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The Paradoxes of Parenthood: The Relationship Between Parenthood, Employment and Psychological Distress

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The Paradoxes of Parenthood:
The Relationship between Parenthood, Employment and Psychological Distress

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Abstract

Two hypotheses have been advanced about the impact of combining work and family roles on health. The “scarcity hypothesis” argues that individuals have limited time and energy, and more roles means greater stress and poorer health. The “enhancement hypothesis” argues that combining work and family roles gives individuals access to rewards, such as greater social involvement and self-esteem, that enhance mental and physical health. This paper uses data from two different studies to propose a third model of the the relationship between multiple roles and health -- that multiple roles may have both a positive and a negative impact on health, at the same time, for the same individual. Specifically, employed women who have children report fewer depressive symptoms than women who do not have children. However, women who have children report more conflict between their work and family roles, and greater work-family conflict is associated with reporting more depressive symptoms.

The last forty years have seen dramatic social changes in the United States. Spurred by the shift from a manufacturing economy toward a service economy, as well as by other demographic and economic changes (Oppenheimer 1973, 1982), women's rate of participation in the labor force has steadily increased. By 1990, 60% of women with a child under 6 years of age, and 75% of women with school-age children, were in the labor force.

With this change in women's roles has come several decades of research on work and family, including studies of job conditions, parenthood, and marriage. Since the 1960's, we have seen increasing numbers of studies that have examined the interface between work and family, including multiple-role overload, inter-role conflict, spillover between roles, and multiple-role enhancement.¹

The first stream of research on the work-family interface was based on the premise that individuals have limited time and energy, and adding extra roles and responsibilities necessarily creates tensions between competing demands and a sense of overload and inter-role conflict (c.f., Coser, 1974; Goode, 1960; Slater, 1963) -- this is referred to as the "scarcity hypothesis". Working long hours, working non-day shifts, extensive work-related travel, stressful job conditions, heavy demands at work and high involvement in the job, as well as numbers and ages of children, and lack of social support, have all been shown to be related to work/family conflict or strains, although this can vary with individual and family characteristics (Burke, 1988; Voydanoff, 1989).

The research has also shown that women often report greater work-family strains than men (Holahan & Gilbert, 1979; Marshall & Barnett, 1993; Wortman, Biernat & Lang, 1991). It has been argued that these gender differences in strains reflect gender differences in job and family roles and responsibilities, rather than sex differences, per se (Crouter, 1984). Even though women's rate of participation in the labor market has risen dramatically over the last half century, women still spend almost twice as many hours as men on household tasks (Coverman, 1983; Fernandez, 1986; Greenberger, Goldberg, Hamill, O'Neil & Payne, 1989; Gutek, Repetti, Silver, 1988; Tetrick, Miles, Larcil, & Van Dosen, 1994). National time-use studies indicate that, in couples, men's share of caring for children and doing housework has increased from about one-fifth of the total time spent in the 1960's to about one-third of the total time (Pleck, 1993). One study of two-earner couples, where both were employed full-time, found that, in over two-thirds of the marriages, the women continued to maintain primary responsibility for the household, although about half of the husbands did share the responsibility for supervising the children or

¹ Multiple-role overload refers to the additive effect of demands -- too much to do, and not enough time in which to do it. Inter-role conflict arises when the demands of one role are incompatible with the demands of the other, for instance, a work meeting is scheduled at the same time as a doctor's appointment for a child. Spillover occurs when one role has an impact on the performance of another, as when a parent has a hard day at work, and finds him- or herself yelling at the children. Multiple-role enhancement refers to the benefits associated with occupying multiple roles, such as greater self-esteem, feeling well-rounded, having a sense of variety and positive spillover between roles.

staying home with a sick child (Marshall & Barnett, 1995).

The second stream of research on combining work and family has theorized that the rewards that accrue with multiple roles (such as greater self-esteem and recognition, and greater social involvement) offset the costs of multiple roles (c.f., Marks, 1977; Sieber, 1974; Umberson, 1987) -- this is referred to as the "enhancement hypothesis". The first wave of this research examined the impact of the number of roles that an individual occupied. Generally, the research has found that individuals with more than one role have better mental and physical health than do individuals with only one role (Cleary & Mechanic, 1983; Kessler & McRae, 1982; Thoits, 1983; Verbrugge, 1983; Verbrugge & Madans, 1985; Voydanoff, 1989; Waldron & Herold, 1986). Specifically, combining work and family is associated with better mental health, including reduced depressive symptomatology, anxiety, and psychological distress (Barnett & Baruch, 1985; Cleary & Mechanic, 1983; Kandel, Davies & Raveis, 1985; Kessler & McRae, 1982; Roskies & Carrier, 1994; Thoits, 1983), and greater self-esteem (Kessler & McRae, 1982; Roskies & Carrier, 1994), as well as better physical health, including self-reported health status (Verbrugge, 1983; Verbrugge & Madans, 1985) and morbidity (symptoms and conditions) (Barnett, Davidson & Marshall, 1991; Kessler & McRae, 1982; Verbrugge, 1983; Verbrugge & Madans, 1985).

However, the research on parenthood for employed women has generated sometimes conflicting findings. While women without children generally have poorer health than women with children, women with many children or with preschool-age children rather than older children are often found to have poorer health than other women with children (Geersten & Gray, 1970; Haynes & Feinleib, 1980; Muller, 1984; Thompson & Brown, 1980; Verbrugge, 1986; Welch & Booth, 1977; Woods & Hulka, 1979).

The second wave of "enhancement" research looked at the characteristics or quality of roles, such as job conditions, marital quality, parenting stresses and rewards, and demands at work and at home. Role characteristics have been found to be more strongly related to health than are the number or constellation of roles (Baruch, Biener & Barnett, 1987; Crosby, 1987; Voydanoff, 1987).

Overall, the research to date suggests that combining work and family generally is associated with better mental and physical health. However, for some women, combining work and family leads to greater time pressure, an inability to meet the demands of job and/or family, and other work-family strains or conflicts (c.f., Barnett & Baruch, 1985; Emmons, Biernat, Tiedje, Lang, & Wortman, 1990; Holahan & Gilbert, 1979) that can result in increased risk for depression and anxiety (Aneshensel, 1986; Burke, 1988; Greenglass, 1989; Marshall, 1994). This is particularly likely to be the case when work-family strains are great enough to counteract the benefits of multiple roles (Cleary & Mechanic, 1983; Kandel, Davies & Raveis, 1985; Kessler & McRae, 1982; Marshall, 1994).

These apparently disparate sets of research suggest that both the scarcity hypothesis, and

the enhancement hypothesis, are true. Indeed, several studies have found that multiple roles can be both a source of role gratification, and, at the same time, a source of strain or conflict as well (Crouter, 1984; Gerson, 1985; Marshall & Barnett, 1993; Tiedje, Wortman, Downey, Emmons, Biernat & Lang, 1990). In this paper, I propose a model that encompasses both the enhancement hypothesis and the scarcity hypothesis, drawing on data from two different studies. Specifically, I propose that occupying an additional role (in this case, parenthood) is associated with improved mental health, while simultaneously leading to greater conflict between the two roles, which is associated with poorer mental health. It is the central tenet of this paper that it is possible for roles to be both positive and negative, at the same time.

Methods

LPN and Social Worker Study. The first study was conducted with a random sample of 403 women employed at least half-time as social workers or licensed practical nurses (LPNs), and living in eastern Massachusetts.² The sample was limited to women who worked days or evenings, and were not self-employed.

The sample was stratified within occupation by race, by whether or not the respondent had children, and by whether the respondent was single or partnered. Fifteen percent of the sample were Black, 85% were White. Approximately half had children and half did not, half were married or partnered and half were single. The women were between the ages 25 to 55; the mean age of the respondents was 39.5 years.

Two-Earner Couple Study. The second study was a study of a random sample of 300 two-earner couples, drawn from town lists of all adults living in two towns in the greater Boston area. The sample was limited to couples in their late twenties and thirties, where both members of the couple were employed at least 30 hours a week. The sample was stratified on parental status; 180 couples had children. Of these, 119 had one or more children under the age of six, 69 had school-age children (6-12 years old), and 47 had teenagers (12-18 years old). Couples had an average of 1.74 children.³

The sample reflected the racial composition of the two towns from which the respondents were recruited; 97% of the respondents were White. Almost one-quarter of the respondents were employed as managers (23%), and more than a third were professionals (39%). Another third (38%) were employed in administrative or technical support occupations, blue-collar occupations, sales or service occupations.

² The original study was funded by a grant from the National Institute of Occupational Safety and Health, to Grace Baruch and Rosalind Barnett.

³ The original study was funded by a grant from the National Institute of Mental Health to Rosalind Barnett. See Barnett, Marshall & Pleck (1992) for more information about the study.

Measures

The same measure of depression was used in both studies -- the depression subscale of the Symptoms Checklist - Revised (SCL-90-R) (Derogatis, 1975, 1983). Respondents were asked to indicate, on a scale ranging from 0=not at all, to 4=extremely, how often in the past week they were bothered by 14 symptoms of depression. Sample items include: "Crying easily," "Feeling hopeless about the future," and "Feeling blue." Satisfactory test-retest correlations (.82) have been reported (Derogatis, 1983). The Cronbach alpha for the women in the two-earner couple sample was .84.

Two different measures of work and family strains were used in the two studies. In the LPN and Social Worker Study, respondents were asked a series of questions about the extent to which they experienced conflict between their job and their homemaking responsibilities, their job and their parenting, and their job and their marriage. A strains score was created that was the average per-item score for all the items that were applicable to a given respondent.

For the Two-Earner Couple Study, seven items from Wortman, Biernat and Lang (1991), were used. These items measure the extent to which the respondents experienced contagion or spillover of stress from one arena to the other. Respondents were asked to answer these seven items on a four-point scale from 1=not at all true to 4=extremely true. Two additional items were included on the scale that measure multiple-role overload and multiple-role conflict (Barnett & Baruch, 1985). The respondents answered these two items on a four-point scale from 1=never to 4=very often. The Cronbach alpha for this Work-Family Strains scale is 0.81 for the women in this sample. (See Appendix A.)

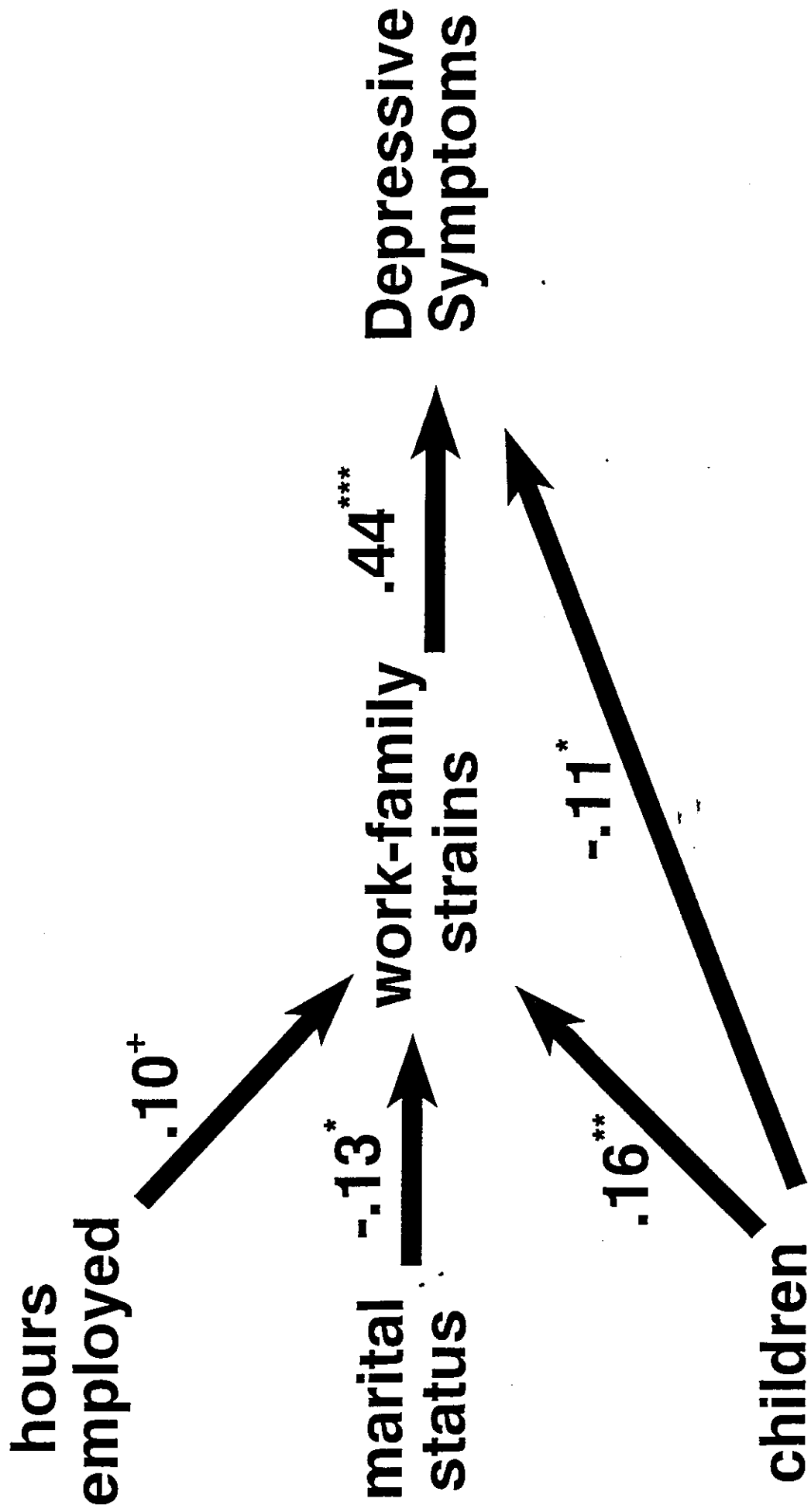
Results

Using these two datasets, I have estimated models of the relationship between multiple roles, work and family strains, and depression. Figure 1 presents a diagram of the significant relationships between these variables, for the LPN and Social Worker sample.⁴ The figures on the paths are the Betas from multiple regressions (See Table 1). Because all of the women in this sample are employed, the model includes *the number of hours employed* as the employment variable. As you can see, women who work more hours, and who have children, report more work-family strains. This supports the scarcity hypothesis which argues that the greater workload associated with working more hours, and having children, contributes to strains. However, employed women who are married or partnered report fewer work-family strains, which supports the enhancement hypothesis, which argues that occupying multiple roles is good for women's mental health. I would suggest, as others have, that what matters is the costs and benefits associated with each role. In this sample, it appears that marriage means a reduced workload, and reduced feelings of work-family strain.

⁴ The regressions controlled for occupation and race.

Figure 1

LPNs and Social Workers



When we look at the second part of the model, we see, not surprisingly, that greater work-family strains are associated with greater depressive symptomatology. We also see that employed women with children report fewer depressive symptoms, supporting the enhancement hypothesis. Perhaps more importantly, this model demonstrates that parenthood works both ways: having children gives employed women a mental health boost over similarly-aged employed women without children; but having children also raises employed women's work-family strains, and, indirectly, their depressive symptoms.

Table 1: Regressions on Work-Family Strains and Depressive Symptoms: LPNs and Social Workers Sample

Variables	Work-Family Strains		Depressive Symptoms	
	B	Beta	B	Beta
Occupation	-.01	-.01	.45	.03
Race	-.18 **	-.15	-1.76	-.08
Work-Family Strains			8.46 ***	.44
Hours Employed	.00 +	.10	.02	.02
Partner/Marital Status	-.11 *	-.13	-.31	-.02
Have Children	.14 **	.16	-1.82 *	-.11
R ²	.06 ***		.21 ***	
N	400		397	

+ = $p < .10$; * = $p < .05$; ** = $p < .01$; *** = $p < .001$.

Figure 2 presents a diagram of the significant relationships between these variables, for the women in the Two-Earner Couple sample. The figures on the paths are the Betas from multiple regressions (See Table 2). Because all of the women in this sample were married or partnered, marital status was not included in the model. As Figure 2 shows, the model is virtually identical, even down to the relative magnitude of the Beta weights. For a different sample of women, in a range of occupations, having children is both a positive factor and a negative factor in their mental health.

Figure 2

Women in two-Earner Couples

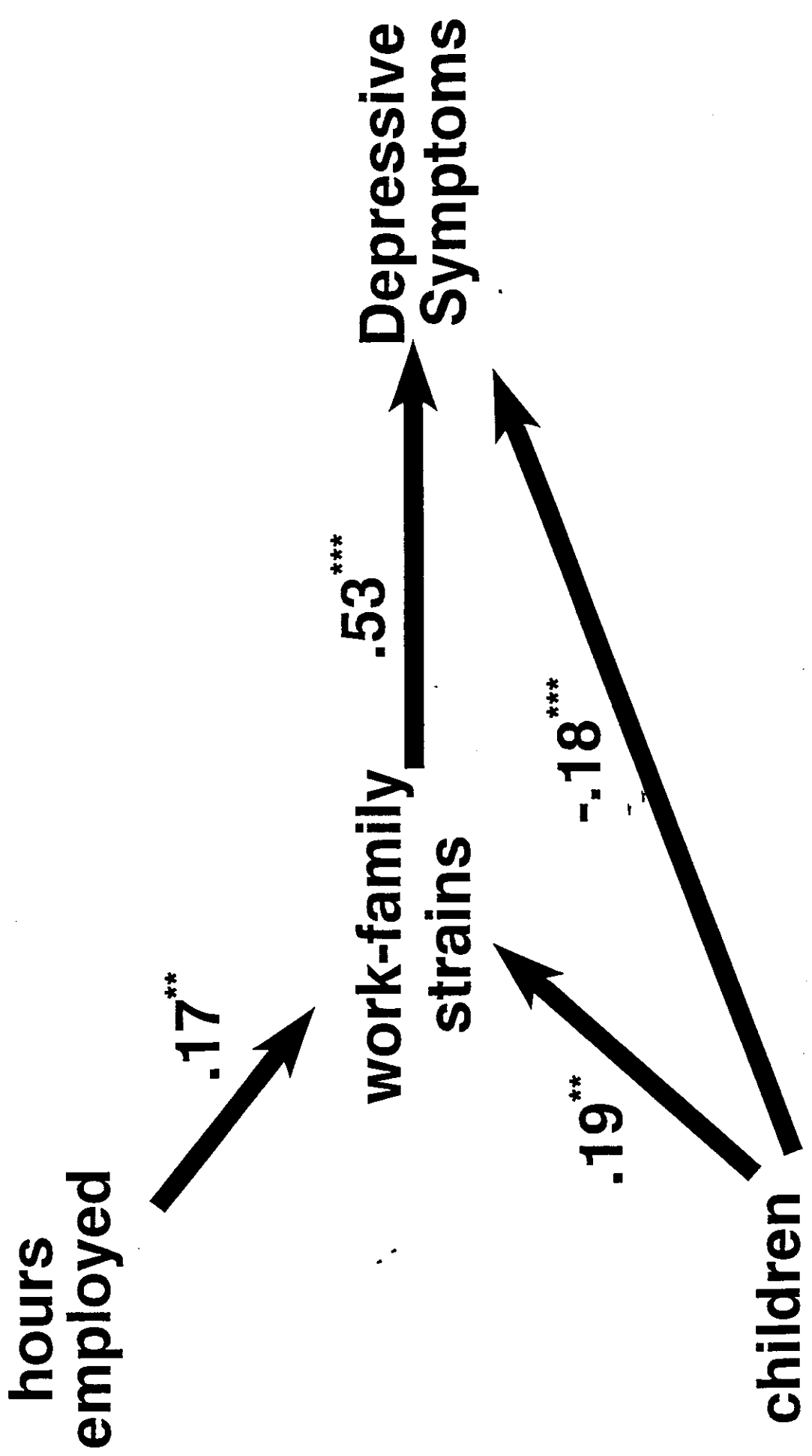


Table 2: Regressions on Work-Family Strains and Depressive Symptoms: Women in the Two-Earner Couple Sample

	Strains		Depressive Symptoms	
	B	Beta	B	Beta
Work-Family Strains			7.15 ***	.53
Hours Employed	.01 **	.17	-.04	-.05
Have Children	.20 **	.19	-2.50 ***	-.18
R ²	.05 ***		.28 ***	
N	300		299	

* = $p < .05$; ** = $p < .01$; *** = $p < .001$.

Finally, the same model was estimated for the men in the Two-Earner Couple sample (see Table 3 and Figure 3). The model for the men is almost identical to that for women, with two interesting exceptions. First, having children is not associated with more work-family strains for men. Figure 4 shows the relationship between children and work-family strains, for women and men.⁵ About two-thirds of the couples in this sample have a traditional division of labor, in which the woman has primary responsibility for housework and the children, although the man may watch the children often (Marshall & Barnett, 1955). This traditional division of labor may contribute to the relationship between motherhood and work and family conflicts.

Conversely, the model in Figure 3 suggests that the work role for men is both a positive factor and a negative factor in their mental health. Working more hours means more work-family strains, and, indirectly, more depressive symptoms. At the same time, men who work fewer hours report more depressive symptoms than men who work more hours. Figure 5 shows this relationship for men and women (based on an analysis of covariance, adjusting for parental status).⁶ In this sample of two-earner couples, and in others (e.g., Feree, 1991), men spend more hours in paid employment than do women. Just as many of these couples maintain the traditional practice of women's greater responsibility for the home, many also continue the practice of men's greater responsibility for family income.

⁵ based on an analysis of covariance, adjusting for total hours employed.

⁶ Feree's (1991) study of 382 two-earner couples in Connecticut found that men work more hours than women at paid employment, while women put in more hours in housework.

Figure 3

Men in Two-Earner Couples

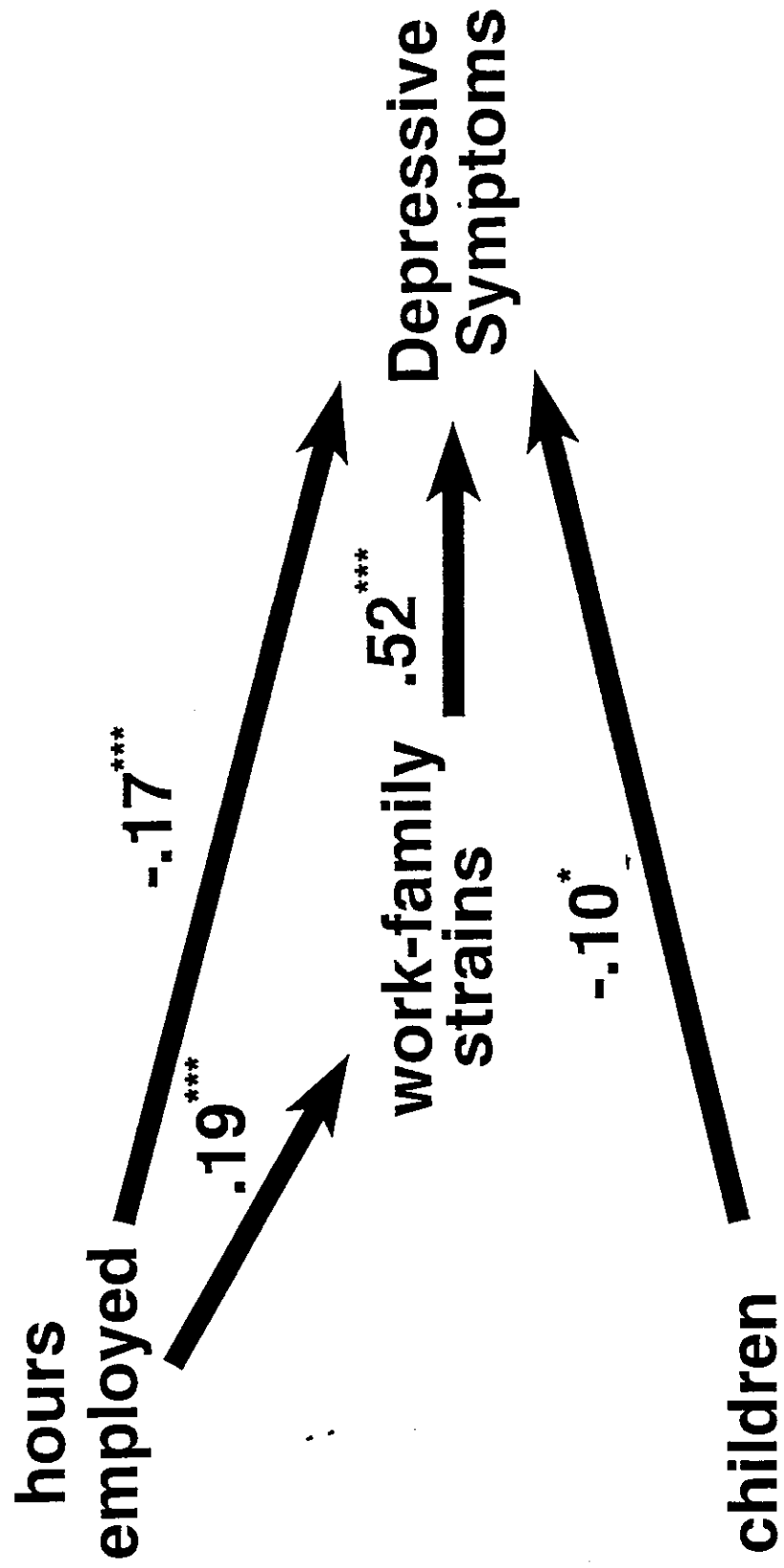


Table 3: Regressions on Work-Family Strains and Depressive Symptoms: Men in the Two-Earner Couple Sample

	Work-Family Strains		Depressive Symptoms	
	B	Beta	B	Beta
Work-Family Strains			7.21 ***	.52
Hours Employed	.01 ***	.17	-.11 ***	-.17
Have Children	.06	.19	-1.29 *	-.10
R ²	.04 **		.27 ***	
N	300		300	

* = $p < .05$; ** = $p < .01$; *** = $p < .001$.

Discussion

I began this paper with a discussion of the scarcity hypothesis, which posits that individuals have limited energy, and that adding roles will cause multiple-role conflicts, and with a discussion of the enhancement hypothesis, which argues that the benefits of multiple roles outweigh any costs. The models from these two studies suggest that both hypotheses are true. Specifically, for women, having children increases work and family strains, which indirectly increases depressive symptoms. However, having children also directly protects women's mental health, as parenthood is associated with fewer depressive symptoms. That is, having children is, potentially, both a source of great joy, and a source of stress. For men, working too many hours is associated with greater work and family strains and, indirectly, with more depressive symptoms. However, working too few hours is directly associated with greater depressive symptomatology.

What do these findings mean? First, it is important to note that both women and men receive a mental health benefit from having children. And both women and men experience more work and family strains when they work longer hours. Also, these aggregate findings obscure the fact that, in some two-earner couples, women and men share earning an income and household responsibilities fairly equally, and, therefore, are probably more like each other than not in their reactions to both the joys and strains of combining work and family. That said, these findings do suggest that traditional sex-role expectations and behaviors persist, even in two-earner couples.

Do these findings then suggest that employed women should not have children, and men with children should not work more than 45 hours a week? I think that interpretation would be a mistake. First, these models suggest that the experience of any individual will depend on the balance between the strains generated by multiple roles, and the benefits of multiple roles. We also know from other work that, to truly model the relationship between work and family roles and mental health, it is important to consider the quality of the job, and one's experiences as a parent and/or spouse, as well as the societal supports for families and children.

I believe the principal contribution of this paper is to demonstrate that combining work and family can be both a positive experience and a negative, or stressful, experience, at the same time. With apologies to Charles Dickens, participating in this social revolution can truly be "the best of times" and "the worst of times".

Appendix A
Work-Family Strains Scale

<u>ITEM</u>	<u>ITEM-TOTAL CORRELATION</u>
1. When you spend time with your family, you're bothered by all the things at work that you should be doing	.42
2. Because of your family responsibilities, you have to turn down work activities or opportunities that you would prefer to take on	.41
3. Because of your family responsibilities, the time you spend working is less enjoyable and more pressured	.58
4. When you spend time working, you're bothered by all the things at home or concerning your family that you should be doing	.48
5. Because of the requirements of your job, you have to miss out on home or family activities that you would prefer to participate in	.47
6. Because of the requirements of your job, your family time is less enjoyable and more pressured	.56
7. During the time set aside for work, you feel resentful because you'd really rather be spending time with your family	.51
8. In general, how often do you feel pulled apart from having to juggle conflicting obligations?	.61
9. How often do the things you do add up to being just too much?	.54

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