

REVIEW

Women and Multiple Roles: Myths and Reality

Rosalind Chait Barnett, PhD

Strong beliefs persist about the negative effects of maternal employment on women, their marriages, and their children, in spite of considerable systematic research indicating that, on average, employment has positive effects. The underlying assumption is that the roles of wife and mother are “natural” roles and are therefore performed without undue stress. In contrast, the role of employee is seen as “unnatural” and therefore highly demanding. These beliefs affect clinical practice, fostering a concern among mental health professionals about whether women can handle the demands of multiple roles without serious negative health consequences. It is therefore important to evaluate these beliefs in light of the empirical literature. Such an evaluation is especially critical at this particular time, when demographic trends suggest that the number of employed women with children is increasing, that paid employment will be a central component in most women’s life experiences, and that as a society we are highly unlikely to return to the days of the “traditional” family. The need for careful scrutiny is underscored by the current political climate, in which there is much rhetoric implying that maternal employment “causes” many of our social ills—school dropouts, drug abuse, juvenile violence, and divorce. (HARV REV PSYCHIATRY 2004;12:158–164.)

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In spite of considerable experience and research, some mental health professionals remain concerned about whether women can handle the demands of multiple roles without serious negative health consequences. The real worry is less about multiple roles per se and more about the stress that married women with children will experience if they take on the role of paid worker. The underlying assumption is that the roles of wife and mother are “natural” roles and are therefore performed without undue stress. In contrast, the role of employee is seen as “unnatural” and therefore highly demanding. Yet because of the massive changes that have

taken place in the past 25 years with respect to women’s education, gender-role attitudes, paid employment, and fertility, few expect a return to the sole-breadwinner/stay-at-home-mom pattern of the 1950s. This reality has not, unfortunately, been embraced in the current political climate, and there is much rhetoric implying that maternal employment “causes” many of our social ills—school dropouts, drug abuse, juvenile violence, divorce.

In this article, I first discuss several major demographic trends that are increasing the likelihood that most women will continue to occupy multiple roles in the future. I then review the empirical literature on the significance of these changes for the mental health of women, men, and their children. I pay special attention to the role of paid employee, given its prominence in the ongoing debate about women and multiple roles. Finally, I present some concrete implications of the research findings for clinical practice.

From the Women’s Studies Research Center, Brandeis University.

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Reprint requests: Rosalind Chait Barnett, Women’s Studies Research Center, Brandeis University, Mailstop 079, 515 South St., Waltham, MA 02453-2720. Email: rbarnett@brandeis.edu

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CURRENT DEMOGRAPHICS

Labor Force Participation

Women’s labor force participation has been on the increase since the 1970s. They now constitute 48% of the U.S. labor force.¹ According to the U.S. Department of Labor, Bureau

of Labor Statistics,² the number of working women has more than doubled in the last 30 years, from 32.2 million in 1971, to 68.3 million in 2003. Stated somewhat differently, whereas only 43% of women had a job in the 1970s, 60% did in 2003.

This huge increase has come largely from married women with young children. One consequence of this trend is an increase in dual-earner couples, who are now the "typical" American family. Over the past 25 years, the proportion of employees living in dual-earner couples rose from 66% to 78%,¹ and there is every indication that this percentage will continue to increase. Not only are there more women in the labor force, there are more women working full time, full year. Increasingly, women's labor force participation is mirroring that of men's. Another less known fact is that increasing numbers of college-educated women are now earning as much as, or more than, their husbands. As of 1998, 40% of college-educated white women were in this category.³ And in a recent survey of a representative sample of married employed women in dual-earner couples, 42% of women, regardless of education or race, were in this category.¹

Educational Attainment

Another strong indicator of women's commitment to the labor force is the dramatic increase in the percentage of women who are completing higher education. In 2000, for every 100 men who were awarded bachelor's degrees, there were 133 women.⁴ And for every 100 men who received a master's degree, there were 138 women. Moreover, women are approaching parity with men in earned doctorates. There are similar trends in professional schools. Women now constitute roughly half of the incoming classes at most law and medical schools, about 40 to 45% of the freshman classes at select engineering schools, and roughly one-third of the incoming classes at most business schools. Thus, it appears that employment is part of the future envisioned by growing numbers of women. And recent evidence suggests that the likelihood of marriage for women increases with the number of years of education that women complete. It is therefore likely that in the future, women will continue to be multiple-role holders—they will be highly educated, employed, married, and, as we shall see in the next section, likely to have children.

As more and more women establish distinguished careers, they are confronted with a relatively understudied, but persistent, variant of the myths surrounding women and multiple roles; namely, that high-level professional women (in contrast to high-level professional men) are incapable of combining their careers with marriage and children without doing irreparable harm to their careers.^{5,6} Not surprisingly, far fewer top-level women than men are married and have children.

Family Structure

In 1972, 33% of parents both held jobs, whereas in 1998, 67% were both employed.⁷ In 2000, 73.9% of single mothers, and 70.6% of married mothers, of minor children were in the labor force.⁸ Moreover, women are taking shorter maternity leaves. Today, the overwhelming majority of mothers who were employed in their infants' first year returned to work and placed their children in some kind of routine nonmaternal care before the child was six months of age.⁹ Recent figures (for 1998–99) indicate that 58% of all women with infants under one year of age are in the labor force;¹⁰ comparable rates in 1970 and 1985 were 27% and 46%, respectively.¹¹

Fertility

Since 1960 there has been a decline in fertility among women, especially in the industrialized world. The United States, like other industrialized countries, is experiencing a decline in the average number of births per woman of reproductive age. In 2000, 43% of women in the childbearing ages (i.e., 15 to 44 years) were childless.^{12,13} Among women 40 to 44 years old (who were nearing the completion of their childbearing years), 19% were childless, almost twice as high as among women who were of the same age in 1980 (10%).¹² Women 40 to 44 years in 2000 will probably end their childbearing years with an average of 1.9 children, a level below that required for natural replacement of the population (i.e., 2.1 births per woman).¹³ This average is about one child less than the average for women in this same age group in 1980 (3.0 children). Among women who have more than one child, there is a tendency to space their children more closely together today than in the past.¹⁴

Delayed Age at Marriage and Childbearing

In addition to the widespread availability of contraceptives, another reason for women's decreased fertility is that they are marrying for the first time at later and later ages. Among women with 16 or more years of education, the median age at first birth rose by 3.8 years to 29.5 between 1969 and 1994.¹⁵ In 1994, 45.5% of all first births among women with 16+ years of education occurred at age 30 or older, more than four times the rate found in 1969.^{14,15} Recently, at least in Massachusetts, more women gave birth to their first child after age 30 than before age 30.¹⁶ In fact, the only group of women for whom there has been an increase in fertility is women in their mid to late thirties (35 to 39).¹⁷ Between 1990 and 1998, women in this age group generated an 18% increase in births, rising from 31.7 to 37.4 live births per 1,000. The fertility rate among these women almost doubled since 1976, when the comparable figure was 22.6 live births per 1,000 women.¹⁶ Delayed marriage is also a factor

in men's decreased fertility. Indeed, one reason for women's decreased fertility is that their husbands are typically older than they are. Research indicates that when older women marry younger men, their fertility increases.^{18,19}

Lengthening Life Span

The above trends need to be seen against a lengthening life span. Females babies born in 2000 have a life expectancy of 79.5 years (80.0 years for white babies, 75.0 years for African-American babies).²⁰ Consequently, the number of years devoted to childbearing and rearing will be consuming an ever smaller percentage of a woman's total years of life. With the narrowing band of years engaged in intensive child care, women will have many postmaternity years to spend in the workplace.

Gender-Role Attitudes

These dramatic trends in "objective" indicators are matched by equally dramatic trends in "subjective" indicators. Specifically, several studies document an appreciable increase in the percentage of males (from high-school age through adulthood) who endorse "nontraditional" gender roles for women^{1,21,22} and who place a higher value on their own family relationships than on such traditional masculine values as "career achievement."²³ For example, in 1977, only 26% of employed men endorsed the view that it was acceptable for women to enter the workforce and contribute to the family income rather than stay at home, versus more than twice as many (58%) who expressed that view in 2002.¹ Although women, in general, are more nontraditional in their gender-role attitudes than men, they, too, have become increasingly nontraditional over this period of time.

Division of Household and Child-Care Tasks

In addition to changing their attitudes about appropriate gender roles, men are changing their behavior at home. Although women in dual-earner couples are still far more likely than their husbands to take responsibility for household and child-care tasks, men are, in fact, spending increasingly more time in domestic labor. In a nationally representative sample, fathers in dual-earner couples increased the numbers of hours per workday that they allocated to household chores from 1.3 to 2.0 hours between 1977 and 2002.¹ In contrast, over the same period of time, women in dual-earner couples reduced their time on such chores from 3.7 to 3.0 hours per day (both changes were statistically significant). As a result of these opposing trends, the gender gap in time spent on household chores on workdays decreased from 2.4 hours per day in 1977 to 1.0 hours per day in 2002.

Time allocated to children per workday also changed, especially among fathers, over this 25-year period. In 1977,

fathers spent 1.9 hours per day on their children, compared to 2.7 hours per day in 2002—a significant increase.¹ In contrast, over the same period, the time that mothers spent on their children did not change significantly (i.e., 3.3 hours per day in 1977 vs. 3.5 hours per day in 2002). Stated differently, these changes resulted in an *increase* in the time that children spent with their parents (5.2 hours per parental workday in 1977, compared to 6.2 hours per parental workday in 2002) and in a *decrease* in the gender gap in time spent with children (from 1.4 hours per workday in 1977, to 0.8 hours per workday in 2002).

EMPIRICAL DATA

To judge by the popular press, the current "experiment" in nontraditional lifestyles for women is causing havoc for women themselves, their partners, and their children. Headlines scream out about the *Time Bind*, the *Time Squeeze*, and the *Time Famine*. The *Decline of the American Family* is another media staple. Employed, married women with children are portrayed as anxious and depressed (i.e., as high in psychological distress). Their husbands, we are warned, will be emasculated by their successful wives (i.e., their male gender identity will be threatened). Moreover, the message is that the children of working mothers, who are typically not routinely cared for by their mothers, especially during the crucial early years, will suffer a range of problems from insecure attachment to inappropriate externalizing behavior (e.g., acting out). How much credence should we place in these predictions? What do the empirical data tell us?

Women and Work

There is a vast literature exploring the linkages between maternal employment and a host of negative outcomes, from depression and anxiety to stress-related physical health problems.²⁴ Initially, researchers studied the direct effects of employment on health. The overall results were contrary to the hypothesis that women with multiple roles, especially the roles of employee, spouse, and mother, would exhibit higher levels of distress than women with fewer roles. Indeed, this hypothesis received little support in study after study. Contrary to expectations, the consistent finding was that women with multiple roles exhibited *better* mental and physical health (including less depression and anxiety) than women with fewer roles.^{25,26} This finding was confirmed in cross-sectional and longitudinal studies, and in studies that took into account the healthy-worker effect (i.e., the fact that positive health outcomes may not be the result of women's multiple roles, but rather a consequence of them, since only healthy women are likely to undertake multiple roles).²⁷

One longitudinal study examined changes in labor force participation over time in relation to psychological distress

in a sample of white women.²⁸ The researchers found that women who increased their workforce participation—from homemaker (not employed or employed less than 10 hours per week) to part-time worker (employed 10–34 hours per week) or to full-time worker (employed 35 or more hours per week)—showed *lower* levels of depression over the three-year period of the study. And over the same period of time, employed women who decreased their hours of paid employment from full time to low part time (i.e., employed 10–19 hours per week) or to homemaker reported an *increase* in symptoms of depression.

In addition to studying the linkages between the number of roles that a woman occupies and her health, another line of research focuses on the quality of the roles that a woman occupies. The argument is that the absolute number of women's roles is unlikely to be related to health outcomes, because roles can vary in the degree to which they are experienced as rewarding or problematic. Accordingly, it would be more meaningful to examine the association between subjective role quality and health outcomes. What do we mean by subjective role quality? Every social role has rewarding and problematic aspects. Subjective role quality is therefore a construct having two parts: the rewarding aspects and the problematic or "of concern" aspects. My team and I have developed multi-item, psychometrically sound measures of both aspects for three major social roles (viz., partner, parent, and employee). Role quality is calculated by subtracting the average concern score from the average reward score for any particular role. It is important to note that subjective aspects differ from what might more accurately be labeled "job conditions," which include such job aspects as level of salary and benefits, actual work schedule, and presence of a supportive supervisor. Subjective aspects reflect the degree to which such job conditions, if present or absent, are experienced as rewarding or problematic.

The hypothesis that role quality is a stronger predictor of health states than the number of roles (or time spent in a role) has been widely supported.²⁴ For example, mental health benefits do not accrue from the work role when the job is not satisfying or when the person is the victim of discrimination or harassment on the job. Similarly, people may work long hours but, if the work is satisfying, benefit psychologically. In a review of the multiple-roles literature of the 1990s, Perry-Jenkins (unpublished data, 2000) reported that researchers are now attending more to role *quality* than to role *occupancy*.

Cross-sectional studies indicate that employed women in dual-earner couples report as high levels of job satisfaction as their husbands. Within couples, job-role quality is as strong a predictor of psychological distress for wives as for husbands.²⁹ Longitudinal studies indicate that within dual-earner couples, change over time in job-role quality predicts change over time in psychological distress

for women and men.³⁰ If the job becomes increasingly rewarding/problematic, distress decreases/increases. Interestingly, the magnitude of this relationship does not differ by gender. Moreover, for both the men and women in this study, the same two job conditions—time demands and underutilization of skills—were associated both cross-sectionally and longitudinally with psychological distress.

Although much has been written about the centrality of women's primary relationships (i.e., their wife and mother roles) to their psychological well-being—and, indeed, mental health practice is often based on that belief—the empirical literature points to a different conclusion. More specifically, a woman's experience in her role as employee either is the best predictor of her mental health or is at least as important a predictor as the quality of her relationships with her partner and children.³¹ Overall, women report high job satisfaction and receive numerous rewards, both psychological and financial, from their employment. Yet most discussions in the mental health field about women and work continue to focus on the potential negative effects while ignoring the benefits that employment confers to women. Overall, mental health professionals have also failed to appreciate the positive effects of paid work on women's mental health. These benefits include earning a salary, doing challenging work, utilizing all of their talents, having access to health benefits, and receiving social support. Of course, not every job confers all these benefits to its incumbents, yet unless one is employed, there is little possibility of enjoying these rewards.

Besides the direct positive effect of employment on women's health, there are important indirect effects. For example, a rewarding job can mitigate the negative mental health effects of poor relationships at home—with one's spouse or one's children—on women's psychological distress. Conversely, rewarding relationships at home can mitigate the negative mental health effects of a problematic job. In these ways, multiple roles can increase women's resilience in the face of troubled relationships at home or at work. It appears that the more baskets a woman has to put her emotional eggs into, the better off she is.

The Mother-Child Relationship

If the role of employee has been underemphasized in the mental health literature, the same cannot be said about the role of mother. In many influential theories, the maternal role is seen as the core of women's identity.^{32,33} The importance attached to motherhood in clinical practice, however, does not accord with the systematic research literature. Indeed, some investigators contend that, on balance, motherhood has a negative effect on women's health,^{34,35} whereas others would claim that it is no more or less pivotal than women's other roles.³⁶ Here, too, it is important—in understanding mental health implications—to distinguish

between motherhood *per se* and the quality of the mother-child relationship. While a case may be made that motherhood *per se* is not associated with psychological well-being, the same cannot be said about parent-role quality. There are strong and consistent data indicating a direct relationship between the experience of the mother-child relationship and mental health outcomes. Mothers who report a positive relationship with their children also tend to report low psychological distress.³⁷ In addition, when their relationships with their children are positive, employed women are buffered from the negative mental health effects of troubled jobs.³⁸ Conversely, when their relationships with their children are troubled, employed mothers report high distress, and their distress is exacerbated if their jobs are unrewarding.

Even if motherhood does not confer benefits on working women while the children are in the home, might those benefits be realized as the mothers age? Stated differently, would childless women experience more depression as they age compared to women who have had children? Given the bulk of the writing on his topic, one would certainly think that the answer would be affirmative. Surprisingly, it is not. Married older childless women are no more depressed than married older women who have had children.^{39,40} One can only speculate about the reasons for this counterintuitive finding. Perhaps women derive more long-term gain from employment than they do from motherhood, and those gains buffer employed childless women from the assaults of aging.

Although it is not focus of this article, it is important to note that after countless studies, there is no evidence that children of working mothers differ from those of nonworking mothers. They are not less securely attached; they show no cognitive or social deficits; and they do not feel deprived, abandoned, or unloved.^{41,42} Media reports to the contrary should be taken lightly.

The Marital Relationship

Once again, marriage *per se* has weaker effects on psychological distress than does marital-role quality. Although less often cited now than in the past, there is some truth to Jesse Bernard's famous quote that "marriage is a health hazard for women."⁴³ Whereas single women and single men do not differ in frequency of symptoms of depression, the same cannot be said for married women and men. Among the married, women report significantly higher levels of symptoms of depression than do men. These caveats notwithstanding, there is unprecedented pressure from the Bush administration to promote marriage. Marriage is presented as the bedrock institution of our culture, conferring numerous advantages to all parties. Divorce, in contrast, is seen as having severe negative consequences for women and especially for children. Federal funding in these tight fiscal times has been

appropriated for programs to encourage marriage formation and maintenance. Much of the work cited in support of the benefits of marriage on the marital partners and their children⁴⁴ conflates marriage with good marriage. Overall, few researchers would argue that a good marriage benefits all parties. Many would challenge the conclusion, however, that sustaining a troubled marriage is better for all parties than ending the marriage.⁴⁵

Turning to marital-role quality, it is a significant predictor of psychological distress for both men and women. In a longitudinal analysis,³⁰ however, change over time in marital quality was related to change over time in distress, but only among women. With respect to physical health indicators (especially indicators of cardiac health), women who were highly satisfied with their marriages showed a health advantage over time compared to their counterparts who reported low levels of marital satisfaction, and also compared to unmarried women.⁴⁶ In addition, several studies suggest that marital quality has important indirect effects. For example, the quality of the marriage can moderate the relationship between the amount of child care the wife does relative to her husband, and her psychological distress.⁴⁷ In dual-earner couples, when she does more child care than he does, her distress is low; however, her assessment of the marriage decreases, which, in turn, lowers her mental health. In contrast, the husband's evaluation of the quality of the marital relationship is unrelated to the level of his relative child-care involvement.

How is marital quality affected when she earns more than he earns? Contrary to popular speculation, historical evidence indicates that within a couple, income equality is not synonymous with low gains to marriage and may, in fact, be associated with high gains.⁴⁸ In support of this view, one study of couples' relative earnings found that marital dissolution was highest in couples in which the wife had no earnings.⁴⁹ Overall, the research data paint a picture that is very different from the media portrayal of the husband whose wife earns more than he earns. Typically, such a man is presented as a henpecked loser—a failure in his provider role. Interestingly, within couples, change over time in the magnitude and the direction of the gap between a wife's earnings and those of her husband is unrelated to the wife's evaluations of the quality of the marriage.⁵⁰ Among the husbands, however, the picture is more complicated. Most husbands resemble their wives insofar as their evaluation of their marriages is unaffected by the size of the within-couple wage gap or by whether it increases or decreases over time. For one subgroup, however—men who experience high rewards from the "salary" aspects of their jobs (e.g., from earning as much as or more than men in their field, or from the absolute amount of money they earn)—the more their wives earn relative to them, the less positively they assess the quality of their marriage.

In addition, when a wife is happy with her work schedule, her husband's distress is low.⁵¹ Many employed women may heed the oft-repeated warnings about the harm that they will do to their husbands and to their marriages if they remain in the labor force. If these women really want to work—and enjoy their jobs—then giving them up may result in higher distress for both themselves and their husbands.

Finally, it is important to note that although some studies have nationally representative samples, many do not. Overall, studies tend to underrepresent minority women and overrepresent middle-class women.

IMPLICATIONS FOR CLINICAL PRACTICE

These findings point to several changes in mental health practice that could benefit patients. First, for a variety of reasons, well-intentioned mental health professionals may wittingly or unwittingly support an employed woman's belief that it is her job (and not her marriage or her children) that is the source of her distress. It would be helpful to encourage such a patient to assess fully the rewards, as well as the concerns, of her job before concluding that her best strategy for reducing stress is to cut back or to drop out of the workforce. This approach is especially critical because patients often present only the problems that they are facing. As the research demonstrates, however, all social roles, including employment, have rewarding as well as problematic aspects. Given the many mental health benefits of paid work, it would be unwise to rush to action. More generally, the notion that multiple roles have primarily negative effects on women needs to be recognized for what it is—merely a myth.

Second, mental health professionals and their patients should be wary of media portrayals that show working women as harried and frenetic, and their families as on the verge of disaster. Many widely circulated newspaper and magazine articles about women and multiple roles are based on anecdotes gleaned from highly selected and nonrepresentative samples—hardly the basis for making important life decisions. Moreover, these stories are almost always about problems that women have in “juggling” their roles. There is no doubt that juggling multiple roles can cause problems, but it appears that these problems are less severe and more tractable than those associated with having too few roles. It is also worth noting that to the degree that juggling does take a toll, there is no reason to focus exclusively on married women. Several studies suggest that married men, especially those in dual-earner couples with children, report at least as much work-family conflict as their wives.^{52–54}

Finally, many studies indicate that men and women are similar with respect to the degree of satisfaction that they report in their major social roles and in the magnitude of the relationship between role quality and psychologi-

cal distress. Conventional wisdom and theoretical writings notwithstanding, ideas about massive gender difference in the centrality of social roles need to be rethought. The research literature tells us that both men and women are from Earth, even though one of the best-selling books of all time⁵⁵ claims otherwise.

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