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Author

Repetti, Rena L.

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AND WOMEN'S MENTAL HEALTH
Rena L. Repetti

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ABOUT THE AUTHOR.

Rena L. Repetti is an Assistant Professor in the Department of Psychology at the University of Southern California. She received her Ph.D. from Yale University and was a postdoctoral scholar at UCLA. Professor Repetti's research focuses on linkages between work and family systems, including the effects of work and family roles on women's mental health.

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Research in the social sciences is beginning to focus on the psychological implications of multiple roles. Some studies indicate that women occupying more than one social role, such as employee, wife and mother, have lower levels of depression (Kandel, Davies and Raveis 1985; Radloff 1975; Repetti and Crosby 1984), improved psychological well-being (Barnett and Baruch 1982; Thoits 1983), and better physical health (Verbrugge 1983; Waldron and Herold 1986). However, other research indicates that the combination of employment and motherhood may result in low levels of marital adjustment (Gove and Peterson 1980; Staines, Pleck, Shepard and O'Connor 1978) or feelings of guilt (McCartney and Phillips, in press). Still others argue that employment has no effect on mothers' mental health, except perhaps under special circumstances (Aneshensel, Frerichs and Clark 1981; Parry 1986). These apparent contradictions may be the result of having reduced the problem to a false simplicity. A reframing of the multiple-roles issue may be in order.

Any social role--marital, occupational, or parental--can serve as both a source of support and a source of stress (Pearlin 1982, 1985). Rather than ask whether complex role configurations "per se" are stressful or health-promoting, researchers should examine the quality of life in each role. Baruch and Barnett's (1986) recent research indicates that it is the quality of experiences in work and family roles rather than the mere quantity of roles that

provide the key to understanding women's psychological well-being. Golding (1986) also reported that, after controlling for role occupancy, stressors and social supports in marital and occupational roles simultaneously contributed to levels of depression in a sample of over 1,000 employed men and women. Results from a longitudinal study indicated that, among employed women, changes in the perceived quality of social climates both at work and in the family were related to changes in depressive and psychosomatic symptoms over one year (Holahan and Moos 1981). In a study involving married nurses, various combinations of satisfaction with marriage and job were differentially associated with overall life satisfaction and psychological adjustment (Hirsch and Rapkin 1986).

Some researchers have examined how experiences in work and family roles contribute to mental health by comparing those relations in employed and non-employed married women. Repetti and Crosby (1984) found that moods experienced at home tended to be stronger predictors of depression among housewives than among employed people. For the respondents with paid jobs, emotional experiences at home and on the job related about equally to depressive symptomatology. The authors speculated that the availability of diverse social arenas may partially protect employed women from the consequences of stressful home lives, possibly by providing alternative sources of gratification and social support. Cleary and mechanic (1983) found that for nonemployed women, depression was more dependent on their level of marital satisfaction than was the case for employed women. In an analysis of data from national surveys involving over 1600 women, Benin and Nienstedt (1985) similarly reported that marital happiness was a stronger predictor of overall happiness for housewives than for employed women. As in the Repetti and Crosby (1984) study, emotions associated with both work and family roles were significantly related to the overall well-being of employed women.

The present study relates mental health to characteristics of work and family roles in a small sample of employed female clerical workers who are married and/or have children living at home. The main goals of the investigation are (a) to examine the separate and joint influence of qualities of work and family roles on women's mental health, and b) to explore conditions under which the effects of work and family roles are maximized.

Separate Contributions of Work and Family Roles

The paper first addresses the simple question: How are characteristics of work and family roles separately linked to an employed woman's mental health? Recent research suggests that interpersonal conflict is the most stressful dimension of adult roles (Kandel et al. 1985). Two related dimensions of work and family roles are examined here: participants' reports of the quality of their interpersonal relations in each role and their level of role satisfaction. It is hypothesized that greater psychological distress is found among employed women who describe their interaction at home and on the job as conflictual and nonsupportive, and who are dissatisfied with their work and family roles.

The Joint Contribution of Work and Family Roles

The paper's primary goal is to explore two mechanisms through which experiences in work and family roles conjointly influence mental health. An additive model assumes that the two roles act independently--i.e., the impact of experiences in one role do not depend in any way on experiences in the other role. The additive model is a linear model. In contrast to an additive model, an interactive model describes a non-linear relation between role experiences and mental health. It suggests that conditions in one role modify

the effect of the other role. Previous research has supported both the interactive model (Benin and Nienstedt 1985) and the additive model (Aneshensel 1984) of the conjoint effects of work and family roles. Both models are depicted in Figure 1. The two formulations make different predictions about the way that work and family roles combine to influence mental health. Consider a hypothetical case in which an employed mother experiences three units of stress at work and seven units of stress at home. (For illustrative purposes, assume the variables are measured on a ratio scale and that a one-unit increase in stress leads to a one-point increase on a scale of psychological distress.) According to the additive model, stress from the two roles would sum, thereby increasing the subject's level of psychological distress by 10 points. According to the interactive model, stress from the two roles would multiply, resulting in a 21-point increment in her distress score. In this example the interactive model predicts a much higher level of distress.

Now consider another woman who also experiences three units of job stress but who has no stress at home. In this case, the additive model predicts a three point increase in her distress level, whereas the interactive model predicts no increase at all. Here, according to the interactive model, the subject's supportive home environment "protects" her from the adverse effects of job stress. For both hypothetical women, the additive model predicts the same relation between job stress and psychological well-being. However, under the interactive model, the effects of job stress vary depending on conditions at home. In short, the additive or linear model suggests that role stress has a constant impact on mental health, regardless of conditions in another role. On the other hand, the interactive or non-linear model suggests that conditions in one role domain can attenuate or intensify the psychological effects of the other role.

Two hypotheses, based on the models described above, are tested here. The additive hypothesis states that work and family roles each have a significant independent effect on mental health. Thus, deleterious conditions in one role (role dissatisfaction and poor interpersonal relations) are associated with greater psychological distress, independent of conditions in the other role. The interactive hypothesis, on the other hand, states that the effects of experiences in each role are modified by experiences in the other role. The impact of deleterious conditions in one role are reduced by positive conditions, and increase by adverse conditions in the other role. The two multiple-role hypotheses are tested in multiple regression analyses. The additive model is evaluated by estimating the impact of one role after controlling for conditions in the other role. The interactive model is evaluated by a polynomial term representing the cross-product of experiences in work and family roles.

Equity and Job Involvement

A final question addressed in this study is: under what conditions are the effects of work and family role conditions increased and under what conditions are their effects diminished? Two potential conditioning variables are examined: equity in division of home labor and level of job involvement.

Men and women who perceive equity in their marriages have been found to be less depressed than those who perceive inequity (Schafer and Keith 1980). However, wives, whether employed or nonemployed, report more inequity at home than do husbands (Vanfossen 1981). Interestingly, couples who actively strive for equity in their relationships describe the division of home labor as the most difficult area to negotiate (Haas 1980). Yet, more housework performed by a husband appears to be associated with lower levels of depression in his spouse (Ross, Mirowsky and Huber 1983; Vanfossen 1981) and greater marital satisfaction (Hill and Dorfman 1982). Equity in the division of home labor

may therefore be an important variable to consider in an analysis of women's mental health and their social roles.

Rather than having a direct impact on adjustment, an overload of family responsibilities may act by exacerbating the effects of other role stressors. One way to conceptualize role strain is in terms of the absolute amount of time and energy needed to meet role demands. The approach taken here considers feelings of strain to result, instead, from a process of social comparison. Although women typically devote many more hours to household maintenance and child care, there is variability in the extent to which these tasks are shared with their husbands (Fox and Nickols 1983; Model 1982; Pleck 1985). Compared to a more equal division of labor at home, women who believe that they carry a highly disproportionate share of family responsibilities may be more vulnerable to stressors in both work and family roles. Some evidence for this perspective is found in Pleck's (1985) analysis of national survey data in which a woman's level of dissatisfaction with the division of family labor had a stronger negative effect on her well-being than did her total expenditure of time in paid work and family work. Moreover, a woman's desire for her husband to contribute more time to family work appeared to moderate the relation between her own time commitments and her adjustment. When wives experienced dissatisfaction with their spouse's contribution to family labor, increases in their own child care time contributed to poorer adjustment. In this study, feelings of inequity at home are assessed by a woman's estimate of her home labor relative to her husband's. It is hypothesized that the relation between role stressors and subjective distress is maximized under conditions of perceived greater inequity at home.

A woman's attitude toward her job may also moderate the relation between role characteristics and mental health. Using longitudinal data from a national sample, Waldron and Herold (1986) reported a trend indicating that the physical health of an employed woman is likely to worsen if she has an unfavorable attitude toward employment. Others have found that women are least depressed when their preferences for employment are consistent with their employment status (Ross et al. 1983). Job involvement, which has been defined as the degree to which a person is identified psychologically with her paid work role (Lodahl and Kejner 1965), is used here as an indicator of a participant's attitude toward her job. Job involvement appears to relate positively to job satisfaction (Gannon and Hendrickson 1973; Mannheim and Schiffrin 1984) and negatively to marital happiness (Bailyn 1970). By changing the extent to which she identifies with her job, an individual may be able to modulate the effects that stressors in occupational and family roles have on her well-being. It is hypothesized that a greater degree of job involvement will reduce the influence that problems at home have, but increase the influence that job problems have, on mental health.

METHOD

Procedures

The data used here were collected as part of a larger study examining social factors in the workplace (Repetti 1987a). A group of clerical employees from two banks, one on the east coast and one on the west coast, rated their mental health and various aspects of their work and family roles. During Phase 1 of the study, participants filled out a survey which included a job satisfaction inventory and work social environment scales. During Phase 2, a volunteer subsample of 70 women completed measures of mental health, family life, and job involvement two to three weeks after the job survey.

Sample

The data reported here were obtained from the 44 women who participated in both phases of the study and who were married and/or had a child living with them. All but nine of the 44 were living with husbands at the time and 35 had at least one child. All of the participants had completed high school; 16 percent had a college degree. The average age among the sample of women was 37 years.

Measures

Each role domain is represented in this study by two measures of the quality of interpersonal relations in that domain and by one measure of role satisfaction.

Work-Role Measures. The work-role scales were derived from a factor analysis of the Phase 1 survey (Repetti 1987a). [1] Work Social Climate (Cronbach's Alpha = .93) is a 22-item scale describing the general social climate of a bank branch (example: "The social atmosphere in this branch is very friendly."). Most of the items are drawn from the "Relationship Dimension" of the Work Environment Scale (Insel and Moos 1974). Supervisor Support (Cronbach's Alpha = .86) is a four-item scale assessing the amount of instrumental and emotional support an individual receives from her supervisor (example: "How much can your immediate supervisor be relied on when things get tough at work?"). The support scale is identical to the ISR Supervisor Support subscale (Caplan et al. 1975). Role satisfaction is assessed by a five-item Job Satisfaction scale (Cronbach's Alpha = .80) assessing satisfaction with one's job and type of work (example: "I am generally satisfied with the kind of work I do in this job."). Items are drawn from the Work Environment Scale (Insel and Moos 1974) and the Job Diagnostic Survey (Hackman 1980). High scores on the work-role measures indicate a pleasant and friendly social atmosphere at work, and high levels of supervisor support and job satisfaction, respectively.

Family-Role Measures. The family-role measures were part of the Phase 2 questionnaire. Two nine-item subscales of the Family Environment Scale (Moos and Moos 1981) are included to represent the quality of interpersonal relations at home. Family Conflict (Cronbach's Alpha = .75) assesses the amount of openly expressed anger, aggression and conflict among family members (example: "We fight a lot in our family."). Family Cohesion (Cronbach's Alpha = .71) measures the degree of commitment, help, and support family members provide for one another (example: "There is a feeling of togetherness in our family."). Marital and Family Satisfaction (Cronbach's Alpha = .87) is a six-item scale developed on the basis of a factor analysis (Repetti 1987b). It measures marital satisfaction and happiness with family life in general (example: "Everything considered, how happy has your marriage been for you?"). High scores on the family-role measures indicate high levels of conflict, cohesion and satisfying relations in the family, respectively.

Measures of Equity and Job Involvement. The Phase 2 questionnaire also asked the women to indicate the number of hours each week that they and their husbands devote to various household tasks and child care. Tasks were selected to cover both the traditional female domain (cooking, laundry) and the traditional male domain (care of the car, yardwork) of household maintenance. Home Labor Inequity, a relative measure of role strain, is a participant's estimate of the amount of time she spends involved in home labor activities divided by her estimate of the amount of time her husband spends involved in the same set of tasks. High scores in this scale indicate greater perceived inequity at home. Job Involvement was measured by a six-item scale, developed by Lodahl and Kejner (1965), on the Phase 2 questionnaire. Respondents used a six-point rating scale to indicate how strongly they agreed that a statement described their feelings and attitudes about their job (example:

"The major satisfaction in my life comes from my job"). Ratings were averaged; high scores indicate that an individual is very job involved.

Mental Health Measures. Mental health refers here to an individual's subjective sense of emotional well-being and comfort. Two dimensions of mental health are used in the present analyses. Depression is measured by the 20-item CES-Depression Scale, a self-report scale designed to assess depressive symptomatology in the general population (Radloff 1977). Anxiety is assessed by The Trait Anxiety Scale (Spielberger, Gorsuch, Lushene, Vagg and Jacobs 1983), a self-report measure of trait anxiety. The scale consists of 20 statements that ask the respondent to describe how she generally feels. High scores on the mental health measures indicate high levels of depression and anxiety, respectively.

RESULTS

Descriptive Statistics

Ratings made by the sample of 44 women on the three work-role variables were compared to ratings made by the entire group of 302 Phase 1 respondents; there were no significant differences. Scores on the Family Conflict ($x = 3.02$, $S.D. = 2.42$) and Family Cohesion ($x = 7.07$, $S.D. = 1.88$) scales resembled normative data based on a sample of non-distressed families. Each of the family relations scales can range from 0 to 9. Moos and Moos (1981) reported means of 6.61 ($S.D. = 1.36$) for the Cohesion subscale and 3.31 ($S.D. = 1.85$) for the Conflict subscale, for a sample of 1,125 normal families. Among the 35 women in the sample who were living with husbands, five reported an equal sharing of home labor and 25 reported carrying a greater share of the load. The median (1.56) and mean (2.60) Home Labor Inequity scores indicated that, on average, these employed women estimated that they contribute from 50 percent to 150 percent more time than their husbands to the maintenance of their home and care of their children.

The sample of Depression scores ($x = 1.50$, $S.D. = .40$, on a 1-4 scale) resembled those of employed women with similar incomes.[2] Many researchers use a cutoff score of 1.85 on the CES-D scale to identify highly depressed subjects (Lewinsohn and Teri 1982). About 20 percent of the participants scored in this range, which corresponds to Radloff's (1975) finding of 22-29 percent high scorers in a national sample of women. Anxiety scores ($x = 1.84$, $S.D. = .44$ on a 1-4 scale) also matched data from a standardization sample of employed women ($x = 1.74$) (Spielberger et al. 1983). The average Job Involvement score ($x = 2.82$ on a 1-6 scale) was similar to the mean based on a standardization sample of 137 nurses ($x = 2.83$) (Lodahl and Kejner 1965).

Background Factors

Relations between a number of personal, family, and job characteristics and the predictor, outcome, and moderator variables were also examined. Level of educational attainment, length of marriage and family income were not correlated with any of the measures. Age showed a positive linear relation with ratings of the branch social climate; older employees perceived a more positive social environment at work. Age of children, which ranged from six months to 40 years, was significantly correlated with descriptions of work and family role characteristics. Mothers with older offspring reported more positive social relations at work, greater job satisfaction, and more cohesion and less conflict in the family. A participant's age and the age of her children, however, were not related to any of the other variables assessed in this study.

Only eight of the 44 participants were employed part-time (less than 30 hours per week). These eight women reported lower levels of job satisfaction, poorer branch social climates and less supportive supervisors. Their ratings

of family role characteristics, mental health job involvement, and division of home labor did not differ from the full-time employees' ratings.

Separate Contributions of Work and Family Roles

Prior to testing the first hypothesis, relations among the role characteristics were examined. Table 1 presents Pearson product-moment correlations among the measures of work and family roles. Within each role, role characteristics are highly related. Out of the nine correlations between work and family roles, two approach statistical significance. Perceptions of a more positive social climate at work were associated with more cohesion and less conflict in the family.

The first hypothesis stated that the two dimensions of work and family roles, quality of social interaction and role satisfaction, would be separately related to the mental health of employed women. As can be seen in Table 2, all six of the associations between mental health and conditions in the work role are statistically significant, in the predicted direction. Out of the six correlations between mental health and family-role variables, five are statistically significant, all in the predicted direction. In sum, perceptions of harmonious and supportive social interaction and role satisfaction, in both work and family roles, were positively associated with psychological adjustment in this sample of clerical workers. As predicted, greater psychological distress was found among women who tended to describe their social interaction at home and on the job as conflictual and nonsupportive, and who reported being dissatisfied with their work and family roles.

Although the first hypothesis was supported by the correlations presented in Table 2, a word of caution is in order. First, it is impossible to determine direction of causality; mental health may influence role perceptions just as characteristics of work and family roles may affect psychological functioning. A second limitation is the possibility that some unmeasured "third variable" actually accounts for the results. For example, a correlation between individuals' role evaluations and their self-reported mental health could be explained simply by response bias--some people are inclined to use positive terms and others are inclined to use negative terms when describing themselves and their life circumstances. Third, in a matrix, such as the one presented in Table 2, a portion of the correlation coefficients may be significant simply by chance. Moreover, when two variables are truly related, their correlation may be duplicated by another pair of variables, which happens to be correlated with the former pair for other reasons. Multiple regression analyses examining the combined effects of work and family roles, which are described next, reduce the interpretive problems associated with unmeasured variables and multiple comparisons.

Joint Contributions: Evaluating the Additive and Interactive Models

Hierarchical multiple regressions were used to test the additive model of the combined effects of work and family roles. Each measure of mental health

Table 2

Correlations Between Mental Health and Work and Family Role Characteristics

Mental Health Outcome

Depression Anxiety

Work Role		
Work Social Climate	-.40 **	-.40**
Supervisor Support	-.45**	-.43**
Job Satisfaction	-.31*	-.37**
Family Role		
Family Conflict	.38**	.24
Family Cohesion	-.44**	-.37**
Marital and Family Satisfaction	-.35*	-.42**
Moderator Variables		
Home Labor Inequity (n=35)	.09	.29+
Job Involvement	.17	-.09

Note: N = 44 except for correlations involving Home Labor Inequity.

+p < .10 *p < .05 **p < .01

was regressed onto the entire group of work and family predictor variables in two ways. In one set of analyses, the three family-role measures were entered into the equation first and the three work-role measures were entered second. In another set of analyses, the reverse ordering was used, family variables were added after controlling for the effects of the work-role variables.

Results are reported in Table 3. The combination of experiences in work and family roles predicted a significant amount of the variance in Depression scores (39 percent) and Anxiety scores (44 percent). Moreover, interpersonal factors and satisfaction in both work and family roles independently accounted for significant proportions of the variance in mental health scores, after controlling for the effect of the other role. The findings support the additive hypothesis, indicating that experiences in work and family roles have additive, independent effects on mental health.

The interactive model predicted that conditions in one role would modify the relationship between mental health and conditions in the other role. This multiple-role mechanism was evaluated through interaction terms in multiple regression analyses. Depression and Anxiety scores were separately regressed onto nine different sets of predictors. Each set of predictors consisted of (1) a work-role variable, (2) a family-role variable, and (3) a product term representing the interaction of the work-role and family-role variables. The nine interaction terms represented three separate work variables multiplied by three separate family variables. All together, 18 regressions were performed (two mental health outcomes multiplied by nine sets of predictors). In not a single case did an interaction term contribute a significant amount of variance to the model. Thus, no support was found for the non-linear hypothesis; experiences in one role did not attenuate or magnify the impact of experiences in the other role.[3]

The results presented so far supported the first hypothesis; greater psychological distress was found among employed women who described their interaction at home and on the job as conflictual and nonsupportive, and who were dissatisfied by their work and family roles. The hypothesis that work and family roles each have a significant independent effect on mental health was also supported. However, no evidence was found for the interactive hypothesis; the effects of experiences in one role were not modified by experiences in the other role.

Equity and Job Involvement as Moderator Variables

It was predicted that two variables, equity in division of home labor and job involvement, would moderate the simple relations presented above between role characteristics and mental health. Correlations between the two hypothesized moderator variables and the other variables measured in the study were examined before testing the moderation hypotheses. The bottom two rows of Table 1 show that out of 12 associations between two moderators and six role characteristics, only four reached or approached significance. More inequity

Table 3
Results of Hierarchical Multiple Regression Analyses Testing
The Additive Model of Combined Work and Family Roles

Measure	Statistic	Mental Health Outcome	
		Depression	Anxiety
Total variance accounted for by six work and family predictors	R2 F	.39 3.95**	.44 4.80***
Contribution of three work-role variables after controlling for three family-role variables	R2	.17*	.22**
Contribution of three family-role variables after controlling for three work-role variables	R2	.17*	.22**

Note: N = 44.

*p < .05 **p < .01 ***p < .001

at home was linked with lower levels of satisfaction with family and marital relations. Greater job involvement was associated with ratings of more social support and satisfaction at work and with more conflict at home. From Table 2 it can be seen that neither of the moderators were significantly related to a mental health outcome. However, a positive correlation between inequity and anxiety approached statistical significance.

The moderation hypothesis was evaluated through interaction terms in multiple regression analyses. Each mental health outcome was regressed onto 12 sets of predictor variables (six role characteristics times two moderator variables). Each set of predictors consisted of (a) one work or family role characteristic, (b) a moderator variable, and (c) the interaction of (a) x (b).

The strength of the relation between subjective well-being and characteristics of both work and family roles was expected to be greater under conditions of more inequity at home. There were no significant interactions between any of the family-role variables and Home Labor Inequity, for either depression or anxiety outcomes. However, when interactions with work-role

variables were examined, there were significant interactions between all three role characteristics (Work Social Climate, Supervisor Support, and Job Satisfaction) and scores on Home Labor Inequity, with depression as the outcome variable. The only significant interaction in the prediction of anxiety scores was with Job Satisfaction.

Greater job involvement was expected to reduce the mental health effects of conditions at home, but strengthen the effects of work-role variables. The findings paralleled those using equity as a moderator. There were no significant interactions between any of the family-role variables and job involvement scores, for either mental health outcome. However, Job Involvement did significantly moderate the relation between all three work-role variables and Depression scores. When Anxiety was the outcome measure, a significant interaction was found between Job Satisfaction and Job Involvement.

In sum, degree of inequity at home and level of job involvement did not have any effect on the relation between family-role characteristics and mental health. However, Home Labor Inequity and Job Involvement did moderate the impact of work-role characteristics, particularly with Depression as the outcome variable. The significant interactions are illustrated by within-group correlations presented in Table 4. In each case, under conditions of greater inequity at home and more job involvement, the relation between qualities of the paid work role and mental health was strengthened.

DISCUSSION

The results reported here indicate that dissatisfaction with one's work and family roles and the perception that interpersonal relations in those roles are nonsupportive and/or conflictual are associated with subjective psychological distress. Moreover, a linear, additive model appears to best describe how the two roles conjointly influence mental health. The findings may be interpreted as evidence that work and family roles each uniquely contribute to the psychological well-being of adult married women.

No support was found for an interactive model. The quality of social life and satisfaction in one role appears to exert a fairly constant impact on mental health, regardless of experiences in the other role. Wong (1986) also failed to find a significant interaction between spousal support and supervisor support in the prediction of employed women's well-being. After reporting that employment seems to play a protective role for mothers Gore and Mangione (1983) commented: "Whether work actually operates to buffer the stresses of child rearing, or instead acts in a compensatory fashion, is a question for future research." The tentative answer is that a compensation process is at work. For example, the potential harmful effects of marital dissatisfaction do not appear to be reduced by a positive social climate at work. Rather, according to the additive model, the positive results of a supportive work environment might counterbalance the negative results of family and marital dissatisfactions. Note that, according to the latter formulation, distress derived from experiences at home remains the same--the presence or absence of support from supervisors and co-workers does not change that relation. However, the effect that positive work experiences have on mental health might compensate for the detrimental effects of family stress.

Job Involvement and Inequity as moderator Variables

The association between work-role characteristics and distress was moderated by the participants' level of job involvement and by the degree of inequity in division of home labor. The effects of job characteristics appear to be greater among women who identify more strongly with their jobs and among those who perceive greater inequity at home. It is possible that an employee

can modulate her investment in her occupational role according to the current quality of life in that domain. The psychological benefits of one's job could thus be maximized and the costs minimized at all times. The same is probably not true of equity at home because changes in division of labor require a spouse's cooperation. The results of this study may be interpreted as evidence that job stressors take a heavy toll on women who report their typical share of household responsibilities to be more than twice that of their husbands. The findings are consistent with the role strain perspective taken here. Women who believe they are overburdened by an unfair share of labor at home may be more vulnerable to stressful conditions at work. Of course it may also be that inequity at home serves to increase the positive effects of work-role characteristics.

It was anticipated that conditions at home would also have a greater psychological impact on women who identified less strongly with their paid-labor role and who perceived more inequity in the division of home labor. This was not the case; neither variable moderated the relation between family-role characteristics and mental health. Job involvement may not have buffered the effects of family role stressors because emotional investment in the family and level of job commitment are functionally independent (Gannon and Hendrickson 1973). In other words, increase job involvement may not necessarily be linked to reduced family involvement. Therefore, although the degree to which a woman identifies with her occupational role may affect her vulnerability to job stressors, family role involvement and its impact on her well-being may not change.

The absence of a significant interaction between perceived inequity at home and family-role conditions is surprising, especially given findings of significant interactions with work-role conditions. The question here is: Compared to women who report less inequity, why does the mental health of women who perceive greater inequity appear to be more sensitive to job conditions, but not more sensitive to family conditions? Perhaps, for the women studied here, inequity in the division of home labor is viewed as a stable unchangeable feature of family life. Some degree of more or less inequity therefore does not alter the impact that family relations have on their sense of well-being. However, when there is even a relatively minor tip of the balance toward greater inequity at home, their paid work role is experienced as an added burden and they become more susceptible to conditions there. Of course this explanation of the findings is highly speculative and requires empirical validation.

Direction of Causality

The findings reported here suggest that there is more to the relation between mental health and experiences in multiple roles than simple respondent bias. The first step in hierarchical regression analyses controlled not only for a set of role perceptions, but also for a considerable portion of the variance with which role perceptions were confounded. If the zero-order correlations reported here were simply the result of respondent bias or some other "third" variable, the second set of role variables entered in the hierarchical regressions would not have added to the total amount of explained variance in mental health scores. Instead, results supported the interpretation that correlations between role characteristics and mental health represent direct relationships. Of course the correlational data presented here do not permit a determination of causal direction. Analyses reported elsewhere (Repetti 1987a) suggest that social factors in a work environment do affect mental health. However, it seems likely that there are reciprocal relations between experiences in multiple roles and mental health. For example, an individual's level of psychological adjustment might influence her social behavior, thus

affecting the social environment in all major role arenas. In addition, if there is a reciprocal causal link between roles and well-being, then conditions in one role can indirectly influence the quality of life in another role. For example, mood engendered at work may be expressed at home, thereby establishing a carry-over effect from one role arena to the other (Repetti 1987b).

CONCLUSIONS

One conclusion to be drawn from this study is that the question of whether multiple roles protect or hurt women is too simplistic. It seems more informative to investigate the circumstances surrounding the enactment of each role. Preliminary analyses presented here suggest that experiences in work and family roles contribute to mental health in an additive, linear fashion. Results also indicate that the effects of experiences at work are magnified for women who perceive greater inequity in their marriages and who are highly Job involved. However, both the additive and non-additive models and the moderator effects require further evaluation. The present study is based on a small, restricted sample. Wider sampling could uncover other multiple-role mechanisms. For example, the interactive model may come into play only under highly stressful conditions. It is also important to evaluate how the models apply to men and to people in different occupational groups.

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1. The factor analysis of the 53-item Phase 1 survey resulted in five factors with eigenvalues greater than or equal to 1.0. Four of the factors represented aspects of the social environment at work and one represented job satisfaction. The two factor-based measures of the social environment with the best psychometric properties were chosen for inclusion in this study.

2. The following scores on the CES-D have been reported for samples of employed women with incomes in the \$10,000 to \$15,000 range: $x = 1.47$, $N = 165$ (Radloff 1975), $x = 1.55$, $N = 109$ (Yuhas, Radloff and Kessler 1983), $x = 1.55$, $N = 73$ (Repetti and Crosby 1982).

3. The interactive model was also tested in a different manner with the same results. Each mental health outcome was first regressed onto the six measures of work and family role characteristics. Nine interaction terms, representing all possible combinations of the work and family variables, were added to the equation next. The set of interaction terms did not significantly increase the amount of explained variance in either depression or anxiety scores.

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