

A “Control” Model of Psychological Health: Relation to “Traditional” and “Liberated” Sex-Role Stereotypes (Investigation and Extension of a Construct)

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In this article, a “control” model is applied to an analysis of four sex-role stereotypes (traditional males and females; liberated males and females) in which optimal psychological health is assumed to be a balance of active-positive and passive-positive control skills. These stereotypes are then compared and contrasted with respondents’ views of psychologically healthy males and females. The study generated descriptive profiles of these sex-role stereotypes in terms of their perceived tendencies toward active/passive, negative/positive control from a group of 270 well-educated individuals primarily in the health and helping professions. Results of the study indicated that traditional males were seen as characterized primarily by active control; and traditional females were characterized primarily by yielding or passive control. The psychologically healthy male, on the other hand, was characterized by approximately equal proportions of active and yielding control; further, he was seen significantly more positively than the traditional male. The psychologically healthy female resembled the psychologically healthy male, but was characterized by a considerably greater degree of active control. Profiles of liberated males and females were intermediate between the traditional and healthy profiles. Liberated females tended to be viewed as very similar

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to traditional males in terms of their perceived endorsements of active and passive control; however, they were seen more positively than traditional males and females, but less positively than psychologically healthy males and females. The liberated male most closely resembled psychologically healthy profiles, and in particular, like the psychologically healthy male, was described as having a balance of active and passive control.

It has become increasingly accepted that scientists in general, and clinicians and health care professionals in particular, operate from models, or paradigms, in pursuing their professional work (Bandura, 1969; Kuhn, 1971). These models determine the scope and nature of what is investigated, and the ways in which results and findings are interpreted (Meehl, 1960; Rosenthal, 1962; Tart, 1975; Walsh, 1980). Implicitly or explicitly, all psychotherapeutic systems have a view of human nature, a concept of disease etiology, and a vision of psychological health (D. Shapiro, 1983). This vision of psychological health is the goal, the end-point of "successful" therapy as defined by each particular orientation. In Gordon Allport's words, it is the "ought, or should toward which every counselor, therapist, and healer should seek" (Allport, 1955).

Reflecting a dissatisfaction with traditional (and exclusive) pathology-based clinical and mental health classifications (Mischel, 1968, 1979; Rosenhan, 1973; Ullman & Krasner, 1975), some researchers are now attempting to develop and empirically investigate models of positive mental and psychological health. These investigations involve the early pioneering theoretical and heuristic efforts of Allport (1955), Jourard (1968), Maslow (1968), and the recent empirical efforts on concepts such as "maturing" (Heath, 1977, 1983) and psychological health and the life cycle (Levinson, 1978; Vaillant, 1971, 1978, 1980).

The model which guides this research is based on the development of a particular construct of psychological health related to control. This construct grows out of the general zeitgeist and efforts of those authors cited above, plus particular refinements evolved from three different health-related literatures: Type A and B behavior patterns; Eastern and other non-Western views of psychological health; sex-role stereotyping. The work on Type-A behavior patterns and their relationship to coronary heart disease suggests that those individuals who exhibit time urgency, quickened speech patterns, hard driving, fast-paced, competitive life styles (the Type-A pattern) have a significantly higher likelihood of heart attack than those who evidence a slower, less time-urgent life style (Type B) (Friedman & Rosemann, 1974). The second literature draws from Eastern and non-Western psychologies (Deikman, 1983; Goleman & Epstein, 1983; D. Shapiro, 1978) to determine their views of positive health (acceptance, yielding, relative egolessness), and possible applications to the development and refinement of our Western con-

cepts of normal adjustment in general, and exceptional psychological well-being in particular (Shapiro & Shapiro, 1983; Walsh & Shapiro, 1983).

A third literature, and the one with which this study is concerned, defines the relationship between stereotypic male and female sex roles and the concepts of psychological health (Bardwick, 1979; Bem, 1974, 1975, 1976; Broverman, Broverman, Clarkson, Rosenkrantz, & Vogel, 1970; Spence & Helmreich, 1980). In terms of "traditional" sex role stereotypes, research over the past ten years had demonstrated that the traditional male is characterized by attributes such as assertiveness, independence, competitiveness, dominance, etc. (under the general heading of instrumentality) and the traditional female is characterized by such attributes as dependency, passivity, softness, gentleness, understanding, yielding (under the general heading of "expressiveness") (Bakan, 1966; Douvan, 1975; Parsons, 1942) Also, over the past ten years, the concepts of the liberated woman (Dixon, 1972) and more recently, the liberated man (Farrell, 1976; Goldberg, 1976) have become part of our common parlance. However, no profiles similar to those for traditional sex roles have emerged for liberated sex-role stereotypes.

In terms of the relationship between sex roles and psychological health, pioneering work in this area over ten years ago concluded that the psychologically healthy woman was seen as less similar to a psychologically healthy profile sex unspecified than was the psychologically healthy man (Broverman et al., 1970). Other early research in this area pointed to major differences in the way psychological health was viewed in men and women, with males being seen as aggressive, assertive, bold, independent, breadwinner, and women being seen as nurturing, domestic, passive, subordinate, overemotional, and virtuous (Fabrikant, 1974). Somewhat later, data emerged indicating that, under the impact of women's liberation, as ideas about sex roles changed, the psychologically healthy woman was seen as more assertive and independent than the psychologically healthy male (J. Shapiro, 1977).

Further, Bem and others suggested that the equal endorsement of male and female qualities—*androgyny*—was a "vision" of psychological health which should be striven for. Bem proffered this both as a personal vision, and then offered empirical evidence to suggest that individuals who were *androgynous* in fact had more degrees of freedom in terms of their behavior (Bem, 1975) with the environment, and in terms of relationships and loving (Schwartz, 1979; Shapiro & Shapiro, 1983, 1984).

The Construct of Control and Psychological Health Guiding This Study

As in the development of any construct, there is a "bootstrap effect" (Cronbach, 1960; Mischel, 1971). A control model of psychological health,

as defined here, is a construct which both gives guidelines and a framework to empirical research, and, in turn, is validated and refined by that research.

Growing out of our work with self-control strategies (J. Shapiro, 1981; Shapiro & Shapiro, 1980; Shapiro & Zifferblatt, 1976) we recognized that self-control strategies, without a context or vision of health, would end up creating a situation in which techniques and/or social mores create the norms of health. Therefore, it was decided a conscious effort was needed to evolve a construct of health *within* which techniques could be used. Based on the above three literatures, and some preliminary pilot studies, a four-quadrant model of "control" was evolved, reflecting dimensions of active positive control (positive assertiveness – Scale One); letting-go positive control (acceptance or positive yielding – Scale Two); active-negative control (overcontrol or negative assertiveness – Scale Three); and letting-go negative control (too little control, passive, diffused – Scale Four) (see Fig. 1).

Since this model has been presented in detail elsewhere (Shapiro, 1983), it is only outlined briefly here.

The model presented in this paper represents an attempt to refine both the positive and negative aspects of dimensions reflected in the above three literatures. Based on a large scale U.S. study ($N = 2000$) of health, self-control, and social desirability, we have identified four dimensions of control. Scale One (active-positive) represents qualities that are positive and socially desirable such as independent, powerful, assertive, decisive, competent; Scale Three (active-negative) represents undesirable attributes such as insensitive, tense, demanding, aggressive, domineering, etc. Both Scales One and Three are the ones considered stereotypically "traditional" masculine, stereotypically "Western" or "yang" in an East/West dichotomy, and reflective of both the positive and negative aspects of a Type-A person.

Scales Two and Four represent what we have called an accepting, letting-go or "yielding" control (yin in the East). The positive and socially desirable aspects of letting-go "in control" are nurturing, accepting, sensitive, yielding (Scale Two) and the undesirable qualities (out of control – too little control) are being passive, vulnerable, weak, undirected, insecure (Scale Four).

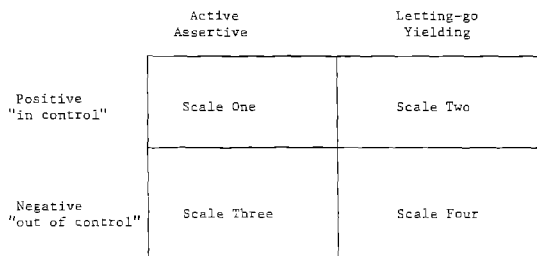


Fig. 1

These represent the so-called traditional feminine stereotype, the "Eastern stereotype," and the stereotype of the Type-B individual.

As a vision of psychological health, we are suggesting, based on a "control" model of health, that individuals are "in control" when they choose to act in a Scale One or Scale Two mode and know how to utilize both, and are out of control (Scales Three and Four) particularly if they can only act in either an active assertive or passive yielding mode. A control model of psychological health as discussed elsewhere (Shapiro, 1983) involves five qualities: conscious attention, determination, regulation of "mind" (cognitions, images, feelings) and body, self-responsibility, and flexibility so there is freedom to choose the behaviors and attitudes which are appropriate to a given situation. As such, this reflects an androgynous model in many ways in that it endorses desirable qualities from both male and female sex-role stereotypes; it reflects an Eastern and Western integration in that it endorses the positive models of action, attention, and consciousness from both those disciplines; and in a quote from Elmer Green, regarding whether he was type A or B, "I can be Type A when I want to B(e)" (Green, 1978), it endorses choice of behavior—one can be purposeful and goal-directed, but *not driven* to it.

Purpose of this Study

Having derived the construct of control primarily from work with Eastern and Western disciplines, it was felt important to see how accurately it reflected and could encompass dimensions of sex-role stereotyping. Thus, the first purpose of this study was to see how well individuals' actual views of various sex-role stereotypes could be accommodated by the above framework; to employ the theoretical construct of control to a specific dimension of personal functioning in an effort to assess its utility. As subsets of this purpose, we wished to determine for the traditional sex-role stereotypes and psychological health whether these terms still conveyed to the average person the same cluster of attributes as had been established by empirical research in the early 1970s. Further, we hoped to begin to identify whether such a parallel cluster of attributes might exist for liberated sex-role stereotypes. We assumed that if the traditional sex-role stereotypes still existed, they would include both positive and negative. We were curious, however, to determine whether the "liberated" stereotype would be any closer than the traditional to ideals of psychological health. Also, we wanted to determine whether any descriptive relationship could be identified between our construct of psychological health as defined in terms of active and letting-go control and unstructured current visions of psychological health generated by a group of educated lay persons. Finally, we wanted to investigate the relationship between individual's views of psychological health, and their relationship to any of the four sex-

role profiles (traditional and liberated males, traditional and liberated females).

METHODOLOGY

Subjects and Settings

Subjects were participants in three psychologically oriented conferences. Two of the conferences were on the Changing Psychology of Men and Women (northern and southern California), and one on the topic of Self-Control (Hawaii). Demographic and other data were first analyzed separately, but as no significant differences between conferences emerged, all data were subsequently combined. Somewhat to our surprise, those attending the Psychology of Men and Women conferences did not appear to view the sex-role profiles described differently than did those individuals attending the Self-Control conference.

Questionnaires were distributed to a combined total of 270 individuals and responses were received from 218, reflecting an 80.7% response rate across the three conferences.

The total sample contained 79 males and 138 females which was proportional to the numbers of men and women attending the conference, with a median age respectively of 39.1 and 36.0 years. The marital status of the male and female subjects was similar, with 34.2% of the men and 39.6% of the women being married, 32.9% of the men and 30.6% of the women being single, and 21.1% of the men and 23.1% of the women divorced. The remainder were either separated or widowed.

Overall, the respondents were highly educated. Forty-two percent of the males and 44.0% of the females had some college or had completed a B.A. degree. Almost 24% of the males and 23.1% of the females had obtained a Masters, while 19.7% of the men and 6.7% of the women held their Doctorate. The remaining persons had less than a college education, but many had attended at least junior college.

There was a substantial sex differences in current employment, with 7.9% of the males and 27.3% of the females unemployed. The largest number of respondents among both men and women listed themselves as professional people (39.5% and 37.9%, respectively) while almost a quarter of the men fell into the highly trained professional category (23.7%), as did 13.6% of the women, with many mental health workers, and individuals from the health care professions. Because of the numbers involved, statistical comparison of mental health professionals and the rest of the sample in terms of their views of sex-role profiles did not prove feasible.

Procedure

Four different questionnaire sheets were devised. Each one requested the respondent to describe either the traditional male, the traditional female, the liberated male, or the liberated female. Since the object of this heuristic approach was to assess subjects' responses without limitations imposed by the investigator, subjects were not limited in any way in terms of the words they could select. These questionnaires were randomly distributed to the sample, and approximately one-fourth of the men and women subjects responded in each category. No respondent described more than one sex-role category.

We then asked half of the same sample to fill out a questionnaire which requested they list five characteristics of the psychologically healthy female, and the other half to list five characteristics of the psychologically healthy male. Thus, all respondents describe *one* of the four sex-role categories (traditional male, traditional female, liberated male, liberated female) *and* one of the two questionnaires of psychological health (healthy male, healthy female).

Because of the methodology involved, the number of responses generated by each subject was variable. Although we requested each subject to generate five words, in practice responses ranged from one to five. In summarizing the data, we followed the following procedures: Three independent raters, Ph.D. psychologists and recognized experts in the fields of sex roles (female), East/West consciousness (male), Type A and B behavior (male) were given explanatory sheets describing the control construct and its various manifestations of active-positive, active-negative, passive-positive, and passive-negative. They were also given descriptions of these specific terms, as well as examples. They were then instructed to code the 97 words generated by the respondents. Results indicated that, when considering the active-passive dimension independent of valence (i.e., positive or negative) rater agreement was 70.1%. When considering the positive-negative dimension independent of active-passive, rater agreement was 76.3%. When considering both active-passive and positive-negative dimensions, rater agreement was calculated at 56.7%. Using this coding scheme, all words generated by respondents on which there was rater agreement were categorized as falling into either the active-passive dimension or the positive-negative dimension. In this way it was possible to generate profiles for the six sex-role profiles requested (traditional male, traditional female, liberated male, liberated female, psychologically healthy male, and psychologically healthy female).

Active-positive control words included the following types of terms: goal-oriented, powerful, competent, strong, decisive, assertive, and competent. Active-negative words were words like dominant, insensitive, tense, unemotional, and demanding. Yielding-positive words included nurturing, sensitive, yielding, resilient, selfless, and accepting, whereas yielding-negative

words were represented by terms such as insecure, vulnerable, dependent, weak, and fearful. Active-words uncodable for valence were such terms as sexually-free, rational, competitive, and self-oriented; while yielding words uncodable for valence were such terms as passive, feminine, and housekeeper. Positive words uncodable on active-assertive, yielding-letting-go control dimensions included reliable, androgynous, self-actualized, happy, open, sincere, interdependent, spontaneous, creative, communicative, and sensual. Negative words uncodable on active-assertive-yielding-letting-go dimensions were complaining, irrational, phony, and moody.

RESULTS

In terms of frequencies of words listed, over 50% of both males and females used the word "strong" to describe the traditional male ($N = 54$); over 45% used the word "powerful"; over 35% used the term "rational"; and over 25% used the terms "dominant" and "provider." The traditional female was described by over 60% of the sample ($N = 50$) as nurturing, by over 40% as passive, by over 30% as emotional, soft, and yielding. The liberated male was described by over 30% of the sample ($N = 61$) as both independent and nurturing, while the liberated female was described by over 40% ($N = 52$) as independent and assertive, and by over 30% as powerful. The healthy male was seen by over 50% of respondents ($N = 107$) as nurturing, by over 30% as self-actualized, open, sensitive, and independent; while the healthy female was seen by over 50% of respondents ($N = 99$) as nurturing, by 40% as self-actualized, and by over 30% as assertive and independent.

The findings reported below refer to Figures 2 and 3, which present our data in graph form. Histograms in these figures represent the number of responses in any scoreable category (i.e., active, positive) divided by the number of male and female respondents rating a particular designated profile (i.e., traditional male, liberated female, etc.).¹ Because no major distinctions between male and female responses emerged across profiles when considered separately, male and female responses have been combined. Results are reported profile by profile, and both internal and across-profile comparisons are made. In order not to dilute our statistical findings, no within-group analyses were made, although it is clear from visual inspection of the histograms that there were important differences in terms of the fre-

¹Date analysis based on "number of responses" make the assumption of no subject variability, attributing differences between subjects to sampling error. While not a common statistical assumption, it is often used in mathematical psychology. Because of the free word listing employed in this design, it was judged to be an appropriate assumption. Replication of this study might consider more realistic assumptions.

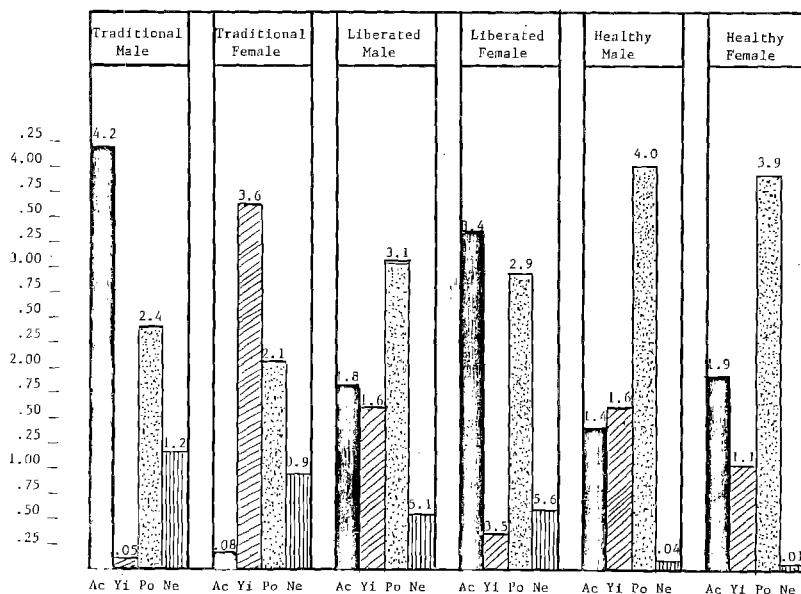


Fig. 2. Descriptive profiles of traditional males and females, liberated males and females, and psychologically healthy males and females according to dimensions of active/yielding control and positive/negative control. Proportions were generated by dividing the number of words in a given category by the total number of male and female respondents rating a particular category. Key: Ac = active control; Yi = yielding control; Po = positive control; Ne = negative control.

quency with which a particular category was used to describe a particular profile. Statistical analysis was used only to compare the various profiles to each other, as our primary interest was in similarities and differences among the various labels of “traditional” and “liberated.”

Traditional Male

On the active/yielding, positive/negative dimensions, the traditional male was seen as greatly more active than yielding, and more positive than negative. He was also viewed as more active-positive than active-negative, and greatly more active-negative than either letting-go-positive or letting-go-negative.

Traditional Female

The traditional female was seen as the reverse of the traditional male on the assertive/yielding dimension which is in accord with previous find-

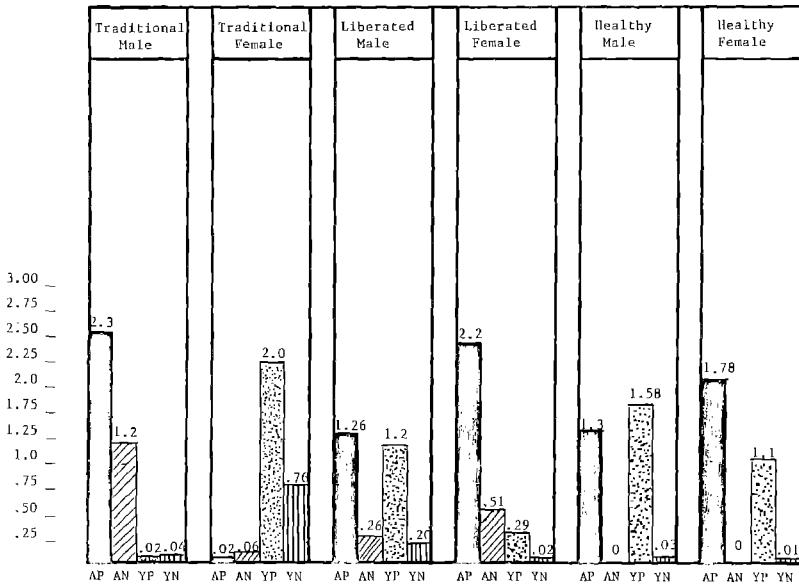


Fig. 3. Descriptive profiles of traditional males and females, liberated males and females, and psychologically healthy males and females according to dimensions of active-positive control, active-negative control, yielding-positive control, and yielding-negative control. Proportions were generated by dividing the number of words in a given category by the total number of male and female respondents rating a particular category. Key: AP = active-positive control; AN = active-negative control; YP = yielding-positive control; YN = yielding-negative control.

ings in the sex-role literature. Almost no active control words were used to describe this profile; instead, all words, both positive and negative, were yielding/letting go control words ($\chi^2 = 382.3; df = 1$). This assertive/yielding difference between the profiles was significant at the .0001 level. Like the traditional male, she was seen as more positive than negative; in fact, the number of positive and negative words ascribed to the traditional female was quite similar to those ascribed to males, suggesting perhaps a decrease in the earlier reported higher social desirability of traditional male as compared to traditional female characteristics. On the valenced assertive/yielding dimension, the traditional female profile was again almost the reverse of the traditional male, being most often described as yielding-positive rather than as yielding-negative, and least often as active-positive or negative.

Liberated Male

The liberated male represented an intermediate position between traditional male and psychologically healthy male in terms of positive/negative perceptions. He was seen as more positive and less negative than the tradi-

tional male ($\chi^2 = 91.6$; $df = 1$; $p < .0001$) (and than the traditional female), but less positive and more negative than the healthy male ($\chi^2 = 47.5$; $df = 1$; $p < .0001$). He was also viewed as having much less active control, and much more letting-go control than the traditional male ($\chi^2 = 126.7$; $df = 1$; $p < .0001$). However, on the assertive/yielding dimension, this profile looks very similar to the psychologically healthy male, and in fact there were no significant differences between the two ($\chi^2 = 1.53$; $df = 1$; $p = .22$). Thus, on the positive/negative dimension, the liberated male was seen as still less positive and more negative than the healthy male, but with approximately equal proportions of active and yielding control.

On the active/yielding-valenced dimension, this profile was also very close to the psychologically healthy male. On comparisons of both active-positive/yielding-positive; and active-negative/yielding-negative characteristics, there were no significant differences between the liberated male and the psychologically healthy male. One possible explanation for these findings is that this grouping of the data eliminated from the psychologically healthy profile many positive words which could not be categorized according to concepts of active and yielding control (e.g., androgyny, self-actualization). However, on these same dimensions, when compared to the traditional male, the liberated male was seen as significantly less active-positive and more yielding-positive ($\chi^2 = 78.8$; $df = 1$; $p < .0001$), and significantly less active-negative and more yielding-negative ($\chi^2 = 20.9$; $df = 1$; $p < .0001$).

Liberated Female

The liberated female, on the other hand, was not seen so much as an intermediate position between traditional female and psychologically healthy female as she was seen to resemble the profile of the traditional male. While the liberated male was perceived as having a fairly equal proportion of assertive and yielding control characteristics, the liberated female was perceived as having almost exclusively active control, and virtually no yielding control characteristics. Thus, on the active/yielding dimension, her profile most closely paralleled the traditional male. She was perceived as significantly different both from the traditional female ($\chi^2 = 295.3$; $df = 1$; $p < .0001$; more active, less yielding) and from the psychologically healthy female ($\chi^2 = 45.2$; $df = 1$; $p < .0001$; less yielding). She was also seen as significantly more active and less yielding than the profile of the liberated male ($\chi^2 = 69.0$; $df = 1$; $p < .0001$). However, the liberated female did appear to be viewed somewhat more positively and less negatively than the traditional female ($\chi^2 = 8.6$; $df = 1$; $p < .003$), and on the positive/negative dimension was seen (like the liberated male) intermediate between traditional and psychologically healthy roles, i.e. significantly less positively than the psychologically healthy female ($\chi^2 = 11.9$; $df = 1$; $p < .0001$).

When compared to the traditional female, the liberated female was perceived to be significantly more active-positive and less yielding-positive ($\chi^2 = 168.6$; $df = 1$; $p < .0001$), and significantly more active-negative and less yielding-negative ($\chi^2 = 50.1$; $df = 1$; $p < .0001$). When compared to the psychologically healthy female, the liberated female was seen as significantly less yielding-positive ($\chi^2 = 27.9$; $df = 1$; $p < .0001$), while on the active-negative/yielding-negative dimension, differences between the two profiles (tending toward more active-negative in the liberated profile) approached but did not achieve significance.

Psychologically Healthy Male

On the active/yielding dimension, the healthy male was perceived as having a balance of active and yielding control qualities, in stark contrast to both the traditional male and the traditional female, but similar to the liberated male. As might be expected, the healthy male was seen almost entirely in positive terms, and thus represented an endpoint on a positive/negative continuum.

Psychologically Healthy Female

Profiles of the healthy female, in a way reminiscent of the liberated female, tended to endorse active control attributes more often than yielding control attributes. However, in this respect, the healthy female did appear significantly more balanced than the liberated female, and than the traditional female as well. Her profile on the active/yielding dimension was quite similar to that of the liberated male. Like the psychologically healthy male, the healthy female was perceived as highly positive. She was perceived to be significantly more active ($\chi^2 = 16.0$; $df = 1$; $p < .0001$) than the healthy male. Also like the healthy male, she was often described in terms which could not be coded on an active/passive control dimension.

DISCUSSION

Although we certainly need caution in interpreting these findings because of potential subject selection bias—i.e., the populations attending these conferences may have been more sensitive to these issues than the population at large—and because of the open-ended methodology, the following observations seem warranted by the data.

In terms of traditional male and female profiles as described on the active/passive control dimension, these profiles appear to resemble profiles of traditional stereotypes generated in the sex-role literature. In this respect, active and passive control seemed closely related to concepts of instrumentality and expressiveness. Based on responses of this sample, there did not appear to be major differences in the social desirability of the two roles, with both being perceived as more positive than negative, but considerably less positive than other roles subsequently generated. This may represent a shift from earlier findings (e.g., Broverman et al., 1970) that the traditional male was perceived more positively than the traditional female. However, this difference may also be due in part to the different design methodologies employed.

This study also generated descriptive profiles of the liberated male and female. These emerged as distinct from each other, and also as distinct from both traditional and healthy profiles. For example, the liberated male appeared to be a balance of active and passive control, while the liberated female appeared closer to the traditional male profile. The liberated male was similar to both the psychologically healthy male and female on the active/passive dimension, but appeared intermediate between the traditional male and the psychologically healthy male in terms of social desirability. The liberated female also appeared intermediate to the traditional female and the healthy female in terms of social desirability, but active control was emphasized in her profile more strongly than in that of the psychologically healthy female.

Interestingly, while earlier research showed a significant overlap between the traditional male and the psychologically healthy person (sex unspecified), in this study the largest gap appeared to be between the traditional profiles (both male and female) and the psychologically healthy profiles (both male and female). Views of the liberated male appeared closest to those of the psychologically healthy male and female, while the liberated female was viewed as closer to the traditional male, but interestingly, viewed somewhat more charitably in terms of the social desirability of this role as compared to the social desirability of the traditional male role. These changes may, in part, reflect changing social mores, but may also be attributable to the inclusion of "liberated" categories in our design.

Thus, from this exploratory study it appears that the construct of active-assertive and yielding-letting-go control (both positive and negative) may be a useful one when applied to male and female sex-role stereotypes, as well as to the concept of psychological health. From a clinical perspective, by further refining these constructs of control, we may eventually be able to assess and measure their manifestations within individuals. We may then be

better able to tailor specific self-control strategies to a particular person in order to facilitate the attainment of a vision of psychological health, involving abilities, skills, and balance between both types of positive-active and positive-yielding control.

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