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EXPLORING THE EFFECTS OF GUILT, SPOUSAL SUPPORT, AND ROLE CONFLICT ON THE PSYCHOLOGICAL

WELL-BEING OF THE EDUCATED FULL-TIME STAY AT HOME MOTHER

by

Susan Donley DeSimone

A dissertation presented to the

Faculty of the Phillip Y. Hahn School of Nursing and Health Science

University of San Diego

In partial fulfillment of the

requirements for the degree

DOCTOR OF PHILOSOPHY IN NURSING

May 2001

Dissertation Committee

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ABSTRACT

The purpose of this study was to examine the effect of guilt, degree of spousal support, role conflict, and decreased psychological well-being experienced by educated stay at home mothers with young children. Social role theory is utilized as a basis for the development of a theoretical model. Relevant research literature does not identify a link between guilt, degree of spousal support, role conflict, and decreased psychological well-being in stay at home educated mothers. The significance of this study was to bring recognition to the phenomenon among educated stay at home mothers that little or no attention has been acknowledged.

The research design is a descriptive correlational study designed to identify the relationships that exists between educated stay at home educated mothers experiencing guilt, degree of spousal support, role conflict, and decreased psychological well-being. Seventy-two married, educated, full-time stay at home educated mothers with young children responded to the questionnaires. The participants were recruited from the Solana Beach Community Preschool, the San Diego Junior League and the Children's Hospital Auxiliary Volunteer organization. Descriptive and correlational statistics were used to analyze the data. A canonical correlation analysis was employed to study the relationships between the variables. The projected findings are that there does exist a relationship between guilt, spousal support, and role conflict affecting the psychological well-being of stay at home educated mothers. The relevance and implications for nursing practice and research are discussed.

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DEDICATION

This dissertation is dedicated to my parents, Albert and Louise Donley, whose love, gentle guidance and unselfish existence provided ongoing support in achieving a well-balanced life. To my husband Bob, who listened, counseled, consoled, and cajoled me into achieving this goal. And finally to my children, Bobby and Gabrielle, who continually motivate me with their love and achievements.

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CHAPTER I

INTRODUCTION

Statement of the Problem

An overwhelming majority of married women with children are juggling multiple roles such as wife, mother, employee, teacher, nurse, secretary, chauffeur, maid, chef, and daily planner). These roles are what modern-day society has labeled the "Superwoman Syndrome." Most research and philosophies support the concept that the appropriate and most accepted role of the modern-day woman is to manage multiple roles. The mass media has been instrumental in changing women's attitudes, reducing guilt, and accepting their lifestyles as the norm. Feree (1976) observed that not long ago housewives shared a social network that gave them mutual support, recognition, and pleasure. Working-class women were especially likely to live near close friends and relatives to establish close-knit relationships. Within these tight-knit groups, there was no question whether someone was a good homemaker.

In present-day society, with millions of women in the workplace, stay-at-home mother networks are practically nonexistent. Housework is considered a solo and repetitive pastime. Since husbands work eight or more hours each day and their spouses are at home caring for small children, stay at home mothers feel very isolated. Are stay at home mothers uncomfortable at home full-time in their role? If so, why do they feel this way? Unfortunately, not much validation exists for the full-time stay at home mother who chooses not to assume the roles of the "Superwoman Syndrome" and prefers to live a more

traditional lifestyle. Research suggests that variations in spousal support, work commitments, lack of unmet expectations of the stay at home mother role, societal role expectations, social isolation, young children at home, and inner role conflict can all lead to a decrease in psychological well-being of the educated stay at home mother.

Today's contemporary women are in an unenviable state of transition. With the rise of the feminist movement only a few decades old, most women age 30 to 50 have confident self-awareness and feel uncomfortable with traditional roles, but still operate from the mindset by which they were socialized. Many women over age 40 were raised by parents who believed the stay at home mother's appropriate role was to act as a caretaker, nurturer, and provide emotional support for her husband and children. In addition, women were expected to take care of other's needs first (Harrelman, Dennison, Branham, Bush, Pope, & Cangemi, 1993).

Friedan (1962) attempted to open the eyes of American women to the possibilities of fulfilling their own needs. Women responded for the most part by adding careers to the already socially prescribed roles with which they had grown up. The wife mother role was so ingrained into the mother's belief system that it became difficult to conceive or eliminate any part of this role in order to take on another significant role.

According to Faludi (1991), the 1960s and 1970s spawned the term "Superwomen Syndrome" -- the woman who strived to be the perfect wife, mother, and career person rolled into one. As marriages fell apart in alarming numbers, children suffered and careers were sacrificed. It became clear that something had to change. Despite the optimism that the women's movement brought, women could not realistically be "all things to all people." The egalitarian marriage was the common response, however, not many of these

unions worked. Husbands were prone to saying, "I help my wife do the house chores or baby-sit the children." Bem and Bem (1970) asserted that an indication of the culture's success in keeping women "in their places" is seen in a common scenario where women idolize their mate for permitting them to squeeze in a career as long as their husband's career is not unduly inconvenienced.

As contemporary American women enter the new millennium, their fight for equality has largely been won. Women today can enroll at any university, join any law or medical practice, and buy their own home on their own credit from any bank. This sounds ideal, however, with the celebration of the American woman's freedom comes much confusion—labeled by some popular psychology manuals as "contemporary female distress." For example, Grant (1988), one of the psychologists, states, "feminism promised me a stronger sense of my own identity, but has given me little more than an identity crisis" (p. 12). Even earlier, Cowan and Kinder (1985), suggested that, "Women's distress is an unfortunate consequence of feminism because it created a myth among women that the apex of self-realization could be achieved only through autonomy, independence and career" (p. 15).

Gilligan (1982), a feminist psychologist, asserts that the more traditional lifestyle originated from male-biased human developmental theories. Gilligan believes that women's moral development has been devalued and misrepresented by male psychological researchers, and that ethics have only been defined in male terms. Contrary to the male biased perspective, Gilligan stresses that women's experiences and development must be understood within the context in which they live, rather than forced into categories that originate from a male perspective. Thus, it is appropriate to examine the context of women who live their lives in the so-called male biased perspective of stay at home educated mothers. Is this what these mothers really want to do, or because of the male biased theories and tradition unwilling or unable to evolve and change? Where is their voice? What is their mental status? Are they satisfied? What are their conflicts and issues? How do their husbands, children, friends, and society support their roles?

The women's movement and a dramatic increase in the women's labor force throughout the 1970s and 1980s were accompanied by a proliferation of research focused on the impact of employment on the wom an's psychological well-being. Recent research also focuses on employed women and the stresses inherent in carrying out multiple roles, leaving research and knowledge on educated housewives limited. Most studies are qualitative in nature and founded on discipplines of sociology and psychology. Early studies of the psychological effects of work for women tend to focus on broad comparisons on homemakers with employed wives, indicating that working outside the home generally benefited women emotionally with employed wives exhibiting fewer symptoms of psychological distress (Pearlin, 1975; Radloff, 1975; Rosenfield, 1980). Recent studies, however, have reported more mixed results—showing both positive effects and some showing no effect of employment on women's psychological well-being (Lennon & Rosenfield, 1992; Nelson & Quick, 1985; Rosenfield, 1989). Studies on educated at home mothers focus primarily on conflicts evolv-ing from role theory, societal expectations, and potential depression from unmet expectations.

Nursing research on the psychological well-being of the stay at home educated mother is somewhat limited and focuses on biomedical models of hormonal imbalance. For

this reason, research on family roles, stresses of parenting, spousal support, and social role theories are incorporated in this study.

Purpose of the Study

The purpose of this study was to discover whether there exists a strong relationship between married educated stay at home mothers with young children and decreased psychological well-being. The specific aims were to describe: (a) the guilt, degree of spousal support, role conflict and decreased psychological well-being experienced by educated housewives with young children; (b) the relationship between guilt and role conflict; (c) the relationship between degree of spousal support and role conflict; and (d) the relationship between role conflict and decreased psychological well-being.

Significance to Nursing

Nurses have worked with families in hospitals, communities, and mental health settings but only recently has nursing recognized the significance of the family to the health and well-being of each individual family member. Nursing originally practiced out of the patient's home with natural family involvement, it later evolved to hospitals to care for the patient, all but excluding the family. Today, the profession has come full circle emphasizing not only each individual's health but also how the entire family is affected by each and every member (Wright & Leahey, 1994). In present-day society, care of children is primarily a role and responsibility accepted by the mother, and the emotional well-being of both mother and child are mutually dependent (Weissman, Payke, & Klerman, 1972). Today, women's role conflict is being increasingly acknowledged. For example, the frustration and repetitiveness of caring for young children with their constant needs can entail chronic stress, isolation and lack of stimulation (Gavron, 1966). Decreased psychological well-being can emerge when the stay at home educated mother experiences the role conflict of giving up her career.

Further research is needed to explicate the causes of the contributing factors as well as the relationship among them. Greater explanation of family dynamics in handling family responsibilities, coping strategies, and psychological attitudes towards various roles in women's lives would allow further insight into the problem of role conflict (Holahan & Gilbert, 1979). In addition, further study is needed in the area of role conflict that is experienced by the educated stay at home mothers with young children. In particular, the role conflict a stay at home mother experiences regarding the desire to pursue prior career aspirations, but ultimately decides to stay at home to care for her children. It is hypothesized that in this role, the educated stay at home mother feels isolated and is spending her days performing unskilled, repetitive, devalued, low status, and unrewarding housework while coping with relentless demands of young children. The educated stay at home mother may miss the lack of stimulation from a previous career that, at the present time in her life, she is no longer pursuing. This polarized descensus (role conflict) can negatively affect her psychological well-being. What does she consider when she decides to reject the "Superwoman Syndrome" and give up her career? What are the consequences for her, especially in terms of her psychological well-being? How does her decision positively or negatively affect marriage and children? These are all areas of research that are applicable to nurses working with families, and are questions that have not been addressed or studied.

Longitudinal studies in the area of role conflict and decreased psychological wellbeing in the educated mother could initiate a significant area of research for nursing. The

results of the research should be tested and re-tested for reliability and validity with each decade as women's roles change and evolve in society. Considering the vast amount of theoretical literature and frameworks in family health nursing, no studies within nursing have looked at what the educated mother experiences when staying at home full-time and how these experiences affect her and potentially the well-being of the family. This area deserves future exploration in nursing research so that nurses can continue to implement timely solutions for promoting balance in the stay at home educated mother's life.

Theoretical Framework

The theoretical framework developed by DeSimone (1998) that guided this study is portrayed in Figure 1. The basis for this theoretical framework is referred to frequently in the related literature when describing the educated mother's guilt, degree of spousal support, role conflict, and decreased psychological well-being.

Figure 1. Theoretical framework illustrating the hypothesized effect of guilt, degree of spousal support and role conflict on decreased psychological well-being.



Hypotheses

Four specific hypotheses for the investigation are derived from the model, as seen in Figure I, and include the following:

- It is hypothesized that a high degree of guilt, a low degree of spousal support, a high degree of role conflict, and a low degree of psychological well-being are experienced by the fulltime educated stay-at -home mother.
- 2. It is hypothesized that there is a positive correlation between guilt and role conflict experienced by the fulltime educated stay-at-home mother.
- It is hypothesized that there is a negative correlation between spousal support and role conflict that is experienced by the fulltime educated stay-athome mother.
- 4. It is hypothesized that there exists a negative correlation between role conflict and psychological well-being that is experienced by the fulltime educated stay-at-home mother.

Definition of Terms

Avowed happiness. The feeling of psychological well-being. The purpose of this study was to apply a social-psychological perspective to the research on mental health in normal populations. An individual will be high in psychological well-being to the degree to which he/she has an excess of positive over negative affect, and will be low in psychological well-being to the degree in which the negative affect predominates over positive. The research focus is on the relationship between a stay at home educated mother's life situation and her psychological reactions to her

current lifestyle. This study was not concerned with the diagnosis of psychopathology, whether treated or untreated.

- Educated mother. The term refers to a woman with a minimum preparation of a baccalaureate level education.
- <u>Guilt.</u> A negative self-evaluative response arising from behavior observed to be in conflict with one's understanding of and commitment to social norms and relationships (Abell & Gecas, 1997).
- Stay at home mother. A woman who discontinued her career to be at home full-time with her children.
- <u>Prior professional life</u>. Prior to motherhood, a woman who has been employed in a particular career of choice.
- <u>Role conflict</u>. Defined as the extent to which a person experiences pressures within one role that becomes incompatible with pressures that arise from another role (Kopelmen, Greehaus, & Connolly, 1983).
- Spousal support. Referred to the degree of participation in housework, childcare, and positive affirmation received from the spouse of an educated mother.

Young children. Referred to at least one child under 6 years old.

Summary

There is a growing trend of highly educated women who have careers and families and choose to stay-at-home with their young children full-time. As a result many of these women experience feelings of guilt, spousal resentment, and role conflict attributing to a decrease in psychological well-being. This study was designed to address, understand, support, and provide information on this growing phenomenon.

CHAPTER II

REVIEW OF THE LITERATURE

This review of the literature supports that role conflict, guilt, and degree of spousal support can affect the psychological well-being of the educated mother. Role theory holds the theoretical underpinnings of which this study was based. The review includes literature relating to staying at home, mother's propensity to experiencing guilt, and lack of spousal support that contributes to an overall decrease in psychological well-being.

Role Conflict

"Role" refers to the rights, duties, and normatively approved patterns of behavior for occupants of a given position or status, and "status" refers to the position in the social structure (Yinger, 1965). The occupancy of a given social role may be inferred by the presence of an appropriate role set or role partner (e.g., the role of a parent is inferred from the presence of offspring). The content of social roles is identified by reference to sociocultural definitions, according to normative expectations adhering to the gender. For example, a spouse can be either a male or female but when a spouse occupies the parent role, the normative expectation is that the mother should provide the major source of childcare (Aneshensel, Frerichs, & Clark, 1981; Richman, 1976).

Since the 1970s, societal expectations of role norms have affected women's lives. More women than ever are in the workforce and will remain employed for their entire adult lives. The women's movement created expectations of pursuing goals, demanding equal opportunities in the workplace, and egalitarian relationships with men. Societal norms have moved from traditional role expectations of wife and mother to multiple role demands for women (Woods, 1984).

One outcome for greater equality between the sexes is an increase in women's roles and workloads. From multiple role demands evolve the concepts of role conflict and role overload. Role conflict occurs when a person is subjected to two or more contradictory expectations and cannot simultaneously meet them. This common or attributed polarized descensus pose problems for the individual (Biddle, 1979).

Role conflict and role overload is used interchangeably in the literature. "Role overload" is defined as fulfilling several roles simultaneously such as wife, mother, and employee. Thus, there are too many roles and not enough time to fulfill them (Rapoport & Rapoport, 1976). "Role conflict" refers to when a person experienced pressures within one role that become incompatible with the pressures that arise from another role (Kopelmen et al., 1983). Role overload leads to role conflict only when the demands of one role make it difficult to fulfill the demands of another. For many women, the real war rages conflict within (i.e., she wants to work, have children, and do the best with both). How is this accomplished without collapsing at the end of the day in a heap of exhaustion with time left over for herself and her husband? Today's liberated, educated women still face this ongoing dilemma. Role conflict arises in the educated mother with young children when she decides to (a) work but feels she is ignoring her children, or (b) not work but believes she is wasting her education and betraying the modern feminist ideal of the "superwoman."

The educated mother who chooses to reconcile her needs for those of her husband and children often experiences role conflict. A hypothesized decrease in satisfaction and avowed happiness results with the educated mother's role in light of the prevailing social

definitions placed on women's employment and attitudes toward a woman's "place." Recent societal trends have emphasized the value of the labor force for women and concomitant devaluation of the educated mothers role (Shehan, Burg, & Rexroat, 1986). Thus, social theory and societal role expectations reveal a basis for understanding the role conflict that exists with the educated stay-at-home mother in the new millennium.

Role conflict can be measured in several ways. Holahan and Gilbert (1979) studied working women, using scales to measure a potential conflict between a pair of major life roles such as worker, spouse, parent, and self as self-actualizing persons. Each scale measures a potential conflict between a pair of the roles (e.g. spouse vs. parent). Subjects were asked to respond to the items using a five-point scale that ranged from "causes no internal conflict" (1), "causes some internal conflict" (3), to "causes a high level of internal conflict" (5). Results of the Cronbach's alphas were as follows: parent vs. self (.81), spouse vs. parent (.82), worker vs. parent (.81), spouse vs. parent (.82), worker vs. self (.86). The correlation among the scales ranged from .22 to .64 with a median intercorrelation of .44. A higher intercorrelation was found between areas with overlapping roles.

Another 24-item scale developed by Koppelman et al. (1983) measured work/home inter-role conflict. This self-report scale also measured several other dimensions of role conflict, including the role conflict experienced by stay-at-home mothers in the areas of spousal attitudes and home inter-role conflicts. Again, a five-point scale was used for the subjects' responses ranging from "strongly agree" to "strongly disagree." Construct validity and reliabilities were obtained, and Cronbach's alpha was determined at .86. In addition,

correlational and path-analytic evidence was supportive of predictive and non-predictive relationships.

To measure the role conflict that exists in educated mothers, another valuable instrument is Gump's (1972) updated version of Fand's (1955) Index of Sex Role Attitudes of Self or Other Orientation scale (ISRO). This tool measures the following: (1) identity derived through traditional roles, (2) woman's role as submissive, (3) need for individualistic achievement and satisfaction, (4) home-oriented, duty to children, (5) fulfillment, (6) sense of autonomy and heightened independence, and (7) family is adequate to completely fulfill personal needs. Findings can be cross-validated via ISRO. Fand identified no statistical reliability or validity in her 1955 doctoral disseration, <u>Sex Role and Self Concept</u>, however the findings of Gump's study are in accord with Barron's (1956) cross-validity study of the Ego Strength Scale. This investigator will utilize Gump's revision as opposed to Holahan and Gilbert (1979) and Koppelman (1988) because it focuses on the more pertinent issues that confront perceived role conflict in the educated mother of today.

Psychological Well-Being

Historically, according to Bradburn (1969), the theory base of psychological wellbeing historically has not been strong. In this study the definition of "psychological wellbeing" uses a social psychological perspective to study the mental health of a normal population; in this case, educated mothers with a young child or children at home. In it inception, psychological well-being was listed under the medical model umbrella of "mental illness." Then in 1961, Szasz rejected the long-held notion that there is a fundamental medical cause or some organic malfunction that causes psychological

disorders. Szasz assumed the cause of psychological disorders lie in the interaction between long-term personality dispositions of individuals and the realities of their life situations. He believed treatment should be focused on issues dealing with fundamental living problems, not only organic or somatic treatments.

After the Freudian revolution in the early 1900s, the boundary between normal and abnormal became less clear, and the absence of data on what constitutes normal and abnormal feelings, beliefs, and actions led to a state of confusion. The concept of mental health and terminology used to describe normal and abnormal also was included under the same category. It was at this time that Dohrenwend (1965) stressed the importance of differentiating between difficulties that are consequences of environmental stress (either short- or long-term), and those called psychological disorders in which the reactions persist after removal of the stressful environmental condition. When the various meanings attributed to the notion of difficulties in living appeared, one variable, in particular happiness or the sense of psychological well-being, came to the forefront.

In the 1960s, support for the psychological well-being variable gained momentum. A nationwide sample survey by Gurin, Veroff, and Feld (1960) showed that the self-rating of happiness could be used to measure levels of subjective adjustment, and demonstrated how happiness ratings are related to other measures of life problems.

A model of psychological well-being was developed by Bradburn and Caplovitz and emerged in 1965 from a pilot study that attempted to develop operational measures for problems in living. The framework used happiness, or the feeling of psychological wellbeing, as its fundamental dependent variable. A person's position on the dimension of psychological well-being is seen as an end-product of the individual's po-sition on two independent dimensions—one of positive affect and the other of negative affect. This model indicated that an individual who rates high in psychological well-being has an excess of positive feelings over negative and will rate low in psychological well-being when an excess of negative feelings predominate over positive.

Bradburn et al. (1969) continued their classic work on developing the structure of psychological well-being construct and articulated that psychological well-being is centered on a continuum between positive and negative affect and life situation. The aim of Bradburn's research was to learn how certain macro-level social changes (e.g., changes in education levels, employment patterns, urbanization, or political tensions) affect the life situations of individual citizens and their psychological well-being. The outcome variable was happiness as defined as life satisfaction.

Subsequent theorists and researchers defined psychological well-being in a number of ways either from a developmental, personality, self-actualization, and life cycle perspective. Ryff (1989) took a comprehensive approach in defining the meaning of "psychological well-being." She combined Maslow's theories of the conception of selfactualization, Roger's view of the fully functioning person, Jung's formulation of individuation, and Allport's conception of maturity to include the much broader dimension of self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. In her study she measured all the above aspects of psychological well-being in various age groups to determine that each age group identified with a differentiated pattern of well-being. At different ages different factors of psychological well-being held more importance than perhaps, ten years earlier or later.

In reviewing the literature there are several possible contributors in the educated mother's susceptibility to decreased psychological well-being: sociodemographic characteristics, family life cycle variables, extent of social isolation, or social integration and satisfaction. A high level of education, for example, is found to be a predictor of depression among full-time mothers, and women with higher educational attainment may have career aspirations that cannot be met (Gove, 1972; Gove, & Tudor, 1972; Meile, Johnson, & St. Peter, 1976; Pearlin, 1975; VanFossen, 1981). Women's careers are generally more fragmented than men's and include periods of homemaking and employment that may be unrelated to their earlier career aspirations and negatively affects their mental health (Moen, 1985). The research generally concludes that for women, paid employment is associated with lower levels of distress and depression (Menaghan 1989; Thoits, 1986).

A family's income also may be associated with a fulltime educated mother's susceptibility to a decrease in psychological well-being or even depression. The higher the income, the more freedom a woman can choose alternative sources for personal and social fulfillment (Shehan, 1984; Reskin & Coverman, 1985). Pearlin (1975) hypothesized that mothers who are not employed in occupations outside the home are frustrated with unmet career fulfillment. Pearlin also identified the family life cycle stage (e.g. marriage and birth of a first child) as another determinant of depression among mothers. That is, disenchantment with the full-time stay-at-home mother role increases significantly as the number of children living in the home increases, and even more significantly as the age of the child decreases. This hypothesis is also supported by research that indicates mothers of preschool children are particularly vulnerable to depression (Brown & Harris 1978; Gove

& Geerken 1977, Pearlin & Johnson, 1977). Researchers also suggest that social isolation is an important predictor of psychological distress. The more involved full-time mothers are in a network of extrafamilial social relations, the less likely they are to report feeling unhappy or depressed (Pearlin, 1975; Shehan, 1984).

Shehan et al. (1986) showed that role transitions involved in the early stages of the family life cycle are particularly stressful. People enter these life stages with high expectations. The gap between what is expected and is experienced may be reflected in decreased psychological well-being. Pearlin (1975) measured full-time stay at home mothers satisfaction with their role and found that women who were disenchanted with the stay-at-home role were significantly more likely to be unhappy or depressed.

Measurement of psychological well-being is an accurate indicator of an individual's current mental health status. Instruments developed for other purposes became standard tools for measuring primarily happiness and life satisfaction to define positive functioning. Examples of these measurement tools are the Life Satisfaction Index (LSI), developed by Neugarten, Havighurst, and Tobin (1961) for studying older adults; Rosenberg's (1965) self-esteem scale for studying adolescents; and Lawton's (1975) Geriatric Center Morale Scale. A variety of strategies are used by researchers to measure the level of psychological well-being. However, common methods for measuring psychological well-being can be achieved by using scales and asking respondents questions in subjective terms. For example, role conflict can lead to a decrease in psychological well-being and can be measured by asking respondents whether they believe the demands of one role are incompatible with another. The operationalized version of the question may read: "How often do you have to juggle different obligations that conflict with one another and pull you

apart?" Responses are coded: (1) "not at all," (2) "not too much," (3) "somewhat," and (4) "a lot" (Pleck, Staines, & Lang, 1980). All responses can then be plugged into a specific measurement model.

A Likert-type scale measures attitudes with a series of questions ranging from "strongly agree" to "strongly disagree," and is an excellent tool in measuring psychological well-being of the stay-at-home fulltime mother. Degree of happiness, satisfaction, selfesteem, psychological attitudes towards women's roles, and whether they are experiencing psychiatric symptoms are examples of measurements (Doordan, 1998; Hall, Williams, & Greenberg, 1985; Hall, Gurley, Sachs, & Kryscio, 1991; Weaver & Holmes, 1975).

Bradburn and Caplovitz's (1965) scale that measures avowed happiness was first utilized to determine the concept of psychological well-being (a function of two independent dimensions—positive and negative affect). Their pilot study was based on the conceptualization of avowed happiness and the concept of psychological well-being derived from the probability sample of adults in four small Illinois communities.

A more traditional way of measuring mental health with high validity is the Cornell Medical Index-MR (CMI-MR) scale (Brodman, Erdmann, Lorge, Gershenson, & Wolff, 1952). The CMI-MR is a 195-item questionnaire that incorporates items pertinent to bodily symptoms as well as behavior, mood, and feeling. The M through R sections deal with mood and feeling patterns including inadequacy, depression, anxiety, sensitivity, anger, and tension. Another reliable measurement tool for depression is an 18-item scale based on a multidimensional conceptualization of depression developed by Warheit, Holzer, and Schwab (1973) with Cronbach's alpha for internal consistency of .84. The 20-item Center for Epidemiological Studies-Depression (CES-D) scale is another measurement tool used to rate the frequency of depressive symptoms during a 1week period. Prior studies have shown the CES-D has good internal consistency and test-retest reliability. Hall et al.'s (1991) study examined psychosocial predictors of maternal depressive symptoms by using Cronbach's alpha of .86 (Radloff, 1977). Although this study did not measure depression, frequency, and severity of depressive symptoms it can be a good indicator of a decrease in psychological well-being.

<u>Guilt</u>

According to Gecas (1979), the hallmark of successful socialization depends on the internalization of appropriate social and moral norms. Guilt is one of the major means by which social order and control are maintained in a society because it involves individual voluntary compliance. With effective socialization, the individual is motivated to comply with society's values and norms because they have become important parts of the individual's self concept – a central criterion for the individual's assessment of moral self-worth and self-efficacy.

Guilt is a reflexive emotion that involves role-taking and self-consciousness that help shape the socialization process. Guilt self-censures for moral and normative transgressions. In addition, it is an affective consequence of an evolving self-concept that keeps an individual developing in conformity with his/her group's standards of morality, propriety, and competence. Guilt arouses negative evaluations of one's behavior, experienced and directed toward self as a result of the perceptions of the attitudes and responses of others toward self. It is an internal control that encourages and constrains individuals to conform to norms of moral and social conduct (Johnson, 1992; Shott, 1979).

Mothers with children are prime candidates for experiencing feelings of guilt, especially because it is an emotional reaction relevant to the perceived state of the social bond between people. Baumeister, Stillwell, and Heatherton (1994) suggest that guilt is a factor that strengthens social bonds by eliciting empathy with and caring behavior toward others. Guilt is an experience that acknowledges one's commitment to social relationships and the norms accompanying them. The full-time educated stay-at-home mother with young children is a prime candidate for experiencing emotions of guilt. She wonders what the societal expectations are for being a good mother. Can she be totally fulfilled by being with her child at home? Does society devalue her because she is a full-time mother? Should she pursue a part-time career, or will that interfere with her role as a mother? If she should choose to pursue a part-time career, how many hours can she leave her children without feeling guilty?

Research regarding mothers experiencing guilt over leaving their children has most recently focused on the working mother who leaves her child and justifies that working elevates her child's lifestyle by increasing opportunities in life. However, the stay-at-home mother cannot quite justify leaving her child, especially if not financially necessary. According to traditional definitions, a mother is expected to be her child's primary caregiver and be totally accessible at all times, particularly when the child is preschool age. The emphasis of mothers as exclusive caregivers may cause women to feel loss, sadness, or guilt when they are separated from their child (Hock, McBride, & Gnezda, 1989). Women struggle with the concern regarding how much to gratify their own interest in the face of their children's needs.
In September, October and November of 1998, this investigator conducted an informal focus group of eight subjects who fit the demographic criteria of the study; married, college educated, stay-at-home fulltime mother with at least one child under six years of age. The focus group's intentions were to help clarify variables for this investigation and to create conversation among the participants around chosen topics (Morgan & Krueger, 1998). The variable of guilt and its effect on role conflict created much discussion and emotion within the focus group. The question asked by the group moderator was " How much, if any, does the guilt factor play in regard to returning to work, school, or other personal end-eavors?" Common answers included:

- Eight participants believed their children were their number one priority at all times, and doing anything that interfered (e.g., exercising, shopping for clothes for themselves, reading, getting a manicure, working a part-time, or going back to school.) with their child's activities was selfish and would compromise the fam ily.
- 2. Six of the eight participants believed their guilt was self-imposed and the remaining two respondents believed their husbands made them feel that way, which compounded their feelings of guilt.
- 3. Seven of the eight participants experienced role conflict as a result of experiencing a feeling of guilt in wanting to be home full-time with their child and feeling frustrated that they were unable to pursue a career or have personal time for themselves.
- The focus group overwhelmingly expressed that guilt was a major controlling force in their life.

Therefore, the group's discussions and anonymous questionnaires provided a direct link to support Hypothesis #2 regarding the relationship between guilt and role conflict.

Qualitative questioning is useful to elicit common themes among group members such as those the investigator presented to her focus group to measure guilt experienced by stay-at-home educated mothers. Responses to the questions can be assessed for common themes and added into percentages of the total group's responses. Another way of measuring guilt is from the Test of Self-Conscious Affect (TOSCA), an instrument constructed from subject-generated accounts in dealing with shame, guilt, and pride experiences (Tangney, Wagner, & Gramzow, 1989). The instrument's vignettes to measure guilt can be excerpted and administered to educated housewives to assess their feelings of guilt. In addition, five-point scales can be used to assess degrees of guilt with higher values representing higher levels of guilt experienced.

Spousal Support

What entails a satisfying marriage? Researchers contend that men and women may experience marriage differently (Bernard, 1972). Women, more than men, derive a sense of well-being from the emotional qualities of marriage (Gove, Hughes, & Style, 1983; Mills, Grasmick, Morgan, & Wenk, 1992). Husbands and wives may have very different conceptualizations of marital satisfaction and the degree of emotional and task-oriented support exchanged within marriage. Current literature on degree of spousal support follows two themes: the emotional support a spouse lends to his wife, and support in the form of household tasks and childcare. Much research in this area has focused on the dualworking couple and the division of labor, but little information is available about the fulltime mother and the degree of spousal support. Vanfossen (1981) discussed the

relationships of spouse expressiveness and spouse inequity to depression for employed husbands, nonemployed wives, and employed wives. The study found that with increased role demands there was more increased tension in the marital relationship and diminished psychological well-being reported by wives, whether she was employed or not. Higher spousal support for multiple of roles of the wife, led to better psychological well-being.

Brown (1986) linked spousal support to positive psychological well-being in pregnant women. The study revealed that women who experienced strong spousal support had fewer complaints of pregnancy symptoms such as vomiting, loss of appetite, lower back pain, and depression. The results suggest that decreased psychological well-being emerges from unsupportive intimate relationships and from everyday social roles that promote low self-evaluation (as seen the case of the educated mother) (Novak, 1989).

The literature suggests that the spouse who specializes in providing emotional support raises morale and elevates the sense of well-being for the entire family. However, Parsons (1954) and Zelditch (1955) maintain that women are socialized to expressive roles and because men's socialization emphasizes achievement and accomplishment, emotional support is seldom experienced. Bernard (1975) maintains that women depend on their husbands for satisfaction and fulfillment of their needs, yet their husband's lack the training to be expressive. The absence of adult nurturing by husbands has been reported to contribute to poor mental health, which includes a decreased psychological well-being (Brown & Harris, 1978).

Emotional support of a spouse can be measured by a series of seven questions based on Kaplan and Cassel's (1974) construct of social support. These items reflect several dimensions of support from a confidant. The researchers' scale includes such items as

length of their relationship, accessibility of the person, frequency of contact, reciprocity, importance of the relationship, and freedom to discuss areas of concern with the confident. Responses to the items constituted a simple summated scale with a possible score of zero to 24. The confiding scale is internally consistent with a Cronbach's alpha of .72.

Vanfossen (1981) used two instruments for measuring spousal affirmation and spousal intimacy by asking about the wife's expressive support from her husband. On both scales the respondents were asked how strongly they agreed or disagreed to statements regarding both affirmation and intimacy.

Another scale used to measure the quality of an intimate relationship between a mother and her spouse is the Autonomy and Relatedness Inventory (Schaefer & Edgerton, 1982). This scale rated 32 items from zero, "not at all like," to four, "very much like" the intimate's (spouse's) behavior toward the other. Higher scores denote more positive ratings of the relationship and cumulative scores ranged from zero to 28.

Sharing of household tasks is another theme in the literature that derives under the auspice of spousal support. Again, most of the relevant research surrounds the dual working career couple, but little has been written on the sharing of household tasks with a spouse when a wife is home full-time. Most full-time mothers perceived their participation in daily household tasks as obligatory and necessary for their family to function. This includes their realistic appraisal of the unequal division of chores in the household on gender differences, as suggested by Perkins and DeMeis (1996). Many women receive little if any assistance from their spouses for more repetitive tasks such as cooking, laundry, and cleaning (Hochchild, 1989; Thompson & Walker, 1989). Most full-time stay-at-home

mothers believe if they do not do the chores, they would go undone (Gunter & Gunter, 1990).

Bird's (1994) results of a study on gender and division of housework revealed responses from health surveys of 581 married men and 608 women, age 18 to 65. Married men estimated they performed 37% of the housework compared to their wives', who performed estimated 70% (the study discussed that men who are less involved in housework tended to underestimate how much time family members spend on it, and to overestimate their own contribution). Additional results of the study showed the number of hours spent on such tasks was considered less important to psychological well-being than how equally the labor was divided. Bird states, "the lack of shared responsibility increases a wife's sense of inequity, and in intimate relationships, inequity is a source of psychological distress" (p. 43). The housework routine offers little recognition and fulfillment, "Consequently, spending a large amount of time performing household labor increases depression" (p. 44). Depression was measured by questioning how many days in the past week they "couldn't get going," "felt sad," had "trouble sleeping," felt "everything was an effort," "felt lonely," "couldn't shake the blues," and "had trouble keeping their mind on what you were doing" - all symptoms of unhappiness and potential depression. The study concluded that a more equitable division of household labor could reduce women's distress without increasing men's distress. Bird emphasized, "increased equity makes for a happier household, it matters, it has real consequences" (p. 45).

The degree in which household tasks are shared with the spouse can be measured by a sharing scale consisting of 24 items of household activities such as fixing meals, taking out the trash, and yard work. Blood and Wolfe (1960) developed the items in their

study on married couples. The women were asked to indicate on a seven-point scale (one = "husband always" and seven = "wife always") which spouse performed each task. The items were then summed and the total score represented the percent of applicable tasks in which the spouse would share. This instrument was used to measure spousal support in Woods (1985) study who investigated the mental health of young married women by outlining task-sharing behaviors of their identified support person and the emotional support lent to them. The study revealed a direct and inverse effect of social support provided by the partner on decreased psychological well-being.

Hypothesis #3 describes the relationship between degree of spousal support and role conflict and was supported by the investigator's 1998 findings. The moderator asked the participants "How, if any, does the degree of spousal support in your home contribute to feelings of role conflict?" The group's answers were almost synonymous:

- (a) Eight participants believed their spouses were not contributing enough with the care of their children and household tasks.
- (b) Seven out of eight participants believed their spouses did not fully comprehend everything it took to raise a child and run a home.
- (c) Eight participants believed that even when their spouses were caring for their children, it was the only task they did, and they were incapable or unmotivated to help with household tasks at the same time which left the participants with twice the work when they got home.
- (d) Eight participants felt either jealousy or resentful of their husbands'"freedom" when working outside the home since it allowed them "time to

go to lunch, make phone calls without a child screaming in the background, and able to accomplish their career goals."

(e) Seven out of the eight participants believed that, although their husbands tried to be supportive of them emotionally, they really did not think the husbands understood their frustrations because they were not experiencing it themselves.

The relationship between role conflict and spousal support of the eight full-time stay-at-home educated mothers was a result of not knowing exactly what to expect from their spouse in the way of support (emotional and household). They all felt unsure in regard to the degree of support they should expect. If demands or requests for help exceeded the husband's expectations, the men claimed their wives were "always complaining."

Lack of spousal support and role conflict is manifested by the daily struggles educated mothers face concerning how to gratify their own interests in the face of family needs. Many full-time stay-at-home educated mothers say their husbands have "outgrown them," that the experiences and opportunities encountered by men have provided them with new skills and points of view that they themselves cannot share. These women resent the repetitiveness of their housework, stating their talents, education, abilities, interests, and motivations have gone to waste. The educated mother often experiences role conflict on whether or not to return to work, pursue a hobby or interest, or dare to expect her spouse to support a division of labor on the home front (Harrelmann et al., 1993).

Research Based on

Guilt, Spousal Support, Role Conflict and Decreased Psychological Well-Being

There are limited research studies to test the specific aims projected in this study regarding guilt, lack of spousal support, role conflict, and decreased psychological wellbeing that surround the full-time stay-at-home educated mother with young children. The following review of relevant research studies supports the link and suggests avenues of future research.

The Effects of Multiple Role Demands on Psychological Well-Being

Coverman's (1989) research evaluated the effects of multiple role demands on psychological well-being. In performing the study, Coverman clarified the concepts of role overload and role conflict and their effects on stress-related outcomes. One model tested whether role overload (i.e., homemaker and paid employee) and role conflict (i.e., perceptions of homemaker and work interference) affect satisfaction with various role domains (i.e., job, personal or marital satisfaction) and influence stress (i.e., psychological well-being). In the study a sample population consisted of 687 men and 249 married women, age 16 to 60. All respondents were employed at least 20 hours each week and participated in the 1977 Quality of Employment Survey (Quinn & Staines, 1979). Covariance structure models were estimated for employed married women and men. The findings suggest that both marital and job satisfaction significantly effect psychological well-being (p = .05). While role conflict decreased both sexes' job satisfaction, marital satisfaction and overall psychological well-being role overload did not. Role overload with women was considered an enhancement to their psychological well-being. The study showed time expenditures of combining domestic work, and wage earning provide coping

strategies on both types of work. In other words, if employment became stressful, home life was there for support and vice versa if home life became stressful, employment was there for support. Psychological well-being decreased when women perceived role conflict when choosing between family and work.

Coverman's (1989) research is significant to nursing science as it offers a possible explanation as to why full-time educated stay-at-home-mothers may suffer decreased psychological well-being from role conflict. Exploring the benefits of paid employment could make a significant difference in the life of a woman suffering from decreased psychological well-being. Maternal child and family health nurses should intervene and educate women experiencing role conflict toward a better balanced and healthy lifestyle.

Coverman's (1989) study contained limited internal and external validity. The research was skewed regarding the population sample of men (n = 687) vs. women (n = 249). In addition, no identification is made of respondents' educational levels, ranges in socioeconomic status, and specific ethnicities. Data collection was obtained by subjective questionnaires for role conflict and objective measurements for role overload. While the research limits the ability to compare the two concepts, it defines them conceptually and permits an independent measure of their effects on well-being. The use of the mixed measurement approach in a path-analytic model may present a threat to internal validity. Although the model fit well with the findings, the internal validity of the study was weak. The model required further testing on larger populations with more specific criteria to establish test/retest reliability (Polit, 1996).

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The Relationship Between Employment, Family Roles and Mental III Health

Woods (1985) studied the relationship between employment, family roles, and mental ill health of young married women. The purpose of the study was to determine if the complement of women's roles as employee, wife, and mother are associated with negative mental health effects. Woods hypothesizes that multiple roles can have negative effects on mental health associated with certain social contextual variables. The contextual variables are (a) influence of sex role norms (i.e., traditional sex role norms vs.nontraditional/modern norms), (b) support from the spouse in the form of household tasks, and (c) influence of support from a confidant (i.e., spouse).

Woods' (1985) studied a random sample of 144 married women between 20 and 60 years old, who met the marital status criteria and were selected from a population of women registrants at a family health clinic. The independent variables sex role norm traditionalism and two measurements of support were evaluated as follows.

Sex role norm traditionalism was determined by computing each woman's score on the Index of Sex Role Orientation (ISRO) (Dreyer, Woods, & James, 1981). ISRO scores are related to education, so women with the least education have more traditional scores. The corrected split-half reliability coefficient for the ISRO was .92. The remaining two independent variables (support with household tasks and emotional support) were measured as follows: Emotional support by answering a series of seven questions, based on the Kaplan and Cassel (1974) construct of social support. The confiding scale was internally consistent (.72). In addition, a 24-item household activity scale, developed by Blood and Wolfe (1960), measured sharing of household responsibilities. The sharing scale had an internal consistency of (.72).

The Cornell Medical Index-MR scale measured the dependent variable of mental ill health. The 195-item questionnaire incorporated items pertinent to bodily symptoms as well as behavior, mood, and feeling. The M through R sections dealt with mood and feeling patterns including inadequacy, depression, anxiety, sensitivity, anger, and tension. Extensive work was performed on validation with high internal consistency in the CMI and MR components.

Results of Woods' (1985) study showed that sex role norm traditionalism positively and significantly correlates with CMI-MR scores as hypothesized (p = .05), and sharing and confiding are significantly associated with lower CMI-MR scores. The highest CMI-MR scores overall were women with traditional sex role norms and who were parents regardless of their employment status. Woods asserts that housewives are more depressed when there is a lack of positive affirmation from their spouses. Because the women are not employed and not exposed to a potentially supportive network in the workplace, they turn to their relationship with their confidants to provide them with an affirmation of worth in a society that undervalues unpaid work.

Woods' (1985) research presented strength in internal consistency with high levels of instrument reliability. The study also demonstrated depth, based on her previous research on role conflict, experienced by women facing the effects of multiple role demands. Overall, the external validity of the study was strong, which is demonstrated by choice of sample respondents: 144 married women of varying ages, educational levels, ethnicities, religions, socioeconomic status, employment status, and number of children. An inherent weakness in the study was taking a more longitudinal look at multiple role demands and effects on mental health at a specific time. Role transitions could reveal health effects that are time-limited in nature (i.e., postpartum depression, birth of a child, entry of children into school, and experiencing empty nest), and that each contextual variable affects role transition.

Woods' (1986) results suggest women's roles do have a direct influence on mental health. The study also demonstrated the influence of each contextual variable (sex-norm traditionalism, sharing household tasks, and confidant support). The results provide useful information for nurses who are evaluating and intervening with full-time educated stay-athome mothers who are experiencing role conflict and decreased psychological well-being. Mental Health of Married Employed and Married Unemployed Adults

Gove and Geerken (1977) examined employment and number and age of children, and the effect each have on married adults' feelings of incessant demands, desire to be alone, loneliness, and the manifestations of psychiatric symptoms. Their hypothesis is that married women who hold a job are in better mental health than married women who do not hold a job, and working husbands are in the best mental health. Gove and Geerken's participants were all married, consisting of 244 employed husbands, 196 employed wives, and 339 unemployed wives age 18 to 60. The sample was randomized to maximize variation between socioeconomic variables.

To measure the dependent variables of demands and desire to be alone, Gove and Geerken (1977) developed additive scales with subjective questions. For measuring loneliness (the dependent variable), the investigators asked: "Do you often feel lonely?" Andrew, Morgan, and Songuist (1967) adjusted all answers to the dependent variable by age using dummy multiple regression programs. Psychiatric symptoms were measured by subjective questions drawn from three psychiatric symptom scales: The Langner Scale, the Health Opinion Survey, and the Gurin Scale. Gove and Geerken's findings suggest that significant relationships are found between positive mental health and employment, and negative mental health and unemployment. Further, Gove and Geerken (1977) describe the effect of children and employment on mental health of men and women. The study examined sex differences of typical married roles for men and women. The researchers noted that married persons who are employed are linked into two major sources of gratification: their place of employment and family. On the other hand, full-time stay-at-home mothers rely on the family alone. For people who are married and employed if one role is unsatisfactory, they can focus on the other. For the full-time stay-at-home mothers are faced with repetitive boring tasks, a paid job can offer her an intrinsically more interesting outlet and a welcomed change. In addition, it was found that having children in the household generally correlated with poor mental health.

Gove and Geerken's (1977) research have many threats to the internal and external validity. At the beginning of the investigation, Gove and Geerken clearly address limitations of the undersampling of men, but believe the pattern of observed relationships was not affected. They do, however, consider the results of the study suggestive rather than definitive. In the sample there existed additional threats to external validity; for example, there were no mention of educational level, religion, or ethnicity and the researchers used the general term "various socioeconomic variables," which is ambiguous. Another threat to external validity is a lack of background information in the demographic portion of the study when obtaining a sample group for the investigation. Internal validity was weak throughout the study. Questions and scales to measure the depression variable were

developed by the researchers with no reported pilot testing, validity, or test-retest reliability reported that measured the dependent variables. The instrument used to measure psychiatric symptoms in evaluating respondents' mental health was a combination of questions tapping symptoms derived from the three previously mentioned psychiatric symptom scales. Although the footnotes mentioned the scales as having extensive proof of validity in the literature, no specific validity was cited. If conclusions are to be drawn from the study results, instrument reliability and validity should be reviewed in-depth before data collection begins (Davis, 1994).

Role Conflict in Career and Non-Career Married Women with Children

The overall effect children and employment have on mental health of married men and women are significant for nurses. Caregivers need to become aware of the challenges that face families today. A longitudinal study focusing on transitional periods that correlate with specific ages of children can be beneficial in pinpointing specific time periods when mental health of married men and women are most vulnerable.

Holahan and Gilbert (1979) utilized a role conflict framework in which inter-role conflict is predicted when conflicting and competing expectancies are perceived from two or more roles enacted by an individual (Gross, Mason, & McEachern, 1958). Holahan and Gilbert focus their research on four major life roles: worker, spouse, parent, and self as a self-actualizing person and the conflict experienced between various pairs of these roles. The subjects, married with children, were 26 non-career and 15 career women with bachelor's degrees and who were employed full-time at a state university. The hypothesis is that women who perceive their employment as "careers" experience greater role conflict than women who view their work as "jobs" due to greater involvement and investment in a career pursuit. The subjects were measured by subjective questions and scales for differentiating career vs. non-career women regarding work attitudes, life satisfaction, selfesteem, personal attributes, and role conflict. Role conflict scales were developed to measure role conflict between pairs of the four major life roles: worker, spouse, parent, and self as a self-actualizing person. Each scale measured potential conflict between a pair of the four roles (i.e., worker vs. parent). High intercorrelations were found between areas with overlapping roles.

The results of Holahan and Gilbert's (1979) study consisted of a one-way analysis of variance (ANOVA) that was used to compare work attitudes of two groups (career vs. non-career women). Variables were level of career commitment, level of work aspirations, likelihood of working without financial necessity, level of competence, and level of spouse's emotional support. When all variables were measured, the level of work commitment in both groups was similar, however, the career group experienced significantly less inter-role conflict in all other variables measured, especially spousal support.

Role conflict was also measured using one-way ANOVA that compared the two groups in each of the six scales. Contrary to expectations, the non-career group experienced more role conflict than the career women. The most pivotal of the results demonstrated that spousal support is a crucial variable in the reduction of role conflict for working women, and when non-career women receive the same level of spouse support as career women, they did not experience greater role conflict. Results of the Psychological Androgyny Questionnaire (PAQ) and self-esteem portion of the study were concluded on the basis of a Chi-square analysis performed on the distribution of the two groups among the four PAQ

categories. The results were not significant since 62% of the non-career group and 80% of the career group were high in the masculinity categories. These findings suggested that variations in spouse support, work commitment, and the nature of the job situation may contribute to married working women experiencing role conflict.

In Holahan and Gilbert's (1979) study there was a potential threat to the external validity in the research; for example, a sample bias existed toward the group of women employed in a university setting. The authors mailed 215 questionnaires to potential subjects and only 112 women returned the questionnaire. Of the total returned, 41 were useable (26 career and 15 non-career) which created a small sample size. In addition, as the percentage of subjects who declined to participate increases, external validity decreases. Validating its findings and usefulness across time by repeating the research in future decades can reinforce the strength of the study's external validity. Moreover, its measurement tools limit the internal validity. The researchers, with no source of information for instrument design, developed questionnaires and scales. The only sources of reliability and validity cited in the study were: (a) the PAQ (Spence & Helmreich, 1978) with coefficient alphas for the M scale and the T scale being .85 and .82, respectively; and (b) nine items drawn for testing self-esteem from a study by Bachman, Kahn, Davidson and Johnson (1967) with a Cronbach's alpha of .84. Further research is needed to identify the dynamics of the family system for managing family responsibilities, coping strategies, and psychological attitudes toward various roles in women's lives in order to shed more insight into the problem of role conflict. However, Holahan and Gilbert reinforce that nurses caring for families must be in touch with the inner working dynamics of the family's level of functioning and role expectations.

Determinants of Depression Among Mothers

Shehan et al. (1986) examined the effects of several reported determinants of depression among stay-at-home mothers: education level, total family income, previous employment experience, age, presence of children in the home, number of extrafamilial social contacts, satisfaction with family life, and satisfaction with being a stay-at-home mother. The sample size utilized 528 stay-at-home mothers, married, Caucasian, and under age 60 (average age was 39 years). Three-quarters of the subjects had children living at home, 40% did not complete high school, and 72% were employed at least 1 year outside their homes at some point in the past. The data was obtained from a comprehensive survey of the southeastern United States in the 1970s. The instrument used to measure depression was an 18-item scale based on a multidimensional conceptualization of depression developed by Warheit et al. (1973). The possible range of scores was from zero to 72. The 18 items had an overall alpha coefficient of .84. The primary technique used in modeling depression among stay-at-home mothers was a multiple regression with interaction terms. The results of the study are as follows: Stay-at-home mothers who were most satisfied with their work role and family life were less depressed. Younger women and those with no children at home benefit more from extrafamilial social contacts than do older women and those who do have children at home. Higher family incomes reveal lower depression scores. Previous employment and educational attainment were not related to depression among stay-at-home mothers.

The Shehan, et. al. (1986) study examined the determinants of depression among stay-at-home mothers in a very comprehensive manner. The strengths of external validity in the research were many and although geographically isolated, the sample of women chosen represented a comprehensive variation of age, income level, and a high percentage of women with previous working experience. The weaknesses in external validity were racial diversity and religious orientation. The study discussed the application of the research results from the 1970s and how the social impact of the 1980s did not skew the validity of their findings with conviction for longitudinal worth. The internal validity of the study was strong as noted in the internal consistency of the tool used for measuring depression. There was careful review of prior research and attention to recognized variances of results in other studies. The results from the Shehan, et. al. (1986) study provide family health nurses extensive information on the determinants of depression among stay-at-home mothers. Understanding the findings is imperative for nurses working with families in promoting well-being.

Summary

The literature clearly identified that guilt, lack of spousal support (both emotional and household), and role conflict can contribute to woman's decrease in psychological well-being. However, most of the literature focuses on working women (either full or parttime) who have experienced the "superwoman syndrome." Past research, however helpful, has not responded to the current societal trend of stay-at-home educated mothers and their needs.

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CHAPTER III

METHODOLOGY

Research Design

The research design is a descriptive correlational study designed to identify the relationship between stay-at-home educated mothers experiencing guilt, lack of spousal support, role conflict, and decreased psychological well-being. The purpose of a descriptive correlational design is to examine the relationships that exist in a particular situation (Burns & Grove, 1993). This method best meets each specific aim identified by exploring the relationship between guilt, degree of spousal support, role conflict, and decreased psychological well-being well-being experienced by the educated mother.

<u>Sample</u>

The study consisted of 72 participants. To participate in the study, respondents had to be married and English-speaking with a minimum of a baccalaureate education. All participants were stay-at-home and full-time mothers with at least one child under the age of six years. Exclusion criteria included anyone employed full-time. Some of the participants were recruited from a local community preschool. The preschool was chosen on the basis of the population they served (60 children, age 2 1/2 to 5 years) and lack of extended daycare available. Most of the mothers of the children who currently attended the school, were not employed. The school director verified that the children attended school the short time as indicated (3 to 5 hours per day). Typically, the children attended from 9:00 am to 12:00 or 2:00 pm, five days, three days, or two days each week. Additional

participants were recruited from volunteer organizations of the San Diego Children's Hospital Auxiliary and the San Diego Junior League.

University policy was followed for subject participation, and consent was obtained through contact with the director of the facility. The principal investigator explained the study and the method of data collection. Institutional Review Board Criteria was met. A list of mothers was obtained from the preschool director. For recruitment of participants from San Diego Children's Hospital Auxiliary and the San Diego Junior League, contact was made by the investigator directly to the president of the organization. The principal investigator was invited to explain the study and method of data collection at their quarterly meeting. Each mother was sent or given an informational letter that detailed (a) an overview of the study, (b) name and phone number of the principal investigator, (c) information regarding the right to refuse participation by not completing the questionnaires, (d) the ability to withdraw at anytime, and (e) a guarantee of confidentiality (see Appendix A). An abstract of the research proposal, a copy of all instruments, and the cover letter to the potential subjects were submitted for committee evaluation.

All participants who agreed to participate in the study were given a consent form to act as research subjects. Included with the consent form was an attached copy of the demographic data sheet (see Appendix B) and an envelope with return postage. Upon return of the consent and demographic data sheet, individuals were chosen to be participants in the study by meeting the inclusion criteria. Participants in the study were then sent an index to measure role conflict, a scale to measure psychological well-being, an emotional support of spouse and sharing of household tasks scale, and vignettes to assess guilt (see Appendices C,D,E,F&G).

Instruments

Demographic Tool

The demographic tool identified age, marital status, highest educational attainment, number of years spent in a prior professional career, income, ethnicity, gender, number of children, number of hours per week spent on childcare, number of hours children spend outside the mother's care, number of hours spent on household tasks, number of hours of assistance with household tasks by spouse or paid assistance, current if any employment including volunteer work (see Appendix B). Other instruments for the study included (a) the Gump's (1972) updated version of Fand's (1955) Index of Sex Role Attitudes of Self or Other Orientation (ISRO) scale to measure the degree of role conflict that exists with stayat-home educated mothers (see Appendix C); (b) the Bradburn (1969) Affect Balance Scale (ABS) for describing the relationship between psychological well-being and role conflict with housewives (see Appendix D); (c) two scales that measured spousal support (the first scale measured emotional support of a spouse by Kaplan and Cassel's [1974] construct of social support, and a second instrument, a 24-item household activity scale developed by Blood and Wolfe [1960] that measured sharing of household responsibilities) (see Appendices E & F); and (d) excerpts from the Test of Self-Conscious Affect (TOSCA) inventory scale to measure guilt (Tangney, Wagner, & Gramzow, 1989) (see Appendix G). Index of Sex Role Attitudes of Self or Other Orientation

As cited in "Sex Role Attitudes and Psychological Well-Being," Gump (1972) revised and utilized Fand's 1955 Index of Sex Role Attitudes of Self or Other Orientation (ISRO) scale (see Appendix C). Fand's adapted inventory measures sex role attitudes and the psychological well-being in female college seniors' role concept. Fand originally

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reasoned that one dimension of which women's attitudes about sex-roles might be assessed is the self or other-orientation. Women who are other-oriented, according to Fand, are traditional in their outlook: These women found satisfaction through supporting the fulfillment of others, primarily husband and children. On the contrary, self-oriented women are conceptualized as going after achievement in culture, seeking fulfillment in career, and maximizing their potential. Gump's updated version was utilized in measuring college seniors but is applicable when measuring the educated mother and her assessment of sexrole attitudes. This investigator hypothesized that this is exactly where role conflict arises with stay-at-home educated mother; the educated mother feels torn, conflicted, and confused in her role. Her role conflict and psychological well-being are tied into her sexrole attitudes on whether she is "self," "other" oriented, or a combination of both. Gump's revision of the Index of Sex Role Attitudes of Self or Other Orientation (ISRO) scale measured the specific aim of describing the degree of role conflict that exists in stay-athome mothers. Gump's revised inventory of Fand's 24-item questionnaire relates to women's rights, needs, and obligations that center on (1) identity derived through traditional roles, (2) the woman's role as submissive, (3) need for individualistic achievement and satisfactions, (4) home-oriented and duty to children, (5) fulfillment, (6) sense of autonomy and heightened independence, and (7) the family being inadequate to completely fulfill personal needs. Findings can be cross-validated via ISRO. Fand identified no statistical reliability or validity in the study, however the findings of Gump's study are in accord with Barron's (1956) cross-validity study of the Ego Strength Scale.

Affect Balance Scale

The Affect Balance Scale (ABS) was developed by Bradburn in 1969 to measure psychological well-being and is defined as "avowed happiness." This instrument consists of a ten-item scale with five items measuring positive affects and five items measuring negative affects. Scoring is conducted by giving a value of one point for each "yes" response to the items making up the scale. Responses are summed separately for the positive affect and negative affect items. The differences between the scores are then computed, and a constant is then added to remove negative summary scores.

Bradburn (1969) reported test-retest reliability on a sample of 200 participants over a 3-day period for positive affect (.83), negative affect (.81), and affect balance (.76). With validity, Bradburn showed a positive affect correlated with single-item indicators of happiness from .34 to .38, and with corresponding values for negative affect (-.33 and -.38). Bradburn hypothesized that positive and negative affects were two distinct dimensions that were supported by small associations between the scales (.04-.15). Performing factor analyses also revealed distinct orthogonal dimensions.

Emotional Support of Spouse

Emotional support and task-oriented support (sharing of household tasks) can be measured by a series of seven questions answered by the participants based on Kaplan and Cassel's (1974) construct of social support. These items reflect several dimensions of support from a confidant. For the purposes of this study, the scale is utilized to evaluate the degree of emotional and household support from the educated stay-at-home mother's spouse. Items on the scale include length of the relationship, accessibility of the person, frequency of contact, reciprocity, importance of the relationship, and freedom to discuss

areas of concern with the confidant. The confiding scale also includes items such as: "Does this person tell you about most of his or her important problems?" and "How often do you see this person?" The responses to the items constituted a simple summated scale with a possible score of 0 to 24. The confiding scale is internally consistent (x = .72).

Sharing Household Responsibilities With Spouse

This second measure of spousal support reflects the degree to which there is sharing of household responsibilities. This sharing scale consists of 24 household activities such as preparing meals, taking out the trash, and yard work. Blood and Wolfe (1960) originally developed this scale for their study of married couples. The women were asked to indicate on a seven-point scale (1 = "husband always" and 7 = "wife always") that the person performed each task. The total score represented the percent of applicable tasks of which the spouse will share. Possible scores ranged from 0 to 100. The sharing scale is internally consistent (x = .72).

Vignettes to Measure Guilt

The Test of Self-Conscious Affect (TOSCA) is an instrument constructed from subject-generated accounts in dealing with shame, guilt, and pride experiences (Tangney, Wagner, & Gramzow, 1989). These 15 vignettes represent everyday life situations of an interpersonal nature and are directed at assessing the degree of guilt or shame. In each vignette, subjects were asked to rate the likelihood of experiencing a specific reaction on a five-point scale. For example, "While playing around, you throw a ball and it hits your friend in the face." Responses relevant to guilt for this vignette were respectively: "You would feel inadequate that you can't even throw a ball," and "You would apologize and make sure your friend feels better." The original scale was altered so the subject's responses must be factor-analyzed to confirm their loading on a guilt or shame factor. If two shame responses are loaded on the guilt factor and one guilt response is loaded on the shame, the responses are dropped. The remaining six guilt responses were summed with a possible range of values from 6 to 30. The remaining five shame responses were also summed with a possible range of values from 5 to 25. Higher levels represent higher levels of guilt and shame. Reliability coefficients (Cronbach's alpha) are .66 for the guilt subscale and .60 for the shame subscale (Tangney, Wagner, & Gramzow, 1992).

Data Analysis

Data analysis of the instruments utilized were performed as follows:

Affect Balance Scale (Psychological Well-Being)

Bradburn's Affect Balance Scale (1969) was used to measure psychological wellbeing (Appendix D). Both positive and negative affect scores from the ABS were calculated. The ABS net scores were included in the various multiple regression analyses. The ABS, or psychological well-being, was the dependent variable and focus of the study. The four following inventories were independent variables used to determine their influence on psychological well-being.

Index of Sex Role Attitudes of Self or Other Orientation (Role Conflict)

Fand's Inventory Index, as modified by Gump, was administered (Appendix C). Total scores were calculated for each of the seven subscales, as described on page 13. Descriptive statistics were calculated including means, modes, and medians. Data were graphically portrayed and examined for significance. Social (Emotional) Support/Sharing Household Responsibilities with a Spouse Scales

Total scores from Kaplan and Cassel's (1974) construct of emotional support scale (Appendix E) and Blood and Wolfe's (1960) sharing of household responsibilities scales (Appendix F) were calculated. The emotional support and sharing scale variables were correlated with psychological well-being. Pearson's correlation coefficient, ordinal correlation, and canonical regression analysis were used to determine the strength and relationship between the degree of spousal support and psychological well-being.

Test of Self-Conscious Affect (TOSCA)

Total scores from the TOSCA (Appendix G) were calculated. The TOSCA total scores were correlated with the net scores from Bradburn's Affect Scale using various multiple regression analyses to determine the strength and direction of the relationship between guilt and psychological well-being.

Multiple Regression Analyses

Multiple regression analysis allows researchers to improve their predictive power by using two or more independent variables to predict a dependent variable. Multiple regression constructs an equation that provides the best prediction possible, given the correlations among all variables in the analysis (Polit, 1996).

Pearson's Correlation Coefficient

The most widely used correlation index is the Pearson product-moment correlation coefficient (Pearson's r). This statistic is appropriate when two or more variables are measured on an interval or ratio scale (Polit, 1996). Some demographic and inventory information were collected in the form of raw scores. For these statistics, the Pearson's r

was used to describe associations between the independent interval/ratio variables and the dependent interval/ratio variable.

Ordinal Regression Analysis

Similar to the Spearman rank correlation coefficient, ordinal regression looks at the relationship of various independent variables on one dependent variable for cases where outcomes are presented as ordinal (ranked) data.

Canonical Correlation Analysis

Canonical correlation analysis was employed to study relationships between two or more sets of variables. In this study, the analysis proceeded by initially collapsing each person's score on the variables in each variable set into a simple composite variable. The simple or bivariate correlation between the two composite scores (one for each of the two variable sets) was the canonical correlation (Thompson, 1984).

Summary

Using a descriptive correlational research design, this quantitative research study was implemented to identify the relationship between fulltime educated stay-at-home mothers experiencing guilt, lack of spousal support, role conflict, and decreased psychological well-being. Seventy-two fulltime educated stay-at-home educated mothers participated in the study. The participants first answered a demographic questionnaire (see Appendix B) and then five separate instruments that measured role conflict, spousal support, guilt and psychological well-being (see Appendices C through G). Data were analyzed using descriptive statistics, including a Pearson's correlation coefficient and canonical correlation analysis.

CHAPTER IV

RESULTS OF THE STUDY

The purpose of this descriptive correlational study were to address these four hypotheses:

- It is hypothesized that a high degree of guilt, a low degree of spousal support, a high degree of role conflict, and a low degree of psychological well-being are experienced by the full-time educated stay-at-home mother.
- 2. It is hypothesized that there is a positive correlation between guilt and role conflict experienced by the full-time educated stay-at-home mother.
- It is hypothesized that there is a negative correlation between spousal support and role conflict that is experienced by the full-time educated stayat-home mother.
- It is hypothesized that there exists a negative correlation between role conflict and psychological well-being that is experienced by the full-time educated stay-at-home mother.

The results of the data analysis are presented in four sections in this chapter. Section one presents the demographic data analysis. Section two discusses the results from each of the five measurement instruments. Section three presents regression analysis related to each of the five instruments. Section four presents canonical correlation statistical results of each of the four hypotheses.

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Demographic Data Analysis

There were 125 questionnaires distributed to mothers from the Solana Beach Community Preschool, members of the San Diego Junior League, and the San Diego Children's Hospital Auxiliary. Of the total distributed, 73 were returned giving a response rate of 58.4%. Of the 73 respondents, one woman was divorced and, therefore eliminated from the study.

Demographics

The study's demographics were compiled and collected by using the demographic survey instrument (see Appendix B). Participants were all married with at least one child under the age of 6. There were slight variances in educational attainment, level of childcare support, housekeeping assistance, number of hours employed, and combined income.

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Age

The age range of the respondents was from 26 to 45 years. Of the 72 respondents, the mean age was 36.96 years with a median and mode of 37 years (13.9%) (see Figure 2).





Ethnicity

The ethnic diversity of the respondents is shown in Table 1.

Table 1. Ethnicity of Participants.

	Frequency	Percent
Caucasian	62	86.1
Asian	5	6.9
Hispanic	4	5.6
African American	1	1.4
Total	72	100.0

Years Married

As shown in Figure 3, the participants' number of years married varied from 2 years (1.4%) to 21 (1.4%) years, with a mean of 10 years (15.3%). The majority of respondents (30.6%) were married between 10 to 15 years.

Figure 2. Participants' Number of Years Married.



Years of Education

Six respondents (8.7%) attended less than 4 years of college and remained in the study because of their value as a comparison group. Figure 4 displays the number of years of education.

Figure 3. Participants' Number of Years of Education.



Level of Education

Six respondents did not identify completion of a college degree on their questionnaire and six respondents reported less than 4 years of post-high school education (see Table 2).

	Frequency	Percent
No degree indicated	6	8.2
Baccalaureate	36	50.0
Masters	19	26.4
Doctoral	11	15.3
Total	72	100.0

Table 2. Participants' Level of Education.

Combined Family Income

There were 71 responses to the combined family income question, and all participants reported a combined family income of \$40,000 or greater. Because 50 participants (70.4%) reported a combined income over \$120,000, they were divided into two categories: up to \$120,000 (N = 21 or 29.6%) and over \$120,000.

Hours Employed Outside the Home

Of the 72 respondents, 50 (69.4%) reported no employment outside the home. Another 14 (19.4%) participants reported working 10 hours or less per week. The remaining eight (11.2%) participants indicated they worked outside the home 15 hours or more per week. The employed participants remained in the study for comparison purposes.

Number of Children Per Participant

All participants reported having between one to four children. The distribution in the number of children is shown in Figure 5. Of the 256 total participants children, there were 13 infants (5.1%), 33 toddlers (12.9%), and 57 preschoolers (22.3%). The remaining children (59.7%) were school-age or adolescents.





Participants' Number of Children

Hours of Childcare Support

The majority of respondents had between 0 and 5 hours of childcare (41.7%). Many of the respondents who had greater than 40 hours of childcare, as noted on the demographic sheet, had live-in assistance (see Table 3).

Number of Hours	Frequency	Percent
0-5	30	41.7
6-10	11	15.3
11-15	4	5.6
16-20	8	11.1
21-25	4	5.6
26-30	3	4.2
31-35	0	0.0
36-40	4	5.6
>40	8	11.1
Total	72	100.0

Table 3. Hours of Childcare Support.
Husbands Participation in Childcare

As shown in Figure 6, 15 husbands (20.8%) participated in zero hours of childcare per week. Of the majority of husbands, 56 (77.8%) participated in childcare between zero to five hours per week.

Figure 5. Number of Hours Husband Share in Childcare.



Preschool Attendance

Thirty of the respondents' (41.7%) children did not attend preschool. Thirty children (41.6%) who did attend preschool did so between six and 15 hours per week (see Figure 7).

Figure 6. Children Who Attended Preschool.



Others Who Assisted in Childcare

The majority of respondents (36.1%) stated they had an in-home employee as a source of childcare. Daycare and neighbors each were both utilized for childcare (5.6%) the least amount of time (see Table 4).

Provider	Number of Respondents	Percentage of Respondents	Number of Hours per Week
In Home Employee	26	36.1	4-45
Grandparents	20	27.8	1-15
Friend	8	11.1	1-8
Day Care	4	5.6	5-20
Neighbor	4	5.6	1-2
Other	10	13.9	1-30

Table 4. Childcare Assistance.

Level of Childcare Support

"Very adequate childcare" was cited by 22 of the respondents (30.6%) and 18 respondents (25%) rated their childcare as "adequate." Twenty-four of the respondents (33.3%) indicated their childcare support was "somewhat adequate." The remaining eight respondents (11.1%) felt their childcare was "inadequate."

Behavior or Health Problems

Of the 72 respondents, five women (6.9%) reported having children with behavior or health problems. One child had Attention Deficit/Hyperactivity Disorder. The remaining five health problems include mild allergies, asthma, a regulatory disorder, and William's Syndrome.

Hours of Household Responsibilities

As shown in Figure 8, 23 respondents (31.9%) performed 6 to 10 hours of housework per week. Two respondents failed to respond to the question.

Figure 7. Hours of Household Responsibility.



Husbands Who Perform Housework

As shown in Figure 9, 28 husbands (38.9%) performed zero housework per week and 26 husbands (36.2%) performed between 1 and 2 hours of housework per week.

Figure 8. Husbands Who Perform Housework.



Housekeeping Assistance

As shown in Figure 10, 16 respondents (22.2%) had no housekeeping assistance per week, and the majority of respondents (50%) had between 5 and 12 hours of housekeeping assistance per week.

Figure 9. Housekeeping Assistance.



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Others Who Performed Housekeeping Tasks

The respondents' children, friends, and neighbors also performed housekeeping tasks. Also included were a gardener and a grandparent (see Table 5).

Housekeeping Source	Number	Percent	Range of Hours per Week
Child	9	15.5	1-2
Friend	2	2.8	1-4
Neighbor	1	1.4	1
Other	3	4.2	1-5

 Table 5. Others Who Performed Housekeeping Tasks.

Level of Housekeeping Support

"Very adequate" housekeeping was stated by 10 of the respondents (13.9%) and 23 respondents (33.3%) rated their housekeeping as "adequate." Twenty-two of the respondents (30.6%) indicated that their housekeeping support was "somewhat adequate." Fourteen respondents (19.4%) felt their housekeeping was "inadequate," with three participants not answering this question.

Roles of the Educated Mother

The educated mother identified herself in many roles. Table 6 displays the variety of roles stated. Roles such as chef, chauffeur, nurse, social director, pet sitter and husband's personal assistant were also cited.

Role Identified	Number of Participants	Percent
Mother	72	100.0
Primary Childcare	69	95.8
Housekeeper	59	81.9
Volunteer < 3 hours/week	50	69.4
Professional	18	25.0
Student	6	8.3
Volunteer > 3 hours/week	5	6.9
Father	3	4.2
Caregiver to Elderly Parent	3	4.2
Other*	12	16.7

Table 6. Roles of the Educated Mother.

Index of Sex Role Attitudes of Self or Other Orientation

In Gump's (1972) adaptation of Fand's original inventory of 34 items relating to women's rights, needs and obligations Gump selected 24 items for the ISRO. Each of the 24 items was calculated using weighted factor loadings. Gump utilized factor analysis resulting in seven distinct factors, four self-oriented and three other-oriented. Both the selfand other-oriented had 12 questions each. Gump states that "For each subject there existed a composite Self and composite Other score, derived from the sum of scores obtained on the self and other factors respectively" (p. 85). The resulting raw scores were then transposed to z scores. The results of the four self-oriented factors are shown in Figure 10.



Figure 10. Self-Oriented z Scores.

Because these are z scores, the mean is equal to zero and the standard deviation is equal to 1. The median is more telling at -0.215. More women overall identified themselves on the negative side of being self-oriented.

The result of the four other-oriented factors are shown in Figure 11 and portrays a normal distribution. The mean is zero and the median approachs zero (median = -3.744E-02), suggesting a normal distribution. The outlier represents a respondent with a high school education.





Composite self and composite other scores were calculated using the sum of scores (see Figure 12). The normal distribution with a mean and median is near zero. The standard deviation is 1.53. The outlier is again the same respondent showing a higher degree of other orientation. Further analysis will incorporate level of education as it effects results.

Figure 12. Composite difference between self and other orientation.



Affect Balance Scale

Bradburn's Affect Balance Scale (ABS) (see Appendix D) consists of ten itemsfive statements measuring positive affect and five statements measuring negative affect. One point was assigned for each "yes" response. Figure 15 displays the net results between negative and positive affect.





As shown in Figure 13, 63 respondents (87.5%) had at least four positive affect responses.

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Negative affect responses were more evenly distributed.





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The net affect was calculated by subtracting negative affect from positive affect for each respondent (see Figure 15). There was a more even distribution with a mean leaning towards the positive affect side. Positive affect would correlate to positive psychological well-being.





Emotional Support of a Spouse

Kaplan and Cassel's (1974) construct of social support was the basis of emotional and task oriented support of a spouse. This scale was utilized to evaluate the degree of

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emotional support from the fulltime educated stay-at-home educated mother's spouse. Seven questions were asked in total. One question asked respondents to indicate the number of years they had known their spouse. The remaining six questions rated emotional support on a simple summated scale with a possible score of zero to 24. Seventy-one respondents completed all questions.



Figure 17. Emotional Support of a Spouse.

The range of emotional support from a spouse in this study varied from 11 to 17 points out of a possible 19 points.

A Pearson r correlation was computed for the number of years known spouse and degree of emotional support. Results showed no correlation (r = -0.096, p = 0.425).

Sharing Household Responsibilities with a Spouse

A 24 item sharing scale of household items originally developed by Blood and Wolfe (1960) measures the degree of spousal support in sharing household activities. Fulltime educated stay-at-home educated mothers were as ked to indicate on a 7 point scale (one = husband always, and seven = wife always) which person(s) performed each task. The total score represented the percent of applicable tasks in which the spouse shared with possible scores ranging from zero to 100.



Figure 18. Percent of Educated Mother's Household Responsibilities.

One respondent indicated she shared household responsibilities equally. One respondent indicated her spouse did not perform any household responsibility. The average respondent indicated she performed 72% of household responsibilities.

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Vignettes to Measure Guilt

The Vignettes from the Test of Self-Conscious Affect (TOSCA) was the instrument utilized in this study to examine fulltime educated stay-at-home educated mothers propensity towards feeling guilt (especially when not spending time with their children). These fifteen vignettes represented everyday life situations of an interpersonal nature to assess the degree of guilt or shame. Responses were factor analyzed to confirm their loading on six distinct scales, guilt, shame, detachment, externalization, alpha pride and beta pride. This study concentrated on two of these factors, guilt and shame. Each vignette included both a shame and guilt component. To compute the net effect of guilt, shame scores in each vignette were subtracted from guilt scores. Higher net scores represent higher levels of guilt. Possible raw scores for guilt and shame ranged from 15 to 75. The respondents rated their gross level of guilt between 47 and 73, and their gross level of shame from 19 to 65. Figure 19 displays the net effect of guilt, guilt minus shame. Note that the range of net scores varied between a -4 and 40.



Figure 19. Guilt minus Shame.

In only one case was shame higher than guilt. One other participant reported being neutral.

The remaining respondents showed higher guilt than shame.

Regression Analysis - Ratio Data/Psychological Well-Being

Round One Results

The demographic data and inventory outcomes were saved as nominal, ordinal, interval and ratio data. Separating out ratio data for multiple regression analysis was used to calculate correlations to psychological well-being. In the first round the following interval and ratio data were used.

	Coefficients (a)								
		Unstandardized Coefficients		Standardized Coefficients	+	Sig			
M	lodel	B Std. Error		Beta		Jig.			
	(Constant)	-1.037	6.320		164	.871			
	Age	-6.205E-03	.096	014	064	.949			
	Years Married	-1.734E-02	.095	043	183	.856			
	Level of Education	1.751E-02	.158	.020	.111	.913			
	Combined Family Income	170	.286	144	594	.557			
	Hours Employed	247	.178	259	-1.389	.175			
	Number of Male Children	.540	.469	.215	1.150	.259			
	Number of Female Children	.315	.511	.129	.616	.543			
	Number of Infants	374	.923	081	405	.689			
	Number of Toddlers	604	.736	176	821	.418			
	Number of Preschoolers	-9.590E-02	.681	032	141	.889			
	Hours of Child Care Support	-1.495E-02	.193	022	077	.939			
1	Child Care/Husband	4.436E-02	.070	.137	.635	.530			
-	Child Care/Grandparent	.110	.105	.183	1.049	.303			
	Child Care/In Home Employee	-5.449E-02	.048	289	-1.137	.264			
	Child Care/Preschool	4.434E-03	.045	.019	.098	.923			
	Level of Child Care Support	.321	.525	.176	.611	.546			
	Housework	127	.170	132	750	.459			
	Housekeeping Assistance	.382	.438	.403	.872	.390			
	Housekeeping/Husband	120	.136	215	887	.382			
	Housekeeping/Housekeeper	-5.793E-02	.116	275	498	.622			
	Housekceping Support	5.925E-02	.554	.031	.107	.916			
	Guilt	4.390E-02	.040	.220	1.108	.277			
	Emotional Support	.133	.208	.115	.640	.527			
	Role Conflict	376	.225	317	-1.674	.105			
	Shared Household	.143	.645	.050	.221	.827			
a E	Dependent Variable: Psychological Well-Being								

Table 7. Coefficients for All Ratio Data

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SPSS excluded the variable, number of children in the first round.

The results of the regression equation were not significant (F=1.174,p = .334). The adjusted R² = .073, also not significant.

Round Fifteen Results

The strongest multiple regression results were achieved after 15 rounds. Table 8 displays the coefficients and their relative significance.

Table 8. Multiple Regression Coefficients for Psychological Well-Being

	Coefficients (a)							
		Unstandardized Stan Coefficients Coe		Standardized Coefficients	t	Sig.		
Μ	lodel	В	Std. Error	Beta				
	(Constant)	1.312	1.755		.747	.458		
	Combined Family Income	215	.162	177	-1.326	.191		
	Hours Employed	171	.106	174	-1.610	.114		
	Number of Male Children	.369	.281	.150	1.313	.195		
	Number of Toddlers	341	.391	099	872	.388		
1	Child Care/Grandparent	8.532E-02	.073	.143	1.176	.245		
-	Child Care/In Home Employee	-6.027E-02	.028	311	-2.149	.037		
	Level of Child Care Support	.444	.280	.242	1.585	.119		
	Housekeeping Assistance	.231	.124	.236	1.867	.068		
	Housekeeping/Husband	113	.078	197	-1.446	.155		
	Guilt	5.751E-02	.026	.287	2.213	.032		
	Role Conflict	401	.159	338	-2.521	.015		
al	Dependent Variable: Psychological Well	-Being						

The regression equation here is significant, (F=4.032, p < .001) with an adjusted R²

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= .361. In other words, a change in any of these 11 variables can explain 36% of a change in psychological well-being. For example, the higher the number of hours of in home child care, the lower the psychological well-being. The higher the number of male children, the better the psychological well-being, but the number of female children did not affect outcomes. The higher the levels of childcare support the better the psychological wellbeing. The less housework done by the educated mother the higher the psychological wellbeing. Finally, the higher the role conflict, the lower the psychological well-being.

Regression Analysis - Ratio Data/Guilt

The same type of regression analysis was used to see what relationships existed between guilt and certain demographics with psychological well-being.

First Round Results

The first round of the regression equation was to determine how guilt influences ratio demographics with psychological well-being. Surprisingly, the first round regression analysis was significant (F=8.831, p < .001), with an adjusted R² of .791.

Round 3 Results

The strongest regression equation was achieved after three rounds. Table 9 displays the resultant coefficients.

	Coefficients(a)						
		Unsta Coe	Unstandardized Coefficients		t	Sig.	
М	odel	В	Std. Error	Beta			
	(Constant)	82.253	13.872	······································	5.929	.000	
	Age Group	.339	1.062	.027	.319	.752	
	Ethnicity	1.331	1.243	.087	1.070	.293	
	Years Married - Revised	.631	1.376	.062	.459	.650	
	Degree	-1.159	1.020	105	-1.137	.264	
	Income Bracket	2.372	2.217	.121	1.070	.293	
	Employed Outside Home	-1.528	1.180	115	-1.294	.205	
	Number of Children	.775	1.070	.070	.724	.474	
	Number of Infants	-2.612	1.908	111	-1.369	.181	
	Preschooler?	-1.092	1.758	053	621	.539	
	Childcare Hours	952	1.558	082	611	.546	
	Husband provides childcare	1.187	.663	.168	1.791	.083	
	Does Grandparent provide childcare?	.653	1.680	.032	.388	.700	
1	In Home Childcare?	610	l.136	052	537	.595	
	Hours in Preschool	.479	.811	.054	.591	.559	
	Level of Child Care Support	991	1.048	108	945	.352	
	Housekeeping - Self	2.591	1.059	.213	2.448	.020	
	Housekeeping Assistance	624	1.416	052	441	.662	
	Housekeeping - Husband	-2.258	1.097	191	-2.058	.048	
	Housekeeping Support	.994	1.099	.102	.905	.372	
	Positive Affect	2.537	1.922	.244	1.320	.197	
	Negative Affect	-2.804	2.252	493	-1.245	.222	
	Sum of Shame	-1.001	.104	-1.242	-9.618	.000	
	Shared Household	-1.626	.821	190	-1.981	.056	
	Years Known Husband	-1.489	1.260	179	-1.182	.246	
	Emotional Support	-1.322	1.050	114	-1.260	.217	
	Role Conflict	179	.708	022	252	.802	
	Psychological Well Being	-4.845	2.649	841	-1.829	.077	
аĽ	Pependent Variable: Guilt Minus Shame						

Table 9. Multiple Regression Coefficients for Guilt

Here the regression equation achieved its highest significance, (F=9.464, p < .001). The adjusted R² was .798, or 80%, making for a very high correlation coefficient. The lower the level of education the higher the level of guilt. The higher the family income the higher the level of guilt. The lower the number of infants the higher the level of guilt. The higher the levels of childcare support the lower the guilt. The less the housekeeping assistance the higher the guilt. The less the husband participated in housekeeping the higher the guilt. The higher the level of guilt the higher the level of psychological wellbeing.

Multiple Regression/Five Inventories

To understand the relationship between each of the four inventories in relation to

Psychological Well-Being, a multiple regression analysis was computed using the raw

scores of each inventory. Table 10 displays the results of the data.

Table 10. Multiple Regression of Inventories with Psychological Well-Being as the Dependent Variable.

-	Coefficients (a)								
		Unstandardized Coefficients		Standardized Coefficients	t	Sig.			
Μ	odel	В	Std. Error	Beta					
	(Constant)	-3.063	2.806		-1.092	.280			
	Guilt	5.647E-02	.024	.284	2.381	.021			
1	Emotional Support	.202	.128	.178	1.583	.119			
	Role Conflict	419	.142	354	-2.949	.005			
	Shared Household	.109	.324	.038	.336	.738			
a	a Dependent Variable: Psych Well-Being								

The regression equation achieved a low-moderate adjusted R^2 of .301 (F = 7.558, *p* < .001. Here, shared household responsibilities had the least significant effect on psychological well-being. Role conflict had the highest level of significance, indicating high role conflict contributed to a low level of psychological well-being.

Ordinal Regression/Five Inventories

In the first series of ordinal regression analysis the four inventories of Sharing Household Responsibilities, Role Conflict, Emotional Support and Guilt were compared to changes in psychological well-being. Psychological well-being was divided into six categories from negative to most positive. Shared household was made up of four categories from a fairly even split of responsibility to almost all wife performing household duties. Role conflict, with four categories, ranged from less than one standard deviation below the mean to greater than one standard deviation above the mean. Emotional support was divided into the three categories of low, medium and high. Finally, guilt was divided into the four categories of low, moderate, high and very high.

Significance was achieved (chi square=38.126, p < .001) for model of fit with a Cox and Snell Pseudo R² of .454. However, 79.9% of cells had 0 frequencies, making statistical reliability questionable.

Ordinal Regression/Ordinal Variables

Psychological well-being was used as the dependent variable against ordinal demographic information and inventories. While significance was achieved (chi square=120.749, p < .001) and the Cox and Snell was a high .840, a notice appeared warning that 83.3% of cells had zero frequencies. The strength of the ordinal regression was suspect.

After eliminating all variables, one by one, the warning did not appear at the ordinal regression between psychological well-being and emotional support. While significant (chi square=7.212, p = .027) the Cox and Snell Pseudo R² was only .095.

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Another ordinal regression compared psychological well-being with role conflict. The warning here indicated that three cells (12.5%) had zero frequencies. Model of fit significance calculated a chi square of 21.404 (p < .001) with a Cox and Snell Pseudo R² of .260.

Canonical Correlation

Canonical correlation analysis is a statistical procedure that is appropriate when a researcher wants to analyze the relationship between two variable sets, each of which has two or more variables. Canonical analysis is an extension of multiple regression analysis. In a multiple regression, the independent variables are weighted by regression coefficients and then combined to form a linear composite that yields the highest possible correlation with the dependent variable. In canonical analysis, the underlying principle of forming linear combinations is the same except there are now several variables on each side of the equation (Polit, 1996).

The Five Inventories

In the first computation of canonical correlation, psychological well-being was correlated with the other four inventories of guilt, shared household responsibilities, emotional support and role conflict, all reformatted into ordinal data.

A canonical correlation was run using the variable, psychological well-being, in Set 1 and the four other inventories as variables in Set 2. Table 11 shows the computer printout of the analysis for this configuration. Table 11. Printout for Canonical Correlation with Five Inventories.

Correlations for Set-1

Psychological Well-Being Psychological Well-Being 1.0000

Correlations for Set-2

Guilt	Shared	Role	Emotional
	Household	Conflict	Support
1.0000	0.1633	4888	.0585
.1633	1.0000	- 1087	2354
-0.4888	-0.1087	1.0000	0976
.0585	2354	0976	1.0000
	Guilt 1.0000 .1633 -0.4888 .0585	Guilt Shared Household 1.0000 0.1633 .1633 1.0000 -0.4888 -0.1087 .0585 2354	Guilt Shared Household Role 1.0000 0.1633 4888 .1633 1.0000 1087 -0.4888 -0.1087 1.0000 .0585 2354 0976

	Guilt	Shared	Role	Emotional
		Household	Conflict	Support
Psychological				
Well-Being	.4450	.0313	.4594	.2769
Canonical Corre 1 .573	elations			

Test that remaining correlations are zero: Wilk's Chi-SQ DF Sig. 1 .672 23.439 4.000 .000

Moderate correlation coefficients emerged between guilt and role conflict as well as between psychological well-being, guilt and role conflict. Adjusted $R^2 = .23$ or 23%. These results were statistically significant (Wilk's = .672, chi square= 23.439, p < .001).

Guilt versus Role Conflict

This canonical correlation between guilt and role conflict showed strong correlation (Table 12). When analyzing the results keep in mind that negative role conflict represents a higher focus on *others* over *self*. These results were also statistically significant (Wilk's = .761, chi square= 16.520, p < .001).

Table 12. Matrix of Guilt vs. Role Conflict

Correlations for Set-1 GUILT GUILT 1.0000 Correlations for Set-2 ROLE CONFLICT ROLE CONFLICT 1.0000 Correlations Between Set-1 and Set-2 ROLE CONFLICT GUILT -.4888 Canonical Correlations 1 .489 Test that remaining correlations are zero: Wilk's Chi-SQ DF Sig. .761 16.520 1.000 .000 1 Proportion of Variance of Set-1 Explained by Opposite Can.Var. Prop Var .239 CV2-1 ----- END MATRIX -----

Spousal Support with Role Conflict

Spousal support incorporated two inventories, shared household responsibilities and

emotional support (Table 13). No correlation was found among these variables (Wilk's =

.964, chi square = 2.523, p= .283).

Table 13. Matrix of Role Conflict vs. Shared Household Responsibilities and Emotional Support.

Correlations for Set-1 Role Conflict Role Conflict 1.0000 Correlations for Set-2 Shared Household Emotional Support Shared Household 1.0000 -.2518 Emotional Support -.2518 1.0000 Correlations Between Set-1 and Set-2 Shared Household Emotional Support Role Conflict -.1649 -.0514 Canonical Correlations 1 .191 Test that remaining correlations are zero: Wilk's Chi-SQ DF Sig. 1 .964 2.523 2.000 .283 Proportion of Variance of Set-1 Explained by Opposite Can.Var. Prop Var .036 CV2~1 Proportion of Variance of Set-2 Explained by Its Own Can. Var. Prop Var CV2-1 .410 Proportion of Variance of Set-2 Explained by Opposite Can. Var. Prop Var CV1-1 .015 ----- END MATRIX -----

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Role Conflict and Psychological Well-Being

In looking at the association between role conflict and psychological well-being the data output suggests a moderate canonical correlation of .436 (Table 14). Statistical significance was achieved (Wilk's = .81, chi square = 14.411, p< .001).

Inventories with Demographics

Table 14. Matrix of Role Conflict and Psychological Well-Being

Correlations for Set-1 Role Conflict Role Conflict 1.0000 Correlations for Set-2 Psychological Well-Being Psychological Well-Being 1.0000 Correlations Between Set-1 and Set-2 Psychological Well-Being Role Conflict -.4356 Canonical Correlations 1 .436 Test that remaining correlations are zero: Wilk's Chi-SQ DF Sig. .810 14.411 1.000 .000 1 Proportion of Variance of Set-1 Explained by Opposite Can.Var. Prop Var CV2-1 .190 ----- END MATRIX -----

Discussion of the Findings

Demographic Findings

The anticipated demographic findings of the 72 respondents who participated in this investigation were consistent with other studies on married, educated women with children in the home (Aneshensel, Frerichs, & Clark, 1981; Bird, 1999; Feree, 1976; Gove, 1972; Gove, & Geerken, 1977; Gunter, & Gunter, 1990; Kopelmen, Greehaus, & Connolly, 1983; Novak, 1989; Richman, 1976; Shehan, Burg, & Rextroat, 1986; Woods, 1985). There were however, five unanticipated demographic findings. The studies respondents reported an unusually high level of educational attainment, 36 participants or (50%) had baccalaureate degrees, 19 or (26.4%) had masters degrees and 11 or (15.3%) participants had doctoral degrees. The second unanticipated demographic finding was that combined family income was unusually high with 50 participants (70.4%) over \$120,000 annually. Thirdly, and most surprising, was that 15 husbands (20.8%) participated in zero hours of childcare per week and the majority of husbands, 56 or (77.8%) between zero and 5 hours per week. The fourth unexpected demographic finding was that 28 or (38.9%) of husbands performed zero housework per week and 26 husbands (36.2%) performed between 1 and 2 hours per week. Lastly, when the respondents were asked what roles they identified with as an educated mother along with mother, childcare provider, housekeeper, volunteer, student, professional, caregiver to the elderly, there were additional and unusual responses such as: chef, chauffeur, nurse, social director, pet sitter and husband's personal assistant.

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Index of Sex Role Attitudes of Self of Other Orientation Findings

The ISRO measured whether the respondents were self or other oriented. More women identified themselves on the negative side of being self-oriented therefore these women are focused on the needs of others over themselves. However, there was one outlier on both the self and other oriented z scores who showed the highest degree of other orientation. Interestingly enough she was one of the only respondents in the study with a high school education.

Affect Balance Scale Findings

Bradburn's Affect Balance Scale consists of ten items—five measuring positive affect and five statements measuring negative affect. The overall net affect was an even distribution with mean leaning towards the positive side. Although women reported high positive affect they also reported relatively high negative affect as well.

Emotional Support Scale Findings

Emotional support from a spouse was reported with a range of 11 to 17 out of a possible 24. Of the 71 respondents no extreme values were reported.

Sharing Household Responsibilities with a Spouse Findings

One respondent identified she did all the housework, one other respondent identified that she shared all the housework equally with her husband. The average respondent indicated she performed 72% of household responsibilities.

Vignettes to Measure Guilt Findings

Out of 65 respondents, only two women rated their shame the same as or more than their guilt. All others reported higher levels of guilt, for which the component of shame was considered.

Hypothesis 1

It is hypothesized that a high degree of guilt, a low degree of spousal support, high degree of role conflict (other oriented), and a low degree of psychological wellbeing are experienced by the fulltime stay-at-home educated mother.

The findings in this study demonstrate that women do report higher levels of guilt minus shame as shown in Figure 19. The degree of spousal support was a combination of two instruments, Sharing of Household Responsibilities with a Spouse and Emotional Support of a Spouse. Results showed a moderate degree of emotional support from a spouse (Figure 17), but a high level of household responsibilities were performed by educated mothers (Figure 18). The net effect of these two inventories would indicate a low level of spousal support. A high degree of role conflict was reported, but because of the measurement tool (ISRO), indicated a high level of *self*-orientation. Bradburn's Affect Balance Scale, which measured psychological well-being, reported a slight positive affect or degree of psychological well-being.

After the canonical correlation was run results demonstrated that a low degree of psychological well-being was associated with a low degree of guilt, a high degree of role conflict (self-oriented) and a low degree of emotional support from the spouse. No significant correlation was found between psychological well-being and shared household.

Hypothesis 1 is supported in the canonical correlation, with the exception of guilt. Here the results suggest that a high degree of psychological well-being is also associated with a high level of guilt.

Hypothesis 2

It is hypothesized that there is a positive correlation between guilt and role conflict (other oriented) experienced by the fulltime stay-at-home educated mother.

In finding a significant relationship between guilt and role conflict both multiple regression and canonical correlation methods were computed. A high score in net guilt meant the respondent reported a high sense of guilt. For role conflict a high score meant being self-oriented while a low score meant being more other orientation. Both multiple regression and canonical correlation reported a negative relationship between guilt and role conflict. This means the higher the guilt, the more the educated housewives were other oriented. Therefore, the negative correlation between these two instruments points out that high degrees of guilt are correlated to high degrees of role conflict (other oriented), supporting Hypothesis 2.

Hypothesis 3

It is hypothesized that there is a negative correlation between spousal support and role conflict that is experienced by the fulltime stay-at-home educated mother.

Spousal support consisted of emotional support and shared household responsibilities. The findings of this study were not able to prove any correlation between spousal support and role conflict.

Hypothesis 4

It is hypothesized that there exists a negative correlation between role conflict (selforiented) and psychological well-being that is experienced by the fulltime stay-athome educated mother.

A significant negative correlation did appear in the calculations, both multiple regression and canonical correlation. The higher the role conflict score the more selforiented an educated mother reported. What this means is that the lower the self orientation (the higher the other orientation) the higher the reported psychological wellbeing. Therefore, Hypothesis 4 was not supported using multiple regression or canonical correlation.
CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary of Study

Statement of the Issue

Today's full-time educated stay-at-home mother who chooses to stay home with her children is undergoing a transformation. Caught between role modeling their stay-at-home mothers of the 1940's and 50's, and the rise of feminism while growing up, today's educated mothers are in the process of redefining their role. Most present day research and philosophies support the concept that the appropriate and most accepted role of the modern-day woman is to manage multiple roles. As a result, the "Superwoman Syndrome" (the perfect wife, mother and professional person) became accepted as the norm. Along with this came an increase in rates of divorce, neglected children and sacrificed careers. Despite the idealistic optimism that the women's movement brought, women could not realistically "do it all."

The "Superwoman" era created stress, and confusion and a "backlash" resulted (Faludi, 1991). These women turned around and decided to give up their careers and expectations of "doing it all" for a less complicated life to stay home with their young children. This movement however, developed it's own set of conflicts and issues. Women who were socialized with the feminist ideals of self-realization, through autonomy, and career were found to suffer from low psychological well-being. These full-time educated

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stay-at-home mothers are confused, frustrated, conflicted about their role, guilty about their choices (not pursuing a career to stay at home to raise their children) and resentful of their spouses because of their freedom "to have it all."

The evolving role of the fulltime stay-at-home-educated mother addresses new issues and conflicts in today's society. The majority of research in the 1970's to present times has focused on the psychological well-being of women juggling multiple roles of marriage, family and career (Pearlin, 1975; Radloff, 1975; Rosenfeld, 1980). It is timely therefore, to research the evolving role of the educated mother, the expectations for self, her family and society as well as it's impact on nursing.

Purpose of the Study

The purpose of this study was to discover whether there exists a strong relationship between fulltime stay-at-home-educated mothers with young children and decreased psychological well-being. The following hypotheses were posed and answered:

- A high degree of guilt, a low degree of spousal support, a high degree of role conflict, and a low degree of psychological well-being are experienced by the fulltime stay-at-home-educated mothers.
- 2. A positive correlation between guilt and role conflict experienced by fulltime stay-at-home-educated mothers.
- 3. A negative correlation between spousal support and role conflict that is experienced by fulltime stay-at-home-educated mothers.
- A negative correlation between role conflict and psychological well-being that is experienced by fulltime stay-at-home-educated mothers.

Methodology

Under the umbrella of canonical correlation this study amassed data from five separate inventories as well as demographic information on seventy-two fulltime stay-athome-educated mothers. The information was transformed into data sets of nominal, ordinal, and interval data. The data were analyzed using multiple regression, ordinal regression and canonical correlation methods. The demographics gave insight into the attributes and themes of the study population.

Regression analysis was employed to investigate associations between psychological well-being and demographics. Also, this study explored the associations among the five inventories: role conflict, shared household responsibilities, emotional support of a spouse, guilt and psychological well-being.

Canonical correlation analysis was the best method for this investigation because it allowed comparisons of multiple dependent variables with multiple independent variables (Thompson, 1984). A multiple regression was appropriate for interval data with one dependent variable (Polit, 1996).

Results

1. It is hypothesized that a high degree of guilt, a low degree of spousal support, a high degree of role conflict, and a low degree of psychological well-being are experienced by the fulltime stay-at-home educated mother.

The results of the statistical analysis demonstrated a low degree of guilt, a low degree of spousal support, a high degree of role conflict, and a low degree of psychological well-being. The association between shared household responsibilities and psychological well-being could not be demonstrated. There were two unanticipated results. In the first one a high degree of guilt was expected to correlate with a low degree of psychological well-being because there is a strong association with mothers experiencing the emotion of guilt, especially with young children (Hock, McBride, & Gneda, 1989). For example, respondents in DeSimone's focus group in 1998 cited reading, exercising, getting a manicure, going back to work part-time or back to school as selfish (self-oriented rather then other oriented) benefiting themselves and not the child resulting in feelings of guilt. Instead, there was a positive correlation between psychological well-being and guilt in other words, a high level of psychological well-being correlates to a high level of guilt. Underlying this result may be that a high sense of guilt is an essential component of positive psychological well-being. As discussed in the works of Abell & Gecas (1997) and Baumeister, Stillwell, & Heatherton (1994), perhaps this phenomenon serves as a gatekeeper or moral compass by which one ought to live.

The second unanticipated result was the lack of association between shared household spousal support and psychological well being. One possible explanation is that sample population was very affluent with seventy percent of the participants having a household annual income over \$120,000. Perhaps this was not a factor because the high level of income allowed paid household support and did not surface as a sense of conflict with their high earning spouse.

As hypothesized, a high level of role conflict (being more self-oriented) and a low level of emotional support (one of the two components that made up spousal support) were correlated to a low degree of psychological well-being. 2. It is hypothesized that there is a positive correlation between guilt and role conflict (other oriented) experienced by the fulltime stay-at-home educated mother.

As hypothesized, there was a low-moderate correlation between guilt and role conflict experienced by the educated mother. Because the ISRO labels decreased role conflict as being other oriented, a negative correlation on the canonical correlation means that the higher the guilt, the more other oriented the educated mother. Role conflict experienced by the fulltime stay-at-home educated mother, results from the choice of staying at home to care for her children in lieu of pursuing her career. Remember, this is a highly educated sample group who were most likely into their careers fairly strong when they had their children (Faludi, 1991; Feree, 1976; Bernard, 1975). The degree of role conflict (other oriented) the educated mother experiences is frustrating. However, she chooses to stay-at-home and care for her children. In other words, she feels guilty about not pursuing career goals but she would feel more guilt by leaving her young child. On the other side of the coin, she might fantasize about pursuing career goals but the guilt prevents (is a strong force in preventing) her from leaving her children to pursue or resume a career.

3. It is hypothesized that there is a negative correlation between spousal support and role conflict that is experienced by the fulltime stay-at-home educated mother.

A correlation could not be established between spousal support and role conflict. Again, the high level of annual income affording household assistance, childcare, preschool and outside activities allowed educated mothers more freedom then women with more limited resources. Depending on their spouse to assist in everyday household activities was not expected and spouses not resented because of the high level of household support of these respondents. Perhaps the Dr. Laura Schlessinger's (a popular radio talk host who

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adamantly values and supports mothers staying home fulltime with their children) of the world are convincing, justifying and valuing the stay-at-home mother role. Maybe women of the new millennium have evolved into their present day roles with more ease and comfort than anticipated by the investigator of this study.

4. It is hypothesized that there exists a negative correlation between role conflict and psychological well-being that is experienced by the fulltime stay-at-home educated mother.

Results showed the more other oriented the educated mother the higher her psychological well-being. These associations demonstrate the value that the educated mother placed on her role in the family as important and contributes to her psychological well-being. Although the message from the sixties and seventies was to be self-oriented, their own mothers (other oriented) as role models had a more significant influence on their futures than they anticipated.

Implications of the Study

Family role conflict and marital adjustment were identified by the investigator as potent predictors of family cohesion and success; their assessment in the clinical setting is imperative. Nurses working with families should be alerted to the possibility that there may exist a decreased psychological well-being in mothers with young children (if these mothers have an increase self-orientation). This has implications for nurses who assist families in health promotion activities. Nurses must take time to assess the psychological well-being of mothers by asking open-ended questions concerning spousal support, common daily experiences concerning children's behavior, childcare assistance, and if their

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personal fulfillment needs are being met. Nurses can also observe interactions between family members. The mother's degree of sensitivity, tolerance, and enjoyment of her children is an indicator of the family's emotional health as are the children's behaviors towards the family. Nurses must also be aware of role transitions and family developmental periods in assessing a mother's level of emotional health.

Nurses are in a pivotal role to serve as health educators, counsellors and facilitators. Interventions that can be initiated by nurses working with young mothers who are experiencing decreased psychological well-being. Mothers with young children must be well prepared to carry out multiple roles and demands. It is important to teach mothers to seek social support (i.e., offer suggestions such as sharing childcare responsibilities with neighbors, delegating household chores to family members, career and/or educational planning such as part-time work, returning to school, or re-entry into the work force). Moreover, nurses should assist women to seek both friendships and community self-help groups to aid them in breaking through their potential feelings of isolation. Mothers with young children must be knowledgeable and have realistic expectations for both developmental stages and the role transitions they are experiencing. It is within the role of nursing to respect and augment naturally occurring support systems, and in their absence to assist in their development. If a young mother's assessed degree of decreased psychological well-being cannot be assisted by the above-mentioned interventions, further psychological evaluation may be indicated.

Nurses, because of their relationships with their patients are in the perfect position to foster continuing research in exploring the psychological well-being of the educated mother. Pediatric, obstetric, family health nurses and practitioners can all contribute to clinical research. Research must continue to explore the implications of the fulltime educated stay-at-home mothers' psychological well-being during childrearing years and deal with her issues of guilt, role conflict and spousal support. Interventions should support minimal disruptions in her life and enhance her support systems to achieve and maintain a healthy state of psychological well-being.

As nursing continues to develop as a science and discipline, schools of nursing and federal programs depend on current societal trends to obtain funding and grants for research. The state of the educated mothers' psychological well-being and the variables surrounding it is a timely and mainstream societal concern which deserves further investigation through research.

Strengths of the Study

The strengths of this investigation were many. The strengths of the demographics were that, of the 125 questionnaires distributed, 73 were returned, giving a response rate of 58.4%. This high level of response rate showed a high level of interest in the subject area. The ages of the subject population ranged from 26 to 45, this showed the opinions of a nineteen-year span not just an isolated age bracket. Respondents reported the number of years married between two and 21, again a range of responses which gives diversity to the population sample. Only six respondents had no college degree indicated. Therefore, 91.7% met the criteria for a fulltime stay-at-home educated mother, which gave the study more validity in investigating the educated mother.

With no recent research available in the study of fulltime stay-at-home educated mothers with young children, this investigation is timely in that it reflects the evolving role of mothers in today's society. Also, never before in the history of womankind have these five instruments been utilized in studying this population.

Weaknesses of the Study

There were several weaknesses recognized in this investigation. Because of the format of the instrumentation (questionnaire) the respondents were not able to expound or clarify factors not identified in the study that may contribute to the fulltime stay-at-home educated mothers decreased psychological well-being. The high level of income reported from respondents may have skewed the results of the study than from a more general population.

The large majority of respondents were Caucasian. Cultural differences may influence the outcome and prevent generalizing the results.

Recommendations for Further Study

Several outliers in the questionnaires who reported a more positive degree of psychological well-being, less role conflict and more spousal support were from the six respondents who did not complete college. An expanded study comparing a larger but equal sample size of educated and uneducated fulltime stay-at-home mothers using the same variables would explore the possibility that there does exist a difference between the two groups. More research is necessary to identify women in all socioeconomic levels. One assumption in this investigation was that, because of the high level of income reported (70.4% of the respondents were greater than \$120,000), the level of psychological wellbeing would be higher than anticipated.

A qualitative study using a focus group methodology would help validate and expound on this investigation. Additional variables could be identified and added to the study as they relate to role conflict, spousal support, guilt and psychological well-being.

Summary

This descriptive correlational study explored stay-at-home educated housewives and their relationship with role conflict, spousal support, guilt and psychological wellbeing. Review of the literature and the development of a theoretical framework supported the four hypotheses.

Strengths of the relationships were identified through multiple regression, ordinal regression, and canonical correlation analysis. Results of the hypotheses and the relationships between the variables were moderately significant. The strengths and limitations of the study were identified and considered balanced in this investigation.

Significance to nursing in the clinical, educational, and research setting were identified. Further research on the changing role of the fulltime say-at-home educated mother is warranted and applicable to the science of nursing and benefiting society as a whole.

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APPENDIX A

CONSENT TO ACT AS A RESEARCH SUBJECT

Susan DeSimone is conducting a research study to determine whether there exists a strong relationship between educated housewives and decreased psychological well-being. Since I have been selected to participate in this study, I understand that I will be asked to complete a demographic data form, The Index of Sex Role Attitudes of Self or Other Orientation, The Affect Balance Scale, Emotional Support of a Spouse Scale, The Scale of Sharing Household Responsibilities with a Spouse and Vignettes to Measure Guilt.

This data collection will take about one hour of my time at my convenience to complete. The packet contains demographic information and five questionnaires. Participation in the study should not involve any risks or discomforts to me except for the possible minor fatigue. My participation in this study is entirely voluntary. I understand that I may withdraw from this study at anytime.

I understand that my research records will be kept completely confidential in a locked cabinet. I further understand that to preserve my anonymity only group data will be used in any publication or reporting the results of this study.

The principal investigator for this study is Susan DeSimone. She has explained this study to me and answered my questions. If I have other questions or research related problems, I can reach Susan DeSimone at 858-759-9069. I understand that I will receive no reimbursement for my participation.

There are no other agreements, written or verbal, related to this study beyond that expressed on this consent form.

I, the undersigned, understand the above explanations and, on that basis, I give consent to my voluntary participation in this research.

Signature of Subject

Location

Signature of Witness

Signature of Researcher

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Date

Date

Date

APPENDIX B

DEMOGRAPHIC DATA SHEET

Please provide the following demographic information:

1.	AGE _							
2.	ETHN	IC BA 1. Asia 2. Blac 3. Cau 4. Hisp 5. Nati 6. Othe	CKGR in ck casian casian oanic ve Ame er (spec	OUND erican ify)		-		
3.	MARI 1. 2. 3.	TAL S Marri Divor Separ	TATUS ed ced rated	5				
4.	Numbe	er of ye	ears ma	rried to	current	spouse_		_
5.	EDUC	ATIO	NAL LE	EVEL				
What Grade 1 2 3	is the hig School 4 5 6 7 8	ghest g	rade of High 9 10 1	regular School	school	that you Colleg 13 14	ı compl ze 15 16	eted? (circle one) Graduate School 17 18 19 20 21 22
6. BA	DEGR BS	EE OE MA	BTAINE MS	ED (Circ MBA	le hight Ed.D.	est degr Ph.D.	ee obta JD	ined) MD
7.	COMB a. b. c. d. e. f. g. h. i. j.	SINED <\$30, \$30,0 \$35,0 \$40,0 \$50,0 \$60,0 \$60,0 \$70,0 \$80,0 \$90,0 \$100,	FAMII 000 00 - 34 00 - 39 00 - 49 00 - 59 00 - 69 00 - 79 00 - 89 00 - 99 000 - 1	.Y INCO ,999 ,999 ,999 ,999 ,999 ,999 ,999 ,9	OME			

- k. >\$120,000 -

8. Number of Hours Employed Outside the Home Each Week

0 hours	25 hours
5 hours	30 hours
10 hours	35 hours
15 hours	40 hours
20 hours	>40 hours

9. Number of Children 0 1 2 3 4 5 6 7 8 9 10

10. Gender of Children _____ males _____ females

11. Ages of Children (#of children in each age group)

 Infant (0 – 12 months)

 Toddler (13 – 36 months)

 Preschooler (3 – 5 years)

 School Age (6 – 11 years)

 Adolescent (12 – 20 years)

12. Number of Hours of Child Care Support Per Week

0-5	26 - 30
6-10	31 - 35
11-15	36 - 40
16 – 20	>40
21 - 25	

13. Please approximate the number of hours for each of the following potential child care providers

 husband
 in home employee

 grandparent
 preschool

 neighbor
 elementary school

 friend
 other (specify)

 day care provider

14. Do any of your children have a particular behavior or health problem?

No Yes Specify:

15. How do you perceive your level of child care support?

Inadequate	Somewhat Adequate	Adequate	Very Adequate
1	2	3	4

16. Number of hours you spend with housekeeping tasks per week:

0 -5	16 - 20	31-35	46 – 50
6-10	21 – 25	36 - 40	greater than 50
11 - 15	26-30	41-45	

eive per week:	oing assistance you rec	ours of housekeep	17. Numbers of h
46 - 50	31 – 35	16 – 20	05
greater than	36 - 40	21 – 25	6-10
	41-45	26 - 30	11-15

18. Please approximate the number of hours of housekeeping assistance you receive from each of the potential providers:

husband _____ child ____ housekeeper _____ friend _____ other (specify)______

19. How do you perceive your level of housekeeping support?

Inadequate	Somewhat Adequate	Adequate	Very Adequate
1	2	3	4

20. Please indicate the roles you occupy:

Mother Father Housekeeper Primary childcare provider Professional Volunteer (less than 3 organizations) Volunteer (more than 3 organizations) Student Caregiver to elderly parent Other (specify)

APPENDIX C

THE INDEX OF SEX ROLE ATTITUDES OF SELF OR OTHER ORIENTATION

<u>Instructions:</u> Please read each item and check the column that indicated how much you agree or disagree with that statement.

Strongly Agree	Inclined to Agree	Neither Agree Nor Disagree	Inclined to Disagree	Strongly Disagree
-------------------	-------------------------	-------------------------------------	----------------------------	----------------------

- 1. No matter how successful a woman may be in utilizing her intelligence and creativity, she can never know true happiness unless she marries and has a family.
- 2. For a woman it is marriage that will give her a sense of identity, a respected place in society.
- 3. A woman can make no greater contribution to society than the successful rearing of normal, well-adjusted children.
- 4. Obligations incurred in being a wife and mother would give me a sense of importance nothing else could.
- 5. Marriage more than anything else that can happen to me will make me certain of who I am, of what direction my life is taking.
- 6. A woman should refrain from being too competitive with men and keep her peace rather than show a man he is wrong.
- I would make more concessions to my husband's wishes than I would expect him to make to mine.
- 8. I would like to marry a man I could really look up to.

Strongly Agree	Inclined to Agree	Neither Agree Nor Disagree	Inclined to Disagree	Strongly Disagree
-------------------	-------------------------	-------------------------------------	----------------------------	----------------------

- 9. I don't hold with the old-fashioned idea of being submissive to a man.
- I believe that a wife's opinion should have exactly the same bearing upon important family decisions as the husband's.
- If I would have to give up my education and get a job so that my husband would be able to continue his education I would feel envious and resentful that he should be doing...things I've always wanted to do.
- 12. It's hard for me to give up the satisfactions I get out of achieving things-doing well in an exam-to be in the house all day, cooking and cleaning.
- 13. Even though women have most of the same privileges as men, they really aren't as free to pursue their interests and self-development as men are.
- 14. I get irritated when I must interrupt my activities to do something for someone else.
- 15. A woman who works cannot possibly be as good a mother as the one whom stays at home, even when the child may go to school.
- 16. A working mother can establish just as strong and secure a relationship with her children as can a stay-at-home mother.
- 17. I am not sure that the joys of motherhood make up for the sacrifices.

	Strongly Agree	Inclined to Agree	Neither Agree Nor Disagree	Inclined to Disagree	Strongly Disagree
3					
rson					
•					
S.					
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	L	1	l		

- 18. I believe there is a conflict between fulfilling oneself as a wife and mother and fulfilling oneself as an individual.
- 19. I am capable of putting myself in the background and working with zest for a per-I admire.
- 20. I am more concerned with my personal development than I am with the approval of other people.
- 21. I sometimes feel that I must do everything myself, that I can accept nothing from other
- 22. I would rather not marry than sacrifice some my essential beliefs and ideals in order to adjust to another person.
- 23. Having children is important to me but I mus have some area of work apart from my famil in which I can find personal fulfillment.
- 24. A capable and trained woman has an obligation to society to use that training in a job, even if she has a family.

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APPENDIX D

BRADBURN'S AFFECT BALANCE SCALE

<u>Instructions</u>: Please read each question and choose the feeling that most describes the way you have felt within the past few weeks.

		No	Once	Several Times	Often
1.	Pleased about having accomplished something?				
2.	That things were going your way?				
3.	Proud because someone complimented you on something you had done?				
4.	Particularly excited or interested in something?				
5.	On top of the world?				
6.	So restless that you couldn't sit long in a chair?				
7.	Bored?				
8.	Depressed or very unhappy?				
9.	Very lonely or remote from other people?				
10.	Upset because someone criticized you?				

APPENDIX E

THE EMOTIONAL SUPPORT OF A SPOUSE

Instructions: Please answer the following questions thinking about your spouse.

1. How easily can you communicate with your spouse concerning problems or troubles?

very easily	3
somewhat easily	2
not very easily	1
not easily at all	0

2. How often do you talk over your problem or troubles with your spouse?

very often	3
sometimes	2
not often	1
not at all	0

Some mat nee	•	•••	• •	• •	•	•	•	*	•	-	•	
quite free	• •	•••			-	•	•	-	·	-	•	0

- 5. About how long have you known your spouse _____?

APPENDIX F

THE SCALE OF SHARING HOUSEHOLD RESPONSIBILITIES WITH A SPOUSE

<u>Instructions:</u> Please select the best choice that describes who usually does the following tasks in your household.

		Husband Always	Husband Much More Than Wife	Husband Slightly More Than Wife	Husband and Wife Equally	Wife Slightly More than Husband	Wife Much More Than Husband	Wife Always
1.	Makes repairs around the house.	1	2	3	4	5	6	7
2.	Washes the dishes.	1	2	3	4	5	6	7
3.	Pays the family bills.	1	2	3	4	5	6	7
4.	Cleans the house.	1	2	3	4	5	6	7
5.	Makes the bed.	1	2	3	4	5	6	7
6.	Prepares the income tax.	1	2	3	4	5	6	7
7.	Puts out the trash.	1	2	3	4	5	6	7
8.	Does the grocery shopping.	1	2	3	4	5	6	7
9.	Writes thank- you notes.	1	2	3	4	5	6	7
10.	Prepares the meals.	1	2	3	4	5	6	7
11.	Takes care of the yard work.	1	2	3	4	5	6	7
12.	Takes care of obtaining insurance.	1	2	3	4	5	6	7
13.	Takes care of obtaining info for vacation plans.	1	2	3	4	5	6	7

	Husband Always	Husband Much More Than Wife	Husband Slightly More Than Wife	Husband and Wife Equally	Wife Slightly More than Husband	Wife Much More Than Husband	Wife Always
14. Keeps in touch with relatives.	1	2	3	4	5	6	7
15. Makes complaints to hired work help.	1	2	3	4	5	6	7
16. Does the laundry.	1	2	3	4	5	6	7
17. Takes care of obtaining info about costly household items.	1	2	3	4	5	6	7
18. Plans social engagements.	1	2	3	4	5	6	7
19. Takes care of sick family members.	1	2	3	4	5	6	7
20. Buys gifts for family members.	1	2	3	4	5	6	7
21. Takes care of car repairs.	1	2	3	4	5	6	7
22. Puts or sends the children to bed.	1	2	3	4	5	6	7
23. Takes care of the children.	1	2	3	4	5	6	7
24. Disciplines the children.	1	2	3	4	5	6	7

APPENDIX G

TEST OF SELF-CONSCIOUS AFFECT

<u>Instructions:</u> Below are situations that people are likely to encounter in day-to-day life, followed by several common reactions to those situations. As you read each scenario, try to imagine yourself in that situation. Then indicate how likely you would be to react in each of the ways described. Please rate <u>all</u> responses (by circling a number) because people may feel or react more than one way to the same situation, or they may react different ways at different times.

- You make plans to meet a friend for lunch. At 5 o'clock, you realize you stood him up.
 - (a) You would think: "I'm inconsiderate."
 - (b) You would think: "Well, they'll understand."
 - (c) You would try to make up to him as soon as possible.
 - (d) You would think: "My boss distracted me just before lunch."
- 2. You break something at work and then hide it.
 - a) You would think: "This is making me anxious I need to either fix it or get someone else to."
 - b) b) You would think about quitting.
 - c) You would think: "A lot of things aren't made very well these days."
 - d) You would think: "It was only an accident."

1------3------4-------5---not likely very likely 1------3------4------not likely very likely -5-----1-----2-----not likely very likely 1------3------4-----5----not likely very likely 1-----3-----5----not likely very likely 1-----2----.5----very likely not likely 1------3------4--------5----very likely not likely --5----not likely very likely

- You are out with friends one evening, and you're feeling especially witty and attractive. Your best friend's spouse seems to particularly enjoy your company.
 - (a) You would think: "I should have been aware of what my best friend was feeling."
 - (b) You would feel happy with your appearance and personality
 - (c) You would feel pleased to have made such a good impression.
 - (d) You would think your best friend should pay more attention to his/ her spouse.
 - (e) You would probably avoid eye contact for a long time.
- 4. At work, you wait until the last minute to plan a project, and it turns out badly.
 - (a) You would feel incompetent
 - (b) You would think there are never enoughhours in the day.
 - (c) You would feel: "I deserve to be reprimanded."
 - (d) You would think: "What's done is done."



- 5. You make a mistake at work and find out a co-worker is blamed for the error.
 - (a) You would think the company did not like the co-worker.
 - (b) You would think: "Life is not fair."
 - (c) You would keep quiet and avoid the co-worker.
 - (d) You would feel unhappy and eager to correct the situation.
- 6. For several days you put off making a difficult phone call. At the last minute you make the call and are able to manipulate the conversation so that all goes well.
 - (a) You would think: "I guess I'm more persuasive than I thought.
 - (b) You would regret that you put it off.
 - (c) You would feel like a coward.
 - (d) You would think: "I did a good job."
 - (e) You would think you shouldn't have to make calls you feel pressured into.



- 7. You make a commitment to diet, but when you pass the bakery you buy a dozen donuts.
 - a) Next meal, you would eat celery to make up for it.
 - b) You would think: "They looked too good to pass by."
 - c) You would feel disgusted with your lack of will power and self-control.
 - d) You would think: "Once won't matter."
- 8. While playing around, you throw a ball and it hits your friend in the face.
 - (a) You would feel inadequate that you can't even throw a ball.
 - (b) You would think maybe your friend needs practice at catching.
 - (c) You would think: "It's just an accident."
 - (d) You would apologize and make sure your friend feels better.



9. You have recently moved away from your family, and everyone has been very helpful. A few times you needed to borrow money, but you paid it back as soon as you could.

- (a) You would feel immature.
- (b) You would think: "I sure ran into some bad luck."
- (c) You would return the favor as quickly as you could.
- (d) You would think: "I am a trustworthy
- (e) You should be proud that you repaid your debt.
- 10. You are driving down the road and hit a small animal.
 - (a) You would think the animal shouldn't have been on the road.
 - (b) You would think: "I'm terrible."
 - (c) You would feel: "Well, it was an accident."
 - (d) You would probably think it over several times wondering if you could have avoided not likely very likely it.



11. You walk out of an exam thinking you did extremely well. Then you find out you did poorly.

- (a) You would think: "Well it's just a test."
- (b) You would think: "The instructor doesn't like me."
- (c) You would think: "I should have studied harder."
- (d) You would feel stupid
- 12. You and a group of co-workers worked very hard on a project. Your boss singles you out for a bonus because the project was such a success.
 - (a) You would feel the boss is rather shortsighted.
 - (b) You would feel alone and a part of your colleagues.
 - (c) You would feel your hard work had paid off.
 - (d) You would feel competent and proud of yourself.
 - (e) You would feel you should not accept it


- 13. While out with a group of friends, you make fun of a friend who's not there.
 - (a) You would think: "It was all in fun; it's harmless."
 - (b) You would feel small...like a rat.
 - (c) You would think that perhaps that friend should have been there to defend him/herself.
 - (d) You would apologize and talk about that person's good points.
- 14. You make a big mistake on an important project at work. People were depending on you, and your boss criticizes you.
 - (a) You would think your boss should have been clearer about what was expected of you.
 - (b) You would feel like you wanted to hide.
 - (c) You would think: "I should have recognized the problem and done a better job."
 - (d) You would think: "Well, nobody's perfect."



- 15. You volunteer to help with the local Special Olympics for handicapped children. It turns out to be frustrating and time-consuming work. You think seriously about quitting, but then you see how happy the kids are.
 - (a) You would feel selfish and you'd think you are basically lazy.
 - (b) You would feel you were forced into doing something you did not want to not likely very likely do.
 - (c) You would think: "I should be more concerned about people who are less fortunate."
 - (d) You would feel great that you help others.
 - (e) You would feel very satisfied with yourself.



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