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Working Paper Series

Research on the Effect of
Women's Outside Employment:
A Review for Clinical
Practitioners

Rosalind C. Barnett

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Publications Office - Wellesley Centers for Women
Wellesley College, 106 Central Street, Wellesley, MA 02481
Phone: 781-283-2510 Fax: 781-283-2504

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In this paper I present the picture of today's women that is emerging consistently from social-science research, my own and others. As background, I have been involved in a program of research exploring the sources of subjective well-being and psychological distress in women in the middle years, as well as in husbands and wives in dual-earner marriages, with a particular focus on multiple roles and their effect on women's health.

As we all know, among the most pressing issues confronting today's women are those concerning the possible negative health effects on themselves and their families of combining work and family roles. These issues are often difficult to discuss objectively since they evoke strong theoretical, political, and emotional reactions. Although there are major differences in the way researchers and clinicians think about these questions and in the methods each uses to study them, the common ground is a commitment to understanding women's lives as fully as possible. To this end, we as clinicians and our clients can only benefit from the most up-to-date research findings. These findings may challenge currently-held views, may provoke new discussions, and in the end hopefully will lead to asking better questions, getting better answers, and as a result being even more effective with our clients. The social-science research perspective contributes to that end by providing a normative backdrop against which to view individual women.

Of the many aspects of this topic that are important to share, I have focused on four: (1) Employment has beneficial effects for women's mental health; (2) part-time employment is not associated with any mental health benefits compared to full-time employment; (3) employed women compartmentalize their affective experiences as mothers and workers; and (4) infant-mother attachment is not affected by maternal employment. I have been selective in the studies I will be presenting and have used the following three criteria: (1) since social norms and attitudes are changing rapidly and have a clear effect on women's behavior, I have given weight to recent studies; (2) to provide a normative backdrop, I selected studies based on random samples of women; and (3) I selected studies that assessed psychological distress and infant attachment in comparable ways.

I. EMPLOYMENT HAS BENEFICIAL EFFECTS FOR WOMEN'S MENTAL HEALTH.

Early efforts at studying women's employment were directed at assessing the effects on children. Only recently have researchers begun to ask about the effects of employment on women themselves. In sharp contrast, research concerning men and employment has focused almost exclusively on the effects of employment on the men themselves.

Anticipated Findings

Different hypotheses lead to predictions of either negative or positive effects of employment on women's health. The negative predictions were based on such considerations as: (1) women's physical health would suffer because they would be exposed to physical, chemical, and biological hazards at work; (2) women's mental health would suffer because of strain and exhaustion due to job stress and overload.

Positive predictions grew out of the following expectations: (1) women's physical health would improve because of increased income and better access to health care; (2) women's mental health would improve because being an employee and co-worker would increase contact with people who can provide social support, as well as opportunities for enhancing self-esteem and a sense of control.

Sources of Evidence Relied Upon by Epidemiologists and Sociologists

One source of evidence compares trends over time, and looks for associations between increased labor-force participation and changes in physical and mental health (See Figure One).

INSERT FIGURE ONE ABOUT HERE
Women's Labor Force Participation over time

The rationale behind this line of inquiry is that mental disorders are due to the strains inherent in social roles. Therefore, one would expect as these roles change there should be corresponding changes in rates of disorder (Rodin & Icovics, 1990).

Women's position in American society has undergone dramatic shifts, since World War 11. Most notably: (1) women's traditional roles became less meaningful; (2) women's child-rearing years were shortened; (3) women's domestic skills were replaced by modern conveniences; and (4) women received more education. The net effect is women became less satisfied with the homemaking role and moved in increasing numbers into the paid-labor force.

These trends are associated with several lines of evidence suggesting that women's mental and physical health has improved over the same period, i.e., from 1950 to 1970. One line of evidence indicates that women were more likely than men to be admitted to mental hospitals before World war 11, whereas this trend was reversed after the war.

A related line of evidence comes from examining life-expectancy estimates and mortality figures over this period of time (Matthews & Rodin, 1990). Predictions were made by many prominent people, including the eminent cardiologists, including Drs. Rosenman and Friedman (1975) of Type A fame, that as women entered the paid labor force they would lose their health advantage and start dying earlier, falling victim especially to coronary heart disease. What had actually happened?

Looking at longitudinal data, it is clear that in America, women live longer than men. In every decade since 1900, and for both whites and non-whites, the average female life span has lengthened more than the average male lifespan (Rice & Cugliani, 1980).

INSERT FIGURE TWO ABOUT HERE
Average Life Expectancy

As can be seen in Figure Two, in 1900, the average life expectancy for men was 46 years; for women, it was 48 years. At the turn of the century, females lived, on average, two years longer than males. By 1980, the average life expectancy was 70 years for males and 77.5 years for females. The gap between males and females had increased by five and a half years. These figures are not consistent with the idea that changing sex roles have had negative impact on women's health.

Perhaps these figures mask differences between women associated with employment? However, 18-year data on mortality from all causes, shows, as we see in Figure Four, that among women there is no relationship between mortality risk and employment, regardless of type of occupation (Kotler & Wingard, 1989).

INSERT FIGURE THREE ABOUT HERE
Age-adjusted 18-year risk of all-cause mortality

What about cause of death? Can it be that women are dying more frequently than they used to from stress killers such as heart attacks, as predicted by Rosenman and Friedman? The answer is NO.

As shown in Figure Four, Age-adjusted rates of death from heart attacks show no

INSERT FIGURE FOUR ABOUT HERE
Age-adjusted rates of death from heart attacks

change in the gender gap. Women have retained their health advantage.

After reviewing the available evidence, psychologist Faye Crosby in her forthcoming book, concludes:

...the accumulated data on gender and mortality show not even a hint of harm to women from their expanded opportunities for playing a variety of life roles" (forthcoming, p. 58)

Sources of Evidence Relied Upon by Psychologists

Estimates of the effect of employment on the mental health of employed compared to non-employed women constitute the major source of survey research evidence.

Before turning to the findings, let me describe how social-science researchers assess psychological distress. The primary method is self-report paper-and-pencil instruments assessing frequency of psychiatric symptoms. Such instruments have a long history in both clinical and research settings, dating back to World War 1.

One of the most widely used such instrument is the SCL-90, which has a 20 year history (Derogatis, 1975, 1983). Item selection was based primarily on clinical significance. This measure is designed to reflect psychological symptom status in a broad spectrum of individuals, ranging from non-patient "normal" respondents, through medical patients of various types, to individuals with psychiatric disorders. Formal norms for these various groups are provided.

The SCL-90 assesses nine symptom dimensions, including anxiety and depression. For each item, subjects are asked to indicate, on a five point scale from not at all to extremely, how much they have been bothered by that problem during the past week, including today. Most of the research on multiple roles and mental health utilizes the depression scale alone or the combined depression and anxiety scales. The items constituting the depression scale and anxiety scale are shown in Figure Five.

INSERT FIGURE FIVE ABOUT HERE
Depression and anxiety symptoms

The symptoms of the Depression dimension reflect a broad range of symptoms including dysphoric mood and affect, signs of withdrawal of life interest, lack of motivation, and loss of vital energy. In addition, feelings of hopelessness, thoughts of suicide, and other cognitive and somatic correlates of depression are included.

The Anxiety dimension is composed of a set of symptoms and signs that are associated clinically with high levels of manifest anxiety. General signs such as nervousness, tension and trembling are included, as are panic attacks and feelings of terror. Cognitive components involving feelings of apprehension and dread, and some of the somatic correlates of anxiety are also included.

Numerous studies with representative samples have found that employed women report lower levels of symptomatology than do non-employed women (e.g., Barnett & Baruch, 1985; Baruch, Barnett & Rivers, 1984). This conclusion is as true in the case of mental as in the case of physical-health outcomes (Verbrugge, 1986).

However, most of the studies are cross-sectional, raising issues of interpretation. It is impossible to say whether employment per se has beneficial effects or whether healthier women are employed and stay employed, which accounts for the finding that employed women report better health. This latter interpretation is called the "healthy-worker effect". Available evidence suggests that the healthy worker effect is more pronounced with respect to physical health outcomes than mental health outcomes (Repetti, Matthews, & Waldron, 1989).

Longitudinal studies attempt to control for the healthy worker effect by eliminating women who report that their health is the reason for their unemployment, by limiting their analyses to women who have stayed in the labor force for the duration of the study period, or by controlling statistically for the initial level of distress. Several longitudinal studies of the healthy-worker effect, indicate that women who are physically healthy initially stay in the labor force; women who are unhealthy drop out. Even after controlling for this effect by retaining only the women who remain in the labor force, there is a positive effect over time, that is, women report fewer symptoms over time (Waldron & Jacobs, 1988).

Longitudinal studies on national samples of employed middle-aged women, using appropriate controls, indicate: (1) beneficial effects of employment on physical health indicators (e.g., Waldron, & Jacobs, 1988); (2) no significant difference between employed and non-employed women in incidence of coronary heart disease over a ten-year period (Haynes & Feinlieb, 1982); and (3) no increased risk for mortality from all causes over an eighteen-year period (Kotler & Wingard, 1989).

Most studies of the relationship between women's employment and women's mental health are cross-sectional. The major findings are: (1) employed women are less depressed than non-employed women (Baruch, Rivers, & Barnett, 1984); (2) employed women report higher levels of subjective well-being than non-employed women (Barnett & Baruch, 1985); and (3) no study has found employed women to be more depressed than non-employed women.

Future Directions

Until recently, employment has been treated as a "social address" variable: women are either at that address or not; they are there for longer or shorter periods of time. There is a clear movement to include other work-related variables, e.g., the subjective quality of the employee role. Clearly some jobs are more rewarding than others. I'll talk later about the notion of subjective role quality.

Researchers are now asking about the characteristics of jobs that are associated with improvements or decrements in mental and physical health (Barnett, Davidson, & Marshall, 1991; Barnett & Marshall, 1991).

In addition to looking at how different characteristics of jobs vary in their impact on women's health outcomes, researchers are also asking whether the benefits of employment are enjoyed equally by all women. More specifically, do individual differences in such personality variables as self-esteem, locus of control, or trait anger moderate the relationship between employment and mental health outcomes?

A related question is whether employment benefits the mental health of women who are also mothers? Many believe that even if employment is good for women in general, it can't be good for employed mothers. Typically role strain and role-conflict

arguments are invoked for the conclusion that combining the roles of mother and employee leads inevitably to negative health effects.

A recent study, funded by the National Institute of Occupational Safety and Health Study, examined the mental and health effects of employment among a sample of women who varied in parental and partnership status (Barnett, Marshall and Davidson, 1989). This was a short-term longitudinal study of workplace and non-workplace stressors and stress mitigators in a disproportionate, stratified, random sample of 403 Massachusetts women, ages 25 to 55. In 1985, these women were employed at least half-time in one of two health-care professions -- licensed practical nursing and social work. Within each occupation, the sample was stratified by race, parental status and partnership status. Of the potential subjects whom we contacted, only 4% refused to participate.

The mean age of the respondents was 39.5 years. On average, they had been working in their respective fields for 11 years and at their current jobs for 5 and 1/2 years. They worked 39.4 hours per week on average ($sd = 8.7$). The mean individual income in 1985 was \$24,400 ($sd = \$2,700$).

After controlling for per capita income, education, age and race, mothers were no more at risk for distress than were non-mothers. Moreover, this finding was independent of whether the mothers had any preschool children at home, or had many or few children living at home, and it was as true of single as of partnered mothers (Barnett & Marshall, 1991).

This finding is particularly important given the concern that among employed mothers single mothers are at greater risk for psychological distress than are partnered mothers. Since single and divorced mothers constitute a large and growing percentage of the female labor force, their vulnerability to psychological distress is of great importance.

Although some studies suggest that single mothers are at higher risk than partnered mothers, they are typically of non-random samples and do not control for socioeconomic status or per capita income. Studies with appropriate controls, challenge the conclusion that single mothers are more vulnerable. Taken together these findings suggest that whatever vulnerability to depression employed single mothers might have is due to their per capita income and education, not to their partnership status.

Also bearing on this question are findings from a recent longitudinal study of the effects of role changes on mental health Wethington & Kessler (1989). They followed a random sample of 745 married women for three years, from 1985 to 1988, examining the effects on mental health of role changes in employment and in parenting status. They divided employment status into three groups: (1) not employed or employed less than 10 hours per week; (2) part-time employed, that is, employed 10-34 hours per week outside the home; and (3) full-time employed, that is, 35 or more hours. A change in employment status was defined as any movement among these categories. Having a child was the primary parenting status change. The researchers distinguished between the birth of a first child and the birth of subsequent children.

The main findings were that changes in commitment to the labor force were associated over time with changes in levels of distress; women who reduced their commitment from full-time employment to non-employment reported more symptoms of distress, those who increased their commitment from homemakers to full-time employed reported a decrease in distress symptoms. Women benefitted from increased employment hours whether or not they had children and irrespective of the number and ages of their children. In contrast, change in parental status, either having a first or a subsequent child or adopting a first or subsequent child, had no effect on distress levels, unless the change was associated with a decrease in labor force participation. Employed mothers who reduced their commitment to the labor force reported an increase in distress. Those who increased their commitment to full-time reported a decrease in distress. These results come as a surprise because of the assumption that employment especially for mothers will be associated with negative effects.

In sum, there are many studies addressing the effect of employment on women's mental health. Some are better controlled than others. Researchers are aware of the need to improve controls. Although it is possible to fault with any individual study, as a group they point clearly to the conclusion that employment is associated with significant mental-health benefits for women, mothers and non-mothers. In addition, there is growing consensus that for women as well as men, the more roles a person occupies the better their mental and physical health.

Before moving on, I'd like to share with you a new focus of this line of research, namely, an exploration of significant moderators of the relationship between employment and mental health among working mothers. One of which is difficulty in arranging child care. The next figure (Figure Six) presents relevant data based on a national probability sample of 680 couples (Ross & Mirowsky, 1988).

INSERT FIGURE SIX ABOUT HERE
Deviations from the overall mean depression level for all wives

As you can see, the ease or difficulty of arranging child care has a marked effect on the psychological well-being of employed mothers. For these mothers, it is not the presence of children per se that affects depression; it is the amount of difficulty in arranging child care. Employed wives who have no children and employed wives who have children but have no difficulty in arranging child care both have lower than average depression; there is no significant difference between these two groups. In contrast, employed mothers who have difficulty in arranging child care have much higher than average depression.

Further analyses of this data set indicate that husbands' participation as well as difficulty in arranging child care can have major effects on employed mothers' depression scores, as shown in Figure Seven.

INSERT FIGURE SEVEN ABOUT HERE
Deviations from the mean depression level for employed wives

For these women, it was not having children per se that was associated with depression scores, but the absence of supportive arrangements. Employed mothers whose husbands share the child-care responsibilities and who have no difficulty in arranging child care have levels of depression as low as those of husbands and of employed women with no children.

Finally, since employment was assumed to have negative effects on women's mental health, there had been almost no research on the effects of women's unemployment either on women themselves or on their children. Recent studies suggest that unemployment affects women as well as men (Rayman, 1987). Moreover, the effects seem similar, namely, increased depression, lowered self-esteem and increased immobility. These effects are apparent among women across a wide range of occupations, not just glamorous, well-paid ones, including meat packer.

II. PART-TIME EMPLOYMENT IS NOT ASSOCIATED WITH ANY MENTAL HEALTH BENEFITS COMPARED TO FULL-TIME EMPLOYMENT

Various hypotheses suggest that part-time employment may have either more beneficial or more detrimental effects on women's health than full-time employment. On the one hand, part-time employment may have more beneficial effects on health than full-time employment because it may provide the advantages of increased social contact and self-esteem without the degree of overload and role conflict encountered by married women who are employed full-time. A related hypothesis is that part-time employment may be more advantageous for women who have young children or many children, since these women would be more likely to suffer role conflicts and overload if employed full-time.

On the other hand, part-time employment may have more detrimental effects than full-time employment because part-time employment results in lower personal income and if a woman's low personal income results in low family income, then low family income can have detrimental effects on health. Moreover, number of hours employed is directly related to medical and other benefits. Typically women working less than 20 hours per week are not entitled to such benefits, which in turn, may have negative effects on women's health.

Also, part-time employment results in fewer opportunities for promotion, irregular hours, lack of autonomy, high demands, less challenging work, and less recognition, all of which may result in lower self-esteem and increased psychological distress. Finally, among employed mothers, part-time employment may not adequately buffer women from the stressors associated with child rearing and may therefore result in fewer benefits than full-time employment.

In four recent studies of random samples of employed women, in which the effects of part-time vs. full-time employment were estimated, not one indicates a mental-health advantage of part-time over full-time employment (Adelman, Antonucci, Crohan, & Coleman, 1987; Gore & Mangione, 1983; Waldron & Jacobs, 1988; Wethington & Kessler, 1989). The findings indicate either no difference on indices of psychological distress between part-time and full-time employees or a positive association between mental health and number of hours employed.

These findings support the conclusion that, in random samples of employed women, part-time work is not associated with mental-health benefits compared to full-time employment. However, part-time employment may be beneficial to select groups. For example, among employed mothers in two-earner couples in which the partner earns enough to support the household, part-time work may be beneficial. However, it appears that it is at best a partial solution to the problem of conflicting or demanding role obligations.

III. EMPLOYED MOTHERS COMPARTMENTALIZE THEIR AFFECTIVE EXPERIENCES AT HOME AND AT WORK

How do affective experiences at home and at work combine in contributing an employed mother's sense of psychological distress? To answer this question we have to talk about role quality not just role occupancy.

Let us begin by defining role quality. In our group at the Wellesley College Center for Research on Women, we consider role quality to be a complex construct consisting of at least two components: the positive aspects of a role, called rewards and the negative aspects of a role, called concerns. Role quality, which we refer to as the balance score, is the difference, that is, the rewards minus the concerns. We like to use a check book analogy to illustrate our concept of balance. Having a positive check book balance does not require that you make no withdrawals, it merely requires that your deposits exceed your withdrawals. Similarly, a role will be experienced as positive, as long as your rewards exceed your concerns.

Several studies have confirmed that role quality is a better predictor of mental health states than is the number of roles a person occupies (Barnett & Baruch, 1985). Previous research indicates that the balance score is a better predictor of psychological distress and subjective well-being than are either the reward or the concern scores alone. And, as would be expected, there is a positive association between role quality in a role and psychological distress. Women who are employees and experience positive role quality in that role report fewer symptoms of distress than their counterparts who experience the employee role as problematic. Similarly, mothers who have positive relationships with their children report fewer symptoms of distress than mothers who have troubled relationships.

The interesting question is what happens if one role is positive and another is negative? How do the negative and positive effects of role experiences cumulate? Is the

health-enhancing effect of a positive role reduced in the presence of a negative role? For example, if an employed mother's health is benefitted by virtue of having a terrific relationship with her child, is the effect reduced if her job is very demanding? Or, conversely, is the health benefit she derives from a great job reduced if there are problems at home? (See Barnett & Marshall, 1990 for a full discussion of these questions.)

How accurate are these pictures? What special health risks, if any, do employed mothers face, and how are those risks affected by the quality of their relationships both at work and at home?

Before addressing this specific question, we need to consider the general question, how is the relationship between distress and role quality in one role affected by role quality in another role?

We examined two models of psychological distress: one in which the quality of experience in one role does not affect the relationship between psychological distress and the quality of experience in another role and another in which it does. These models -- a main-effects model and an interaction-effects model -- are shown in Figure Eight.

INSERT FIGURE EIGHT ABOUT HERE
Main and interaction-effects models

Under the main-effects model, the quality of experience in one role does not affect the relationship between the quality of experience in the other role and psychological distress. In other words, there is no compounding of effects from one role to the other. To illustrate, the home-based woes or joys of employed mothers would not compound the effects of their work experience on their level of psychological distress.

Most researchers and clinicians studying the effects of role quality on mental-health states examine only one role at a time, implicitly assuming this main-effects model. For example, clinicians dealing with family-role stress may not assess the quality of work roles. The implicit assumption is that work-role quality has no effect.

In contrast, the interaction-effects model posits that emotional feelings generated in one arena -- work or family -- "spillover" into the other, increasing vulnerability or resilience to psychological distress. Interactions can be positive or negative. We use the term "positive-spillover effects" to refer to the interaction between rewards in one role and overall-role quality in the other role, and "negative-spillover effects" to refer to the interaction between concerns in one role and overall-role quality in the other role.

For example, a positive experience in one's job could ameliorate the relationship between parent-role quality and psychological distress or that a troubled relationship with one's children could mitigate the effect of job rewards on distress.

If the interaction-effects model is supported, it suggests that, as long as one role is positive, multiple roles benefit women's mental health because one role can reduce the anguish experienced in another. This finding would have clinical as well as theoretical relevance. For example, while it may not be possible for a woman to change certain aspects of her life that are producing stress, it may be possible for her to improve the quality of her experience in another part of her life, thereby reducing her overall level of distress.

Interaction effects on psychological distress may take several forms. One view holds that spillover from family to work is more likely among employed women, whereas spillover from work to family is more common among men (Pleck, 1977). Accordingly, employed women with family roles would bring their home-based woes to the job, thereby rendering them less able to cope with the demands of the job and by extension more vulnerable than women without family roles (and men) to psychological distress. This thinking suggests negative-spillover effects from family to job for women. The other version of negative-spillover effects, i.e., from work to family, has generated much of the concern expressed in the popular media about the disastrous effects of work on the children and husbands of employed women. In this version, women bring home their work-related problems, which then contaminate their home life, resulting in heightened distress for themselves as well as their children. In contrast, the notion of positive-spillover effects, i.e., that distress would be lowered by work rewards offsetting parental woes or parental rewards offsetting work woes, has received little attention.

In sum, evidence of negative-spillover effects on psychological distress would support the role-strain and role-conflict models underlying the relationship between stress and illness. Evidence of positive-spillover effects would suggest a mechanism by which the mental health of employed mothers would benefit from multiple roles, as long as the moderating role was rewarding.

To demonstrate spillover effects on psychological distress, one has to show that the interaction between the experiences in the two roles accounts for a significant proportion of the variance in psychological distress, over and above that accounted for by the main effects of the experiences in the two roles.

The sample for this study was the 403 LPNs and social workers I described earlier (Barnett, Marshall and Davidson, 1989). 229 of the women had children, whose ages ranged from less than one year to over 30 years old. The average number of children was 2.5. Most of the mothers were caring for school-age children 6-18 years of age. Only 13.9% had a child under age six; only 14% had children all of whom were 18 years or older. Finally, the mean number of children currently living at home was 1.5 ($sd = 1.2$).

The research questions were addressed by a series of regression analyses, all of which controlled for subject's age, race, education, and per capita income. We estimated four relationships: negative-and positive-spillover effects from home to job and from job to home separately.

Let us first consider negative-spillover effects, as presented in Figure Nine.

INSERT FIGURE NINE ABOUT HERE
Table of Negative-Spillover Effects

We looked first at negative-spillover effects from job to home and found none. Thus, problems at work do not spillover over and contaminate the relationship between the quality of a woman's relationship with her children and her level of distress. If an employed mother has a good relationship with her children, not even problems at work undermine the mental health benefit associated with her mothering role.

We, then looked at negative-spillover effects from home to job. Again we found none. Problems with children neither lessens the relationship between a good job and low psychological distress nor compounds the relationship between a bad job and high psychological distress. These findings provide clear evidence that there were no negative-spillover effects from job to home or from home to job.

We then examined positive-spillover effects, as can be seen in Figure Ten.

INSERT FIGURE TEN ABOUT HERE
Table of Positive-Spillover Effects

First, we asked about positive-spillover effects from job to home. The question was whether job rewards affected the relationship between maternal-role quality and distress. The answer was Yes. As you can see the positive-spillover interaction term -- job reward X parent-role quality -- was significant.

This interaction is shown graphically in Figure Eleven.

INSERT FIGURE ELEVEN ABOUT HERE
Graph of Positive Interaction

The effects of parent-role quality on psychological distress are conditioned by job rewards. In the presence of rewarding jobs, employed mothers are protected from the distressful effects of troubled relationships with their children. At high levels of job rewards, an employed mother with a troubled relationship with her children has a level of distress similar to that of an employed mother with a rewarding mother-child relationship. In contrast, among mothers with relationships with their children that are, on balance, a source of reward, the level of job reward has little impact on their distress levels. These findings suggest that one treatment strategy for working with an employed mother experiencing stress related to problems with her children is to concentrate on improving the quality of her job.

Additional analyses indicated that positive-spillover effects from job to home are enjoyed equally by employed mothers, independent of their partnership status, the presence of preschool children, the number of children living at home, the presence of children eighteen years or younger, the number of hours they work each week, or the length of their employment on the job.

Finally, we asked about positive-spillover effects from home to job, that is, do rewards in the maternal role affect the relationship between job-role quality and distress? Interestingly the answer was No. Not even a rewarding experience with one's children offsets the negative association between a troubling work experience and high psychological distress.

Conclusion

These analyses yielded two major findings. First, among employed mothers, the impact of the quality of their job or parental role on their mental health (negative or positive) is not affected by what is happening in their other role. If an employed mother has a stressful job, her mental health suffers. However, the negative effect on her health is the same regardless of whether her relationships with her children are good or bad. Stated differently, the benefits to mental health that employed mothers enjoy from positive relationships with their children are not eroded if they have a stressful job. In other words, the effects of her roles on her health are independent.

This independence flies in the face of the widely accepted idea that the boundaries between women's roles are permeable, something like swiss cheese, problems in one role flowing through and affecting experiences in the other. What mechanism could account for the independence of these effects? One such mechanism would require women to "shut off" their home-related worries when they left the house for the office and "shut off" their work-related problems when they left the office to return home. This shut-off mechanism, or compartmentalization, is counter to popular notions of how women function psychologically. Yet our data indicate that this is exactly what employed women with family roles do: they leave their work-related worries at the office and do not carry their home-related woes with them to work.

Popular ideas notwithstanding, the women I work with in my clinical practice describe this separation of work and family as routine. One such woman is a partner in a prestigious law firm and has two preschool-age children. Recently, she has been grappling with issues around her long hours and absences from the children. Her concern about their welfare was so great that she was contemplating quitting her job. Even in the midst of her most acute distress, in her words she "never thinks about the kids at work --never has." When she was at work, she was altogether at work; when she was at home she protected her time with her children by being altogether at home. She refused to let her work concerns intrude on her time with them. Another woman, a thirty-five year old married woman, who has had long-standing problems in her marriage, also describes compartmentalization. Recently she has been consumed with fantasies about another man. Her preoccupation was tremendously compelling; she experienced herself as addicted to him. At home she described herself as impatient with

her husband and children, as jumpy, even crazed. Yet, on the weekends, when she went to her job, in her words, "the obsessions don't affect work at all. Work is a refuge, nothing adversely affects me there." Other women describe, sometimes with surprise, their ability at work to "shut off" pressing concerns about a difficult divorce or serious problems with their children. Our thinking is that surprise is due more to the messages we hear about how we are "supposed" to be than it is to the reality of the way we live our lives.

The presence of positive-spillover effects from job to home is noteworthy for two reasons. First, it calls into question the belief that by occupying two demanding roles employed mothers will be under role strain and role conflict and will inevitably experience high-psychological distress. This view focuses solely on the stressors associated with roles, neglecting both role-related rewards and positive-spillover effects. Second, it provides a mechanism for explaining why employed mothers might enjoy better mental health than non-employed mothers (Barnett & Baruch, 1985). Non-employed mothers do not have rewarding jobs which can buffer them from the distress associated with problems in their relationships with their children.

One explanation of these findings, is that having a rewarding job provides women with multiple roles access to resources, perhaps self-esteem or a sense of mastery, that enhances their emotional resilience to stresses at home. Somehow the rewards from their jobs buoy them up and, as a result, they are better able to handle the stresses associated with problems in their parental role. Whatever the mechanism turns out to be, it is clear that having a good job is both good for women's mental health and good medicine for "the mothering blues."

IV. INFANT-MOTHER ATTACHMENT IS NOT AFFECTED BY MATERNAL EMPLOYMENT

One of the most dramatic changes in the past decade has been the increased participation of mothers of young children in the labor force. Employed mothers of infants under 1 year of age represent the fastest growing subgroup of the female labor force, escalating from 31% of all women with infants under 1 year in 1975 to 53% in 1987. Fully three-quarters of these working mothers of infants are employed on a full-time basis. In other words, almost one of every two women with a child under 1 year of age is now employed full-time.

Early studies of maternal employment focused on the effects for school-age children (Hoffman, 1989). Researchers asked about the effects on children's IQ, school performance, etc. That literature burgeoned and has been reviewed several times (Hoffman, 1980). The overwhelming finding was that there are no negative effects on children. Indeed, researchers who overcame the cultural biases and examined positive effects found several. Specifically, school achievement, IQ scores, and emotional and social development did not differ among children of working and non-working mothers. Children of employed mothers are more independent, have less rigid sex-role stereotypes

and girls with employed mothers have higher self-esteem and higher aspirations than girls reared by non-employed mothers.

Changes in demographics have refocused research interest. For example, the rapid increase in the number of women with infants returning to work has sparked considerable concern about the effects on children of infant day care. To begin with, we have to ask how are these infants cared for. In her book, Mother Care /Other Care, Sandra Scarr notes that the overwhelming majority of infant care is provided in private homes -- in 1982, fully 77% of infants were cared for in homes. Over a third in their own homes, the rest in private homes of others, grandparents, other relatives or non-relatives. Not even 10% of infants whose mothers are working are to be found in centers (Belsky, forthcoming). Thus, at least in the United States, infant day care rarely refers to the infant centers that the lay public often equates with the term day care.

Given the relative recency of infant day care utilization, long-term studies of the effects on children are not available. However, several cross-sectional and short-term studies have been done. It is important to note that before the overwhelming concern about infant-mother attachment, other streams of research had focused on other aspects of infant development.

Children's Overall Health and Welfare

In 1983, pediatricians and psychologists from the University of Arizona conducted a survey of members of the American Academy of Pediatrics (Heins, Stillman, Sabers, & Mazzeo, 1983) concerning children's overall health and welfare. About one-third of all pediatricians in the country responded to the questionnaire, which asked about their attitudes toward working women with children of various ages. In general, the pediatricians were very favorable toward mothers' working outside the home, regardless of the age of the child. If the mother proposed to work for reasons of economic necessity, 86% of the pediatricians would advise her to get a job if her child were only 6 months old. Even if the employment were primarily for the mother's personal fulfillment, nearly 3/4 of the pediatricians would advise the mother of a 6-month old to go to work. However, there was an interesting age and sex effect. Older male pediatricians whose wives did not work were much more negative about women's employment than were female pediatricians and younger male pediatricians with working wives. Most of the younger and female pediatricians thought that there are no differences between the children of employed and unemployed mothers; that is, children of working mothers were at no greater risk for problems than children with full-time mothers.

With the advent of infant-day care, researchers moved away from concerns about overall infant health and welfare to concerns about attachment. The specter of anxious children, insecurely attached to their mothers has surfaced, catapulting the issue of infant-mother attachment to the forefront of the research agenda. No issue has as much emotional weight among new mothers struggling with questions about whether or when to return to the workforce. The weightiness of this issue stems in large part from the

prevailing notions about the crucial importance of the child's early relationship to its mother for the child's healthy psychological development.

This focus was not always the case, as the history of theory in child development teaches. There were periods in this century when the prevailing idea was that children needed very little input from their environment in order to mature in a healthy and highly predictable way. According to this view, whose major proponent was the famous child psychologist Gesell, the child is good by nature and endowed with self-propelled maturation. She is largely unaffected by details of parental caregiving, as long as it is not abusive or terribly neglectful.

Gesell's child is not so malleable as to be thrown off course by parent's "misguided management," because she has internal direction. This child is shaped by nature to grow up without much fuss by the parents. Child development in this view is so predictable that Gesell was able to publish norms or standards for behavioral development, much like those for physical growth. Norms for language, motor, social and adaptive development told parents what to expect of the average child of 6 or 9 months or two years. These norms were so successful that they formed the basis for his developmental test which is still in use.

Gesell had so much confidence in children's inborn tendency to the best development possible that he even proposed that children profit a great deal from good parenting but suffer little from parents' mistakes.

In his words:

The inborn tendency toward optimal development is so inveterate that he benefits from what is good in our practice, and suffers less than he logically should from our unenlightenment... This robust child matures as its generic program directs, while the environment plays only a supporting role (1928).

Support for this position comes from child psychiatrist Michael Rutter (1928a; 1928b) and psychologist Rudolph Schaffer (1964, 1977) in summaries of research evaluating variations in parenting. In 1928 Rutter reviewed the research literature and noted the lack of bad effects of early child care. He was convinced that most forms of parenting and day care are safe for children. In his words:

It is clear that early claims that proper mothering was only possible if the mother did not go out to work and that the use of day nurseries...has a particularly serious and permanent effect on mental health were not only premature but wrong (p.3).

Similarly, Schaffer (1977) stated:

There is, we must conclude, nothing to indicate any biological need for an exclusive primary bond; nothing to suggest that mothering cannot be shared by several people (p.100).

In the past 50 years or so, we have moved very far from this perspective. Whereas Gesell's parents could hardly go wrong, in the view of other developmentalists, notably, the behaviorist Watson and, of course Freud, parents' behavior played a key role in affecting the child's development. Unlike Gesell's child who was trustworthy and well-endowed, Freud's child was conflicted and in need of control. In contrast to Gesell, for whom parenting was simple and associated with a high probability of success, parenting for Freud required fine tuning control in such a way that few parents could produce mentally healthy children. Childrearing was made a nearly impossible task requiring a dedicated mother to attend to the child's needs so as to increase the probability of healthy development.

Infant-Mother Attachment

In this context, the issue of infant-mother attachment has emerged. It is taken as a given that the infant's early relation to a stable care giver, its mother, profoundly affects its sense of self, its latter object-relationships, and its feelings about its mother and about women in general. The continuity of care enables the child to develop a sense of self, a sense that "I am."

Psychoanalysts assume and even argue that any dilution of primary care militates against basic ego development. This claim results partly from the kinds of situations psychoanalysts have chosen to discuss, namely, infants who have suddenly lost their mother after becoming attached to her; infants in situations when any early change in the parenting person has gone along with great familial turmoil and crisis, for example, a maternal death, or sudden breakdown or hospitalization; infants in understaffed fondling homes, war nurseries, and child-care centers for the children of women prisoners; and infants in institutions where there was no attempt to provide constancy of care in any infant's life.

As I hope to show later, this claim needs to be reevaluated in light of studies of different kinds of child care. Many studies comparing children who have been singly and multiply parented, provided other factors are kept constant, do not support dire conclusions.

However, as a consequence of psychoanalytic theory and attachment theory, the psychological study of child-rearing has focused almost exclusively on the mother-child relationship. Psychoanalytic theory assumes an inevitable and necessary single mother-infant relationship, thus reifying a particular historical period and particular social arrangements.

There is serious confusion between an implicit claim for the inevitability and necessity of exclusive mothering by the biological mother and an argument for the necessity of constancy of care and a certain quality of care by someone or some few persons.

Evolutionary Theory

Other theories, especially evolutionary theory, argue that the survival of the child is enhanced by having multiple caregivers. These multiple caregivers can be female relatives whose motives are to insure the survival of their common gene pool, or non-relatives, motivated to increase the survival of their respective gene pools. Evolutionary theory does not support the notion of exclusive mothering but it does support the adaptive function of attachment with some moderate number of interested caregivers.

Cross-Cultural Studies

Cross-cultural data support the view that our emphasis on mother-infant attachment reflects a cultural theory of development rather than a scientific theory of development (McCartney & Phillips, 1988). Exclusive childrearing of infants is rare. Rather, shared childrearing with others is more the norm. Anthropologists have long recognized that childrearing arrangements are dependent on economic considerations. ..the fact that shared childrearing with one of a few subsidiary caregivers is frequent and perhaps even predominant through most of history, including modern times, suggests that such practices are in no sense harmful for the child.

However, in our culture, shared childrearing is discussed within the context of maladjustment, for example, whether day care leads to attachment insecurity. Research on infant-mother attachment has suffered from this and the converse bias: Attitudes toward day care are generally negative -- positive outcomes are not studied, and on the other hand, attitudes toward home care are generally positive -- negative outcomes are not studied.

The following comments are also relevant to these biases. We hold the belief that exclusive mothering assures a certain constancy and intensity of interaction. This belief, however, is often at odds with the reality of the typical Western industrial arrangement in which infants are left in cribs except for brief periods of time when they are held and nursed, and in which they are weaned during the first year. This arrangement, some argue, provides relatively little contact between infants and caretakers.

Several developmental psychologists asked the question, What do mothers do? It is popularly assumed that mothers at home spend significant amounts of time in close interaction with their children. The findings of a 1983 large-scale study of time-use among employed and non-employed mothers seriously challenge this assumption (Ziegler, 1983). The study actually charted how much time each day mothers spend doing what. The study found that while they are with their children, full-time mothers spend far more of their time watching television than in any other activity (an average of

21 minutes per day). Only eating with the children (13 minutes) comes even close to the attraction of the TV. The average woman at home spends less than ten minutes per day playing or reading with her preschool child. She busies herself with household chores. In middle- and working-class families, the child of a mother at home full-time spends only 5 percent of her waking hours in direct interaction with her mother.

Moreover, employed mothers spend as much time as nonworking mothers in direct interactions with their children, that is, in reading to and playing with their young children. They do not, of course, spend as much time simply in the same room or house with the child. However, the importance of indirect access to the mother for the development of attachment is questionable; no one has argued that simply being around has any beneficial, or negative, effects.

Despite anthropological and cross-cultural data as well as some empirical research evidence, research in the United States has been based on social ideology not cross-cultural evidence or evolutionary theory. Thus we see a focus on the question of whether substitute child care, disrupts the formation of attachment.

Definition of the Term "Attachment"

Given how charged this issue is, let us be clear about what the term infant-mother attachment does and does not refer to. According to Bowlby (1969), attachment behavior is behavior that increases the infant's probability of survival by binding the mother to the child, especially through the maintenance of physical closeness to her. Attachment behavior, which begins to develop around 6 months of age and reaches its peak around a year to eighteen months, is shown primarily by proximity-seeking behavior to caretakers. It is directed towards and grows in relation to a particular person or persons who have provided the most intensive and strong relationship to the child.

At this point it is important to distinguish between attachment and dependence. A child is dependent on whoever is providing care at any moment, whereas attachment develops in response to the quality of interaction, and not to having primary physiological needs met. Attachment develops in relation to a particular person who is often, but does not need to be, the child's primary caretaker.

Although Bowlby focused on the importance of the mother, he recognized that household structure makes a difference in the number and nature of attachment figures. He even suggests that attachment may be more secure and intense in an infant who has a few attachment figures rather than only one. For example, kibbutz children are more "attached" to their natural parents than to their nurses, who provide most of their care but do not interact as intensively or exclusively with any single child. Further, children whose mothers are available all day but are not responsive or sociable with them may become more attached to their fathers, who are not frequently available but interact intensively and strongly with these infants when they are around. Moreover, children may be equally attached to mother and father in comparison with strangers.

How do social science researchers assess attachment? The primary method of assessing attachment among infants 12 to 18 months of age is the Ainsworth Strange Situation Test (Ainsworth, 1978). The procedure involves bringing the infant to a strange playroom and exposing her to a series of increasingly stressful separations and reunions involving the mothers and a stranger.

Altogether there are seven 3-minute episodes involving the primary attachment figure, typically the mother, the baby, and a female stranger.

Episode 1: mother and baby are alone

Episode 2; a stranger joins mother and baby

Episode 3: mother leaves so that stranger and baby are alone

Episode 4: mother returns and stranger departs

Episode 5: mother departs and baby is left alone

Episode 6: stranger returns

Episode 7: stranger departs and mother returns.

Three major patterns of attachment have been identified: Type A (anxious-avoidant) infants are characterized by behavior that is noticeably avoidant of the mother during the reunion episode. Type B (secure) infants seek contact with the mother and are able to be soothed by bodily contact with her during the reunion episode; they constitute the largest attachment group. The behavior of Type C (ambivalent) infants is characterized by a mixture of proximity-seeking and anger or resistance to the parent during the reunion; these infants seek contact but are unable to be comforted by it.

Although the validity of the Strange Situation Test has been questioned in a number of ways (Kagan, 1984), it is still the major method of assessing attachment. Perhaps most importantly, the Strange Situation was developed on a small sample of infants from families in which the mothers were non-employed.

Findings

Two developmental psychologists, Karen McCartney and Deborah Phillips (1988), identified 25 studies concerning whether there are differences in attachment behaviors between children attending day care and children cared for at home by mothers. Of these, 14 employed the Strange Situation Test. McCartney and Phillips performed a meta-analysis of these 14 studies. A meta-analysis is an analysis of analyses. An effect-size estimate, typically a correlation coefficient, r , is computed for each study and an aggregate effect size is then computed across studies.

Four separate meta analyses were conducted for four attachment variables: exploratory behavior, crying, proximity to mother, and avoidance of mother. In addition, six moderators were assessed: including the length of time in months children had spent in day care, mean age of the children, and whether the examiners were blind to the children's group status. Their results are presented in Figure Twelve.

INSERT FIGURE TWELVE ABOUT HERE
Meta-analysis of 14 attachment studies

As can be seen, the combined effect-size estimates are .105 for explore, -.008 for cry, .011 for proximity to mother, and .156 for avoid mother. These figures are quite low. The rule of thumb is that .30 is low, .50 is moderate, and .80 is high. All four effect-size estimates are considerably below what is generally considered to be low, which suggests that children attending day care are no different from children reared at home on mother attachment behaviors as assessed through the Strange Situation.

Neither age of the children nor mean time in day care was related to effect size. Most important, when the examiners were not blind they were biased toward judging that children in day care differed from children in home care. More specifically, they judged day-care children to be more avoidant and less likely to seek proximity to the mother.

The above studies examined specific attachment behaviors, not attachment quality, which is reflected in the Type A, Type B and Type C classification described above. Attachment quality was the topic of a very recent 1989 review (Clarke-Stewart, 1989), entitled *Infant Day Care: Maligned or Malignant?* The author reported on 17 studies of infant attachment quality. Some studies indicated that infants whose mothers were employed full-time compared with those whose mothers did not work or worked part-time, were disproportionately likely to be classified as insecurely attached. In interpreting this finding, the researcher notes the following: that children in full-time care may be more adept at negotiating separations and reunions, thus appearing not as stressed by the experimental procedure; that children who experience daily non-maternal care may not respond to separation and reunion as do children who are at home with their mothers; and that the reunion segment, which is critical to the evaluation of attachment status, may be affected by the possible earlier development of independent behavior on the part of children of employed mothers. There is a substantial body of literature suggesting that employed mothers value and deliberately encourage their infants' independence more than nonworking mothers, and so their infants would not appear to be as securely attached.

In concluding her review, the author states:

These findings corroborate earlier findings (Easterbrooks & Goldberg, 1984; Hock, 1980), indicating that mothers' early resumption of work may not impede the emergence of secure infant-mother attachments. At the present time... it is not appropriate to interpret the[se] difference[s] as suggesting that these children are emotionally insecure" (Clarke-Stewart, 1989, p. 268).

Taken together, the above findings suggest that day-care infants are not more anxious, insecure, or emotionally disturbed overall'. Given the importance of these findings to women, to people in the helping professions and to policy makers, it is important not to place too much significance on individual studies. Although any one study may indicate differences between the infant-mother attachment of children reared at home or in alternate care settings, the overall picture of the child in day care is one of a child fully capable of developing a secure attachment with his or her mother. Thus, based on the available evidence, there is no reason to believe that shared childrearing interferes with the development of the child's attachment with the mother.

From the evidence at hand, it seems clear that there are families in which infants develop secure attachments and there are families in which infants do not. There are also families in which mothers are employed outside the home and those in which they are not and the two classifications are not related. The task now is to identify those factors that affect the infant-mother attachment whether the child is reared at home or in an alternate-care environment. Among the factors that seem important are the level of education of the families, their social class, the birth order and sex of child, and the age of entry into day care.

This last item warrants special discussion. Given the concern about the importance of the infant-mother attachment during the first year, it is remarkable that so few researchers have attended to the fact that twelve months is a long time. Some infants are placed in alternative care early in the first year, some late. It is reasonable to expect that age of entry might have some effect. One hypothesis is that early entry, i.e., before 6 months or before attachment behavior begins to be noticed, would be less disruptive than later entry. This attention to the age of entry reflects a distinction between the emergence of the attachment relationship versus the disruption of an already established bond.

In addition to the above variables, the nature of fathers' involvement is obviously crucial. Unfortunately, the substantial literature on fathers' participation in child care and its effects on both child and mother outcomes has not been integrated into the literature on infant attachment.

Researchers have become more sensitive to the need to control for a whole set of variables. To give you a sense of the sophistication and complexity of these recent studies, let me describe a 1987 study (Clarke-Lansdale & Owen). The sample consisted of 97 two-parent families with firstborn 12-month old infants (55 boys and 42 girls). All families were middle-class, well-educated, and with firstborn-only infants. There were 40 employed-mother families and 57 non-employed-mother families. All the women had been employed prior to the birth of the baby. The employed mothers had returned to work when their infants were between 2 weeks and 6 months of age ($M = 2.74$ months). All employed mothers were employed full-time. All of the babies were cared for in "relatively stable home settings, including family-day care, sitters, fathers and other relatives.

The researchers utilized the Ainsworth Strange Situation Test to assess attachment quality. Two sessions were video taped. They found that maternal employment status was not related to the proportion of A, B, or C attachment classifications of girls or boys with mother, as shown in Figure Thirteen.

INSERT FIGURE THIRTEEN ABOUT HERE
Clarke-Lansdale & Owen, 1987

Thus, when the sample is restricted to mothers working full-time who returned to work early in the post-partum period, there was no association between mothers' work status and the quality of the infants' attachment to her².

In light of the above findings, researchers are broadening their inquiry. They are no longer asking just about the effects of alternate-care environments or just about the effects of maternal employment, rather they are attempting to identify the set of conditions that have long-terms effects on the child's development.

To answer these and other questions, the National Institute of Child Health and Development has undertaken a longitudinal research project, The National Study of Young Children's Lives, that is unprecedented in its size and scope (Friedman, 1990). NICHD created a network to study the effects of infant day care on the development of children. The research network includes investigators from ten different research sites across the United States. Twelve hundred infants will be recruited into the five-year study that is expected to be completed in 1995. The families to be recruited will include those with mothers who, at the time of childbirth, plan to go back to work (or to school) in the child's first year of life, and those who plan to stay home with the child. They will come from different socio-economic and racial backgrounds. Both two-parent families and single-parent families will be included. The families will be followed during the target child's first 36 months of life. Mothers are first contacted in the hospital following delivery. Each family will be visited when the child is 1, 9, 20 and 36 months old. In addition, the family will be contacted by phone every 3 months. The child will be brought to the laboratory setting at 20 and 36 months and the alternate care situation will be visited when the child is 9, 20 and 36 months. The NICHD research paradigm is shown graphically in Figure Fourteen.

INSERT FIGURE FOURTEEN ABOUT HERE
NICHD Paradigm

Among the variables assessed are the nature of the mother's work, the amount of remaining non-work time available to the infant and what transpires during the time parent and infant are together³. Marital and family quality are seen as critical.

Clearly the final word on these issues has not been spoken. And we will know considerably more after the NICHD study is completed. In the meantime, the welcomed

movement away from simple attributions to maternal employment or to day care, brings to mind a quote attributed to Einstein:

Everything should be made as simple as possible, but not simpler.

In closing, because issues of infant care touch upon basic values and conceptions it is hard to form dispassionate conclusions about the effect of alternate care environments. In a recent review, two child psychologists McCartney and Phillips (1988), describe the ambivalence around this issue which persists, "despite historical, cross-cultural and developmental evidence that child care neither harms children nor erodes the mother-child bond" (p. 158). "the ideal of the stay-at-home mother continues to provide the norm against which personal decisions are judged..." This ideal contributes heavily to the conflict today's mother feel.

Indeed, we live in the age of the conflicted mother, where rapid social change has left mothers and the larger society with the task of redefining motherhood to include the option of child care. The conflicted mother is a product of a short historical perspective, a narrow belief that one mothering style is best, and a romanticized construction of motherhood which is then taken to be equivalent to the natural image of motherhood. Out of these conflicts and the guilt they engender, many mothers may reduce their commitment to the labor force, opt for part-time rather than full-time employment, and in so doing jeopardize their own mental health, impair their marital satisfaction, and inadvertently weaken the infant-mother attachment⁴.

To summarize, psychological studies document that child care does not necessarily disrupt the mother-child relationship, anthropological studies demonstrate that shared childrearing is the norm in non-industrialized societies and has existed throughout human history, and evolutionary theory explains why shared childrearing might be adaptive. In short, our social ideology and developmental perspectives are out of step with the economic realities and experimental data.

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Footnotes

1. For a different perspective on this issue see Belsky (1986, 1987) and for a rejoinder to Belsky see Phillips, McCartney, Scarr, & Howes (1987).
2. Other studies indicating insecure attachments of infants placed in alternate care during the first year did not control for mother's timing of reentry. when mothers enter the labor force earlier in the infants' first year of life, the associated separation may be less traumatic because it does not disrupt an established attachment relationship, and because the child's acquisition of object permanence and consequent ability to remember mothers is relatively immature.
3. For example, other researchers focus on maternal behaviors that are conducive to the development of secure attachments. These behaviors include: emotional expressiveness, provide close bodily contact, responsiveness. To illustrate, Hock (1980) found no differences in caregiving characteristics between working and nonworking mothers.
4. Greater marital satisfaction has been reported when both partners were involved in a job or career outside the home. In addition, marital satisfaction has been related to security of attachment (Hoffman, 1989).

Percentage of Women Aged 20-64 Years in the Labor Force

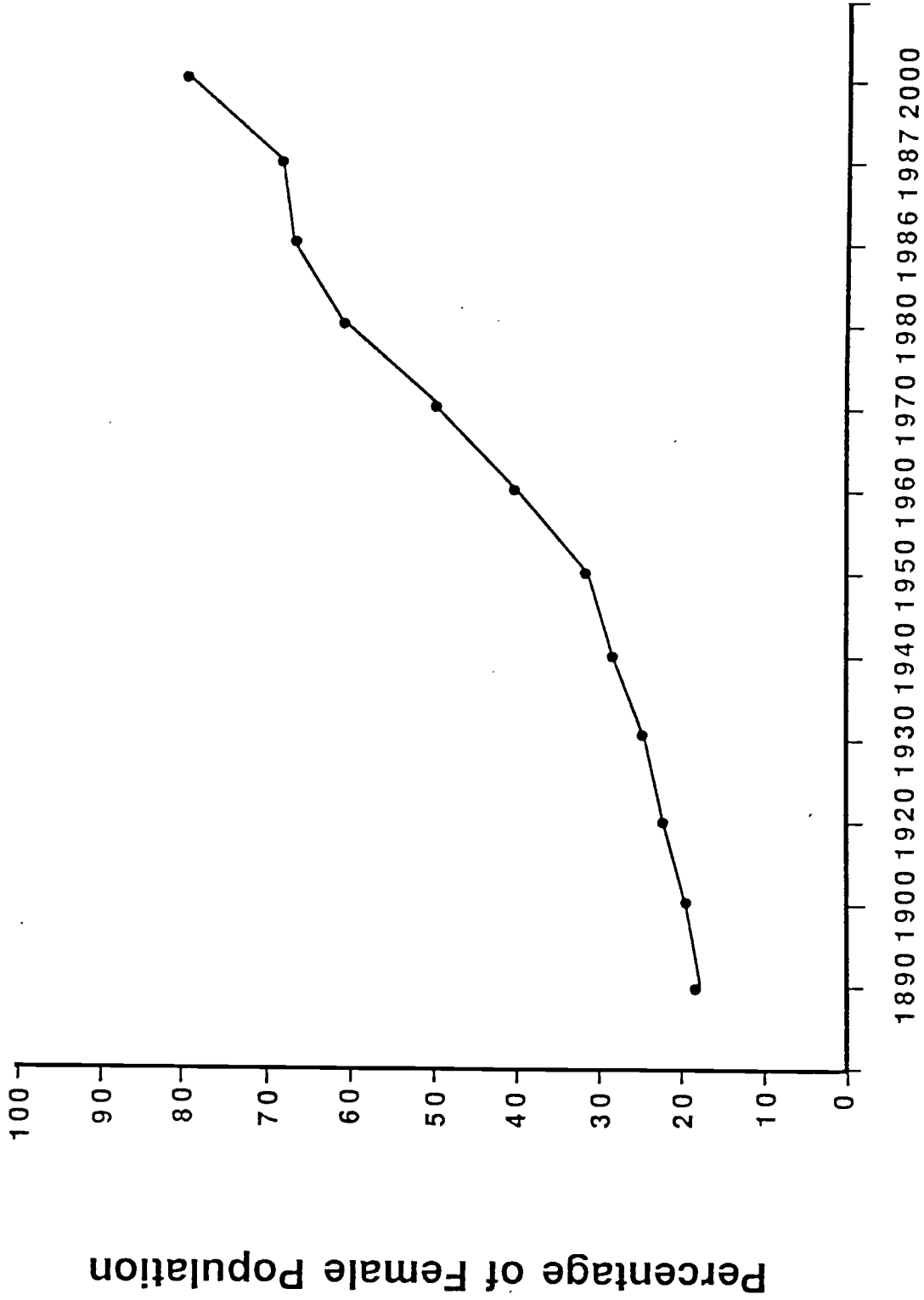
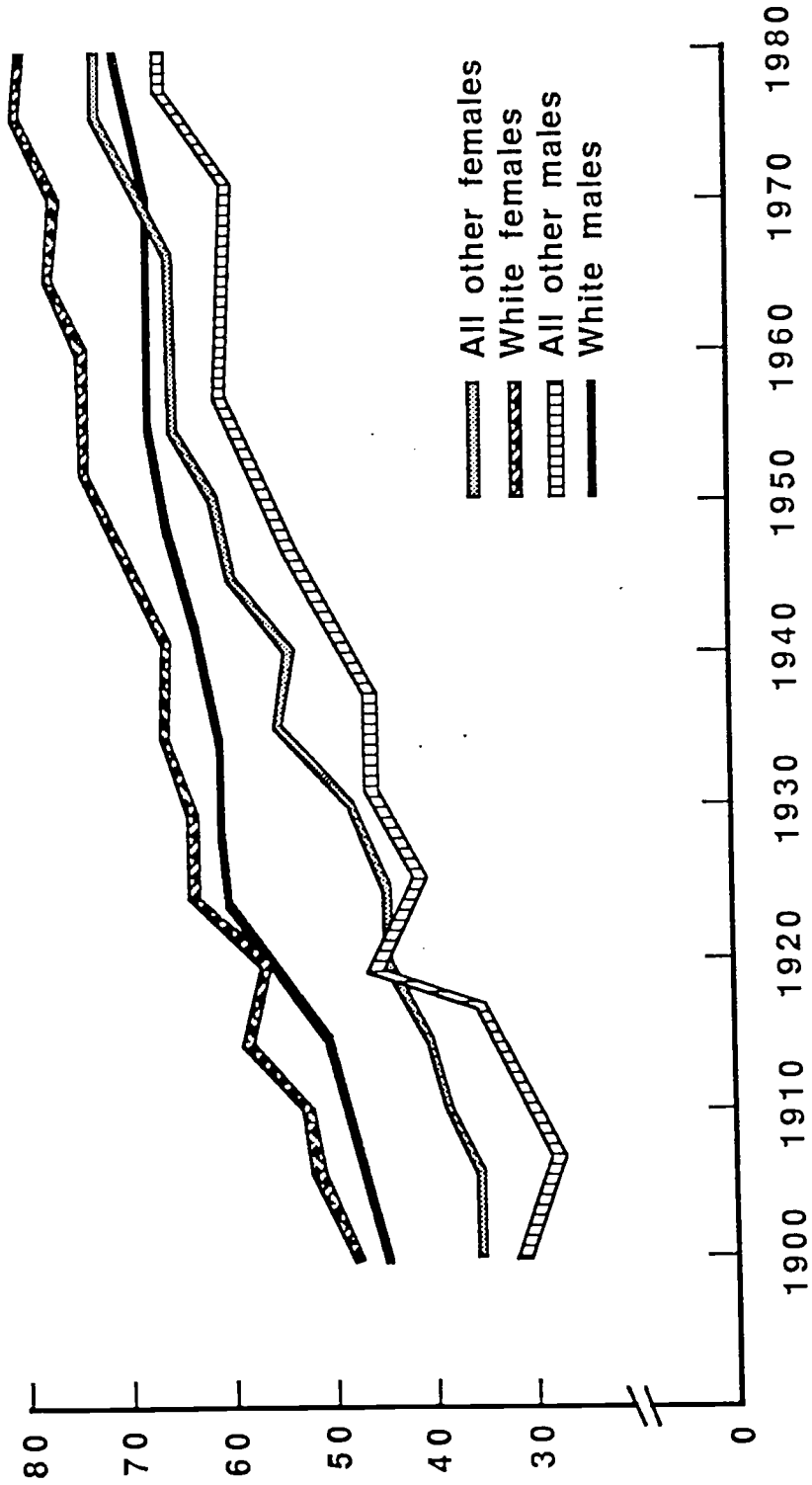


FIGURE 1

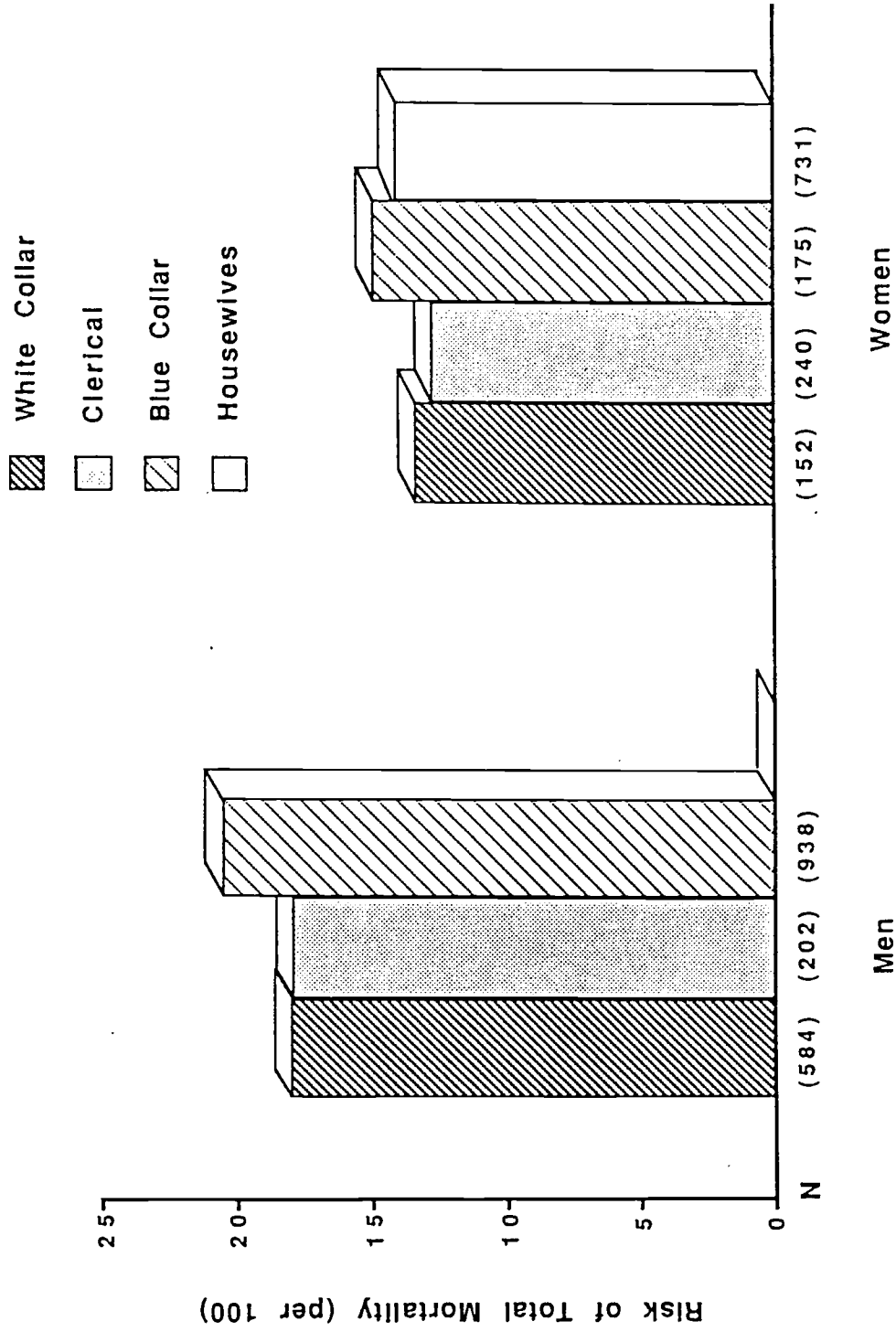
Matthews and Rodin, 1989.

LIFE EXPECTANCY BY SEX & COLOR



Rice and Cugliani, 1980.

FIGURE 3



Age-Adjusted 18-Year Risk of All-Cause Mortality among Men and Women by Type of Work

Kotler and Wingard, 1989.

DEATH FROM HEART ATTACKS (Adjusted for Age)

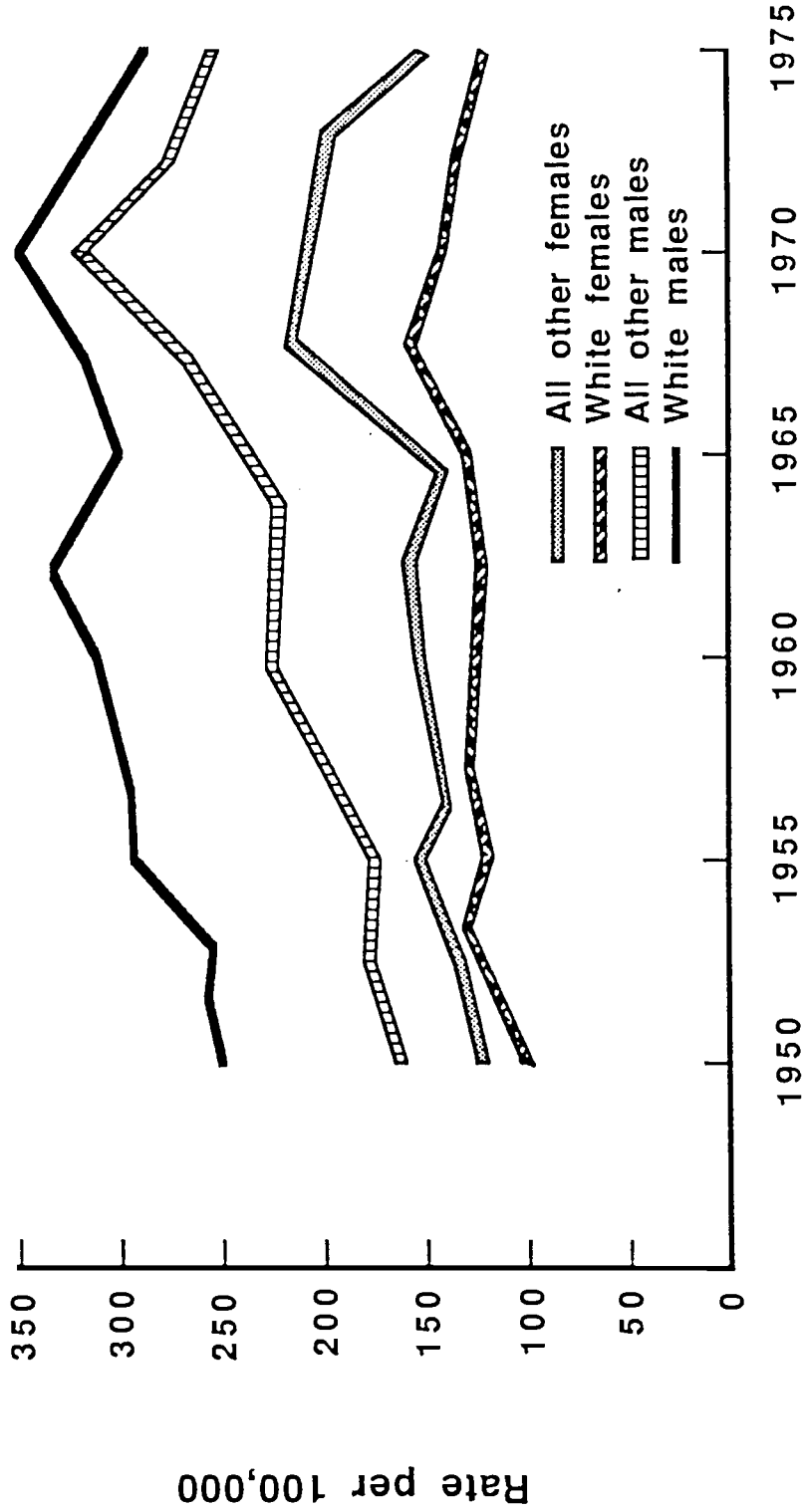


FIGURE FIVE
SCL-90

DEPRESSION

FEELING LOW IN ENERGY OR SLOWED DOWN

FEELING LONELY

FEELING NO INTEREST IN THINGS

FEELINGS OF BEING CAUGHT OR TRAPPED

BLAMING YOURSELF FOR THINGS

CRYING EASILY

WORRYING TOO MUCH ABOUT THINGS

FEELING EVERYTHING IS AN EFFORT

FEELING HOPELESS ABOUT THE FUTURE

LOSS OF SEXUAL APPETITE OR PLEASURE

THOUGHTS OF ENDING YOUR LIFE

FEELING BLUE

FEELINGS OF WORTHLESSNESS

ANXIETY

SUDDENLY SCARED FOR NO REASON

FEELING TENSE OR KEYED UP

SPELLS OF TERROR OR PANIC

FEELING FEARFUL

TREMBLING

NERVOUSNESS OR SHAKINESS INSIDE

FEELING SO RESTLESS THAT YOU COULDN'T SIT STILL

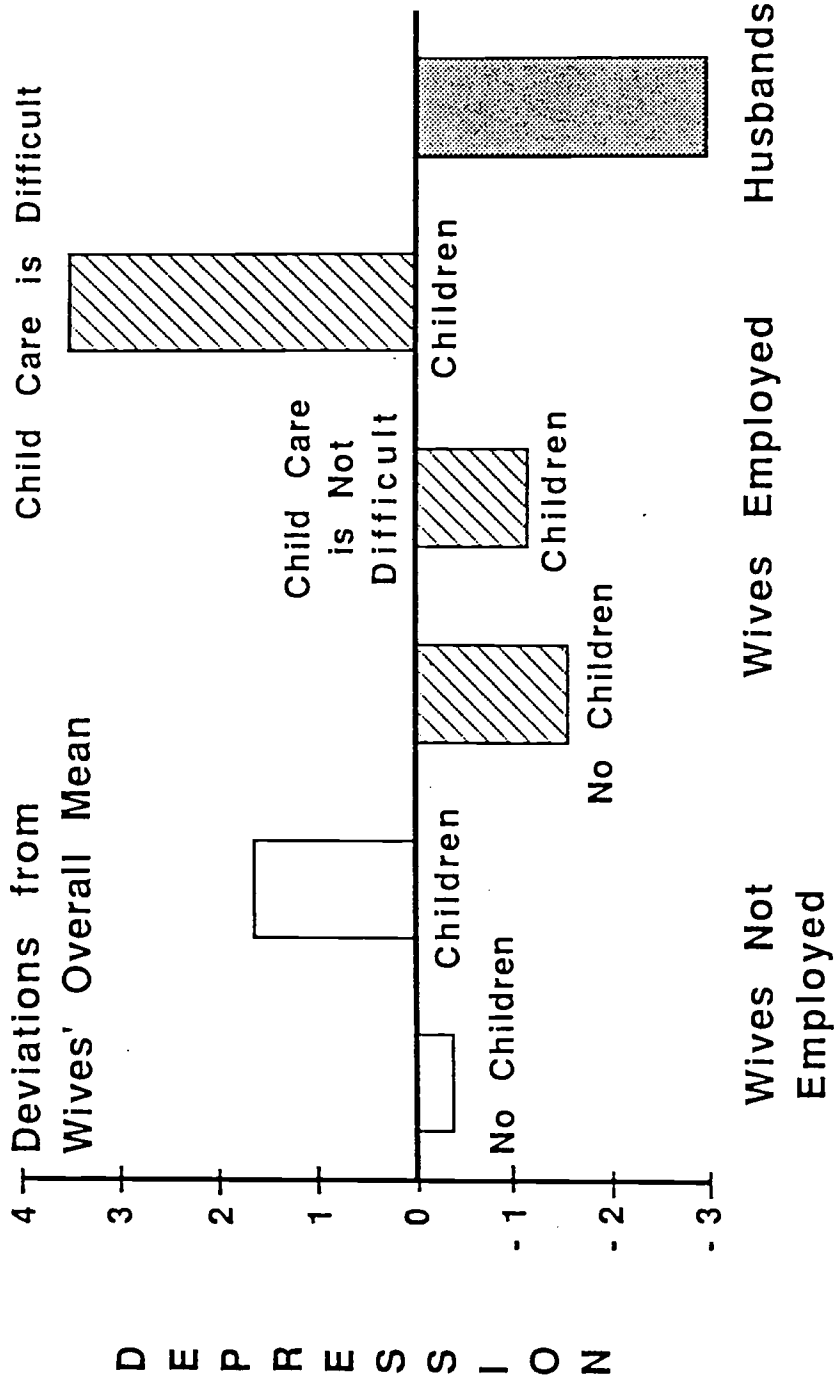
HEART POUNDING OR RACING

THE FEELING THAT SOMETHING BAD IS GOING TO HAPPEN TO YOU

THOUGHTS AND IMAGES OF A FRIGHTENING FUTURE

Deviations from the Overall Mean Depression Level for all Wives

FIGURE 6



Ross and Mirowsky, 1988.

Deviations from the Mean Depression Level for Employed Wives

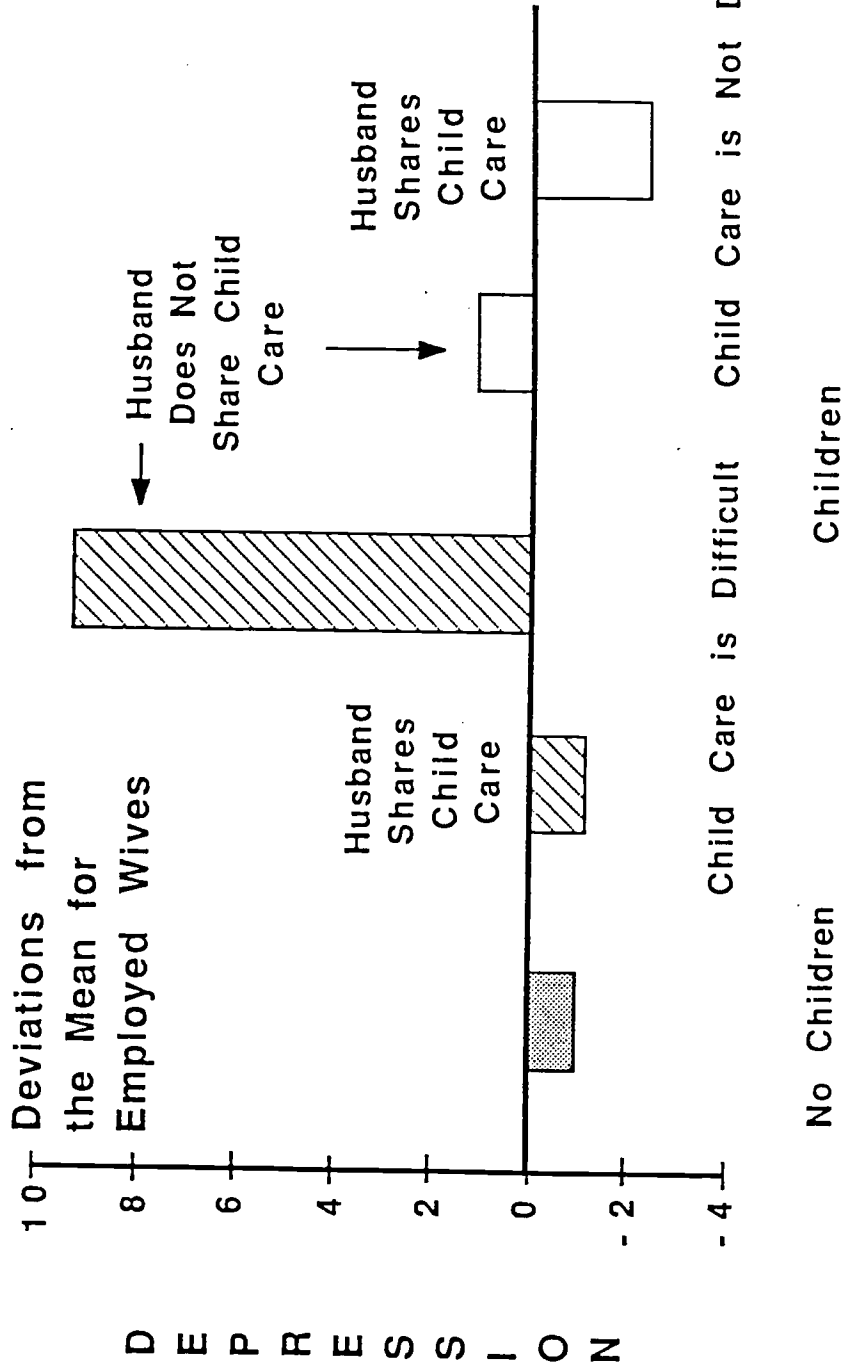


FIGURE 7

Ross and Mirowsky, 1988.

FIGURE 8

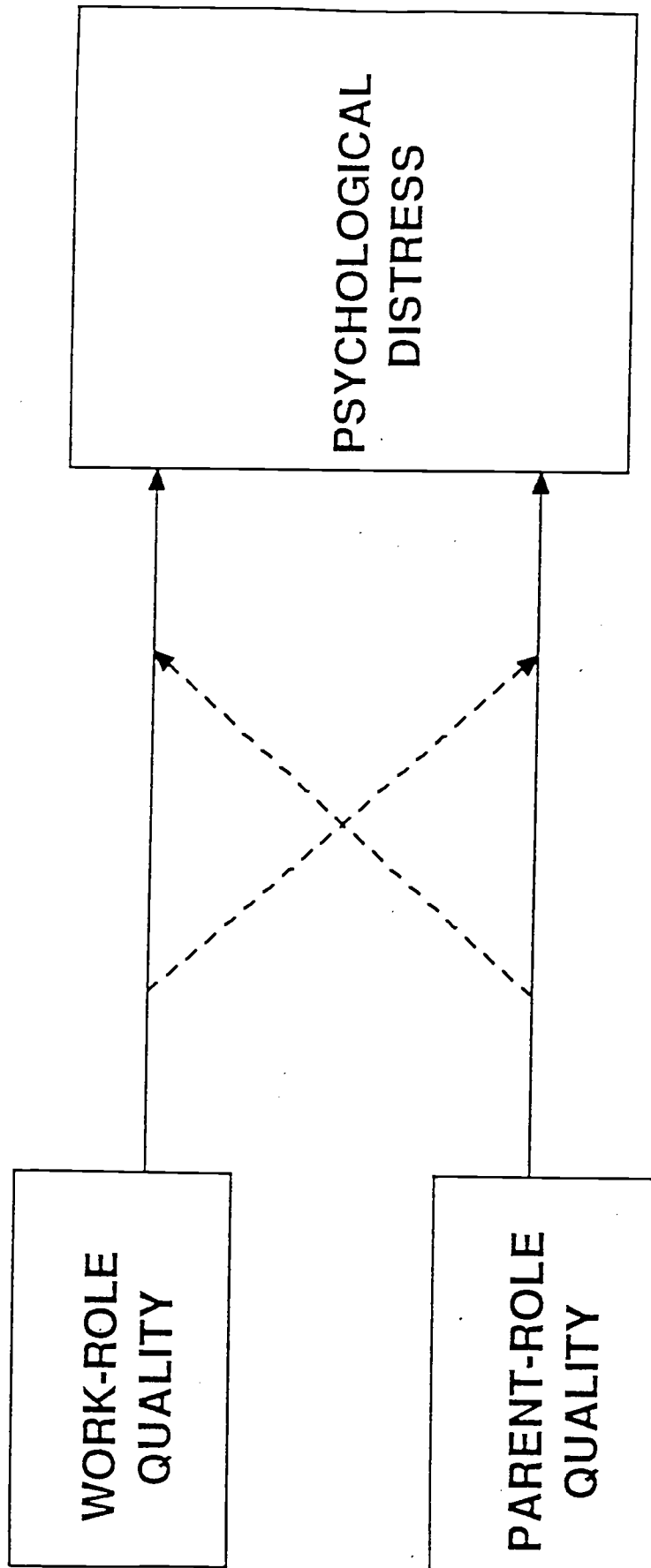


FIGURE 9
Negative Spillover Effects

Predictors	Work to Parenting		Parenting to Work	
	B ^a	SE ^b	B ^a	SE ^b
Work-Role Quality	-		-.25**	.09
Work Concerns	-.49**	.17		
Parent-Role Quality	-.25**	.09		
Parent Concerns			.52***	.14
Work Concerns				
x Parent-Role				
Quality	.22	.16		
Parent Concerns				
x Work-Role Quality			.19	.13
	$R^2 = .13$		$R^2 = .16$	

Note. $n = 211$

a Unstandardized regression coefficients

b Standard error of the unstandardized regression coefficients

FIGURE 10
Positive Spillover Effects

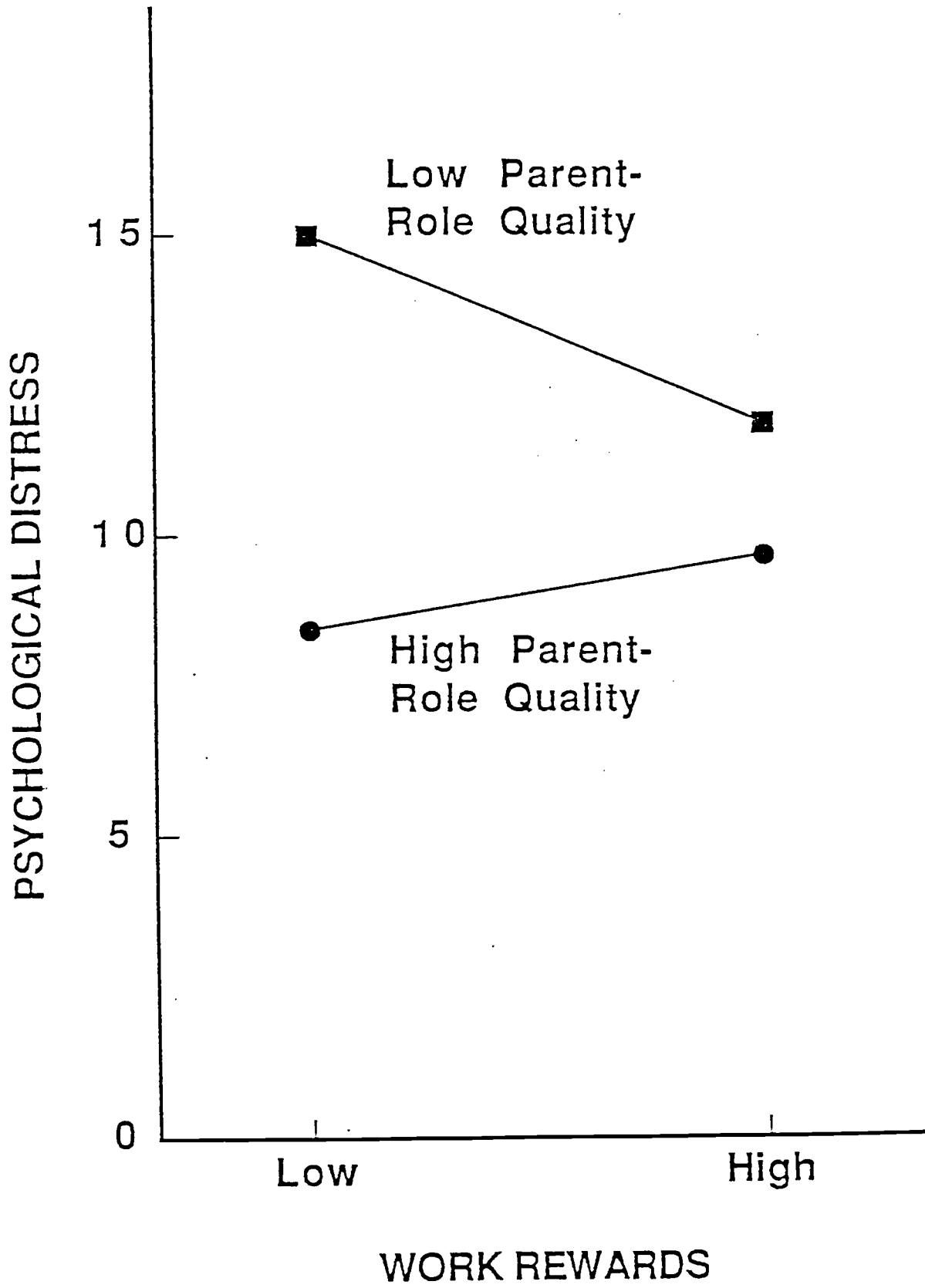
Predictors	Work to Parenting		Parenting to Work	
	B ^a	SE ^b	B ^a	SE ^b
Work-Role Quality			-.35***	.09
Work Rewards	-.36*	.18		
Parent-Role Quality	-.27**	.09		
Parent Rewards			-.09	.14
Work Rewards x				
Parent-Role Quality	.33*	.17		
Parent Rewards				
x Work-Role Quality			.09	.14
	$R^2 = .12$		$R^2 = .10$	

Note. $n = 211$

a Unstandardized regression coefficients

b Standard error of the unstandardized regression coefficients

FIGURE 11



Meta-analysis of Strange Situation Studies Comparing Children in Day-Care with Children in Home Care

FIGURE 12

Author	Effect size (r)			
	Explore	Cry	Proximity mother	Avoid mother
Blehar, 1974	0	.354	0	.582
Brookhart & Hock, 1976	-	-	0	0
Cornelius & Denney, 1975	0	-	0	-
Doyle, 1975	-	0	0	0
Kagan et al., 1978	-	0	0	-
Moskowitz et al., 1977	0	0	0	0
Portnoy & Simmons, 1978	-	0	0	0
Ragozin, 1980	0	0	0	.760
Ricciutti, 1974 ^a	.561	-	-.442	-
Roopnarine & Lamb, 1979 ^b	0	-	0	-
Schwartz, 1983	-	0	.526	0
Hock, 1980	-	-.413	0	0
Cummings, 1980	-	-	.074	.158
Hock & Clinger, 1980	-	-	-.018	-.094
Combined r	.105	-.008	.011	.156

^a This paper contains two studies with separate samples.

^b This paper describes a two-wave longitudinal study.

NOTE: A positive r indicates that the day care group exceeds the home-care group.

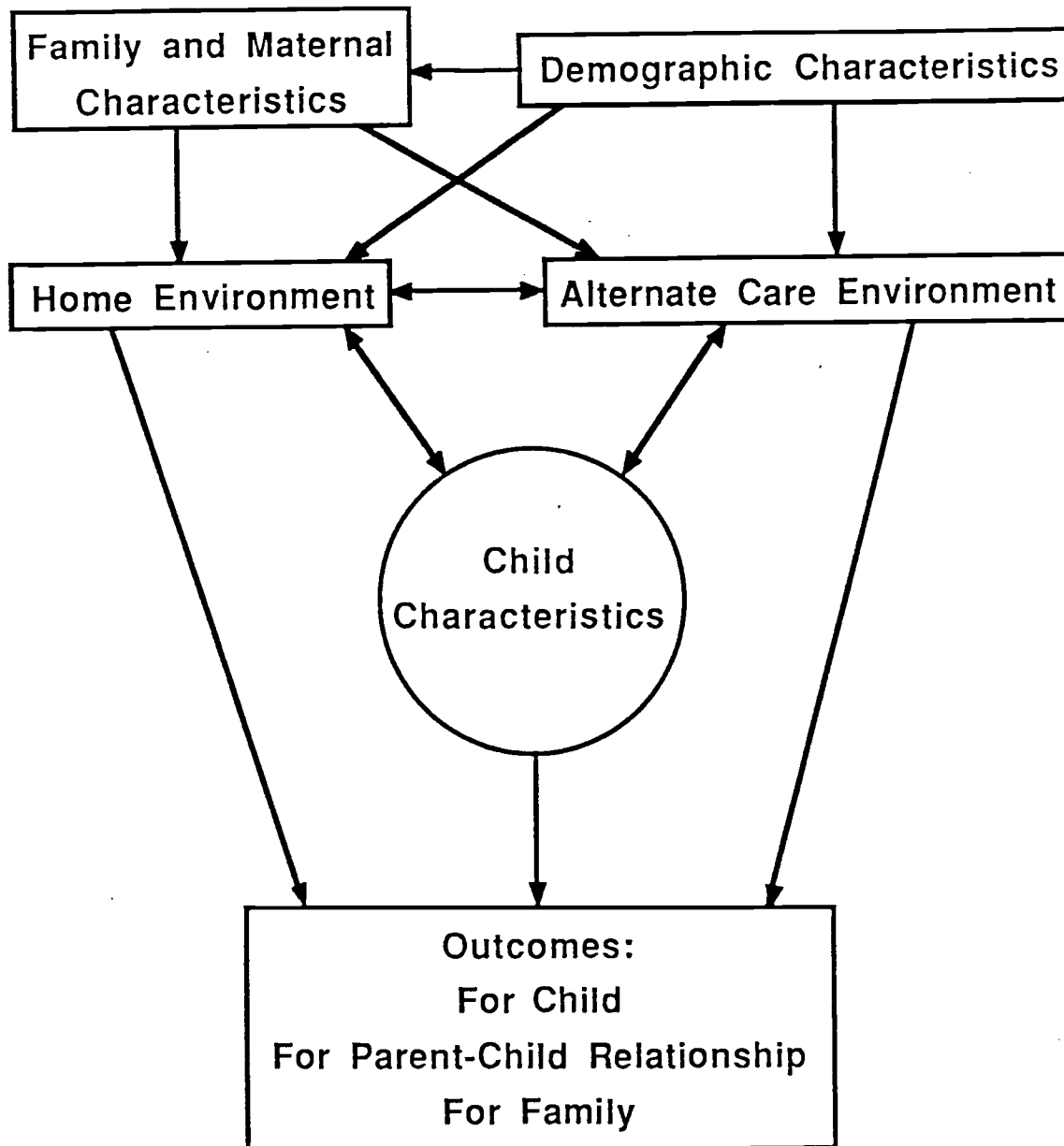
**ATTACHMENT CLASSIFICATIONS OBTAINED IN STRANGE SITUATION
ASSESSMENTS WITH MOTHER FOR INFANTS IN FAMILIES OF
EMPLOYED VERSUS NONEMPLOYED MOTHERS**

	GIRLS			BOYS		
	A	B	C	A	B	C
Attachment to Mother:						
Employed	3	13	3	2	16	2
Nonemployed	2	14	5	2	30	2
	$\chi^2(2) = 0.64, N.S.$			$\chi^2(2) = 0.68, N.S.$		

FIGURE 13

Clarke-Lansdale and Owen, 1987.

FIGURE 14
Relationships of Interest at Any Given Age
and Over Time



Friedman, *Zero to Three*, Feb. 1990.

