal organization electronic bulletin boards, and c) four respondents were previously known to co-investigator and were directly contacted to participate in the research case study.

Volunteer exclusions occurred when criteria enumerated in the IRB protocol indicated that the volunteer was not eligible to continue in the research. IRB protocol exclusions resulted in the elimination of six volunteers. Two research volunteers agreed to participate but later declined to continue in the research after a review of the demographic data form and initial orientation interview. Four volunteers participated in the initial interview process but declined to participate in the second interview. These volunteers chose not to continue participation due to the nature of the initial interview and the need to recall experiences in early childhood, adolescence and young adulthood. They were referred to appropriate mental health agencies in their geographic area. The common element of the four volunteers that terminated participation after the initial interview was the “painful” nature of re-visiting adolescence.

Non-selected volunteers were contacted by letter notifying them that they were not selected. The template letter is included in Appendix C. Volunteers were invited to
contact the researcher if they had specific question as to the reason they were not selected. None of the non-selected volunteers contacted researcher to inquire as to the specific reason of exclusion from the research.

Organizational or personal letters of gratitude were sent to the volunteers included in the selection or participation potion of this research. The letters included contact information for the principle investigator and the IRB committee. The letters also included, as applicable, the signed informed consent submitted during the initial phases of the screening process. No record of reference is made in the findings of this research to those volunteers that did not complete the entire qualitative process of this research. Research participants were offered an opportunity to review the transcripts of their individual interviews. None of the six respondents requested a review of the transcripts or the ability to review the findings of the product of their participation.

**Data Analysis Strategy**

Data analysis begins with establishing a collection scheme of what is to be collected, how the data are collected, how data are recorded, and most importantly how the influx of data can be categorized and organized for later use (Glesne, 2010). Glesne is noted to state that “data analysis is finding your story” (p. 130) and on-going data analysis conducted simultaneously during the process of data collection allows the researcher to focus on the study and learn the direction in which the study is informing the researcher to find answers and learn the meaning of the story being told (Glesne, 1999, 2010).

The researcher utilized each data collection opportunity to analyze the respondents’ data and refine the collection plan. Although the design provided
parameters for data collection, the process was a work in progress. Pre-determined categories of data collection priority did not change. However, the development of themes and sub-categories was a direct result of the on-going analysis, interpretation, re-examination, and reduction of data as it was obtained from each of the respondents.

**Data Collection Process and Procedures**

The collection of data during the process of case study review involves the process of developing a keen sense of understanding related to what the respondent is reporting. Specifically, case studies serve to facilitate the transfer of knowledge from the experience of the respondent as well as the experience and understanding of the researcher when examining the facts of a case (Denzin & Lincoln, 2009). The collection plan should serve to support the researcher’s efforts to provide a method for collection, review of data to develop recurrent categories in a process of constant comparative analysis, develop themes, and refine coding (Marshall & Rossman, 2011).

The data collection process consisted of four separate and distinct stages. However, each of the stages produced interrelated information concerning the perceptions shared by the respondents. Field notes were taken during both interview and non-interview interaction with the respondents. Non-interview contacts were related to initial contact, orientation, and communications that occurred prior to the actual interview process. Informed consent was reviewed at the start of each encounter and included reviewing the respondent’s approval to digitally record interviews. The purpose and general nature of the data collected were reviewed during this descriptive summary. It should be noted that during the first 2 phases of data collection the actual research
participant (i.e., respondent) had not been identified. The screening process was in on-going until the conclusion of the second phase of data collection.

**Descriptive summary of data collection phases.** This section identifies each phase of the data collection process. The summary includes four distinct phases of data collection. Each phase was refined and analyzed in order to enhance subsequent phases of collection and provide an opportunity to examine and refocus the collection strategy. The data collection process included the following phases.

**Phase 1: Orientation interview.** Field notes were maintained on all volunteers during the screening process until such a time as they withdrew from the study or were disqualified. During the selection process if a volunteer withdrew or was eliminated from the study, the field notes were destroyed and the original signed informed consent was returned to the volunteer via US mail. Those volunteers were advised that any data related to their participation would not be used and would be destroyed. Those who withdrew were advised of methods to contact IRB personnel in the event that they had complaints or wanted to speak with IRB officials and/or the primary investigator. Volunteers who were disqualified were notified of the disqualification and were provided a letter informing them of the reason for disqualification (see Appendix F).

All field notes related to the disqualified volunteers were destroyed and the original informed consent was returned to the volunteer. Disqualified volunteers were also provided IRB and principle investigator contact information.

**Phase 2: Demographic form review and content.** The completed demographic/screening form (Appendix D) was useful in identifying common factors of the respondents. The demographic forms primary purpose was to establish respondent
perceptions of family structure both nuclear and extended, dominant roles within the family system and formation of those roles, belief systems and religiosity, education, and critical events in adolescence or young adulthood. Reviewing the demographic/screening form produced an opportunity to create field notes that were later useful during the interview process.

The secondary purpose, but of greater value in the ethical consideration of the implementation of this study, was the screening function of the form. Specific questions were embedded within the demographic/screening form so as to inform the investigator of conditions or circumstances that would identify volunteers who may be disqualified for the research study due to medical or psychological stressors currently being experienced at time of volunteering for the research study. As previously noted the demographic/screening form accounted for the elimination of six participants from the volunteer pool. The approximate 30 percent morality rate of volunteers due to IRB exclusionary conditions was not anticipated and did complicate the selection process.

The complicating nature of disqualification was largely due to restricted number of volunteers that could be used in the study. As such, I worked each volunteer on a ‘first to volunteer first to screen’ basis. I did not want to evoke overwhelming interest in the project and be faced with denying participation due to N size of the research group. As such, I was restrictive in the recruitment process which produced, in effect, a selection dynamic process that resembled a “Start-Stop-Restart” effect on resources for volunteers driven by the screening process and disqualification. I did not want to create a negative perception of the University of Toledo by rejecting significant numbers of volunteers that
would have resulted from unregulated recruitment. This topic will be discussed in greater length in Chapter 5, Limitations and Recommendations for Future Research.

**Phase 3: Respondent interview # 1.** This phase included a review of the informed consent and the letter of introduction. The title of the research study was broken down into elements in order to fully explain the nature of the research and the anticipated or desired results. In all cases, respondents were advised that the review of childhood, adolescent, and early adulthood experiences were being reviewed in order to identify the presence, or lack thereof, of gender role stress during these periods of development. Upon initial explanation of the topic sentence, two of the six identified respondents noted they had no gender stress and did not believe they could be helpful in the research study. However, after defining the terms and de-conflicting the stereotypical understanding that gender equated to sex and gender role related to sexual orientation, the two respondents agreed to continue participation in the research study. Additionally, respondents were advised that their perception of the presence of gender role stress would be a part of the findings and not part of the qualification factors used to select participants.

*Scene-setter Questions.* Scene-setter questions were introduced at the conclusion of the respondent’s discussion of various periods of development (i.e. childhood, adolescence). The respondents were encouraged to tell their story without influence of the nature or focus of the specific scene-setter question. Although the initial intent of the research study was to use the scene-setter questions to provoke conversation, that dynamic role for the scene-setter questions was not necessary. In fact, the orientation interview acted as the overall scene-setter, coupled with the review of the demographic
screening form and discussion of definitions. In practice, the scene-setter questions were utilized to elicit standard responses to specific questions subsequent to the respondent exercising uninterrupted recall to describe conditions and events during their phases of development. In practice, the scene-setter questions served to provide standard responses to a specific inquiry that served to assist in the generalization of responses.

Transcription. All interviews were recorded and transcribed. Transcriptions were verified and used to develop sub-categories, themes, and define coding criteria. See section 3.6.2 (Transcription) for details of the transcription process.

Phase 4: Respondent interview #2. This phase, interview #2, occurred after transcription and coding of all previous contact with respondents. The purpose of interview #2 was to address unanswered questions, resolve questions presented by the respondent, review definitions and scene-setter questions, inquiry as to any reactions occurring subsequent to interview #1, refer to appropriate mental health agencies in event of distress, and terminate the respondent’s responsibility with the research study. The second interview produced interesting results in regard to understanding of gender role as a social construct as opposed to sexual identification.

Definitions reviewed. Each respondent demonstrated a clear understanding of the meaning of gender role stress and conflict. The respondents appeared to be more willing to discuss family dynamics after achieving a high level of understanding of the terms.

Scene-setter questions re-visited. Each respondent was asked to respond to scene-setter questions during the course of interview #1 and again in interview #2. The purpose of re-visiting the scene-setter questions was to ascertain if the respondent’s concept of gender role stress had changed after review of a standard set of definitions and having
time to process developmental milestones during the time period between interview #1 and interview #2. Not all scene-setter questions produced answers for all of the respondents. However, all data will be reflected in summary sections identified under Social Influences, Parental Influences, Religious Influences or Conceptualization Sections of case study findings.

**Data collection chronology.** Table 1 illustrates the chronological sequence of each phase of the data collection process. The significance of this data goes to the issue of planning multiple case study research. The entire data collection process, encompassing four phases of collection, involved no more than three hours with each of the respondents. However, the average time from initial contact to respondent conclusion involved over six weeks in order to complete the case study. The planned time needed to complete this study was grossly underestimated by the researcher. As such, time limitations should be a major consideration when planning multiple case study research.
Table 1

Chronological Respondent Interview Records

<table>
<thead>
<tr>
<th>Resp #</th>
<th>Initial Date of Contact</th>
<th>Orientation</th>
<th>Informed Consent</th>
<th>Demo/Screen Form</th>
<th>Int. #1</th>
<th>Coding</th>
<th>Int. #2</th>
<th>Transcribed</th>
<th>Coding/Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>#3</td>
<td>5/7</td>
<td>5/7</td>
<td>5/16</td>
<td>5/16</td>
<td>5/20</td>
<td>5/24</td>
<td>5/29</td>
<td>6/3</td>
<td>6/7/2012</td>
</tr>
<tr>
<td>#6</td>
<td>6/1</td>
<td>6/3</td>
<td>6/6</td>
<td>6/15</td>
<td>7/3</td>
<td>7/10</td>
<td>7/15</td>
<td>8/1</td>
<td>8/9/2012</td>
</tr>
</tbody>
</table>

All dates: 2012

Data Management

All field notes, copies of informed consent, demographic/screening forms, audio recordings, and transcripts of audio recordings were maintained at the researcher’s office. Although this site was on private property, the site is protected by ADT alarm systems, exterior locks, and interior locking file cabinets. All data was secured consistent with measures outlined in the approved IRB protocol application. The original informed consent forms of those respondents included in the study were sent via certified mail to the Department of School Psychology, Legal Specialties & Counselor Education at the University of Toledo and to the attention of the primary investigator in accordance with IRB policies related to Investigator Responsibilities in Research Involving Human
Subjects. The original signed informed consent forms are maintained at that location consistent with Departmental document retention and security policies.

The data management processes involved maintaining records, field notes, and recordings obtained throughout the study included: 1) request for volunteers and identification of participants that meet the criteria expressed in the IRB research protocol; 2) orientation interview and obtaining of informed consent; 3) collection of demographic data, analysis of data, establish coding categories and exclusion of volunteers that did not meet the safety criteria expressed in the IRB research protocol; 4) re-affirmation of informed consent and concurrence with audio taping of interview (conduct initial interview, review demographic data, allow participants to tell their story in response to open ended inquiry, and review of scene-setter questions); 5) produce written transcription of initial interview, refine coding categories, code interview transcripts, and identify areas in need of clarification; 6) conduct follow-up interview, resolve outstanding questions, advise participant of mental health resources in the event that the interviews triggered unresolved psychological issues; and 7) transcribe second interview, refine coding, analyze data and produce findings.

Description of respondent data. Table 2 illustrates the data sources utilized during the data collection phase of the research and describes the volume and content of collected data. Once selected, all research respondents underwent the same process of data collection events. Field notes of initial interviews were used in collaboration with the demographic screening forms provided by the respondents (Demographic Screening Form Appendix D)
### Table 2

**Physical Description of Data Provided by Respondents**

<table>
<thead>
<tr>
<th>Resp#</th>
<th>Data Description</th>
<th>Use of Data</th>
<th>Data Contents</th>
<th>Word Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>R#1</td>
<td>Initial Interview</td>
<td>Screening</td>
<td>Eligibility to participate in study</td>
<td>1004 wds.</td>
</tr>
<tr>
<td></td>
<td>Demographic Screen</td>
<td>Screening</td>
<td>Review of Demo Data and initial codes</td>
<td>1435wds.</td>
</tr>
<tr>
<td></td>
<td>Field Notes</td>
<td>Dev. Interview</td>
<td>Identify common factors and themes</td>
<td>10 pages</td>
</tr>
<tr>
<td></td>
<td>Interview #1</td>
<td>Scene Setter</td>
<td>Identify stressors and themes</td>
<td>13,172wrsds</td>
</tr>
<tr>
<td></td>
<td>Interview #2</td>
<td>Target question</td>
<td>Refine Data collection</td>
<td>6,319wrsds</td>
</tr>
<tr>
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<td>Dev. Interview</td>
<td>Identify common factors and themes</td>
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**Transcription process.** Interview #1 for each respondent was transcribed and reviewed for accuracy. The researcher employed a professional transcription service that is frequently utilized by local physicians in the area. Prior to contracting with the transcription service, the researcher spoke with the CEO of the service and reviewed the standards of confidentiality that were necessary with the transcripts. The researcher explained the format and nature of information contained within the audio tapes. The CEO advised that they were familiar with HIPAA requirements and all transcripts were maintained consistent with those federal standards. Further, the CEO advised that copies of the transcripts or copies of the audio tapes are not maintained at the transcription facility. All audio recordings and transcriptions are turned over to the customer. The customer is allowed a seven-day review after which the data copies of the transcriptions are destroyed. The CEO acknowledged that it is the customer’s responsibility to maintain the tapes and transcripts according to the customer’s record maintenance procedures.

Prior to providing copies of the tapes for transcription, the researcher reviewed the tapes to ensure that no personal identifying data were inadvertently contained within the audio tapes. During the taping procedures, the respondent was assigned a research study control number and no reference was made to the respondent’s first or last name, personal identifying data, identifying data of the organization of current or retired employment, no reference to names of parents or siblings, or any data that could be used to identify the respondent or respondent’s employment affiliations.

All respondents were offered an opportunity to read the transcripts to verify correctness of content. All respondents declined the opportunity to review the tapes, transcripts, or data produced resulting from this research study. One respondent
requested that if an article was published, in addition to the publication of the dissertation, that she be provided a copy of the article or be notified how to obtain a copy of the article. Respondent advised that this was not to check the accuracy of the information the respondent provided but to be able to read the results of the research study and its contribution to female development. The researcher advised the participants that if a separate article were published, the participants would be given a copy.

**Analysis of Research Data**

The procedures utilized to analyze data were thematic analysis. Although this was not a specific stage in the process of conducting the research study, it did serve to satisfy the principles of data acquisition and analysis (Glesne, 2010). Case study is an efficient way to study the specific topic to be explored (Denzin & Lincoln, 2009). Identifying the commonalities or differences is an acceptable method of finding results and answering the how question (Maxwell, 2005). In this study, the researcher utilized two primary means of making sense of the data.

**Coding.** Open coding allows a researcher to examine the research notes, collected data, transcripts, and documents in order to identify relevant categories of data that are supported by the contents of the text (Creswell, 2008, 2010). Coding is useful in the conduct of qualitative research in terms of data analysis and generalization of comparative sources of information or research data. Coding is a process that designates words or phrases as important to the nature of the study and addressing research questions (Saldana, 2010). Establishment of initial coding categories, independent of participant provided data or perceptions, is necessary to lend structure to qualitative case
study design and allows the literature review to inform the research procedures (Marshall & Rossman, 2011). The initial coding scheme for this study is outlined in Appendix E.

The initial coding categories are not intended to be all inclusive and will be modified to accommodate issues relevant to the research which emerge during the course of the study. The purpose of the study is not limited to data obtained in the literature review. As such, coding categories are designed to adjust to data provided by participants. Coding flexibility is necessary in design of qualitative research and does not represent a weakness in the structure of the study (Denzin & Lincoln, 2009; Marshall & Rossman, 2011; Saldana, 2010).

The researcher utilized coding strategies expressed by Yeh and Inman (2007), wherein the researcher is an integral part of the data collection and analysis. Research bias and preconceptions can be threats to validity (Denzin & Lincoln, 2009). However, Yeh and Inman posited that the researcher should not be overly insulated from the research process’s interest of validity to the extent that the researcher’s “self” is not inextricably linked to the collection of data, interpretations, analysis and theory of qualitative the study. The interesting tight rope of validity versus researcher involvement encountered in qualitative research was one of the most significant unspecified findings of this research study.

This study included the fundamentals of case study utilizing multiple subjects, narrative interviews, data collection and coding of responses. Yeh and Inman (2007) suggest that when looking at culture it is necessary to determine the culture context-specific meanings of terms and interruptions in order to find meaning. Culture transmits beliefs, traditions, and values in terms that its members understand and can identify (Yen
The cultural component of these case studies was important to define in a common dictionary of terms but more important to interpret in regard to the respondents’ understanding of these terms within their cultural context. The coding process was intended to capture the respondents’ impression of terms and understanding of context.

The researcher believed that the contributing parts of culture included the family structure, religion and beliefs, cultural understandings specific to a region or geographic area, and common language necessary to convey those meanings within its members. As such, the primary coding fields were identified consistent with those cultural pillars in mind. See Appendix E for complete list of categories and data coding.

**Development of categories and themes.** The development of categories and themes begins with the planning phase of the research and is fine tuned in a continuing process ranging from the planning phase, through contact, field notes, analysis of the transcripts and the constant interpretive process of reviewing and refining the data (Maxwell, 2005). During this study, initial field notes were taken during orientation and screening process involved in selection. Those events were not audio taped and the best record of analysis was the field note.

Based on the analysis of the field notes primary categories were verified and initial subcategories developed based on the respondents categorical repetitions noted during initial contact (Yin, 2010). A significant prevalence of the categories involving family, family structure, religious, and social influence was quickly identified as being present during each of the contacts with participants being screened for the study. In response to this information, the researcher elected to utilize a coding system and
thematic analysis in order to select an analytical option to be used during the duration of the research study. Both coding and thematic analysis will be further discussed in the next section.

**Research Validity Measures**

**Reliability.** The influx of professional women within the ranks of police, fire, and military, each have roots in the 1970-1980 time frames. Although women have been involved in these occupations prior to the 1970s, their roles and capabilities within these professions were restricted to primarily clerical and administrative in nature. As such, full service without limitations in police, fire, and military vocations largely evolved in the specified time period.

**Design validity.** Since qualitative research is dependent on subjective analysis and collection of human source information, the typical validity constructs suitable in quantitative research may not be useful or applicable during this research utilizing qualitative comparative case study design (the exception is mixed methods design; Creswell, 2008, 2010). However, there are several basic tenets in qualitative research that can be useful in validating the research and assuring accuracy of the researcher’s interpretation of the data provided by the research participants (Creswell, 2010; Glesne, 2010). The validity measures utilized in this study included triangulation, member checking, and external audits.

Quantitative measures are very capable of determining mathematically correlated relationships capable of concluding existence or effectiveness or standard challenges of measurement (Creswell, 2010; Maxwell, 2005). Qualitative measures are capable of identifying the how and the why features necessary for this subtle form of developmental
pressure. In this case, identifying GRC existence, although notable, is not the desired end-state of the research (Coffey & Atkinson, 1996). In this case, developing cause and effect relationships based on personal report is capable of providing critical information to the treatment and elimination of this conflict and not merely to the determination of whether it continues to exist.

**Triangulation.** Triangulation is a process where information collected will be corroborated from different participants within occupational groups and between occupational groups in order to validate the findings presented. The principle of triangulation will also provide verification that the particular job types are not as important as the individual strength and developmental maturity necessary to break away from the "main stream" and enter into these career fields (Creswell, 2008; Glesne, 2010; Yin, 2010).

**Member checking.** At the conclusion of the interviews or data collection, various participants shall be asked to check the data for accuracy in regard to consistency, content of the interview, and interpretations that were formulated by the researcher (Yin, 2010, 2011). This provides a process to increase internal validity to the published results as to what the participant said and how the participant presented their interpretation of the data. Although information accuracy does not represent scientific methods to determine internal validity, checking accuracy does provide for improved levels of correctness, and as such, does lend applicability of research data to prove or disprove elements of the research questions (Creswell, 2008; Glesne, 2010; Marshall & Rossman, 2011).

**External audit.** In order to establish external validity the findings of this qualitative study, methods, designs, and data collected were shared with mental health
counselors in order for them to review collected data and evaluate the findings based on their own locale, client contact, and objective professional review (Marshall & Rossman, 2011). The external audit may serve to quantify generalization potential for the findings of this study. The external audit may also present a process for comparison of published research on the topic in order to determine the relevance of research data collected in this study with existing, peer reviewed, research in the field (Creswell, 2008; Glesne, 2010; Yin, 2011;).

**Internal validity.** In order for this research premise to be effective, the current or on-going nature of GRC must be defined in order to bring the historical context of the participants into a more current frame of reference. A primary research assumption is that parental and social influences have negative impact on individual development based on predetermined features of gender, which promotes a continuation of historical myths that carry an implied difference in gender related to occupational qualifications, which becomes a valid consideration in the 21st century when measuring the potential of male or female opportunities. A number of research trustworthiness features will be built into the design of this research project and will subscribe to the canons of ethics and quality.

The intended results of data collection must reflect answers to the following questions: 1) How can this research demonstrate the credibility of the particular findings of this study? 2) What criteria will this research use to demonstrate credibility or reliability? 3) What level of generalization will apply to other sets or groups of woman in different geographical areas? 4). How will this research demonstrate a capability to be replicated utilizing the same subjects (test-retest) or a different population of research participants? and, 5) How will this research method ensure, reduce, or prevent researcher
pre-existing prejudice or bias from skewing the data collected from the research participants?

**Researcher bias.** Qualitative research often comes under attack by advocates of the more traditional quantitative design (Creswell, 2008, 2010). The hypothesis postulated is that no one can look inside the mind of another and actually define those observations and impact in the same manner in which they are defined by the participant. Researcher bias is a threat to validity in that the researcher’s viewpoint of the purpose of the study, and associated literature review, will distort data collection consistent with the researcher’s frame of reference (Denzin & Lincoln, 2009). The potential for bias must be acknowledged and considered in research design (Creswell, 2010).

Researcher bias may also occur in context of diversity and multicultural awareness. Literature reviews may contain sources of data and reflection of theory. However, the researcher must measure the usefulness of all supporting research data in context of cultural implications (Marshall & Rossman, 2011). The researcher’s awareness of cultural implications may assist in informing data analysis processes consistent with cultural context (Coffey & Atkinson, 1996; Creswell, 2010).

**Definition of terms.** All terms utilized within the initial research questions were discussed during the orientation phase of this investigation. Each term was reviewed in context of the definition established by the APA Dictionary of Psychology (VandenBos, 2007) in order to provide a level of continuity of understanding of terms by each of the participants regardless of education background or regional understanding of words. In addition to the definitions provided in Appendix A, several terms were identified during the interview and scene setter questioning process which required clarification and
uniformly defined to the respondents. Questions presented by participants were answered in context with the written definition of terms. Each participant was encouraged to utilize her personal understanding of the term described in terms identifiable with the participant’s background and perspective. It is noted that during the orientation of terms there was no disparate ability to understand the terms as they were described from the content of the APA Dictionary (VandenBos, 2007). The definitions discussed during this process included:

**Adolescence**: The period that begins with puberty and ends with physiological maturity inclusive of encountering major changes related to sexual characteristics, body image, sexual interest, social roles, intellectual development, and formation of self-concept.

**Adulthood**: A person who has reached the legal age of maturity. For the purpose of data interpretation in this study early adulthood is described as the period between 18 – 25 years of age.

**Anxiety**: A mood state characterized by apprehension and somatic symptoms of tension in which an individual anticipates impeding danger or misfortune. The body often mobilizes in reaction to anxiety and can produce physiological symptoms such as muscle tightness, rapid breathing, and increased heart rate.

**Childhood**: The period between infancy and the onset of puberty.

**Conduct**: The behavior of an individual, either generally or on a specific occasion, usually as it conforms to or violates social norms.

**Depression**: Moods that can fluctuate in severity between normal mood to an extreme feeling of sadness, pessimism, and despondency.
**Gender**: The condition of being male, female, or neuter. Sex refers to the biological aspects of male and female. Gender implies the psychological, behavioral, social, and cultural aspects of being male or female.

**Gender concept**: An enculturated idea of gender role. Theory suggests that gender is a socially constructed concept, based on biological sex, but inclusive of social roles and expectations for males and females within a particular culture.

**Gender consistency**: The understanding that one’s own and other peoples sex is fixed across situations regardless of superficial changes in appearance and activities.

**Gender identity**: Recognition that a person is male or female and the internalization of this knowledge into one’s self-concept. The sense of maleness of femaleness typically results from a combination of biological and psychic influences, including the environmental of family and cultural attitudes.

**Gender nonconformity**: Behavior that differs from that of others in the same sex or from cultural expectations of male or female behavior.

**Gender role**: The pattern of behavior, personality traits, and attitudes that define masculinity and femininity in a particular culture. The gender role is largely determined by upbringing and may or may not conform to the individual’s gender identity.

**Gender-role socialization**: The conditioning of individuals to the roles, expectations, and behavior that society prescribes for male and females.
Gender role stress: A state of physiological or psychological response to internal or external stressors related to gender non-conformity or gender expectations.

Gender scripts: A temporally organized gender related sequence of events. Stereotypically female gender scripts may include doing laundry, cooking, and cleaning house while male scripts include fixing things, building items, and labor.

Gender stereotypes: Relatively fixed, overgeneralized attitudes and behaviors considered normal and appropriate for a person in a particular culture based on his/her biological sex. Gender stereotypes often support the social conditioning of gender roles.

Identity formation: Conceptualized in Erikson’s fifth stage of development wherein identity crisis is encountered during adolescence resultant from experiencing psychosocial challenges related to experimentation of social roles. This period reflects an individual’s efforts to understand differences between different roles and identities prior to forming a cohesive self-identity.

Reactivation of memory: The retrieval of a memory which may be triggered by a stimuli or environmental condition.

Ethical Responsibilities and Participant Safeguards

One of the primary researcher objectives is to identify the underpinning of social belief systems that continues to affect female development and contain embedded stereotypes of gender related factors in measuring opportunity, capability, or success in social or career endeavors.
**Research participant safeguards: Do no harm.** Participants were provided with referral information related to mental health issues, and crisis intervention planning, in connection with distress that may have occurred subsequently to interviews associated with this research. This research involves the use of human subjects that will be involved in interviews that may present psychologically linked issues relating to childhood, development, and the presence, or lack thereof, of psychological stressors resulting from those experiences. Ethical, professional, and Human Subjects IRB requirements demand that the researcher provide adequate referrals in the event that the interviews stimulate a preexisting psychological disturbance or induce the onset of a psychological reaction to information discussed during research.

In order to ensure the safety of each research participant the following measures have been imbedded within the structure of this research:

1) Each researcher shall be a licensed professional counselor licensed in the State where the interviews will occur,

2) Community mental health agencies in close proximity to the participants’ locale were contacted and emergency procedures for the facility were reviewed to include, but not limited to the following:

   a) Crisis Management Centers, Suicide Hotlines, or hospital emergency rooms available,

   b) Mental health agencies that will treat walk-in patients, and

   c) Employee Assistance Programs (EAP) that is available to participants through their current employer.
The suitable contact numbers and referral information shall be printed on a card and provided to each participant in the event that any participant suffering an aversive reaction that occurs outside the confines of the interview phase can be attended to by appropriate mental health agencies.

**Researcher responsibilities.** After obtaining “official” concurrence for this study, each selected volunteer will be asked to participate in the interview phase. Each agency and individual involved in this research will be presented with an IRB approved informed consent letter for personal records and release of data collected. A signed copy of the informed consent will be included in the documentation section of the research proposal and shall be made available upon request from the dissertation committee or the IRB.

In the conduction of qualitative research, it is as necessary to address the role of the researcher as it is to define the statement of problem and purpose of the research study (Glesne, 2010). Due to the nature of this research and the limited number of anticipated research participants, there shall be only one researcher involved in all phases of this research. According to the University of Toledo, published IRB Researcher Responsibilities Guidelines, the primary role of the researcher is to maintain the rights and welfare of research participants, and maintain strict levels of confidentiality and establish continuity of the research plan. The researcher also provides coordination throughout the interview process and ensures that potential limitations and potential for validity issues inherent with the use of multiple researchers are not present. Additionally, the researcher will utilize the same analytical lens to acquire and evaluate data obtained during the process of this research.
Researchers engaged in qualitative studies are committed to a process of study of human subjects that requires extensive analysis and objective review of the data. The researcher must not compromise or skew the data in order to arrive at a finding. The results contained within qualitative research, while not statistically anchored (as in quantitative research), provides the researcher with detailed data unavailable through other sources of investigation (Creswell, 2010; Maxwell, 2005). Inclusion of researcher’s perceptions or beliefs into the fact checking process of data analysis will assist in identification of research data that may be in conflict with the researcher’s pre-conceived principles and beliefs (Denzin & Lincoln, 2009).

**Organizational approval and informed consent.** Written requests were submitted to agencies and organizations in order to gain authorization to use internal email or bulletin board systems in order to request volunteer participation in this research. This was a voluntary approval and independent of funding requirements or expectation of reimbursement. A separate letter of introduction and an individual informed consent was provided to individuals within the organization who expressed an interest in participating in the research (see Appendix C). Those individuals asked to voluntarily sign the IRB informed consent form prior to being included in the final selection process utilized to identify actual participants.

**Confidentiality.** Participants' were not compensated for their time or involvement with this research. Participants were provided with the Informed Consent waivers and advised as to the expressed limits of confidentiality as commonly expressed under existing American Counseling Association (ACA) Code of Ethics.
Research data safeguards. Original informed consents were forwarded to the Judith Herb College of Education, Health Science and Human Service, Department of School Psychology, Legal Specialties & Counselor Education, for retention and secure storage. The completed dissertation will be stored and filed consistent with the regulations of the University of Toledo. Field notes, digital recordings, and transcripts are retained at the co-investigators work site under double-locked security. The field notes were cross checked with other collected data in order to establish reliability of information. The reports of findings contained in Chapter 4 were also checked against the field notes to ensure accuracy of information obtained from the field notes and coded transcripts. Upon completion of the reliability and validity checks, the field notes were converted to computer generated documents and the hand written field notes were destroyed by means of a micro-cross-cut office shredder.

The digital recording device utilized in this research is described as a Sony M2 linear PCM recorder. The recordings obtained during the interviews were electronically transferred from the Sony M2 to a single 16Gigabit Flash Drive. Transcripts of the interviews were obtained by using the Flash Drive copy of the digital recordings. After verifying the transcripts against the digital recording the digital recordings on the flash drive, the drive was erased. The flash drive was then reformatted in two separate but sequential reformatting programs using the dynamic reformat options available on Norton Tools 360. After being reformatted a subsequent check of the flash drive utilizing a Widows Disk Recovery program produced no recognizable data. At the conclusion of the cross check and verification of transcription process was completed the Sony M2 digital folder containing the original recordings of the participant interviews was erased,
reformatted, and checked for residual data in the same manner as the flash drive process previously described.

The demographic/screening forms, converted field notes, and interview transcripts do not contain respondent identifying data (i.e. name, organization, address) and consistent with IRB guidelines will be maintained for a period of three years. The data does not contain HIPPA related information or medical information. The data will be stored at the co-investigator’s office location under double-locked security protocols unless otherwise directed by the IRB or principle investigator.
Chapter Four

Results, Discussion, and Analysis

This chapter summarizes a qualitative case study of the perceptions of women in law enforcement related to their individual experiences encountered during childhood, adolescences, and into young adulthood in context of parental or social influences on the development of gender role stress. It also compares contents of each of the six case studies in efforts to examine common features, experiences, and recollections directly related to results and findings of this research study.

Demographic Characteristics of Selected Respondents

This section presents the demographic characteristics of the respondents and is illustrated in Table 3. Specific areas within Table 3 will be topics of later investigation and findings (i.e. family structure, sibling interactions etc.) and will be discussed in later sections related to the impact of social or economic factors, parental dyad, and relationship with siblings, religion, and effect on perception of power within the household.
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<td>Low</td>
<td>Single</td>
<td>Single</td>
<td>Homosexual</td>
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Primary Categories of Collected Data

Primary categories of collected data were identified during the process of comparative analysis and revealed specific areas of influences that were reported as important to each respondent during childhood, adolescence, and adulthood. These categories were consistent with coding methodology utilized throughout this case study. Once categories were identified they were assigned unique coding identifiers (Yeh & Inman, 2007). Additionally, the scene-setter questions were broken down into major categories of influence consistent with the development of the data. However, the scene setter questions were not assigned unique identifiers within the coding scheme as they were more representative of developing themes within the categories than identifying additional areas of investigation (Saldana, 2009).

The primary categories identified are listed as follows; 1) Parental Influences, 2) Family Structure Influences which included sibling relationship and influence of nuclear or extended family, 3) Social Influences, 4) Religious Influences, and 5) Self-Identity and Identity Formation Developmental Influences (internal/external) utilized by respondents during processes related to identity development. Identity formation is described in Appendix E and relates to those factors utilized by the respondent to find a sense of continuity while developing a range of social and interpersonal affiliations not wholly shared with another person (VandenBos, 2007).

When displayed graphically, the codes utilized within this case study would appear to have been identified simultaneously. However, in comparative case study analysis, it was discovered that not all categorically identified data could be found in one place or one period within the respondent’s life. Only by re-interview and a process of
data reduction was the researcher able to finally target core categories of data and find themes and values within the context of the larger category (Coffey & Atkinson, 1996; Atkinson, 1998).

According to Creswell (2010) and Maxwell (2005), the process of data reduction involves a thorough review of the entire data base collected during the research process. This review includes all categories of data whether it is obtained from observations, documentation, field notes or participant interviews. Through the process of data review the researcher begins to identify categories or themes that are specific to the questions being asked. As the analytical process continues, the researcher is able to reduce the total volume of data collected into specific categories and themes resulting in a data reduction process, breaking the data base into manageable categories of data, developing themes, and addressing the research questions (Creswell; Maxwell).

In many cases, the respondent did not know the meaning, or placed special meaning on events occurring during her development, without clearly understanding the significance of the event beginning reported. This alerted the researcher and served as a clear cautionary signal to avoid leading questions or making assumptions during the interview process in consideration that the respondents were not students of human development and could not explain events in the same vernacular as the researcher. However, encouraging the respondents to tell their story in their own terms and use of reflection techniques often stimulated the respondent to broaden their responses and lead to the respondent’s re-examination of the event.

Facilitating each respondents’ self-examination of a developmental event or recollection proved to be significantly more effective than direct questions and often lead
to discoveries of new themes or formation of different perspectives previously unrevealed within their history. In those moments of discovery, the interpersonal joining that occurred between the researcher and the respondent was powerful and provided an opportunity for sharing for both parties involved in this unintended process of discovery. Allowing the respondent to tell her story often produced more complete recollection of supporting issues or facts than direct question and answer interview techniques.

**Parental influences.** Parental influences were identified by analysis of each respondent interview and by the subsequent presentation of scene setter questions directly related to family structure and perceived influence during childhood, adolescence, and adulthood. Interview categories and scene-setter questions specifically related to parental influence were analyzed and identified within this category in efforts to group the data under one sub-category based on the nature of family oriented or related questions. The family related data obtained from the interviews were also incorporated into this section. The scene-setter questions were not initially broken down into categories related to data coding. The association of specific scene setter questions and interview data was determined through coding and detailed analysis. After further analysis of second interviews it was found that the following scene setter questions did assist with data analysis and identification of themes and supplemental codes:

1. Did the research participant recognize the existence of conflict between parental influences of gender values and her own conceptualization of individual preferences and identity? If so, when did this recognition first occur?
2. What influences most strongly influenced participant’s choice of toys, leisure time activities, physical activities, and personal sense of performing any specific task?

3. Did the participant perceive social or parental pressure as the most powerful influences on gender role and conformity with normative expectations?

4. How did participant perceive the parental dyad in the family structure and how did those perceptions effect conceptualization of acceptable gender role conformity?

Table 4 illustrates key statements made by respondents when presented with follow-up scene setter questions. The Table does not reflect all comments but highlights the core topics of responses to scene setter questions. Although Table 4 does not represent the totality of data collection during the case study research it does provide a snap shot of responses provided by respondents. The identification of core themes was useful in developing comprehensive coding schemes useful in data analysis.
Table 4

Summary of Responses to Parental Influence Scene Setter Questions:

<table>
<thead>
<tr>
<th>R</th>
<th>Response: Interview #1</th>
<th>Response: Interview #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>R1</td>
<td>“What dad said goes... no questions. It didn’t matter what social things were going on “</td>
<td>“I was expected to succeed. I had no choice. My grandparents were educated, I was black and my role was defined in terms of success related to my family of origin.”</td>
</tr>
<tr>
<td>R2</td>
<td>“I could do whatever I wanted unless I upset Dad or Mom. I didn’t have a choice with toys. We all got the same thing”</td>
<td>“It was safer to just do what I was told. My mother didn’t tell me about anything. I learned from being embarrassed at school”</td>
</tr>
<tr>
<td>R3</td>
<td>“I was the caregiver and baby-sitter. My role was defined by my Mom and siblings”.</td>
<td>“I felt helpless and just wanted to get out. I didn’t know my options. But it had to be better than this”.</td>
</tr>
<tr>
<td>R4</td>
<td>“I could play with my brothers toys, play sports or do whatever was fun unless it involved boys.”</td>
<td>“I was the good girl that wasn’t allowed to do anything other than what good girls do. My goal was to avoid trouble. I felt suffocated within my own house.”</td>
</tr>
<tr>
<td>R5</td>
<td>“I was told what to do &amp; when to do it. I had no voice. I was an orphan. I was just happy to be warm and have food and friends. I was in a female dorm...everything was the same for all of us.”</td>
<td>“Gender was never discussed. It was assumed you would do what you were supposed to do when you got older. The nuns weren’t real good on defining my options.”</td>
</tr>
<tr>
<td>R6</td>
<td>“My mom set the rules. I was the homemaker. It wasn’t about me. It was all about her.”</td>
<td>“I was out there and vulnerable. I was abused several times by Moms friends. I felt like a sexual replacement when she wasn’t available. She protected me when she found out but did nothing to prevent it from happening again. I learned the power of sex at a very early age.”</td>
</tr>
</tbody>
</table>

In addition to captioned responses to scene-setter responses illustrated in Table 4, which provides a brief overview of responses, the following section narrates a more detailed account of responses to the entire category of parental influences. The narrative
provides a more comprehensive reflection of the respondent’s story revealed in statements made in interview #2. This review occurred after the respondents had an opportunity to experience a period of self-analysis, and further reflects the respondents’ perceptions of the importance of parental influence during childhood, adolescence, and adulthood.

*Parental influence narrative.* The investigator began the inquiry by discussing the role of parental influences with each of the respondents. R1 noted:

“Being a kid was not bad, I was the oldest daughter and my parents loved to show me off to grandma and graddad. The Sunday dinners were always special, the dining room table was always covered with bright white stiff and with heavily starched linen table clothes and napkins. Granddad was a minister and he enjoyed sitting at the head of the table and saying dinner prayers. There was an order to it all. I felt safety knowing that each Sunday we could enjoy being free to play and see our relatives without the worry of school… or even getting dirty. It was wonderful. Those were the grandest days of my childhood memories”.

R1 shared her Sunday story in a manner that reflected pride and well-being. R1 clearly indicated that her experiences in childhood remain in her fondest memories. R1 related: “I had no worries in the world; there was never any doubt about what or who I was or what I could be. Even today R1’s reality reflects those positive dreams and hopes.

R2 did not share R1’s experiences and recalled:

“We were not poor, but Dad didn’t want to spend money on us kids. We would just be accused of breaking things or damaging our clothes. If we did tear something Mom would fix it with a needle and thread and we had to wear it like that to school. It didn’t matter about being feminine or masculine it was a “lesson” to us to take care of our belongings or suffer the shame of wearing second hand clothes at school. It was so embarrassing. My brother and I held hands on the way to and from school. We shared the experience together and we didn’t feel so alone”.

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R3 shared a totally different story about her childhood experiences and related that her life as a homemaker started at 7 years of age:

“My Mom expected me to do all the cleaning and tend to my brother and sister. Her activities were far more important than us kids. In one way I felt good about being all grown up until I realized that I had no time to do anything else on my own. I could crawl in trees and hang out with the other children but somehow I was either told or figured it out for myself that I was different. By the time I was a teenager I just wanted to leave. I did everything I could to get into trouble and didn’t care. I just wanted to leave and never look back”. Clearly, each of the respondents had vastly different experiences in childhood.

R6 also commented on parental influences and added:

“It was always about Mom, I had to watch the kids and she would get ready to go out. As I got older I realized that my needs didn’t count or at least I thought so. She (Mom) would bring different guys home and it wasn’t unusual to have someone wondering around the house in the morning that we had never seen before. I was molested at 14 by one of those boyfriends and when I told my Mom she stopped seeing the guy. But she didn’t want to call the police because she said it would not be good for me. I was really watchful that nothing like that happened to my sisters and I would often have my sisters and brother sleep next to me when we had visitors. But that didn’t help me. When it happened again with a different guy she (Mom) did the same thing but I began to resent the fact that she did not want to call the police and punish that guy. It felt like she was more worried about getting into trouble than protecting me. I resent that part of my life even today and although we still talk (Mom & R6) I have never forgiven her for that. I am only thankful that my sister didn’t have to go through the same ordeal”

The respondents’ accounts ranged from good, to bad, and to absolutely ugly. However, the experiences were not related to parental influences related to gender pressure or compliance to parental concepts of gender stereotypes that were prevalent in the 20th century. Adolescent experiences appeared to be more related to self-discovery than parental directed influences or restrictions. The respondents’ accounts related more to experimentation with various roles and identity formation as related by Erickson (1997) than any atypical parental influences that stifled development or opportunity.
The researcher noted that the respondents did not report, or did not experience gender role incongruity or gender role stress related to GRC. Their gender roles were clearly defined by family and gender conformity was not reported to be an issue. The respondents’ comments could be summarized by one commonly shared observation. Reportedly there was family expectation about behavior and conduct that was not gender restrictive and then there was family directed shame which did reflect a level of gender bias. The only exception to experiencing family directed shame was R5. R5 escaped feelings of being shamed into doing things that her parents wanted. R5 was an orphan and the strict nature of the religious order that supplied her home structure did not expose her to alternatives. Nor did it expose her to vulnerabilities. R5 was stuck in neutral and felt no parental pressure or social pressure to conform to gender stereotypes. R5 related:

“It’s hard to expand your horizon when you are not tall enough to look out of the windows in the girl’s dorm. I didn’t hate my Dad, he had no money and when Mom died he had no choice. My parents had little influence on what happened to them. I just felt I didn’t have any choice either.”

Parental influence was reported as the most significant pressure in development with the exception of R5 who reported religious influences helped to replace the lack of parental involvement in her experiences of growing up. In childhood and into adolescence, parental influence dictated the day to day activities and largely dictated the level or type of emotional contact that the respondents shared with their parents. With the exception of R5, respondents reported feeling confrontational and rebellious when their biological age of 15-17 was apparent and they could perceive the opportunity to leave the household. R4 recalled:

“The legal age of 18 did not mean anything to me, my body and my will
had taken over and I realized I could leave the home with any man at any
time after I reached adolescence. Anything was better than status quo
that was until I realized that you could really mess yourself up out there.”

R6 reported:

“I had been having sex since I was 14 years old; I knew the power of
physical sex. I had been abused and raped between Mom’s boyfriend
selections. This was not a hard deal for me to say screw it… I am gone.
I needed to find my way. As far as I was concerned the sooner the better
and the way it happened was not really an issue”.

Interestingly, the role of gender, independent of parental influence, took on a
different meaning during their teenage years as they made individual discoveries as to
how to use their biological assets to promote their own intentions. R2 remarked: “any
conflict was not about finding support from parents in my life roles in the future… The
conflict was about finding me…” R2 responded to questions regarding parental influence
and her individual goals and objectives by saying:

“Somehow I missed all the what do you wanna do when you grow up
stuff and just wanted to find myself in some kind of a relationship with
acceptance without shame. The answer to that question was to get out of
the house and be on my own as soon as possible.”

R3 and R4 added to the descriptions of their childhood experiences. R3
explained:

“I felt like I didn’t have a life. I never really felt like a daughter, I felt like
a mother. I didn’t have a relationship with my mother. She was the
grown up that got to do what she wanted. I never felt the love and warmth
that my friends would talk about in school.” R3 interrupted her responses
and tearfully expressed that her relationship with her mother was
developed after R3 was an adult and had her own child.”

R3 continued:

“When I had my son I promised I would not do to him what was done to
me. It was years later that my Mom and I finally had a conversation about
my childhood. To this day we are still trying to help each other through
life. My Mom is alone now, I am unmarried and have my son and it has been freeing for me to realize that my son loves me unconditionally. My Mother could never say that about her children. In some weird way it has allowed us to mend and grow closer together. But I still cry about the lost years and the effect those years had on my life.”

R4 was not as open as the other respondents in matters relating to her childhood. She did share some of the same experiences as R3 but differed in her perception of emotional bonds within the family. R4 recalled:

“"I was for sure the built in baby sitter but I was also expected to be the best at school, the best mannered, the best acting, the best speaking girl on the block. But I wasn’t allowed to do anything that had to do with boys. I had all these expectations but no opportunity to do what my friends could do. I felt like I had paid my dues, especially as I got into high school. I figured I did as much work as either of my parents especially when it came to taking care of my sister. But I got none of the benefits for all that work and none of the opportunities that my girlfriends were having as we got older. So I just decided to go out and get them on my own. I did drugs, alcohol, partying, and whatever…whatever I could do to ensure my ability to do what I wasn’t allowed to do and that all came crashing down when I ended up pregnant and being thrown out of the house. I thought that would make me happy, but it was no joke being pregnant, in high school, and living with my aunt. It came to me one day that I wasn’t so smart or fast as I thought I was and it took years for me to get my parents to accept me back into their good graces. I struggle so hard to get away from what I hated so much, only to work much harder to try and get it back. Does that make sense”?

R4 presented a question to the researcher. However, before the investigator was able to respond, R4 continued:

“Well it makes no damn sense to me. All I know is that is the way it was and now my parents and I are cool. But it took a long time in between. So I guess to answer your question, I didn’t let my parents have any influence over me or so I thought. I just know that I raised my kids differently than they raised me and I promised I would never let them (R4’s children) feel what I felt growing up. I guess maybe that is how my parents most affected my life as an adult.”
In summary, parental influences were not reported as a source of GRC or obstructive to perceived opportunities based on gender stereotypes or restrictions. Parental influences did form developmental crisis related to child abuse, parental enmeshment or highly blurred lines of parent/child relationships, and a significant force to promote fight or flight reactions to the respondents environment. There is no question that parental influence is a primary factor in development for all six respondents. Even though R5 was not directly subjected to parental influences during her childhood and adolescent years, she did learn what not to do in life based on her observation of her parent’s activities, which resulted in a powerful lesson to R5 and reportedly shaped the remainder of her life. The unintended lesson learned in this analysis is that the respondent displaying the highest level of individuation and identity development, most confident, displaying the highest level of self-esteem and worth, and clearly self-directed in setting and obtaining her life goals was respondent R5.

**Family structure influences.** Family structure and influences examines the extent of family dynamics, sibling coalitions and relationships, and the effects of nuclear and extended family influences on perpetuating GRC during female development. On first review, the previous category, “Parental Influence”, appears to be a subcategory of “Family Structure Influences” and perhaps better analyzed in the spectrum of “system” of family structure. However, the respondents reported a distinction between family and parental influences and accordingly the analysis dictated that family influences was a separate category with its own set of themes.

Each of the respondents had involvement with at least one same sex sibling during childhood and adolescence, which would suggest an opportunity to
investigate the interaction between sisters as a dynamic of development affecting the respondents. The data from the 6 respondents did report that the presence of siblings either helped or harmed the respondent’s path of development. During this study, a majority of the respondents reported that the presence of siblings lead to a development of sibling alliances which served in enhance their perception of childhood and adolescence. However, in two cases the respondents reported that the presence of siblings in the family structure represented an impediment to individual choice and produced unfavorable recollections of childhood and adolescent experiences. In those cases were siblings were reported to be negative factors the common element was the demand of additional duties placed on the respondent by her parent(s). Scene setter questions associated with this category are listed as follows:

1. Identify the nature of influences that most affected childhood and adolescent decision-making contrary to personal preferences?

2. Did the participant recognize the nature of influence or pressure exerted by family to conform to gender expectations?

3. What was the family structure during childhood? Describe family structure during adolescence? (Related to siblings, intact family structure, or extended family).

4. What influence, if any, did older siblings have on developmental issues related to gender identity and gender role conformity?

5. What, if any, psychological reaction occurred related to gender
identity or gender role conflict incongruity? (Substance abuse, eating disorders, poor self-esteem, depression, or suicide ideation).

Table 5 identifies key statement made by respondents when presented with follow-up scene setter questions. Table 5 does not reflect all comments but highlights the core statements related to this category and themes contained within the responses to the listed scene setter questions.

**Table 5**

**Summary of Responses to Family Structure Scene Setter Questions**

<table>
<thead>
<tr>
<th>Q</th>
<th>Response Interview #1</th>
<th>Response Interview #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>R1</td>
<td>“I was in charge of my younger brothers and sister so I felt grown up”.</td>
<td>“I kinda used my brothers to help me scheme and cover my tracks”.</td>
</tr>
<tr>
<td>R2</td>
<td>“My brother was my anchor … he and I were against the world and we everything together at home and away from home”.</td>
<td>“Things got better when a little sister came into the picture”.</td>
</tr>
<tr>
<td>R3</td>
<td>“They were not brothers and sisters, they were my kids…I was stuck with them 24/7”.</td>
<td>“I couldn’t wait to get away from them”.</td>
</tr>
<tr>
<td>R4</td>
<td>“I resented being treated differently than my brothers”.</td>
<td>“They got to do what they wanted … so I had to sneak around in order to have any fun”.</td>
</tr>
<tr>
<td>R5</td>
<td>“I had infrequent contact with my family members”.</td>
<td>“We were never close, too much had gone on and we were separated by family and the orphanage”.</td>
</tr>
<tr>
<td>R6</td>
<td>“I resented them because they prevented me from doing my thing. I had to be the Mom when my Mom was doing what she needed to do for herself”.</td>
<td>“I was worried they would get molested as well… I just wanted to get away”.</td>
</tr>
</tbody>
</table>

In addition to Table 5 remarks, this section also provides a narrative that establishes more detail and clarity to the respondents’ recollections related to family
structure. The narrative also provides an added level of comprehension and understanding of the respondents’ reflections concerning recollections of family structure influences during childhood, adolescence and early adulthood.

**Family structure influences narrative.** When the investigator inquired into R5’s childhood and adolescence, in terms of a direct question presented as: “Absent direct involvement with your nuclear family, did your extended family or relatives provide any direct influence to you? Or more clearly, who informed you as to your ideas about growing up, being a woman, and thinking of a future?” R5 reflected on the question and her past, after several moments of silence, punctuated only by her breathing and several very deep sighs she replied:

“I did! (another pause) my family was spread out over the state in various foster homes. My father, he was in the streets drunk and doing his thing! The nuns were the guards, the matrons, the teachers, the directors! They (nuns) were or did everything in our world and did everything that had to do with controlling my life. But they did it for everyone, no changes, no exceptions, we (children in the orphanage) were told everything about life in the same way. But we weren’t told about us. I had a few pictures, occasional visits from older sisters but they soon became less and less. My younger sisters were in foster care. My brothers were either runnin the streets or making plans to do so. They were busy with whatever it was they were doin. No one told me about my future except me. Actually that’s not right! I didn’t tell myself about what I would do in the future, I promised myself what I wouldn’t do. As I got older I could see where kids have choices. I never had that!. I could do what my Mom did and end up out there like she did, or I could say No! This is not for me. So my look into what it was to be like a woman, or what was in my future was a picture of what not to do and not a dream of what I wanted to do. I had an early lesson in what’s out there if you screw up. I wasn’t gonna do it. That was my power, that was what I was doing and that is what gave me direction for the future”.

After hearing the response, the investigator almost felt stupid asking the question. However, the strength and powerful nature in which R5 responded, in spite of all the
negativity that surrounded her life, was a clear demonstration of a child’s inner will to survive with, or without, an over compensating parental or family support system. The researcher immediately realized that a very exceptional insight had been provided into a very special person’s struggle with life. Even more importantly, the researcher was given an opportunity to review and analyze the nature of this research data with a new lens about the process of childhood and adolescent development. The investigator also learned about the stark contrast between the quality of information obtained by asking “scene setter” questions and the richness of responses provided during an on-going and flowing interview. A review of Table 5 when compared against the preceding narrative supplied by R5 supports that observation.

R1 was the second outlier in this category. Accordingly to R1: “I played within the rules of the family and utilized my brothers to create confusion within the family so I could get to do what I wanted to do.” R1 mused:

“Because I was given responsibilities to watch my brothers I was allowed to go places, as long as I took my brothers. My sister was too young and stayed home with Mom. It was slick! I would take my brothers to my friend’s house. They (brothers) could hang out with my friend’s brothers and me and her took off with our older friends. It was perfect! Well almost, until we got busted when my brothers got in trouble while I was gone. But I threatened them and shook my fist in their faces telling them I’m gonna knock you out if you tell Mama what I was doing. It was tight for a while but after a week or so it all went back to the way it was”.

The alliances formed during R1’s childhood and adolescence continues today. R1 is very close to her brothers and eventually found the same closeness with her sister. R1 continued her narrative: “Although as I child I didn’t much care what they thought, as an adult I do call and ask opinions about things and they do likewise. Mostly they call me, but it works both ways”. R1 also attributes her current ability to negotiate with men in
the workplace as a residual benefit derived from her experiences interacting with her brothers. R1 continued: “It’s a power thing! If you got it and they want it, it’s a good thing”. To be clear, R1 was not exclusively referring to sexuality as a sense of power. In reference to her parental and family structure influences, she was referring to power as a position of authority or someone that could make decisions affecting another person’s goals. However, R1 was also quick to point out:

“hey, I was cute now! I knew it, they knew it, and I never had problems using that aspect of power to my benefit. That don’t mean I was willing to sleep with anyone for any reason. That just means I was willing to use the suggestion of possibilities to my advantage. Dealing with my brothers gave me a negotiating skill that I have always used as I matured in adolescence and still use in adulthood. But as a grown woman I have a few extra tricks when it comes to getting my way”.

R2, R3, R4, and R6 each concluded that neither parental influences nor family structure influences, with inclusive relationships with siblings were a highlight in their development. Collectively, they reported sibling relationships as bonds of necessity, either forced by parents in the way of childcare, or needed for alliances in the interest of protecting themselves from negative effects of day-to-day living within their respective family structure. Mutually, they reviewed their childhood and adolescent relationships with parents as either neutral, adversarial, or ‘forced labor.’ These definitions were derived by the respondents’ individual descriptions of how they defined the relationship with the family structure or interpretations related to providing household duties and baby-sitting functions. The family systems promoted dissonance between the needs of the family as presented by the parents and the perceived needs of the respondent. Ultimately, parental and family influences were key factors in formulating intense feelings of
fleeing the household or propelling respondents R2, R3, R4, and R6 out of the home and into the next phase of development as young adults.

In summary, the nature of responses related to family influence the investigator concluded that in 66 percent of the responses the research participants reported family influences as having a negative impact on childhood and adolescent development. The effects of the negative impact created a condition which amplified the respondents’ desire to leave the household and go out on their own. The resulting dissonance was not gender role related but did represent a clear division of relationships between the parental dyad, siblings’ relationships, and/or relationships with extended family.

**Social influences.** Social influences are described in earlier chapters and note the importance of social and cultural influences on female development. Social influences can either be positive or negative (Lennon & Rudd, 1994; Riggs & Han 2009). Social influences use gender stereotypes and social expectations to inform the population within societies as to socially derived definitions of gender, and specifically what beliefs are held related to what a woman is and how a woman is supposed to look (Kirsh & Kulper, 2002; Riggs & Han). The entire concept of gender is a socially prescribed definition based on social values and beliefs (Arnon, Shamai & Ilatov, 2008; VandenBos, 2007). Social influences represented the highest category of respondent comments and references during the course of this study. The scene setter questions associated with this category are listed as follows:

1. What, if any, factors precipitated participant’s recognition of
gender-role incongruity?

2. What, if any, influences affected the choice between assimilation of “stereotypical” masculine or feminine traits during childhood and through adolescence?

3. What, if any, outside influences informed participant to challenge gender role stereotypes?

Table 6 presents key statement made by respondents when presented with follow-up scene setter questions. Table 6 does not reflect all comments obtained during the interviews but does highlight some of the more predominate core topics of response to scene setter questions.
### Summary of Responses to Social Influence Scene Setter Questions

<table>
<thead>
<tr>
<th>Q</th>
<th>Response Interview #1</th>
<th>Response Interview #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>R1</td>
<td>“I was in the lime light and in national clubs. It was very cool”.</td>
<td>“I loved it … I always dated older buys who had cars and money. I had fun but I was careful not to get in trouble. I was a tease but I didn’t want no babies clouding my parade”.</td>
</tr>
<tr>
<td>R2</td>
<td>“I hated going in public. Especially in school. I was the brunt of many many many jokes and teasing. I avoided activities and other things until I got into public high school”.</td>
<td>“It got better when I started public school and I got away from the kids in my neighborhood. But I was still shy and afraid of getting into trouble. My experiences in catholic school stayed with me and restricted my willingness to participate in social activities”.</td>
</tr>
<tr>
<td>R3</td>
<td>“I didn’t have a lot of outside contact, just at school. I wasn’t allowed to do much cause I was watching my brothers and sister”.</td>
<td>Once I got out there it was different and I figured out that I was in a world of trouble with very little help”.</td>
</tr>
<tr>
<td>R4</td>
<td>“I had been so restricted that once I got out there I was smokin, druggin, drinkin, and screwin and I didn’t care”.</td>
<td>“It’s like I used all the bad things I wasn’t allowed to do to show my parents just how bad I could be”.</td>
</tr>
<tr>
<td>R5</td>
<td>“I had no holler for the street. Me, my brothers, my sisters were born in the streets. we already knew what was out there. I definitely knew what was out there I watched my Mom die in them. My brothers hit it hard… I just chilled and waited until I could get into college. I didn’t need the nuns tellin me to be careful.. I got a big lesson in ‘careful at’ at 6”</td>
<td>“I knew what was out there before I was out there. I came from the streets… I didn’t want to go back. I avoided runnin with the crowd”.</td>
</tr>
<tr>
<td>R6</td>
<td>“I didn’t get a lot of time to socialize. And I had something else going on. I had feelings of being gay in early adolescence and as I got older I had to keep that checked in, especially in high school”.</td>
<td>“I dated and did the things I was supposed to do. I didn’t do the prom thing cause my Mom was doing something else and I told her I didn’t want to go. Things were tight financially and I just didn’t want to compete with all the glitz and glam and all that crap. It didn’t make sense to me”</td>
</tr>
</tbody>
</table>
In addition to the above captioned remarks contained in Table 4.4, this section also provides a more detailed narrative of responses gained during the entire interview process related to respondents perceptions of social pressures or influences. A more comprehensive review of respondents’ stories provides clarity and insight into the reflections of respondents participating in the study related to social influences during childhood, adolescence and adulthood.

**Social influences narrative.** This category was rich with very detailed responses related to the respondents’ conceptualization of how social influences impact on their development. With the exception of R5, all participants looked to magazines, media, television, and peers to inform their thoughts about their future and social expectations. Social influence proved to be a very powerful source of developmental and gender related influences. As previously reported, parental influences were the most powerful developmental source of influence reported by research respondents. However, respondents rated social influences as most powerful in terms of informing their views of femininity, gender, sexuality, the importance of physical attractiveness, clothing, and accessories for both clothing and lifestyle (i.e. a scarf may accessorize a dress like a new trend-setting item can accessorize a particular lifestyle) than any category identified in this study. Social influences were an exhaustive source of questions, responses, and topics of discussion particularly during the second interview.

Respondents were presented a number of closed ended question, independent from the scene-setter questions, by the investigator: “On a scale of 1 thru 10, 1 being no or little influence and 10 being the most significant influence, how would you rate the effect of social influences on your development and/or your perception of gender and
femininity during adolescence?” Consistent with previous replies, R5 reported “0”, which was directly related to her environment during childhood and adolescence. However, when the question was reframed to read “How would you rate social influences on your perceptions of gender, attractiveness, social prominence, and femininity during early adulthood” R5 responded “I still had my own values but the media was very influential about the women versus expectations game that advertisement plays”. I would say 7 or 8.” Similarly, all other respondents reported 8, 9, or 10 in direct response to the influence scale question. However, it should be noted, that upon reflection, each respondent challenged their original answers particularly as those answers applied to gender stereotypes related to attractiveness and social prominence. This was consistently reported by the respondents, especially as the respondents entered into the work force or had more formalized concepts of self-identity.

Collectively, the respondents indicated that the initial draw of social influences often could be attributed to providing negative influences on respondents’, or their circle of friends who shared aspects of their developmental processes. R6 reflected and made comments on this category:

“I was an eater. When I was depressed or struggled with my situation at home I used food to make me feel good. So I gained weight in all the wrong places. Didn’t seem to stop the men from wanting to get into my pants but it did a lot to further destroy my self-esteem. It just seemed to me that I could control eating and everything else was out of control in my life. I still struggle with the legacy of food addiction today. But looking into the mirror as a teenager was devastating after I had just finished seeing a fashion commercial or reading “Seventeen”. I would just say to myself “no friggin way” and go have another snack. Seems like a circle when I think back on it. I don’t let those things run me down anymore. But I still do struggle with wanting to eat when I am depressed.”
R1 perceived social media as a how to book. R1 shared her thoughts on this category:

“I used to read those books and try to do the hairstyles and make-up tricks at home. Hey I was 4’11” and weighed 110 pounds. I was the bomb so that stuff was right down my alley. I would scrimp and save to make sure I had the perfect bad-ass pair of shoes and the game to go with it. In many ways I am the same way today. But those things didn’t tell me who I was or how I should act. I had that goin in so I never thought that I absolutely had to do anything more than I did on a day to day basis. That’s just me!”

R2, R3, and R4 also shared their individual recollections and feelings about social influences. R3 commented:

“Where did those people come from? Nobody on my street looked like that, my friends didn’t look like that, I sure as hell didn’t look like that. I just wondered where they found all those people for those pictures. Besides, I didn’t have the money to get all that stuff and it didn’t matter to me either since I knew I would not look as good in those jeans as the model did”.

R2 added:

“I was lucky to get clothes that fit. I sure wasn’t going to get anything designer. I wasn’t going to get all the glitz and glam stuff either. I didn’t get it at home, I didn’t get it when I went to college, and frankly I don’t get a lot of it now. I never thought of myself as being gorgeous or one of those gorgeous type of people. So I have just stuck to being me and that is ok!”

R4 had clear recollections of her thoughts of social influences during her early adolescence:

“I was the little stick girl. I had no boobs or butt, just straight up and down. And my eyes were big so I looked like a pezz dispenser or so my brother used to tell me on a regular basis. So I never thought I could wear the clothes or look like the people in those media commercials or magazines. My Dad would have never let me wear any of that stuff anyway. Now when I was stepping out and getting into trouble I tried to act fast but I didn’t have all the dazzle to go with it. When I was older I
wanted all that stuff but I had a kid then and just didn’t have the money. By the time I was in a position to dress to impress it didn’t seem to matter anymore. But it still is good to put on something nice and trendy, especially after I had my baby and pooff, my body appeared. But I don’t chase the fashion trends.”

In summary, social influences were powerful in the area of influences affecting the respondents’ development. In all but one case, the initial power of the influences was dulled by reality. The apparent power of social influences perceived in adolescence was diminished as the respondents gained maturity and were able to accept limitations of physical attractiveness when compared to the social portrayal of feminine perfection. Five of the respondents noted that social stereotypes and expectations produced negative influences in late adolescence and early adulthood. The negativity targeted self-esteem, self-worth and produced perception of an inability to compete with the stereotype.

In the area of gender role conflict, the respondents denied feeling social pressure about what they were allowed to do or any perception of limitations on opportunity based on gender. Although each denied dissonance in gender roles, five of the six respondents confirmed dissonance in matters of attractiveness, femininity and the meaning of beauty. R6 concluded: “You don’t see fat girls on TV commercials in tight jeans, beautiful make-up and clothing, surrounded my admiring men”. R2, R3, and R4 summarized their experiences with social influences as reaching a moment that you realize you are not the girl on the cover of the magazine. It takes years of feeling inadequate before a person realizes that very few women are cover-girls and that the social stereotypes are the exception and not the rule. Interestingly the initially strong power exerted by social influences diminished with maturity. In all cases, the power of social stereotypes and perceived definitions of attractiveness lost its grip as the respondents found their identity
and formed their own life-styles as women. As such, the effect of social influences and the developmental dissonance created during adolescence had no long term effect on the respondents of this study.

Religious influences. Religion was in its own category based on the analysis of the data which demonstrated a unique co-dependency on other influences to inform the importance of religion or form a religious base. Religion was not a stand-alone influence. The power of religious influence was coupled with parental influences, family structure and social influences. Religion was a part of each of the respondents’ lives throughout childhood and adolescent portions of their development. Each respondent embodied religion differently in adulthood than they did in childhood or adolescence.

Religion was viewed as another category of obligations and expectations requiring some level of mandatory compliance by the respondents. The respondents were questioned about the impact of religion during their childhood, adolescence, and young adulthood. The scene-setter questions associated with this category are as follows:

1. Did family, social or religious influences result in incongruity between personal identity and gender role conformity?
2. What, if any, psychological reaction occurred related to gender identity or gender role conflict incongruity? (Substance abuse, eating disorders, poor self-esteem, depression, suicide ideation).

Table 7 represents key statements made by each respondent in reaction to scene-setter questions. Table 7 contains highlights of remarks made by the respondents.
Table 7

Summary of Responses to Religious Influence Scene Setter Questions

<table>
<thead>
<tr>
<th>Q</th>
<th>Response Interview #1</th>
<th>Response Interview #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>R1</td>
<td>“I was very religious. My grandpa was a minister. Religion was an important part of the week until my grandpa died. After that it was really a matter of us kids going to church with mama. Dad had to tend to the business”</td>
<td>“Religion never stopped me from doing anything. I mean it wasn’t like I thought I would go to hell or anything. Things changed when grandpa died. I believed there was a God, I was just to busy to care”</td>
</tr>
<tr>
<td>R2</td>
<td>“Religion was an obligation. It was as restrictive as my parents. We had to go because I was in Catholic school. But I wasn’t allowed to participate in some activities because my parents didn’t care about how it affected me”</td>
<td>“As soon as I left the house I left the church. Both were nothing more than a problem for me. My parents judged me and I was judged by the nuns in school. I hated it and intentionally did bad so I could go to public school”</td>
</tr>
<tr>
<td>R3</td>
<td>“We were taught that there was a God and the commandments and all that stuff. All I had to do was look around and I could see it didn’t apply to Mom”.</td>
<td>“As I grew older I realized the positive nature of faith. Today, religion is important to me. I believe and it gives me strength. But it took 35 years to get it”.</td>
</tr>
<tr>
<td>R4</td>
<td>“Religion was just another set of rules. It was part of the problem with my Mom. As soon as I broke away I didn’t give it a 2nd thought”.</td>
<td>“Once I rolled through all the drama I did look back to God and religion. It made no sense then. It makes all kinda sense now”</td>
</tr>
<tr>
<td>R5</td>
<td>“I knew about religion, I got a dose everyday. It didn’t change anything for me”.</td>
<td>“Religion … no church is not important to me. My sense of God and spirituality is the way I look at it today. I don’t go to church but I still think of God as a guideline”.</td>
</tr>
<tr>
<td>R6</td>
<td>“Church was a rumor for me. We never went, it only applied to me, and Mom didn’t force on me what she could not do for herself”.</td>
<td>“I don’t think God made me gay to send me to hell. So I’m not about religion cause it doesn’t make sense to me. I do believe in a higher power but not the penalty stuff”</td>
</tr>
</tbody>
</table>

In addition to the above captioned remarks contained in Table 7, this section also provides a more detailed narrative of responses gained during the entire interview process related to respondents perceptions of social pressures or influences. A more comprehensive review of respondents’ stories provides clarity and insight into the
reflections of respondents participating in the study related to social influences during childhood, adolescence and adulthood.

**Religious influence narrative.** Religion produced the lowest response to scene-setter questions and the numerical re-occurrence of reference within the transcripts. The respondents tended to include religion within the context of parental influence. Yet, without exception, religion or spirituality emerged later in life as a consideration in the definition of wellness as defined by Saunders & Kashubeck-West (2006). Wellness relates to congruity with identity and levels of comfort within a social and personal context. Each of the respondents questioned the terms associated with religion but all concurred that spirituality was an important part of their lives.

The question of religious influence was consistently inter-related to parental, family, and social influences. It became apparent to the researcher that the question of religious influence may have better been presented if respondents were asked about the foundation of their current spirituality rather than their experiences with religion during childhood and adolescence.

In this category there was 100 percent concurrence on the role and effects of religious influence. R5 had been the outlier in most other categories. However in terms of religious influence, R5’s responses were consistent with the other respondents. R5 related: “Religion was not a Sunday event it was a day to day part of my environment. It was almost like automatic responses to living in a Catholic orphanage. Religious compliance, at least in regard to going to church and organized prayer was not an expectation it was a requirement. But it (religion)
provided a common bond between us girls and gave us a sense of belonging that
was not available through family. Today, my religious attitudes are voluntary and
an important part of my life. I embrace the thoughts of God’s love as a benefit
and not a requirement.”

The other research respondents’ related similar thoughts: R2 added:

“I hated Catholic school and the forced requirements. I rebelled
against it until I could get out of Catholic school and into public
school. But it wasn’t like I didn’t believe in God. It was that
religion was an extension of my restrictive parents and they used it
as a club to beat me with if I didn’t do what was expected. Today, I
pray, and believe in God, but I still have resentment to organized
religion. I don’t need other people telling me how to talk to my
God.”

R1 recalled that religion was an important part of her early life, but lost influence
during adolescence and young adulthood:

“I was too busy for church when I was out there being a debutant.
I didn’t have time for the hours required for prayer meetings, bible
studies and church. I was too busy being me. Now that I am older,
I have revived my concept of religion and enjoy the fellowship of
organized meetings and religious services. I forgot to remember
how important God was to me when I was too busy being cute.
But that is definitely not the case today.”

R3 and R4 both reported to have less restrictive experiences with religion
during their childhood and adolescence. R3 noted:

“We (family) went to church occasionally but then it depended on
what my Mom was doing. We really never had a routine or a
strong religious connection to where we had to go to church 2 or 3
times a week like some of my friends did. Basically I just went
along because I had to go. I don’t really think that I started seeing
religion as part of my life until after I was an adult. Today I
consider myself highly spiritual and God has an important place in
my day to day life. But that was something I grew and learned after
I got out on my own and started figuring out what was important to
me.”
R4’s observation were different and she recalled:

“religion was just another thing that told me what I could not do in life and it just added to the list of things that made bad girls bad and good girls good. I really didn’t want any part of it and when I decided to go out there I didn’t look to religion to provide me guidance. Of course I did end up in a lot of trouble and pregnant so you see where that thinking got me. As an adult I came to appreciate the lessons of the bible and have found peace and love within the congregation of Christianity. I don’t attend any one particular church but I do go on occasion with friends or family members. Mostly I think about God when I am alone and reflecting on the events of my life. It is very important for me to have that connection today. I enjoy praying with God and seeking His wisdom.”

Upon the introduction of religious influence R6 revealed information that had not been discussed during the initial interview. R6 recalled:

“I had a big problem with religion. I am gay, and I knew I was gay even in my teen years. Now don’t you get me wrong! I am not gay because I was molested or any of that stuff. Most people think because I was molested I hate men. I don’t hate men, but I am emotionally and physically attracted to women. So religion was a real problem for me. I could hide from my parents, family, and friends. But I could not hide from the Sunday services were people like me were demonized as sinners doomed to hell. That just did not make sense to me. Today, I don’t believe in religion but I do believe in God. How and what I am is between me and her!”

In summary, one of the primary findings related to religious influence involved a greater understanding of religion in context with developmental process. A majority of the respondents experienced difficulty relating to religion during childhood and early adolescence. They reported being more challenged with defining basic tasks of their individual development and had difficulty in consistently defining meaning or conceptualizing the concept of religion and God’s role in their lives. The respondents’ recollections focused on disturbances
related to parental and social influences and their role in society. Contemplating, or trying to understand, the principles of faith were not a priority. Resultantly, respondents were neutral to negative in their thoughts about the effects of religion during childhood and adolescence.

According to the respondents, religion added to the parental and social influences that affected their development. None of the respondents used religion as a criteria for decision making during childhood, adolescence or early adulthood. If religion emerged as a high or moderate influence in their lives, the respondent indicated that religiosity or spirituality occurred later in life. All respondents reported they felt that religion was used as a club to enforce what their parents were demanding of them. The idea of being moral was not clearly understood. The idea of getting pregnant was coupled with eternal damnation and breaking God’s rules. The same applied to the use of drugs, alcohol, smoking or any other prohibition enforced by parents. None of the respondents thought religion contributed to family strength or social interaction. R4 noted:

“Everybody went to church and read the bible. But you get them alone and we all talked about the stuff you could never mention in church or with your parents. It was almost funny, we were all great liars. We could go through the motions but when it came down to it, religion didn’t do a whole lot to stop anything we wanted to do”.

Speaking of religion and its effect on childhood and adolescence R2 noted: “I would hear about girls doing this and that and then saying it’s OK because they went to confession and asked for forgiveness”. R2 shook her head and commented: “It wasn’t going to church… It was a get out of jail free card.”
The concept of religion and its place in family life was more relevant to the respondents in adulthood than it was in either childhood or adolescence. R4 remarked: “the whole process made no sense to me”. R3 reflected that her thoughts of religion today are much different than when she was a child or adolescent: “If I could have gone out and done something else than go to church I would have but I was more or less forced to go. Today I find peace in prayer”.

**Self-Identity / Identity formation influences.** The category of self-identity and identity formation influences was an unregulated category. Although scene-setter question were used to elicit responses, they did not address the free-flow nature of the narrative. The respondent’s reflections of finding self-identity came through interview, analysis of the data, data reduction, and the process of thematic considerations. However, several scene-setter questions were utilized to elicit identity related questions during the interview. Those questions are as follows:

1. What, if any, psychological reaction occurred related to gender identity or gender role conflict incongruity? (Substance abuse, eating disorders, poor self-esteem, depression, suicide ideation).

2. What, if any, measures did participant utilize to break the boundaries of gender-role stereotypes and/or GRC?

Table 8 illustrates responses related to the core themes identified with identity formation that were provided in reply to scene setter questions. Table 8 does not represent the totality of data collected during the research. However it
does provide a quick review of reactions provided by respondents in reply to scene setter questions.
### Table 8

**Summary of Responses to Identity Influence Scene Setter Questions**

<table>
<thead>
<tr>
<th>Q</th>
<th>Response Interview #1</th>
<th>Response Interview #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>R1</td>
<td>“I thought I had it goin on until I hit the reality of getting a job. I was nervous and had a lot of issues about if I could actually do it. I started drinking, did cocaine, and pushed to get married. Marriage was better than failure in the job”.</td>
<td>“I knew I didn’t want children. But I knew I couldn’t do this alone. I liked the guy and we had fun until it came to being happy. That’s when I realized I didn’t know anything about anything or about me”.</td>
</tr>
<tr>
<td>R2</td>
<td>“I never had a sense of self until very late in life. Marriage was a way to escape parents. But it didn’t help me be me. I went out of the pan into the fire”.</td>
<td>“I think I started to understand me when I was in my 50’s. Before that I repeated the process of doing what I thought I was supposed to do. I never had self-confidence until I started making decisions based on me and not on what I thought I was supposed to do”.</td>
</tr>
<tr>
<td>R3</td>
<td>“I ran away from everything that I was told was about being an adult. I went over the edge until it came to me that I didn’t have a clue about life. Getting a job in police forced me to step up and gave me permission to be me”</td>
<td>“I needed a job and there it was. My cousin told me it paid well. So I went for it. I struggled, fought battles, found strength and asserted myself cause I was doing something I wasn’t supposed to”</td>
</tr>
<tr>
<td>R4</td>
<td>“I had a baby, my family was mad at me, and I needed a job. All of a sudden it came to me that I needed to get my act together. For the first time it was about me…but not really, I needed to provide for my baby and was determined to succeed regardless of who said what about anything”</td>
<td>“When it came to making choices I felt like I had to go back to what my parents told me. I only wish they told me in a way I could understand instead of beating me up about what good girls do and don’t do. I resented the whole thing. It cost me”</td>
</tr>
<tr>
<td>R5</td>
<td>“It was always about achieving a goal for me. College and into the work force. I had all the motivation I needed to succeed and nobody or nothing was gonna take that from me”.</td>
<td>“I think I knew me forever. It wasn’t until I looked outside of myself that I found peace. I was driven to not do things. When I got older I was more happy about what I did for myself an late what I am doing for my family”</td>
</tr>
<tr>
<td>R6</td>
<td>“I think I found my identity when I acknowledged I was gay. I tried to keep the lid on all that until I was almost 30”.</td>
<td>“Lookin back it was not acceptable to be gay. It wasn’t until the idea of gay was ok in society. I never grew until I became myself. But somehow I needed permission to do that and it came from the gay rights movement, not me”</td>
</tr>
</tbody>
</table>
In addition to remarks contained in Table 8, the Self-Identity Influence narrative provides additional descriptions of responses gained during the interview process related to respondents’ perceptions associated with identity formation. The narrative also provides a comprehensive review of respondents’ stories in order to provide clarity and insight into the reflections of respondents participating in the study. The narrative includes recollections associated with childhood, adolescence and adulthood as they relate to Self-Identity and Identity Formation.

**Self-identity/Identity formation influence narrative.** The psychological concept of identity formation was not clearly understood by respondents, especially as they were re-experiencing childhood and adolescence events. As such, it proved to be useful to define and discuss terms prior to the second interview. This process provided the respondents’ an opportunity to reflect on replies provided in first interview in context with the definitions discussed with researcher. The decision to provide term definition discussion after the first interview was an intentional part of the data collection strategy. The researcher did not desire to influence the manner in which the respondents revealed their stories during the first interview. The first interview also informed the researcher as to specific events (as described by respondents in their own words and terms) that merited further examination during the second interview.

The respondents reported that the discussion of definitions was useful in providing insight into developmental issues, which allowed them to attach labels to events that occurred during childhood, adolescence and adulthood. Discussing
issues related to identity was particularly interesting and revealed processes that
the respondents had not considered until directly questioned about their
recollections of developmental events. In the examination of all case studies,
identity formation did not become apparent until early adulthood. Prior to that,
the respondents reported they were reacting to developmental pressures resultant
from parental and social influences. Interestingly, R5, who had been the outlier in
several categories, concurred with the other respondents that identity development
was not realized until they were removed from the direct influences of family (R5
orphanage).

R5 recalled:

“I was running away from what I knew was not working for my
family members. I didn’t know what I wanted to be I just knew
what I didn’t want to be. I thought I had a grip on who or what I
was until I left the orphanage and went into college. I encountered
the world head on and lost a lot of that confidence when I had to
interact with people outside the confines of the orphanage. I just
used my negative aspects of what not to be but I wasn’t really sure
what I was going to be. It wasn’t until I had to deal with life and
live outside my own thoughts of what not to do that I actually
began to find out things about me. I still don’t have good relations
with my father and rarely interact with my half brothers and sisters.
Is like we are in different worlds and there is not a lot in common.
Mostly we talk on the phone from time to time. But you can’t
really miss what you have never had.”

R1, R2, R3, and R4 shared similar stories. R2 noted:

“I ran away from one home and into a marriage to escape. I never
had a chance to figure out what I wanted to do. It wasn’t until I
finally got a divorce that I began to understand and appreciate my
needs as a woman and set goals based on my own idea of what I
needed to do for me. I got think I got it until I could actually
recognize my own capabilities and abilities.

R3 noted: “If identity is growing up and facing yourself then I didn’t do that
until I was an adult. Or maybe I wasn’t adult until I was able to face myself. I am not sure how that all works. R4 recalled:

“Even after I had a baby I was not sure about anything. I was scared and really unprepared for the difficulties I had walked into or ran into when I was determined that my parents were my worse enemies. It was like starting all over again and trying to figure out all the pieces without help was very confusing for me. My aunt helped me and was always reminding me of that old saying to be careful what you wish for. I didn’t have a clue and after I turned myself and my family upside down I was just trying to figure out what I should do. Getting a job, going to school, and learning about values and developing goals was when I first started to realize a couple of successes in my life”.

R6 related that this category was the most recent occurrence of all the previous topics discussed during the research. “I have vivid recollections of some of the struggles I had with the process of being OK with me”. The researcher noted that R6 appeared reluctant to engage in this topic and inquired if she was willing to continue. R6 denied any reason to stop the interview and then began to openly share her reflections:

“I didn’t find myself until I had the strength to come out and be open about being gay. I mean that wasn’t something that I put on a billboard but I came out to my family and closest friends. I knew I had to be me but I don’t think I realized the how to be me until I developed the individual courage to speak up for me. Before that, I was hiding in my own skin and had to be careful how I acted and what I said and who I said it to. That really sucked and I hated myself each time I put myself in those positions. I felt like I was keeping some kind of perverted dirty little secret. Being gay wasn’t about sex it was about me. It was really part of my identity and I didn’t grow as a person until I was able to settle the differences between the idea of gay being a sexual perversion, as expressed by my family, and coming to terms with accepting me for me. That was the day I began to grow as a person and as a woman.”
The researcher questioned R6 “After you found yourself, how did that change the way in which you met the challenges of life?” R6 continued:

“I felt free but then I realized I was only free within me. Now that was tremendous stuff. But I knew it was not going to make everything right with everyone else out there. At the moment I was thrilled, but at the same time I was really really scared. I mean how do you deal with work, especially going into police work. I mean most guys thought we had to be gay or crazy to want to do through all that academy stuff. I knew I wasn’t gonna come out during my interviews or backgrounds and I was especially not going to come out during probation. So I kept it close to me and only my family knew. I was pretty good at it. No body figured it out until I found a partner and after years and years finally came out at work. But I still don’t go running around with a PFLAG T-shirt or rainbow bumper-stickers. I just don’t think that it is really anything to be ashamed of but I also don’t think it is anybody’s damn business either”.

R1 provides the following recollections: “I was so fast that I passed by all the important things. It was one big party and I always felt like I had control. R1 related that she didn’t pay attention to growing up as long as things were trending in her direction. R1 related that she was married and her husband also was involved in a very active social life. The researcher questioned R1 “How did the party life-style work for you when you began to look into the work environment and tasks related to adulthood? R1 laughed and replied:

“Oh hell no, not growing up and don’t you dare say adulthood! Sounds too much like getting old. That was the last thing I was thinking about. But you know that worked for me until reality started telling me no! Getting a job opened my eyes that I was not prepared to deal with the interactions and pitfalls of being in the workforce with other people in charge. I realized that my life was about having fun and when that stopped I realized I really didn’t have a clue about what to do or how to do it until I got into my mid-20s. So much for being cute! I am glad I had a job before I tried to get into police work. I would have not made it had I not learned about life and finally finding a place for me in it.”
None of the respondents reported experiencing GRC during childhood, adolescence, or early adulthood in regard to identity development. Most of the challenges that influenced respondents’ were perceived as either self-induced or reflective of dissatisfaction with parental guidance or restrictions. All respondents reported that they were encouraged to take opportunities available without regard to gender stereotypes. Black respondents were particularly influenced by parental encouragement to seek to excel in school and work opportunities. Reportedly black respondents were facing multi-level challenges during childhood and adolescence wherein they were faced with prejudice related to race, issues of desegregation, and mixed ethnic neighborhoods significantly more than gender.

In summary, identity development occurred without influence of GRC during childhood, adolescence and early adulthood. The respondents related that most of their conflicts were directly related to parental influences. Resistance against parental restrictions created conditions which inspired reactions more akin to rebellion than identity formation and development. The recollections of the respondents about their concepts of development were consistent with developmental stages where adolescents must experiment with different roles before they begin to settle on individual preferences (Erikson, 1997). Although the reported experimentation occurred differently in each of the respondents’ case studies, the end result of that experimentation was finding individual elements of self-identity. With few exceptions, each step of the developmental process was reported to be a system of trial and error, especially when during adolescence and
early adulthood. Each of the respondents’ reported the experience of finding their own path to form concepts of personal identity and structuring their futures. In these case studies, the identification of the paths taken was as unique as the individual nature of the respondents themselves.
Chapter Five

Summary, Conclusions, and Recommendations

Gender role conflict and its effects on developing adults in the United States is a well-documented field of research investigation (Fine, 2011). A majority of the investigation has been conducted in regard to the effect of gender role stress on the masculine gender (Amato, 2006; Barnett et al.,). More recent investigations have been directed at the nature of GRC as it relates to females in childhood, adolescence and early adulthood (Fine, 2011). This change of research focus has prompted the investigator to initiate this research comparative case study in efforts to identify critical areas of development that may, or may not be, affected by the presence of GRC.

Conclusions

On initial reflection, this case study may have been 10-15 years late in determining the ability to identify the presence of gender role stress and assessing the effects of gender role conflict on childhood development. The results discussed in Chapter 4, as related by each of the respondents, indicate that there was a less than significant effect of perceived stress created by the identifiable condition of gender role stress. This trend, demonstrating a lack of notable identification of gender role conflict, continued through childhood and into adolescence. If the scope of research had stopped at adolescence, it could have easily concluded that the previously reported levels of GRC and resulting stressors had lessened in deference to overtly displayed parental and social acceptance of the emerging egalitarian concepts of gender in the 21st century. This assumption is initially supported by the respondents’ failure to identify significant adversarial effects, from either parental or social influences, related to compliance with
socially scripted gender role expectations connected to career fields or potential for accomplishment.

However, the initial findings of this research failed to account for a basic, yet critical, element of qualitative research that relates to use of data to find the story as it is told by the respondents (Glesne, 2010). Finding the story is the end result and true prize of qualitative investigation and not justification to support initial tenets of a researcher’s assumptions or statement of the problem. As such, Glesne’s influence rescued this researcher from developing premature conclusions or reactive tendencies to conclude the investigation process based on what appeared to be a perceived inability to find relevant data supporting the hypothesis. In fact, the data were contained within the story but were not revealed in the chronological sequence anticipated. The data were revealed much later in the investigation and in different terms and context. The initial findings distracted the interpretive process but did serve to energize the requirement for the researcher to exhaust all efforts to follow the respondents’ life stories as they collectively led to the culmination of their complete story.

““My parents told me I could be anything I wanted to be” reported R2 during her interview.

“What they didn’t tell me was that there is a social expectation that I am not equal to the task, that my job will never be comparable to a man’s work, and my key to success was my sex, and willingness or unwillingness to allow for sex as a consideration. My civil service scores and GPA meant nothing … they didn’t want to know, or care, what I knew. They wanted to know what I was willing to do.”

This respondent’s laments were echoed by all of her cohorts. “I wasn’t denied access to employment because of gender, but I was expected to use sex as the price of admission.”
R5 went on to say “when I didn’t sleep with my partner or supervisor I was put on notice that my work had to be perfect, my performance had to be the best or I would not make it through probation”.

As the analysis of this research matured, it became apparent that gender role conflict and related stress has undergone a metamorphosis in the 21st century. According to the perception of the respondents, gender role conflict no longer presents in childhood and early adolescence, at least within this specific sample. It now waits until expectations of opportunity and equality are well formed within the individual’s developmental process before it presented and challenged a woman’s opportunity at equality.

However, this change of onset, or the more subtle effects on early childhood development, does not relieve the parameters and adverse effects of gender role stress. Body image, social scripting of sexuality, expectations, and personal values of identity development remain vulnerable under the strain of GRC and stress (Fine 2011; Vernon, 2009; Worell & Goodheart, 2006). The mood disorders, anxiety and behavior related disturbances and disorders, self-esteem, and self-identity remain a threat to female development (Worell & Goodheart, 2006). Worell and Goodheart go on to say that the challenge of addressing psychological stress related to public policy is often obscure and difficult to pin point but just as critical, and more importantly it is “essential”. As we look at the environmental, parental, and social influences affecting development, we must be willing to change our focus consistent with the current threats to development, as they present and impact the psychological health of developing women (Fine, 2011; Vernon, 2009; Worell & Goodheart, 2006).
Although there are precise definitions of gender roles and the influence of cultural or social values on the determining the nature of those definitions, we as a culture, may not have identified, or are unwilling to accept the impact of language related to the nature of stress as it relates to gender. Respondents would concur that the current stress on development is not social definitions of gender roles. Public policy has moved to extinguish the overt nature of that pressure. However, all respondents reported that the most significant pressure in female development is conduct defined by biological sex. Social definitions related to gender expectations and gender role concepts in terms of occupational and developmental roles as been publicly fine-tuned to ensure that conceptions of gender are not currently perceived (by this research cohort) as a source of gender discrimination.

Perhaps best said by R3, “When you really look at it, nothing has changed from the time of the constitution ‘all men are created equal, and endowed by God with rights of life, liberty, and happiness. What happened to women?’” The exclusion of women in this Declaration of Independence paraphrase has been, and according to the respondents continues to be, the basic flaw in American egalitarian principles of equality. Although in today’s American culture, there is an attempt to eliminate language suggestive of exclusion of a woman’s opportunity, societal definitions of gender roles have never changed to include a feminine voice.

Gender roles, expectations, and gender role stress are more uniquely defined in the 21st century and the line between “men do this … and women do that“, has been blurred. We, as a culture, have presumably advanced our social consciousness to include women’s rights to fair opportunity and pay. The respondents of this study agree that
higher education, mass media, computers, and informative television have enlightened the workforce as to opportunities and qualifications. Gender inequality and resultant gender role stresses have been reduced proportionate to the level of cultural barriers to gender equality that have been breached. So, as previously stated, at first glance, it would appear, according to the respondents, the good news of this study is that gender role stress is on the decline.

However, the respondents also added a footnote to those findings. The ability to apply for a job, equal opportunity to compete for a job, and the unrestricted access to be qualified and hired for the job is not the end of the story. In terms of understanding the implied context and language of the 21st century, it is noted that respondents unanimously concurred that parental, social, religious, and work place influences have replaced gender role expectations or limitations with language that assaults the sensitive subject of sexual orientation. According to the respondents, the language of “Mommies’ Boy, Sissy, Gay, Tom-Boy, Butch, or Fag” is the undercurrent of influences that affected their behavior in childhood and adolescence. The respondents indicated at a 5/6 ratio that they did not hear the words “Girls don’t do that” or “you can’t do that because you’re a girl”. What they did report hearing was “You are looking butch, or it makes you look gay”. The association of sexual orientation related to specific activity was the primary motivating factor for the respondents to continue or discontinue identified patterns of activity, or associations, during childhood and early adolescence. The parental use of sexual orientation remarks was more powerful than any other social, peer, or family influence related to behavior.
Interestingly, the dissonance formally encountered by gender role incapability with individual experimentation of gender variant activities was replaced by a more severe disturbance related to internal questioning of sexuality and social acceptance based on participation in presumably stereotypical homosexual activity. Although the effect of such sexual orientation language was often effective in changing unwanted behavior or expression of interest, it did not resolve non-congruency and individually developed issues of identity formation and development. This may be a contributing factor to the statistical reports indicating that the presence of mood, anxiety, eating disorders, behavior and emotional dysregulation and other detrimental psychological symptoms continue to increase within developing female populations in the 21st century (Broderick & Korteland, 2002; Eriksen & Kress, 2008; Haley & Sidanius 2005).

Gender role conflict continues to create developmental pressures on the process of experiencing values, testing beliefs, and illuminating the path to identity formation. Erikson (1997) posited that adolescence was a time for experimentation with internal and external influences leading to individual identity formation. The data collected within this research identified the significant influence of family and social/environmental factors present during development. Clearly, the respondents did not react to the overt theme of the influences. In many cases, the overt theme was obscured with public policy and meanings that could not be fully realized until experienced. They did react to the strength and subtle meaning of the message and used those messages to inform their decisions as to what foundations were important to their identity as well as assigning an order of significance to the tenets of a particular influence on development.
Implication for Practice

Diversity and meeting the client from the client’s perspective have been issues of concern in counselor development and education. In this country, we have a convergence of culture, ethnicity, religious beliefs, regional traditions and myths, and a myriad of internal and external pressures on human development that are not dictated by an identifiable script of guidelines. Each client comes to the counselor in search of meaning. In conducting this study, language and perception were limited to those respondents that were 2nd generation American citizens who spoke English as a primary language. The results of this study reported confusion of interpretation of the social language relating to gender and gender role congruency. Perhaps the use of terms notably accepted in the psychological practice of therapy is not most efficient in identifying underlying features of developmental stress related to occurrence of disorders.

The diversity of population and the influx of culture further complicate the task of parsing-out symptoms related to causal factors. Counselors seek to treat symptoms and utilize therapy to adjust behavior and/or cognitions related to effects; however, it is important to be mindful of the limitations of assessment related to the incorrect handling of data (Groth-Marnat, 2009). Assessment is a combination of use of psycho-metric tools, interview, and observation related to feedback. The biggest flaw in assessment is that the clinician tends to use data as it makes sense to the clinician and not how it relates to the client. Data orientation without description is inadequate to the essential task of identification of an individual’s problem (Groth-Marnat, 2009).

The research process experience in this study found complexity in identifying common values, themes, and emotions related to the structure of scene setter questions.
Finding meaning within the structure of a question proved to be less effective than finding meaning within the context of the respondent’s story. Perhaps that phenomenon applies equally to pre-printed or standardized psycho-social assessments. Definitions, in this study, were revealed in context to respondents’ perceptions. Similarly, the clinician should seek to find meaning in the totality of a client’s story and not limit input responsiveness based on epidemiological or etiological foundation. The terms of investigation may be set by the research investigator or clinician. However, the definitions appear to be more clearly articulated and refined when taken in context of the client’s language which the client chooses to utilize in order to express feeling. As such, a cautionary note is well founded when considering the balance of assumption compared to relevant interpretation of data while engaged in the business of “talking cures” (Bankart, 1996).

**Limitations of Study**

Although this was not a longitudinal study, it did call on the respondents to go back in time to specific points of development and recount memories of those experiences. On occasion, the reflective nature of this task did cause momentary emotional disturbance to several of the respondents. Childhood memories are not always pleasant as indicated by the respondents; several indicated that they were initially disturbed but elected to continue in the study. Although safeguards were in place in the event of such disturbances, it was the process of working through the memory that appeared to provide most comfort for the respondents so affected. The respondent was mindful of the potential for emotional reaction when intrusive questions were introduced. However, at each and every point, the respondent’s safety and welfare were primary.
Each participant was provided opportunities to decide how to proceed in the interview. Each respondent was provided with mental health referrals as necessary. Each respondent who concluded the case study process volunteered to do so and continued such voluntary participation throughout the study.

**Researcher/respondent relationship.** The researcher enjoyed an open, mutually supporting relationship with the respondents. Those respondents with previous personal knowledge of the researcher were “surprised” at the affable attitude of the researcher which they did not experience in the past. Those unfamiliar with researcher appeared to be comfortable after the orientation interview wherein their concerns for confidentiality and respect of privacy were conveyed as a top priority. The researcher was pleased with the unrestricted responsiveness of all the respondents.

**Generalizability of data.** The study was limited to women in a specific age group, employed within same occupational specialties, restricted to one geographic region within the US. The generalizability of the data is suspect. However, the data does provide a framework for more intensive, more diverse investigations into this research topic.

Small sample size reduces generalizability and test-retest validity. The N size was suitable for a case study and helpful in identify areas of further research. The definition of gender role stress as opposed to the reality of actual stress resultant of gender was highly represented in this group of respondents.

**Cultural and diversity limitations.** This study did not address cultural limitations and specifically selected respondents that were 2\textsuperscript{nd} generation US citizens with English as a primary language. The small N size of the case study, coupled with the
lack of cultural diversity, does not yield results that can be useful in the more heterogeneous population slice. Although the respondent sample did include two Hispanic, three Black, and one Caucasian respondents, it did not represent a geographic area outside of the mid-western US. Although ethnicity variation did occur within the sample, it was not of sufficient size to identify response patterns predictable by ethnic background.

**Researcher bias and pre-conceptions.** The researcher utilized validity control measures, triangulation, member checking, and external audit. The external audit was conducted with colleagues at Slippery Rock University and University of Pittsburgh. The researcher was aware of bias and pre-conceptions were guarded against presenting “leading” questions or areas of inquiry. The researcher allowed the respondent to tell their story with as little prompting as possible. Later introductions of standardized definitions, social definitions of gender role specific terminology was conduct after the respondent has an opportunity to present their unguided accounts of developmental experiences.

The test-retest aspect of re-introducing the scene setter questions was utilized in efforts to capture additional information from the respondents after they had exposure to the APA Dictionary (VandenBos, 2007) definitions of terms and conditions. It was noted that little variability occurred in the ad hoc test-re-test scene-setter process. However, in the case of two of the six respondents, the redundant scene-setter questioning did produce clarity and informed more complete response to previously asked questions.
Suggestions for Future Research

The generalizability of this study is questionable. The environment in which the counselor is operating does not restrict access to 2nd generation Americans with the primary influence of western/European culture. The results of this study can be confounded by regional influences as well as the demographic nature of the population which was being observed. Although the overt presence of GRC may have been reported as insignificant by 2nd generation American citizens, it does not conclude that the influence of culture and family pressure has been mitigated.

The cultural basis of any region within the United States is ethnically diverse and is subject to those regional and family influences related to gender role expectations and stress. GRC will not be eliminated by social scripts of acceptance. That philosophy does not take into consideration the effect of cultural integration that is a hallmark of this society. One generation or culture may find relief from social or parental expectations resultant of public policy change. However, it cannot take into account the various levels of acculturation that exist within our American environment. It also sets out a cautionary note that in any given region, a clinician is likely to find various levels and intensities of GRC due to heterogeneity of the population base.

Mindfulness of this perspective should lead to future research with the understanding that the words utilized to describe GRC are not important. The significant consideration is the pressure placed on females to comply to a subscript of identity that may not be concurrent with their efforts to develop as individuals. With the political correctness of public policy it will continue to be difficult to decode the underlying meaning of social scripts and influences. Employment rules and federal law have been
put in place to prevent, or penalize, gender discrimination. In theory, society has addressed the prejudicial nature of gender discrimination and has moved to eliminate overt references to social endorsement of such practices. However, in practice, gender discrimination, and by default gender role stress, continues within the work place. On examination, it would appear that the process of gender discrimination has embraced the concept of confidentiality in terms of overtly signifying that gender discrimination is wrong while embracing a tenet that “the name of this injustice has been changed to protect the guilty”.

Research results generalizability may be improved by increasing the number of case studies in various sections within America in order to capture the regional effects of cultural differences and diversity. Perhaps expanded studies can be targeted to identify statistical representation of symptoms and/or cause-effect relationships. Unlike acute mental health related disorders, developmental challenges survive and can persist through the life-cycle. Untreated, the psychological and physiological effects on females can only be estimated. However, the etiology of pervasive mental health and behavioral disorders are often traced to childhood and adolescence. As such, it is not so much a matter of what we call the stressors of development as it is that we understand the lingering effects of stressors on the overall wellness of human development. Gender and role development, independent of biological sex, have demonstrated debilitating effects on development. The intricacies of gender on human development should be an area of concern for those involved in psychological services to the public.

The positive nature of this study is related to parents. Without question, parents were, and continue to be, a source of significant developmental stress. It is the nature of
the task of being parents. This study included four respondents who had intact parental
dyads from childhood through early adulthood. All participants reported that the parental
dyad, whether it was intact, single parent, divorced and blended, or implied by biological
certainty, provided congruency in terms of their attempts to form a responsible family
structure. Regardless of whether the parents were up to the task at hand or not, “Mom
and Dad’s word ruled the day” (R2). That level of guidance was important to the
respondents in basic needs of security and providing basic needs.

The daughter/parent relationships visited in this study did reveal a distinct
commonality and theme. Parents wanted the best success and most opportunity for their
daughter. Parents, within their capabilities, encouraged their daughters to reach a
positive level of success in their personal lives and careers. GRC, as it has been
conceptualized occurring within the family, was implied or directed, and always included
a parent’s hope for success. The social fabric within America has changed to improve
opportunity and education for all. Legally, lawfully or liability related, society as a
system has signaled the need for fracturing gender role conflict and elimination of gender
bias. Social justice has raised its hands against inequality within the system.

However, the gender role of male dominance continues within the administration,
organization, implementation and enforcement of civil protection of the laws, policies
and procedures have not responded to the basic principles of an egalitarian society.
Regardless of the positive influence of parents and the social acceptance of equal
opportunity the members within the system have strived to maintain essence of gender
role stereotypical beliefs and values. When entering into their career fields, each
respondent noted that they had to be quicker, work better, work harder, stay longer, and
produce better, and, in most cases, paid less than their male counterparts. The social system had changed, but the members within the system had not.

The DSM IV TR (APA, 2000) contains an appendix related to culturally related disorders. The researcher does not conclude that GRC has reached the level of significance that warrants its own category or title as a psychological malady. However, each of the respondents of this study faced elevated levels of stress, anxiety, depression, reactivation of eating disordered conduct, substance abuse, relational disturbance, and identity problems, with five of six of those symptoms presenting, more days than not, for a period of at least one year, when they entered the academy and started their law enforcement careers.

It was not society or the policies of a career in law enforcement that produced those reported symptoms. The respondents reported that they were all hired within the guidelines established for both male and female candidates. However, the respondents reported difficulty when confronted by the people within the community that demonstrated a different interpretation of “gatekeeping” and used male dominance to intimidate or coerce women entering into the work force, make bad decisions, or to resign based on gender. Perhaps the coercion was directed at promoting successful sexual liaisons. The respondents denied that sexual conduct was the motivator for unwanted approaches. Each respondent noted that from their perspective, the end gain for this type of gender related conduct was to force young female recruits out of the career field.

**Recommendations**

GRC has been around as long as there have been boys and girls with parents that apply standards reflective of boys can do this and girls can do that (Anderson &
Hamilton, 2005; Duckitt, 2001; Miller & Levy, 2006). As previously cited in this study, male related GRC does not occur due to sexual inequality (Mahalik, 1999), it occurs because the male population was faced with challenges of social and parental expectations of success, competitiveness, leadership challenges and elevated levels of achievement (Blazina, 2004; Watts & Borders, 2005). In the male population, prevalence rates of GRC have continued to increase due to increased competition in the work place (Duckitt, 2001; Hastings et al., 2005). If the gender-playing field becomes even, there is every reason to expect that females will then be faced with similar unrealistic social or parental expectations related to women’s success, leadership, competitiveness, and achievement as equally as their male cohorts (Bordeau, Briggs, Staton & Wasik, 2008; Hooks, 2000).

The emergence of the 21st century term of sexual harassment, and its resultant punitive implications appears to offer a respite for those involved at work with people who work within the system to promote gender equality (Allen, 2003). However, gender role expectations have been embedded deep within our culture. Public awareness and continued education into the destructive nature of GRC may inform the trends for the future in terms of equal opportunity for all. Until then, it is likely that the gender battle for equality will continue into the next generation.

GRC and its associated developmental stressors should be considered by clinicians when treating adolescents and individuals entering into early adulthood. Understanding the implications of GRC may provide clinicians insight into gender related stressors helpful in providing diagnostic options connected to etiology, symptom criteria, and duration considerations for presenting psychological and behavioral
disorders that do not have identifiable causal factors or precipitating circumstances related to onset. The consideration of GRC as a causal or contributing factor may increase efficacy in accurately diagnosing the disorder and/or appropriate treatment planning and treatment.

The volume and extent of peer reviewed research on gender related stressors, in both male and female adolescents, justifies the inclusion of GRC related topics in counselor training programs and/or continuing education programs for current clinicians. Client advocacy, expanding professional knowledge, and continued research related to GRC is justified in consideration of the long term and pervasive adverse effects of GRC if undiagnosed or inappropriately treated.
References


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Appendix A

Definitions

**Gender**: The condition of being male or female. It applies the psychosocial, behavioral, social, and culture aspects of being male or female. The distinct difference between gender and sex refers to sexuality and is related to biological aspects of male and female.

**Gender Assignment**: A classification of an infant at birth as either male or female. Classification is determined by genitalia without consideration of other markers. If genitalia are ambiguous gender is assigned by the parents.

**Gender Concept**: An enculturated idea of gender role. Gender is a socially constructed concept based on biological sex but includes the role and expectations for males and females of a culture.

**Gender Consistency**: The understanding that one’s own and other peoples sex is fixed across situations, regardless of superficial changes in appearance or activities.

**Gender Dysphoria**: Discontent with the physical or social aspects of one’s own sex.

**Gender Identification**: The process of identifying oneself as male or female and adopting roles and values of that gender.

**Gender Non-conformity**: Behavior that differs from that of others of the same sex and from cultural expectations of male and female behavior.

**Gender-Role**: The pattern of behavior, personality traits, and attitudes that define masculinity or femininity in a particular culture. The gender role is largely determined by upbringing and may or may not conform to the individual’s gender identity.

**Gender-Role Socialization**: The conditioning of individuals to the roles, expectations and behaviors that society prescribes for males and females.

**Gender Stereotypes**: Relatively fixed, overgeneralized attitudes and behaviors considered normal and appropriate for a person in a particular culture, based on his or her biological sex. Gender stereotypes often support the social conditioning of gender roles.
Appendix B

IRB Approval Documentation

This appendix provides relevant data related to Human Resources Institutional Review Board (IRB) approval of this dissertation research study. These documents include the IRB approval Form for IRB#107719, approved on 04/12/2012, and the accompanying Investigator Responsibilities in Research Involving Human Subjects.

The researcher responsibilities included:

A. Investigators must acknowledge and accept their responsibility for protecting the rights and welfare of human research subjects and for complying with all applicable federal regulations, as well as UT policies regarding research with human subjects. It is the responsibility of each investigator to know and understand those regulations and policies prior to initiating any such research.

B. Only a UT IRB can make the determination of Exempt Research after review of the proposed protocol. Investigators who intend to involve human research subjects will not make the final determination of exemption from applicable Federal regulations and must submit an application to the IRB.

C. Investigators are responsible for providing a copy of the UT IRB-approved informed consent document to each subject at the time of consent and after signing by the subject, unless the IRB has specifically waived this requirement. All documents and study records are to be retained for 3 years in a manner approved by the UT IRB. Investigators must also follow all additional records retention guidance (HIPAA, State laws etc.) as applicable to their research.

D. When applicable, Investigators must comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). If consent or authorization is revoked by a subject, it is the responsibility of the P.I. to obtain the required signed document(s) and submit these to UT's Health Information Management Department as required by institutional policy in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule Privacy Rule (45 CFR 164).

E. Investigators will promptly report proposed changes/modifications in previously approved human subject research activities to the UT IRB. The proposed changes will not be initiated without UT IRB review and approval, except where necessary to eliminate apparent immediate hazards to the subjects.

F. Investigators are responsible for reporting progress of approved research to the UT IRB, as often as required, and in the manner prescribed by the IRB on the basis of risks to subjects, but not less than once per year.
G. Investigators will promptly report to the UT IRB any injuries or other unanticipated problems involving risks to subjects or others.

H. Annual Continuing Review is mandated for all human subject research by federal law. It is the responsibility of the Principal Investigator to have his/her own reminder system in place to initiate the continuing review process. The continuation of research after expiration of IRB approval is a violation of federal regulations. There are NO provisions for a grace period beyond the termination date. If IRB approval has expired, research activities must STOP and no new subjects may be enrolled in the study, until IRS review and approval has been obtained.

I. All Investigators are responsible for completing a Final Report Form. The date that you review and sign the Final Report Form must be on (or a few days after) the IRB approval period Expiration Date or your requested Date of Termination for the research. All forms related to human subject research, including the Final Report Form, can be found on the Research and Sponsored Programs web pages. [http://research.utoledo.edu/forms.htm](http://research.utoledo.edu/forms.htm)

J. No investigator will seek to obtain research credit for, or use data from, patient interventions that constitute the provision of emergency medical care without prior UT IRB approval. A physician may provide emergency medical care to a patient without prior IRB review and approval to the extent permitted by law (see Section 116[f]). However, such activities will not be counted as research nor the data used in support of research.

K. Investigators will advise the UT IRB, Research & Sponsored Programs Administration and the appropriate officials of other institutions of the intent to admit human subjects into another institution (e.g., into another hospital) who are involved in research protocols. When such admissions are a planned part of DHHS-supported research, those institutions must possess an applicable Human Research Assurance prior to involvement of such persons as human subjects in those research protocols at those institutions.

*Department for Human Research Protections Investigator Responsibilities*

The IRB Approval Form as received on 4/19/2012:
To: Kathleen Salyers, Ph.D. and Rhiannon W. Condon  
Department of School Psychology, Legal Specialties & Counselor Education

From: Barbara K. Cheaney, Ph.D., Chair  
Kamala London, Ph.D., Vice Chair  
Walter Edinger, Ph.D., Chair Designee

Signed: B.K. Cheaney  
Date: 04/12/12

Subject: IRB #107719  
Protocol Title: Parental and Social Influences Associated with the Development of Gender Role Conflict during Female Adolescence: As Related by Mature Women in Gender Variant Career Fields.

On 04/12/12, the Protocol listed below was reviewed and approved by the Chair and Chair Designee of the University of Toledo (UT) Social Behavioral & Educational Institutional Review Board (IRB) via the expedited process. The Chair and Chair Designee noted that a signed and dated Consent form is required prior to an individual taking part in this research. This action will be reported to the committee at its next scheduled meeting.

Items Reviewed:
* IRB Application Requesting Expedited Review
* IRB Approved Consent Form(s) (version date 04/12/12)
* Demographic Data Form (version date 04/12/12)
* Letters(s) (version date 04/12/12)
* Questionnaire(s) (version date 04/12/12)

This protocol approval is in effect until the expiration date listed below, unless the IRB notifies you otherwise.

Only the most recent IRB approved Consent/Assent form(s) listed above may be used when enrolling participants into this research.

Approval Date: 04/12/12  
Expiration Date: 04/11/13  

Number of Subjects Approved: 6

Please read the following attachment detailing Principal Investigator responsibilities.
Appendix C

Participate and Organizational Informed Consent

This appendix provides copies of the informed consent utilized during this research study. All participants were provided informed consent after volunteering for inclusion in the case study but prior to being required to completed demographic / screening forms for investigator review. The orientation interview concluded with requesting signed informed consent after which the demographic form was the next step in the selection process. Both participant informed consent and organizational permission letters were sent on UT letter head stationary with the IRB approval number and expiration date.

Participant Informed Consent:

ADULT RESEARCH SUBJECT - INFORMED CONSENT FORM

Parental & Social Influences Associated with the Development of Gender Role Conflict during Female Adolescences: As Related by Mature Women in Gender Variant Career Fields

Principal Investigator:
Kathleen Salyers, Ph.D. Associate Professor, Principle Investigator
419-530-6125

Rhiannon Condon, M.A., M.S.W. Co-Investigator
724-504-1229

Purpose: You are invited to participate in the research project entitled, Parental & Social Influences Associated with the Development of Gender Role Conflict during Female Adolescences: As Related by Mature Woman in Gender Variant Career Fields, which is being conducted at the University of Toledo under the direction of Dr. Kathleen Salyers and Rhiannon Condon.

The purpose of this study is to identify critical periods of developmental experiences, as related by research participants, which produced marked periods of increased developmental stress and/or gender role conflict. The investigation seeks to identify those factors that were deemed critical to the participant and learn what measures, if any,
were utilized or deemed effective in overcoming developmental stresses. This study aims to identify individual decision points that enabled participants to seek self-determined developmental pathways, to include career selection, and individual development.

**Description of Procedures:** This research study will take place at or near the participant’s city of residence at a location to be determined by agreement between the participant and the investigator. This research is not a study of career development. However, the participant’s selection of a career field in law enforcement has been established as one of the variables utilized to select research participants. Your employer, organizational affiliation, or membership within career related associations sole involvement in this research is to allow, if applicable, the delivery of an introductory packet of information to their female employees for the purpose of identifying potential participants in this study. The identity of the employer, organizational affiliation or career related association, as well as the actual research participants, will be assigned a research pseudonym or control number in order to protect the name of the organization or association as well as the research participants.

The research procedure will take approximately 2 hours and 15 minutes. This includes a brief orientation to the research procedures, reviewing and signing this informed consent form, completing a research oriented demographic/screening questionnaire, and a series of two interviews. The first interview is information gathering and exploring the recollections of participant’s experiences during adolescence and into adulthood. The second interview is designed to address issues or questions developed from analysis of discussions during the initial interview, a period to discuss any questions or concerns of the participant, and a brief overview of issues of confidentiality. It will also include a review of safeguard provisions and referral information should the participant have concerns or questions subsequent to the conclusion of the research. The participant responses obtained during the interview will be held confidential and checked for accuracy with the participant at the conclusion of the interviews. The content of the responses or the identity of the participant providing the responses will not be disclosed to any organization, affiliation, or other participants involved in the research.

Communication between the research investigators and participants may be accomplished by phone, email, fax, or US mail (USPS). However, the informed consent, which contains personal identifying data, may only be returned by USPS or directly handed to the research investigator.

To ensure the highest degree of accuracy the interviews will be audio taped. The tapes will not contain organizational or participant identifying data. The tapes will only contain the assigned pseudonym identifiers and will not be reviewed or released outside the control of the Primary and Co-Investigators.

Permission to record: Will you permit the researcher to {audio record} during this research procedure?
After you have completed your participation, the research team will debrief you about the data, theory and research area under study and answer any questions you may have about the research.

**Potential Risks:** There are minimal risks to participation in this study, including loss of confidentiality and the right to stop participation at any point. The selection process has sought to reduce potential of risk to any research participant. However, if during the course of this research you become upset or anxious we want you to know that we are prepared to address these issues. If at any time during the interview you become upset you may stop the interview and/or withdraw from the research. The researcher may ask to discuss your feelings in order to assist in resolving your anxiousness or, if necessary, to provide you with referral information to ensure your well-being. Participation is voluntary and you may withdraw from the research at any time.

**Potential Benefits:** The only direct benefit to you if you participate in this research may be that you will learn about how developmental research is conducted and you may learn more about stress and conflict during the developmental process. Others may benefit by learning about the results of this research. You are in a unique position to tell us your thoughts and observations as you were encountering parental and social stressors. Perhaps your experiences may be helpful for those female adolescents who are currently living the stress and conflict we seek to identify during this research.

**Confidentiality:** The researchers will make every effort to prevent anyone who is not on the research team from knowing that you provided this information, or what that information is. The consent forms with signatures will be kept separate from responses, which will not include names and which will be presented to others only when combined with other responses. Although we will make every effort to protect your confidentiality, there is a low risk that this might be breached.

**Voluntary Participation:** Your refusal to participate in this study will involve no penalty or loss of benefits to which you are otherwise entitled and will not affect your relationship with The University of Toledo or any of your classes or the employer-employee relationship you hold with your current employer or organizational affiliation. This research is not related to any specific employment related issues or organizational practices related to women in law enforcement. You may discontinue participation at any time without any penalty or loss of benefits.

**Contact Information:** Before you decide to accept this invitation to take part in this study, you may ask any questions that you might have. If you have any questions at any time before, during or after your participation, or experience any physical or
psychological distress as a result of this research you should contact a member of the research team Dr. Kathleen Salyers at 419-530-6125 or Rhiann Condon at 724-504-1229.

If you have questions beyond those answered by the research team or your rights as a research subject or research-related injuries, the Chairperson of the SBE Institutional Review Board may be contacted through the Office of Research on the main campus at (419) 530-2844.

Before you sign this form, please ask any questions on any aspect of this study that is unclear to you. You may take as much time as necessary to think it over.

**SIGNATURE SECTION – Please read carefully**

You are making a decision whether or not to participate in this research study. Your signature indicates that you have read the information provided above, you have had all your questions answered, and you have decided to take part in this research.

The date you sign this document to enroll in this study, that is, today's date must fall between the dates indicated at the bottom of the page.

<table>
<thead>
<tr>
<th>Name of Subject (please print)</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Person Obtaining Consent</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

This Adult Research Informed Consent document has been reviewed and approved by the University of Toledo Social, Behavioral and Educational IRB for the period of time specified in the box below.

Approved Number of Subjects: ____________________

**Organizational Informed Consent:**

The organizational permission letter was utilized in those cases that an agency or organization was willing to utilize their internal resources to contact female members of their agency. This process generally required the agency to post a bulletin or utilize internal e-mail to inform female officers of the research opportunity. The bulletin’s
included information to afford direct contact to the researcher which eliminated the need for the female officers to contact their agency in order to participate. This procedure provided an additional level of confidentiality for female volunteers and the researchers stated purpose to protect their identity within the case studies.

TO:

SUBJECT: Organizational Permission for participation in the study entitled - *Parental & Social Influences Associated with the Development of Gender Role Conflict during Female Adolescences: As Related by Mature Women in Gender Variant Career Fields*

Dear Sir/Madam:

I am Rhiannon Condon, a Doctoral Candidate at the University of Toledo, engaged in qualitative research in the area of female development and gender role stress and conflict during the developmental process. One of the primary considerations for research participant selection in this study is current employment in a law enforcement agency. As such, the purpose of this letter is to request permission of your administration to interview female members of your organization. Upon receipt of your letter of permission, the University of Toledo Social, Behavioral & Education Institutional Review Board (SBE IRB) will conduct a review of the purpose and scope of this research.

The principal investigator involved in this study is Dr. Kathleen Salyers, Associate Professor, University of Toledo, 419-530-6125. I will be the co-investigator during the research and my contact numbers are 724-504-1281 or 724-504-1229. The IRB number assigned to this study is #107719. The University of Toledo SBE IRB contact number is 419-530-2844.

My research topic entitled “*Parental & Social Influences Associated with the Development of Gender Role Conflict during Female Adolescences: As Related by Mature Women in Gender Variant Career Fields*”, addresses various phases of female developmental conflict and effects of parental/societal influences on women during their early developmental years and into adulthood. The primary purpose of this research is to promote change, identify developmental patterns, inform theory, develop treatment modalities for those adversely affected by developmental conflict, and examine the potential for further research. This study does not include review or examination of labor relations or human resource related issues involving your organization or its employee’s. The study does not examine inner agency policies or procedures related to female employees. This study only uses law enforcement agency employment as an essential variable to identify potential research participants.
I request an opportunity to speak with you or appropriate staff member in order to gain permission to interview a limited number of female members on your organization. Our interview may be used to discuss ground rules or limitations related to your organization and selection of personnel. However, at this time I foresee your organizations involvement to be limited to use of your inter-departmental mail or personnel distribution resources to facilitate delivery of introductory packets to potential participants. The packets include a brief introduction of the research, an Informed Consent Form, and a stamped, self-addressed return envelope for the convenience of your employees. It should be noted that your agency will not be identified in the study outcome research. Your organization will be referred to as a Midwestern or northeastern agency (not further identified).

The research participant interview is voluntary and the final decision to participate in the interview remains with the volunteering participants. The research will be conduct “off-duty” in order to minimize any disruptions to your organization. The organizational involvement in this research is to allow delivery of an introductory packet of information to potential participants within your organization. The research is designed to reduce risk to the participants and selection safeguards are in place to ensure that each volunteer will find participation to be a positive experience. The participants may stop at any time during the process. I anticipate the entire research process to utilize approximately 2 1/4 hours. This period includes research orientation and a series of 2 interviews. Each participant will be assigned a pseudonym and their involvement and responses will be confidential. The principle and co-investigators are the only persons who will have access to personal information provided by any research participant. A separate “informed consent” document will be provided to each of the research participants which will outline the issues of confidentiality and risk reduction during the research.

It is my intent to provide an environment which allows participation in this research as smooth as possible for both the organization and the participants. I am willing to adjust my schedule in order to accommodate the normal operation of the organization and the employee. The participation is voluntary and will occur outside the employee’s assigned duty hours. I believe this process will ensure minimal impact your organization. I will do what I can to provide a research schedule that compliments existing organizational and employee time tables.

I will provide a level of confidentiality to prevent unauthorized disclosure of the involvement of your organization and/or the involvement of any volunteer. Specific statements of confidentiality will be provided if you agree to participate in my research. All interview notes will be made using pseudonyms for all sites, organizations, and
individuals involved. I am also willing to provide you and each participant a copy of the findings developed in this research prior to its release in my final dissertation.

Please contact me if I may provide any further information to assist in your favorable decision to allow the use of your employee’s in this research project. I appreciate your consideration and interest. I remain,

Sincerely,

Rhiannon Condon, M.A., M.S.W.
Doctoral Candidate
The University of Toledo
Toledo, Ohio 43606
724-504-1229
Appendix D

Orientation and Data Collection Forms

This appendix includes the standardized letter of introduction utilized in response package to volunteers contacting researcher in response to organization, association or personal requests for participation in research case study. The order in which these documents were utilized is as follows: 1) Letter of Introduction utilized to establish appointment for orientation interview in order to obtain informed consent, 2) After receipt of informed consent, the volunteer was provided the demographic screening form, 3) Scene-setter questions were utilized within the case study interviews.

Letter of Introduction:

TO: Potential Research Participants

SUBJECT: Request for Voluntary Participation in Female Developmental Research: Letter of Introduction

Dear Law Enforcement Professional:

I am Rhiannon Condon, a Doctoral Candidate at the University of Toledo, engaged in research examining female developmental issues, social influences, and gender role stress. A primary consideration for research participant selection is career employment in law enforcement. As such, the purpose of this letter is to request your voluntary participation in this research.

The principal investigator in this study is Dr. Kathleen Salyers, Associate Professor, University of Toledo, 419-530-6125. I am the co-investigator and my contact numbers are 724-504-1229. The research number assigned to this study is #107719. The University of Toledo SBE IRB contact number is 419-530-2844.

My research topic entitled “Parental & Social Influences Associated with the Development of Gender Role Conflict during Female Adolescences: As Related by Mature Women in Gender Variant Career Fields”, addresses phases of female developmental the effects of parental/societal influences on women during adolescence and into adulthood. The primary focus of this research is to promote change, identify
developmental patterns, inform theory, develop treatment modalities for those adversely affected by developmental conflict, and examine the potential for further research.

Participation is voluntary and the final decision to participate is yours. I have included an Informed Consent Form which goes into specific detail about the procedures and safeguards in place to protect your confidentiality. This research is designed to reduce risk to the participants and selected safeguards are in place to ensure that you will find this process to be a positive experience. You may stop your involvement at any time during the process. I anticipate the entire research process to utilize approximately 2 1/4 hours. This period includes research orientation, signing informed consent form, completion of a demographic/screening questionnaire, and a series of 2 interviews. You will be assigned a research pseudonym or control number to ensure confidentiality. I will do my best to accommodate your schedule in order to minimize disruptions to your day.

Enclosed you will find a copy of the informed consent and a stamped self-addressed envelope. If you decide to volunteer, please sign and date the informed consent and return to me in person or by US mail. I have provided phone, US mail, email information in order to facilitate effective communications between us during the research process. When I receive your signed informed consent I will provide you with a demographic/screening questionnaire and we will discuss procedures for the actual conduct of the research process.

I appreciate your consideration to be a research volunteer. Please contact me if you have any questions about the “Informed Consent Form” or any concerns about the research procedures. Your confidentiality and understanding of the research is a primary concern for me so that I may provide the elements to make this a positive experience for you. If you choose not to participate you do not need to inform me or take any further action. Thank you for your time and service to your community. I remain,

Sincerely,

Rhiannon Condon, M.A., M.S.W.
Doctoral Candidate
The University of Toledo
Toledo, Ohio 43606
724-504-1229
724-841-0533 (fax)
Rhiannon.condon@rockets.utoledo.edu

Demographic / Screening Form:

DEMOGRAPHIC DATA FORM
University of Toledo, Department of Counseling and School Psychology, Toledo, Ohio
Primary Investigator: Kathleen Salyers, Ph.D., Phone # 419-530-6125
Co-Investigator: Rhiannon Condon, MA, MSW Phone # 724-504-1281 or 724-504-1229
IRB # 107719

Research Control Number ______________________(assigned by research investigators)

Instructions: Please do not put your name or any identifying data on this form. Please attempt to answer all questions or annotate questions which you do not wish to answer by writing DNR over the item number prior to returning form. Questions concerning this form or questions contained within can be discussed with the researchers during subsequent interviews or by calling the above listed numbers.

1. I am _____years old.
2. I consider myself young _____, middle age _____, older _____, elderly ____________.
3. I am Caucasian ___African-American ___Hispanic ___ Native American ___
   Bi-racial ___, Asian ___, Middle Eastern, ___American ___, Other ____________.
4. I have ___sisters/step sisters, &____brothers/step-brothers, or only child ________.
5. Please list ages of sisters/step-sisters ________________________________.
6. Please list ages of brothers/step-brothers ________________________________.
7. My mother and father are married _____, divorced _____, separated _____,
   widow/widower____, other _________. (please indicate your age at time that category/s apply) ________________________________
   _________________________________________________________________________
   _________________________________________________________________________
   _________________________________________________________________________.
8. Until what age was your family intact during your upbringing ______________. If applicable, who did you live with after separation ________________________________.
9. If parents remarried, how old were you when that event occurred? ________________.

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10. In what region or state were you born?
______________________________________________.

11. In what region or state were you during adolescence?______________________________________.

12. Was religion a part of your upbringing Yes_____ No______?

13. If yes, what religion did you practice as a child __________? As a teenager ________, As an adult ________?

14. How was religion viewed within your family priorities of influence? Small influence _____, moderate influence _____, major influence ________.

15. How do you currently perceive religion in respect to personal influences?
Small influence _____, moderate influence _____, major influence ________.

16. In your family, who formed parental opinions or decisions? Dad _____, Mom _____, Both _____.

17. Whose opinion was more powerful within the family? Dad _____, Mom _____, equal______, mostly Dad _____, Mostly Mom ________ Older sibling(s) ________.

18. In your opinion, who most strongly influenced your family belief system(s)?

   Dad _____,
   Mom _____, family traditions and beliefs _____, religion _____, older siblings______, extended family _____, cultural/social standards of the time______, you don’t know or can’t remember ________.

19. In your opinion, if you did something “wrong”, who enforced the family belief systems or took corrective action? Dad _____, Mom _____, both _____, other _____ (please specify)

_______________________________________________________________

20. In your opinion, if you or your siblings did something “wrong” who were your parents most concerned about learning of the “wrong-doing”? Extended Family members______, close neighbor’s ________, members of the church
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_____, social/cultural views of the neighborhood or work associates
________, I don’t know or can’t remember ______.

21. What, or who currently informs your belief system? Religion ____ Parental
influences ____ Family traditions and beliefs ____ Social standards of
acceptance _____, none of the above _____, all of the above ______. Please
explain and in order of preferences____________________

___________________________

___________________________

___________________________.

22. How would you describe your adolescence? Unremarkable ______, physically
challenging _____, emotionally challenging _____, conflicted
______, without external conflict but with internal conflict ______, without
internal conflict but with external conflict _________ (check all that apply).
Explain:____________________

___________________________

___________________________

___________________________.

23. How do you describe your home life prior to leaving the household for school
or employment? Good _____ Bad _____ Other _______. Explain
_______________________________

_______________________________

_______________________________.

24. What is your highest level of education? _______________________

25. What is/was your area of study or interest? _______________________

26. Did you choose your area of study? Yes_____ No______. If no, who did ___

_______________________________

_______________________________.

27. Did you choose your career field? Yes _____ No _____, If no, who did
28. Did you experience conflict from family or friends when choosing your area of study? Yes _____, No ______. If yes, by who _________________.

29. Did you experience conflict from family or friends when choosing your current career field? Yes _____, No ______. If yes, by who _________________.

30. Since becoming employed has your family continued to support your career and lifestyle decisions? Yes _____, No ______. If no, who did _________________.

31. During adolescence, what gender comprised your “inner circle” of friends and confidants? Male _____ Female _____ or both ________.

32. During adolescence, do you recall identifying more strongly with feminine or masculine traits? Masculine ______, Feminine ________, both ____________.

33. Please identify your strongest traits which you believe are part of your personal identity (and the source of those traits if known)

___________________________________________________________

___________________________________________________________

___________________________________________________________

___________________________________________________________

___________________________________________________________

34. During adolescence do you recall any level of stress related to conforming to standards or traits? Yes _____ No ______.

Questions 35–42 are related to research participant safeguards and are not correlated to the actual subject of the research topic. If you prefer not to respond to a question please write “DNR” over the question number. Any question may be discussed with the researcher.

35. Are you currently in treatment for mental health related issues? Yes_____ No______
36. Are you currently pregnant or undergoing medical treatment which has resulted in increased stress or resulted in treatment of a chronic medical condition? Yes____ No _____

37. Are you currently under internal affairs investigation, on restricted duty (job or medically related), or serving suspension for job related infractions? Yes____ No _____

38. Are you currently utilizing agency EAP resources for job or personal related issues? Yes_____ No ____

39. Are you currently involved in either a criminal or civil investigation related to allegations related to your job or personal activities wherein you are subject of investigation? Yes____ No _____

40. Are you currently involved in a divorce or custody hearing? Yes_____ No _____

41. Have you recently been involved in a traumatic incident which has resulted in on-going personal stress? Yes_____ No _____

42. Are there any questions on this form which have made you uncomfortable or caused you to recall unpleasant circumstances? Yes____ No _____. If yes, please speak with the researcher at the conclusion of this questionnaire, or use the space available to express your concerns.

**Scene-setter Questions:**

The research design will utilize qualitative design and case study methods in order to direct the investigation during this research. As such, the responses of the participants will actually guide the investigation through logical follow-up, identification of areas of interest, and exploration of participant responses during this research. The following areas of inquiry will be initially explored as a “scene-setter”. The examples provided herein are representative of the general nature and type of questioning which we
anticipate to occur during the research process. However, the structure or content of the questions are not intended to limit the information provided by the participant. As such, these questions are not all inclusive and do not account for additional questions which may arise resultant from participant’s conceptualizations and recollections.

**IRB #107719: Stage Setting Questions for use during participant interviews**

1. Did the research participant recognize the existence of conflict between parental influences of gender values and her own conceptualization of individual preferences and identity? If so, when did this recognition first occur?

2. What, if any, factors precipitated participant’s recognition of gender-role incongruity?

3. What influences most strongly influenced participant’s choice of toys, leisure time activities, physical activities, and personal sense of performing any specific task?

4. Can the participant identify the nature of influences that most affected childhood and adolescent decision-making contrary to personal preferences?

5. Did the participant recognize the nature of influence or pressure exerted by family to conform to gender expectations?

6. Did family or social influences result in incongruity between personal identity and gender role conformity?

7. Did the participant perceive social or parental pressure as the most powerful influences on gender role and conformity with normative expectations?

8. What was the family structure during childhood? Describe family structure during adolescence (Related to siblings, intact family structure, and extended family)?

9. What influence, if any, did older siblings have on developmental issues related to gender identity and gender role conformity?
10. What, if any, influences affected the choice between assimilation of “stereotypical” masculine or feminine traits during childhood and through adolescence?

11. How did participant perceive the parental dyad in the family structure and how did those perceptions effect conceptualization of acceptable gender role conformity?

12. What, if any, family stressors had influences on participant (SES, substance abuse, parental mental health disorders)?

13. What, if any, psychological reaction occurred related to gender identity or gender role conflict incongruity (Substance abuse, eating disorders, poor self-esteem, depression, suicide ideation)?

14. What, if any, outside influences informed participant to challenge gender role stereotypes?

15. What, if any, measures did participant utilize to break the boundaries of gender-role stereotypes and/or GRC?

The actual number of predetermined questions will adjust according to the responses of the participant. The above listed questions are not intended to represent the entire scope of research inquiry.
Appendix E

Coding & Rationale

The attached coding list and definitions were developed specifically to address the needs identified by the intent of the research and the nature of the research strategy. The research design utilized during this study was case study. The scene-setter questions were developed in order to address specific periods of female development and solicit the experiences of the research respondents. The initial focus of the case study centered on family influences and social influences related to gender role conflict and female identity and psychological development. The initial coding list closely followed the scene-setter questions identified in the interview process schedule.

Initial coding was not intended to limit responses and was intended to provide a base line analysis in order to identify respondent experiences during specified developmental phase. This coding process is consistent with qualitative strategy in developing coding categories (Saldana, 2009). The coding scheme was based on research that defines the nature and intent of coding and the importance of coding in efforts to identify areas of commonality between the experiences of research respondents (Yeh & Inman, 2007). The coding list is designed to specifically identify key factors identified by the participants in response to familial, social, or religious assigned stereotypical gender role expectations during critical stages of development between pubescence and young adulthood. The initial coding scheme worked to shape the finalized interview schedule and assisted in the refinement of the content of the case study.
The subcategories contained within the coding list were developed in efforts to refine internal areas of research inquiries and theoretical or human experience findings associated with this process (Saldana, 2009). The subcategories were resultant from respondents life experiences and produced additional coding areas that identified additional questions related to gender role conflict and resultant developmental stress.

The following table reflects the finalized coding:

**Table 9**

**Developed Thematic Categories**

<table>
<thead>
<tr>
<th>Category</th>
<th>Thematic Category</th>
<th>Characteristic Responses</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. GRC</td>
<td>1a. Personal Def.</td>
<td>Personal definitions of GRC</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>1b. Neg.</td>
<td>Negative concepts of GRC</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>1c. Pos.</td>
<td>Positive definitions of GRC</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>1d. Current</td>
<td>Current negative concepts of GRC</td>
<td>100%</td>
</tr>
<tr>
<td>2. GRS Stages</td>
<td>2a. Child</td>
<td>Presence in Childhood</td>
<td>16%</td>
</tr>
<tr>
<td></td>
<td>2b. Adol</td>
<td>Presence in Adolescent</td>
<td>16%</td>
</tr>
<tr>
<td></td>
<td>2c. Adult</td>
<td>Presence in Adulthood</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>2d. MidAdult</td>
<td>Presence in Mid-Adulthood</td>
<td>83%</td>
</tr>
<tr>
<td>3. Par Influence</td>
<td>3a. Parent re: GRC</td>
<td>Par Influence re: GRC</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>3b. Parent/Child GRC</td>
<td>Par/Child Influence re: GRC</td>
<td>16%</td>
</tr>
<tr>
<td></td>
<td>3c. Parent/Adol GRC</td>
<td>Par/Adol Influences re: GRC</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>3d. Parent/Adult GRC</td>
<td>Par/Adult Influences re: GRC</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>3e. Par/MAdult GRC</td>
<td>Par/MAdult Influences re: GRC</td>
<td>0%</td>
</tr>
<tr>
<td>4. Fam. Influ.</td>
<td>4.a Fam Struct GRC</td>
<td>Family Structure re: GRC</td>
<td>16%</td>
</tr>
</tbody>
</table>

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4.b Fam/Child Family/Child re: GRC 33%
4.c Fam/Adol Family/Adolescent GRC 0%
4.d Fam/Adult Family/Adult GRC 0%

5. Ethnic Influ. 5.a Ethnic re: GRC Ethnic Influence re: GRC 0%
5.b Ethnic/Child GRC Ethnic/Child Influence re: GRC 0%
5.c Ethnic/Adol GRC Ethnic/Adolescent Influence re: GRC 0%
5.d Ethnic/Adult GRC Ethnic/Adult Influence re: GRC 0%

6. Social Influ. 6.a Social re: GRC Social Influence re: GRC 100%
6.b Social/Child GRC Social/Child re: GRC 33%
6.c Social/Adol GRC Social/Adol. Re: GRC 50%
6.d Social/Adult GRC Social/Adult re: GRC 100%
6.e Social/MidAdult GRC Social/Mid/adulthood re: GRC 100%

7. Rel./Influ 7.a Religion re: GRC Religion Influence re: GRC 16%
7.b Religion/Child GRC Religion/ Infl. Re: child GRC 16%
7.c Religion/Adol. GRC Religion/Adolescent re: GRC 0%
7.d Religion/Adult GRC Religion/Adult re: GRC 0%
7.e Religion/MAdult Religion/M Adult re: GRC 0%

8. Support Sys. 8.a Support re: GRC Support Influence re: GRC 66%
8.b Child re: GRC Support/Peer Influences re: GRC 0%
8.b Adol re: GRC Support/Influence re: GRC 50%
8.c E Adult Support/Influences re: GRC 16%
8.d M Adult Support/Influence re: GRC 0%

9. Mot-Influ. 9.a GRC Mot/Influ. Motivation Influence of GRC 86%
9.b Mot/Child Motivate Influences. Re: GRC 0%
9.c Mot/Adol Motivate: Influence, re: GRC 16%
9.d Mot/Adult Motivate: Influence, re:GRC 100%
Appendix F

Non Select and Volunteer Withdrawal Letters to Volunteers

This appendix provides a copy of the form letter sent to non-selected volunteers who were disqualified from participation or those volunteers who elected to end their participation in the case study research. The non-select letters were sent to those volunteers who did not meet the “due no harm” precautions outlined in IRB protocol 17719 approved on 04/14/2012. In both cases, the original signed informed consent was returned to the volunteer and all data collected was destroyed and excluded from inclusion in the case study results.

Non-Select Letters:

SUBJECT: Voluntary Participation in Female Developmental Research

Dear [Name];

Thank you for volunteering to participate in the research entitled “Parental & Social Influences Associated with the Development of Gender Role Conflict during Female Adolescences: As Related by Mature Women in Gender Variant Career Fields”. It would be impossible to conduct research studies without the cooperation and interest of our community members who are willing to volunteer for participation in such studies.

The selection of research participants is determined, in part, by responses indicated on the demographic/screening questionnaire. The questionnaire is established to provide safeguard parameters to ensure that each participant is not subjected to unnecessary stress or potential for psychological harm.

You were not selected to participate in this research project. This does not mean that you are deemed incapable, or unqualified to participate. However, it does indicate our obligation to you in regard to our primary research responsibility to “do no harm”. Accordingly, we error on the side of participant well-being in consideration of stressors that you indicated you were currently experiencing. We do not want to add to any current stressors you may be experiencing. I have enclosed your signed “Informed Consent”. Any personal data, comments or information you supplied prior to this notification will not be utilized within the research findings. Your confidentiality will continue to be our primary concern.

You may contact me or Dr. Kathleen Salyers, Associate Professor, University of Toledo, 419-530-6125, if you have any questions or concerns about our decision. If your questions are not resolved by talking to me or Dr. Salyers you may contact The
University of Toledo SBE IRB at 419-530-2844. The IRB number assigned to this research is #107719.

I appreciate your interest in this research topic. Please feel free to contact me if you have any questions or concerns. Thank you for your service within the ranks of professional law enforcement. I remain,

Sincerely,

Rhiannon Condon, M.A., M.S.W.
Doctoral Candidate
The University of Toledo, Toledo, Ohio 43606
724-504-1229

Volunteer Withdrawal Letters:

SUBJECT: Voluntary Participation in Female Developmental Research

Dear ;

Thank you for volunteering to participate in the research entitled “Parental & Social Influences Associated with the Development of Gender Role Conflict during Female Adolescences: As Related by Mature Women in Gender Variant Career Fields”. It would be impossible to conduct research studies without the cooperation and interest of our community members who are willing to volunteer for participation in such studies.

I understand and respect your decision to withdraw from the research study. No record of your withdrawal or earlier participation will be included in the final report and your confidentiality will be protected. All data, audio recordings, or field notes collected prior to your decision to withdraw will be destroyed. Your agency or organization will not be notified of your decision to withdraw. I have enclosed your original signed “Informed Consent”. Any personal data, comments or information you supplied prior to this notification will not be utilized within the research findings. Your confidentiality will continue to be our primary concern.

You may contact me or Dr. Kathleen Salyers, Associate Professor, University of Toledo, 419-530-6125, if you have any questions or concerns about your previous participation in this research study. If your questions are not resolved by talking to me or Dr. Salyers you may contact The University of Toledo SBE IRB at 419-530-2844. The IRB number assigned to this research is #107719.
I appreciate your initial interest in this research topic. Thank you for your service within the ranks of professional law enforcement. I remain,

Sincerely,

Rhiannon Condon, M.A., M.S.W.
Doctoral Candidate
The University of Toledo, Toledo, Ohio 43606
724-504-1229
Appendix G

Appreciation letters to Organization and Individual Participants

SUBJECT: Voluntary Participation in University of Toledo Research

Dear [Name];

Thank you for volunteering to participate in the University of Toledo Research project. It would be impossible to conduct research studies without the cooperation and interest of our community members and organizations that are willing to volunteer for participation in such studies.

On behalf of the University of Toledo, and the principal/ co-investigators conducting this research project, I wish to extend my appreciation and gratitude for your willingness to participate. You may contact me or Dr. Kathleen Salyers, Associate Professor, University of Toledo, 419-530-6125, if you have any questions or concerns about your participation in this research study. If your questions are not resolved by talking to me or Dr. Salyers you may contact The University of Toledo SBE IRB at 419-530-2844. The IRB number assigned to this research is #107719.

I appreciate your interest and willingness to participate in this research topic. Thank you for your service within the ranks of professional law enforcement. I remain,

Sincerely,

Rhiannon Condon, M.A., M.S.W.
Doctoral Candidate
The University of Toledo, Toledo, Ohio 43606
724-504-1229