MENTAL HEALTH AND AMERICAN INDIAN WOMEN'S MULTIPLE ROLES

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Abstract: The author's purpose in conducting this study was to identify the relationship of sex role orientation to indices of psychological well-being among 148 American Indian working women from the Midwest. Analyses revealed that the sex-typed group had significantly higher depression scores, higher role conflict scores, lower self-esteem scores and lower life satisfaction scores when compared with the cross-typed and androgynous groups. The undifferentiated group had significantly lower self-esteem scores when compared with the androgynous group. Further research is needed to understand how different sex role orientations support different roles that American Indian women occupy.

Two of the most salient issues in the United States today are the changing work and family roles of U.S. women and a concern with the promotion of health in the country's population. The ways in which time pressures, role conflicts, and other stressors affect the mental health of employed women have clearly become important national issues (Reifman, Biernat, & Lang, 1991). In 1987 the National Institute of Mental Health identified the mental health effects of women's multiple roles as a priority research area. The need for systematic research of factors related to both positive and negative mental health outcomes of multiple-role women was emphasized (Eichler & Parron, 1987). As greater numbers of women enter the workforce, it has become increasingly important to understand not only what impact the working woman has on U.S. family life but how working, in turn, affects the lives of women. The fact remains that most women are concentrated in relatively few, relatively low-status occupations, especially a minority group such as American Indian women.

It has been asserted that American Indian women are among the least studied groups in U.S. society (Snipp, 1990). The few studies that are available have focused on the stressful life circumstances of this group and the strain that these circumstances put on their capacity to cope (Pearlin & Schooler, 1978; Silver & Wortman, 1980). Compared with

other women, the health and mental health status of American Indian women is generally worse (McGrath, Keita, Strickland, & Russo, 1990). The U.S. Department of Health and Human Services (1988) reported that compared with other American women, the death rate for American Indian women is 6 times higher for alcoholism (10 times higher for ages 25 to 45), 5 times higher for cirrhosis/liver disease, 3 times higher for homicide, 3 times higher for accidental death (for ages 15 to 54), and 3 times higher for motor vehicle accidents. Moreover, suicide is twice as high among both American Indian women and men than among the general American population (May, 1987).

There are other significant stressful life circumstances that occur for American Indian working women. In comparison to Euro-American women, American Indian women are hindered by lower average earnings, by overrepresentation in low-status occupations, and by an average low level of education (Gordon-Bradshaw, 1987; Kopasci & Faulkner, 1988; Lin Fu, 1987). The poverty rate of American Indian women is more than double that of Euro-American women (Wilson, 1987). Therefore, American Indian women are more likely than Euro-American women to suffer from poor or no housing, insufficient food and clothing, and inadequate access to health and mental health services (Gordon-Bradshaw, 1987).

American Indian women are at risk for many factors associated with depression, including poverty, lack of education, and larger numbers of children (McGrath et al., 1990). In addition, the cultural background of American Indian women may vary in cultural role prescriptions that contribute to depression in a variety of ways. Some American Indian tribes have norms of passivity, deference, and courtesy for both sexes that reinforce gender stereotypes for American Indian women. These women may experience particular problems and conflicts in asserting themselves, especially around issues of power (McGrath et al., 1990). Culturally sanctioned subordinate gender roles among certain tribal groups may contribute to depressive symptomatology among those American Indian women.

There is little information about how differences in sex role stereotypes and expectations might influence psychological well-being among different tribes of American Indian women (McGrath et al., 1990). A study by Shore and Stone (1973) identified the pressures on Indian women who lived in a minority group poverty-level community from a Pacific Northwest coastal tribe. It identified a higher prevalence rate of duodenal ulcers related to the pressure these women experienced being part of a matrilineal culture and the stresses of acculturation. The culturally sanctioned sex role for some American Indian women seems to support more interpersonally oriented expressive qualities. Sex role research on Euro-American women and men indicates that masculinity (instrumentality), as measured by the Personal Attributes Questionnaire (PAQ), correlates more strongly than femininity (expressiveness) with higher levels of self-esteem and lower levels of anxiety, depression, and other indices

of emotional distress (Sharpe & Heppner, 1991; Spence, Helmreich, & Stapp, 1974).

A multitude of bicultural, conflicting pressures and expectations exist for urban American Indian working women. With a central focus on the family (Green, 1983; Medicine, 1983), urban American Indian women are more likely to experience bicultural stress if they are committed to a profession (Welch, 1987). Welch (1987) noted that these working women are isolated from the social support and cultural framework of the tribe to help resolve conflicts. In addition to the stress of employment outside the tribal community, more highly educated American Indian women find that adapting to the majority culture provides greater economic and political opportunities but can also be a major source of conflict and stress (LaFromboise, 1988) and can increase their psychological problems (Kemnitzer, 1973).

Increased psychological problems among urban American Indians (in the Portland area) was supported by a 1972–1973 survey conducted by Borunda and Shore (1978). It was hypothesized that urban American Indian enclaves would continue to show an increase in population growth and that certain segments of this population would be in a high morbidity category for specific emotional and physical illnesses and accidents. In addition to lack of support in the tribal context, services of the U.S. Public Health Service are unavailable to an urban population. The American Indian residents in the Portland-area study identified the need for mental health education and for direct services for alcoholism, drug addiction, anxiety, depression, and maladjustment. Shore, Manson, Bloom, Keepers, and Neligh (1987) evaluated 86 adult American Indian patients from three tribal cultures and found that depressed Indian females evidenced a greater change in appetite or weight and psychomotor agitation or retardation. The researchers hypothesized that psychological well-being is influenced by cultural factors specific to American Indians and contemporary pressures of rapid social change.

Contemporary pressures on urban American Indian working women may contribute to role conflict. The idea that traditional, socialized sex roles may result in negative mental health consequences received a great deal of attention in the 1970s during the women's movement. The construct sex role, derived from sex role theory, is defined as "behaviors, expectations, and role sets defined by society as masculine or feminine which are embodied in the behavior of the individual man or woman and culturally regarded as appropriate to males or females" (O'Neil, 1990, p. 203). The women's movement prompted an increased awareness of the unreasonable restrictions placed on women through enactment of the traditional female role. Docility, submissiveness, low self-esteem, and passivity are some of the characteristics that seem to be brought about by the feminine socialization process (Mander & Rush, 1974). "Whether these behaviors reflect internal psychological characteristics or pervasive

gender role expectancies and norms continues to be debated" (McGrath et al., 1990, p. 22). In their review of the literature on feminine development, Baruch and Barnett (1975) also found a high degree of sex role socialization in females to be related negatively to autonomy, self-esteem, and adjustment.

Bem (1974) has identified sex role theory in which some individuals might be androgynous, that is, "both masculine and feminine, both assertive and yielding, both instrumental and expressive — depending upon the situational appropriateness of these various behaviors" (p. 155). Thus, one might suggest that women who are psychologically androgynous would not be as limited in their behavior as women whose behavior is governed by sex roles. A study by Cristall and Dean (1976) supports this conclusion. They found that individuals who are highly self-actualized are also free from strong sex role stereotypes. In contrast, Spence and Helmreich (1978) suggest that sex role behaviors and preferences are often only minimally related to instrumental and expressive trait dimensions. They suggest that many other variables, such as attitudes, values, interests, abilities, and external pressures, may be more of a determining factor in the individual's sex role preferences and behaviors. Androgynous individuals were also found to be higher in self-esteem (Bem, 1977) and higher in role consistency, suggesting better adjustment and achievement of "ego identity" than sex-typed individuals (Heilbrun, 1976). Whiteley (1985) found a positive association between mental health and androgyny. This association was primarily due to "instrumentality," which is a "masculine" trait that reflects a sense of agency or mastery (Whiteley, 1985).

Psychological well-being has also been linked to sex role orientation. Long (1989) noted that high levels of psychological adjustment and low levels of distress have a strong relationship to masculine sex role orientation as measured by the Bem Sex Role Inventory (BSRI). Masculine sex role orientation is associated with instrumental behavior and with values such as competence, rationality, and assertiveness, in contrast with feminine sex role orientation, which is associated with warmth and expressiveness. Long found that among working women, high-masculine women reported significantly lower scores on measures of anxiety and strain, greater problem-focused coping, and higher self-efficacy. Flett, Vredenburg, and Pliner (1985) studied the influence that depression may have on instrumentality (masculinity). Their study, which examined changes in the PAQ and the Beck Depression Inventory (BDI) scores after a period of 3 months, suggested that depressive symptomatology preceded a decrease in instrumentality scores. In summary, in a comprehensive review of the androgyny research, Sharpe and Heppner (1991) concluded that masculinity, as measured by the BSRI and the PAQ, has consistently been shown to positively correlate more strongly than femininity with self-esteem, healthy ego identity, and global measures of psychological adjustment. In a comprehensive review of the androgyny

literature, Cook (1987) found that despite femininity's positive relationship with a range of variables, masculinity is more strongly related to various indices of psychological health. This consistently stronger relationship is one of the most stable results to emerge from androgyny research, holding across a variety of androgyny measures and dependent variables.

In summary, American Indian women, especially those living in an urban area, are in the process of redefining their own cultural identities. Despite erosion of their traditional spiritual base and traditional social and economic roles because of acculturation, American Indian women have maintained their responsibilities to family, tribe, and nation. These demands often place Indian women in a position of having to fulfill multiple and conflicting social roles (LaFromboise, Heyle, & Ozer, 1990). According to Green (1983), traditional psychological well-being is impossible if integration and balance of these roles are not achieved.

The purpose in conducting this study is to describe sex role theory's current applicability to a sample of urban American Indian working women in regards to indices of psychological well-being. Research on the American Indian female experience is needed that takes into account the varied roles and commitments that make up the experience of their lives. It is essential that delineation of differential sex role and status categories for American Indian women be achieved, as bicultural demands often place Indian women in a position of having to fulfill multiple and conflicting social roles (LaFromboise et al., 1990; Medicine, 1988). Additionally, there has been a breakdown of the complementary nature of male-female relations and a general increase in American Indian male dominance and control over American Indian women. According to Green (1983), psychological well-being is impossible if integration and balance of these roles is not achieved. Based on the extremely limited research available on American Indian women's psychological well-being (LaFromboise et al., 1990) and the lack of cultural norms available on the study instruments, the intent of this study is descriptive. Psychological well-being is not a unitary construct, and studies of well-being have focused on varying aspects, such as self-esteem, life satisfaction, or depressive symptomatology, both singly and in combination (Baruch & Barnett, 1986). This study will compare four sex types on indices of psychological well-being: depression, life satisfaction, role conflict, and self-esteem. Based on sex role theory (Bem, Martyna, & Watson, 1976) and adjustment, it is expected that the androgynous and cross-typed groups would have lower depression and role conflict scores and higher levels of life satisfaction and self-esteem than the sex-type and undifferentiated groups.

Method

Sample

This study was conducted in a large, Midwestern, metropolitan county that has a population in excess of 1 million. The convenience sample included American Indian women, ranging in age from 18 to 65. The researcher and an assistant collected data at an urban-based Indian festival from which many urban American Indians from Wisconsin attend. Participants were also drawn from employees of an urban American Indian health center. There are 11 American Indian reservations in Wisconsin: Red Cliff Chippewa, Bad River Chippewa, St. Croix Chippewa, Lac du Flambeau Chippewa, Forest County Potawatomi, Mole Lake Sokaogan, Menominee, Stockbridge-Munsee, Oneida, Lac Courte Oreilles Chippewa, and the Wisconsin Winnebago Communities and Trust Land. Participants could fill out the questionnaire immediately or send it back to the researcher in an addressed stamped envelope.

Participants identified themselves as American Indian (100%, N = 148), with a mean age of 37 (SD = 10.3) (Table 1). Although the majority of participants were single (33.8%, n = 50), 43 (29.1%) lived with husband or lover and children (29.1%, n = 43), whereas most of the participants did not have children (67.6%, n = 100). Most of the participants had 13 to 16 (52%, n = 77) years of education and were employed full-time (75%, n = 111). Participants reported individual and median family income within ranges of $10,000 increments. The median individual income group was in the range of $10,000 to $19,999 (33.8%, n = 50), and the median family income group was in the range of $10,000 to $19,999 (23.0%, n = 34). Most of the participants considered themselves middle class and most indicated "other" as their religious preference (40.5%, n = 60). Their religious preferences included pagan, metaphysical, Earth-centered, traditional Indian, Medicine Lodge, traditional Tubatulable, Big Drum, and traditional Longhouse.

Instruments

The PAQ (Spence & Helmreich, 1978) consists of 24 abstract trait dimensions (i.e., descriptions of dispositional properties that make no reference to overt behavior or to the situations in which these dispositions are manifested). The PAQ is a self-report trait measure containing separate masculinity (M) and femininity (F) scales that measure desirable instrumental and expressive trait dimensions (Spence, 1991). Four subgroups that assess sex role orientation may be distinguished by the use of the male-valued and female-valued scales. These subgroups are undifferentiated, sex-typed (also referred to as feminine); cross sex-typed (also referred to as masculine); and androgynous. Participants were asked to

Table 1
Characteristics of the Sample

Variable Category		*n*	%
Age	Range 18–65	148	100
	Mean 37.5		
	SD 10.3		
Marital Status		148	
	Single	50	33.8
	Married	34	23.0
	Remarried	15	10.1
	Divorced	44	29.7
	Widowed	5	3.4
Living Arrangement		148	
	Alone	25	16.9
	Husband or Lover	26	17.6
	Husband or Lover & Children	43	29.1
	Children Only	27	18.2
	Roommate	17	11.5
	Parents	10	6.8
Children		148	
	Yes	48	32.4
	No	100	67.6
Education (years)		147	
	Less than 12	48	32.4
	13–16	77	52.0
	More than 17	22	14.9
	Missing	1	0.7
Hours Worked		144	
	Part-Time	33	22.3
	Full-Time	111	75.0
	Missing	4	2.7

Table 1 (Continued)
Characteristics of the Sample

Variable Category		*n*	%
Income		147	
	$ 0–9,999	23	15.5
	$ 10,000–19,999	50	33.8
	$ 20,000–29,999	41	27.7
	$ 30,000–39,999	22	14.9
	$ 40,000–49,999	7	4.7
	$ 50,000–99,999	4	2.7
	Missing	1	0.7
Family Income		143	
	$ 0–9,999	7	4.7
	$ 10,000–19,999	34	23.0
	$ 20,000–29,999	24	16.2
	$ 30,000–39,999	31	20.9
	$ 40,000–49,999	19	12.8
	$ 50,000–99,999	27	18.2
	$ 100,000+	1	.7
	Missing	5	3.4
Social Class		148	
	Upper Middle	11	7.4
	Middle Class	77	52.0
	Lower Middle	37	25.0
	Working Class	23	15.5
Religion		144	
	Protestant	29	19.6
	Catholic	51	34.5
	Mormon	1	.7
	Athiest-Agnostic	3	2.0
	Other	60	40.5
	Missing	4	2.7

rate themselves on bipolar items by circling the number on a 5-point scale (0–4) that describes where they fit on the continuum. Total scores are obtained on each scale by adding the scores on the eight items. The range of possible values is 0 to 32 for each scale. Norms of 20 and 21 for the M

scale and 23 for the F scale were established by Spence and Helmreich (1978) from samples of high school and college students. A second set of norms was established using data from 715 college students.

Since the PAQ attributes are socially desirable, one threat to the instrument's validity is the possibility that scores might be distorted by respondents' bias toward selecting socially desirable answers. Spence et al. (1974) explored the index of social desirability using the Marlow-Crowne Social Desirability (SD) scale. The correlations between the SD scale and the PAQ scales ranged between .08 and .36 (Spence et al., 1974). The construct validity of the PAQ M and F scales as measures of instrumentality and expressiveness has been demonstrated (e.g., Bem, 1977; Bem et al., 1976; Spence & Helmreich, 1978). The Cronbach alpha obtained for this study was .74.

The BDI (Beck & Steer, 1987) is a 21-item measure of the presence and degree of depression. Each item assesses an attitude or symptom of depression. Depression is defined as (a) a mood disturbance that is characterized by pervasive feelings and complaints of being depressed, sad, downhearted, and tearful; (b) physiological symptoms that include diurnal variation, disturbances in sleep, decreased appetite, decreased weight, decreased libido, constipation, tachycardia, and unexplainable fatigue; (c) psychomotor disturbances, which are those of either retardation or agitation; (d) psychological disturbances that include confusion, emptiness, hopelessness, indecisiveness, irritability, dissatisfaction, personal devaluation, and suicidal rumination (Beck & Steer, 1987). For a nonclinical population, dysphoria may be a more appropriate qualifier when measuring depression. More than one response can be given per item, but only the highest weighted response is scored. Total scores can range from 0 to 63. Scores between 0 and 9 are considered within the normal range or asymptomatic; scores of 10 to 63 indicate depression, with higher scores signifying greater severity of depression (Beck & Steer, 1987). The utility of employing different cutoff scores must take into consideration the administration sample and purpose. If the purpose is to detect the maximum number of depressed persons, cutoff scores should be lowered to minimize false negatives. Although the number of false positives will increase, this method may be useful when screening for possible cases of depression (Beck & Steer, 1987). For the purposes of this study, the original scoring procedure and cut-off scores for nondepressed were utilized so that comparisons with other research studies would be possible. Beck (1970) reported an internal consistency reliability for the BDI of .86 on the basis of responses of 38 psychiatric patients. The Cronbach alpha obtained for this study was .86. In a review of the instrument, Stehouwer (1985) reported correlations of .66 between the BDI and the Depression Adjective Checklist and .75 between the BDI and the Minnesota Multiphasic Personality Inventory Depression scale.

The Role Conflict Questionnaire for Women (RCQW) was developed by Nevill and Damico (1974). It is a nine-item scale used to delineate

the areas of role conflict for women. Gender role conflict is defined as a psychological state in which gender roles have negative consequences or impact on the individual or on others (O'Neil, 1990). Total scores range from 0 to 63, with higher scores indicating greater role conflict. The items were developed on the basis of 252 problem statements from 30 women. These statements were classified by three independent judges with 87% agreement into nine categories. Riesch (1981) administered the RCQW to two groups of women (N = 79 and N = 50) and found coefficient alphas of .73 and .70. Riesch piloted the instrument on 20 college-educated and married women, and the Cronbach alpha for reliability was .69. The Cronbach alpha obtained for this study was .73.

The Rosenberg Self-Esteem Scale (RSES) (Rosenberg, 1965) is a 10-item scale designed to measure self-approval or self-acceptance. Respondents indicate their degree of agreement with each item on a 4-point Likert scale, ranging from strongly agree (1) to strongly disagree (4). The instrument was originally designed as a Guttman scale; however, the scale can also be scored with simple additive scoring. The researcher used the latter method in this study. Scores determined on the basis of this method can range from 10 to 40, with higher scores indicating higher degrees of self-esteem. Internal consistency for the scale is indicated by a coefficient of reproducibility of 92% (Rosenberg, 1979). Silber and Tippett (1965) reported test-retest reliability of .88 over a 2-week period for a sample of college students. The scale has been found to correlate significantly (r = .59) with scores on the Coopersmith Self-Esteem Inventory. The Cronbach alpha obtained for this study was .88.

The Satisfaction With Life Scale (SWLS) (Diener, Emmons, Larsen, & Griffin, 1985) is a five-item scale designed to measure global life satisfaction as a cognitive-judgmental process. Total scores can range from 5 (low satisfaction) to 35 (high satisfaction). A 2-month test-retest correlation coefficient was .82, and coefficient alpha was .87, based on the responses of 176 undergraduates. The Cronbach alpha obtained for this study was .89. Scores on the SWLS correlate moderately to highly with other measures of subjective well-being and correlate predictably with specific personality characteristics.

Procedure

The administrators of two organizations, one that employs American Indian women and one that was the head administrator for an American Indian festival, were contacted. The investigator worked with a single contact person from each organization. Authorization to administer the questionnaire at the institution and festival was granted to the investigator. Approval from the University of Wisconsin-Milwaukee Institutional Review Board for the Protection of Human Subjects was obtained prior to individual data collection. The questionnaires were made available to

individuals by the investigator. A large standing poster was utilized at the festival to invite working American Indian women to participate in the study. Participants were informed that they could withdraw at any time without penalty and that their participation in the study was completely voluntary and anonymous. Envelopes and a drop-off box were provided for the participants. Participants requesting to fill out the questionnaire at a later time were provided with stamped, addressed envelopes to return the questionnaire to the investigator.

Results

There were 201 text packets distributed and 148 returned. Therefore, a 73% response rate was realized. In these questionnaires each participant had no more than 5% missing data. Missing data were managed by a mean substitution method. Descriptive statistics for the instruments and their Cronbach coefficient alphas are listed in Table 2.

Table 2
Description of Mean Scores, Standard Deviations, and Alpha Levels of Study Instruments in American Indian Women

Instruments	Mean	Standard Deviation	Cronbach Coefficient Alpha
Role Conflict	32.52	10.82	.8374
Satisfaction With Life	21.66	7.02	.8295
Self-Esteem	31.93	4.31	.8286
Beck Depression	6.59	6.30	.8670
Femininity	23.60	4.18	.7039
Masculinity	20.77	4.38	.6565

A one-way analysis of variance was used to analyze the difference among the four sex types — androgynous, undifferentiated, cross-typed, and sex-typed — on hours worked per week, age, role conflict, satisfaction with life, and self-esteem. Results of the one-way analysis of variance are shown in Table 3. The Fischer's LSD technique was used to identify where the statistically significant differences between groups occurred, using a .05 alpha level.

There was a significant difference between the androgynous- and undifferentiated-typed women on hours worked per week ($p < .05$). Androgynous women worked significantly more hours per week than the undifferentiated and also more hours than the other two sex role–typed women, although the difference was not significant.

Sex-typed women experienced significantly more role conflict than the other sex role types and they had significantly lower life satisfaction

Table 3
Hours Worked, Age, Role Conflict, Satisfaction With Life, Self-Esteem, and Depression for Sex Role Orientation Categories

Variables	Androgynous $n = 63$ × (SD)	Undifferentiated $n = 23$ × (SD)	Cross-typed $n = 25$ × (SD)	Sex-typed $n = 32$ × (SD)	F	p
HRWK	42.44	34.38	39.50	38.71	3.1	.03
	(10.78)	(11.09)	(12.65)	(11.48)		
AGE	37.02	36.71	39.69	36.47	.5	.62
	(9.52)	(12.98)	(9.25)	(9.93)		
ROLE CONF	31.05	30.08	30.46	37.47	3.3	.02
	(10.49)	(11.11)	(10.70)	(11.23)		
SAT W LIFE	22.92	21.21	22.73	18.81	2.8	.04
	(6.81)	(6.32)	(6.31)	(7.72)		
SELF-ESTEEM	33.49	30.42	32.42	29.53	8.3	.00
	(3.94)	(3.76)	(4.56)	(3.84)		

scores than the cross-typed and androgynous women. Sex-typed women also had significantly lower self-esteem scores when compared with the cross-typed and androgynous women. The undifferentiated women experienced significantly lower levels of self-esteem when compared with the androgynous women. A one-way analysis of variance did not produce a significant F ratio with age.

Beck and Steer (1987) classify participants scoring above 9 as in the depressed category. In the total sample, 39 (28%) of the participants scored in the depressed range. The depression scores were dichotomized into a normal nondepressed category (score range 0 to 9, $n = 99$) and a depressed category (score range 10 to 63, $n = 39$). There was a significant difference in the number of participants falling in the depressed range among the four sex role orientations ($\chi^2 = 8.38$, $df = 3$, $p = .038$). Of the sex-typed participants, 48.4% ($n = 15$) fell into the depressed range, as compared with 26.9% ($n = 7$) of the cross-typed, 21.7% ($n = 13$) of the androgynous, and 19% ($n = 4$) of the undifferentiated group.

In summary, the sex-typed group had significantly higher depression scores, higher role conflict scores, lower self-esteem scores, and lower life satisfaction scores when compared with the cross-typed and androgynous groups. The undifferentiated group had significantly lower self-esteem scores when compared with the androgynous group. The androgynous group worked significantly more hours per week than the undifferentiated group. All four sex role orientations had high levels of depression.

Discussion

There were significant relationships between sex role orientation, depression, role conflict, life satisfaction, and self-esteem scores. The congruencies with positively valued traits of one's own sex (sex-typed) appear to have an impact on role conflict, life satisfaction, self-esteem, and depression. Perhaps for American Indian working women who are sex-typed in sex role orientation, there is more conflict leaving the feminine role and adjusting to multiple role demands. Having an androgynous or cross-typed role orientation may facilitate flexibility with multiple roles. Since the androgynous-typed women worked significantly more hours and had lower levels of role conflict and higher levels of life satisfaction and self-esteem, further exploration is indicated of the work variable as well as sex role orientation in regard to its influence on the psychological well-being among American Indian women. The PAQ classifies independence, being active, competing, decision making, self-confidence, and dealing with pressure as being masculine (instrumental) trait dimensions. These attributes may be necessary for today's American Indian working woman to help her buffer the effects of bicultural stress and multiple role demands. These results support previous research conducted on Euro-American women identifying a positive association between mental health measures of self-esteem and lower levels of depression mainly due to the masculinity (instrumentality) variable (Bassoff & Glass, 1982; Sharpe & Heppner, 1991; Spence et al., 1974; Whiteley, 1985). Higher levels of role conflict among sex-typed American Indian women also concurs with Negy and Woods' (1992) findings of increased role conflict among sex-typed Euro-American women.

The sample of urban American Indian women in this study was well educated, with an average of 13 to 16 years of education. Educational attainment has been found to be inversely related to feminine sex role orientation and positively related to assertiveness. The 1986 U.S. Census report indicates that 54% of American Indian women finish high school and only 6% finish college (Taeuber & Baldisera, 1986). The study sample was mainly middle class. This is in contrast to Hurtado (1989), who identified American Indian women as predominantly working class (Hurtado, 1989). Female-dominated single-parent families constitute 23% of American Indian women (Taeuber & Baldisera, 1986), compared with 18.2% in the study sample. The sample in this study appeared more advantaged than the American Indian women in the 1986 U.S. Census report, in that they were more educated, considered themselves middle class, and had less single-parent families. LaFromboise (1988) suggested that American Indian women who are more highly educated would find that adjusting to the majority culture could provide greater economic and political opportunities but could also be a major source of conflict and stress.

In the current study, role conflict occurred at a significantly higher level for the sex-typed group regardless of educational attainment and

income. This is in contrast to Moyerman and Forman's (1992) meta-analytic study that identified higher socioeconomic status samples as evidencing the greatest increases in psychological adjustment. Possibly, sex-typed American Indian women have more difficulty shifting roles between the majority culture and the tribal community than do androgynous or cross-typed American Indian women. This idea is supported by a review of research studies by Negy and Woods (1992), who found that adjustment was negatively related to sex role differentiation. An American Indian woman who is androgynous may be able to be assertive when needed and nurturing when called upon. Bicultural stress may be a factor indicating that the androgynous and cross-typed American Indian women in the sample have worked out a balance in the minority and majority culture.

The depression rate for the androgynous, cross-typed, and undifferentiated American Indian women approximated that found among professional women, which is thought to be about 20% to 25% (Kaplan & Sadock, 1988; McGrath et al., 1990). The sex-typed group had a depression rate double that (48%). Perhaps for these sex-typed American Indian women, changes in the role of women, changing family patterns, shifts in occupational patterns, increased drug use, and urbanization may be factors contributing to a much higher rate of depression.

The results of this study provide information influenced by the disease-oriented, clinical categories and paradigms of conventional psychology looking at levels of dysphoria. Whereas empirical studies are critical, especially in determining intervention needs, cultural assumptions must be recognized (LaFromboise et al., 1990). In this study 10 participants chose not to complete the BDI, which may indicate the need for the development of more culturally sensitive instruments for American Indian women. Because of missing data (14.8%) on the BDI, the degree of depression among the study participants may actually be underestimated. The structuring of culturally appropriate psychological interventions, especially in light of the high percentage of dysphoria among the sex-typed American Indian women, may be indicated. Further research is needed to evaluate the cultural appropriateness of the study instruments and to develop cultural norms. For example, the BDI tends to measure dysphoria in nonclinical populations. A greater understanding of indigenous concepts of a depression-like syndrome may help in the task of designing an instrument that will accurately identify depression among nonclinical American Indian women. What is needed is a series of cross-cultural cross-validation studies with the study instruments that document empirically the measured similarities and differences of the study findings as a function of culture.

Those who provide psychological care for American Indian women in acute care settings, clinics, and occupational settings are in key positions to identify psychological symptomatology related to negative mental health responses associated with multiple role occupancy.

Because of the community-based definition of self, many traditional therapeutic interventions emphasizing individual volition and responsibility (internal locus of control) may prove inappropriate without a cultural translation (McGrath et al., 1990). Culturally sensitive intervention strategies incorporating gender, racial, cultural, and societal realities are first steps toward facilitating Native American women's growth toward an optimal level of psychological well-being. The more information that is available about the effects of the female socialization process, the more information practitioners will have to guide them. Since sex-typed American Indian working women are at a greater risk for depression, providing support for androgynous and cross-typed sex role orientations may help mediate American Indian women's responses to stressful life events (Baucom & Danker-Brown, 1984).

The fact that the study population was from a convenience sample in one geographical area limits generalizability. The majority of women in this study were not from reservations. The data collected in this study are based on self-report measures collected at a single point in time. Further research is needed that examines how relationships among work- and family-related variables both increase and reduce risk for psychological problems among American Indian women. The associated issues of acculturation, assimilation, passing, and culture denial are important considerations for further research on American Indian women. Longitudinal developmental research employing quantitative and qualitative methods may provide more sensitivity and insight in assessing differences in American Indian working women across the life span with regard to depression, self-esteem, life satisfaction, role conflict, and sex role orientation.

Research on the American Indian female experience needs to be placed in a framework that takes into account the varied contexts, roles, and commitments that make up the experience of their lives. American Indian women's complexity and cultural contexts are finally being supplemented by American Indian women's own reflections and research.

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