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SOCIAL ROLES AND MENTAL HEALTH: GENDER DIFFERENCES IN SOURCES AND FORMS OF MENTAL DISTRESS

by

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SOCIAL ROLES AND MENTAL HEALTH: GENDER DIFFERENCES IN SOURCES AND FORMS OF MENTAL DISTRESS

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ABSTRACT

This study sought to identify similarities and differences between women and men in the types of strains experienced in three core social roles - occupational, marital and parental (and unemployed, retired, and unmarried). Of interest, as well, was the relationship of such strains to the manifestation of four forms of psychological distress - anxiety, depression, drinking and anger. The goal was to account for the consistent finding that women report greater levels of psychological distress than men. The results of this study of 2,299 adults aged 18-65, support the structural exposure thesis, which posits that women's greater psychological distress is due to their preponderance in the most stressful roles and role combinations. A significant gender-by-role combination interaction was found to predict psychological distress. Demographic factors of age, education and economic class, as well as role strains, accounted for initial significant gender differences in distress, within role combinations. The exceptions were employed married parents and employed childless spouses, for whom significant gender differences in anxiety, depression and drinking remained. Examination of the vulnerability thesis - that equivalent levels of stress carry different psychological "weight" for women and men - did not account for the remaining differences. Alternative explanations for these differences, such as differential coping styles, biological differences and disparate socialization processes, are discussed.

ADVISOR: Leonard I. Pearlin

CHAPTER 1

INTRODUCTION

This study examines the stresses and strains experienced by men and women in three major social roles (worker, spouse and parent) and the effects of these roles on an array of manifestations of psychological distress. The study seeks to clarify both the social sources of stress that women and men experience and the range of individual health outcomes they provoke.

The investigation has been stimulated by the frequently observed gender differences in susceptibility to stressful experiences - i.e., the findings that women report higher rates of psychological disorder than men, depression in particular. Research findings regarding gender differences are incomplete for two major reasons - both of which will be addressed in the present study: 1) investigators have failed to identify the source and nature of significant stressors that might differentially impinge on women and men and thus help to explain the greater prevalence of depressive symptoms among women; and 2) investigators have not specified the range of health outcomes that men and women might differentially display, thus leading to a possibly erroneous conclusion that men are less affected than women by adverse condtions.

To address the first problem, i.e., the source and nature of stressors, two analytic strategies will be

employed. The first is simply to examine role occupancy, to determine whether the individual roles or various role combinations of worker, spouse and parent are differentially distributed among women and men, and then whether they are especially deleterious to the emotional and physical health of women and men. A second strategy will explore in greater detail the quality of role experiences that women and men have, examining the persistent, day-to-day strains individuals may feel in the course of acting out their social roles. Thus, I shall examine which roles men and women occupy and the combinations in which they are occupied, and the quality of experience within occupied roles in order to identify the sources of stress that impinge on women and men as they live out their lives. A central hypothesis of this study is that gender differences in these sources of stress will help to clarify gender differences in psychological well-being.

Even where the sources of stress may be equivalent for women and men, they still may differ in regard to the ways in which they manifest their feelings of distress. Expanding the range of manifestations of distress to include not only depression but also indicators of anxiety, alcohol use, drug use, psychophysiological symptoms and feelings of anger will provide more information on how men and women may similarly or differently react to equivalent social role strains and stress. The analysis of multiple outcomes is a distinct feature of this study, one that can move us beyond our

present understanding of how men and women display psychological distress precipitated by roles, their combinations and the strains associated with them.

In sum, the study aims to:

1 - Examine the manner in which the roles of worker, spouse and parent are associated with a range of manifestations of distress to determine: a) whether and how men and women differ in their incumbency in these roles and combinations of these roles and b) the effects of these roles and their combinations on the mental health of women and men.

2 - Examine the quality of intrarole experiences to determine whether men and women who occupy the same roles necessarily experience the same types of role strains and stresses.

3 - Examine the relationship between different types of role stresses and strains and the specific kinds of psychological distress displayed by men and women.

4 - Determine how men and women may differentially manifest psychological distress by examining a broad range of distress symptoms.

LITERATURE REVIEW

The field of stress and gender grew out of efforts to explain the consistent finding of women reporting greater psychological distress than men, most specifically depressive symptoms (Hirschfeld and Cross, 1982; Al-Issa, 1982; Aneshensel, 1986; Aneshensel et al., 1981; Belle and Goldman, 1980; Goldman and Ravid, 1980; Gove, 1972; Klerman and Weissman, 1980; Pearlin, 1975; Pearlin and Johnson, 1977; Thoits, 1987; Verbrugge, 1983). This finding has been replicated both across time and across countries, as well as being based on a variety of data sources - clinical studies of treatment populations and community studies.

Some researchers over the years have hypothesized that these gender differences in rates of depression may, in fact, be artifactual. Some argue that women may perceive, acknowledge, report and/or seek help more than men which would skew the rates of depression or other distress found in samples of women (Goldman and Ravid, 1980). However, a review of the evidence for artifactual differences concludes that women's higher rates of depression are, in fact, an accurate picture of reality (Weissman and Klerman, 1977; Klerman and Weissman, 1980). For example, studies using Holmes and Rahe's life events scale do not reveal that women are experiencing greater numbers of life events than men. Neither are women construing such events as any more upsetting than men (Paykel, 1978). There is also no evidence that women report distress differently than men based on a response bias of

social disapproval of distress (Clancy and Gove, 1974; Pearlin, 1975).

Information on helpseeking behavior of men and women, however, does reveal differences. While women do seek help from physicians with greater frequency than men, they seek help for relatively minor illnesses. In contrast, men seek professional help less often, yet when they do, it is more serious, often life-threatening circumstances under which they are compelled to seek assistance (Weissman and Klerman, 1977). Even though women may seek help for depression more readily than men, this does not account for the preponderance of depressed women in community studies, where subjects are not people who have come to a clinic or hospital for treatment.

Since the arguments that gender differences in rates of depression/depressive symptoms may be artifactual are not unequivocally supported, researchers have investigated other avenues of explanation of these gender differences. While there are a variety of theoretical approaches used to explain women's preponderance of psychological distress, these various theories can be seen as representing one of two overriding theories of explanation - the exposure thesis and the vulnerability thesis. Each of these theses will be defined and the theories associated with each will then be discussed.

EXPOSURE THESIS

The exposure thesis posits that women's greater experience of depression can be explained by the fact that women are exposed more frequently to stressful events and/or circumstances than men and thus would logically experience more distress related to such exposure than would men. There are two kinds of exposure in this model - structural exposure and experiential exposure.

Structural Exposure. Structural exposure refers to the structural positions that women hold in our society - both their overall lower social position in our society as well as their individual social roles.

These theorists argue that as a result of discriminatory practices in the social and economic arenas of women's daily lives (Cox and Radloff, 1984), many have become dependent on others, feel no sense of ability to act on their own behalf in a meaningful way and thus have decreased self-esteem. Researchers have proposed that such loss of self-esteem contributes directly to the development of depression (Pearlin, et al, 1981). Some have argued that the disadvantaged structural position of women in our society has barred them from social, legal and economic positions and opportunities which would provide them with resources and experiences to increase their self-esteem and thus, lower their rates of depression (Weissman and Klerman, 1977).

Research on the housewife role supports this view. Gove

(1972) argues that women's typical role of housewife is inherently stressful and depressing, which would account for women's higher rates of depression. Gove describes the housewife role as unstructured and invisible, providing little prestige for a woman, asking of her only menial skills to complete boring, repetitive tasks. Bernard (1971) also argues that housewives who do not work are, in effect, barred from sources of gratification and self-esteem to which men have ready access. In contrast, however, Pearlin (1975) found that not all housewives were more depressed than working women. Rather, their particular perceptions of their experiences as housewives (such as feeling disenchanted with the role) were more associated with their level of depression.

Other investigators have hypothesized that it is not incumbency in the single role of housewife which may account for women's depression, but that the sheer number of roles that a woman holds may contribute more directly to her experience of depression. Thus, women are required not only to be a housewife in some instances, but also mother, wife, neighbor, friend, daughter, and sometimes worker. These women, then, may become depressed due to role overload or conflict between these often competing roles and their obligations (Burr, et al., 1979; Goode, 1960).

However, other research has suggested that there may be a positive relationship between the number of roles held by an individual and their mental health. Married women, women

who work outside the home and those women who are mothers typically report less depression than their "role-less" counterparts (Aneshensel, et al., 1981; Gore and Mangione, 1983; Kandel, Davies and Raveis, 1985; Menaghan, 1986; Sieber, 1974; Thoits, 1983). Menaghan, using the same data on which the current research is based, (1986) posits that it is not necessarily the number of combination of roles one holds that predicts mental distress but the departure of one's role reportoire from the norm for one's age and gender that may foretell future distress. Thus, a young single unemployed father will experience more distress than an older retired father whose children are adults now and independent from him.

Evidence for such a positive relationship between number of roles held and physical health, however, is mixed. Some investigators find an overall positive relationship between the number of roles and physical health (Nathanson, 1980; Verbrugge, 1983), while others report a negative relationship (Woods and Hulka, 1979; Haynes and Feinleib, 1980).

Thus, the structural positions of women in our society - whether in terms of larger social institutions such as the economy or legal system, or in terms of institutionalized social roles such as housewife (solely or in combination with others) - have been hypothesized as being a major contributor to women's greater rates of depression. While there is general agreement that women's structural position in our

society is less advantageous than men's, the evidence for the housewife role, or role overload, being the "cause" of women's greater depression is less clearcut. As the evidence for this does not allow consistent conclusions, hypotheses about another type of exposure have been put forth that may provide more lucid explanations of gender differences in distress.

Experiential Exposure. The other type of exposure that has been hypothesized to explain women's preponderance of depression is experiential exposure. Here, the thesis is that while men and women may hold the same social roles, for example, their experiences within those roles are different in such a way that women are more depressed by their incumbency or experience in a given role. Research on the social roles of worker, spouse and parent (and combinations thereof) provide information on the disparate meanings for and experiences of men and women in these roles. While most of the research to be discussed has samples composed of women only and draws comparisons between subgroups of women (e.g., unemployed vs. employed) the information contained herein is valuable for the present discussion.

Employment.

Researchers who have addressed the question of how work is related to mental health, most specifically depression, have, in general, concluded that employment has mixed effects on women's mental health. For example, Pearlin (1975) found no differences in depression between housewives and employed

women. Tebbetts (1979), however, found that housewives who wanted to work outside the home and could not, were more depressed than those who were employed. Similarly, Aneshensel (1986) found that women who were unemployed were more likely to be depressed than those who were employed, even with high stress in their job.

Rosenfield (1989) finds that while employed women may experience greater power through their job, which would increase one's self-esteem and thus protect one from depressive feelings, the benefits of that increased power may be offset by the conditions of one's job - typically, for women, conditions of high demand and low power to meet those demands. These overall findings may explain those of no difference between housewives and working women reported by Pearlin.

In a somewhat related study, Downey and Moen (1987) examined the relationship of personal efficacy in employment to women's mental health. They found that personal efficacy, which has been implicated in greater vulnerability to depression, was related more to the specific rewards women received from working, rather than the women's employment, per se. Thus, it was the income earned by the women that was most important to fostering feelings of personal efficacy among women heading households. This relationship held regardless of family role demands, race and educational level.

These findings suggest that employment, per se, is not good or bad, but the reasons why, and conditions under which women are working, and what women gain from their work (income, power) are the telling elements in understanding the effects of work on women's mental health.

In terms of the relationship of work to distress for men, Brenner (1973) finds that unemployment rates are more strongly associated with distress in men than in women. Pearlin's (1975) research corrobates this finding - he found that men became depressed about occupational strains more than women. Similarly, Verbrugge (1983) found employment status to be most predictive of the physical health of men than either parenthood or marital roles. These findings support the notion that men's psychological identity and feelings are more related to their work role than women's identity and self-worth.

The present study examines the experiential conditions of both men's and women's work, and the relationship of these conditions to the manifestation of psychological distress.

Marriage and Parenthood.

Some researchers contend that the impact of men's feelings toward and the meanings they attach to family roles on their mental health have been underestimated (Farrell and Rosenberg, 1981; Pleck, 1985, cf Barnett and Baruch, 1987) and need to be included in any broad examination of the meanings of social roles and their relationship to distress.

Some support for this contention comes from Ilfeld (1977) who found that marital stressors had the highest correlation with psychological symptoms for both men and women, with work strains having the second highest correlation with symptoms for the men (while women's second highest correlation was with parental stressors.)

In contrast, evidence on the relationship of marital roles to distress from epidemiological and survey data is consistent in finding that married women are more depressed than married men, and, in most studies, also more depressed than single women in all categories (never married, separated/divorced, or widowed) (Gove, 1972 and Gove and Tudor, 1973; Radloff, 1975; Bachrach, 1975, cf Thoits, 1983; Brown et al., 1975). Such studies have not explicitly examined the quality of or experience within the marital role, but have attributed these differences to such factors as the boring, repetitive nature of a housewife's role, the confining nature of women's traditional role and the lower status of a woman's job, if she happens to work outside the home.

Aneshensel (1986) found that while marital and work roles don't interact to produce distress, they do have joint effects. "Having a dual role in and of itself does not appear to have (a negative effect), but rather experiencing strain in each role is the deciding factor." She concludes that it is better for women to be employed, even with high strain on the job, than to be unemployed. In terms of marriage,

however, women with high marital strain are more depressed than unmarried women. This is in light of the fact that, overall, marriage is better for a person's mental health than being unmarried. Thus, it is better for married women with marital problems to be working (perhaps as an alternative source of esteem and gratification), while working women with job strains do well only if they have good marriages. As before, then, we see that it is not simply the roles or combinations thereof that people hold that informs us of their likelihood of experiencing distress, but the quality of those roles, the experience of role stress and strain and how those strains may interact with or add to each other to affect one's mental health.

In terms of physical health, Verbrugge (1983) found that both women and men who were employed, married and parents had the best physical health. Working single mothers also reported very good health. On the other end of the spectrum, those with the worst physical health included unemployed married fathers, unemployed single childless men, and unemployed husbands. Women who were single, unemployed and had no children reported the worst health of all.

In addition to the suggested denigrating conditions of being a housewife, many studies have suggested that parenthood adds additional burdens to a woman's work, especially if she is employed, and thus, adds to her likelihood of depression (Cleary and Mechanic, 1983). Rosenfield (1989) finds that significant gender differences

in anxiety and depression exist between men and women who all are working, married and parents, with women reporting higher levels of both, while there are no significant gender differences between men and women who are working but single and childless. Brown and his colleagues (1975) studied a community in London and examined the relationship between psychosocial stress and affective disorder. They found that working class married women with young children living at home had the highest rate of depression. Others have found similar results (Pearlin, 1975; Cleary and Mechanic, 1983; Gove and Geerken, 1977). In contrast, Aneshensel (1986) found no significant effect of parental strain on depression, either as a main effect or in combination with role strains in employment and marriage. More recent research (Simon, 1989) found that men who rated parenthood as a highly salient part of their self-concept were more distressed by parental strains than women who rated parenthood as highly salient. These men were also more distressed than both men and women who rated parenthood as having low salience in their self-concept.

Such examinations of the level of strain experienced by men and women in different major roles has proven to be an intriguing avenue of investigation in understanding the relationship of social roles to psychological distress. At this point, it is clear that to most fully understand the impact of social roles on one's mental health, they must be examined in conjunction with each other (multiple roles) and

that the quality of experience within roles is a crucial piece of the puzzle to examine. It is, of course, naive to expect that all wives, or all husbands, have the same experience by virtue of simply having the same role. And while potential role strains within a given role can be enumerated, neither are all people going to equally experience those strains.

In an effort to further disentangle the experiential exposure thesis, Pearlin (1975) and Pearlin and Lieberman (1979), using the same data set on which the current research is based, examined the distribution of a variety of role strains associated with a variety of roles (or lack thereof): spouse, worker, parent, being unemployed, retired and single. They found some differences in the degree to which men and women experienced some of these strains.

Gender differences were found in terms of work strains, with men experiencing more pressures, time demands, and depersonalization, while women were more likely to report lack of job rewards (e.g., not getting paid enough). No gender differences were found in the experience of noxious physical working conditions (such as noise, dirt, or danger).

When examining the relationship of these strains to depression, they found that 9 of the 19 work strains were significantly correlated with depression. The correlations for men were greater than those for women, leading the investigators to conclude that men become more depressed by work strains than women.

In general, women were more likely to experience strains associated with marriage, while parental strains were not significantly different between men and women (Pearlin and Lieberman, 1979).

Overall, the evidence for the effect of individual social roles, as well as particular combinations of roles, is inconclusive and leads to more questions concerning the relationship of one's social experience and one's level of distress. For example, while Pearlin (1975) found no overall difference in distress between housewives and working women, he did find differences in distress among housewives - depending on their satisfaction with their role. Studies such as this and others such as Aneshensel's (1986) which looked at strain levels within a given role, point to the need to go beyond mere role counting and examine in more detail the intra-role experiences of men and women and how these may be similar or different and how these circumstances may then be related to the experience of distress. This is a central goal of the present study.

VULNERABILITY THESIS

The second major thesis proposed for explaining gender differences in depression or overall distress has been called the "vulnerability thesis" (Kessler and McLeod, 1984). This thesis assumes that the roles and/or stresses therein that men and women experience are similar, but that women are somehow more vulnerable or susceptible to the negative

emotional consequences of these stresses. Some have proposed that perhaps women and men assign different meanings to the stressors in their lives, with women more than men giving weight to stressors leading to depression (Kessler and McLeod, 1984; Pearlin, 1975). There are several hypotheses that have been put forth as explanations for this proposed differential vulnerability to depression. The central explanations are 1) women's basic biological and/or endocrinological composition makes them more likely to respond to stress in a depressive fashion; 2) the dissimilar manner in which males and females are socialized in our society, leading to an ability, or lack thereof, to deal competently with stress; and in a related vein, some researchers have posited that certain personality traits such as Type A behavior and hardiness either exacerbate or protect one from the deleterious effects of stress. 3) differential coping strategies employed by men and women in the face of similar stressors, with women less effectively utilizing various strategies. Each of these will be discussed in turn.

Biological/Endocrinological

Being male or female is a biologically determined characteristic, depending on whether one's parents sex chromosomes combine to be XY or XX. Thus, it is natural that explanations of sex differences in depression or other distress might begin where sexual differentiation begins - on the biological level.

Research into the role of biology, and more specifically, endocrinology, in stress reactions has, at best, produced mixed results. In a review of such research, focussed on laboratory conditions, Polefrone and Manuck (1987) concluded that, overall, there is little evidence that female hormones exert a systematic influence on responses to laboratory stressors. Evidence for differences in cardiovascular reaction to experimentally induced stress reveals a sex-by-experimental condition interaction, whereby some stimuli, namely achievement/competition conditions, seem to be more potent for women than men, and vice-versa, with some conditions being more likely to elicit cardiovascular responses in men.

In reviewing studies examining endocrinological changes during premenstrual tension episodes, use of oral contraceptives, postpartum depressive episodes and menopausal changes, Weissman and Klerman (1977) conclude that the evidence is, indeed, inconsistent for the first two circumstances, while the evidence is fairly clear that the postpartum period does seem to induce greater depression, and it is also clear that menopause does not seem to affect depression, one way or the other. In any case, the evidence for any small effect does not explain the remaining large gender differences in the experience of depression.

In fact, Verbrugge (1985) argues that women possess some biological protection from physical disease, at least. She finds that women have a greater resistance to both

cardiovascular diseases and infectious diseases (prior to menopause).

So, while speculation continues that biology may play at least a small part in the gender differences in depression, the evidence remains equivocal and shows the need for continued investigation into this area.

Socialization/Personality

Given that men and women start out from birth with a given biology, the subsequent development of each individual is a unique interplay of biology with social environment. Thus, it seems logical that another avenue of explanation for gender differences in distress would be the socializing experiences that males and females have both as children and as they move through adulthood.

The evidence for differential socialization of boys and girls is fairly consistent, showing that boys are socialized to be relatively more aggressive and competitive and geared towards individual achievement, while girls are socialized to be more unassertive, passive, selfless and geared towards helping others (Gilligan, 1982; Mussen, Conger and Kagan, 1979; Maccoby and Jacklin, 1974). In a model of "learned helplessness" such socialization of personality traits in females has been hypothesized to lead directly to the development of depression, as females are not reinforced for learning to take active control of their lives or their

surroundings in the ways in which males do and for which they are reinforced (Weissman and Klerman, 1977; Cox and Radloff, 1984; Hammen, 1982; Radloff and Monroe, 1978).

Cox and Radloff (1984) suggest that what they call "susceptibility factors" are important elements in the etiology of depression. Susceptibility factors are those just described - women's childhood socialization into helplessness and dependency as well as the life-long reinforcement of sex-role stereotypes which perpetuate women's passivity and lack of control. Rosenfield (1989) also described women's roles as being positions of low power and high demand which perpetuate feelings of lack of control, which then lead to depression. [These are somewhat akin to the structural exposure thesis arguments.]

Another field of research clearly related to socialization and its relationship to distress is personality and how certain personality traits may exacerbate or protect one from depression of other distress. Kobasa (1987) proposes that several personality factors are involved in one's response to stress - these include a) one's feeling of personal control; b) one's self-esteem and self-concept; c) degree of Type A behavior, which include aggressiveness, competitiveness, and low tolerance for frustration; and d) hardiness, which she defines as one's expression of committment, control and challenge in dealing with the vagaries of life. Other research has reported lower levels of perceived control in women as well as lower levels of self-

esteem (Pearlin, et al., 1981). In contrast, men typically manifest more Type A behavior than women (Platt, 1984). Gender differences in levels of hardiness have not been investigated.

Overall, then, research on socialization and personality traits show that women are deprived of socializing experiences and the subsequent nurturance of certain personality traits which would perhaps protect them from depressive responses to stress.

However, there is an intriguing investigation into the relationship of Type A behavior and Coronary Heart Disease (CHD) which challenges some of the assumptions about the impact of socialization on behavior and personality development, and which is worthy of discussion here (Platt, 1984).

When examining levels of Type A behavior in working men and women, Platt found that the mean scores of Type A behavior for working men and working women were equal. However, working women had higher Type A scores than housewives, with fulltime workers and women with more education having higher scores than part-time workers. In addition, women in high status jobs had higher scores than those in lower status jobs. Thus, while working, per se, may not increase chances of CHD, certain types of jobs (high status), and in combination with other factors (i.e., economic pressures, family responsibilities in terms of children) are related to higher rates of CHD in women.

These findings suggest that it may not, in fact, be simple socialization that accounts for the development of, first, personality traits necessary to certain types of jobs (i.e., aggressiveness and competitiveness), and, second, the development of negative physical consequences related to strains associated with such jobs. Some other research has documented the interplay between job demands and development of personality traits (Kohn 1980). Support for this notion is found in Platt's study, as the levels of Type A behavior varied consistently with levels of job involvement or responsibility, and, presumably, stress. Thus while the majority of women may not have been initially socialized to compete for such jobs, clearly some women either inherently possess those traits or have developed them as adults, perhaps in conjunction with job experiences.

This calls into question whether childhood socialization experiences may preclude personality changes during adulthood. Thus, it may not be socialization, per se, that accounts for women's greater depression, but that socialization, in conjunction with structural barriers to opportunities for adult women to develop other non-traditional personality characteristics, may lead to women's greater rates of depression. The personality traits discussed here, Type A, may not in fact be a desirable set of characteristics for women to strive to achieve if they are so detrimental to one's health. However, the question remains as to the unchanging effect of childhood socialization on adult

experiences of stress and distress, and whether the focus should be on the social institutions which perpetuate our notions of what boys and girls should be like as opposed to affording men and women equal opportunities to develop what skills and traits they may.

Coping

Another suggested source of the presumed vulnerability of women to depression lies in coping strategies. Some investigators have found that women do not utilize coping strategies that work as effectively as those used by men (Makosky, 1980; Pearlin and Schooler, 1978). Pearlin and Schooler found that

> "men more often possess psychological attributes or employ responses that inhibit stressful outcomes of life problems; and in 2 of 3 instances where women more often employ a response it is likely to result not in less stress, but in more."

Similarly, Miller and Kirsch (1987) found that men are more likely to use "direct-action" coping and also externalize blame and conflict, while women more often used catharsis as a coping strategy and are more likely to internalize blame and conflict. Such internalization is strongly linked to depressive symptoms.

The learning and development of different coping strategies seems to be logically connected to how men and women are socialized. As boys and girls are growing up, their reactions and responses to difficult situations or problems receive different responses from others which help to shape learning.

Thus, coping strategies which we observe in adults may be closely connected to the theory discussed above that much of the difference in distress we observe in adults is initially created by basic socialization, and perpetuated by the ongoing conditions of our social institutions.

In summary, the vulnerability thesis argues that while men and women may experience the same types of stress or the same degree of stress, women will be more vulnerable to negative emotional consequences and more likely to respond with depression than men. Hypotheses about various roots of such vulnerability provide mixed conclusions about a biological basis for differences. Evidence from biological and endocrinological investigations is inconclusive and, at best, points to a minor role in the differential manifestation of depression by women. Conclusions from theoretical hypotheses concerning the role of socialization in the development of personality traits more likely to be associated with depression is both difficult to measure without longitudinal data and subject to the confounds of individual experience, as in the display of Type A behavior in working women. It may be that women who are "born" Type A select themselves into jobs and achieve levels of success commensurate with their level of Type A behavior. While evidence for differences in coping strategies is consistent - women in general utilize less effective strategies than men - it is unclear how the development of strategies takes place, and if coping is an inherent ability or, more likely, a learned skill, taught through socialization and other life

experiences. In terms of women who do cope well, the question is whether that is a product of their inborn personality, their unique or nontraditional socialization experience or the result of certain adult experiences, in the job, for example, or elsewhere.

The present study seeks to examine the relationship between certain central social roles, their combination, the quality of role experience (i.e., role strain) and a variety of mental distress factors. In this way we may begin to tease out whether men and women share the same role configurations in their daily lives, whether their experience within the same roles is comparable, and whether the relationship between such experience and mental distress is similar or dissimilar.

Thus far, we have reviewed the knowledge to date concerning possible causes or antecendents to men's and women's distress. Now we shall turn to the consequence of stress - how mental distress has been examined in various investigations.

DIFFERENTIAL OUTCOMES

Examinations of stress and its relationship to various manifestations of mental distress have, for the most part, utilized depression and anxiety as the mental health outcomes of interest. This is in spite of the fact that the evidence is overwhelmingly consistent that, in general, men and women manifest distress in different ways. While the most recent epidemiological studies of mental disorder reveal no overall gender differences in prevalence of mental disorder, there are clear and consistent gender differences in the forms of distress (Myers, et al., 1984; Robins, et al., 1984; Weissman, et al., 1984). It has been established that while women are more likely to manifest distress in the form of major depression, anxiety, psychotropic drug use, and panic and obsessive-compulsive disorders, men are more likely to display distress in the forms of high alcohol use, illict drug use, antisocial personality disorder, and suicide (Biener, 1987; Goldman and Ravid, 1980; Al-Issa, 1982; Klerman and Weissman, 1980; Colten and Marsh, 1984; Fidell, 1982;Gomberg, 1979; Leland, 1982; Lester, 1984; Myers, et al., 1984; Platt, 1984; Robins, et al., 1984; Seiden, 1984; Weissman, et al., 1984).

These findings suggest that exposure, per se, may not be the only central issue, and the question of vulnerability may be: who is most vulnerable to what type of manifestation? It may be that stress of all kinds may be experienced by men and women and they are both equally distressed by it, but manifest the distress in different ways that are not all

captured in many of the previous investigations.

Two national probability samples provide evidence for this position. Timmer and colleagues (1985, cf Biener, 1987) asked their respondents, "When you feel worried, tense or nervous, do you ever drink alcohol (or, take medicines or drugs) to help you handle things?" Twenty-nine percent of the men reported using alcohol, in comparison to 16% of women. In contrast, 34% of women reported using drugs while only 24% of the men did. Perry et al (1974, cf Biener, 1987) in another national probability sample asked about the use of drugs and/or alcohol in response to "feeling nervous or upset or a little blue and depressed." They found that 70% of the respondents used neither in response to these feelings, while 19% of the women and 9% of the men reported using drugs. In a reverse pattern, 16% of the men used alcohol in response to these feelings, while only 6% of the women did. Only 3-4% of the sample reported using both drugs and alcohol in response to bad feelings. So, while the overall rates of substance use are roughly comparable, it is the choice of substance which differs by gender.

These results clearly indicate a need to examine a broad range of outcomes. In other studies, Frost and Averill (1982, cf Barnett, et al.,1987) and Hyde (1986, cf Barnett, et al., 1987) both report finding one negative emotion that is expressed more by men than by women and that is feelings of anger. This is a seldom used index of distress, but one that is employed in the current study. Clearly, then, examination

of one or two manifestations of distress, and only those which women are more likely to express, biases the answers we may find and the conclusions we then draw.

DEMOGRAPHIC FACTORS IN STRESS AND DISTRESS

While gender differences in the experiences of stress and the manifestations of distress have been widely investigated, other socio-demographic characteristics of people have also been found to be significantly related to their experience both of stress and distress. Factors such as age and socioeconomic status all provide information about where people may be located in the larger social structure. An individual's location in this structure tells us something about how their life is organized and what experiences they may be likely to have. There is a clear body of knowledge concerning their relationship to distress and this will be briefly reviewed here as they do provide the larger social backdrop against which the main questions of the present study will be examined.

Age Evidence for age differences both in the experience of stress and manifestations of related distress is, for the most part, clear. In terms of age differences in the types of role strains experienced, it is logical to assume that older respondents are more likely to experience strains associated with retirement, widowhood and thus, singlehood, and concerns about children who no longer live at home, than younger respondents. As Pearlin found in his analyses of the same

data set being examined here, there are differences in the types of work strains experienced by older and younger workers - with younger workers more likely to express strains associated with time pressures and depersonalization. Similarly, younger married people were more likely to report higher marital strain than older married persons.

In terms of age differences in manifestations of distress, epidemiological data reveals fairly consistent findings Gender differences in depression, for example, seem to hold across the life span, with women of all ages reporting higher levels of depression than men. Alcohol use and abuse, on the other hand, is less prevalent among older people, and seems to be generally more prevalent among younger men, particularly. Similarly, anxiety is less prevalent in later life, and evidence shows that manifestations of anxiety differ by gender in the later years of life. Men report more physical symptoms, while women report more psychological symptoms and personality dysfunction (Lurie, Swan and Associates, 1987).

Socioeconomic Status

Socioeconomic status is a variable which is often defined differently depending on the investigator or on the data available to the investigator. Operationalization of SES ranges from education level to income to occupational status, to some combination of these. While all of these provide some inferential guage of an individual's social position,

and reseach has demonstrated some clear class differences in the experience of distress, social class does not fully explain all the variations in stress and distress observed. Evidence for social class differences in both experience of life events and manifestations of distress is widespread and, for the most part, consistent. Most investigators have reported higher levels of distress in the lower echelons of the social strata. For example, Derogatis, et al (1971) found that lower class respondents were higher on depression and somatization factors of a 5-dimension symptom list. Kessler and Cleary (1980) report similar findings. Both studies, however, commented on the issue of differential perceptions and intepretations of distress by different social classes and that while this is an important factor in understanding the meaning of distress across social strata, this has largely not been addressed. Carr and Krause (1978) found that class was still associated with symptomatology even after controlling for age, acquiescence and social desirability.

In terms of examining life events and their impact, both Kessler and Cleary (1980) and Ulbrich, et al (1989) found that respondents in the lower socioeconomic classes were more vulnerable to the impact of negative life experiences than those in higher classes. Thus, while respondents across all levels of social class may have the same likelihood of experiencing a negative life event, once it occurs, those in the lower classes are more distressed by it. (Ulbrich found that lower class respondents were more exposed, as well as more vulnerable, to negative life events than middle class

respondents.)

When one looks at the factors which have been hypothesized to be implicated in greater vulnerability, it is clear why there are consistent differences found between lower and upper social classes. Kessler and Cleary (1980) note the following factors associated with greater vulnerability to distress: appraisal, anxiety proneness; low threshhold for uncertainty, self-esteem; perceived personal control; coping abilities; social resources; income; and social support. Many of these factors have been found to be differentially distributed across the social classes - for example, Pearlin and Schooler (1978) found that less effective coping strategies were employed by those with lower levels of education and those with lower income. Thus, these factors and not the life events themselves may be the explanatory factors in understanding differential responses to stress.

In the present research, some of these factors will be directly assessed, across role combinations and socioeconomic status, in an attempt to further clarify their role in people's experiences of stress and distress.

SUMMARY

At this point, a reiteration of the aims of this study in light of what is known, and what has been reviewed may be helpful. The central aims of this study are to examine gender differences in the relationship of role incumbency, the combinations of roles that people hold, the experience of role strain, and subsequent forms of psychological distress,

ROLE INCUMBENCY. This study will repeat the question other studies have asked: Do the roles of spouse, worker, and parent help to explain positive or negative mental health. In light of previous research, we should expect to find that marriage (vs. singlehood) is associated with better mental health, although less so for women than for men.

Employment can be expected to have a generally positive effect on both men's and women's mental health. In contrast, parenthood may have mixed effects, depending on more contextual factors such as age of children, mother's work status, etc.

ROLE COMBINATIONS. Again, this study wil address a question previously examined: Do different combinations of these 3 central roles (or their absence) have a less or greater deleterious relationship with one's mental health. Based on the evidence reviewed we could expect that, in general, the more roles one holds, the better one's mental health will be. Once more, however, the research suggests that it is not simply the roles themselves that are most predictive of mental health, but the quality of one's

experience in that role.

ROLE STRAIN. The most insightful studies of the relationship between social roles and distress have taken into account the level of role strain and stress experienced as people live out their daily lives. Work such as that by Aneshensel as well as Pearlin have demonstrated the usefulness of such an approach. We cannot assume that if the same role is held by two people, their experience in that role is identical as well.

By examining both a broad range of potential strains that men and women may experience, given certain roles or role combinations, as well as including a wide variety of mental distress factors, we can address questions such as: do men and women experience similar or dissimilar types of strains when they hold the same roles and role combinations; do men and women manifest distress in similar or dissimilar ways, given similar precipitating strains? Questions such as these will help to move the field of gender, stress and distress beyond its current level of understanding.

CHAPTER 2
RESEARCH DESIGN AND METHODS

Sample. The current study will utilize data from a study developed by L.I. Pearlin for the purpose of investigating the social sources of psychological distress. In 1972, interviews were conducted with 2,299 people from the adult population of the Census-defined urban area of Chicago. The interviews had three main foci: the assessment of a wide range of problems and exigencies people experience as breadwinners and workers, as spouses, and as parents; the identification of resources and responses they employ in coping with these life-strains; and the delineation of symptoms indicative of emotional stress and psychological disturbance (Pearlin, 1975).

A cluster technique was used to draw the 1972 sample, each cluster consisting of four households per block. In anticipation of refusals - 30 percent of those contacted - and to make allowance for households where contact could not be established within three callbacks, substitute addresses in each block were also prelisted. The sex of the person to be interviewed in each household was predesignated in order to have as equal a number of males and females as possible. Finally, only those between the ages of 18 and 65 were included, producing a sample still actively engaged in occupational life (Pearlin and Lieberman, 1979).

The sociodemographic characteristics of the sample are

presented in Table 2-1. More than half of the sample is female (59%). While three-quarters of the sample is white, one-quarter is non-white. Most of the respondents are married (69%), with many fewer respondents being single (13%), separated (4%), divorced (6%) or widowed (7%). The level of education reported by the respondents is almost equally divided among three categories - less than high school (32%), high school (32%), or more than high school (35%). There is a fairly normal curve of occupational statuses, ranging from unskilled labor to the most respondents being in some clerical or sales position, and fewer being among the higher echelons of management and professional occupations. Similarly, income is distributed with a somewhat positive skew - with the majority (87%) of respondents reporting income of $20,000 or less. The ages of the respondents are fairly evenly distributed, with between 15% and 25% in each decade category.

Table 2-1. Sociodemographic Characteristics of Sample.

Social Characteristic	1972 sample (N=2,299)
Sex	
Male	41%
Female	59%
Race	
White	75%
Non-white	25
Marital status	
Single	13%
Married	69
Separated	4
Divorced	6
Widowed	7
Education	
Less than high school	32%
High school	32
More than high school	35
Occupational status	
Unskilled	9%
Semi-skilled	17
Skilled	15
Clerical, Sales	31
Administrative, Minor Professional	11
Executive, Major Professional	4
Income	
Less than $8,000	29%
$ 8,000 to $13,999	38
$14,000 to $19,999	20
$20,000 to $25,999	7
More than $26,000	6
Age	
Twenties	15%
Thirties	25
Forties	22
Fifties	18
Sixties	20

CONCEPTS AND THEIR MEASURES.

Role Constellations. The measures to be used for role constellations - the number and combinations of roles held by the respondent - are straightforward and self-reported. Information about 3 central roles is utilized. First is employment status; the respondent simply indicated if they are currently unemployed, employed full-time or part-time. Marital status is indicated by whether the respondent is married and living with their spouse, currently separated, never married, widowed or divorced. Parental status is indicated by whether or not the respondent has children. As described earlier, I shall examine the separate relationship of each of these roles to distress and also the way these roles combine in the lives of people and the association of such combinations with distress.

Role Strains. Not only is the incumbency in a role to be examined, but also the quality of experience within each role. As discussed previously, the evidence points to the importance of understanding how men and women rate the quality of their intrarole experiences. Thus, measures of role strains were chosen to examine the relationship between role quality and distress.

These indices were developed during the intial phases of original data collection. In open-ended, unstructured discussions with over 100 respondents, the investigator identified strains associated with their social roles. From a

thematic analysis of these open-ended interviews, references to a number of strains repeatedly arose. Questions were then developed around these issues and were subjected to a number of pretests leading to the development of the final structured interview.

The types of life-strains being utilized here are those circumstances that are not events in the sense of having a clear beginning and end. They are more the persistent, everyday circumstances of people's lives, problems which they encounter as they carry out the responsibilities associated with their various roles. Below are the dimensions of strains that are measured within each of the three roles (See Table 2-2), with the measures themselves presented in Appendix I. Respondents answered each question on a Likert scale ranging from "never" to "very often" or "not at all" to "very much."

Thus, for example, in the dimension of occupational strain of Noxiousness of physical working condition (alpha=.67), the respondent was asked, "How much of the time do you have a lot of noise (dust, dirt, physical danger) on the job?" The Work Pressure subscale (alpha=.37) contains items that assess how much of the time the respondent feels she/he has more to do than time allows, or works too many hours. The Deprivation of Rewards subscale (alpha=.62) measures the more tangible things one may reap from a job and the respondent's concern about such things as: getting paid enough, having good benefits, getting good training for

future jobs and general job security.

The measure of Depersonalizing work relations (alpha=.53) is designed to assess the degree to which the respondent feels liked and respected by others in the workplace.

These 4 subscales then address crucial tangible and intangible aspects of 2 dimensions of one's work experience: the task dimension (Noxiousness - tangible; Work pressure - intangible) and the interactional dimension (Deprivation of rewards - tangible; Depersonalization - intangible).

The marital strain scales assess 3 separate dimenions of a marital relationship. First, how does the respondent feel their own personal growth is hampered or nurtured in the relationship. Items which ask about the degree to which one can "be one's self" feels genuinely accepted by one's spouse, or has the opportunity for personal growth, comprise the subscale of "Lack of Opportunity for personal growth" (alpha=.77).

The second dimension of marital strain asks how well the respondent feels their spouse is fulfilling their spousal role. This is asked in terms of communication, affection, sex, money, and general appreciation of the respondent (alpha=.80).

The last dimension is of Marital Reciprocity (alpha=.78). This assesses the degree of give-and-take between spouses when decisions are being made, and how often the respondent feels one gives in more than the other.

The role strains associated with parenting are composed of 2 subscales - one of which assesses the children's lack of "proper" direction in the eyes of the parent. Items that ask about the child's interest in religion, moral values, and overall good preparation for the future are included (alpha=.80). The second scale measures parents' concerns about their children's actual behavior - such as not treating the parent with respect or cooperation, not doing well academically or socially, and general carelessness about time use, appearance, etc. (alpha=.75). Three additional items are asked of parents whose children are over 21 or living away from home. These assess the degree of contact between parent and child(ren) by asking: How often: a)Do you receive a phone call or letter from your child(ren)?; b) Do your children visit you? and c) Are you invited to visit your children?

These scales together, then, provide a good measure of parents' concern with both more psychological characteristics of their children (e.g., values, goals) as well as the specific behavioral characteristics of their children (e.g., school grades, politeness, etc.).

These measures have been previously subjected to measurement modeling (both exploratory factor analysis and confirmatory factor analysis) utilizing LISREL procedures (Pearlin & Lieberman, 1979). Conducted for the current study, the alphas for each scale of role strain range from .53 for "Depersonalizing Work Relations" to .84 for "Unemployed role strains." The exception is the subscale of Work Pressures

which has an alpha of .37. Although this is low, it does provide some indication of the degree to which people feel overwhelmed with their job tasks and thus will be utilized.

In addition to the central employment, marital and parental strains, role strains associated with being a single person (alpha=.77), and being retired (alpha=.84) or unemployed (alpha=.81) are measured.

Examination of these scales will show that the common thread to all these problems, regardless of whether they are job, marital or parental problems, is that they involve normal, everday occurrences and social relations in the lives of normal, everyday individuals.

Table 2-2. Enumeration of strain measures in social roles.

Occupation.

Noxiousness of physical working environment.

Job pressures, work overload.

Deprivation of rewards.

Depersonalizing work relations.

Scale of Unemployment strains.

Scale of Retired strains.

Marriage

Lack of marital reciprocity.

Nonfulfillment of role expectations.

Nonacceptance of one's self by spouse.

Scale of Unmarried strains.

Parenthood

Children's failure to act toward parental goals or values.

Children's failure to be attentive, considerate of parents.

OUTCOME MEASURES

It will be recalled that one of the premises to be tested in this analysis is that the greater disposition of women to depression and anxiety may be due to the limited scope of investigation into outcomes. Evidence shows that while there are no overall gender differences in mental distress, there are gender differences in the forms that distress takes. Therefore, several diverse manifestations of psychological distress will be examined here: depression, anxiety, alcohol use, drug use, psychophysiological symptoms and feelings of anger.

Anxiety and Depression. The symptoms which form these two scales were originally identified from the presenting complaints of patients receiving psychiatric treatment (Lipman, et al, 1969; Derogatis, et al., 1971) and are part of the HCL 90 (Hopkins Checklist).

The measure of anxiety is made up of 12 items, assessing such items as headaches, upset stomach, trembling hands, and pounding heart. The depression scale is composed of 11 items, asking about lack of enthusiasm, trouble with sleep, feelings of hopelessness, etc. Responses are scored on a Likert scale, where the larger the number of symptoms frequently experienced, the larger the score.

When the symptoms are factor analyzed, those numbered 1 through 12 (see Appendix II) form an anxiety factor; the remainder of the symptoms constitute a depression factor. These factors have been subjected to LISREL measurement

modeling and the alpha scores of each factor are .85 for the anxiety factor and .86 for the depression factor (Pearlin, 1975). While these scales are not meant to be diagnostic tools for clinical states of depression and anxiety, they do constitute a measure of depressive symptoms, an indication of one's level of distress.

Substance use. There are two indicators of substance use - one concerning alcohol consumption and the other prescription or over-the-counter drugs. The measure of alcohol use is composed of two questions: the first asks whether the respondent "...ever drinks beer, wine, whiskey or other liquors?" The second question, asked only of those who responded affirmatively to the first, asks, "Would you please tell me if at any time during the past month you have drunk enough to be high?" For those who said "yes,", they were then asked to give the number of these times. Those respondents who said they had not drunk enough to be high were assigned a numerical score of 0, in order to maintain the continuity of this score, and to maintain a sufficient number of respondents for this variable (only 376 out of 1683 respondents said they'd drunk enough to be high). Thus, this variable of "Drinking" is treated as a continuous variable, ranging from 0 to 9, the maximum number of "times high" given by respondents. Pearlin and Radabaugh (1976) make the point that while one's unconscious motivations for drinking may not be in line with one's conscious reasons, they do find

consistent increases in reported inebriation as the tendency to use alcohol as a coping device for stress increases.

Drug use does not refer to illict drug use, but is indicated by response to a query about the number of days in the past week that the respondent had taken any pills or medicines (prescription or not).

Psychophysiological Illness symptoms. Measures of these symptoms are indicated by whether the respondent had been told by a physician in the last 5 years that they had asthma, colitis, allergies, stomach ulcer, high blood pressure, or rheumatoid arthritis. In addition, inquiries into any current health problems were made.

Anger. The measure of anger is composed of questions concerning the frequency in the last week of the respondent's losing his or her temper, feeling easily annoyed or irritated, feeling critical of others, or getting angry over unimportant things. They constitute a distinct factor from items drawn from the HCL 90 (alpha=.79).

ANALYTIC STRATEGIES

Examination of the relationships between number and types of roles, the role strains experienced therein and the range of physical and emotional outcome variables will be analyzed through the use of multiple techniques.

Initially, the relationship between gender and mental distress outcomes must be established. If there are no

differences, then there are no overall relationships to be explained. If, however, differences do exist, we can then examine the conditions which we hypothesize will account for such differences.

Next, we want to know what the distribution of the variable of interest (role, role combination, role strain) is between men and women to examine whether differential distribution might account for differences in the relationship of that variable to distress. For example, if we establish that a lower level of education is most associated with depression, and then we determine whether more women than men report lower levels of education; this differential distribution of education may account for some or all of the gender difference in depression. Thus, simple crosstabulations of each of the variables of interest, by gender, will be examined to rule out such hypotheses.

Once the distribution question has been addressed, we can move on to asking whether gender differences in distress remain once this particular variable, or set of variables, is accounted for, or controlled. Since I am examining the entire matrix of outcome variables, multivariate analysis of variance techniques are utilized. This allows the establishment of overall vs. univariate effects of each outcome. Thus, in the analyses, overall significance of any given outcome must be achieved before examination of univariate significance is pursued. This is a fairly conservative approach to assessing significance of

relationships.

As previously noted, there is reason to believe that people's roles, role combinations and the strains they experience therein, are all associated with their social and economic statuses. Therefore, social class, education and income will first be examined for their relationship to the outcome variables and then will be statistically controlled for in subsequent analyses to examine the independent effects of roles, role combinations and role strains above and beyond the social characteristics of the respondents.

CHAPTER 3

RESULTS

The results will be presented in a series of sections, each addressing successively more complex questions aimed at explicating the observed gender differences in mental distress. The analysis presumes, first of all, that there are gender differences in distress. Consequently, this must be established as a first step. After this has been documented, the discussion will turn to potential explanatory factors and the degree to which they may account for these gender differences.

To preserve uniformity of logic and presentation, each section will address the same set of analytic questions. I shall ask first if the conditions under examination are related to the indicators of distress. Marital status may be taken as an example. If there is no relationship, for example, between marital status and distress, it is not likely that marital status can help to explain the relationship of gender and distress. If, however, marital status is associated with distress, the possibility that there are gender differences in the distribution of marital status would then be explored. If gender differences in the distribution of marital status exist, it would then be determined whether this unequal distribution helps to explain the observed differences in distress between men and women.

This is done by observing whether the original relationship between gender and distress is eliminated or reduced when statistically controlling for marital status. This kind of analysis essentially determines whether there would be differences in the distress of men and women if they were equal in regard to other conditions known to be related to distress. This is the logic that drives this inquiry. Realistically, it is expected that the explanation of gender differences will depend on the simultaneous examination of multiple factors. That is, gender differences should be cumulatively reduced as successive sets of explanatory conditions are added to the analysis.

The following set of analytic questions, then, form the organization for the presentation of the results in each section:

1) Is this set of conditions related to distress?

2) If so, are there existing gender differences in the distribution of these conditions?

3) If so, are gender differences in distress reduced after controlling for the variables in question?

4) If such a reduction is observed, it can be assumed that the condition helps to explain gender differences.

Once it is established that gender differences in distress exist, we will address a number of conditions that potentially explain these differences. We will start with the

social and economic characteristics of people. These characteristics are indicators of the larger social context in which the men and women live out their daily lives. Next, whether or not people are incumbents of marital, occupational and parental roles will be considered. Following this, the combinations of roles of which people are incumbents are taken for examination. A final set of explanatory conditions concerns the internal conditions or quality of experiences in specific role combinations.

The order of analytic concerns, therefore, is as follows:

1) The relationship of gender to distress.

2) Social and economic characteristics as explanatory conditions for gender differences in distress.

3) Role incumbency as an explanatory condition of gender differences in distress.

4) Role combination as an explanatory condition of gender differences in distress.

5) Role quality as an explanatory condition of gender differences in distress.

3-1. Overall Gender Differences In Mental Distress

Initial Analysis of Variance (ANOVA) by gender on the six mental distress measures utilized here - depression, anxiety, psychophysiologically based illness, anger, pill use, and drinking - reveal significant gender differences in the degree of all of them. Men drink significantly more than women ($p<.03$), while women report more psychophysiologically based illness ($p<.0001$), use of pills ($p<.0001$), anxiety ($p<.0001$), depression ($p<.0001$) and anger ($p<.0001$). [See Table 3-1]

Table 3-1. Analysis of variance of forms of distress by gender.

FORM OF DISTRESS	Range	MEAN LEVEL OF DISTRESS MEN (s.d.)	WOMEN (s.d.)	DIFFERENCE
Depression	0-33	2.8 (3.8)	4.6** (4.8)	1.8
Anxiety	0-36	2.2 (3.4)	3.4**** (4.5)	1.2
Drinking - # of times high in the last month	0-9	.69 (1.7)	.25**** (.98)	-.44
Anger	0-12	6.1 (.63)	6.2**** (.69)	.1
Psycho-physiological illness	0-6	.4 (.7)	.5**** (.8)	.1
Use of pills	0-35	1.2 (3.1)	1.9**** (3.9)	.7

* $p<.05$ ****$p<.0001$

Although psychophysiological illness and pill use are presented here in the initial analysis, subsequent analyses revealed no consistent significance in the relationships examined, and thus they will not be included in subsequent analyses and discussions.

CHAPTER 4

SOCIAL STRUCTURAL FACTORS AND DISTRESS

The search for understanding these observed gender differences begins by examining the larger social context in which men and women live out their lives and enact their social roles. This is as important to understand in relation to distress as our central focus of roles. Examination of factors such as age, education and self-ascribed economic status, establish whether there are interconnections between gender, position in larger social structure, and distress.

While age and level of education are straightforward and objective measures of social position, to assess socioeconomic status, respondents answered the question, "When you think of the size of the income you have, to which of these classes would you say you belong: Upper class, Upper-middle, Middle, Working or Lower class? This variable then, is a subjective, self-ascribed assessment of one's social position. Education, in contrast, is an objective tally of the number of years of education as an indicator of an individual's position in the social structure. For the intial purpose of ascertaining the relative social position of the men and women, both indicators will be employed.

First, the relationship between age, education, and self-ascribed economic class and our measures of distress will be examined. An initial correlation of each of these social characteristics with the measures of distress reveal a

number of significant associations among the variables. [See Table 4-1] The p-values reported here are the significance probability of the correlation under the null hypothesis that the correlation is zero.

Table 4-1. Correlations between self-ascribed economic class, age, education and measures of distress.

	INDICATORS OF DISTRESS			
	Depression	Anxiety	Drink	Anger
SOCIAL STRUCUTRAL FACTORS				
Economic class	-.14 (p<.0001)	-.17 (p<.0001)	.004 n.s.	.05 (p<.01)
Education	-.11 (p<.0001)	-.13 (p<.0001)	.09 (p<.0001)	.08 (p<.0002)
Age	-.05 (p<.01)	-.04 (p<.05)	-.18 (p<.0001)	-.17 (p<.0001)

Self-ascribed Economic Class.

It is clear from the negative correlations between economic class and depression and anxiety that individuals in the lower classes of our society are more likely to experience these emotional distresses than those in the higher economic classes (p<.0001). In contrast, those in the upper levels of the economic strata are somewhat more apt to experience anger than those in the lower levels (p<.01). There is no significant difference in drinking across economic classes.

Education.

The overall picture of the relationship of respondent's education to distress is the same picture as that of economic class - those with fewer years of education are more likely to experience anxiety and depression ($p<.0001$), while those with higher levels of education are more likely to feel anger ($p<.0002$). Here we do see that those with more years of education are likely to drink more than those in the lower ranks of education ($p<.0001$).

Taking class and education together, it is evident that people's achieved status in the stratified society has a bearing on their inner emotional lives.

Age.

As can be seen in Table 4-1, the relationship between age and distress is negative - namely, younger respondents overall are somewhat more likely to experience depression, anxiety, anger and to drink than older respondents overall.

As outlined earlier, once a relationship has been established between the conditions under examination and the indicators of distress, the next step is to determine if men and women are differentially exposed to these conditions. Such a differential distribution of social class, education or age may provide some explanation for the overall gender differences in distress observed here.

As can be seen in Table 4-2, men are likely to have

had more education than women ($p<.0001$) as well as to be of higher self-ascribed economic class ($p<.0001$). There is no significant gender difference in the distribution of age in this sample. [See Table 4-2.]

These differential distributions of social class and education would suggest that women will report more anxiety and depression, both because those in the lower levels of class and education are somewhat more likely to experience these elements of distress and women are somewhat more likely to be found in these echelons. Correspondingly, men, who occupy the higher echelons of education, could also be expected to report higher levels of drinking. The data corroborate these relationships.

While the overall magnitude of the relationships of social class and education to distress are fairly small (.004 to .18), these results do support, albeit modestly, the theory that women's lower structural position in our society contributes to their greater experience of anxiety and depression.

It must be noted, however, that associations of this magnitude, while significant, are not large enough to account substantially for the overall gender differences which exist. Instead, we might expect that once the factors of class and education are accounted for, the overall gender differences are reduced by but a small degree. Clearly, none of the explanatory factors beings explored in this study are going to completely explain gender differences, but they may each

4-2. Distribution, by gender, of self-acribed economic class, education, and age.

SOCIAL STRUCTURAL VARIABLE	MEN	WOMEN
Self-ascribed economic class****		
Lower class	6	13
Working class	29	28
Middle class	46	46
Upper middle class	17	12
Upper class	2	2
(mean class level)	mean=3.4	mean=3.2
Education****	%	%
No high school	13	13
Some vocation or high school	16	21
Vocational or high school grad	32	39
Some college	19	15
College grad or post college	20	10
(mean # yrs past high school)	mean=5.3	mean=4.7
Age		
<30 years	31	33
30-40 years	19	20
40-50 years	21	19
50-60 years	17	16
>60 years	12	12
(mean age)	mean=41	mean=40

****p<.0001

reduce such differences by varying degrees. Thus, we would expect to find increasingly smaller gender differences in distress as each variable or set of variables is added to our explanatory equation or model.

In order to ascertain whether these differences in the distribution of education and economic class reduce or eliminate gender differences in distress, we statistically control for these conditions and then examine any changes in gender differences in distress. This is accomplished through comparison of the mean levels of distress for men and women within categories of economic class, education, and age. These controls are basically designed to determine whether there would still be gender differences in distress if men and women were equivalent with regard to these social characteristics. In each table, below each men-women set of mean levels is the difference between those means (Women's mean-Men's mean). These can be compared to the inital gender differences in distress (reported in Table 3-1) at the bottom of each column. This allows us to compare mean differences within roles to inital overall mean differences.

Table 4-3 reveals irregular patterns in the detailed relationship between distress and social class. For example, depression and anxiety levels are clearly the highest in the lowest social class, as may be expected from our initial negative correlation. Interestingly, though, men in the upper class are the group of men with the second highest depression scores (3.2), while women in the upper class are those with

the lowest scores of all women (3.9). Thus, the gender difference among upper class respondents is the smallest of all (.7) due to the higher men's scores and relatively lower women's scores in that category. In contrast, anxiety scores for upper class women are second only to those in the lowest class, while upper class men's anxiety levels remain fairly low. Thus, the mean gender difference in anxiety is much greater (1.5) than that for depression.

Irregular patterns are also found in drinking levels, where both the lower and upper class men report the greater degree of drinking (1.1 and 1.2, respectively). These two examples also reveal the greatest mean gender differences (-.86 and -.88, respectively). It is a U-shaped curve, then, which best describes the relationship between drinking and social class.

While mean levels of anger, in general, increase as social class goes up, for both men and women, the scores are changing at different rates, as revealed in the fluctuating mean gender differences across class levels (.1, .5, .3, .6, .3). [I will discuss the meaning of these findings in conjunction with those concerning education.]

Table 4-4 demonstrates similar findings as in Table 4-3. For depression and anxiety, there is a consistent decrease in mean levels for both men and women as education increases. There are also fairly consistent decreases in gender <u>differences</u> in mean levels. For example, the mean gender difference in depression for those with less than an 8th

grade education is 1.9. This remains somewhat similar at 2.0 for those with high school educations, and decreases to 1.3 for those with post-high school education. Similarly, differences in anxiety scores decrease steadily from 2.0 to 1.3 to .6, as education levels increase.

In contrast, both levels of drinking, as well as gender differences in drinking, increase as education increases. Thus, those with more education drink more and the men drink even greater amounts than women at the higher levels of education.

Anger scores show a somewhat similar pattern to drinking scores. Absolute levels of anger increase with levels of education (from 5.4 to 6.2 for men and from 5.9 to 6.5 for women). However, gender differences decrease with higher education, so that men and women at the higher levels of education are more similar than those with less education.

The data in Table 4-5 reveal in detail the overall initial negative correlations between distress and age. We can see that not only do absolute levels of distress decrease as age increases, but mean differences also fluctuate across age categories. For depression, there are smaller mean differences for respondents in their 20's, 30's, and especially for those in their 60's, while there are greater mean differences between men and women in their 40's and 50's.

The picture is the same for anxiety, with the exception of a greater mean difference (compared to the overall mean

difference) for those men and women in their sixties. Drinking clearly decreases with age and so much so that gender differences for those in their 50's and 60's are very small. Anger also consistently decreases with age, for men and women, although gender differences are higher in middle age (40's and 50's) than for the youngest and oldest respondents. However, since there is no difference in the distribution of men and women across age categories, overall gender differences in distress cannot be explained by this variable.

While age differences in distress did not affect the question at hand because there are no differences in the distribution of men and women across age categories in this sample, the same statement cannot be made concerning social class and education. It has been shown that, in this sample, first, those in the lower levels of class and education are more likely to be distressed, and second, that women are more likely to be in those lower levels of class and education. Thus, we would expect to find, when controlling for social class and education, that gender differences within class and education levels might be small or nonexistent. If this were the case, we could conclude that social class and education differences, not gender itself, accounted for observed differences in distress.

This is not the case here as gender differences continue to be present within class and education levels. Multivariate Analysis of Variance shows that when the variables of age,

Table 4-3. Mean levels of distress, by gender, within self-ascribed economic class.

SOCIAL CLASS		DISTRESS			
		DEPRESSION	ANXIETY	DRINK	ANGER
LOWER	N				
M	59	5.3	4.8	1.1	6.1
W	169	6.8	6.0	.24	6.2
		(1.5)	(1.2)	(-.86)	(.1)
WORKING	N				
M	270	2.9	2.3	.70	5.8
W	361	4.2	3.2	.30	6.3
		(1.3)	(.9)	(-.4)	(.5)
MIDDLE	N				
M	424	2.4	1.7	.57	6.0
W	591	4.2	2.9	.20	6.3
		(1.8)	(1.2)	(-.37)	(.3)
UPPER MIDDLE	N				
M	152	2.0	1.8	.80	6.2
W	152	4.7	2.9	.29	6.8
		(2.7)	(1.1)	(-.51)	(.6)
UPPER	N				
M	15	3.2	2.0	1.2	6.3
W	22	3.9	3.5	.32	6.6
		(.7)	(1.5)	(-.88)	(.3)
INITIAL GENDER DIFFERENCE		(1.8)	(1.2)	(-.44)	(.1)

Table 4-4. Mean levels of distress, by gender, within education levels.

EDUCATION		DISTRESS			
		DEPRESSION	ANXIETY	DRINK	ANGER
LESS THAN 8TH GRADE					
	N				
M	125	3.3	2.4	.5	5.4
W	176	5.2	4.4	.03	5.9
		(1.9)	(2.0)	(-.47)	(.5)
SOME OR HIGH SCOOL GRAD					
	N				
M	419	2.7	2.2	.6	5.9
W	761	4.7	3.5	.26	6.4
		(2.0)	(1.3)	(-.34)	(.5)
POST HIGH SCHOOL					
	N				
M	407	2.7	2.1	.8	6.2
W	405	4.0	2.7	.3	6.5
		(1.3)	(.6)	(-.5)	(.3)
INITIAL GENDER DIFFERENCE		(1.8)	(1.2)	(-.44)	(.1)

Table 4-5. Mean levels of distress, by gender, within age groups.

AGE		DISTRESS			
		DEPRESSION	ANXIETY	DRINK	ANGER
20-29					
	N				
M	226	3.3	2.7	1.0	6.3
W	336	5.0	3.6	.48	6.6
		(1.7)	(.9)	(-.52)	(.3)
30-39					
	N				
M	206	2.6	2.1	.86	6.0
W	295	4.3	3.0	.32	6.7
		(1.7)	(.9)	(-.54)	(.7)
40-49					
	N				
M	216	2.3	1.8	.72	6.0
W	274	4.5	3.6	.16	6.5
		(2.2)	(1.8)	(-.56)	(.5)
50-59					
	N				
M	162	2.6	2.1	.23	5.9
W	246	4.6	3.4	.03	6.1
		(2.0)	(1.3)	(-.20)	(.2)
60+					
	N				
M	115	3.0	1.8	.17	5.3
W	149	4.2	3.2	.01	5.3
		(1.2)	(1.4)	(-.16)	(0)
INITIAL GENDER DIFFERENCE		(1.8)	(1.2)	(-.44)	(.1)

Table 4-6. Gender differences in mean levels of distress, net of age, education and economic class.

INDICATORS OF DISTRESS							
DEPRESSION		ANXIETY		DRINK		ANGER	
Men	Women	Men	Women	Men	Women	Men	Women
2.8	4.5****	2.2	3.3****	.69	.24****	5.9	6.4****

**** p<.0001

economic class and education are entered significant gender differences in all forms of distress remain. [See Table 4-6] As can be see in the table below, mean levels of distress, compared to initial levels reported in Table 3-1, change only very slightly, if at all.

In fact, these background characteristics do not answer the central question at hand - that is, explaining gender differences in distress. Thus, we will move on to investigate the core hypotheses of how social roles fit into this relationship of gender and distress. However, given the significance of social class and education, these, along with age, will be entered as controlled "background" variables in all subsequent analyses.

[illegible]

[illegible]

[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]

[illegible]

[illegible]

CHAPTER 5

ROLE INCUMBENCY AND DISTRESS

Moving from social structural variables, which will be used as background variables in the subsequent examination of the relationship between gender and distress, we can now address the next analytic question of this study - how do social roles relate to gender differences in distress? Can they offer a more substantial explanation than social characteristics for gender differences in manifestations of distress?

Following the procedure established in the preceding chapter, the relationship of role incumbency to distress must first be established. Multivariate Analysis of Variance of each role on the measures of depression, anxiety, drinking and anger reveal significant overall associations between employment status ($p<.0001$) and marital status ($p<.0001$) and the matrix of distress measures. Parental status does not have a significant overall relationship to distress ($p<.1653$). In Table 5-1 below, where mean levels of distress within each role incumbency status are presented, it is clear that being a jobholder and being a spouse are associated with lower levels of depression ($p<.0001$), anxiety ($p<.0001$), and drinking ($p<.004$; $p<.0001$). Conversely, not being an incumbent of these roles raises the likelihood of these components of distress. As stated earlier, there are no differences in distress due to parental status, and there are

[illegible]

Table 5-1. Mean levels of distress, by role incumbency.

	EMPLOYMENT		MARRIAGE		PARENTHOOD	
	Yes	No	Yes	No	Yes	No
DISTRESS						
Depress.	3.5	4.9****	3.4	4.9****	4.3	4.1
Anxiety	2.5	3.7****	2.5	3.8****	3.2	2.9
Drink	.45	.65**	.36	.74****	.49	.61
Anger	6.0	6.1	6.1	6.0	6.1	6.0

** (p<.01) **** (p<.0001)

no differences in anger across any of the role incumbencies. Consequently, parental status and anger will not be included in the present analysis.

Still pursuing the order of analysis previously established, the question of differential incumbency of women and men in these roles needs to be examined. As before, if men or women are disproportionately represented in those roles most associated with distress, this may help to explain overall gender differences in distress that we observe.

As can be seen in Table 5-2, there are significant differences in the likelihood of men and women having specific roles. Women are more likely to be unemployed, and single (chisquare, p<.0000). Thus, women have a greater probability of lacking those roles which are associated with better mental health. This finding again provides support

for the proposition that women experience more distress because they are more likely to be in the social positions most associated with distress.

Table 5-2. Chi-square of gender diffferences in role incumbency.

	WORK	UNEMPLOYED	MARRIED	SINGLE
MEN				
	83% (N=791)	17 (162)	76 (677)	24% (229)
WOMEN				
	36% (N=485)	64 (861)	65 (875)	35% (471)

X^2 for each role $p<.0000$

The final question, to be asked about role incumbency, then, regards its bearing on the relationship between gender and distress. It asks whether role incumbency, when held constant, or controlled for, helps to explain gender differences in distress. The answer to this questions is that gender differences in anxiety and anger are, indeed, affected by controlling for role incumbency. [See Table 5-3]

As can be seen in Table 5-3, there are some consistent reductions in the gender differences in distress, once role incumbency is controlled. Table 5-3 presents differences in the mean levels of distress for men and women, within each

[illegible]

[illegible] motion is that [illegible]

[illegible]

As can be seen in Table 2, [illegible]

[illegible] in the [illegible] distance, [illegible]

[illegible]

role condition (i.e., employed or not, married or not, parent or not). Below each men-women set of mean levels is the difference between those means (Women's mean-Men's mean). These can be compared to the inital gender differences in distress (reported in Table 3-1) at the bottom of each column. This allows us to compare mean differences within roles to inital overall mean differences.

Gender differences in depression and anxiety reveal similar patterns - that is, once role incumbency is held constant, gender differences within roles are greatly reduced. For example, the overall mean difference in depression is 1.8. When employment status is controlled, that difference is reduced to 1.1 between employed men and women and almost disappears (.2) between unemployed men and women. For both married and single women and men, the mean difference within each of these categories is reduced from the initial 1.8 to .7, a major decrease. In terms of anxiety, the overall initial gender difference of 1.2 is reduced in all roles to .7 or less, also an appreciable, though smaller, decline. This examination of changes in mean differences reveals, therefore, that role incumbency, and its differential distribution among men and women, does play an important part in explaining why women report more distress than men. Not only are women more likely to be unemployed and single, which are associated with greater distress, but once role incumbency is held constant, gender differences in distress are drastically reduced. Again, these findings

Table 5-3. Mean gender differences in distress, by role incumbency.

ROLES	DISTRESS: DEPRESSION	ANXIETY	DRINK
EMPLOYMENT			
YES			
M	2.9****	2.2**	.94****
W	4.0	2.9	.36
	(1.1)	(.7)	(-.58)
NO			
M	4.8	3.6	.66**
W	5.0	3.9	.24
	(.2)	(.3)	(-.42)
MARRIAGE			
YES			
M	3.0*	2.3	.46*
W	3.7	2.6	.27
	(.7)	(.3)	(-.19)
NO			
M	4.6	3.4*	1.1****
W	5.3	4.1	.34
	(.7)	(.7)	(-.77)
PARENTHOOD			
YES			
M	3.8***	2.9*	.73****
W	4.8	3.6	.26
	(1.0)	(.7)	(-.47)
NO			
M	3.9	2.8	.88****
W	4.3	3.2	.34
	(.4)	(.4)	(-.54)
INITIAL GENDER DIFFERENCE	(1.8)	(1.2)	(-.44)

*p<.05 **p<.01 ***p<.001 ****p<.0001

provide support for the structural exposure thesis as an explanation for women's greater distress. If men's and women's role occupancy were equivalent, gender differences in depression and anxiety would be diminished.

Unlike the above markers of distress, gender differences in drinking tend to persist, even after controlling for role incumbency, particularly for employed respondents, unmarried respondents and those with no children. However, for those men and women who are married, gender differences in drinking are reduced somewhat - from .6 to .19. This is due to a much lower level of drinking among married men, not an increase in drinking among married women.

In contrast, gender differences among the unmarried are more pronounced due to a much higher level of drinking by men. It seems that unmarried men are more likely to drink than unmarried women. Also there is somewhat less of a gender difference between unemployed men and women, again due to a decrease of drinking by unemployed men, not an increase by unemployed women.

Across all roles, then, women's level of drinking is fairly low and consistent - from .24 to .36. Men's rates, however, are much higher and more variable - from .46 to 1.1. The means for women and men are most convergent among those who are married and most divergent among the single. Employment status and parental status have less of an effect on gender differences.

These analyses provide some intriguing explanations for observed gender differences in distress. Gender differences persist, even the after incumbency for occupation, marriage and parenthood are entered in a Multivariate Analysis of Variance. Women remain significantly more depressed ($p<.0001$), and anxious ($p<.01$) than men, while men's level of drinking remains higher than women's ($p<.0001$).

However, it seems that these differences may, in part, be explained by the greater likelihood that women hold those roles most associated with depression and anxiety. This is indicated by the fact that once those roles are controlled for, and intra-role gender differences are examined, some of the gender differences are modified. These findings support a structural explanation of gender differences in distress. Men and women disproportionately occupy positions in our society which themselves are differentially associated with various forms of distress. While women occupy those most associated with anxiety and depression, men seem to occupy those most associated with drinking. Again, the relationship between roles and anger is inconsistent.

However, thus far roles have been treated singly and separately. The structural sources of gender differences in distress can be explored further by seeing how role incumbency combines and whether patterns of multiple incumbency provide a level of explanation not yielded by looking at each role separately. People do not live out their lives one role at a time and a more realistic approach to

understanding social roles and their impact on mental health is to examine the role combinations or constellations which people occupy and how they may work together to exacerbate or ameliorate distress.

CHAPTER 6

ROLE COMBINATIONS AND DISTRESS

Examination of the possible role configurations of worker, spouse and parent allows us to determine whether there are relationships of specific role combinations to distress and whether these relationships explicate differences between women and men in the distress they experience and the ways in which it is manifested?

Previous research has established that multiple roles can have deleterious effects on an individual's physical and mental health (Verbrugge, 1985). Strains and stresses experienced in multiple roles can produce negative effects that are more than the sum of individual roles and their strains. Role demands may conflict with one another, as is common when a working mother has to contend with a sick child and must choose to either absent herself from work or make other arrangements for child care, neither of which may be convenient or satisfactory to the woman. Therefore, while we have established the relationship of single roles to distress, we must now turn to a more complex analysis of how combinations of roles may affect mental distress in women and men.

Initially, we seek to establish whether, in and of themselves, role constellations have a significant relationship to the various indicators of distress. In the table below, the 8 possible role combinations involving worker, spouse and parent are listed. [See Table 6-1]

Table 6-1. Role combinations of worker, spouse and parent.

ROLE COMBINATION
-- employed married parent
-- employed single parent
-- employed childless spouse
-- employed childless single person
-- unemployed single parent
-- unemployed married parent
-- unemployed childless spouse
-- unemployed childless single person

A brief description of the characteristics of each role combination will provide an understanding of the standing of individuals holding such role constellations in the larger social structure. [See Table 6-2] First, those who are employed married parents are twice as likely to be male as female, and have a mean age of 42. They describe themselves as belonging to the middle class and possess, on average, a high school education. Those respondents in the second role constellation of employed single parents are three times as likely to be female as male, and they are, on the average, 44 years old. The women are most likely to be divorced, or widowed, with fewer separated and only 10 never married women in this group. The men in this group also are most likely to be divorced, second most likely to be separated, then widowed or never married (4). Their education is, on average, either

Table 6-2. Demographic characteristics of incumbents in eight role combinations.

ROLE COMBINATION	% FEMALE	MEAN AGE	MEAN EDUCATION LEVEL	MEAN ECONOMIC CLASS	MARITAL STATUS
	DEMOGRAPHIC CHARACTERISTICS				
employed married parent N=766	29	42	high school	middle class	married
employed single parent N=165	75	44	high school/ vocational	lower middle class	divorced sep/widow never mar.
employed childless spouse N=118	39	31	post high school	middle/ upper middle	married
employed childless single person N=218	43	35	post high school	middle class	never mar. divorced sep/widowed
unemployed single parent N=231	92	44	some high school	working class	widowed never mar.
unemployed married parent N=628	88	41	vocational or high school	middle class	married
unemployed childless spouse N=61	70	43	high school	middle class	married
unemployed childless single person N=90	50	44	some vocational school	lower middle class	never. mar. widowed div/sep.

high school or some type of vocational degree earned. They describe themselves as belonging to the lower end of the middle class.

People who are employed spouses with no children are more likely to be male than female, with an average age of 31 years. The average education level of this group is post high school experience, either specialized training or some college. They describe themselves as belonging to the middle or upper middle class.

Employed single people with no children are also slightly more likely to be male than female, and have an average age of 35. Their average education is post high school and they describe themselves as belonging to the middle class. Most men and women in this group are never married, with a few divorced and even fewer widowed or separated individuals.

A striking gender difference is found in the unemployed single parent role combination, where women are 10 times more likely than men to be located. Their average age is 44 and they possess the lowest average education of all the groups - some high school experience. They describe themselves as part of the working class. Most women in this group are widowed, as are the majority of men. The fewest of this group are never married.

Unemployed married parents are most likely to be women (552 vs. 76 men), with an average age of 41. Their average education is some type of vocational school or high school

completed. They assign themselves to the middle class.

Unemployed spouses with no children are also twice as likely to be women as men. Their average age is 43, with an average high school education and a middle class self-description.

Those who are unemployed, single and with no children is split between the numbers of men and women who hold this combination. Their average age is 44, and they possess an average of some type of vocational school training. They belong to the lower middle class. Most of these individuals are never married men and women, with fewer widowed and only two or three divorced or separated persons.

Initial Multivariate Analyses of Variance (MANOVA) reveal an overall significant relationship between role combination and the entire matrix of distress measures ($p<.0001$). While a specific role combination may not be significantly related to a specific outcome, such as anger or depression, there is an overall significant relationship between the two sets of variables - role combinations and the distress measures.

In the following table [see Table 6-3], the mean levels of distress within each role combination are presented. These analyses show that unemployed single parents are significantly more depressed and anxious than any other role constellation ($p<.05$). In contrast, employed married parents are the least depressed and anxious of any role constellation ($p<.05$). These two role combinations, then, hold the

Table 6-3. Mean levels of distress within role combination.

ROLE COMBINATION+	DEPRESSION	DISTRESS ANXIETY	DRINK	ANGER
1 --	6.7	5.2	.38	6.4
2 --	4.8	3.6	.58	6.2
3 --	4.3	3.1	.67	6.4
4 --	4.2	3.0	.19	6.2
5 --	4.1	3.2	.44	6.1
6 --	3.8	2.6	.87	6.0
7 --	2.9	2.5	.40	5.5
8 --	2.6	2.1	.56	6.1
UNI-VARIATE F= df=(7,2273)	29.45****	22.51****	9.32****	2.91***

*** p<.001 ****p<.0001

+1-unemployed single parent; 2-unemployed childless single person; 3-employed single parent; 4-unemployed married parent; 5-unemployed childless spouse; 6-employed childless single person; 7-employed childless spouse; 8- employed married parent.

"highest" and "lowest" positions, respectively, in terms of levels of depression and anxiety. These findings support other research that has found that marriage and employment, both singly and in combination, bode well for good mental

health (Thoits, 1983; Verbrugge, 1983 and 1985). In contrast, the lack of these core roles is associated with much poorer mental health.

Those respondents who are employed and single, whether or not they have children, drink the most (.67 and .87, respectively). In contrast, it is unemployed parents, whether married or not, who drink the least (.19 and .38, respectively).

These results may be reflecting age and gender differences, as we know that younger people drink more than older people (the unemployed are generally older than the employed) and that men drink more than women (single employed people are more likely to be male than female). These potentially confounding factors will be explicitly examined in subsequent analyses.

Looking at anger, unemployed parents, whether married or not, express the highest levels (6.5 and 6.4, respectively). Those who report the lowest levels of anger are employed people with no children, whether married or not, (5.5. and 6.0, respectively). By and large, role combinations make the smallest and least consistent difference to this dimension of distress. Because this aspect of distress also bears little relationship to gender and the magnitude of initial difference is so small to begin with (.1), it will be dropped from further consideration.

Since there is a definite relationship between role combination and depression, anxiety and drinking behavior,

Table 6-4. Distribution of men and women across role combinations.

ROLE COMBINATION	MEN %	MEN (N)	WOMEN %	WOMEN (N)
1 -- unemployed single parent	2	(18)	16	(213)
2 -- unemployed childless single person	5	(49)	3	(45)
3 -- employed single parent	4	(41)	9	(124)
4 -- unemployed married parent	8	(76)	41	(552)
5 -- unemployed childless spouse	2	(21)	4	(49)
6 -- employed childless single person	13	(124)	7	(94)
7 -- employed childless spouse	8	(78)	4	(49)
8 -- employed married parent	58	(546)	16	(220)
TOTAL=	100	(953)	100	(1346)

the next analytic task is to determine if there are differences in the distribution of men and women across the role combinations that might explain overall gender differences. Since the greatest difference in Table 6-3 is between the married employed parents and the unemployed single parents, these combinations are of special interest. In the table below [see Table 6-4], the percentages of men and women possessing each of the eight role combinations are presented.

As can be seen in the table, women are generally more likely to be found in those combinations that include unemployment (roles 1, 2, 4, and 5). Respondents who are unemployed, in general, are those most likely to experience

anxiety and depression. Women are also more likely to be unmarried (roles 1, 2, 3, and 6) and significantly more likely to be single parents, employed or not (roles 1 and 3). Thus, it is clear that women are more likely to be in the role combinations more highly associated with anxiety and depression. Here, then, we find support for differential structural exposure to stress as an explanation for women's greater anxiety and depression.

If we examine the same gender distribution across the combinations in relation to drinking, we find that those who hold the role combination with the highest level of drinking - i.e., employed childless single people - are mostly men (57%). However, those with the second highest level of drinking - employed single parents - are most likely to be women (75%). This may indicate that, under specific role conditions, the drinking behavior of women approaches that of men.

There is some evidence here, then, that it is women's differential incumbency in role combinations most associated with anxiety and depression that contributes to their overall higher levels of distress. However, in order to fully substantiate the relationship between role constellation and distress, we must ask: If men and women are equally likely to hold any given combination, would gender differences in distress then decrease? To accomplish this task, we can hold role combination constant and look at gender differences within each combination. This approach equates for men and

Table 6-5. Mean levels of distress, by gender, within role combination (unadjusted).

ROLE COMBINATION++	INDICATORS OF DISTRESS: DEPRESSION Men	DEPRESSION Women	ANXIETY Men	ANXIETY Women	DRINK Men	DRINK Women	N Men	N Women
1-	8.2	6.8	7.1	5.5	.47	.3	18	213
	(-1.4)		(-1.6)		(-.17)			
2-	5.7	4.7	4.4	3.6	1.1	.09***	49	45
	(-1.0)		(-.8)		(-1.01)			
3-	2.9	4.6*	1.9	3.6*	1.5	.3****	41	124
	(1.7)		(1.7)		(-1.2)			
4-	3.5	4.3*	2.5	3.0	.25	.16	78	552
	(.7)		(.5)		(-.9)			
5-	3.3	4.4	2.4	3.7	.67	.27	21	49
	(1.1)		(1.3)		(-.4)			
6-	3.7	4.2*	2.5	3.0	1.3	.5****	124	94
	(.5)		(.5)		(-.8)			
7-	2.4	4.2**	1.9	3.4*	.65	.45	78	49
	(1.8)		(.5)		(-.20)			
8-	2.0	3.7****	1.7	2.4*	.52	.27*	546	220
	(1.7)		(.7)		(-.25)			
INITIAL GENDER DIFFERENCE	(1.8)		(1.2)		(-.44)			

* p<.05 ** p<.01 ****p<.0001

++ 1-unemployed single parent; 2- unemployed childless single person; 3-employed single parent; 4-unemployed married parent; 5-unemployed childless spouse; 6-employed childless single person; 7-employed childless spouse; 8-employed married parent.

women the potential exposure to stressors that may be encompasssed in a given combination. Obviously, married employed parents will be exposed to different potential stressors than unemployed single parents, and such differences must be taken into account. Holding role combination constant, then, allows us to examine the effects of gender alone, net of the effects of role combinations.

Initial Multivariate Analysis of Variance (MANOVA) of gender and role combination on the measures of distress reveal a significant interaction effect between gender and role combination in explaining distress scores. This interaction indicates that gender has different effects on distress, depending on which role combination a man or woman holds.

Examination of gender differences in mean levels of distress within role combinations [see Table 6-5], demonstrates the variation in gender differences across role combinations, unadjusted for demographic controls of age, education and economic class. Here we can see that once role combination is controlled for, some gender differences do, in fact, become reduced, or even become reversed - with men in some combinations reporting more distress than the women in those same role constellations. These reductions can be discerned by comparing the mean differences under controlled conditions with initial, uncontrolled mean differences, shown at the bottom of each column.

The data presented in Table 6-5 demonstrate the significant interaction between gender and role combination - that is, that distress varies not only by gender, but it varies also in conjunction with role combination. The data show that the differences between role combinations may, in many cases, be greater than the gender differences within role combinations.

For example, men who are unemployed single parents (role 1) or unemployed childless single persons (role 2) actually report higher mean levels of depression and anxiety, than their female counterparts. This is in contrast to all other role combinations where men's depression and anxiety levels are lower than women's. In each of these cases, consequently, differences between men and women in their mean level of distress is markedly below the initial difference (1.8) that does not control for role combination. Men's mean level of drinking remains consistently higher than women's across all role combinations.

There is only one role combination, that of employed married parents (role 8) in which there are significant gender differences in all forms of distress. Employed single mothers and fathers (role 3) differ significantly on all forms of distress as well. Interestingly, unemployed single parents (role 1) and unemployed childless spouses (role 5) show no significant gender differences at all.

However, we know that age, education and economic class are significantly related both to distress and to role

combination. In order to determine whether it is the combination of roles or the characteristics associated with the different combinations, it is necessary to examine gender differences once these background factors are taken into account.

Table 6-6 presents the same data as in Table 6-5, but adjusted for age, education and self-ascribed economic class. Here we find some variations in distress, once these controls are entered. For example, when we look at depression scores within role combinations, we find only 2 combinations in which gender differences remain after controlling for combination - those of employed married parents and employed childless spouses. For all other combinations, gender differences in depression have decreased from the original difference of 1.8, and are no longer significant. In the case of unemployed single parents (role 1), we find that men report more depression than women (8.0 vs. 6.8).

The same results occur when we examine anxiety scores across and within role combinations. For 2 of the 8 combinations - those of employed single parents and employed childless spouses - gender differences remain, with women reporting higher levels of

Table 6-6. Mean levels of distress, by gender, within role combination (adjusted for age, education and social class).

ROLE COMBINATION++	DEPRESSION Men	DEPRESSION Women	ANXIETY Men	ANXIETY Women	DRINK Men	DRINK Women	N Men	N Women
1-	8.0	6.8	7.0	5.0	.80	.34	18	213
	(-1.2)		(-2.0)		(-.46)			
2-	4.6	4.9	3.5	3.8	.91	.31*	49	45
	(.3)		(.3)		(-.6)			
3-	3.2	4.6	2.0	3.5*	1.7	.33****	41	124
	(1.4)		(1.5)		(-1.37)			
4-	3.7	4.2	2.5	3.1	.54	.14**	76	552
	(.5)		(.6)		(-.40)			
5-	3.5	4.3	2.5	3.5	.91	.24*	21	49
	(.8)		(1.0)		(-.67)			
6-	3.5	4.3	2.3	3.0	1.2	.43****	124	94
	(.8)		(.7)		(-.77)			
7-	2.2	4.2**	1.9	3.5*	.47	.27	78	49
	(2.0)		(1.6)		(-.20)			
8-	2.2	3.7****	1.9	2.5	.54	.27**	546	220
	(1.5)		(.6)		(-.27)			
INITIAL GENDER DIFFERENCE	(1.8)		(1.2)		(-.44)			

* p<.05 ** p<.01 ****p<.0001

++ 1-unemployed single parent; 2- unemployed childless single person; 3-employed single parent; 4-unemployed married parent; 5-unemployed childless spouse; 6-employed childless single person; 7-employed childless spouse; 8-employed married parent.

anxiety. In the other 6 combinations, however, there are decreases in magnitude of mean difference as well as the lack of significance in these remaining differences. Again, we see that unemployed single fathers are more anxious than their female counterparts (7.0 vs. 5.0).

Analysis of drinking behavior, interestingly, reveals the reverse trend. Gender differences in drinking remain in 6 of the 8 combinations, with only employed childless spouses (role 7) and unemployed single parents (role 1) not showing significant differences between the men and women in those combinations. It would appear that role incumbency and role combination do not take us very far in explaining gender differences in drinking behavior. There does not appear to be any pattern in the effects of demographics on gender differences within role combinations. In many cases, distress scores decrease (e.g., role 1, men's depression and both men's and women's anxiety scores; role 7, both men's and women's drinking scores), indicating that gender differences in age, education or class account for some of the difference in distress. In many other cases, distress scores <u>increase</u>, once demographics are controlled (e.g., role 1, all drinking scores; role 8, men's depression and anxiety scores), suggesting that demographic factors are, in fact, <u>masking</u> some gender differences.

These results reinforce the gender-by-role combination interaction in reflecting the lack of consistent effects <u>across</u> role combinations and even reflect that <u>within</u> role

combinations, there is no consistent effect of demographics across forms of distress. However, due to the varied effects, it is clear that we must take into account the factors of age, education and class in subsequent analyses.

One may be tempted at this point to say that we have, for the most part, accounted for the gender differences originally observed, at least in depression and anxiety. After all, not only has the magnitude of mean differences been reduced, now that we've controlled for role combination, but the remaining differences are, largely, insignificant. However, gender differences do remain and the effects of a single condition such as role combination (or its interaction with gender), are very unlikely to explain such a complex phenomenon as the relationship between gender and mental distress, and the question must be approached in a multi-factor manner. A major hypothesis of this study is that it is not just having a role that would account for distress, but it is also the experience within that role that may provide additional information about the relationship of gender and distress. It is this quality of intra-role experience to which we now turn our attention.

CHAPTER 7

INTRAROLE STRAINS AND DISTRESS

While we established in the previous chapter that role combination is an important element in understanding gender differences in distress, given the significant interaction between it and gender, one of the central questions of this study remains. That is, what contribution does the quality of one's role experience make to explaining gender differences in distress. The quality of role experience, as measured by role strains associated with the presence or absence of the 3 central roles of marriage, occupation and parenthood, and its relationship to distress, is the focus of this next set of analyses. Initially, we need to establish whether a relationship between role strains and distress does, indeed, exist. If there is no significant relationship between strain and distress, there is no need to examine the potential contribution of strain to our explanatory model.

As can be seen in Table 7-1, significant correlations occur between the majority of the role strains and most indicators of distress. For example, all of the work, marital and parenting strains are significantly and positively correlated with anxiety, and depression (the sole exception is that work load is not significantly correlated with depression). Correlations between drinking and strain are varied and inconsistent, showing significant correlations only with work load, retirement strains, parental strains concerning teens or adult children, marital expectations

Table 7-1.Correlation of role strains with distress measures.

	DEPRESSION	ANXIETY	DRINK
WORK LOAD	.04 n.s.	.10 p<.0006	.08 p<.003
WORK PRESSURE	.06 p<.04	.07 p<.01	.04 n.s.
LACK OF WORK REWARDS	.18 p<.0001	.16 p<.0001	.03 n.s.
WORK DEPERS-ONALIZATION	.22 p<.001	.20 p<.0001	.03 n.s.
PARENTAL STRAINS ADULT	p<.004	p<.0007	p<.02
PARENTAL STRAINS 5-21YRS	.22 p<.0001	.19 p<.0001	.001 n.s.
PARENTAL STRAINS TEENAGED	.25 p<.0001	.18 p<.0001	.08 p<.05
MARITAL RECI-PROCITY	.28 p<.0001	.14 p<.0001	.02 n.s.
MARITAL EXPEC-TATIONS	.34 p<.0001	.22 p<.0001	.07 p<.008
MARITAL LACK OF PERSONAL GROWTH	.38 p<.0001	.23 p<.0001	.08 p<.003
SINGLE STRAINS	.5 p<.0001	.38 p<.0001	-.06 n.s.
UNEMPLOYED STRAINS	.48 p<.0001	.34 p<.0001	.06 n.s.
RETIRED STRAINS	.44 p<.0001	.18 p<.04	.21 p<.02

Table 7-2. T-test of role strains by gender.

	Range	MEN (mean level) (s.d.)	WOMEN (mean level) (s.d.)
OCCUPATIONAL STRAINS			
WORK LOAD	3-16	8.0 (3.0)	6.4**** (2.1)
WORK PRESSURE	2-8	3.8 (1.7)	3.2**** (1.4)
WORK REWARD	0-6	3.1 (1.3)	3.2 (1.4)
WORK DEPERS-ONALIZATION	2-23	11.0 (2.8)	11.0 (2.9)
PARENTAL STRAINS			
PARENT STRAINS ADULT	9-31	14.8 (4.2)	15.2 (4.2)
PARENT STRAINS 5-21 YRS	2-50	18.0 (5.0)	19.0*** (4.8)
PARENT STRAINS TEENS	2-24	11.2 (3.5)	11.5 (3.6)
MARITAL STRAINS			
MARITAL RECIPROCITY	4-20	8.3 (2.9)	9.1**** (3.3)
MARITAL EXPECTATIONS	1-24	7.9 (2.6)	8.3*** (2.9)
MARITAL LACK OF GROWTH	2-16	6.1 (2.3)	6.4*** (2.4)
SINGLE STRAINS	6-26	10.7 (3.6)	12.0**** (3.7)
UNEM-PLOYED STRAINS	7-28	13.0 (4.6)	12.8 (4.8)
RETIRED STRAINS	8-29	12.8 (4.5)	11.7 (4.8)

*** p<.001 **** p<.0001

[illegible]

and lack of personal growth in marriage. In general, however, there is a significant relationship between the various types of role strain and the measures of distress.

Having established a relationship between the strains and depression, anxiety, and drinking, we must ask whether men and women are differentially exposed to conditions and strains that are particularly distressful. Table 7-2 displays the t-tests of gender differences in the subscale scores of strains associated with the three main roles under examination in this study as well as strains associated with being unmarried, retired or unemployed. Gender differences do exist in two of the work role strain scales - that of work load and that of work pressure, with men experiencing more of both ($p<.001$). Thus, it is not women's greater experience of these occupational strains which would explain their greater distress.

There are also significant differences in the experience of marital strains - on all three subscales of unfulfilled marital expectations, lack of personal growth, and lack of reciprocity, women report higher levels of strains ($p<.001$, $p<.002$, $p<.0001$, respectively). Mothers of pre-launched children also report more parental strain than do corresponding fathers ($p<.001$). Women also experience more strain associated with being single ($p<.0001$). With the exception of marital expectations and lack of personal growth, the strain scales on which women score significantly

higher, are not significantly correlated with drinking, but are significantly related to depression and anxiety.

Although the gender-by-role combination interaction dictates that analyses of the effects of role strains on distress be examined <u>within</u> role combination, it is useful to first examine the overall effect of each type of role strain on men's and women's distress levels. Table 7-3 presents the results of five separate Multivariate Analyses of Variance, each examining the remaining gender differences in distress, once a summary role strain score has already been entered. For each type of role strain (occupation, marriage, parent, unemployed, single), a total strain score was computed, summing responses to all strain items for that role. This summary score was then entered into the MANOVA equation, and then gender was entered. Because each of these types of strains were examined separately, there were five separate analyses done. This is indicated by the number of subjects (N) reported in each row, corresponding to the number of people with that role.

The first row of Table 7-3 presents the mean levels of distress for employed men and women, once total work strains are accounted for. It is clear that significant gender differences in all forms of distress remain. This hold true, as well, once marital strains, parental strains, and strains due to unemployment <u>or</u> retirement are examined. When strains associated with being unmarried are taken into account, only gender differences in drinking are significant.

Table 7-3. Mean levels of distress, by gender, net of role strains.

	DISTRESS					
	DEPRESSION		ANXIETY		DRINK	
ROLE STRAINS (N)	MEN	WOMEN	MEN	WOMEN	MEN	WOMEN
OCCU-PATION (1267)	2.3	4.2****	1.8	3.0****	.69	.55****
MARRIAGE (1586)	2.5	3.9****	2.0	2.9****	.52	.21****
PARENT (1407)	2.3	4.5****	1.8	3.3****	.44	.16****
SINGLE (692)	4.9	5.2	3.6	4.0	1.2	.32****
UNEM-PLOYED/ RETIRED (380)	4.5	6.3***	3.4	5.0**	.60	.25**

It is apparent from this general analysis that strains in and of themselves do little to account for gender differences in distress. We know from previous analyses that role combination is a central interactive factor in explaining gender differences. The significance of the gender-by-role combination interaction dictates that subsequent analyses take role combination into account in terms of controlling for it, or looking within role

combinations for further answers to our questions.

The next step, then, is to examine the effects of role strains, within role combination, to see whether gender differences decrease once strains are taken into account. Table 7-4 presents mean levels of distress, by role combination, after the appropriate role strains for each combination have been entered. These means are unadjusted for the demographic variables of age, education and economic class (adjusted means are presented in Table 7-5), and therefore can be compared to initial differences reported in Table 6-5.

An important statistical note must be made at this point. When role strains are taken into account, the number of respondents in each of the unemployed role combinations becomes unstable due to the fact that some of the strain questions were asked of only a few of the women in the role combination. Specifically, unemployment strains were asked only of those women who first reported that they had "major responsibility for the financial support of (their) household." Similarly, retirement strains were asked only of those women who defined themselves as being "retired." Thus, many of these items, both from unemployment and retirement scales, are missing for women. This makes the numbers reported in Table 7-4 and in subsequent tables somewhat unstable due to the small n's of women (from missing data), as well as the small n's of men, given that only a relatively few men are unemployed to begin with. However, in general,

the trends found in previous analyses are fairly consistent and so we may have some confidence in the results found here.

In examining the effects of role strains on gender differences in distress, in the majority of cases distress scores for both men and women are decreased after role strains are controlled. However, there are some notable exceptions. For example, unemployed childless single men's (role 2) scores on all distress scales increase once strains are added, indicating that if role strains were equivalent between men and women, men would be more distressed than women.

Another interesting case is that of employed married parents (role 8), where both men's and women's scores on all forms of distress are decreased once strains are taken into account, and yet significant gender differences (women higher on all but drinking) remain.

Overall, most of the initial significant gender differences become insignificant once role strains are entered. The two exceptions are unemployed childless spouses (role 7) and, as mentioned previously, employed married parents (role 8). Significant gender differences in drinking remain for employed single parents (role 3) and employed childless single persons (role 6).

However, we know from previous analyses that the variables of age, education and economic class are differentially related to distress and so Table 7-5 examines the same levels of distress within role combination, but

Table 7-4. Gender differences in mean levels of distress, within role combinations, net of role strains.

ROLE+	N M	N W	Depression Men	Depression Women	Anxiety Men	Anxiety Women	Drink Men	Drink Women
1 -	18	79	6.4	7.1	4.8	5.7	.41	.13
			(.7)		(.9)		(-.28)	
2 -	43	30	5.7	4.5	4.2	3.3	1.2	.11*
			(-1.2)		(-.9)		(-1.09)	
3 -	41	124	3.3	4.3	1.7	3.2*	.81	.24*
			(1.0)		(1.5)		(-.57)	
4 -	73	35	3.4	5.1	2.3	3.8	.20	.003
			(1.7)		(1.5)		(-.197)	
5 -	21	6	3.5	2.8	2.5	2.6	.69	.25
			(-.7)		(.1)		(-.44)	
6 -	124	94	3.8	4.1	2.6	2.7	1.3	.58*
			(.3)		(.1)		(-.72)	
7 -	78	49	2.4	4.2****	1.9	3.4***	.68	.41
			(1.8)		(1.5)		(-.27)	
8 -	546	220	2.0	3.5****	1.6	2.4***	.45	.2**
			(1.5)		(.8)		(-.25)	
INITIAL GENDER DIFFERENCE			(1.8)		(1.2)		(-.44)	

* p<.05 ** p<.01 *** p<.001 **** p<.0001

+1-unemployed single parents; 2-unemployed childless single person; 3- employed single parents; 4- unemployed married parent; 5- unemployed childless spouse; 6- employed childless single person; 7- employed childless spouse; 8- employed married parent.

adjusts for these demographic factors. These values can be compared to those presented in Table 6-6.

As can be seen in Table 7-5 below, for many role combinations gender differences in mean levels decrease once role strains are taken into account. The decrease in difference is, for the most part, due to the fact that the mean levels of distress for men and women are differentially affected by role strains. In some cases, the men's mean decreases while the women's increases or remains the same. This can be seen in the case of the depression and anxiety scores of unemployed single parents (role 1), unemployed childless single people (role 2) and unemployed married parents (role 4). This also occurred for mean levels of drinking for those in roles 2 through 6, which led to initial significant gender differences becoming insignificant.

In other cases, the reverse pattern occurs, where the women's mean decreases and the men's increases or remains the same. This is the case for employed single parents' depression and anxiety scores (role 3).

Another pattern of change is a decrease in mean levels of distress for both men and women. This is especially true of employed married parents (role 8) whose scores are, interestingly, decreased and yet remain significantly different. This is largely true for employed childless spouses (role 7) as well, although their mean scores <u>increased</u> and remained significantly different.

Table 7-5. Gender differences in mean levels of distress, within role combination, net of age, education, economic class and role strains.

ROLE+	N M	N W	INDICATORS OF DISTRESS: Depression Men	Depression Women	Anxiety Men	Anxiety Women	Drink Men	Drink Women
1 -	18	79	6.3	7.1	4.9	5.6	.57	.13
			(.8)		(.7)		(-.44)	
2 -	43	30	4.3	4.9	3.0	4.0	1.1	.21
			(.6)		(1.0)		(-.9)	
3 -	41	124	3.3	4.4	1.8	3.2	.84	.24*
			(1.1)		(1.4)		(-.6)	
4 -	73	35	3.4	5.1	2.3	3.9	.26	-.11
			(1.7)		(1.6)		(-.37)	
5 -	21	6	3.3	2.3	2.5	1.7	.82	-.08
			(-1.0)		(-.8)		(-.9)	
6 -	124	94	3.7	4.3	2.4	3.0	1.2	.66
			(.6)		(.6)		(-.54)	
7 -	78	49	2.3	4.2****	1.9	3.5***	.69	.41
			(1.9)		(1.6)		(-.28)	
8 -	546	220	2.0	3.4****	1.6	2.3***	.5	.2**
			(1.4)		(.7)		(-.3)	
INITIAL GENDER DIFFERENCE			(1.8)		(1.2)		(-.44)	

* p<.05 ** p<.01 *** p<.001 **** p<.0001

+1-unemployed single parents; 2-unemployed childless single person; 3- employed single parents; 4- unemployed married parent; 5- unemployed childless spouse; 6- employed childless single person; 7- employed childless spouse; 8- employed married parent.

There is no consistent pattern among types of distress across role combinations. In other words, gender differences in depression or anxiety are not uniformly decreased by the addition of role strains. For all measures of distress, the role combination interaction persists, with gender differences varying from one combination to the next.

The persistence of significant gender differences between men and women who hold the role combinations of employed childless spouse (role 7) and employed married parent (role 8) dictates further exploration of the origins of such differences. The hypothesis that women may be more "vulnerable" to the effects of comparable role strain than men provides the theoretical impetus for the next analyses of these two roles with remaining gender differences. Here we want to determine the "weight" of each type of role strain for men and women in terms of its contribution to distress.

Multivariate Analysis of Variance reveals that none of the gender-by-role strain interaction terms are significant in explaining distress differences. For those in role 7 - employed childless spouses - both the marital strain-by-gender [F= 1.1 (3,119)] and occupational strain-by-gender interaction [F= 1.4 (3,119)] terms are nonsignificant . Similarly, for those respondents who are employed married parents, the interaction terms are also nonsignificant [marital strain-by-gender, F=.55 (3,756); occupational strain-by-gender, F=.65 (3,756)]. Parental strains were not

examined in the latter analysis due to largely insigificant gender differences in these strains from that start.

Clearly, then, remaining gender differences in these last two roles are not explained by the hypothesis that women are more "vulnerable" to the effects of role strains than men, and these most common and traditional roles are the social arenas in which men and women continue to display differential manifestations of emotional distress.

CHAPTER 8

ANALYTIC SUMMARY

To summarize the results of this study, a table that shows the changes in mean levels of distress for men and women at each stage of the analysis is presented. [See Table 8-1] For each role combination, row A shows the initial mean levels, controlling for age, education and economic class. These numbers duplicate those reported in Table 6-5. Row B presents the mean levels of distress once role strains are added into the model. These figures are duplicates of those in Table 7-5. While these means may be somewhat unstable due to small n's, we still get an overview of what happens to gender differences, within role combinations, as each set of variables is added to the model.

Role 1. For unemployed single parents, men's depression scores decrease when strains are added. Women's mean levels of depression consistently increase. The magnitude of difference between men's and women's levels decrease over the model, due to the men's scores decreasing while women's scores are increasing. The pattern is the same for anxiety scores.

Drinking levels decrease for both men and women, once strains are taken into account.

Role 2. For unemployed single childless persons, men's depression scores decrease slightly as other variables are added, while women's mean level does not change at all.

Table 8-1. Gender differences in distress: A summary of the effects of social and economic factors (A) and role strains (B), within role combinations.

ROLE+		INDICATORS OF DISTRESS					
		Depression		Anxiety		Drink	
		Men	Women	Men	Women	Men	Women
1--	(A)	8.0	6.8	7.0	5.0	.80	.34
	(B)	6.3	7.1	4.9	5.6	.57	.13
2--	(A)	4.6	4.9	3.5	3.8	.91	.31*
	(B)	4.3	4.9	3.0	4.0	1.1	.21
3--	(A)	3.2	4.6	2.0	3.5*	1.7	.33****
	(B)	3.3	4.4	1.8	3.2	.84	.24*
4--	(A)	3.7	4.2	2.5	3.1	.54	.14**
	(B)	3.4	5.1	2.3	3.9	.26	-.11
5--	(A)	3.5	4.3	2.5	3.5	.91	.24*
	(B)	3.3	2.3	2.5	1.7	.82	-.08
6--	(A)	3.5	4.3	2.3	3.0	1.2	.43****
	(B)	3.7	4.3	2.4	3.0	1.2	.66
7--	(A)	2.2	4.2**	1.9	3.5*	.47	.27
	(B)	2.3	4.2****	1.9	3.5***	.69	.41
8--	(A)	2.2	3.7****	1.9	2.5	.54	.27**
	(B)	2.0	3.4****	1.6	2.3***	.5	.2**

* p<.05 ** p<.01 *** p<.001 **** p<.0001

+1-unemployed single parents; 2-unemployed childless single person; 3- employed single parents; 4- unemployed married parent; 5- unemployed childless spouse; 6- employed childless single person; 7- employed childless spouse; 8- employed married parent.

Again, the pattern is consistent for anxiety scores.

Drinking increases slightly for men and decreases for women, although the difference becomes insignificant.

Role 3. For employed single parents, men's depression scores generally increase once role strains are examined, while women's scores decrease slightly. However, the initial insignificant difference remains insignificant as men's and women's scores move in opposite directions. In contrast, anxiety scores for men decreased at the same rate as women's, and here the initial significant differences becomes slightly more significant (.01 vs. .05).

And while men's drinking scores also decreased, as did women's, men's scores decreased less than women's, maintaining the initial significant difference.

Role 4. For unemployed married parents, depression scores, as well as anxiety scores, decreased for men as strains and resources were added, while women's mean scores increased over the same model.

Men's drinking drastically decreased while women's did as well, although not quite as drastically, thereby bringing the initial gender difference out of significance.

Role 5. For unemployed childless spouses, across all forms of distress, both men's and women's mean levels drop as strains and resources are taken into account. The sole exception is men's anxiety level, which remains unchanged across all analyses.

Role 6. Employed childless single persons, in contrast to the previous role combination, increase their mean levels consistently as strains are added to the model.

Role 7. Interestingly, employed childless spouses reveal consistent increases across analyses for men and women, maintaining or increasing all initial significant gender differences in anxiety and depression. While there were no initial differences in drinking, mean levels for both men and women increase.

Role 8. While employed married parents show some similarity to the previous role combination in that all initial gender differences remain significant (except for anxiety which is initially insignificant but comes into significance when strains are added), the trend in mean levels is the opposite of role 7. For both men and women, all distress scores decrease when strains are added.

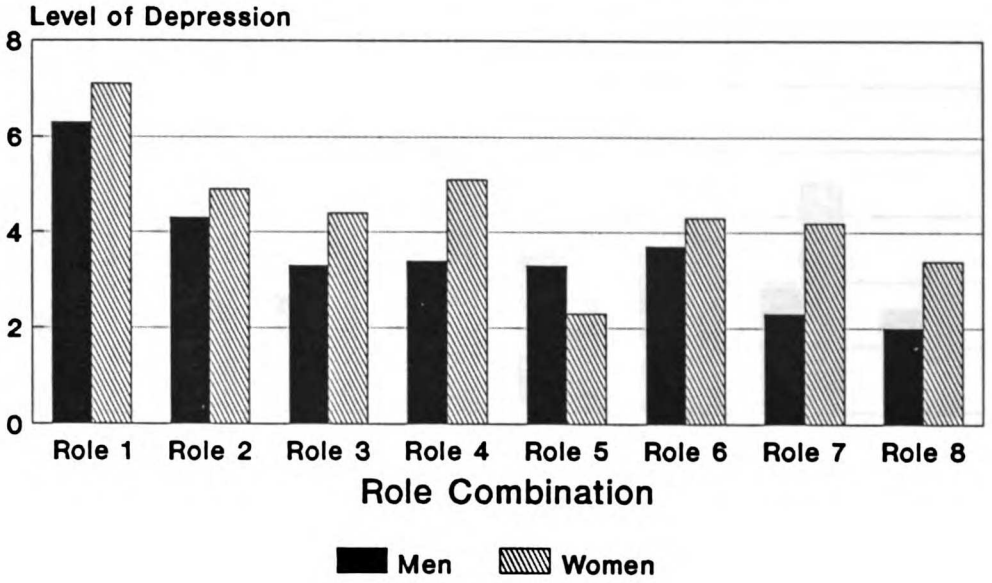
Interestingly enough, even with the various changes acorss different role combinations, general trends in gender differences in distress persist. To demonstrate this graphically, Figures 8-1 to 8-4 depict the magnitude of gender differences in each of the four distress measures across the eight role combinations.

Figures 8-1 and 8-2 show clearly that, for depression and anxiety, regardless of the magnitude of difference (or its statistical significance), women consistently report higher levels of depression and anxiety. The sole exception is for unemployed single parents, where men report more

depression and anxiety. Thus, across 7 of the 8 role combinations, women's greater experience of depression and anxiety is consistent.

Similarly, when we look at Figure 8-3, which shows gender differences in drinking, even with varying magnitudes of difference, men across all 8 role combinations, still have higher levels of drinking.

Gender Differences in Depression
Within Role Combination

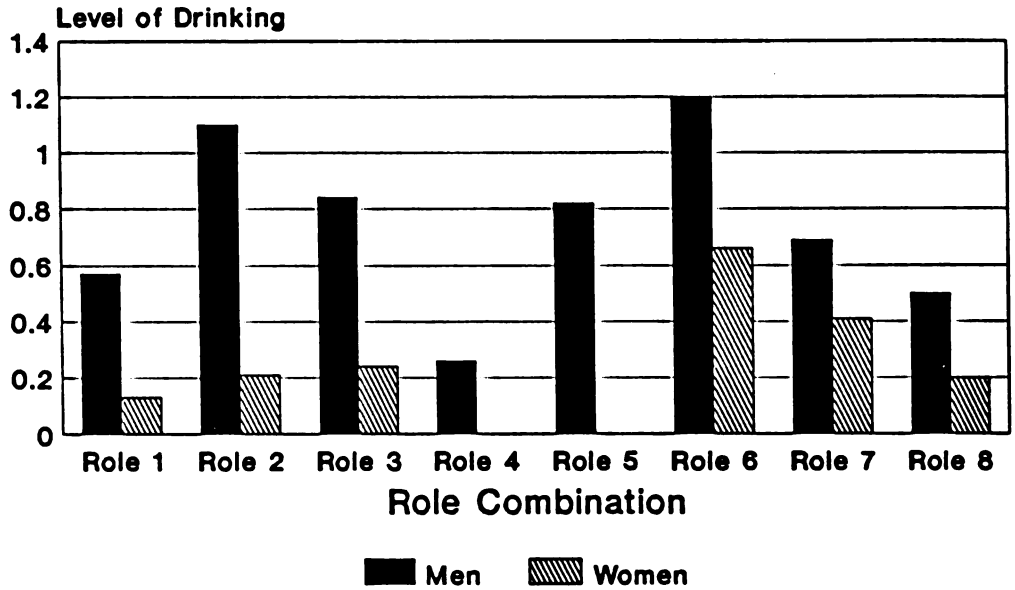


ROLES: 1 - unemployed single parent
2 - unemployed childless single person
3 - employed single parent
4 - unemployed married parent
5 - unemployed childless spouse
6 - employed childless single person
7 - employed childless spouse
8 - employed married parent

Gender Differences in Anxiety
Within Role Combination

ROLES: 1 - unemployed single parent
2 - unemployed childless single person
3 - employed single parent
4 - unemployed married parent
5 - unemployed childless spouse
6 - employed childless single person
7 - employed childless spouse
8 - employed married parent

Gender Differences in Drinking
Within Role Combination



ROLES: 1 - unemployed single parent
2 - unemployed childless single person
3 - employed single parent
4 - unemployed married parent
5 - unemployed childless spouse
6 - employed childless single person
7 - employed childless spouse
8 - employed married parent

The broad scope and complexity of the results presented here disallow a simple and concise discussion of their meaning. However, there are consistent trends and patterns in these data which bear careful consideration. In the following Discussion, I shall describe such trends and patterns and address their significance for our understanding of gender differences in mental distress.

CHAPTER 9

DISCUSSION

Before discussing the conclusions reached from this study, several caveats are in order. This study examines the association between three major social roles, or the absence thereof, combinations of these roles, the strains associated with them and four diverse manifestations of mental distress. This study provides some initial and provocative information about the relationships between the social and individual experiences of men and women in our society. The relationships uncovered here can form the basis for further work, which should be designed to address causal relationships. It should be noted that by virtue of the cross-sectional nature of the analyses presented here, only inferences about correlation can be drawn; causal relationships were not demonstrated. I believe that this does not detract from the import of the results, but should be kept in mind.

Another major note to keep in mind when analyzing cross-sectional data, one that is especially true given the subject of analysis here - social roles - is that there may be some degree of self-selection occuring. Self-selection into certain roles or combinations thereof may account for differences that exist at the point in time at which we are observing the respondents. There may be extraneous factors which have led people to accumulate, or lose, some of the

roles under examination here. Because we are gathering information only at one point in time in this study, we do not have such information available to use, to include in the explanation of the social and personal circumstances currently at hand. However, as stated above, this limitation should not let us ignore the information that this study can provide to better understand the relationships of gender and social roles to mental distress.

A methodological shortcoming, discussed in the Results section, is the small number of males in some role combinations, and the small number of women with full data in other role combinations - specifically, those with unemployed women. It is not clear whether the small number of men is due to the fact that, in reality, there are very few men who hold such roles as unemployed single parent, or whether there is something different about the men in <u>this</u> study in these role positions which may account for their low representation. However, given the sound sampling methods utilized, the former is most likely true.

A final caveat is an historical one. The data for this study were collected in 1972 and thus may reflect historical or cohort effects that may be different in today's society. However, while we may not be able to generalize from 1972 to today, the data provoke intriguing questions which need to examined in light of today's social and economic environment.

To briefly summarize, the goals of this study were to determine:

1) If and how men and women differ in their level of mental distress they experience and the ways in which they manifest it.

2) If these differences can be accounted for by examination of the individual social roles that men and women hold, and/or the combinations of those roles.

3) If examination of the quality of intra-role experience - role strains - helps to further explicate gender differences in distress.

In response to the first question, this study corroborates other results of overall gender differences in distress. While men drink more, women report more anxiety, depression and anger.

The second and third guiding questions of this study will be discussed in terms of how the results of this study address the two central theses of gender differences in mental distress that laid the theoretical foundation for this work - namely, the "exposure thesis" and the "vulnerability thesis." To briefly summarize the theses, the exposure thesis posits that women's greater level of mental distress can be explained by greater exposure to stressful circumstances. There are two types of potential exposure - structural and experiential exposure. Structural exposure refers to women's position in our society in relation to institutional

resources, such as education, income, occupation, etc. Structural exposure also refers to the roles that women hold in our society and how those roles may be more likely to be stressful than the roles men hold.

The results of this study clearly support the structural exposure thesis as an explanation for women's greater distress. Women in this representative sample possess less education and ascribe themselves to a lower economic class than do the men.

In addition, women consistently hold those roles, both singly and in combination, that are most highly associated with distress. Women are more likely to be unemployed and to be unmarried, both of which are significantly related to anxiety and depression. Women are more likely to be single parents, employed or not, the two most stressful role combinations of all. Here are roles where demands are maximal - to support one's self and one's children - and where support is minimal - no job, no spouse, no parenting partner. It is clear, then, that women's greater distress is, indeed, partly due to a lack of structural resources, such as education and income, as well as the specific role structures they are likely to inhabit.

The "experiential exposure" argument claims that if structural exposure (i.e., roles) is equivalent between men and women, women are still more likely to experience stress and strain than men in the same structural position. That is, if men and women hold the same roles, or role combinations,

women are going to experience more strain from those roles, and thus will exhibit more distress, than men. The evidence here suggests that a more refined statement must be made.

It is more accurate to state that women and men are more likely to experience different types of strains, even given the same roles, singly or in combination. Men, for the most part, experience more occupational strains than women who are working. Men are also likely to experience strains due to not working, more than women in the same positions. On the other hand, women are consistently more likely to experience strains related to marital status (married or single) and parenting, than men.

These different focal points of stress for men and women demonstrate the importance of tapping a broad range of potential areas of stress for men and women so that results are not skewed by virtue of asking about strains associated with only marriage and parenting or with only occupation.

These results also demonstrate the fact that different roles may hold different meanings or value for women and men, and even between different men and between different women. Assessment of the importance of roles, and a person's investment in those roles may help to predict who will experience more or less strain from a given role, or combination of roles. This approach is currently being taken by Thoits (1989, personal communicaton).

Furthermore, the results here show that in the most stressful role combinations - e.g., unemployed single parents

- men and women do not experience significantly different levels of distress. And, in fact, men, in some instances, report more distress than women in the same combination. It seems, then, that when the structural demands of one's life are most demanding, such demands obscure gender differences in distress which exist under less stressful, or more normative, structural circumstances - e.g., employed married parents.

However, this leads us to the evaluation of the "vulnerability thesis," which proposes that women's greater distress is due to the fact that even when men and women experience the same degree of strain, women are more likely to experience mental distress than men. The sources of this vulnerability range from biological to socialization processes to ineffective coping mechanisms.

This study does not provide support for this thesis. Analyses of the "weight" of role strains in those two role combinations where gender differences in distress remained after role strains were accounted for did not reveal any significant gender-by-strain interaction.

It may be that in these two most traditional, or normative roles, those of employed married parents or employed childless spouses, normative constraints work to maintain traditional gender roles and thus traditional forms of distress manifested by men and women. In the less normative roles - unemployed single parent - the structural requirements and excessive, overwhelming demands of the

roles may demand nonnormative behavior and thus, perhaps, nonnormative manifestations of distress, for both the men and women in these roles.

On the other hand, as stated in the Analytic Summary section, the pattern of gender differences remains consistent for depression, anxiety and drinking across all but one of the eight role combinations, even when these differences are nonsignificant. Thus, we are left with the question of where these consistent patterns of distress forms come from.

Is there, indeed, a biological difference between men and women which predisposes women to anxiety and depression and men to drinking alcohol? Is it simply, that, as many would claim, women are taught to internalize their distress in an affective fashion, while men are socialized to externalize and "act out" their distress through drinking?

Interestingly enough, while men in some of the more overwhelming role combinations did express as much or more anxiety and depression than their female counterparts, in no role combination did women even come close to the same level of drinking as men. In addition, the role combination-by-gender interaction, while clarifying most gender differences in anxiety and depression, did very little to shed light on men's higher drinking, as that was consistent across all role combinations. Also, the fact that drinking is inconsistently correlated with the strain measures utilized here suggests that drinking may be somewhat independent of strain or stress, at least as a response to strain. If the drinking is

not in response to stress, it is unclear what the motivation is - perhaps it is an element of a particular lifestyle - e.g. that of single working younger adults - rather than a stress-response, per se. It is, in fact, the role combination of employed chidlless single persons where the women come closest to the level of drinking of comparable men. This would support a "lifestyle" explanation for the inconsistent relationship of drinking and distress.

This needs to be examined in more detail, though, as previous research has found a closer relationship between role strain and drinking behavior (Aneshensel, et al., 1986).

The final factor in the vulnerability thesis is that of differential coping skills. These may serve as a mediating factor between stresses and strains being equally experienced by women and men, and their differential experience and manifestation of mental distress. This was not examined at all in the present study and, clearly, deserves further investigation.

CONCLUSION

While this study provides the broadest examination of both sources and forms of distress to date, it still falls short of a complete explanation of gender differences in mental distress and how one's many social roles may interact to creat, exacerbate, or, in some cases, ameliorate distress. This study suggests that our social structure may currently be designed such that women hold the roles that bear the brunt of social and personal pressures, perhaps without the resources provided to alleviate some of the pressure. It is on these overwhemlmingly stressful role combinations, then, that societal attention and support must be focussed. It is clear that, in the most extreme cases, social structural factors overshadow any gender differences in distress and that support services for both men and women need be offered and encouraged. And, as traditional gender roles continue to loosen and shift, we may see increasing numbers of men and women in stressful role conditions. The high divorce rates and tenuous economic environment of today's society continue to create more single parent families, with or without social, economic and personal resources. Social policy, then, needs to be designed, not on the basis of gender-specific needs, but on "role-specific" or "social-specific" needs.

However, the question remains whether we are not including enough of the potential stress areas for men. As has often been stated by other investigators, it may be that

inquiries into this field have not examined a broad enough range of social roles and their stresses, as well as a wide enough array of manifestations of distress. As is now known, men report more personality disorders and may be manifesting their distress through criminal activities (Myers, et al, 1984; Robins, et al., 1984), or other ways which were not available here to examine. Similarly, while women have been asked about their experiences of role conflict - i.e., between work and family - men have not and that may prove to be another fruitful avenue of investigation (Farrell and Rosenberg, 1981). Men have also not been asked about even more traditional pressures of being a sole provider for a family when working, just as women here were not asked about their strains associated with unemployment. The unemployment strains, for men, did address one's failure to provide for one's family when not working, but did not address the pressures of having a job and having to provide for a family.

So, while this study has provided additional provocative information about the relationship between social roles, gender and distress, the field remains full of intriguing unanswered questions.

APPENDIX I

ROLE STRAIN MEASURES AND SCALE RELIABILTIES

Occupational role strains.

A. Work load and noxiousness. [alpha=.67]
How much of the time:
1. Do you have a lot of noise on the job?
2. Do you work in a lot of dirt or dust?
3. Are you in danger of illness or injury on the job?
4. Do you have more work than you can handle?

B. Work pressures. [alpha=.37]
How much of the time:
1. Are you under pressure to keep up with new ways of doing things?
2. Do you work too many hours?

C. Deprivation of rewards. [alpha=.62]
How much do you agree or disagree that:
1. The income I earn is just about right for the job I have?
2. I can count on a steady income?
3. My chances for increased earnings in the next year or so are good?
4. The work I'm doing now is preparing me for a better work situation later?
5. My work has good fringe benefits such as sick pay and retirement?
6. There is always a chance I may be out of a job?

D. Depersonalizing work relations. [alpha=.53]
On your job, how often:
1. Do people act toward you as if you are a person without real feelings?
2. Do people treat you in an unfriendly way?
3. Are you told that you're doing a good job?
4. Are you treated unfairly by another person?
5. Do people come to you for your opinons about how the work should be done?
6. Do you have to do tasks that no one else wants?

Marital role strains.

A. Lack of marital reciprocity. [alpha=.78]
How much do you agree or disagree that:
1. My husband/wife insists on having his/her own way?
2. My husband/wife usually expects more from me than he/she is willing to give?
3. My husband/wife usually acts as if he/she were the only important person in the family?
4. Generally, I give in more to my husband's/wife's wishes than he/she gives in to mine.
5. I can rely on my husband/wife to help me with most of the problems that have to be taken care of in the family.

B. Nonfulfillment of role expectations. [alpha=.80]
How much do you agree or disagree that my husband/wife is someone:
1. I can really talk with about things that are important to me?
2. Who is affectionate toward me?
3. Who spends money wisely?
4. Who is a good wage earner/housekeeper?
5. Who is a good sexual partner?
6. Who appreciates the job I do as wage earner/housekeeper?

C. Lack of opportunity for personal growth. [alpha=.77]
How strongly do you agree or disagree with these statements:
1. My husband/wife seems to bring out the best in me?
2. My husband/wife appreciates me just as I am?
3. My marriage doesn't give me enough opportunity to become the sort of person I'd like to be?
4. I cannot completely be myself around my husband/wife?

Parental role strains.

B. Failure to act toward goals or values. [alpha=.80]
Children ages 5 to 16, and those 21 or older, or not living at home. How often do you wonder if your child(ren):

1. Is/are living too much for the present and thinking too little of what lies ahead?
2. Is/are showing too little interest in religion?
3. Is/are not practicing the moral beliefs that are important?
4. Is/are not trying hard enough to prepare for the life ahead of him/them?
5. Is/are not headed for the success you want for him/them?
6. May not be headed for a good family life? (Only for those over 21 or not living at home.)

C. Failure to be attentive, considerate of parents. [alpha=.98]
Children ages 5 to 16. As a parent, how often do you have these experiences:

1. You are treated without proper respect?
2. Your advice and guidance are ignored?
3. You are helped with household chores without asking?
4. You are disobeyed?
5. Have to attend to poor school work?
6. Have to attend to poor use of spare time?
7. Have to attend to carelessness about personal appearance?
8. Worry your child has the wrong friends?
9. Worry about your child's ability to get along with others the same age?
10. Deal with misbehavior in the house?
11. Might be tempted by others to try illegal drugs?
12. Might be using too much alcohol?

Children living away from home. How often:

1. Do you receive a phone call or letter from your child(ren)?
2. Do(es) your child(ren) visit you?
3. Are you invited to visit your child(ren)?

Singleness role strains. [alpha=.77]

As a single person, how often:

1. Do you feel out of place in a social situation because you are not married?
2. Are you without anyone to talk to about yourself?
3. Are you without anyone you can share experiences and feelings with?
4. Do you have a chance to have fun?
5. Do you stay at home because you are afraid to go out at night?
6. Do you wonder if you may not be an interesting person?
7. Do you feel that you are not having the kind of sex life you would like?

Retired role strains. [alpha=.84]

How much has your retirement resulted in:

1. Having too much time with not enough to do?
2. Not having the money to be able to do some of the things you used to do?
3. Your looking for any activity that will keep you busy?
4. Your being by yourself?
5. Your missing a daily routine?
6. People treating you like you don't know what's going on?
7. People paying less attention to your opinions?
8. Your not having a chance to be with and talk to younger people?

Unemployed role strains. [alpha=.81]

How often does your being unemployed cause you any of the following problems:

1. Having too much time and not enough to do?
2. Not being able to buy the things (you/your family) need?
3. Having to depend on others for help?
4. Not having enough recreation?
5. Not seeing enough of your friends?
6. Having arguments at home?
7. People not being interested in you?

APPENDIX II

SCALES AND RELIABILITIES OF ANXIETY, DEPRESSION AND ANGER

Psychological distress scale -- Anxiety factor. [alpha=.85]

In the past week, how often did you:

1. Have headaches or head pains?
2. Have an upset or sour stomach?
3. Have tightness or tension in your neck, back or other muscles?
4. Feel faint or dizzy?
5. Sweat when not working hard or overheated?
6. Notice your hands trembling?
7. Have to avoid certain things, places or activities because they frighten you?
8. Have your heart pound or race when not physically active?
9. Feel nervous or shaky inside?
10. Have trouble getting your breath?
11. Feel tense or keyed up?
12. Feel fearful or afraid?

Psychological distress scale - Depression factor. [alpha=.86]

In the past week, how often did you:

1. Lack enthusiasm for doing anything?
2. Have a poor appetite?
3. Feel lonely?
4. Feel bored or have little interest in doing things?
5. Lose sexual interest or pleasure?
6. Have trouble getting to sleep or staying asleep?
7. Cry easily or feel like crying?
8. Feel downhearted or blue?
9. Feel low in energy or slowed down?
10. Feel hopeless about the future?
11. Have any thoughts of possibly ending your life?

Anger scale. [alpha=.79]

In the past week, how often did you:

1. Lose your temper?
2. Feel easily annoyed or irritated?
3. Feel critical of others?
4. Get angry over things that are not too important?

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