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Gender Role Typing, the Superwoman Ideal, and the Potential for Eating Disorders

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The interactive effects of gender role typing and adherence to a superwoman ideal (desiring to excel in many diverse roles) on the potential for disordered eating were examined among a nonclinical sample of women. Results indicated that both masculine and feminine gender-typed women who strongly adhered to a superwoman ideal were at greater risk for eating disorders than androgynous superwomen. In contrast, androgynous superwomen had relatively low potential for disordered eating and appeared comparable to women who, regardless of gender typing, rejected the superwoman ideal. Women undifferentiated with regard to gender type, whether superwomen or not, also had reduced potential for disordered eating. Findings are discussed with regard to gender role socialization and expectations, and the implications for mediating the potential for eating disorders are considered.

Various biological, psychological, and sociocultural factors have been considered in the attempt to understand the etiology of eating disorders such as anorexia and bulimia. While it is generally believed disordered eating reflects a number of merging causal factors (Garfinkel & Garner, 1982; Schwartz, Thompson, & Johnson, 1985), there is increasing sentiment that eating disorders reflect a social illness bound within a sociocultural experience (e.g., Palazzoli, 1978; Root, 1990), and that social phenomena may prove the only explanation for the continued increasing incidence of eating disorders (Schwartz et al., 1985).

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In particular, gender roles and sociocultural expectations appear strongly implicated in the development of eating disorders. For instance, anorexia and bulimia occur predominantly among women (Garfinkel & Garner, 1982; Hsu, 1990). This is frequently attributed to the continued emphasis on physical attractiveness and a thin physique for women (Polivy, Garner, & Garfinkel, 1986). In consequence, women reportedly express greater dissatisfaction about their bodies (Fallon & Rozin, 1985), more concern with appearance and body weight (Pliner, Chaiken, & Flett, 1990), and more frequently engage in weight-control efforts (Herman & Polivy, 1980; Polivy & Herman, 1983).

The emphasis on feminine attractiveness has continued despite the changing social roles, expectations, and opportunities for women that have occurred in the past 25 years or so. Moreover, these social changes have contributed to increased stress for women resulting from conflict between many of the competing role demands facing them in both personal and professional aspects of their lives (Emmett, 1985; Orbach, 1978, 1986; Palazzoli, 1978). Clinical observations suggest that striving to achieve and excel in both stereotypic masculine and feminine domains may contribute to the development of eating disorders (e.g., Barnett, 1986). The expectation that a woman be physically attractive and capable of being an effective wife, mother, and working woman is an ideal that many women attempt to achieve, yet frequently find to be unrealistic, unattainable, undesirable, and oppressive (Orbach, 1978).

It is suggested that disordered eating reflects women's response to the stress of these multiple pressures and conflicting demands (Orbach, 1978, 1986; Palazzoli, 1978). For instance, a thin physique may be pursued by women as a means to enhance their feminine attractiveness while serving to belie feminine stereotypes about themselves and empower them in traditionally masculine pursuits (Beller, 1977; Orbach, 1978, 1986; Selvini-Palazzoli, 1974). Orbach (1986) has noted the exaggerated and oppositional nature of this pursuit to be a recurrent theme among anorectic women—"thinness as ultra-feminine and, at the same time, thinness as rejection of femininity" (p. 85) — with their thinness serving to parody feminine attractiveness while reducing the curves that define her "femaleness." Thus, in a culture in which women's roles are complex and frequently conflicting, and the emphasis placed on appearance and thinness results in unrealistic body image and body dissatisfaction, conditions exist for heightened chronic stress and reduced self-esteem that may contribute to increased risk among women of developing an eating disorder (e.g., Schwartz et al., 1985).

Previous research examining the relationship between gender role typing and eating disorders among women have provided inconsistent, often contradictory findings. For example, based on self-assessments of femininity

and masculinity, Lewis and Johnson (1985) reported bulimics to be less feminine than control subjects; Katzman and Wolchik (1984), however, reported no differences in femininity or masculinity between bulimics and controls. Anorexics, on the other hand, reportedly do not differ from control subjects on femininity, but are less masculine than controls (Sitnick & Katz, 1984). It should be noted here that the distinction between anorexia nervosa and bulimia is often not well defined, they frequently cooccur, and both may be symptomatic of common antecedents (Hsu, 1990).

Timko, Striegel-Moore, Silberstein, and Rodin (1987) observed that the inconsistent relationship between masculinity, femininity, and eating disorders may reflect the assessment of sex-typed behavior independent of other considerations. They suggested that a fuller conceptualization of feminine and masculine gender role typing was indicated that would incorporate other aspects considered central to a woman's sense of self, for instance, specific roles, relationships, activities, and interpersonal appearance. Such a combination of attributes is definitive of a "superwoman" ideal characterized by an increased concern with physical appearance, heightened interest in maintaining satisfactory interpersonal relationships, and striving to maintain a level of independent achievement and successful performance across many diverse roles.

An intense, active striving to excel in activities and relationships has been noted among anorectics as well (e.g., Orbach, 1978). Moreover, there is some evidence that women who adopt a superwoman ideal may be more vulnerable to eating disorders compared to those who reject the ideal (the "wise woman"), and instead prioritize the roles in which they seek to excel (e.g., Steiner-Adair, 1986). Relatedly, Timko et al. reported that the greater the number of roles women indicated to be important to their sense of self, the greater their potential for eating disorders (consisting of anorexia and bulimia symptoms). In addition, they noted that the importance of both appearance and masculinity, but *not* femininity, were predictive of disordered eating.

Unfortunately, the relationship of gender typing and adherence to a superwoman ideal to disorder eating have been examined independently of one another. Some of the inconsistency observed among previous research may be due to an additive approach in which the interactive effect of gender typing with other relevant variables (e.g., the superwoman ideal) has not been provided for. Therefore, in the present research the potential for eating disorders among women was examined as a function of both their gender role typing and whether or not they adhered to a superwoman image. Perhaps it is the interaction of these two variables that will provide the fuller conceptualization needed to clarify further the relationship between masculine and feminine gender role typing and eating disorders.

In addition to considering feminine and masculine gender-typed individuals, the present research included for consideration women who were either psychologically androgynous or undifferentiated. Previous research has not reported examining any relationship between these two gender-type categorizations and eating disorder potential. Interestingly, androgynous and undifferentiated individuals are similar in many respects. More importantly, perhaps, neither is gender typed as their masculine- and feminine-typed counterparts are, and consequently, do not process information about themselves on the basis of a gender schema that partitions the self-concept into either masculine or feminine categories (Bem, 1977, 1981). Moreover, compared to gender-typed individuals, they both appear rather independent of external social pressures (Bem, 1977). The greater behavioral flexibility frequently associated with androgyny and the ability to behave more appropriately across masculine- and feminine-typed situations (e.g., Bem, 1975; Bem & Lenney, 1976) may be characteristic of undifferentiated individuals as well. For example, androgynous and undifferentiated individuals have displayed no difference in preferences for engaging in gender-typed tasks, although androgynous individuals reported greater comfort with regard to doing so compared to undifferentiated individuals (Helmreich, Spence, & Holahan, 1979).

Thus, androgynous and undifferentiated women may possess specific characteristics that enable them to cope effectively with the different and conflicting demands of masculine and feminine roles. In addition, Root (1990) notes certain other "protective factors" with regard to disordered eating (high self-esteem, emotional stability, low self-consciousness, and an emphasis on a healthy body rather than appearance) that may be more characteristic of androgynous women. For instance, androgynous individuals have the highest levels of self-esteem among the four gender categories, and undifferentiated individuals typically have the lowest self-esteem (Bem, 1977; Spence & Helmreich, 1978) as well as generally lower achievement motivation (Spence & Helmreich, 1978). Thus, while androgynous women were expected to have reduced potential for disordered eating than their gender-typed counterparts, it was not obvious whether the undifferentiated women would parallel the androgynous or gender-typed individuals.

METHOD

Participants

A nonclinical sample of 180 undergraduates participated in this study for extra credit in introductory psychology courses. They ranged in age from 17 to 53 years (M = 23.7, SD = 7.33).

Procedure

Participants took part in a personal attribute survey. Sessions were conducted by a female experimenter who described the research as intended for normative scaling purposes in order to determine baselines among a college student population. They completed a battery of questionnaires in small group sessions (5–20 people) that required about 45 minutes.

Gender-Type Categorization

Spence and Helmreich's (1978) Personal Attributes Questionnaire (PAQ) was used to categorize subjects as to gender type. The short form is a 24-item scale consisting of bipolar adjectives that are responded to along 5-point continua. A Masculinity (M) subscale consists of 8 traits stereotypically more representative of males (e.g., independent, dominant, competitive). A Femininity (F) subscale consists of 8 traits stereotypically more representative of females (e.g., devotes self to others, understanding, warm). Eight additional traits comprise a Masculinity–Femininity (M-F) subscale for which a low response to an item represents a stereotypic attribute of females (e.g., not aggressive), while a high response represents a stereotypic attribute of males (e.g., aggressive).

Using median splits from a sample's distribution on both the Masculinity and Femininity subscales, participants can be categorized as to whether they are masculine gender typed, feminine gender typed, androgynous, or undifferentiated. Masculine-typed individuals would have M scores above the median and F scores below the median. Feminine-typed individuals have M scores below the median and F scores above the median. Androgynous individuals have both M and F scores above the respective medians. Undifferentiated individuals are those with both M and F scores below the medians.

Superwoman Ideal

The degree to which subjects adhered to a superwoman ideal was assessed using Linville's (1985) Self-Roles Inventory. This measure identifies the number of roles a woman considers central to her identity. It consists of various roles or domains of concern: daughter, friend to men, friend to women, romantic partner, student, involvement in leisure activities, volunteer, leader, physical health, physically active, physically—general appearance and physical attractiveness, social situations, and resource person.

Originally, attractiveness had been included as part of "physically—general appearance." To provide for a more specific assessment of physical attractiveness as an important component in the superwoman image, attractiveness was included as a separate item in the present research. Respondents indicated the importance of each role to "a sense of who you are" along 10-point continua: *extremely not important* (1) to *extremely important* (10).

The greater the number of roles deemed of extreme importance, the greater the adherence to a superwoman ideal. To derive a single value reflecting a level of adherence to this ideal, medians of the distribution of responses to each role are determined. If an individual's response is above the median, it is deemed of greater importance and assigned a value of 1; if below the median, a value of 0 is assigned. Thus, a total superwoman ideal score could range from 0 to 14. The distribution of scores on this total score is used to categorize participants according to their relative acceptance of the superwoman ideal.

Eating Disorder Potential

The potential for eating disorders was evaluated using two components of Garner, Olmstead, and Polivy's (1983) Eating Disorder Inventory (EDI)—the Drive for Thinness and Bulimia subscales. The Thinness subscale consists of 7 items concerned with weight control and striving to be thin. Sample items for this subscale are "I am terrified of gaining weight" and "I am preoccupied with the desire to be thinner." The Bulimia subscale consists of 7 items and reflects tendencies for overeating (bingeing) and self-induced vomiting (purging). Sample items for this subscale are "I have gone on eating binges where I have felt that I could not stop" and "I have the thought of trying to vomit in order to lose weight." Garner et al. report the two subscales to be correlated significantly (r = .55).

Each item is responded to on 6-point continua as to whether it applies *Always*, *Usually*, *Often*, *Sometimes*, *Rarely*, or *Never*. Extreme "anorexic/bulimic" responses, Always or Never (depending on whether an item is reversed scored) are assigned a value of 3. The immediate adjacent response, Usually or Rarely, receives a 2, and the next response, Often or Sometimes, receives a 1. The three choices opposite the extreme anorexic or bulimic response are assigned a 0. Thus, total composite scores could range from 0 to 42, with higher scores reflecting greater potential for disordered eating.

The EDI contains six additional subscales assessing specific psychological constructs presumed to be of fundamental etiological importance to disordered eating.. Briefly, these subscales are (1) Body Dissatisfaction, a basic disturbance in body image reflecting dissatisfaction with body shape

or specific body parts; (2) Ineffectiveness, general feelings of inadequacy, insecurity, lack of control, and negative self-concept; (3) Perfectionism, excessively high expectations of personal achievement; (4) Interpersonal Distrust, a sense of alienation and reluctance to form close relationships with others, perhaps related to an inability to express emotions toward others comfortably; (5) Interoceptive Awareness, an inability to recognize and identify emotional experiences or bodily sensation of hunger and satiation; (6) Maturational Fears, a desire to avoid psychological maturity and adult responsibilities by retreating to the security of preadolescence. Higher scores on each subscale indicated the construct to be more characteristic of the respondent.

Additional Assessments

Self-Esteem. General self-esteem was assessed using Rosenberg's (1965) 10-item scale. Sample items are "On the whole, I am satisfied with myself" and "I feel I do not have much to be proud of." Items were responded to using 4-point continua: *strongly disagree* to *strongly agree*. Total scores could range from 10 to 40, with a higher score reflecting higher self-esteem.

Self-Consciousness. Fenigstein, Scheier, and Buss's (1975) self-consciousness scale provided for assessments of both public (concern with the self as an object of other people's attention) and private (attention to one's inner thoughts and feelings) self-consciousness, as well as social anxiety (discomfort in the presence of others). Sample items for public self-consciousness are "I'm concerned about the way I present myself" and "I'm concerned about what other people think of me." Sample items for private self-consciousness are "I'm generally attentive to my inner feelings" and "I reflect about myself a lot." Sample items for social anxiety are "I get embarrassed very easily" and "Large groups make me nervous." Individual items are responded to along 5-point continua: *extremely characteristic* to *extremely uncharacteristic*. Higher scores reflect greater self-consciousness, public or private, and social anxiety.

Physical Ability and Confidence. The Physical Self-Efficacy scale (Ryckman, Robbins, Thornton, & Cantrell, 1982) provides for an assessment of self-perceived physical ability and physical self-presentational confidence. Sample items include "My physique is rather strong," "I have excellent reflexes," and "I am not concerned with the impression my physique makes on others.." Items are responded to along 6-point continua: *strongly agree* to *strongly disagree*. Higher total scores reflect greater physical self-efficacy.

Social Physique Anxiety. The Social Physique Anxiety Scale (Hart, Leary, & Rejeski, 1989) provides for an assessment of anxiety specific to the observation and evaluation of one's physique by others. Sample items are "In the presence of others, I feel apprehensive about my physique/figure" and "When it comes to displaying my physique/figure to others, I am a shy person." Items are responded to along 5-point continua: *not at all characteristic* to *extremely characteristic*. A higher total score reflects greater social physique anxiety.

RESULTS

Gender Type and Superwoman Categorization

Initially, descriptive statistics were computed in order to classify respondents as to gender type and superwoman designation. With regard to gender type, the median values for the distributions of both M-scale and F-scale scores of the PAQ were determined (19 and 24, respectively). Using the two-way categorization procedure described previously, there were 41 masculine-typed, 41 feminine-typed, 53 androgynous, and 45 undifferentiated women identified in the present sample.

With regard to the superwoman ideal, the relative importance of a specific role (either high or low) was determined on the basis of the median response value for each of the 14 roles included in the Self-Roles Inventory. A composite score reflecting the adherence to the superwoman ideal was obtained for each participant as previously described. The range of these scores was 0 to 14. The upper and lower thirds of this distribution of scores were used to distinguish high and low adherents to a superwoman ideal.

A principal-components factor analysis with varimax rotation of the 14 roles resulted in four factors accounting for 65% of the variance. The obtained factors were as follows: (1) Relationship to Others—daughter, friend to men, friend to women, and romantic partner; (2) Interpersonal Roles—student, volunteer, leader, resource person; (3) Interpersonal Appearance—physical appearance, physical attractiveness, social situations; and (4) Activity and Health—leisure activities, physically active, physically healthy. The latter two factors reflect a distinction maintained between physical health and physical appearance (cf. Root, 1990).

A 2-by-4 multivariate analysis of variance, superwoman adherence (low vs. high) by gender-type categorization (masculine, feminine, androgynous, and undifferentiated) was conducted on the four factors. As would be expected from the manner in which the superwoman ideal was operationalized, there was a significant main effect of the superwoman ideal for

each factor [Fs(4,104) > 80.00, ps < .001]. There were, however, no gender-type main effects on any of the four factors, nor any interaction effects (Fs < 2).

Analysis of Eating Disorder Potential

Eating disorder potential scores were analyzed in a 2 by 4 (superwoman adherence by gender-type categorization) analysis of variance. Results indicated no significant main effect on eating disorder potential due to gender-type categorization [$F(3,107) = 1.52$, ns]. A main effect was observed for the superwoman factor [$F(3,107) = 16.45$, $p < .001$], with eating disorder potential being higher among women who strongly adhere to a superwoman ideal compared to those demonstrating little adherence (Ms = 4.7 and 8.6, respectively). Full descriptive statistics are provided in Table I.

More importantly, an interaction effect between the two factors was apparent [$F(3,107) = 4.60$, $p < .01$], suggesting that the combined effect of being a gender-typed superwoman puts one at increased risk for disordered eating. Specifically, strong adherents to the superwoman ideal who were either masculine typed ($M = 12.5$) or feminine typed ($M = 12.7$) had a greater potential for eating disorders than either their androgynous ($M = 5.9$) or undifferentiated ($M = 5.8$) superwoman counterparts (based on Duncan's multiple comparisons, ps < .05). Multiple comparisons further indicated that the two gender-typed groups did not differ from one another, and neither did androgynous and undifferentiated groups (ps > .05) In contrast, women not accepting of the superwoman ideal had significantly lower potential for disordered eating, and did not significantly differ across the masculine, feminine, androgynous, and undifferentiated categories (Ms = 2.6, 4.4, 5.0, and 5.9, respectively, ps > .05).

Table I. Mean Eating Disorder Potential by Gender-Type Classification and Adherence to a Superwoman Ideal[a]

Adherence to superwoman ideal	Gender-type classification			
	Masculine	Feminine	Androgynous	Undifferentiated
High	12.50_a (8.04; 14)	12.73_a (5.00; 11)	5.96_b (4.83; 26)	5.82_b (8.72; 11)
Low	2.56_a (3.09; 9)	4.36_a (5.03; 14)	5.00_b (8.08; 12)	5.94_b (4.44; 18)

[a]Standard deviations and cell ns in parentheses. Common subscripts indicate *nonsignificant* differences ($p > .05$) within each superwoman category using Duncan's multiple range test.

Correlational analyses were conducted to examine the relationship between specific components of the superwoman ideal as operationalized here and the potential for disordered eating (*df*s = 114). Two factors, Relationship to Others and Appearance, were both significantly related to disordered eating in a positive direction (*r*s = .23 and .24, respectively; *p*s = .01). The other two factors, Activity and Health (r = .17) and Interpersonal Roles (r = .17), while positively related to eating disorder potential, were only marginally significant (*p*s = .07).

Ancillary Analysis

Consideration of the other assessment instruments in the questionnaire battery and the remaining subscales of the EDI provided an opportunity to evaluate the relative importance of the gender-typed superwoman categorization to disordered eating. Further analysis also was indicated to eliminate a potential confound resulting from the use of the Self-Roles Inventory in operationalizing the superwoman ideal. Specifically, concern with one's appearance (e.g., the Interpersonal Appearance factor described above) not only may be an important component to the superwoman ideal, but is also frequently associated with eating disorders in itself. This confounding may have been responsible in part for the superwoman effect observed here, although, as noted above, neither the Interpersonal Appearance nor Activity and Health factors were correlated very strongly with eating disorder potential.

A principal-components factor analysis with varimax rotation was conducted on the additional measures contained in the questionnaire set to identify common underlying personality indices. Four factors, accounting for approximately 67% of the variance, were obtained pertaining to self-esteem, physical evaluation, emotional stability, and self-consciousness (cf. Root, 1990). The specific personality assessments that comprise each of the factors are presented in Table II. While the self-esteem factor was not correlated with eating disorder potential (r = .03), physical evaluation (r = .36), emotional stability (r = .48), and self-consciousness (r = .29) were significantly related (*p*s < .001).

Univariate results from a multivariate analysis of variance for each of the component assessments are presented in the table also. Interestingly, when significant differences do occur among these individual personality inventories, they are more often a function of gender typing and seldom reflect the superwoman categorization. In particular, it is important to note that adherence to the superwoman ideal was associated with somewhat higher responses on the composite physical evaluation factor compared

Table II. Personality Factors and Their Component Assessment Instruments with Mean Responses by Superwoman and Gender Type Classifications[a]

	High superwoman				Low superwoman			
	M	F	A	U	M	F	A	U
Self-esteem	47.5	40.5	38.5	40.8	42.6	42.6	42.3	44.4
Self-esteem (1)	31.8	27.5	30.7	30.4	34.4	29.9	33.3	28.11
Ineffectiveness (1,3)	2.6	5.6	1.2	1.5	0.8	3.6	1.2	4.9
Physical evaluation (1)	137.4	135.1	139.2	132.2	124.9	129.4	130.3	137.6
Body dissatisfaction (3)	11.8	17.2	9.2	6.9	6.0	8.4	9.3	6.4
Social physique anxiety (1)	36.9	44.8	35.0	39.7	33.6	40.2	33.8	43.2
Physical self-efficacy (1)	88.7	73.1	95.0	85.5	85.3	80.8	87.3	77.9
Social anxiety (1,2)	13.6	16.5	12.5	15.1	9.9	15.5	10.5	12.7
Emotional maturity	16.4	20.2	16.0	15.1	17.6	20.3	17.5	20.2
Interpersonal distrust (1,2)	2.5	1.2	0.9	2.5	2.4	3.0	1.4	5.1
Interoceptive awareness (3)	6.4	4.1	3.1	4.3	2.2	3.8	4.1	4.0
Maturity fears	4.3	2.1	2.7	2.2	2.7	2.4	2.3	2.3
Perfectionism	6.5	4.7	5.5	2.4	4.0	3.7	5.0	5.1
Self-consciousness (1)	44.2	47.2	35.5	40.2	39.3	41.9	35.3	39.8
Private self-conscious (1)	24.4	25.9	20.4	22.9	23.6	23.5	18.8	22.6
Public self-conscious (1)	19.9	21.3	15.1	17.3	15.8	18.4	16.4	17.2

[a]ANOVA results for factors and component measures: (1) gender-type main effect, (2) superwoman main effect, and (3) interaction effect. All *p*s < .05 or better. M: masculine; F: feminine; A: androgynous; U: undifferentiated.

with those not adhering to such an ideal, but that the differences were not of significant magnitude.

Eating disorder potential scores were reanalyzed in a two-way (superwoman by gender type) analysis of covariance using the four factors as covariates, thereby statistically controlling for any differences on those dimensions. The covariate-adjusted means from this analysis are presented in Table III. There was no difference in disordered eating potential attributed to gender-type categorizations ($F < 1.2$). Those adhering to a superwoman ideal did present greater risk, however, than those not adhering to the ideal [$F(1,103) = 13.58$, $p < .001$]. And again, there was a significant interaction effect [$F(3,103) = 3.12$, $p < .03$]. Consistent with the earlier analysis, gender-typed superwomen were at increased risk of disordered eating, while androgynous and undifferentiated superwomen displayed risk levels comparable to those of nonsuperwomen.

DISCUSSION

The present findings clearly demonstrate that women who more strongly adhere to a superwoman ideal are at increased risk of eating dis-

Table III. Covariate-Adjusted Mean Eating Disorder Potential by Gender-Type Classification and Adherence to a Superwoman Ideal[a]

Adherence to superwoman ideal	Gender-type classification			
	Masculine	Feminine	Androgynous	Undifferentiated
High	11.00_a	11.83_a	6.24_b	6.30_b
Low	4.15_a	4.41_a	6.20_a	4.74_a

[a]Common subscripts indicate *nonsignificant* differences ($p > .05$) within each superwoman category using Duncan's multiple range test.

orders, particularly so when they are either masculine or feminine gender typed. In obvious contrast, the androgynous and undifferentiated superwomen, and nonsuperwomen regardless of their gender role typing, present rather minimal risk in this regard. That the superwoman is generally at greater risk is consistent with previous theorizing (e.g., Orbach, 1978; Palazzoli, 1978) and research findings (e.g., Steiner-Adair, 1986; Timko et al., 1987).

The robustness of the influence of the superwoman ideal is underscored by the ancillary analyses. Considering the individual personality assessments, observed differences were more frequently a function of gender-type categorization rather than the superwoman ideal. Other than expressing greater social anxiety and less interpersonal distrust, superwomen did not differ markedly from nonsuperwomen on the other personality characteristics considered here. Moreover, the use of the broader personality factors as covariates took any differences in self-esteem, physical evaluation, emotional stability, and self-consciousness into account. Even when these correlates of disordered eating were considered and statistically controlled for, the influence of the superwoman distinction, and particularly that of the androgynous-superwoman and undifferentiated-superwoman combinations, remained quite apparent. This would seem to allay concerns about the possible confound with regard to appearance and body image being not only a component used to define the superwoman ideal but also a frequent correlate of eating disorders in itself. More importantly, the results of the covariate analysis suggest that the superwoman notion as operationalized here embodies additional unique components beyond those represented by the dimensions of personality characteristics considered here.

Of greater interest, perhaps, is the apparent antagonistic interactive influence of the superwoman and gender-typing factors on the risk of eating disorders. While one factor may serve generally to increase this risk (e.g., superwoman ideal), it may not prove so detrimental when in conjunction

with another factor (e.g., psychological androgyny or gender undifferentiated). These results indicate that there is not necessarily a simple relationship between masculinity/femininity and disordered eating as some previous investigations have attempted to demonstrate. Indeed, there was no difference observed here attributable to being either masculine or feminine typed. Perhaps this reflects an assessment of gender role typing limited to "masculine-instrumental" and "feminine-expressive" stereotypic traits as typically measured by the PAQ and similar measures (e.g., Spence & Helmreich, 1980). Thus, the present study is supportive of Timko et al.'s (1987) asserted need to provide for a fuller conceptualization of gender roles by providing for the inclusion of additional related factors.

When considering both gender role typing and the superwoman ideal, the distinction between gender-typed, androgynous, and undifferentiated women is apparently an important one. Among superwomen adherents, masculine- and feminine-typed women both presented greater potential for disordered eating relative to either androgynous or undifferentiated women. In fact, the latter two groups were comparable to women who did not adhere to a superwoman ideal and, regardless of gender-type classification, presented a low risk with regard to disordered eating. It is presumed that the nonadherents of the superwoman ideal are subject to less stress and anxiety as they are not striving to excel across many diverse roles and be all things to all people, but instead are prioritizing these roles and concentrating on a few for which success is of central importance (e.g., Steiner-Adair, 1986). However, this would not account for the reduced risk observed among androgynous and undifferentiated superwomen since, by definition, these individuals are not prioritizing either, but maintaining a great many diverse roles of central importance to their sense of self.

This apparent anomaly may be accounted for by the similarity between androgynous and undifferentiated individuals in that neither differentially endorses masculine or feminine attributes within their self-concept like gender-typed individuals (Bem, 1981; Spence & Helmreich, 1978). Consequently, they are perhaps more capable of responding appropriately across stereotypic masculine and feminine situations, sometimes with little apparent anxiety about doing so (Bem, 1975; Bem & Lenney, 1976; Helmreich et al., 1979). As exemplified in the superwoman ideal, women have come to assume diverse roles, both traditionally masculine and feminine, as a result of social changes. Presumably, the greater behavioral adaptability of the androgynous and undifferentiated superwomen enables them to deal with many diverse roles without experiencing an increased risk of disordered eating. In contrast, gender-typed superwomen without this behavioral adaptability may be attempting to excel in cross-typed roles for which they are not adequately prepared, either lacking the appropriate behaviors nec-

essary for successful performance or feeling terribly uncomfortable engaging in such behaviors. Subsequently, they may experience greater stress and anxiety, which contributes to their increased potential for eating disorders.

In addition, whether engaging in diverse and potentially conflicting roles is intentionally sought, or occurs out of necessity or social expectations, may further contribute to the experience of stress and negative consequences. Research considering the impact of multiple roles on women's mental health generally has noted greater adverse effects to occur when women have little control over such choices or other variables (e.g., scheduling, spousal support, sharing familial duties) associated with assuming diverse roles (McBride, 1990). As this pertains to the present study, other characteristics on which androgynous and undifferentiated individuals favorably compare, and yet may differ from their gender-typed counterparts, is their locus of control and an apparent ability to remain somewhat independent of social pressures (e.g., Bem, 1977). Thus, androgynous and undifferentiated women may differ from gender-typed women in both their actual and perceived choice with regard to assuming diverse roles and in feeling more personally in control of many of the factors associated with such involvement.

While the present research provides evidence of an interesting relationship between the superwoman ideal, gender-role typing, and the potential for disordered eating, there are several issues raised on which further inquiry would seem warranted. One consideration has to do with a refinement of the superwoman ideal as to what is specifically embodied in the concept and further research on its relationship to other aspects of personality and behavior. Another area of attention involves substantiating the process or characteristics that provide the androgynous and undifferentiated superwomen a resistance to increased potential for disordered eating that their gender-typed counterparts apparently do not share. Finally, the implications of adhering to a superwoman ideal by gender-typed women need to be examined more fully with regard to stress and other health-related or maladaptive behavior patterns.

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