

Gender Type in Iranian Women and the Comparison of Their Emotional Intelligence and Mental Health

Mahnaz Aliakbari Dehkordi, *
Department of Psychology
Payame Noor University

The aim of the present study was to investigate and compare the gender types of employed Iranian women regarding their mental health and emotional intelligence. To do this, 824 employed women from different organizations, offices and governmental firms of Tehran and Ahvaz were randomly chosen. The instruments were the Bem Sex-Type Inventory (short form, 1981), The General Health Questionnaire (GHQ) (Goldberg, 1972) and Emotional Intelligence Scale (Petrides & Furnham, 2000). The results showed that: 1) Androgyny gender type in employed Iranian women is significantly more than masculine and feminine gender types. 2) There is a significant difference among the three types of women regarding their mental health. 3) There is a significant difference among the three types of women regarding their emotional intelligence. The emotional intelligence of Androgynous women is higher. Finally, regarding the obtained results of this study and the previous studies it is recommended to Iranian families and other authorities responsible for education not to pay too much attention to the stereotypic beliefs and traditional frames of gender types.

Keywords: gender types, women employed, mental health, emotional intelligence

Gender type is the most fundamental and the most determining factor of identity (Woodhill & Samuels, 2003). According to Erickson, (1950 cited in Woodhill & Samuels, 2003), one of the main aspects of the development of a person is the shaping and development of the gender type. As for the forming of identity and gender type, sex and gender are the principles of this formation

(Pryzgoda & Chrisler, 2000). Lexically, 'sex' refers to the biological aspects of being a man or a woman and 'gender' to the behavioral, mental and social features of men and women which are referred to as being feminine or masculine. The same meaning and understanding exist in the non-professional and ordinary view as well. Studies on ordinary (non-professional) people showed that the majority of participants used 'sex' to describe biological traits and 'gender' to describe social and mental characteristics (Pryzgoda & Chrisler, 2000). Also, the term 'gender differences' is used for the difference caused by learning and differences in the social types of men and women. Furthermore, the term 'sex differences' is used to refer to the biological or innate differences between men and women (Hyde, 1996). To the majority of the authorities of gender theories the term sex-type equals gender type (Bem, 1975, cited in Guastello & Guastello, 2003; Pryzgoda & Chrisler, 2000). The behavior of people in society is based on gender (the mental and social features) not sex (biological features) and none of the behavioral features are innately masculine or feminine. It is the society and the dominant culture that determines the features of a gender (Boswell, 1997 cited in Woodhill & Samuels, 2003).

There are many models expressing identity and sex-types which are based on Korabik & McCreary (2000) that can be divided into three main groups:

- 1) Unidimensional models in which masculinity and femininity are considered as two contradictory gender types in two endpoints of the same continuum and that high masculinity means lack of femininity and vice versa.

- 2) Bidimensional models such as those of Bem (1974) and Spence, Helmreich, & Stapp (1975). Based on these models, masculinity and femininity are two separate constructs; therefore, one can be high in both of these constructs.

- 3) Multidimensional models which were suggested by researchers such as Korabik & McCreary (2000) and Woodhill & Samuels (2003). Based on

these models, identity and sex type have more than two constructs. For example, Woodhill & Samuels (2003) suggest positive femininity, negative femininity, positive masculinity and negative masculinity.

A review of the studies carried out in different cultures and countries shows that the bidimensional model which considers femininity and masculinity as two separate constructs is more popular (i.e., Guastello & Guastello, 2003 in Canada; Ward, 2000 in Singapore; Zhang, Norvilitis and Jin, 2001 in China; Auster & Ohm, 2000 in America). According to Bem's bidimensional model (1974), from the point of view of gender-type, any person may have three types of personality: 1) feminine, 2) masculine, and 3) androgyny. Masculine character is related to women or men who have higher scores in masculine aspects and lower scores in feminine aspects. In other words, they show masculine behavior and traits more than feminine behavior and traits (Zhang et.al, 2001). Some of the masculine traits are: aggressiveness, independence, authority, being active, and easy decision making (Gershaw, 1995). Feminine character belongs to women and men who obtain higher scores in femininity than masculinity. In other words, they show more feminine behavior than masculine (Zhang et.al, 2001). Some of the feminine traits are: gentle, sensitive, sympathetic and affectionate.

Androgynous people are those who obtain high marks both in feminine and masculine traits (Guastello & Guastello, 2003; Zhang et.al, 2001). The results of a study by Bem (1975) showed that 34% of the male participants and 27% of females were androgynous; 55% of males were masculine and 54% of females were feminine or close to feminine and only 11% of men were classified as feminine and 20% of women as masculine. Spense, Helmreich & Stapp (1975) added another category and named it 'undifferentiated'. This label referred to those who had low scores in both feminine and masculine gender types.

According to Bem (1977 cited in Najarian & Khodarahimi, 1997) androgynous people have a distinguished gender type and are mentally healthier and enjoy better personality adjustment. They do not become limited by abstract gender type concepts and are freer regarding efficient reaction to a broader range of situations. According to Bem (1974, cited in Guastello & Guastello, 2003), accepting sheer masculine or feminine stereotypes means accepting incompatibility. She believes that we should move toward a world of androgyny without sex limitations. Bem and other researchers who are working on gender types and gender-type orientation suggest that instead of transferring and teaching feminine and masculine stereotype images, boys and girls should experience both feminine and masculine behaviors without any limitation (Baron, Branscombe & Byron, 2009). Since sex type and its character types– feminine, masculine and androgyny- are influenced by society and its dominant culture and up to now there has been no fundamental research in this ground in Iran, the main aim of the present research is the comparison of character types of employed women in Iran after the identification of their dominant gender types in the employed women. In other words, the research will be done to answer the following questions:

- 1) What is the frequency of different gender types in employed women?
- 2) Is there a difference between the three gender types (feminine, masculine and androgynous) regarding “mental health” and its components?
- 3) Is there a difference between the three gender types regarding “emotional intelligence” and its components?

Following the above questions the following hypotheses were proposed:

1. There is a difference between the frequency of the three gender types (feminine, masculine and androgyny).
2. There is a difference between the employed women with different gender types regarding “mental health” and its components (somatic symptoms, anxiety, social dysfunction and depression)

3. There is a difference between the employed women with different gender types regarding “emotional intelligence” and its components (optimism, understanding self and others’ affection, regulation and appraisal of emotions, and social skills).

Different researchers have shown a significant relationship between androgynous character and positive characteristics such as higher self-esteem (Sebastian & Valle, 1988), being more likable (Major, Carnevale & Deaux, 1981, cited in Baron, Branscombe & Byron, 2009), being adaptable to different demands (Garcia, 1982), being happier (Rosenzweig & Daley, 1989 cited in Baron, Branscombe & Byron, 2009), using coping styles of positive thinking (Gianakos, 2000), having a longer life (Shimonaka, Nakazato & Homan, 1990), and being more satisfied with life (Rosenzweig & Daley, 1989 cited in Baron, Branscombe & Byron, 2009). Furthermore, Background research indicates that high levels of masculinity and femininity have positive correlation with the levels of good mental health (Barnes, 2002; Guastello & Guastello 2003, Ward, 2000, Zhang et.al, 2001; Auster and Ohm, 2000; Shimonaka, Nakazato, Kawaai, & Sato, 1997; Markestrom, 2004; Lefkowitz and Zeldow 2006; Mahalik, Burns & Syzdek, 2007). For example, the result of Barens (2002) research showed that persons that have two gender traits have good mental health and do not show any depression. Thus, based on the theory of Bem, the presence of high levels of both traits of genders in one person creates the most adaptive gender feature (Bam, 1974, cited in Woodhill & Samuels, 2005).

Therefore, it is plausible to expect that people with androgens types in terms of emotional intelligence are in higher levels than traditional gender type. Research results of Guastello & Guastello (2003) showed that there is a positive and significant relationship between the type of androgyny and emotional intelligence. Also, the results of multiple regression analysis showed that emotional intelligence is expectable under androgen gender type.

In this study the three gender types were investigated and compared for their relationships with “mental health”, because of its importance for common people and “emotional intelligence”, and because of its being the scientific phenomenon of the new century.

Method

Participants

Participants were married women with a diploma or a higher degree employed in offices, organizations and governmental firms of Tehran and Ahvaz. All together 824 women in the above mentioned places were randomly selected. The average age was 34.87 with a standard deviation of 8. The mean duration of marriage was 12 (SD= 6). 36.45% (the highest percentage) of the participants were employed in the ministry of education and 2.8% (the lowest percentage) were employed in Banks.

Instruments

To collect data the following questionnaires and scales were used:

The Bem Sex-Type Inventory (short form). The Bem Sex-Type Inventory was used to determine the gender type of the population. This form which is based on Bem’s long form is a scale of 30 items which includes 10 items for femininity, 10 items for masculinity and 10 items on social desirability. In order to calculate the short form, Bem (1981) reassessed the items and found a .99 correlation between the two forms. Regarding the Iranian validity of the scale, it should be mentioned that the short form was taken from the internet and after translating and finding equivalent terms by several psychologists was ready to use. As for the validity of the scale in the validating phase of the research the correlation between the short form and the long form of the scale and their components (separating the sexes) was calculated using Pearson correlation coefficient. As a result, the feminine correlation coefficient was

0.99 and the masculine was 0.75. All the correlations were significant at $p < .001$.

The Mental Health Questionnaire (GHQ). Goldberg's 1972 mental health questionnaire (GHQ) was used to measure the mental health of the participants. According to Goldberg, the best and the most suitable method to rate the items in the questionnaire is the Likert model (with points from 0 to 3). As for the validity, the result of 0.78 has been reported for the correlation between data gained from the two questionnaires (GHQ-28) and (SCL-90-R) on 244 participants (cited in Sharghi, 2003). In Iran, Shargi (2003) in an attempt to customize the questionnaire reported a correlation of 0.89. In the present study, in order to calculate the validity of the GHQ questionnaire, it was performed with the scale of SCL-25 simultaneously (Najarian and Davoodi, 2000).

The Petrides & Furnham's Emotional Intelligence Scale. To measure the emotional intelligence of the participants the Petrides & Furnham's Emotional Intelligence Scale was used. This questionnaire includes 30 items and each item is rated from 1, "complete disagreement", to 7, "complete agreement". Petrides & Furnham (2000) reported the high internal sensitivity of the scale for its validity and for the reliability they calculated the Cronbach' Alpha coefficient which was .86. In Iran, Marani (2003) used the factor analysis method to customize the scale which showed no change in the number of items and their factor loadings. In this study, the correlation between Petrides & Furnham test and Schut's (1998) test of emotional intelligence using the separation of sexes and Pearson correlation coefficient was done. The results were as follows: for total .40, for women .39 and for men .35. All the correlations are significant at $P < .001$.

Procedure

Using the list of all the organizations, offices and governmental firms of Ahvaz city, they were classified into seven categories based on job similarity

and also the initials used in their names, for example, whether it was called “office”, “organization”, or “firm”. The contribution of each group was based on the number of married women employed there.

After the legal procedure of getting permission, the selected women were trained about how to fill out the questionnaires. After making another appointment, the questionnaires were distributed and collected.

Results

First, the frequency and percentage frequency of gender types of the participants were calculated. In order to test the first hypothesis which was the comparison of the frequency of the gender types, the Chi-Square was used. The results are presented in Table 1.

Table 1
The Frequency and Percentage Frequency of the Participants and the Summary Results of Chi-Square Test

Groups	Frequency	Percentage frequency	Chi-Square	df	Sig
Feminine	156	21.3			
Masculine	160	21.9			
Androgyny	224	30.6	16.18	2	.001
Undifferentiated	191	26.1			
Total	731	100			

As Table 1 shows, from the total number of employed women in this study around 30.6% are of the androgynous type and the masculine and feminine types each populate around 21%. Also, the undifferentiated group with 26.1% has the highest frequency after the androgynous gender type.

It should be mentioned that by using The Bem Sex-Type Inventory participants were classified into four groups (feminine, masculine, androgynous and undifferentiated); however, to test the hypotheses only three categories (masculine, feminine and androgyny) were taken into account. Also, Table 1 shows that there is a significant difference ($p < .001$) between the frequencies of the three gender types of the participants.

In order to test the second, third and fourth hypotheses multivariate analysis of variance was done. The results are as follows: (Wilks Lambda = .94, $F = 5.71$ and $p < .0001$). There is a significant difference between mental health and emotional intelligence of the participants. Accordingly, we can say that at least in one of the dependent variables (mental health and emotional intelligence) there is a significant difference between the gender types.

In order to study the significant difference of the variables (mental health and emotional intelligence) with gender types, the separate one-way analyses of variances in the context of MANOVA were carried out. The results are shown in Table 2.

Table 2
The Results of the One-Way Analysis of Variances in the Context of MANOVA to Compare Mental Health and Emotional Intelligence of Women with Different Gender Types

Variables	Sum of squares	Df	Mean Squares	F	Sig.
Mental health	1319.54	2	659.77	5.27	.001
Emotional intelligence	8933.67	2	4466.83	15.78	.001

According to Table 2, there is a significant difference between the mental health and emotional intelligence in the employed women in different gender types ($p < .005$).

Also, in order to identify gender groups with significant differences regarding mental health and emotional intelligence Sheffe's test was used.

The summarized results of the paired averages of the mental health and emotional intelligence in different gender types are presented in Table 3.

Table 3
The Results of the Paired Averages of the Mental Health and Emotional Intelligence in Different Gender Types

Variable	gender types	Meaning difference
Mental health	Feminine–Masculine	-2.55
	Feminine-Androgyny	1.19
	Masculine-Androgyny	3.73**
Emotional intelligence	Feminine–Masculine	7.999*
	Feminine-Androgyny	-1.39
	Masculine-Androgyny	-9.39**

As seen in table 3, the differences in the mental health of employed women with different gender types show that the average of the mental health of women with masculine gender type is significantly lower than women with androgynous gender type. Also, Table 3 shows that the emotional intelligence in women who are androgynous and feminine is significantly more than women who are masculine.

In addition to the main hypotheses, there were sub-hypotheses for the components of each variable. Those for mental health are as follows:

Hypothesis 2.1 There is a difference among the participants with different gender types regarding somatic symptoms.

Hypothesis 2.2 There is a difference in women with different gender types regarding ‘anxiety’.

Hypothesis 2.3 there is difference in women with different gender types regarding “depression”.

Hypothesis 2.4 there is difference in women with different gender types regarding “social dysfunction”.

Also, there were three sub-hypotheses regarding the third main hypothesis:

Hypothesis 3.1: there is a difference between women with different gender types regarding “optimism”.

Hypothesis 3.2: there is a difference between women with different gender types regarding “understanding self and others’ emotions”.

Hypothesis 3.3: there is a difference between women with different gender types regarding “regulating and appraisal of emotion”.

Hypothesis 3.4: there is a difference between women with different gender types regarding “social skills”.

In order to test the sub-hypotheses multivariate analysis of variance was done.

Based on the multivariate analysis of variance (Wilks Lambda=.97, $F=2.31$ and $p<.019$), there is a significant difference between the components of “somatic symptoms”, “social dysfunction” and “depression”. Accordingly, it can be said that at least in one of the dependent variables (somatic symptoms, anxiety, interference in social function and depression) there is a significant difference between the different gender types.

In order to test the sub-hypotheses multivariate analysis of variance was done. Based on the multivariate analysis of variance (Wilks Lambda=.90, $F=7.13$ and $p<.001$), there is a significant difference between the components of optimism, understanding self and other’s affection, “regulating and appraisal of emotion”, and social skills of the participants. Based on this it can be said that at least for one of the dependent variables (optimism,

understanding self and others' emotions and regulating and appraisal of emotions) there is a significant difference between different gender types.

In order to investigate the significant difference in each of the components of mental health and emotional intelligence of the participants with different gender types, four separate one-way analyses of variance in the contexts of MANOVA were carried out. The results are shown in Table 4.

As seen in Table 4, there is no significant difference between feminine, masculine and androgynous gender types regarding "somatic symptoms" in employed women. However, there is a significant difference between "anxiety", "Social dysfunction" and "Depression" between different gender types ($p < .05$). Also, According to table 4, there is no significant difference between feminine, masculine and androgynous gender types regarding "regulating and appraisal of emotion" of employed women. However, there is a significant difference between the scores of optimism, understanding self and other's affection" and "social skills" between different gender types ($p < .05$).

The results of the paired comparison of averages of the "anxiety", "Social dysfunction" and "Depression" and "optimism", "understanding self and other's affection" and "social skills" scores of the participants with different gender types are shown in Table 5.

As seen in Table 5, the difference in "anxiety" and "social dysfunction" between women with different gender types shows that "anxiety" and "social dysfunction" in androgynous women are significantly less than masculine women. Also, "depression" in masculine women is significantly higher than feminine and androgynous women. Also, as seen in Table 5, the difference in "optimism", "understanding self and other's affection" and the "social skills" in women with different gender types show that in masculine women all of the variables are significantly lower than the feminine and androgynous women.

Table 4

The Results of the One-Way Analysis of Variances in the Context of MANOVA for the Separate Differences of the Components of the Mental health and Emotional Intelligence of the Participants with Different Gender Types

	Components	Square totals	df	Square root	F	sig
Mental health	Somatic symptoms	31.422	2	15.74	1.08	.34
	Anxiety	130.92	2	65.46	4.02	.018
	Social dysfunction	58.45	2	29.23	3.56	.029
	Depression	143.56	2	72.9	8	.001
	Optimism	1057	2	528.52	16.89	.001
Emotional intelligence	understanding self and other's affection	1163.86	2	581.93	12.54	.001
	regulating and appraisal of emotion	38.72	2	19.36	0.557	.57
	Social skills	555.56	2	277.78	10.23	.001

Table 5
The Results of Sheffe’s Test Regarding the Differences of “Anxiety”
Social Dysfunction and Depression "Optimism", " Understanding
Self" and Other’s Affection" and" Social Skills" in Women with
Different Gender Types

	Variable	gender types	Meaning difference
Mental health	Anxiety	Feminine - Masculine	-7.99
		Feminine-Androgyny	.38
		Masculine-Androgyny	1.18*
	Social dysfunction	Feminine-Masculine	-.37
		Feminine-Androgyny	.42
		Masculine-Androgyny	.79*
	Depression	Feminine-Masculine	-1*
		Feminine-Androgyny	.21
		Masculine-Androgyny	1.2**
Emotional intelligence	Optimism	Feminine–Masculine	-2.93**
		Feminine-Androgyny	.29
		Masculine-Androgyny	3.23**
	understanding self" and other’s affection	Feminine-Masculine	2.6**
		Feminine-Androgyny	.87
		Masculine-Androgyny	-3.47**
	social skills	Feminine-Masculine	1.95**
		Feminine-Androgyny	.42
		Masculine-Androgyny	- 2.36**

Discussion

This research aimed at identifying and comparing gender types of the Iranian employed women regarding mental health and emotional

intelligence. To discuss the results of the research, first we will see whether the hypotheses have been confirmed or rejected.

The hypothesis about the frequency of gender types among the participants was confirmed. This finding showed that the frequency of androgyny gender type was significantly more than the feminine and masculine types. Furthermore, the frequency of feminine gender type was less than other types. This finding supports the findings of some of the previous studies (Bursik, 1998; Welch, 1999; Hirokawa, Dohi, Yamada, & Miyata, 2000; Guastello & Guastello, 2003). However, the results were not in line with some others findings (Bem, 1977; Wang and Creedon, 1989; Livingston and Burly, 1996; Greene, Debacker, Ravindran, & Krows, 1999). They state that there is a positive and significant relationship between sex and gender. That is, the scores for masculine gender type in men and feminine gender type in women were higher than other gender types. Furthermore, Abdi (2001) in a study on Iranian university students found the same results. That is, the highest frequency belonged to the traditional gender type; girls showed feminine gender type and boys masculine gender type. However, the present study shows the high frequency of androgyny type and the low frequency of traditional gender type which is femininity. This might be due to the fact that different reasons such as family, social and cultural factors and women employment have led to changes in stereotypes and traditional beliefs about women.

Along with the progress in societies and the development of women in economical, cultural, and political affairs and the responsibility taken by men for some house works and looking after children, changes have occurred in gender types of men and women. Consequently, nowadays androgyny gender type in men and women is more than other types. It is for the same reason that the results of the frequency of gender types in this study are different from some of the previous studies.

Bem (1981) and Damji & Lee (2001) believe that women are more liberal about gender types and therefore men get higher scores on

masculinity compared to the scores women get for femininity. Nevertheless, the results of the present research showed that both genders get lower scores in the gender types that are in harmony with their sexes.

Change in gender stereotypes is justified. For example, based on many theories related to sex and gender (social learning theory, social-cognitive theory and gender-schema theory), although sex (being man or woman) is under the influence of biological factors, the formation of gender (being feminine or masculine) is influenced by other factors. Among these factors shown in different studies is change in beliefs and gender stereotypes (Bem, 1981; Sedney, 1987; Roberts, 1995; Vaughan and Fisher, 1998).

Sandra Bem (1993) believes that parents can play a fundamental role in changing stereotypes about gender. Based on her research, Guastello & Guastello (2003) showed that the frequency of androgyny gender type in the new generation of boys is significantly more than their fathers. Reiss (1980) believes that in addition to the influence of family and parents, mass media, story books, video games, and TV programs are among factors that help the formation of gender stereotypes.

Also Bussey & Bandura (2004) believe that schools are recognized as another factor in directing gender development. Other influential factors include peer group, school programs, entertainment and sports, teachers' views and actions and their expectations from themselves and their students as men or women.

The remaining of the results belongs to testing the hypotheses that compared the employed women with different gender types regarding their mental health and its components and emotional intelligence and its components.

A. Difference in mental health and its components in women with different gender types.

Hypothesis 2 which was related to the difference between women with different gender types regarding mental health was confirmed. Also, three of the sub-hypotheses which were related to the components of mental health (somatic symptoms, anxiety, social dysfunction and depression)

were confirmed. Therefore, the results of the hypotheses related to mental health and its components were in harmony with the results of previous studies (Ward, 2000; Cook, 1985; Ray and Lovejoy, 1986; Shimonoka et.al, 1991; Shimonaka et.al, 1997).

In this study, in line with the previous ones, the mental health problems of masculine women are significantly more than androgynous women. The same is true for “anxiety” and “social dysfunction”. Similarly, “depression” in women with masculine gender type is significantly more than the androgyny type ($P < .01$) and significantly ($P < .05$) more than the feminine type.

In the last decade, changes have occurred in the acceptable behaviors of men and women. These changes include all kinds of behaviors, views and types. Indeed, two main changes have taken place: first, gender differentiation which used to take place in different cultures for all men and women and caused many unhealthy mental behaviors in women is now less powerful. Second, masculine characteristics which were previously recognized as the criterion of mental health have changed and new models to express the concept of mental health have appeared. Based on this pattern, a combination of masculine and feminine characteristics are necessary for the healthy adaptation of people. This new gender type is the “androgyny type” which was explained before.

Regarding “mental health”, the sub-hypothesis 2.1 which stated a difference between “somatic symptoms” of the employed women with different gender types was not confirmed. This finding was not in harmony with the findings of other research (Roy & Lovejoy, 1986; Sebastian & Valle, 1988).

Contrary to the present study, researchers have shown that androgynous people show less physical dysfunction than other gender types. To justify the difference in the results of different studies one might say that it is perhaps due to the fact that the participants of the present study are employed women and therefore do not have enough time to pay attention

to somatic symptoms. These symptoms can worry people who have enough time to devote to them.

B. Difference in emotional intelligence and its components in employed women with different gender types.

Hypothesis 3 and its sub-hypotheses were related to the difference among employed women with different gender types regarding emotional intelligence and its components, “optimism”, “understanding self and other’s affection’ regulating and appraisal of emotions and “social skills”. Hypothesis 4 which stated a difference between emotional intelligence among women with different gender types was confirmed. Also, the results of the one-way analysis of variances in the context of MANOVA showed that sub- hypothesis 3.1, 3.2, and 3.4 positing differences in “optimism”, “understanding self and other’s affection and “social skills” among women with different gender types were confirmed.

The results of the hypotheses related to emotional intelligence and its components (optimism, understanding self and others’ emotions, and regulating and appraisal of emotion) in women with different gender types are in line with the findings of previous studies such as Guastello & Guastello, 2003; Heilbrun and Pitman, 1979; Cook, 1985; Anderson, 1986; and Conti, 2001).

In the present study, in line with the previous studies and the related theories, it has been shown that women with androgynous gender type and women with feminine gender type possess higher emotional intelligence than women with masculine gender type. For the components of emotional intelligence (optimism, understanding self and others’ emotions, regulating and appraisal of emotions) women with androgynous and feminine gender types are significantly higher than masculine women ($P < 0.01$).

Regarding emotional intelligence the sub-hypothesis 3.3 stating a difference between regulating and appraisal of emotions of women with different gender types was not confirmed. This might be due to the population characteristic of being employed.

Finally, in accordance with the results of this study and the previous ones it is recommended that Iranian family and other responsible authorities to help their children use all their potentials regardless of being feminine or masculine.

Furthermore, based on the results of this study, the androgynous gender type with the highest frequency comes first and the undifferentiated type, defined as the weakness in both feminine and masculine gender types, comes as the second. Based on Bem's (1975) theory and her followers, people with the undifferentiated gender type will have more mental and social problems. Therefore, the authorities and all people who are involved in the education of children and even young people have to spend more time and money on the psychological-gender development of children, teenagers and young adults. Lack of attention to the stereotypic frames and traditional gender types is not the same as leaving them out entirely, but to flourish all the potentials related to masculine and feminine traits.

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Received: 30 / 1 / 2012

Revised : 24/ 7 / 2012

Accepted: 10 / 8/ 2012