

# A Typology: Older Women and Gender Role Identity

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**Purpose:** The purpose of this study was to categorize and to understand the structure of subjectivity in the gender role identity of older female adults. The perception of gender role identity is subjective and varies according to the uniqueness of individual experiences and the value of social culture. **Methods:** Q-methodology, a technique for extracting subjective opinions was used. In 2010, forty participants completed the Q-sort activity, rating each statement relative to the others. The Q sample has two categories, representing masculinity and femininity, and each category has 20 statements, resulting in 40 adjectives. **Results:** Using the Q factor analysis, three classifications were identified: 'caring-affectionate type,' 'assertive-confident type,' and 'sensitive-affectionate type.' Despite the differences among the three types in this research, elderly females are likely to have the understanding and patience to comfort others and care for the children. **Conclusion:** The results of this study revealed new dimensional types of gender role identity and raise the issue of why we need to develop methods for the new dimensional types. Based on the results, further research is needed to compare the findings with those of older males or with women of different age groups.

**Key Words:** Older, Female, Gender, Role, Identity

## INTRODUCTION

The demographic and societal changes of the past decades, such as longevity and improvements in public health, have created new and often notable dissimilarities between men and women (Perrig-Chiello & Hutchison, 2010). Among the total number of adults, almost two thirds of them are women and their life span is approximately seven years longer, when compared with their male counterparts. Due to the longer life span, most of the older adult population in Korea is women (Korean National Statistical Office, 2009).

Older women in Korea are perceived as having lower psychological stability, higher depression rates, mental health issues (Paik, 2010), more stress (Lee & Lee, 2002) and poor health (Lee & Lee, 2001). Gender role identity is a commonly studied concept in research related to stress experienced by women, including their social psychological stability, self respect and depression. The degree of stress varies according to the gender role identity type and is one of the factors that affect women's social

and psychological well-being (Littlefield, 2003). The most influential factor of older women's self-respect is neither financial situation nor health, but one of gender role identity (Lee & Lee, 2001). Gender role identity type increases the risk of depressive symptoms' development (Pikler & Brown, 2010).

Korean women who were born under a patriarchal culture, with the prevailing Confucian ideology and who spent their youth in the 1960's during the modernized period, have been isolated from their family and society, not only by unique health issues including child birth, childcare and domestic duties, but also by their low level of education and social participation (Kim, 2007). Most societal thinking, including Korean, has traditionally believed that males are masculine and women are feminine along with the expectation that women be obedient and motherly (Kim, Yoo, & Jo, 2004). However, current Korean society is experiencing many changes in women's social participation, sexual freedom, equal rights and women's social status. Due to these changes, older women, who were born under the patriarchal cul-

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ture and have lived in the fast changing modern society, are considered to have changed their gender role identity (Kwak, 2008).

Gender role identity is one of the most important identities among all of those that comprise our global self. Thus, it plays a central role in the construction of our self image (Echabe, 2010). Gender role identity refers to an individual's sense of self pertaining to male or female. Gender role identity is the existential sense of our maleness or femaleness (Spence, 1984). Gender role identity is the psychological sense we have of being male or female, masculine or feminine. Spence states that our gender role identity is one of the central components of our personality and social identity. It forms the basis of our self-concept, self-esteem, and self-perception. Gender role identity influences how we think, how we feel, and how we behave.

Gender role identity has changed and developed throughout its lifetime. Human being's gender role is in a primitive state during childhood, and an individual acts according to perceived fixed concepts of gender role identity through social processes. Later, an individual's fixed conceptual awareness and behavior are less rigid as the woman matures (Kim & Yoo, 1987). Even though gender role identity is not a fixed concept, it has changed and developed over time in Korea. The study on gender role identity has focused primarily on children and teenagers (Kim, 2000), with less attention and research on older females. Currently, older women are the generation permeated with the patriarchal family concept and strict gender role separation ideology, so gender inequality for women cannot be ruled out in their old age (Kim, 2004). Therefore, it is important to study gender identity to better understand older women's identity.

Most studies on gender role identity have used an instrument based on Bem's (1975) theory which was developed from a dichotomous perspective that masculine and feminine types are a single dimension. Bem's theory claims that the ideal model of gender role is one in which masculine and feminine characters coexist (Kim, 2000; Lee, 2006; Littlefield, 2003). A limitation of such an instrument based on this model emphasizes the ideal view of masculine and feminine and thus have a limited view of the many different aspects that can exist in one individual. An alternative method is needed that could categorize the gender role identity into masculine, feminine, bipolar and to be able to include primitive identity with confused gender role. Prior to adolescents, it is possible to categorize into 'primitive identity while role

identity is being formed', but in the older man with a stable gender role identity it is more difficult to apply this categorization.

A greater understanding of masculinity in older women, and its influence on health behavior, will help foster the formation of gender-specific health promotion interventions (Hooker, Wilcox, Burroughs, Rheaume, & Courtenay, 2012).

The perception of gender role identity is subjective and varies according to the uniqueness of the individual experiences and the values within the social cultures. There is value in learning from women about their subjective perception and experiences as unique insights could be gleaned from them. A Q-methodology would be able to provide insight into the structure and perception of gender role identity.

This study investigates older women's gender role identity through Q-methodology, utilizing a new and unique approach called the subjective perspective of Korean older women's masculinity and femininity.

This study aims to understand by categorizing the structure of subjectivity towards gender role identity in Korean women. The objectives of this study are:

- To identify the subjective structure of Korean older women toward gender role identity.
- To describe the characteristics of gender role identity by type of Korean older women.

## RESEARCH DESIGN AND METHOD

### 1. Research Design

Q-methodology is an attempt to measure a human's psychological response, which is the response on the subjective domain through the variable detection and relationship establishment in the quantitative research. It is also a research method to elicit individual perception on the object or phenomenon by focusing on individual's subjective perception (Stephenson 1953). In this study, Q-methodology was used as an attempt to understand women's experiences and their perceptions about gender role identity within a changing societal context. The focus of the study was the older women and her perceptions of gender role identity and her opinions of that gender role identity. In summary, the methodology used in this study focused on older women's unique understanding of gender role identity including their subjective opinions about gender role identity. The intention was to describe patterns among individuals rather than the influences of gender, age and

class.

## 2. METHOD

### 1) Construction of Concourse (Q population)

In this study, three ways were used to construct the Q population. First, the literature was reviewed and salient adjectives were identified. Secondly, older women were asked to write down words which generally represented the characteristics of men and women. These words were systematically organized as adjectives. From both the literature and the adult women, a total of 102 adjectives were collected as the Q population. Of these 102 adjectives, 48 male gender adjectives and 54 female gender adjectives were identified. The 102 adjectives were reviewed by a feminist, two psychologists who majored in gender role identity and three lay persons who were interested in gender role identity. A final group of 40 Q statements was identified as being distinctive and representative of both masculinity and femininity and each category has 20 adjectives.

### 2) P Sampling

One of the most salient characteristics of Q- methodology is the use of a small participant sample, which is possible because intra-individual differences are considered significant. The study participants were 40 females aged 65 years and older. The subjects were recruited from two areas Youngnam and Honam to ensure diversity in the sample. Twenty older females were recruited from each of the two areas making a total of 40 for the P sampling. The age of participants ranged from 65 to 87 years and the average age was  $73.05 \pm 5.23$  years.

### 3) Q-sorting

The study participants were informed that the purpose of this study was to identify their perceptions about gender role identity. It was stressed that there were no wrong or right answers and that their opinions were valued as correct. They were first asked to read through the statements to become familiar with the range of opinions that they were to consider. Initially, the subjects were asked to divide the cards into two groups: statements that rep-

resent subjects' gender role identity and ones that do not represent gender role identity. Initial sorting was done to assist the participant in organizing their thoughts. Then the participants were instructed to further sort the statements along a continuum of seven piles that range from 'most like her gender role identity' to 'most unlike her gender role identity' Participants were asked to rank-order the Q-sample statements into levels of personal agreement or disagreement. The statements were sorted into a matrix ranging from -4 (strong disagreement) to +4 (strong agreement)(Table 1). Following the card sorting, the participants were asked to give reasons for their particular ranking. A scoring of +4 or -4 was recorded dependent on the reasons cited for the given choice.

### 4) Ethical considerations

Approval for this study was obtained from the University of W Hospital Institutional Review Board (CUMC 09U037). Before proceeding with data collection, the participants were informed of the following: 1) the name and position of the researcher; 2) the goal of the study which was to discover older women's perception of gender role identity; 3) the researcher was interested in their own perceptions, and therefore there were no right or wrong answers; 4) participation in the study was voluntary; 5) participants were allowed to withdraw from the study at any time; 6) all data would be confidential., The study participants were provided with written consent forms prior to the initiation of data collection and received a copy of the completed written consent.

### 5) Data analysis

What differentiates Q-methodology from other qualitative methods is the transformation of qualitative data into numerical result by a mathematical analysis involving three steps. First, the Q-sorts, generated by the respondents, are inter-correlated using the Pearson correlation coefficient, resulting in an inter-correlation matrix of all Q-sorts. In the second step, a by-person factor analysis is performed on the inter-correlation matrix. The last step in statistical analysis involves separately calculating factor scores for each different viewpoint to assess

**Table 1.** Distribution of Q Sample Card

Variables	Most unlike				Neutral			Most like	
Score	-4	-3	-2	-1	0	1	2	3	4
No. of card	2	3	4	4	6	4	4	3	2

the relative importance of each statement in the identification of the factor. Finally, related statements are arranged into clusters, and the meaning imputed to each.

Principal component factors were analyzed using the QUANL PC program after grading the contents of the P-sample. The optimum number of factors was confirmed by selecting the best completed types that could be adequately explained from which to extract a result, which was attained by testing various factors that were over Eigen value 1.0.

The Q-sort activity was pre-tested by asking two elderly women to identify unclear statements and determine ease of completion. The time needed to complete the activity was established. Changes were made.

## RESULTS

This study identifies three types of discourses on gender role identity.

### 1. Formation of Q type

Among 40 study participants, 15 people belong to Type one, 12 to Type two and 13 to Type three. The higher the value of the participants' factor loadings, the more those participants represented the typical or ideal of the category to which they belong. The number of participants who had a loading factor value higher than 1.0 is as follows: 7 people in Type one, 1 in Type two and 3 in Type three. The three factors together accounted for about 41.0% of the variance in the correlation matrix. Type one accounted for 28.3%, Type two for 7.5%, and Type three for 5.3%.

### 2. Character of older Korean women's gender role identity

The participants' statements were identified as either one of agreement or one of disagreement. These statements were then classified into one of three types. Inclusion into one of the three classifications was based on a standard (Z-score) with value higher than  $\pm 1.00$ . In order to grasp the character of each type of participants, individual interviews were performed and the results are as follows (Table 2, Table 3).

#### 1) Type 1: Caring-affectionate women

Type 1 consists of 15 participants and it explains 28.3% of the variance. Ten participants live in the Honam area. They are older than the other types and their characters

are sociable. Nine participants state that their extrovert intuition is strong in their character.

Type 1 women reported that they have good skills for soothing others and taking care of children. Also they perceived themselves as understanding, patient, sympathetic, and faithful women. On the other hand, they disagreed with items of being aggressive, selfish and insist on having their own opinions. For example, participants of type 1 wrote, "I prefer to help other's good work rather than doing my own", "I don't have any opinion. If other people like it, that's fine with me. I wish to do work what others like.", "I understand others well and help them if I have a chance.", "I just follow what others like to do", "I am a good listener and I don't like to talk", "I don't like to argue or fight".

This type of older women has a deep understanding and patience, so she puts others first. Women in this type perceives themselves as sympathetic towards other in tense situations and reports pride in caring for the families and children, which is reported as a virtue. In summarizing the results, type 1 is named as "caring-affectionate" woman, because these participants are generous and put effort into understanding and sympathizing with others; their character is gentle, and they take care of children wholeheartedly.

#### 2) Type 2: Assertive-confident women

Type 2 consists of 12 participants and it explains 7.5% of the entire variance. Participants reside in Honam and Youngnam in equal ratio. The subject age of Type 2 is the youngest among the three types. Type 2 shows a neutral aspect because the proportion of extrovert, straight type and introvert, emotional type is similar.

Type 2 represents an approach of being faithful, assertive and sensitive to the needs of others, in particular to soothe others well. Type 2 claims to not being selfish, shy or dominant. Participants with a high factor loading on this type have recorded the following: "I am sensitive to the need of others, so it is easy for me to find out what others need", "I am assertive because I do work hard to achieve the goals that I believe in", "I am able to soothe others well because I have understanding and sympathy", "Even though I serve others and am strong in my opinion, I am not selfish", "I am not shy doing what I believe in and am assertive".

Type 2 is labeled "Assertive-confident" since it stands for an assertive belief, can understand and comfort others in a positive way. Type 2 is more assertive, has a driving force, and is bolder than Type 1 and Type 3.

**Table 2.** Q Sample 7and Z-score according to Type

Q statement	Z-score		
	Type 1 (n=15)	Type 2 (n=12)	Type 1 (n=13)
1. Acts as a leader	-1.2	0.8	-0.5
2. Aggressive	-2	-0.2	-1.5
3. Ambitious	-1.1	-1.4	-1.3
4. Assertive	-1.2	1.6	0.2
5. Brave	-0.6	0.6	-0.4
6. Broad-minded	-0.1	1.1	-1
7. Competitive	-1.2	-0.2	-0.4
8. Defends own beliefs	0.4	1	0.1
9. Dominant	-1.7	-1.2	-2.2
10. Emotion conceal	-0.5	-0.7	-1
11. Faithful	1.3	1.8	0.1
12. Forceful	-0.5	0.3	-0.6
13. Independent	0.1	0.2	-1
14. Initiative	-0.4	1	-0.5
15. Makes decisions easily	-0.5	-0.3	0.3
16. Selfish	-1.7	-2.8	-2.3
17. Strong character	-0.3	0.4	-0.2
18. Taciturn	0.5	-1.4	-1.6
19. Take risks	-0.8	-0.3	-1.2
20. Dealing with serious matters well	0.1	0.4	-0.4
21. Affectionate	0.5	0.2	1.7
22. Take care of children	1.2	0.6	1.3
23. Charming	-0.9	-0.9	1.1
24. Delicate	0.8	-0.4	0.5
25. Does not use harsh language	0.9	-0.2	0.9
26. Soothe others well	1.3	1.8	1.1
27. Enjoying romantic things	-0.3	-0.3	1
28. Gentle	1.4	-0.8	0.2
29. Patient	1.4	0.2	1
30. Invest in appearance	0.4	-0.1	0.9
31. Jealous	-1.6	0.1	0.2
32. Loving beautiful things	0.7	0.5	1.8
33. Sensitive to the needs of others	0.8	1.2	0.3
34. Shy	0.5	-1.6	-0.1
35. Sweet	0.7	-0.6	0.9
36. Sympathetic	1.3	0.8	1.2
37. Talkative	-1.1	-1	-0.2
38. Tender	0.6	-0.1	0.1
39. Understanding	1.6	1.3	1.1
40. Yielding	0.9	-0.9	0.3

**Table 3.** Descending array of Z-score (Greater than±1) and Item Description for each Type

Type	Q statement	Z score
Type 1 (n=15)	39. Understanding	1.58
	29. Patient	1.41
	28. Gentle	1.40
	36. Sympathetic	1.32
	26. Soothe others well	1.29
	11. Faithful	1.26
	22. Take care of children	1.22
	37. Talkative	-1.07
	3. Ambitious	-1.09
	7. Competitive	-1.17
	1. Acts as a leader	-1.20
	4. Assertive	-1.24
	31. Jealous	-1.63
	9. Dominant	-1.65
	16. Selfish	-1.70
	2. Aggressive	-1.98
Type 2 (n=12)	11. Faithful	1.78
	26. Soothe others well	1.76
	4. Assertive	1.63
	39. Understanding	1.30
	33. Sensitive to the needs of others	1.22
	6. Broad- minded	1.14
	8. Defends own beliefs	1.04
	14. Initiative	1.03
	9. Dominant	-1.15
	18. Taciturn	-1.36
	3. Ambitious	-1.41
37. Talkative	-1.56	
34. Shy	-1.63	
16. Selfish	-2.76	
Type 3 (n=13)	32. Loving beautiful things	1.77
	21. Affectionate	1.72
	22. Take care of children	1.26
	36. Sympathetic	1.23
	26. Soothe others well	1.15
	39. Understanding	1.13
	23. Charming	1.10
	6. Broad- minded	-1.02
	19. Take risks	-1.15
	3. Ambitious	-1.29
	2. Aggressive	-1.51
	18. Taciturn	-1.61
	9. Dominant	-2.16
16. Selfish	-2.26	

### 3) Type 3: Sensitive-affectionate women

Type 3 consists of 13 participants, and it explains 5.3% of the entire variance. The majority of the loading participants live in the Youngnam area. Of the 13, eight women state that their personality type is extrovert and sensitive, which differs from type 1 and 2.

Based on the observation of the high scoring statements in type 3, these people love beautiful things, are affectionate, sympathetic and charming. The type 3 discourse is not selfish, dominant, taciturn or ambitious. The participants in Type 3 made the following statements: “I am usually emotional and have a cheerful character”, “Even though I am old, I care about my looks because this is what other people see”, “I like a romantic event or cute items”, “I often look for beautiful clothes or shoes because I am interested in them”, “I express my feeling freely, so I cannot hide my emotion”, “I love to talk with others, so I am not taciturn, but I am rather talkative”, “I love decorating with charming things before I get older”, “I cry when I cannot control my emotion”, “The older generation told me that women must use polite language”, “Outside appearance is important, so I am more affectionate towards people who look nice”.

In summary Type 3 is named as sensitive-affectionate women, because Type 3 specially shows unique feminine sensitivity, such as being romantic and loving beautiful things; this discourse comforts others, is compassionate and has a sensitive character.

### 4) Consensus

Commonly agreeable characteristics of each type confirm that Korean traditional older women comfort others, are sympathetic, and take care of children. Commonly disagreeable characteristics are that they are selfish, ambitious and take risks which are seen as disagreeable and not in keeping with Korean traditional image of older women.

## DISCUSSION

This study's aim was to investigate the subjective perception types of older Korean women and their characteristics. As a result of the study, three categories were constructed: Caring-affectionate women, Assertive-confident women, and Sensitive-affectionate women. Among the three types of gender role identity of older Korean women, caring-affectionate women and sensitive-affectionate women have a more prominent feminine identity. These types of older women were found to have the understanding and patience to consider others more than themselves, to have a sympathy for the needy, and to perceive their worth in life by caring for children and their family, regarding it as their virtue, indicating their affectionate characteristics in common. This finding demonstrates the gender role identity of

Korean females over 60 years of age which include more sympathy, tenderness, and geniality, as shown in the study of Lee (1997). Their lives cannot be separated from those of their children, and the children are their reason for living, as well as their motivation in life (Lee, 2011); they regard their children or family as being more important than them selves. Comparing the types of gender role identity in this study with the types found in Bem (1975)'s study, the assertive-confident type is related to masculinity while caring-affectionate and the sensitive-affectionate type are related to femininity. However, characteristics in relation to androgyny were not found in this study. This finding seems to support a claim that it is not appropriate to explain gender role identity of the elderly by a dichotomous view of masculinity and femininity.

The caring-affectionate women are more taciturn, genial, faithful, and independent than the sensitive-affectionate type. These features found in this study are consistent with Park (2011)'s findings on gender role identity in college women. Differences between the two types include the sensitive-affectionate women reporting what is seen as a delicate feminine sense including being romantic and attractive. These differences are likely to have a relation with the method of expressing emotion. Emotional expressiveness means the extent of expressing the emotion externally, and it can be more expressive or less expressive according to the individuals. Although there is the assertion that the elderly are less prone to express emotion, or they are not directly expressive no matter what the gender is, this research found that there are both types: expressive and non-expressive. In sum, the caring-affectionate women control emotional expression, so that these are more likely to be taciturn, while the sensitive-affectionate women are emotional, attractive, and actively expresses.

Similar to the other two types, the Assertive-confident women was positive in understanding and in comforting others. Meanwhile, having leadership qualities, this type was even assertive, aggressive, broad-minded, faithful, and demonstrated initiative, contrary to the other two types. These characteristics bolster Jung's theory (Jacobi, 1974) which showed that older women are able to assert themselves with tranquility, as this type of older women put their values in restraining their animus in their early days, while the animus from the unconsciousness tends to be revealed at a later age. The gender role identity of elderly women has similar attributes with the conviction-affectionate type in college women, but it is observed that college women's affectionate aspect in

that type is a contrast to a powerful aspect of female elderly in the same type. So, it needs to consider the differences between the generations to identify gender role identity of the elderly.

Despite the differences among the revealed types in this research, older women are likely to have the understanding and patience to comfort others and care for the children. On the other hand, they tend to deny their selfish, dominant, and aggressive characters in common. Accordingly, the receptive behavior of older women to traditional roles reflects the fact that older Korean women have been stereotyped in gender role. These features are in accordance with the report which stated that the elderly put emphasis on the traditional gender role in the life cycle gender role developmental stages (Kwak, Jo, & Yoon, 2005).

The caring-affectionate women have the highest age and the lowest educational level, and their husbands suffer the highest death rate among the three types. The assertive-confident women are the youngest. The assertive-confident women in this research are confident, assertive and aggressive, which means that they have departed from the yielding and passive images of traditional women. If we regard that renewal as modern, then this type has the most modern tendency among the three types in this research. Since this type of older women is the youngest, we suppose that the younger the seniors are, the more they have changed into the modern gender role from the traditional gender role.

As the gender role identity is affected by social and cultural influences, regional differences needed to be considered in this research as well. The representative regional contrast is between the Youngnam and Honam areas. The proportion of older women in the Honam area is the highest among the caring-affectionate women, whereas the proportion of the older women in Youngnam is the highest among the Sensitive-affectionate type. These results are contrary to Kim's research (1995) which concluded that there is no difference in gender role identity between the two areas. Contrary to Kim's gender role identity categorization, the differences in results are in part due to the fact that this research reflects the diversity of experimental uniqueness of individuals and socio-cultural values made by the subjective and individual experience. The differences in gender role identity according to cultural influences are required to be investigated in future studies.

In this research, there are differences in personality according to the type of gender role identity. In the case of female middle school students, gender role identity is

relevant to the personality, as gender role identity has a close relation with the extroversion and openness about experience (Kwak, 2008). However, in the case of the caring-affectionate women, and the sensitive-affectionate women, the most of those types responded that they themselves are extroversive. Different from the universally accepted stereotype that the male is extroversive and female is introversive, older women clearly tend toward the extroversive personality. Although further research to investigate the relation between gender role identity and personality according to the developmental stages should be undertaken, we can infer that females become more prominently extroversive as they become older.

Geriatric nurses will be able to understand the three types of gender role identity which are examined in this study, and to help the types of people to search for their proper role. For caring-affectionate women, it will help them to adapt to old age if the fine points of tradition are developed and respected. For assertive-confident women, it will be useful if opportunities for social activities are offered them, as they have an advantage in social roles. Lastly, for the Sensitive-affectionate women, finding opportunities for them to take charge of a situation where a delicate sense is required, and encouraging them in this, is needed.

Although the design of the study was very effective in answering the research questions, a limitation of the study is the complexity of Q-methodology itself. The limitation is an explaining variance of 'only' 41% by the three factors. Another limitation may be the eigen value greater 1.0 rule, which is probably a limit of the used software. The other limitation is the generalization of the demographic variables from very small scale.

## CONCLUSION

Gender role identity is one of the elements that affect the social and mental condition such as self-esteem, and gender role identity is not a fixed conception but it can be changed according to the life-cycle developmental stages. Korean older women are the generations who internalize the patriarchy and the distinctive perception between the genders. Therefore the unequal gender role in their families is likely to be lasted until their old ages.

In this study, new type of gender role identity was found which is different from the existing categorization in terms of gender role identity such as masculinity, fem-

inity, androgyny, and undifferentiated type. It is ascertained that the new dimensional categorization in terms of gender role identity for older Korean women is needed. Caring-affectionate elderly women consider their worth in life as caring for others with altruism while as Sensitive-affectionate women are romantic and aesthetic, while Assertive-confident women are broad-minded, faithful, and initiative.

Implications for nursing practice from this study are that the typology of gender role identity could be used as a guideline in understanding older women and supporting them in their identified types. The typology may be helpful to older women to understand own type and the value it in addition to understanding others in their age cohort. It will be essential to integrate the prevalent attributes of gender role identity into health promotion interventions such that they facilitate behavior change.

Future research should be extended to compare elderly women to the elderly men or the other age groups. And it may be necessary to develop gender role identity tools to derive the new types such as Sensitive-affectionate type which could not be identified from the existing methods.

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