The Influence of Gender Role Ideologies in Women's Careers: A look at Marianismo and Machismo in the Treatment Room

Carmen Inoa Vazquez, NYU School of Medicine, USA

Abstract

Global statistics document an increase in women's careers in the professions and portray successful female roles in the industrial, political and financial areas, with some variation in different regions of the world. Nonetheless, women hold only a small percentage of board seats and other influential positions in these areas worldwide. It is also known that presently, women see themselves as progressive and career-oriented. Yet in the treatment rooms of the mental health professionals they share experiences that evidence a great deal of discomfort in achieving successful careers free of self- stigma and guilt. One perspective in the understanding of this paradox lies with an appreciation of the gender role ideologies of marianismo and machismo, which socialize women and men differently across cultures. Gender role expectations have not completely disappeared from women's experiences in their day today professional interactions, and are not confined to members of traditional societies. When marianismo and machismo are not understood within the proper context, women's overall self-esteem and successful career outcomes can be affected. This paper illuminates how these dynamics manifest in the treatment room of clinicians.

Keywords: gender role ideologies, marianismo and machismo, women's careers, self-esteem

Attaining success in a career of choice can be significant for feelings of self-perception and self-evaluation (Abu-Hilal, et al., 2014; Heine 2001), but the definition of success is intimately related to cultural values, given that: "individuals evaluate themselves in culturally appropriate ways, deriving feelings of self-esteem, particularly from those identity aspects that fulfill values prioritized by others in their cultural surroundings" (Becker, et al., 2014 p. 16). Among those key cultural values that have been connected to self-esteem are marianismo and machismo. These are concepts that determine, based on gender, what is considered appropriate behavior within a specific traditional cultural group. The practice of these principles is further reinforced by different organizations, including the family, legal, labor, educational and religious systems.

Marianismo is a gender specific value associated with the Latino culture, that holds detailed guidelines for the types of behaviors considered appropriate for women. This set of beliefs is practiced among other ethnic groups, under different definitions or names. The demands of self-sacrifice intensify among those women who have been socialized within marianismo, in particular when faced with difficult choices relating to their families and careers. These are stressors that can render women at much higher risks for anxiety and depressive disorders (Englander and Yañez, 2012; Gil and Vazquez, 1996).

Machismo is a gender-specific value that assigns precise behaviors to men. This is a term primarily associated with the Latino culture, but can also be applied to other cultures. Most definitions of machismo include both negative and positive behaviors in men, providing a strong base for male gender role identity (Englander and Yañez, 2012; De La Cancela, 1986; Erdmenger De Staebler, et al., 2011; Edelson, Hododa and Ramos-Lira, 2007).

Historically, many societies that adhere to gender specific values mold children's behavior in ways that are considered important for the wellbeing of the family and the society. These values include educational and career choices, simultaneously conveying a strong message that prioritizes the creation of family for women, and the expectation that men are to be the providers, responsible for financially supporting and protecting their families. Any deviation from these societal goals can result in a grave burden for women, with feelings of regret and a sense of failure translated into a "lack of goodness".

Present Statistics - Lack of Parity for Women Globally

Economic necessities and the need to fulfill one's identity have been motivators for women to pursue fulltime careers, but such career women continue to face a marianismo paradox in spite of their awareness of successful role models, in all areas of the business, and academic worlds, such as Christine Lagarde, Janet Yellen, Inga Beale, Sherry Coutu, Joanna Shields, and others (Slaughter, 2012; Freeman, 2012), and by the existence of more opportunities for advances in education, as evidenced by a greater number of women than men attending and graduating from colleges, obtaining advanced degrees, and participating in the labor force (UNESCO, 2010).

Adding to the paradox of women progressing in their careers is the indication that although the enrollment of women in tertiary institutions has doubled compared to

that of men since the 1970's, there is neither parity across all disciplines, nor in all areas or countries. Specifically in the area of science and technology, women encounter significant barriers as they move up the educational ladder toward research careers (Lalande, Crozier and Davey, 2000). Data on the proportions of women researchers are available from 34 out of 89 countries; these data show that less than 30% of researchers are female. In Japan as of 2013 there were 127,800 female versus 759,200 male researchers (WPGE, 2014). In South Asia the overall rate is 12%, primarily reflecting the situation in India where only 10% of women are researchers. Other data from Asian countries participating in this study include the following proportions: 11% in Macao, China 42% in South East Asia, and 55% in the Philippines, and in Myanmar, the Asian countries reporting the highest proportion of women researchers. In Europe 32% of researchers are women, and only five countries have reached gender parity, including Latvia and Lithuania. In the United States women's participation rate is consistent with the overall world average of 27%. In Africa, about 29% of researchers are women; the only high-proportion countries are Cape Verde (gender parity), and quite strikingly, Lesotho, which reports the second highest proportion of women researchers in the world (76%) (UNESCO, 2006).

In the United States, there is a shortage of women occupying leadership positions in psychiatry (Freeman, 2012). The profession of psychology presently demonstrates strong gains with more women than men enrolling in graduate programs. A most recent poll reports that in 2013, female faculty were more evenly distributed across the ranks of full (30 percent), associate (31 percent) and assistant professor (31 percent) than male faculty (Wicherski, et al., 2014; APA, 2014). The profession of psychology appeals to women for the opportunities it affords of flexible schedules, allowing a better balance between family and profession. This scheduling flexibility does not apply equally to many other careers.

Studies conducted in the United States, the United Kingdom, and Latin America have shown that role expectations of wives and mothers place many women in difficult positions when faced with the requirement of prioritizing their families. Research on the association between marital status and motherhood and women's opportunities of achieving tenure and holding full professorial rank reported that 27% of women in science and engineering holding doctorate degrees, who were unemployed or out of the work force, cited their family responsibilities as the main reason (UNESCO, 2010).

A longitudinal study conducted in the United Kingdom focusing on the retention of qualified women scientists in science-based jobs in England and Wales, found that women holding degrees in engineering technology had a higher retention rate than those in engineering and science. Those women who remained in science and engineering, tended to have children much later, or not have children at all. (Blackwell and Glover, 2008).

A separate study that looked at reasons that could explain the lower level of representation in senior administrative positions of women in Latin American universities, found that gender role expectations, and guilt related to choices between their families and careers, to be the main reasons for this low representation. This finding is notable, given the representation of women scientists in Latin America of 46% is among the highest reported, and suggests the value of marianismo, as a

possible significant reason for the lower level of representation in these women. Similar difficulties related to the reconciliation of work and family have been reported in Japan, with 70% of the relatively low paid temporary workers being women, and an under representation of women in academics (OECD, 2012).

Studies that have looked at the impact and relevance of marianismo and machismo within the Latin American culture report a lack of consensus. This lack of agreement can in part be due to the complexity and the multifaceted aspects of these concepts. (Olowude, 2002). It seems that the complexity of these concepts require investigators to search within individuals at an unconscious level. This endeavor is not always possible to attain in time limited studies. The time often required in the achievement and development of a therapeutic relationship could in part explain the discrepancies reported in some of the studies that have attempted to capture the emotional impact of marianismo, rather than proof that the concept is not valid, given that there are studies that have reported positive findings in the connection between depression and marianismo (Guzman, C., 2013; Beitra, D., et al., 2012; Villegas, et al, 2010; Bull, 1998).

Recurrent Narratives in the Treatment Room

The complexity of women's conflicts in the management of their families and careers is often marked by narratives that illustrate a significant connection between their feelings of personal worth, and the gender role expectations of marianismo, with symptoms of depression, low self-esteem and anxiety. Exploration of the presenting dynamics facilitates an understanding for both clinician and patient of the debilitating guilt caused by marianismo beliefs that can jeopardize progress of the goals and performance of the daily career requirements.

The most salient presenting problems women bring to the treatment room include feelings of inequality and lack of success in both their family and career roles. These problems can be understood, and are supported by the research on general stereotypes that informs on how people form implicit gender stereotypes or beliefs segregating specific behaviors, capacities and performances even when they question these beliefs (Nosek, Banaji and Grenwald, 2002; Rudman and Goodwin, 2004; Banaji and Hardin, 1996). Individuals may choose to report the stereotypes they hold accurately, or may not even be consciously aware that they are holding certain beliefs and self-concepts (Rudman and Phelan, 2010).

An added contribution to the conflicting narratives in the treatment room are the messages offered by the media, professional publications, and other sources that encourage women not to allow the responsibilities posed by their families and careers, interfere with professional success, and not to underestimate their abilities. These recommendations are challenging and confusing to many women, who confront intrinsic cultural beliefs, and economic demands that require they work outside of the home, while attending to their family needs. Conflicts can further intensify by self comparison with women, such as Marissa Myer, President and CEO of Yahoo, who simultaneously announced her presidency and pregnancy. A formidable role model that could be perceived as evidence that women can have successful careers and family without any visible or apparent conflicts.

The well intended advice and recommendations that encourage women to "go for it all", do not always have the intended effect. In many cases, there has often been an opposite effect, that make women feel more conflicted rather than empowered, to feel pressured, rather than relieved. These conflicts are not only complex, but require exploration at an emotional level that facilitates an understanding of the connection between the gender role expectations of the early socialization, and the woman present emotional state. An attempt to offer support and understanding, based on studies that describe the difficulties faced by women in their daily quests while attempting to fulfill their family and personal needs (Gould, 2014), not always translate to the realities faced by career women with families on a daily basis, when these are related to gender role expectations. Even when provided with good childcare, and other types of support at home, an option not always available, women still face emotional conflicts and difficulties in the fulfillment of their roles.

One of the main goals of my clinical work with career women who seek professional help has been to explore predictable patterns of behavior within contextual cultural and gender frame-works. Clinically it becomes clear that conflicts manifesting in low self-esteem are closely related to women's perception of not functioning or performing to their satisfaction while attempting to balance their careers, and family, as well as sex-based discrimination at the work place. Women face other stressors that relate to lack of mentoring, networking power, glass ceiling barriers, corporate mobility, and others, but most of the difficulties reported are framed by a an undeserving feeling, a lack of authenticity, or not having achieved real success in spite of significant career achievements, including monetary gains.

The performance of many career women is often of high caliber even if they have low self-esteem. This high performance is probably due to a compensatory effect which is typical of some individuals with low self-esteem who are portrayed in the literature as possessing a high level of persistency. Yet, the general belief is that people with high levels of self-esteem would perform better in many life tasks (DiPaula and Campbell, 2002). Regardless of the performance exemplified by these indefatigable women, the emotional toll on their lives ends up affecting both family and career. The conflicts with family do not solely refer to the nuclear family but to the extended family, as well. The importance of the family includes the care of the elders or filial obligations. Japan's introduction of a nationwide long-term care insurance (LTCI) system in 2000 made long-term care a right for older adults regardless of income and family availability, but there is no evidence that there has been a decline at the emotional support level for family members. Research findings indicate that the use of LTCI services has increased the provision of emotional and cognitive supports to the elders among societies that adhere to Confucian norms of filial obligations of family members, including women. Despite the increase of these services these family members including women still continue to provide care for their elderly family members (Tsutsui and Higashino, 2014).

Career women seeking treatment for their low sense of self-esteem and feelings of lack of authenticity, first require an in depth examination of the inner voices of the past that determine the priority that is given to balancing the multiple roles in their lives and the demands presented within the values of familism, or the importance of the family. This includes the prioritization of their nuclear families and the extended family and social circles. Then, they can move on to a further understanding of how

realistically difficult the fulfillment of both roles is, particularly when the model of success is based on the traditional (male) model of uninterrupted employment and total dedication to work (O'Leary, 1997; O'Neil and Bilimoria, 1997; O'Neil, Bilimoria and Saatcioglu, 2005). Attempting to fulfill both roles is at least in part an important component that explains the reasons many of these women do not feel accomplished. They face a constant struggle in attempting to fulfill the family, professional and personal needs in their lives instead of placing their plight in context i.e. that most women presently face these issues due to their gender role expectations. They instead tend to blame themselves and feel incompetent. Their narratives clearly indicate that they are struggling with traditional role expectations that get reinforced by spouses, family and society.

Many career women often report facing conflicting daily demands from work and family that cause them to feel guilty and debilitated, for example, when asked to attend the meeting for prospective law partners on their child's first day of school. On the other hand this does not indicate that men do not feel guilty when career demands interfere with their children's needs but these are not the main narratives presented by men seeking psychological help regularly. The different patterns of socialization, where men are expected to be the main providers for their families, offer a solid basis for such differences in feelings. For women, the conflicts worsen when faced with families, economic, and professional demands without appropriate support, or an understanding of the realities, in particular when the society reinforces that the primacy of the family is the main responsibility of the woman. It is particularly striking that the United States of North America, is presently among the four countries in the world, next to Liberia, Papua New Guinea, and Swaziland, that do not mandate maternity and /or parental leave paid benefits. Paid maternity and parental leave is being considered in the United States of North America with the hope that it will be provided. In the meantime, the benefits are provided on an ad hoc basis, according to the company. California, Rhode Island and New Jersey are among the few states that include benefits to families in need of parental leave (Gault, et al. 2014).

Removing the Threat of the Gender Role Expectations

It is important to recognize that many women do not experience low-self-esteem regularly, in spite of being brought up with traditional values, such as marianismo.Many women can be assertive and successful, coping quite well, multitasking and facing the stressors of work and family. They often share upbringings that truly convey a sense of equality in choice of career and family. In general, it is very difficult to have a thorough understanding of the effects of marianismo in women's careers, particularly where the intertwining of individual differences interacts with the multidimensional aspects of the concept. In particular, when several studies have found a positive relationship between marianismo and depression in women. (Caceres-Dalmau, 2004; Cano, 2004; Vazquez, 1998).

The symptomatology seen in the depressions and anxieties can be due to many emotional conflicts other than marianismo's beliefs, but the clinician should also consider that exploring the possible connections with this construct can offer a better understanding to the career woman seeking treatment. It can be useful to explore behaviors that produce self-doubts in women, as exemplified in the Ten

Commandments of Marianismo. These ten concepts evolved through clinical observations and interventions in the treatment room. (Gil and Vazquez, 1996).

The anxiety related to some aspects of marianismo is ubiquitous among many women in different areas and relationships, and is not solely focused on career choices and/or performances in those women seeking treatment. It is nonetheless, an important component in the level of anxiety experienced by many career women, who are defining themselves by the tenets of marianismo, which is reinforced by the machismo beliefs that men in their lives adhere to, as well. The ten components of marianismo's behavior in women illustrate the paradox between family, career and self-fulfillment that many women experience regardless of their place or their ethnicity:

1) "Do Not Forget a Woman's Place" - The woman's dilemma of following old world tradition vs. New Life Style. This system of belief is quite prevalent among traditional males and females and responds well to explorations and support in the treatment room. Although the literature related to implicit association has focused primarily on racial stereotypes, recent research looking specifically at gender stereotypes reported promising findings. These findings indicated that women were able to imagine themselves as successful in roles usually associated with males (Rudman L. A. and Phelan, J., 2010; Davies, Spencer and Steele, 2005).

2) "Do Not Forget Tradition" - This is a component of the acculturation process, or what (John Berry, 1980), refers to as the adjustment that takes place when individuals from different cultures come into continuous and direct contact with, and learn from one another. Acculturation is a process that could affect both men and women and merits explorations by those clinicians working with people from other cultures in general.

3) "Do Not Be Single, Self-supporting, and Independent-minded" - Many women patients express difficulties in handling situations where they feel pressured by marianismo's beliefs that prioritize finding a partner. These beliefs are salient in many young women in the early stages of their careers. Through in depth explorations women obtain insight on available options, including the option of enforcing marianismo or forging a personally satisfying-Lifestyle.

4) "Do Not Put Your Own Needs First" - Women struggle with obtaining a balance between their own needs, such as pursuing an education or a career. By understanding that their implicit thinking stem from intrinsic ideas related to traditional values, women can gain awareness and institute changes of their inner beliefs. It is often useful to help women differentiate between selflessness vs. self-fullness. Dynamically, the roots of marianismo and machismo are strongly reinforced by the mother. Exploration and analysis of the mother/daughter conflicts can shed light into many feelings brought to the treatment room in addition to a fear of losing part of the self given the close relationship between role ideology and women's sense of self. Resolution of the cultural attachment and the mother role can help the patient move to a separation/individuation level beyond blame. Life choices can be challenged and the woman is helped to understand her fears of career vs. family life. Women often move in their relationship with their mother from adversaries to allies.

When traditional gender behaviors are questioned, within a safe environment, women are helped to challenge these beliefs.

5) "Do Not Wish For More In Life Than Being A Housewife" - Understanding the dynamics of this concept leads to an understanding of functional ways to prioritize and integrate realistic choices, including an integration of the worlds of work and home free of guilt. When fear of success is caused by marianismo, women can be helped by understanding the power these beliefs exert and interfere with their professional development, existing potential, and growth in their careers. Traditional gender behavior is questioned, but at the same time supported allowing women to challenge these beliefs. The patient is also supported in learning and applying assertiveness skills both at home and at work.

6) "Do Not Forget That Sex Is For Making Babies, Not For Pleasure" - The traditional sexual attitudes held by men and women impose significant guilt and anger for women when this problem is presented in the treatment room the goal is to explore the traditional sexual attitudes held by both genders. Women express an absence of self-entitlement and refer more to a sense of duty. One helpful technique is to help women assess and reprogram their sexuality in ways that promote an understanding of feelings as a culturally learned imposition. They should feel entitled to their sexuality regardless of lifestyle.

7) Do Not Be Unhappy With Your Man, No Matter What He Does To You" - Obtaining awareness of what constitute abuse is very important. Marianismo values can impact and prologue domestic violence, a very serious and tragic problem. When a woman presents domestic violence as a problem, the clinician should first assess that the patient or members of the family are not in immediate danger. Then the initial intake interview as well as the subsequent focus of the therapy can be beneficial by elucidating the many pressures accompanying the fulfillment of a career, and a family and available solutions can be explored. Abuse can also be psychological and requires awareness and support. These problems should be explored along with marianismo's values that dynamically can make a woman feel that she is appreciated and admired by being a victim.

8) "Do Not Ask for Help" - Exploration of this culturally infused value often requires helping women to become aware of the source of this conflict and to find realistic ways to seek viable help with care of the family, including extended family and home without carrying a sense of guilt or unrealistic feelings of incompetence.

9) "Do Not Discuss Personal Problems Outside the Home" – Seeking professional help from a mental health professional still carries stigma, and disapproval in many traditional societies. This belief, can make women feel ashamed for seeking mental health help, and can be used by family members or others as a sign of weakness. This is a very important component to be addressed with career women seeking professional help. Addressing this conflict allows the treatment to evolve by removing emotional confusion, and paving the way for women to move on with their lives by discarding or modifying certain beliefs that cause difficulties in performing different roles.

10) "Do Not Change" - Dynamics of change bring fear, and it is recommended that these are explored, in particular the fear of change, its consequences, and gains. The recognition by clinicians of the impact marianismo exerts in many career women can serve as a vehicle for change. The therapy focuses initially in helping the patient understand what aspects of their life they feel require change, and whether marianismo has had effects on the progress of their careers and well-being.

Conclusion

Women presenting gender role conflicts in the treatment room can be helped through the understanding that for them both families and careers are central to their lives. They can be helped to gain insight into the source of their conflicts, which need to be addressed and understood as resulting from the barriers imposed by gendered social contexts (Betz and Fitzgerald, l987). The first and most crucial part of addressing this problem is to look at the unconscious pressures imposed by marianismo and machismo. This is very important to understand because values in traditional cultures resist changes or create emotional turmoil, if not properly understood by those following them.

In the treatment room women can also benefit from obtaining insight into their definition of success, which includes more than just paid work. Understanding that success has different implications for women who hold traditional values can facilitate a different understanding for them. This understanding allows these women to follow their own set of recommendations accepting the realities of their different demands as women who desire to have a successful family and career. This understanding often minimizes their sense of guilt and low self-esteem. Part of the attainment of this shift in understanding depends on removing the source of guilt associated with marianismo. This can be achieved if women can modify their appreciation of the early learned values without feeling that they are betraying themselves. Changing this mind set could benefit women's functioning in their family and career roles, since for the most part most women who succeed in both family and career still feel that they have missed something. Changing this mindset is an issue for older women, but many younger women have not achieved this emotional balance and still have problems with self-esteem. Overall, at the moment there seems to be reason to believe that the definition of success for career women lies in their own definition of success which is measured through their socialization based on their gender. (O'Neil, Hopkins and Bilimoria, 2008; Sturges, 1999; Melamed, 1995).

There is a need to conduct research that further advances women's career development besides studies that focus on mentoring, networking and sexual harassment or existing barriers such as those imposed by the glass ceiling and sex-based discrimination conducted at the Harvard Business School in a case study that looked at gender equity (Kantor, 2013). While studies in these areas inform the development of women's careers, they lack a precise look at the specifics of gender role expectations, such as marianismo and machismo; studies of marianismo and machismo need to be replicated with a larger number of women. Gender bias based on machismo beliefs, as exemplified by Princeton Eating Club e-mails ridiculing women, and the Harvard Business School Case Study (Kantor, 2013), discussed earlier merit a deeper understanding and corrective actions. An understanding of this subject would provide more comprehensive knowledge that would contribute to the

understanding of women's conflicts in their career development in their contemporary lives. Further research in this area should examine the career development of women in different developmental stages, and from different ethnic groups and economic status.

Giving voice to women's own career and life experiences is an area of study that deserves priority. In particular, the research into the application of assertiveness and leadership skills that could possibly help to resolve the gender wage gap presently existing in academics, health care, banking and other important industries. In addition "respect" paid to women is another area for future research. A study conducted at Yale University by Victoria L. Brescoll (2011), reports that lack of respect for women has often occurred on the senate floor of the United States, where male senators with more power based on tenure and leadership spoke more than their junior colleagues, this is not the experience of female senators with equal power. Men were seen as more competent, listened to more frequently, and allowed a stronger voice than women, as further corroborated in a study evaluating chief executives representing both genders (Sandberg and Grant, 2014). Similar experiences have been reported in the film and television industry (Dargis, 2014). These conflicts should be studied further, in order to develop a better understanding of their origin and find ways that facilitate workable solutions.

It seems that the attainment of success free of guilt for career women and men, as well as the avoidance of gender gaps, could be achieved by including a real commitment to a new mindset. In this new mindset women and girls, men and boys would receive the message from parents, and society in general, of an equal responsibility for the welfare of the family, and freedom to choose a career within their ability and preference. The cultural and societal messages to women that their plight in life is to be the sole caretakers of the family place them in the position of striving for unattainable standards. These messages must be modified using more realistic goals that place equal responsibilities on the caretaking of children on both genders.

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