To the Graduate Council:

I am submitting herewith a dissertation written by Deborah Elwell Arfken entitled "A Study of Women in Dual-Profession Marriages: Their Roles, Conflicts, and Coping Strategies." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Education, with a major in Educational Administration and Supervision.

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A STUDY OF WOMEN IN DUAL-PROFESSION MARRIAGES: THEIR ROLES, CONFLICTS, AND COPING STRATEGIES

A Dissertation

Presented for the

Doctor of Education

Degree

The University of Tennessee, Knoxville

Deborah Elwell Arfken

December 1983

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VOLUME I

DEDICATION

This dissertation is dedicated to the memory of my parents George Horatio and Catherine Hurlburt Elwell, who in their unfailing love introduced me to the pursuit of excellence.

To my staunch relatives, especially Myra Van Nostrand and Ruby D. Elwell.

To my supportive sisters, Catherine Elwell and Elizabeth Winter, and brother George H. Elwell III.

And to my beloved and enthusiastic sons, George Harlan and Christopher Matthew Arfken.

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Dr. Norma Mertz offered special attention as an "idea bouncer" and sounding board, and to her I am most appreciative.

As a result of this study, it was my privilege to meet nine extraordinary professional women. I will always cherish the experience we shared together, and I thank them for their unselfish concern. Unfortunately, these women must remain anonymous for reasons of confidentiality; otherwise, I would thank them publicly.

Final thanks go to Sheila Vice and Dotti Quarles for their unfailing patience and unquestionable competence in typing.

ABSTRACT

In this study the researcher explored the perceptions that nine women in dual-profession marriages in a southern city have of their roles, conflicts, and coping strategies. The researcher used the two approaches of a focus group interview and the case study, both based in the constant comparative analysis procedure of grounded research theory, to gather information. As a moderator-interviewer, she guided the sessions with protocols developed around the four persistent areas of concern to the study. All discussion was tape recorded, transcribed, and analyzed according to a coding chart designed from categories indicated by a review of the literature.

Findings include the following: these nine women assume heavy responsibility for their professional practices, have a strong need to achieve, receive little praise or recognition from their colleagues for their competent work, and place the role of mother higher in priority than the roles of wife and professional. The women experience conflict in their marriages from the strain of stated and unstated role expectations from self and others, career imbalance, lack of equity, the cost of achievement, the power of money and the pressures of time. They use accommodation/sacrifice, avoidance/withdrawal, planning and scheduling, and working harder as specific coping methods to handle multiple role responsibilities.

The costs of juggling such multiple role responsibilities are often revealed in guilt, lack of achievement, and exhaustion.

Although they feel lonely and claim they lack an external support system and friends, these nine professional women find the advantages of a dual-profession marriage include children, a comfortable income, a sense of shared communication, and the support of an encouraging husband.

Recommendations for future research include a parallel study of the perceptions of men in dual-profession marriages; a closer examination of the relationships among competency, achievement, "stroking," and guilt for women; a look at avenues for guiding women who feel that they have peaked in their professions; an investigation of the use of goal-setting by professional women; the development of courses, focusing on role concepts and expectations, which counselors could offer to prospective dual-profession couples; and a longitudinal study of successful dual-profession marriages.

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CHAPTER I

INTRODUCTION

Statistics provide increasing testimony to the increased numbers of women in graduate and professional schools. In particular, statistical information concerning women in graduate school in 1977 and in 1970 is vastly revealing in its differences:

- Three times as many women were in graduate school as were in 1970.
- The health professions--medicine and other specialties--showed a three-fold increase in enrollment.
- Business and management courses graduated five times as many women.
- The proportion of women electing professional, technical, and scientific fields tripled.

The percentage of women earning doctoral degrees more than doubled in a twelve year period, increasing from 10.8 percent in 1965 to 24.8 percent in 1977 (National Research Council, 1978, p. 10). An additional 18.7 percent earned first professional degrees (Brown, 1978, p. 1). In March 1973 nearly three-fourths of employed women who were college graduates were in professional and technical occupations, as were about 83 percent of those with five or more years of college (Handbook of Women Workers, 1975, p. 188). While growth in the decade spanning from 1966-67 to 1976-77 was at a record high showing a 1,100 percent and a 300 percent change for first professional and

doctor's degrees respectively for women, the National Center for Education Statistics projects a continued but more moderate percent of change from 1976-77 to 1986-87. Their studies indicate a 83 percent increase in women holding first professional degrees and a 75 percent change for those earning doctorate degrees (Standard Education Almanac 1981-1982, 1981, pp. 8-9). Labor statistics reveal that the more education a woman has received, the greater the likelihood that she will be engaged in paid employment (Monthly Labor Review, 1975, p. 187) and the higher her level of commitment to work (Hubback, 1957; Myrdal and Klein, 1968).

According to a Carnegie Commission report (1973), professionally educated women tend to marry men with comparable levels of education. This finding was also presented in Stafford's Ph.D. dissertation at New York University in 1967, by Astin (1969), Feldman (1973), and Yohalem (1979) in separate studies. In fact, 63 percent of doctoral women marry men with doctorate or professional degrees (Centra, 1974, p. 112), and 80 percent of women physicians marry physicians or other professional men (Berman et al, 1975). Thus, as the number of professionally educated and employed women increases, the incidence of dual-profession families may also be expected to increase steadily. Parker, Peltier and Wolleat (1981) note a consistent seven percent increase per year in the growth of this family lifestyle over the past ten years. In 1979, there were over three million dual-profession marriages in the United States (Rice, 1979, p. 6).

Just what is it that makes a dual-profession career couple different from another working couple or from a dual-career couple? While there has been massive study on the latter two categories of

working couples, very little has been written about dual-profession couples and specifically about the roles of the women in these partnerships, their conflicts and their coping strategies.

The answer to the question must lie first in the salient area of definition and then in the professional nature of the wife's work. A professional practices an avocation, according to Alfred North Whitehead, "whose activities are subject to theoretical analysis, and are modified by theoretical conclusions derived from that analysis" (1948, p. 73). Bernard Barber finds that a professional possesses four essential attributes:

- a high degree of generalized and systematic knowledge.
- a primary orientation to the community interest rather than to individual self-interest.
- a high degree of self-control of behavior through codes of ethics internalized in the process of work socialization and through voluntary associations organized and operated by the work specialists themselves.
- a system of rewards--monetary and honorary--that is primarily a set of symbols of work achievement and thus ends in themselves, not means to some end of individual self-interest. (Barber in Lynn, 1967, p. 18).

Furthermore, in commitment to a deep and lifelong calling, professionals have achieved specialized training or education "of exceptional duration and perhaps of exceptional difficulty" (Moore, 1970, p. 5). Professionals deal with specific clients whose welfare is affected by their competence and service. Professionals profess

expertise in certain matters and the ability to think objectively about such matters. In return for their services, they expect and receive trust. Because of the substantial ego involvement, a professional's career is highly salient personally. A professional's autonomy is restrained chiefly by responsibility and enforcement of appropriate codes. Traditionally, the professions have included law, medicine, religion, art and literature, physical and biological sciences, mathematics and philosophy, and the social sciences, particularly when the last four professions are practiced within a university setting.

Statement of the Problem

Although magazines and journals feature numerous articles about dual-career couples, who represent another accelerating trend of lifestyles, there is a dearth of information about dual-profession career families, particularly about the professional woman's roles, conflicts, and coping strategies.

Major changes have occurred in the structure and functioning of society in the twentieth century; and these changes have, in turn, led to fundamental transformations in the patterning of women's lives. In pre-industrial American society, husbands and wives worked as a partnership; sex role lines were often blurred in the exigencies of rural life. With the onset of the industrial revolution, however, the instrumental function, the breadwinning role, was delegated to the husband while the wife remained at home assuming an expressive and nurturing role. Society supported the primacy of the husband's

role and expected the wife to assume the child-caring, consumer, and supporting functions that made his role possible. (Hunt and Hunt, 1977).

Forces propelled by the material and manpower needs of World War I and II, expansion of college opportunities for women, creation of a wider job market, development of new birth control methods, advances in household technology, an enlightenment in the attitudes of men, and the steady increase in the cost of living have all combined to encourage women to enter professional employment.

In a culture that has historically relegated women to the role of man's mate and helper, the professional woman's career involves her in a conflict with traditional images of her place in society, her roles and perhaps her own images of personal fulfillment (Epstein, 1970, p. 17). In her review of the literature, Shapiro found "scarcely an item that accords primacy to the career and not the marriage of the wife" (Hoffman, 1976, p. 27).

This view confirms the traditional nature of the family of the professional, one that has been defined as a dyad of two units treated as one. For a professional man and his wife "the sum of their coupling is a professional dyad. It wears his status and reflects his success or failure. It bears little or no resemblance to the quality of character of the wife. Without her, it is not a dyad, but she is mostly filler. One might say that her identity is built by association" (Perr, 1979, p. 75).

What makes a dual-profession couple different from other working couples, then, is the professional nature of the wife's work. In their groundbreaking study, the Rapoports defined dual-

profession couples as those possessing "a high commitment to an egalitarian relationship and a life plan that included relatively full participation and advancement in work" (Fogarty, Rapoport, and Rapoport, 1971, p. 14). Bebbington (1973) pointed out that the values and norms of the two partners are similar. In agreement with the theory of "need-complementarity" of mate selection discussed by Kerckhoff and Davis (1962), the spouse is selected first on grounds of cultural homogeneity and then for complementarity of personal needs. Both partners have a "prominent need for achievement" (Barnett, 1981; Rice, 1979). Rice's study (1979) discusses three prominent personality characteristics common to those who adopt a dual-profession lifestyle. He defines them as follows:

- the need for achievement.
- strong narcissistic and/or self-esteem enhancement needs.
- difficulties in forming a sustained interpersonal commitment.

Because of the juxtaposition of the personal needs and the career needs, dual-profession marriages are characterized as a "high risk, stressful, dilemma-strewn lifestyle" (Parker et al, 1981, p. 15). Additionally, the occupational system and the family system--the inflexibility of work demands and the isolation of the nuclear family--create contingencies making it difficult for both spouses to achieve deep commitment to their careers (Holmstrom in Theodore, 1971, p. 523). There are few, if any, guidelines and no established normative role behaviors to support this rapidly growing lifestyle. Much less are there guidelines available to professional women on how to integrate the multiple roles called for by being at

once a professional, a wife, and often a mother. And yet the life-style of the dual-profession career couple and particularly the wife's perceptions of her role in this lifestyle directly affect the nature of the family, the relationships between husband and wife, and the enhancement of career growth.

Purpose of the Study

Using a combination of qualitative and descriptive techniques, the researcher gathered data from a select group of professional women married to professional men. The investigation was geared toward the woman's perspective about her marriage and career because, as the literature indicates, she is the one who experiences the more drastic changes as a result of the lifestyle. Specifically, the study focused on four concerns:

A. definition of the term "professional" and the significance of achievement within the profession.

B. identification of the roles these professional women assume, concomitant with the perceived and felt expectations attached by self, spouse, peers, children, and community.

C. conflicts resulting from marriage to another professional and from choice of professions.

D. coping strategies employed to manage and resolve multiple roles and resulting conflicts.

Importance of the Study

Information about dual-career couples has been cursory in nature for the professional couple, particularly for the wife, for it has not explored the challenging and competitive aspects of marriages in which both spouses have immense ambition, strong career drive, highly developed egos, and intense commitment to specialized work. A review of what literature exists shows a heavy personal cost to women involved in this new lifestyle (Calmes, 1980; Holmstrom, 1971; Rice, 1979; Symonds, 1978). As a result of this researcher's study, participants in dual-profession marriages and counselors in higher education will have access to detailed information concerning the history of this new lifestyle, the challenges and strains created by it, the benefits shared by the partners, and the importance of psychological and emotional support for the wife's full participation.

Assumptions

One can assume that the number of women moving steadily and inexorably into the professions is accurate and that the high percentage of marriage of professional women to professional men will continue, based on consistent statistical data from the Scientific Manpower Commission, the National Research Council, and the National Center for Education Statistics. Furthermore, one can assume that if dual-career couples have heightened roles and conflicts, for which articles suggest coping strategies, that dual-profession couples may well share some of the same problems and even experience

more intensive ones. Finally, one can assume that because dual-profession families represent the most rapidly growing occupational category in American society, it is important to undertake an exploratory study of the unusual pressures these families--and particularly the women--experience and the methods they have developed to cope with their demanding lifestyles.

Limitations and Delimitations

The difficulty of identifying women in dual-profession marriages in the designated geographic area in the South created the first limitation. The consequence of this limitation shaped the type of study which could be undertaken. Without a large population of participants, it is not wise to create a sample: it simply can not be representative.

Because the interviewing process is a dynamic one, the researcher did not follow the outline sequence of the protocols rigidly. Thus, not all participants were asked the same questions, nor did participants always choose to answer the questions posed. Because the interviewer shared more fully in the conversation during the case studies than she did in that of the focus group interview, she may have elicited attention to topics that the participants otherwise would have overlooked. This study is exploratory and descriptive in nature because of these two salient limitations.

The researcher delimited the study by purposively selecting two subjective research methods used concomitantly: the focus group interview, an elite interviewing technique; and the case study approach.

The participants were nine women chosen from twenty-four professional women in the geographic area who indicated interest in participating in the study and who met the following criteria: marriage to a professional, full-time employment, and parenthood.

Since the researcher described the experiences, perceptions, and reactions the group of women revealed to provide the "aura of shared experience" (Good, 1963, p. 292), the research prohibits comparisons, casual relationships and control variables. Consequently, the researcher is not able to generalize but can make, within limits, inferences about the roles, conflicts, and coping strategies of professional women married to professional men.

Definition of Terms

A. Case Study - the distinguishing characteristic of a case study is that there is a sample size of only one. The method is used to gain more depth and detail than might otherwise be possible.

B. Conflict - sharp disagreement in ideas or values or a clash between priorities. Conflict implies a disorder or imbalance.

C. Content analysis - a research technique for "the objective, systematic, and quantitative description of the manifest content of communication" (Berelson, 1971). Content analysis uses a system or set of categories as a conceptual scheme linked to the questions on which

the research is based. The purpose of the categories is to differentiate and describe the content.

D. Coping strategy - method used for resolving or managing conflict. The two most commonly used methods are pro-active and reactive: in the first method the person controls the situation; in the second the person is controlled by the situation (Hall and Hall, 1972); 1979).

E. Dual-career couple - spouses who are employed in the general work force and committed to each other in marriage.

F. Dual-profession couple - spouses who are both professionally educated and committed to their callings and to each other in marriage.

G. Focus group interview - an exploratory, non-directive research procedure used to generate hypotheses, placing primary emphasis on the subjects' verbal responses to a specific situation and progressively exploring their responses (Good, 1963, p. 292).

H. Profession - an occupation requiring advanced education and involving sophisticated intellectual skills as defined by the highest terminal degrees, traditionally those in medicine, law, theology, engineering, and teaching.

I. Role - a function consisting of three parts: 1) the demands, expectations, responsibilities, and pressures other people impose on one; 2) one's own perceptions of what the role demands; 3) one's conscious or unconscious behavior in that role (Hall and Hall, 1979, p. 75).

Questions

The researcher explored the following questions and their ramifications:

A. What does it mean to these nine women to be professionals? How important to them is achievement in the professions? How do they describe their need for self-esteem enhancement or "stroking"? Does the nature of their professional work affect their relationship with their husbands?

B. What are the perceptions these women have of the roles they assume in a marriage to another professional person? Specifically, what are the roles? How many are there? From what source have they resulted? What expectations do self, spouse, family, peers, and community attach to these roles?

C. What conflicts do these professional women experience because of their lifestyles, which combine both marriage and a professional career? Specifically, what are the conflicts? Is conflict related to traditional or emerging roles? Is equity perceived as important in contributing to marital conflict?

D. What coping strategies are these women employing to meet the pressures of this kind of marriage and to manage or resolve conflicts? Are there any factors in their childhood backgrounds which helped prepare them for coping with multiple roles?

Procedures

Because the study is exploratory and descriptive in nature, it did not include a sample upon which to base conclusions. Rather, the researcher employed the focus group interview technique with a group of nine women who are professionally educated and professionally employed, married to professionals, and are mothers. The participants were selected from a pool of twenty-four women, who met the above criteria, and were living in the designated geographic area. Because of its particularly versatile nature and its emphasis on scope, the focus group interview is especially appropriate to generate issues, provide overall background information, and to stimulate new ideas (Dodge et al, 1982; Good, 1963). The moderator/interviewer followed a protocol of questions using a combination of unstructured, semi-structured, and structured questions. The session lasted approximately two and a half hours in length and was tape recorded to free the moderator from the bias inherent in selective note-taking.

Using the tape recordings from the focus group interview, the researcher transcribed the comments and performed a content analysis to determine the nature of the issues discussed, the persistence, and the intensity of direction of those issues. The unit of recording was the individual statements, or assertions about a subject matter, made by the participants. The unit of context was the framework of the question asked--the question itself and the ensuing discussion. The content analysis has five major categories derived from the protocol used with the focus group interview: Definition of "Professional," Delineation of Roles, Identification

of Conflicts, Identification of Coping Strategies, and Other Issues. These categories reflect the purpose of the search, are exhaustive, mutually exclusive, independent, and derived from a single classification principle (Holstei, 1969). Based on the work of Osgood, the researcher obtained the intensity of direction from an analysis of connectors (verb phrases) and evaluators (modifiers) and assigned a weight in terms of a three-step scale running from 1 to 3, depending on the strength of the connector or evaluator used in conjunction with the topic being described.

The individual interviews, the case study approach, complemented the focus group interview. Rather than generate data, the case studies enriched and refined the data; the researcher probed for more depth and detail from the issues elicited earlier to gain an added subjective dimension. These one-hour sessions were tape recorded; the responses, used to enhance the richness of the focus group discussion, were integrated into the content analysis.

From the content analysis and the descriptive remarks of the case studies, the researcher and reader has been able to make inferences about the experiences of nine women in dual-profession marriages in an immediate locale in the South and about their perceptions of the resulting roles, conflicts, and coping strategies.

Organization of the Study

The dissertation is presented in the following organizational format:

I. Introduction

II. A Review of Related Literature and Research

III. Methods and Procedures

IV. Presentation of the Findings

V. Summary, Findings, Conclusions, Discussion and Recommendations

VI. Appendixes

CHAPTER II

A REVIEW OF RELATED LITERATURE AND RESEARCH

Studies on dual-profession couples have only recently emerged from those on dual-worker and dual-career families. Confusion over terminology has been responsible for much of the intertwining of studies and for the resulting assumption that the term "dual-career" marriage equates "dual-profession" marriage. Consequently, to review the history of the literature on this topic, it is necessary to examine the early research on both dual-worker and dual-career families. Such an examination reveals three eras of study, which will be discussed first in this chapter; the rest of the chapter will focus on the four particular concerns of this study: definition of the term "professional"; and the identification of roles, conflicts, and coping strategies applicable to women in dual-profession marriages.

Eras of Study

Seminal Studies

The term "dual-career" family was made popular in the Rapoports' ground-breaking work in 1969. Sponsored by the Leverhulme Trust Fund and conducted by Political and Economic Planning, this British study aimed to provide a comprehensive description "of how educational, economic, and social-psychological factors combined

to motivate and constrain women from participating in the occupational world in ways commensurate with their abilities" (Rapoport and Rapoport, 1969, p. 4). The orientation of the study was distinctive because it focused on women who were combining full-time careers and marriage--a pattern unusual in a traditional society where women either adopted the mother/wife role totally or abandoned it in favor of a full-time career. Additionally, when the researchers probed for the strains existent in this new marital style, they uncovered dilemmas concerning role overload, environmental/social sanction, personal identity and self-esteem, social-network functions, and integration of occupational/domestic roles (Rapoport and Rapoport, 1969).

In 1971 Cynthia Epstein examined the effects of a dual-profession marriage for sixty-nine female attorneys in a study financed by the Manpower Administration of the United States Department of Labor. Specifically, this study analyzed the integration of work and family roles and introduced the idea of women's compromise of initial career aspirations.

Holmstrom's dissertation followed a year later in 1972; it was concerned with the difficulties of operating a "two-career" family and emphasized the persistent barriers that often resulted in the breakdown of the marriage, sacrifice of the wife's career aspirations, or the deterioration of the quality of the marital relationship. The study by Bem and Bem (1972) corroborated this thesis, pointing out the incompatibility of professional roles of wife and mother.

Poloma and Garland performed both individual and collaborative studies in 1972 using fifty-three of what they termed "dual-professional" families, although the term was not closely defined and usually applied to only one partner in the marriage. The focus of their studies was the identification of role conflict and suggestions for its resolution. Concentrating on the woman's perspective, Poloma identified four techniques for managing the tension: favorable definition of the dual-career situation, value clarification, compartmentalization, and compromise in the level of a woman's career achievement. Interestingly, Poloma, like Epstein and Holmstrom, observed the women's willingness to accommodate their career goals as they strove to reach marital egalitarianism. Garland (1972), in his linked research on men's resolution of role strains, found no support for the fear that the American husband was "emasculated and dominated" by a wife practicing a high status profession; neither, however, did he find that men reversed their traditional attitude concerning head of household.

These early studies were especially salient because they used large samples upon which to base their subsequent intensive case studies and from there to develop their generalizations.

Bridge Studies

Studies continuing into the 1970's delved into specific areas only cursorily noted by the earlier ones. Research in this period investigated two aspects--not only the strains of dual-career marriages but also the management of these strains. Bailyn's study

in 1970, for example, discovered that dual-career couples did not show a lower level of marital satisfaction than those couples where the wife remained in the traditional role. Bebbington in 1973 questioned why couples adopted such a stressful lifestyle and observed the patterning influence of childhood homelife. Many dual-profession wives had been reared in a home where tension was rife and a conventional marriage had not been idealized, perhaps because the mother felt unfulfilled in a domestic role.

Further studies by Epstein (1974) introduced an interesting new hypothesis; she posited that the multiple roles a professional woman assumes may actually provide an excuse for her to limit her pursuit of career excellence. Not only may the multiple roles prevent her from establishing long-range career strategies but also she may very well drop out at the height of her career success.

Berman emphasized that couples in dual-career marriages are not subject to unusual divorce rates, even though difficulties may result as the wife becomes more assertive and professionally secure and the husband perhaps feels threatened. She said, "Some men may be attracted to strong and successful women in the same way as women have been attracted to such men in the past, and that couples may cultivate the capacity to assess their needs and deal constructively with stresses in their lives" (Berman cited in Rapoport and Rapoport, 1978, p. 9).

Bryson, Licht, and Licht (1976) studied two hundred psychologist couples, members of the American Psychological Association, examining in particular their productivity as measured

by number of publications. They found that, while professional couples produced more than their control group counterparts, professional wives were more likely to have suppressed their own career development in other areas. The researchers concluded that the professional wives were "simultaneously exploited and facilitated."

As a result of their study, Shaevitz and Shaevitz (1976) at the University of California at San Diego suggested that clinical therapists need to work at reducing the cognitive dissonance expressed by dual-professional couples in their practices. Similarly, the Group for Advancement of Psychiatry (1975) in its monograph on educated women acknowledged the possibility of a strengthened marital bond if the couple could tolerate ambiguities and manage conflict.

Recent Studies

Studies conducted within the last five years remain mixed in their findings, showing alternatively the psychic costs and advantages for women living with a multiple role lifestyle. In her work as a psychiatrist, Symonds (1978) found professional women who, because they were exceptionally proud of their self-sufficiency, repressed or gave up their own dependence needs, thus making it difficult for them to accept help from others. Citing earlier studies by Rosenbaum (1975) and Kirkpatrick (1975), Symonds pointed out that women psychiatrists have more children in their families than do their male colleagues, perhaps because of their need to "prove their femininity" (1978).

Both the Hopkins and White study (1978) and the Mortimer study (1978) examined dual-career families, the former noting the lack of established normative role behaviors and the latter suggesting one of the most difficult problems for these couples as still the social disapproval they experienced when they departed from traditional family norms.

Further studies continued to show family tasks strongly segregated by sex (Beckman and Houser, 1979; Pleck, 1978; St. John-Parson, 1978; and Yogev, 1981), indicating inequality in the division of labor by spouses and resulting in severe overload problems for the wife. Specifically, Bryson and others stated that women carried a "disportionate share of the burden of child care" (1978, p. 16). By way of explanation, Gilbert found that professional women may not obtain total life satisfaction from the professional role and, accordingly, continue to maintain other tasks meaningful to them (1979, p. 464).

Several recent studies have investigated the coping strategies women in dual-profession marriages use, although the term "dual-profession" marriage continues to be only loosely defined and often means dual-career marriage. In 1978 Mandelbaum pointed out that women physicians have long resolved the multiple role demand by limiting the hours of their professional work through the selection of both their specialty and subsequent type of practice.

Hall and Hall (1979) developed a Role-Coping Inventory for use in evaluating coping strategies used by two-career couples who must manage not only competing sets of expectations for each role but

also for their own behavior patterns. The inventory identifies coping strategies as reactive or ineffectual and proactive or effectual in nature. Lieber's study (1980) of thirty professional women in a non-random sample concluded that the women could not engage in a "really satisfying professional career" and handle other roles adequately without the coping strategy of employing competent household help. While she found the women in her study seemed "harassed and torn" and unable to take time out for themselves, they reported that their lifestyle was "worth doing." Continuing in this vein of study, Villadsen and Tack (1981) cited compartmentalization, delegation, lowered standards for housekeeping, and physical/intellectual/artistic escape as common coping strategies. Maples (1981) in her study suggested the importance of flexibility, mobility, independence and interdependence, common interests, and self-actualization for maintaining and improving a dual-career lifestyle.

In a study funded by the National Institute of Education, Bean and Wolfman (1979) found professional women were not suffering from the role strain previously identified by researchers but rather were confident and capable. The study confirmed Stein and Bailey's 1973 findings that role conflict may be reduced by emphasis on career achievement. Further corroboration for this new emphasis of study came from observations at the Wellesley College Center for Research on Women by Baruch and Barnett whose findings show "a high-level job may be an important route to self-esteem" (Epstein, 1983, p. 103).

Definition of "Professional"

Just what it is that defines a professional is difficult to determine. Hughes writing in The Professions in America notes four distinguishing characteristics: a professional delivers "esoteric" services--advice or action or both; he or she "professes to know better than others the nature of certain matters and to know better than the clients what ails [them] or their affairs; a professional expects to be trusted; he [or she] is part of a group that practices with an ethos of its own" (1967, pp. 2-3).

Barber also finds four characteristics, acknowledging the need for a high degree of specialized knowledge; an orientation toward the community rather than to self-interest; self-control of behavior regulated by codes of ethics formalized by the associations to which he or she belongs; and an acceptance of a reward system--both monetary and honorary--that because it is a symbol of work achievement becomes an end in itself (Barber in Lynn, 1967, p. 18).

Greenwood delineates five elements that distinguish a professional from a non-professional: reliance on systematic theory, acknowledgment of self as an authority, sanction by the community, adherence to ethical codes, and a sense of belonging to a specific sub-culture (1957, pp. 45-55).

At issue in the literature is an extended confusion over the terms "career" and "profession." Not only are the terms used interchangeably and imprecisely, but there is also a desire by many to have their occupations classified as professions for reasons of

enhanced status. Because the prominent characteristics are expressed differently in the literature and because it becomes clear that the qualities constituting professionalism are not inclusive--with some professions exhibiting more characteristics than others, it is helpful to think of the professions as existing on a continuum rather than as being located at an exact degree or position. However, common to all professions is the requirement of extensive and specialized educational preparation; the commitment--usually a lifelong one--the individual makes to the calling; the service orientation of the practice to specific clients whose welfare is directly related to the professional's competence, performance, and integrity; and the total personal involvement which necessarily develops. The well-established and traditional professions usually have their base of training in the university where the specialized and extensive nature of that training culminates in a doctoral or terminal professional degree.

Adoption of Multiple Roles

The ways of behaving, specifically the ways of behaving that society expects of any individual who occupies a certain position with a given status, constitute a role. Concomitantly, Gross defines a role according to the three factors common to most conceptualizations: 1) individuals in social locations, 2) behave, 3) with reference to expectations (1958, p. 17). Thus, a role is not a unitary concept but rather an ever-changing process. In an

expanded definition, Hall (1972) posits that within structurally given demands of society--the norms, expectations, taboos and responsibilities--an individual possesses his own definition of what someone in his social position is supposed to think and do; and that, as a result of the interplay between these two systems, a person behaves the way he or she does.

Gross and others emphasize that because people with similar backgrounds have been exposed to similar influences and, therefore, have developed similar role definitions or homeogenity, they are more likely to share consensus on the expectations they have for their own and others' positions (1958, pp. 182-183). However, the assumptions that, as a result of increasingly homogeneous role expectations and behaviors, task allocation and decision-making responsibilities within marriage will decrease is refuted by Beckman and Houser (1979) who point out that women's roles may change in one sphere of our society but not necessarily in another. According to studies by Bahr, 1975; Duncan et al, 1973 ; Fox, 1975; and Holmstrom, 1972, household tasks and decision-making still remain highly sex stratified. Furthermore, the addition of a professional role by the woman does not change the situation concerning family roles (Poloma and Garland, 1972; Van-den Berghe, 1971).

According to the literature, then, one can expect dual-profession couples to share similar role definitions and even expectations but not necessarily to behave in an androgynous way. Behavior changes in sex-typed activities do not occur as quickly as attitudinal changes do (Beckman and Houser, 1979).

Role Conflict

That problems occur for dual-profession couples because of the many roles each partner assumes in a high stress lifestyle is almost universally acknowledged (Bebbington, 1973; Berman, Sacks and Lief, 1975; Burke and Weir, 1976; Johnson and Johnson, 1977; and St. John-Parsons, 1978). The wife in particular carries the responsibility for the three highly visible roles of wife, mother, and professional. Problems are inevitable because no social order provides for the realization of all roles and their attendant values simultaneously (Gross, 1958; Hunt and Hunt, 1977).

Furthermore, each of the three major roles requires emotional commitment, unlimited time and prodigious energy and all contain "the concept of irreplaceability and individuality" (Schumacher, 1974, p. 23). Concomitantly, the woman is exposed to conflicting sets of legitimized expectations both stated and unstated. Of these, Rice (1979) points out that the unconscious, non-verbalized expectations have the greatest potential for causing marital difficulty. Bean and Wolfman enlarge upon this idea, stating that role conflict usually occurs as a result of one of three situations: 1) when the various resources--economic, intellectual, physical or emotional--are either lacking or are not supportive; 2) when the demands of the roles are incompatible; 3) when the roles are so poorly defined that a women cannot act in a consistent way (1979, p. 3).

Evidence that women have experienced heavy problems or role-conflict in their attempts to combine family and a career is

abundantly clear (Bernard, 1971; Bird, 1979; Epstein, 1970; Hall and Hall, 1979; Komarovsky, 1973; and Wilensky, 1968). The basic problem is how to combine individual fulfillment and freedom with responsibility to one's mate (Hall and Hall in Olds, 1980, p. 1). Using Hall and Hall's model, Gray (1979) reported that 77 percent of a sample of professional women experienced this kind of role strain. The wife's assumption of a professional role does not mean a significant change in family roles because, according to Poloma and Garland, women do not perceive their husbands as "sharing" in household and family roles but merely as "helping" (1972, p. 257). In fact, Yogev found a traditional division of labor in these marriages not because the husbands were unenlightened about and resistant to carrying new role responsibilities but rather because the women did not want nor did they expect their husbands to share equally. An underlying reason for this behavior may have been the women's need to reduce their fears of achieving too much, in other words, "legitimizing" their achievement by not relinquishing traditional roles and obligations but instead expanding and adding new roles to old ones (Yogev, 1981, p. 868).

Three common problems which concern Rice include 1) competition between spouses concerning the development and advancement of their professional careers; 2) distribution of power or influence in the decision-making process in the marital relationship; and 3) development of an equitable system for childcare, household, and other supporting responsibilities (1979, pp. 65-82).

Finally, however, not all conflict results from clashing roles; nor is all conflict external. Traditionally, the wife has provided

and supervised "without apparent conflict" the support system necessary for her husband's professional life (Riechers, 1978; Symonds, 1979). Yet, when the wife is also a professional, Symonds (1979) points out, she must often provide her own support system.

Furthermore, as a professional, she is caught "between the sort of success that demands single-minded devotion to a goal" and as a wife/mother "the sort of balanced life that includes family and work, but precludes over-achieving" (Goodman in Riecher, 1978, p. 7). Because these women are high achievers and are highly motivated, they often feel they should be able to overcome any hurdles and, consequently, assume a superwoman stance (Holmstrom, 1972). If, however, the women are unable to handle the multiple roles at a level satisfying to their expectations, they feel the stress of inadequacy (Riechers, 1978). The resultant bind for women carrying multiple roles is "a split in identity." She is characterized as "constantly beset with divided loyalties, a sense of guilt and often a shaky sense of identity" (Symonds, 1979, p. 57). Bean and Wolfman (1979) and Hoffman and Nye (1974) concur that internal stress is caused by a woman's high expectations of her self and her propelling drive concurrent with guilt derived from not living up to her potential because of accommodation to other roles.

Coping Strategies

While it is obvious from the literature that professional women who assume multiple roles face both external and internal conflicts, limited attention has been given in the social sciences to strategies

for coping, the "behavior that protects people from being psychologically harmed by problematic social experience (Pearlin and Schooler, 1978, p. 2). Because that concern has been left to clinical practitioners, consequently, according to Lazarus and others (1974), "Much of the research on coping has given greater emphasis to psychological dispositions than to situation specific responses to situational conditions" (Pearlin and Schooler, 1978, p. 12). Schumacher acknowledged the lack of material on coping strategies and pointed out that, as a result, "one is often left with the impression that to be an achieving woman one must live a life of precarious balance, caught between a crossfire of conflicting role demands" (1974, p. 23).

To eliminate role conflict, Parson maintained several decades ago, "It is necessary to compromise, that is, to sacrifice some at least of both sets of expectations, or to choose an alternative and sacrifice the other" (1951, p. 280). Poloma explained that in order to solve the problem of managing both a home and a career, the wife did indeed compromise by cutting back her professional involvement. Thus, thirty-six of the forty-five respondents with children in her study had interrupted their professional growth either by changing to part-time employment status or by completely ceasing to work while their children were young (1972, p. 191). Relegating their profession second to their husband's was acknowledged as essential to making a dual-profession family work. In her study of physicians, Mandelbaum (1978) found women doctors frequently coped by withdrawing from a situation or role that caused stress and by compromisng their

careers. Broschart (1979), Holmstrom (1972), and Kaley (1971) also noted the frequency of avoidance as a strategy, especially for coping with feelings of competition.

Current research shows professional women unwilling to sacrifice a predominant role, preferring instead to employ adaptive methods. To this end, the three most common coping strategies reported by over 80 percent of the women in Gray's study (1979) include 1) rotating attention among roles; 2) reducing standards within roles; and 3) encouraging family members to help with household chores. Generally, the study concluded that the less distressed professional women let their roles overlap somewhat in an effort to achieve balance without establishing priorities.

In a similar study, Bean and Wolfman found two over-riding characteristics common to the sixty-eight women they interviewed individually: these women all possessed an ability to organize their lives, their family and work; and, additionally, they were skillful in setting priorities to determine what is important and when it is important (1979, p. 65).

Hall and Hall (1972; 1978) developed a definitive chart whereby they identified and grouped a wide range of coping stratgies into proactive and reactive behaviors, stressing that the healthier proactive methods--including redefining roles, problem-solving, establishing priorities, eliminating roles, reducing standards, and changing attitudes--enabled professional women to exert more control over their lives without developing accompanying stress.

Other studies examined particular strategies and advocated the following techniques:

- assessing and weighing priorities constantly (Mendelsohn, 1980).
- adjusting or alternating career patterns so that both spouses can meet family demands (Angrist and Almquist, 1975); Hall and Hall, 1978).
- striving for equity in handling role responsibilities (Rapoport and Rapoport, 1971).
- scheduling time (Hall and Hall, 1979).
- discussing expectations, goals and needs with each other (Rice, 1979).
- limiting the number of outside obligations (Hall and Hall, 1979).
- reaching out to others for help through the use of support groups (Calmes, 1980).
- hiring outside help (Holmstrom, 1972; Rapoport and Rapoport, 1976; Scarato and Sigall, 1979).

Moreover, professional women possess not only outwardly visible strategies for coping but also employ psychological and perhaps unconscious ones. Shaevitz and Shaevitz point out the common use of the following methods: 1) denial or the refusal to admit the reality of a situation, a technique characteristic of the partner who is most overloaded with role responsibilities; 2) depression or self-blame whereupon one turns anger inward; 3) rigidity or the unwillingness to consider possible solutions; 4) psychosomatic reactions or illnesses; 5) withdrawal or distancing from normal

interaction with other people; and 6) going crazy or a temporary inability to function and to recognize what is happening (1980, p. 18).

Hall and Hall (1979) also recognize the use of alcohol and drugs as a "mistaken" coping mechanism which, instead of resolving conflict, exacerbates the couples' stress level.

While it is apparent from the literature that there is no single coping strategy that is outstandingly effective, the best predictor of a woman's successful participation in professional work is her self-image which is enhanced by her husband's support, visibly communicated by his commitment, trust and approval of her dedication to that work (Bailyn, 1964; Epstein, 1983; Gordon and Hall, 1974; Holohan and Gilbert, 1979; Kundsin, 1974; Nadelson and Eisenberg, 1977; Peruci and Targ, 1978; Rapoport and Rapoport, 1969; Theodore 1971; Weingarten, 1978).

CHAPTER III

METHODS AND PROCEDURES

Theoretical Base for Study

The social sciences are increasingly demanding data which can only be reported by individuals who share their own experiences with special emphasis on attitudes, perceptions, and expectations (Festinger, 1953, p. 327). Because of the limited research concerning dual-profession marriages and particularly the woman's perspective of her roles, conflicts and coping strategies related to this kind of marriage, the researcher decided to adopt Glaser and Strauss' method of discovering theory as a process, i.e., generating it from the data. This method, called the discovery of grounded theory, encourages the collection of unbiased data and the constant comparative analysis of new instances of data to that previously collected to derive conceptual categories and properties. Using this approach, then, one does not begin research with predetermined hypotheses. Rather, one develops them through the four stages of the process:

A. Comparing incidents applicable to each category. The researcher codes information into as many existing categories as possible and creates new categories wherever necessary. The researcher will find that there are two categories--those which he has constructed himself and those derived from current literature in the field.

B. Integrating categories and their properties. Glaser and Strauss recommend analyzing the data at the same time as they are collected; joint analysis and collection ensure effective integration.

C. Delimiting the theory. During the process of comparison, the researcher discovers commonalities in the original set of categories and their characteristics. As he codes, he also finds categories becoming saturated. Consequently, he is able to delimit at two levels: the theory and the categories.

D. Writing theory. The researcher is ready to share his hypotheses when he is convinced that the analytic framework derived from his data forms a systematic theory (Glaser and Strauss, 1967, pp. 105-113).

The Field Study

The researcher identified twenty-four possible participants in a southern city through a variety of purposive means of selection, including referral by a network of acquaintances in the professions, use of professional association directories, the Yellow Pages, articles in the two local newspapers, and in the city directory. Once a list was constructed, participants were mailed a letter (see Appendix A) legitimizing the nature of the study, identifying the researcher and the committee chairman, and asking for participation from those who met the criteria of having the three roles integral

to the study: full-time professional employment, marriage to a professional, and parent of a child still living at home. Respondents were asked to return a postcard (see Appendix A) indicating their willingness to participate in both phases of the study--the focus group interview and the individual interview--and to mark a convenient meeting date for the former.

Ten women returned the postcards with a positive response; four replied "yes, but," noting they would be out of town during the focus group interview; one returned the card with a negative answer; eight did not respond at all; and one woman had an unforwardable address and thus never received the letter.

The researcher telephoned each respondent to check further on her qualifications for participation and to answer any questions. Because of the high rate of return, considering the ideal size of a focus group, the researcher did not need to telephone non-respondents. Once a list of eligible participants had been compiled, the researcher called these women to notify them of the focus group meeting. The telephone call was followed with a letter of confirmation and an accompanying honorarium, a $25 gift certificate for dinner for two.

Two days before the scheduled focus group interview when one participant called to ask if a woman who was eligible--but who had not been identified because she does not carry her husband's name--might also be included, the size of the group grew to that of ten women. However, shortly before the focus group interview actually commenced that evening, the eldest respondent called to say that, because of sudden illness, she would be unable to participate after

all; thus, the size of the group remained at nine, not including the moderator.

Description of the Participants

Of the nine participants, two are attorneys, three are physicians, three are professors, and one is an academician working in a government agency. All women are working on a full-time basis. All participants are white. Eight are native born; one was born outside the United States. The women's ages range from 29 years to 48 years with a mean age of 37.2. Additionally, they have been professionally employed for a range of 6 to 22 years with a mean rate of 13.3. None of them is a newly-wed, and all of them remain in their first marriage. The years of marriage range from 7 to 21 years with a mean rate of 13.2. Finally, all of them are mothers with the number of children ranging from 1 to 3 with a mean rate of 1.8 children.

Techniques for Data Gathering

Two interviewing methods were used to collect data: the focus group interview and the case study. Non-structured and versatile in nature, the focus group interview is a technique which grew out of the group therapy method used by psychiatrists and is based on the assumption that individuals who share a problem will be more willing to talk about it in the security of others (Bellenger, 1979, p. 13). To this end, it "concentrates attention on some particular event or experience rather than on general lines of inquiry about the event" (Good, 1963, p. 292). As such, it is an intensive and searching -

experience, allowing for the interplay of attitudes, convictions, and emotions as participants define and respond to a particular situation.

Its distinct advantage, then, is that the focus group interview provokes discussion which has considerably greater spontaneity and candor than can be expected in an individual interview since the group members draw social strength from each other. And, as noted, the group provides support in expression of anxiety-provoking or socially unpopular ideas (Goldman, 1979, p. 40). The focus group interview is an especially appropriate technique for use with grounded research theory as both aim to generate hypotheses.

The focus group interview also shares salient characteristics with the elite interview: both are conducted in part for information that is not written down--information that only members of an elite or given culture or subculture seem to know--and both possess distinctive perspectives (Feldman, 1981, p. 33). Additionally, neither a focus group nor an elite interview requires or demands a sampling.

Ideally, the focus group interview involves eight to twelve participants with eight being considered an ideal size. If the group is too small, the conversation becomes concentrated and participants feel vulnerable and exposed; whereas if the group is too large, people become frustrated by more views than they can respond to. Accordingly, the group tends to fragment in this situation (Levy, 1979, p. 29).

The interviewer acts as a discussion leader or group moderator in this group situation, directing and focusing remarks toward the issue and at times even participating. The interview begins with comments designed to develop active interest, build rapport, and

relieve anxiety. Initial remarks also define the scope of the interview and provide boundaries for the discussion. The moderator employs non-directive procedures although relying on the protocol of questions which reflects varying degrees of structure: unstructured questions, semi-structured questions, and structured questions (Good, 1963, p. 293). Equally important is the atmosphere which the moderator fosters to provide free communication. In his Client-Centered Therapy, Carl Rogers identifies four qualities characteristic of a productive counseling atmosphere, three of which are transferable to the focus group interview:

- a warmth and responsiveness.
- permissiveness concerned with expression of feeling.
- freedom from pressure or coercion (Rogers, 1951, p. 337).

Certainly, the moderator has many responsibilities, the most important of which may be the ability to listen with what Rogers calls "a third ear."

Individual Interviews or Case Studies

After the focus group interview had been transcribed and analyzed, the researcher scheduled one-hour interviews or case studies with each participant at a convenient location. An individual interview guide, based on that professional's participation in the group discussion, was used to probe for explanations of responses and attitudes only hinted at in the group setting and to examine more fully the issues of role conflict and coping strategies.

Interviewing Instruments and Tools

Use of the Protocol as an Instrument

The researcher/moderator used a protocol of questions to provide the framework for the focus group interview. The protocol consists of a combination of structured, semi-structured and unstructed questions and necessitated a wide range of topic control using silent, neutral, retrospective, recapitulation, and reflective probes. The protocol includes the following four sections:

A. Preliminary Considerations. These items concerned introductions, seating arrangements, signing of consent waivers and a personal history inventory, and refreshments.

B. Warm-up Period. Salient here were a description of the study, assurance of confidentiality, use of the tape recorder, and an explanation of the purpose of the moderator.

C. Questions for the Participants. This section was the heart of the interview and pinpointed the four topics of the dissertation: definition of the term "professional," delineation of roles, identification of conflicts, and identification of coping strategies.

D. Wrap-up Period. The moderator used a false termination in this section to elicit final discussion, then summarized the session, assured feedback, and thanked the women for participation in the first phase of the study. (For a copy of the protocol, see Appendix D).

Use of the Tape Recorder

In both the group and individual interviews, the tape recorder was used to ensure an accurate record of the discussions and to eliminate the interviewer bias inherent in taking notes. Most obviously, the use of the tape recording enabled the researcher to become a participant in the discussion by liberating her from the onus of note-taking.

Specifically, the tape recorder was positioned on a coffee table directly in front of the moderator who sat at the apex of the horseshoe seating arrangement. The dual microphones used were sensitive in picking up background comments.

Analysis of Data

Transcribing

The researcher herself transcribed the tapes because of issues of confidentiality arising from the participants' professional identity in a small, closely-knit southern city. Every effort was made to type the copy exactly as it was spoken, replete with "uh huhs" and copious "you knows." Where multiple comments made discussion unintelligible, that situation was noted in brackets within the text.

All participants received a fictitious coded surname and are identified by this name and their professional degree for purposes of easy reading.

All proper names of people and institutions were eliminated and were replaced with general descriptions.

Content Analysis

According to Holstei, "Content analysis is a multi-purpose research method developed specifically for investigating any problem in which the content of communication serves as the basis for inference" (Holstei, 1969, p. 2). Separate content analyses of the transcripts from both the focus group interview and the case studies were performed to determine the nature of the issues discussed; the persistence of these issues; and the intensity of direction associated with them, following Berelson's theory that content analysis can be divided into the two categories of "what is said"--the form of the statement--and "how it is said"--the intensity of direction (Berelson, 1971, p. 147).

The unit of recording is the individual statement or assertion about the subject matter made by the participant. The unit of context is the framework of the questions asked--the question itself and the ensuing discussion. The content analysis has five major categories derived from the protocol used with the focus group interview: Definition of "Professional," Delineation of Roles, Identification of Conflicts, Identification of Coping Strategies, and Other Issues. These categories are "compartments with explicitly defined boundaries into which material is grouped for analysis" (Berelson, 1971, p. 39). As such, they reflect the purpose of the search, are exhaustive, mutually exclusive, independent, and derived from a single classification principle (Holstei, 1969, p. 95). Sub-categories were selected from characteristics described in the review of the literature.

Relying on the work of Osgood, the researcher quantified the frequency of the recording unit and used frequency as a measure of its importance (Holstei, 1969, p. 71). Secondly, the researcher recognized the intensity of direction, or the strength or degree of the conviction expressed, by analyzing the connectors (verb phrases) and common-meaning evaluators (modifiers) and subsequently assigning a weight in terms of a three-step scale running from 1 to 3 depending on the strength of the connector or evaluator used in conjunction with the topic being described. Levels of direction based on an examination of verb usage included the following with examples:

++ unqualified positive (to have)

-+ qualified positive (plans to have)

-- unqualified negative (does not have)

+- qualified negative (may not have)

± balanced (both favorable and unfavorable presentations clearly and equally involved)

0 no direction (neutral)

Levels of intensity based on the presence and use of modifiers included the following with examples:

3 strong intensity (extremely)

2 moderate intensity (quite)

1 weak intensity (slightly)

At this point, the researcher acknowledged the difficulty of working with the original coding chart which contained categories inappropriate to the participants' discussion and which overlooked relevant others. (See Figure 1, Appendix F). Consequently, she

constructed a revised coding chart by collapsing some of the original categories and adding new ones. (See Figure 2, Appendix F). To ensure reliability, an independent coder evaluated two individual interviews and compared markings with the researcher. Next, using the revised coding chart, the researcher integrated the discrete data from both phases of the study, again employing a frequency count and the three-step scale of intensity of direction. The final use of the content analysis allowed the researcher to draw inferences because findings were not subjective but instead a counting and listing of assertions neither judged favorably or unfavorably (Berelson, 1971, p. 57)

CHAPTER IV

PRESENTATION AND ANALYSIS OF THE DATA

Prefatory Note

The nine professional women participating in the study included the following:

- Alder, M.D., a forty-eight year old physician born outside the United States. Married to a physician, she has been in practice twenty-two years and has three children.
- Boston, J.D., a thirty-two year old attorney married to a physician for nine years and in practice seven years. They have one child.
- Huffner, Ed.D., a forty-two year old professor who has been married to her professor-husband for twenty years. In her profession for fourteen years, she has two children.
- Jordan, J.D. and L.L.M., a thirty-one year old attorney, married to an attorney for five years and mother of one child. She has been practicing eight years.
- Kurth, Ed.D., a thirty-four year old professor married to a professor for twelve years and mother of three children. She has been teaching for eleven years.
- Maynard, M.D., a twenty-nine year old physician married seven years to a physician and mother of one child. She has been in practice six years.

- Pomeroy, Ph.D., a thirty-three year old scholar working in a bureaucracy, married seven years to a physician, and mother of one child.
- Secor, M.D., a forty-three year old physician in practice for eighteen years, married to an attorney for twenty years, and the mother of two children.
- Thacker, Ph.D., a forty-three year old professor for twenty-two years, married to a professor for twenty-one years, and mother of three children.

Introduction

In this chapter data from both the focus group interview and the nine individual case studies will be interwoven to present a descriptive picture of nine professional women who are not only married to professional men living in a southern city, but who are also assuming full responsibility for their careers and for their children. Discussion for the focus group interview was guided by a moderator using a four-part protocol; that for the case studies was more directly focused with the use of a separate protocol which re-examined the individual's responses to the focus group questions but also probed for deeper explanations. The chapter is organized around the headings used in the protocol.

The Professional: A Definition

The professional woman in this study describes herself in terms of immediate situations and demands upon her time rather than by characteristics defined by the literature.

The professional woman finds herself constantly planning her work, reading journals and attending continuing education courses, mulling over problems that others may not recognize as problems, answering phone calls even at home and carrying responsibility over a twenty-four hour day. If she isn't careful, she finds that because ". . . Somebody's always wanting something of me when the well is dry," she "feels like a squash" when she gets home.

As Physician Secor expressed it, "When I'm off, I'm not off." In an expanded definition, Attorney Boston stated:

> People bring me their problems and leave them with me. And they go off and they're very happy . . . . So, I think the added responsibility is, is not, just, you know, the function but the emotional garbage that professionals carry.

A sense of responsibility weighs heavily for the woman professional; of the forty-six statements made concerning professional characteristics, eleven or 24 percent addressed this issue. [For this and subsequent numerical references, see Table 1].

What, then, propels a woman into the professions? Although four of the women were eldest children, only one other characteristic frequently defined in the literature was relevant: three women (Huffner, Kurth, and Maynard) had a work-oriented mother during their formative years. The women entered the professions for both externally and internally-motivated reasons, citing a strong desire for financial independence, status, a sense of control, security, and especially recognition. Three women (Boston, Huffner, and Pomeroy) acknowledged a concern early in their academic training

Table 1. Summary of Content Analysis

	Focus Group Interview		Case Studies		Totals	
	F*	I**	F	I	F	I
I. Definition of "Professional" (IIIA)	\	\	\	\	\	\
A. Characteristics	\	\	\	\	\	\
1. Is Autonomous	0	0	8	8 ++3	8	8 ++3
2. Possesses Terminal Degree	0	0	0	0	0	0
3. Has Client Base	2	2++3	5	5 ++3	7	7++3
4. Is Accorded Professional Trust	0	0	6	6 ++3	6	6 ++3
5. Shows Commitment to Calling	1	1++3	6	1 +-3 1 ++2 1 +- 3 1 +- 2 2 - -3	7	2 ++3 1 ++2 1 +-3 1 +-2 2 - -3
6. Other: Stays Up-To-Date; Responsibility	11	11 ++3	0	0	11	11 ++3
B. Need for Achievement (IIIA3;IA)	6	6++3	52	31 ++3 2 ++2 1 +-3 1 +-2 12 - -3	58	37 ++3 2 ++2 1 +-3 1 +-2 12 - -3
C. Effect on Husband's Career (IIIA5;IF)	0	0	4	4 ++3	4	4 ++3
D. Effect on Wife's Career	5	5 ++3	8	7 ++3 1 ++2	13	12 ++3 1 ++2
E. Possession of Professional Dream (--;IB)	0	0	18	6 ++3 4 ++2 2 -+2 1 +- 1 3 -- 2 3 -- 3	18	6 ++3 4 ++2 2 -+2 1 +- 1 3 -- 2 3 -- 3
1. Early Identification	0	0				
2. Mentor (--;ID)	9	5++3 4 - -3	8	8 ++3	17	8 ++3 2 ++2 1 -+ 2 6 - - 3
3. Role Model	3	3 ++3	11	++3	14	++3
II. Delineation of Roles (IIIB;IIA)	\	\	\	\	\	\
A. Salient Role	\	\	\	\	\	\
1. Daughter	0	0	3	1 ++3 2 +-3	3	1 ++3 2 +-3
2. Friend	0	0	0	0	0	0
3. Mother	0	0	8	5 ++3 2 ++2 1 - -3	8	5 ++3 2 ++2 1 - -3

*Frequency of Comment
**Intensity of Direction

Table 1. (Continued)

	Focus Group Interview		Case Studies		Totals	
	F	I	F	I	F	I
4. Neighbor	0	0	0	0	0	0
5. Professional	0	0	5	4 ++3 1 ++2	5	4 ++3 1 ++2
6. Relative	0	0	0	0	0	0
7. Volunteer	0	0	6	4 ++3 1 ++2 1 --3	6	4 ++3 1 ++2 1 --3
8. Wife	0	0	9	5 ++3 2 ++3 1 ++3 1 --3	9	5 ++3 2 ++3 1 ++3 1 --3
9. Other: God	0	0	1	1 ++3	1	1 ++3
B. Role Expectations for Self (IIIB;--)	\	\	\	\	\	\
1. Stated Expectations (IIIB3;--)	6	0	3	3 ++3	3	3 ++3
2. Unstated Expectations	7	6 ++3 1 ++2	9	8 ++3 1 ++2	16	14 ++3 2 ++2
C. Role Expectations by Others	\	\	\	\	\	\
1. Stated Expectations (IIIB4;--)	14	14 ++3	2	2 ++3	16	16 ++3
2. Unstated Expectations	39	35 ++3 3 ++2 1 --2	43	39 ++3 4 ++2	82	74 ++3 7 ++2 1 --2
D. Preparation for Multiple Roles (IIID6;IVD)	\	\	\	\	\	\
1. Birth Order	0	0	0	0	0	0
2. Family Need	0	0	8	7 ++3 1 ++2	8	7 ++3 1 ++2
3. Independence	0	0	9	9 ++3	9	9 ++3
4. Intelligence	0	0	4	4 ++3	4	4 ++3
5. Role Model	0	0	9	9 ++3	9	9 ++3
6. Self-Esteem/Confidence	0	0	4	4 ++2	4	4 ++2
7. Other	0	0	0	0	0	0
III. Identification of Conflicts (IIIC;IIIA)	\	\	\	\	\	\
A. Conflicts of Personal Nature	\	\	\	\	\	\
1. Achievement	1	1 ++2	7	7 ++3	8	7 ++3 1 ++2

Table 1. (Continued)

	Focus Group Interview		Case Studies		Totals	
	F	I	F	I	F	I
2. Career Advancement	0	0	17	17++3	17	17++3
3. Self-Identity/Self-Worry	0	0	15	13++3 2++2	15	13++3 2++2
4. Stroking	27	22++3 1++2 4--3	17	10++3 2++2	39	32++3 3++2 4--3
5. Time Pressures	8	8++3	5	5++3	13	13++3
6. Other	0	0	0	0	0	0
B. Conflicts Related to Dual-Profession Marriage (IIIC4;IIIB)	\	\	\	\	\	\
1. Career/Work Balance With Achievements	9	9++3	20	14 ++3 1 ++2 1 +-3 4 --2	29	23++3 1++2 1+-3 4—2
2. Children/Household, Childcare	0	0	6	6++3	6	6++3
3. Communication	0	0	7	4 ++3 1 --2 2 --3	7	4 ++3 1 --2 2 --3
4. Competition	0	0	10	6++3 1++2 1--3 2--3	10	6 ++3 1 ++2 1 --3 2 --3
5. Equity/Responsibility	7	7++3	9	9++3	16	16++3
6. Goals/Ideals	0	0	4	3++3 1++2	4	3++3 1++2
7. Money	8	6++3 2--3	20	19++3 1++2	28	25++3 1++3 2--3
8. Time/Stress	8	8++3	27	23++3 2++2 2--3	35	31++3 2++2 2--3
9. Other: Housekeeper, Judgment	0	0	9	9++3	9	9++3
C. Personal Cost Issues (--;IIID)	\	\	\	\	\	\
1. Acceptance	0	0	1	1++2	1	1++2
2. Achievement	0	0	13	7++3 4++2 2+-2	13	7++3 4++2 2+-2
3. Exhaustion/Stress	6	0	23	22++3 1++2	23	22++3 1++2
4. Friends/Social Life	7	7++3	14	11++3 3--3	21	18++3 3--3
5. Guilt	20	14++3 2++2 4--3	5	5++3	25	19++3 2++2 4--3
6. Other: Resentment; Isolation						

Table 1. (Continued)

	Focus Group Interview		Case Studies		Totals	
	F	I	F	I	F	I
IV. Identification of Coping Strategies (IIID;IVA)						
A. Accommodation/Sacrifice	4	4 ++3	29	23 ++3 5 ++2 1 +−3	38	27 ++3 5 ++2 1 +−3
B. Avoidance/Withdrawal	2	2 ++3	29	20 ++3 1 ++2 2 +−2 1 +−3 5 −−3	31	22 ++3 1 ++2 2 +−2 1 +−3 5 −−3
C. Communication	0	0	7	7 ++3	7	7 ++3
D. Compartmentalization	0	0	8	6 ++3 2 ++2	8	6 ++3 2 ++2
E. Denial	0	0	1	1 ++3	1	1 ++3
F. Division of Tasks	0	0	14	13 ++3 1 −−3	14	13 ++3 1 −−3
G. Elimination	0	0	3	3 ++3	3	3 ++3
H. Establishment of Priorities	1	1 ++3	11	9 ++3 2 ++2	12	10 ++3 2 ++2
I. Equity	0	0	16	11 ++3 2 ++2 3 −−3	16	11 ++3 2 ++2 3 −−3
J. Exercise	0	0	3	3 ++3	3	3 ++3
K. Fantasy	0	0	5	4 ++3 1 +−3	5	4 ++3 1 +−3
L. Hired Help	0	0	22	18 ++3 1 ++2 1 +−3 2 −−3	22	18 ++3 1 ++2 1 +−3 2 −−3
M. Limitation	0	0	21	20 ++3 1 ++2	21	20 ++3 1 ++2
N. Liquor	0	0	4	4 ++3	4	4 ++3
O. No Strategy	0	0	0	0	0	0
P. Planning & Scheduling	1	1 ++3	24	18 ++3 1 ++2 2 −−2 3 −−3	25	19 ++3 1 ++2 2 −−2 3 −−3
Q. Problem-Solving	0	0	3	1 ++3 2 ++2	3	1 ++3 2 ++2
R. Religion	0	0	0	0	0	0
S. Role Redefinition	2	2 ++3	25	25 ++3	27	27 ++3
T. Support Network	0	0	8	7 ++3 1 ++2	8	7 ++3 1 ++2
U. Working Harder	2	2 ++3	18	17 ++3 1 ++2	20	19 ++3 1 ++2
V. Other: Going Away	0	0	3	1 ++3 2 ++2	3	1 ++3 2 ++2
V. Desired Future Helps (IIID7;IVF)						
A. Career Adjustments	0	0	0	0	0	0

Table 1. (Continued)

	Focus Group Interview		Case Studies		Totals	
	F	I	F	I	F	I
B. Childcare	0	0	2	1++3 1++2	2	1++3 1++2
C. Children - Fewer	0	0	1	1++3	1	1++3
D. Communication	0	0	1	1++2	1	1++2
E. Household/Yard	0	0	3	3++3	3	3++3
F. Role Models	0	0	2	2++3	2	2++3
G. Role Redefinition	0	0	7	7++3	7	7++3
H. Stroking	0	0	0	0	0	0
I. "Supernatural	0	0	2	2++3	2	2++3
J. Support System	0	0	1	1++3	1	1++3
VI. Advantages of Dual-Profession Marriage (--;IIIC)	\	\	\	\	\	\
A. Children/Marriage	0	0	4	4++3	4	4++3
B. Communication	0	0	9	4++3 5++2	9	4++3 5++2
C. Husband: Pride, Understanding, Support	3	3++3	13	9++3 3++2 1-+3	16	12++3 3++2 1-+3
D. Income	0	0	2	2++3	2	2++3
E. Satisfaction	0	0	3	2++3 1++2	3	2++3 1++2
F. Sharing	0	0	13	13++3	13	13++3
G. Other: Outlet, Everything	0	0	3	3++3	3	3++3

that they did not want to depend on a man for reasons of financial support. Dr. Huffner, in particular, had experienced real hardship when her attorney father died when she was nine and left the family living "in almost slums." Others sought a profession for reasons of status and security: "I wanted to be somebody," stated Dr. Alder. Only Attorney Jordan admitted the need to receive public adulation, respect, and praise from others when she stated, "I went to law school because I wanted people to say, 'Oh, you're a lawyer.' I like all that praise."

In this study, only one participant, Attorney Jordan, expressed a clear-cut reason for selecting her profession. She recognized her need for attending law school and repeated: "I think I sit and look deep down inside, and why did I go to law school, because I wanted people to go, 'Oh, you're a lawyer!" She admitted the appeal of the external rewards of praise, adulation and money--but reflected also, "I wish that I had a more deep and meaningful reason for doing the things that I do . . . ."

Other women provided reasons including the following:

- "I started [med-school] because my friend wanted to . . . ."
- "I was out of tune with myself" in another graduate program.
- "I go about things wrong. I don't explore them fully."
- "I didn't plan so much . . . . I've fallen into what I've done. I didn't plan to go to graduate school either."
- "So, my teacher said, 'Why don't you just go to med-school?' I said, 'That's a good idea.' So I enrolled."

Not surprisingly, then, for women who did not control a dream from the beginning, autonomy in their profession is a term that received scant attention in their discussion; only Professor Kurth addressed the topic. Issues concerning professional trust received, likewise, limited attention from only one participant, Dr. Secor.

What did elicit many statements--fifty-eight--from these nine women was the topic of achievement within the profession. The women discussed the need for achievement on two levels--that of intrinsic and that of extrinsic need--and emphatically stressed the difference between the two. To them, the realization of their own competency in the field and the satisfaction gained from this awareness characterize achievement at the intrinsic level. Achievement needs on the extrinsic level require acknowledgment of competency and recognition of hard work from colleagues and peers.

In talking about her need for achievement, Attorney Jordan said, "It's probably everything to me . . . . It's the major reason that I'm--that I consider myself a person who's quote unquote 'driven', you know, and it's the main reason." Dr. Alder in similar terminology spoke of achievement: "Well, I'd just have to say I think it is my number one." Professor Kurth spoke of the importance of doing a good job, and Dr. Maynard affirmed that idea: "In terms of keeping up so that I know within myself that I'm doing a good job, it is intensely important."

In their own assessment, external recognition is not readily available to them; and, because they feel they are not allowed to be average, they easily succumb to the superwoman dilemma as Dr.

Secor voiced it:

> Do we then try to do a little bit more fine work in hopes of getting a little bit more feedback and then people--the expectations get so high that anytime you do an okay job, ah, it's below your, ah, usual, and your usual has to be up here, and you're not going to get praised for your usual. So then you have to up it? And then we get in this upward spiral until we get where I said I was, was, been feeling the last couple of years. I'm going to have to--I'm going to burn out or I'm going to slow down, one of the two. Somewhere.

Professor Thacker echoed the frustration: "I think I have that problem. I just think, oh well, if I just do it better, you know --"

The need for stroking was felt in childhood where one woman, Professor Kurth remembered, for example, her father never praised her even if she brought home all A+'s. Dr. Alder wondered what difference it would have made for everyone's professional career achievement is that need had been fulfilled; however, while Dr. Secor pointed out that their psychological tension would have been lower and life more satisfying, all women agreed that they had achieved simply because they themselves had wanted to do so.

Some of their need for reinforcement might have been met by mentoring. However, only three of the women had been guided by a mentor, and that guidance came early in their careers, Dr. Kurth's from an astute supervisor, Dr. Maynard's from a crusty female physician, and Scholar Pomeroy's from a male professor. The six other women never experienced that professional reinforcement. While the advantages of mentoring and networking are widely touted in both popular and professional literature, for 67 percent of these women the opportunities were non-existent.

Once in the profession, women experienced strain from both stated and unstated expectations others had for them and their performance. Altogether, there were sixty statements made concerning this issue during the focus group interview and another fifty-seven during the case studies. Virtually every woman voiced concern, with all but seven remarks made with strongest intensity. Specifically frustrating were the expectations others had for professional identity, defining that not only in terms of achievement as previously discussed but also in terms of behavior, dress and reputation. Dr. Maynard underlined the feeling that every professional woman has to establish herself before she is accorded credibility; and then that credibility is always being tested. It is never assumed simply by virtue of training, education and stature as seems true for male professionals. As a result the professional woman is conscious of her behavior: "I want them to think of me as having something in my head . . . . So I don't try--I try to look nice, but I don't try to look particularly attractive to them"--Professor Huffner. That behavior and dress are closely identified was reinforced by Professor Kurth's discussion with her daughter concerning the difference in the respective casual and formal dress styles she and her professor-husband have adopted. Professor Kurth explained, "Well, the difference is your dad can do that [wear anything he chooses to work] because it is <u>assumed</u> he knows what he is talking about by virtue of his being a man; and when I walk in, if I am not introduced as Dr. Kurth then I must not be a <u>real</u> doctor because I wouldn't be dressed in a sundress, you know."

Dr. Alder is subjected to rigid expectations by the general community, the hospital community, her church, and her patients. Because she senses that the community is often suspicious and perhaps thinks that she as a doctor and professional will "take over" or dominate a situation, Dr. Alder feels isolated from community work. When she offered to help with the dishes at a church supper, for example, she was discouraged from participating. In the eyes of the others, she is to be treated with deference; "They think I'm not supposed to touch the dishes. I'm not supposed to clear the table. I'm not supposed to do this. I'm not even supposed to cook!" And when she told a drug salesman that she had to leave the office to go home to cook supper, he replied that he didn't think doctors cooked: "I thought you had a maid, and a housekeeper, and you just go on and throw your clothes on the floor and somebody picks it up." Furthermore, Dr. Alder copes with the expectations of her patients who also influence her dress: "I would think the patients would be insulted if I walk in the room and come in with blue jeans."

Role expectations make Dr. Secor protective of the professional reputation that she has built up over the years, and as she puts it of "keeping my skirts clean--both knowledge-wise and community living-wise, because I think the community still expects both of those things of a doctor, that it be a stable member of the community and not a kook and to be well-informed."

Delineation of Roles

Roles are tightly constricted for the nine professional women, with the highly salient ones being those used as criteria for participation in this study: wife, mother, and professional, although not every woman responded directly to questions concerning each role. Other roles received little or no attention. Specifically, the role of daughter was mentioned only by Attorney Boston; no one mentioned the role of friend, neighbor or relative. Three women mentioned the role of volunteer, two seeing it as highly important and one as not important at all. Dr. Maynard discussed the primary importance of her role with God.

There was no conversation in the focus group interview concerning definition of "roles," whether they might be synonymous for areas of responsibility or whether they might be equated with self-identity. In the individual interviews where the topic was pursued more closely, Attorney Boston pointed out that roles "are just labels that have been attached to the individual as an individual has gone through life." She continued, saying, "And I don't think that you can define your life by what you are to other people." Later on she reflected, "But I don't define myself. Those are just things that have happened to me as I've gotten older, those of being a professional, and a wife, and a mother."

When questioned about the saliency of their individual roles, seven of the women gave priority to their family roles. However, Attorney Jordan expressed discomfort with her responses: "I'm not

sure I gave you the answer you were looking for." She continued to explain, "If I were being quoted under my name for a newspaper, you know, for the general public who's going to judge me on what I've said, I'd probably say, 'Wife and Mother.' But to be honest, to be anonymous, so to speak . . . , it really doesn't say everything to say that wife and mother is the most important. Wife and mother, you hope is the most enduring; . . . but now at age almost thirty-two, you know, that job is real important."

One professional woman placed her career role first without any qualifications; another chose not to define herself by roles. Although seven women clearly acknowledged that family roles--wife and mother--were most important to them, two of them also noted that the importance of a role "changes from moment to moment." It becomes a "fluid thing." Professor Kurth, in particular, said, "At any one moment of the day one [role] is in ascendancy and others are left. I don't think I could choose which one is the important, which one is the most important to me personally. Each one gives me a lot of satis [sic]--and I can't separate myself from any one of the three. I'm a combination of those three things."

Professor Huffner, the one woman who responded that her career comes first, accords it primacy because of need. She was forced to shift role priorities when her husband, a professor at another college, did not receive tenure. She remembered, "It was when I realized that he might not get tenure and I was treating my profession as secondary to my personal life; and it dawned on me that my profession

was going to be the thing that was going to hold our family together financially, and that I better not take it for granted."

In discussing this same topic of role identity and priority, Dr. Secor ranked that of mother first and doctor second, omitting any mention at all of wife. "Those are the two definitely with me, and I decided between those in that I feel like--that if I had to take a choice between a mediocre practice and my child, my children turning out mediocrely well and happy, that I would pick the mediocre practice. Anytime. You know, I think if I had to give up success in one field, I would wish success for my children. I think that would be the most satisfying to me in the long run."

Throughout the discussion of roles, the women shared their concerns about how others' expectations, usually unstated expectations, impinge on them and their behavior. Professor Thacker seemed to sum up the attitudes when she explained her role priorities: "My feeling, at least when I started out as a mother was I want to work and that's different and extra . . . I think that image--you know, my view of it, and I think my husband's--was: If you want to work fine, but you carry the full load."

There are no common features in their backgrounds which helped the nine women prepare to assume multiple roles. However, three women stressed the importance of birth order: Dr. Alder, as the oldest child, had to assume major responsibilities at age fourteen for five younger siblings when her mother died; Attorney Jordan, as the third child in five, objected to being"lost in a shuffle"between the two age groups of siblings and so became an over-achiever to

gain attention; and Scholar Pomeroy, as a "strange" middle child--or "pseudo" first child--in a family where the first child was eleven years old when she was born, adopted the achieving stance of a first-born and the conciliating role of a middle child. Family responsibilities were important for Dr. Alder and especially for Professor Huffner who, when her father died when she was nine years old, immediately assumed part-time work in a hat store. Additionally, three women (Attorney Boston, Professor Huffner, and Scholar Pomeroy) noted their conscious, early decision to attain independence, at least financially; and one (Professor Thacker) noted that her intelligence was responsible for enabling her to handle multiple role responsibilities. Four women (Dr. Alder, Professor Kurth, Scholar Pomeroy, and Dr. Secor) emphasized the importance of models--mothers, an aunt, a grandmother--who helped the young women think of themselves with confidence and strength. When the data for mentors and role models from their childhood or early professional years are combined, it becomes clear that all nine women benefitted from an older woman who presented personal strength and success in handling several role responsibilities.

Identification of Conflicts

Conflicts were classified for purposes of this exploratory study into two categories: those of an individual nature and those of a dual-profession marriage. Although there is some overlapping in the categories, the distinguishing characteristic in the coding for content analysis was the use of the pronouns "I" and "We" to signify the respective first or second category.

While only two women addressed the issue of conflict regarding their personal achievement and while only eight remarks (9 percent) out of a total of ninety-two remarks in this category concerned this aspect, it is inter-related with the issues of career advancement which accounted for 18.5 percent of the statements; self-identity/self-concern which accounted for 16 percent; stroking needs which received 42 percent of the attention; and time pressures which collected 14 percent. Furthermore, of the ninety-two statements made in this category, 93.5 percent of them are positively directed ones issued with strong intensity. Obviously, then, this was an area of importance to these nine women.

"You talk about achievement in the field and I'm kind of disappointed in myself that I haven't achieved more than I have in the field," claimed Professor Thacker. She and Scholar Pomeroy, who feels she is very "marginal" in her field because she is working outside her area of training, spoke with moderate intensity about their achievements; Pomeroy qualified her concern, saying ". . . and I suppose I do have a certain amount of ambition in terms of--not that I want to be the outstanding scholar in my field necessarily but that I want to do something that's significant and important." She realized that she is at a critical point in her career and feels compelled not to "waste" any more time in "this little diversion," her present bureaucratic position.

Professor Huffner worried about whether she should be so achievement-oriented; she feels she must create new sets of circumstances to replace fulfilled achievement needs. Both Dr. Alder and

Dr. Secor accept the level of achievement they've attained. In Dr. Secor's words, ". . . but this has been satisfying enough." Dr. Alder admitted, "I would like to be a little bit more, you know--more known, or a little bit--do something else than I'm doing, but I still think my priorities [sic] is my family first. And then my career. But it's a good balance." Only Dr. Maynard and Dr. Kurth expressed outright satisfaction with their professional employment. "I'm really, really satisfied with where I am right now . . . . I really feel like I have my cake and eat it, too, right now," said Dr. Maynard. Professor Kurth exclaimed, "I really enjoy my job . . . . That is such a wonderful, free feeling . . . to be able to control something that is really important to you and your life at the same time because the two are very much intertwined."

Concomitant with achievement are, of course, career advancement and self-identity concerns; and these are areas of increasing conflict, particularly for women like Professors Huffner and Thacker who have--after fourteen and twenty-one years in the profession, respectively--attained associate professor status and see no opportunity or incentive for advancement. Both have mounting questions: What should I do next? Where can I go in the field? What are my opportunities outside the field of education? Similarly but at a younger age, Attorney Boston considered quitting her profession but then asked herself what else she would do.

Attorney Jordan focused on the worry of whether her high motivational levels make her "a weird duck," while Dr. Secor worried that she had failed at turning on her husband's "ignition switch."

Her apprehension is not with the imbalance of their two professional careers but rather with her personal responsibilities for his advancement and growth. "Maybe part of my responsibility that I didn't realize was to encourage and I was bending over backwards so far not to be pushy and to let him paddle his own canoe that I may have gone too far for our two particular personalities," she said.

The area of gravest conflict remains that of reward, praise, or what is popularly called "stroking," which these women usually associate with recognition for hard work and achievement in their profession. While they all expressed a high need for stroking, only the younger women (Boston, Jordan, Kurth, Maynard, and Pomeroy) felt they receive it, noting it comes mainly from their husbands and only rarely from their colleagues. When the older women (Alder, Huffner, Secor, and Thacker) reported that they receive sparse praise and verbal recognition both at home and at work, Professor Kurth wondered if stroking is a need that women, professional women in particular, need or if it is just a human need which nobody fulfills very well. Dr. Secor continued, "I don't know whether we need it any more but I think we were raised to where we can give it."

A final issue of personal conflict is that of time and the pressure the lack of it creates for the individual. "The thing that bothers me the most about of of this, said Professor Thacker, "is the problem of time. I never have time to really concentrate on anything, and this is probably the worst part of the career thing." Scholar Pomeroy shared the same frustration of never having

time for herself, of having to "steal" it from other activities. In the eyes of these professional women, time is fragmented and fraught with interruptions.

Conflicts Related to a Dual-Profession Marriage

In this category, 144 statements were counted with four topics generating the most attention: career/achievement balance (20 percent; equity/responsibility (11 percent); money (19 percent); and time/stress (24 percent).

All but Professor Kurth and Dr. Maynard had a comment to make on the topic of dual-professional careers, achievement, and the resultant problem of balance. Parenthetically, both of them have husbands in the same profession; in fact, Dr. Maynard shares a practice with her husband. Unlike the other participants, however, Attorney Boston's remarks were negative in direction; she merely stated these issues were not a problem for her. Dr. Alder voiced her concern: "I'm kind of--I'm held back, because my husband is a professional and we have to grow together." Whereas formerly Professor Huffner's role priorities centered around her family responsibilities, when her husband did not receive tenure she adjusted accordingly and placed her profession first; and he became a house husband until she "forced" him back into a salaried job. Attorney Jordan spoke of wrestling with the problem occasioned by the fact that her career (which is moving so successfully that she may reach tenure in several years) may cause her husband (whose

career in the same field is "stuck") to decide to move, to become depressed and rely on alcohol, and perhaps to divorce her. She recognized the difficulty inherent in having "two careers on the same track at the same time." The problem of career inbalance is compounded for Dr. Secor because she, as pointed out earlier, assumes so much of the responsibility for its having happened. She stated, "I bent over backwards not to impose any expectations on him and to ask no questions about the way he was building his law practice and that sort of thing, because he didn't really of me." In the interview, she acknowledged that "it has evolved to where it seems . . . that I am somewhat overworked and he is somewhat underworked . . . that it's okay for him--for me to work a little harder and him to, uh, play golf two-thirds of one day and call it a work day."

Bothered by the disparity between what her professor-husband has achieved and the expectations she has for herself, Professor Thacker talked about pursuing her dream that has "just been on the back burner . . . . So my life is taking off and he has, he's decided he is where he wants to be."

In their discusion, five women (the four older women and Attorney Jordan) expressed unease that their careers are more stable and successful than those of their husbands; but this was not the case for Scholar Pomeroy who feels so "marginal" in her field that if she had only three months left to live would not do what she's doing now. She reflected, "This situation says something about myself and how I have allowed myself to continue doing something I really don't want to do."

Conflicts relating to equity stem from the expectation on the wives' part that their husbands should not only "help" with household tasks but also "share" them. Implicit in the husbands' definition of "help" is the understanding that they do not assume primary responsibility for the household or child care concerns. Scholar Pomeroy remembered that when she was first married, "I would become irate when he would say, 'Well, I help you a lot.'" She would reply, "I don't want you to help me because this is--You really share this household, we both have responsibilities." The crux of the problem may lie with the ownership of final responsibility which was best summed up by Professor Kurth and her description of her husband's stance: "He doesn't hear the same bell that I do." The other women seemed to understand that remark, and Dr. Alder stated, "Our priorities are different from the men. Because my husband would never say, 'I'm in the middle of surgery. Make sure that the kids get picked up.' He won't. If my patient is having a cardiac arrest, I'll stop and pick up the kids. I mean that's the whole difference." Issues of equity and money are closely related, then, because both involve a balance of responsibility and power. If there is no balance or equity, the partners are likely to experience conflict. Four of the women had or are experiencing such a problem. Dr. Alder summarized the situation: "He still feels good if he makes more money . . . . I mean, he has more power in the house because he makes more money." In the focus group interview, she recounted the situation whereby she challenged his power by purchasing her own car even though the

family already owned three others and how angrily her husband spoke of her actions to his male friends. For Dr. Secor the conflict had a different and bitter twist; for, although she earns more money than her attorney husband, because of intense time pressures, for seventeen years she did not assert any power concerning its use and discovered that he had severely over-extended their financial liabilities.

Money has been a doubly conflicted issue for the Huffner family, considering that Professor Huffner now, because of her husband's earlier career termination, carries the financial responsibility for the family and yet he frugally controls the family's spending habits. For couples like the Bostons, Jordans, Kurths, Maynards, and Pomeroys where earning power stays at similar levels, there is no report of conflict over money, although each wife noted how much importance her husband places on her continuing to work.

Of all the conflicts related to dual-profession marriages, time and stress received the most attention, although the statements were made without the expansion of discussion. Such problems range from lack of time to be with each other, to pressures from the career itself, to lack of time for oneself within the marriage. Each of the older women noted she had recently evaluated the problem of time and decided "life is too precious to burn up . . . ."

In this category, along with the personal and marital conflicts, are personal cost issues, which were mentioned 101 times. The topics of exhaustion, lack of friends and a social life, and guilt received a respective 23 percent, 21 percent, and 29 percent of the total

attention. Professor Thacker admitted that she has paid for her ability to juggle multiple roles with "just plain physical exhaustion"; and Dr. Maynard recounted a time when, because she was living her life in a rush, she felt "wiped out" and could go only "second by second." Indeed, six of the nine women talked about feeling tired or exhausted.

In the focus group interview, the women closely examined the issue of guilt: What causes it, why it exists, and how it can be handled. There were fourteen affirmations of guilt made with strong intensity during that session. The women decided that guilt arose from both external and internal sources, from trying to meet stated and unstated expectations of public others concerning their parenting roles and professional roles and from messages they had internalized earlier from family expectations. In no instance did they state that their husbands were responsible for imposing guilt.

Dr. Secor, with approval from the group, concluded:

> I think that the guilt that we have, I think that the guilt we have to work on, the guilt that is really troublesome to us, is what we impose on ourselves, which I feel like quite often comes from ideas that we picked up from chance remarks from other women, aunts, and what have you--in my case, as an eight year old maybe--and then did not necessarily reexamine in the seventies and eighties thoroughly enough and throw out . . . . The messages that we give ourselves on the inside are what we need to work on; and to carry around that bit of a guilt load drags us down and makes us less effective as a parent, and as a spouse, and as a professional.

A lack of time for friends and social life is another cost voiced by the nine women who miss having this kind of relationship because it requires intense nurturing. Although they thought

friendships might provide some of the stroking they need, their allocation of time is focused inward toward their families.

Identification of Coping Strategies

Of the twenty coping strategies identified in the literature and listed on the coding chart for purposes of content analysis, eighteen were employed by the nine professional women. Such strategies include accommodation, compartmentalization, elimination, exercise, hired help, planning and scheduling, role re-definition, and working harder. Of these, and from the total 266 statements made in this category, the following strategies received the most attention:

- Accommodation/Sacrifice 12 percent
- Avoidance/Withdrawal 11.6 percent
- Rold Re-definition 10 percent
- Planning and Scheduling 9.4 percent
- Hired Help 8.3 percent
- Working Harder 7.5 percent

Seventy-eight percent--or seven--of the women have used accommodation/sacrifice as a coping strategy in their dual-profession marriages. Dr. Alder gave up a residency in a university hospital setting so that her husband could have his; Professor Kurth's career needs were addressed after her mathematician husband had located a position; Dr. Maynard left her specialized medical field to practice medicine part-time and assume family responsibilities which she finds equally important with her profession.

Professor Thacker discussed accommodation in depth and with strong intensity. She claimed, "I feel like [my husband] had the full opportunity to achieve whatever he wanted to achieve. I backed him all the way. And he will say to this day, you know, that he always came first. My career was always second. He came first; the kids came first. And with whatever energy or time I had left over, I did what I did . . . . But I also when I made that decision [to have children] said I pay any sacrifice--I pay the price whatever the price may be." At this point the interviewer questioned, "Even if it included accommodating your career to his?" And she replied, "Oh, no problem. I mean definitely. No question about it."

Scholar Pomeroy and her husband seem caught in a double kind of accommodation: originally the couple moved here because of her employment opportunities; but now, because of problems with others' role expectations for a physician's wife, she is unable to advance in her field. Accommodation is being used by Attorney Jordan's husband who would prefer to move to another city but is waiting to see his wife's profession progress, and the strategy is being employed by both partners in the Boston family where he as a physician and she as an attorney have adjusted their practices for the sake of spending time together as a family.

An equally useful strategy for these nine professional women is role re-definition whereby six of the women and their husbands changed their concept of role responsibilities. For example, Dr. Alder spoke of "putting her foot down" and refusing to assume responsibility for all the carpooling and scheduling of their three

children's activities. Her husband has now begun to share the tasks. Professor Thacker noted that her husband now acts the same way, not only relieving her of some of the physical work but also of the emotional responsibility. Professor Huffner's situation of role re-definition has over a period of time undergone the most pervasive changes, for not only has she been forced to re-evaluate the importance of her own profession and to accord it primary attention, but in the process she and her husband actually switched roles until she urged him to return to monetary employment.

Avoidance/withdrawal is a strategy used almost as frequently as accommodation/sacrifice and role re-definition, although it is not discussed directly nor identified by name. A woman employing this technique removes herself physically and emotionally from the situation; or, as Attorney Boston emphasized, "I can do anything I want to do but I don't want-- I'm not competitive," she stated repeatedly. Dr. Alder shared a similar feeling: "I don't really try to do as much as I would like to do . . . . But I could do better if I wanted to do better. Maybe, you know, when my kids are grown."

Earlier in her marriage, Dr. Maynard and her husband used this technique with subsequent deleterious effects to suppress feelings of conflict that were occurring because of the intensive nature of their residencies but that they did not want to release because of the limited time for sharing that they had.

Likewise, Professor Thacker and Dr. Secor have used avoidance/withdrawal throughout their marriages. Dr. Thacker early in her

graduate schooling encountered such "unbelievable harassment" that she quit a prestigious fellowship program and substituted a career in teaching for a career in research. She mentioned an instance of her husband's use of this technique, for when she announced the possibility of leaving university teaching for the independence of consulting, he became angry and went into another room and shut the door. In another situation, Dr. Secor never questioned her husband about building his law practice or about his use of their combined earnings; she avoided any confrontation because she did not have time. Yet, she noted now that he has withdrawn in another way: he spends two-thirds of his working day on the golf course.

Planning and scheduling is a strategy acknowledged positively by four women; a fifth woman asserted five times that she is very disorganized. For Dr. Alder, planning and scheduling is of high priority for she feels she must be "on the dot." Professors Huffner, Kurth, and Thacker rely on the strategy for juggling multiple roles equally well, while Professor Kurth, in particular, uses the planning and scheduling strategy to make sure her responsibilities mesh with those of her husband and children. In fact, the Kurths conscientiously reserve time each evening to plan for the following day.

Although the percentage of statements concerning the use of hired hlep is not so high as that of other strategies, it is employed by eight of the nine (89 percent) women who admitted that the earning power that comes from being a professional buys them freedom. For the women with young children, hired help means a housekeeper and/or sitter; for the others, it means a housekeeper as well as

someone to help with yard work. But, as Professor Huffer pointed out, some professions are better paid and women in those can buy more freedom.

The use of working harder as a strategy belongs exclusively to the four older women and is best typified by the examples of Dr. Alder and Professor Thacker. Dr. Alder admitted, "Everybody says I'm just real quick. Like I can wash my clothes, put on something on the skillet, water my plants, and take a bath at the same time." Professor Thacker recognized that her "tremendous" energy allowed her to write her dissertation with "my kid . . . sitting on my lap." She continued, "And I'm typing a paper and I am so fast that I can type, talk to him at the same time, that--You know, the kitchen is going on, the wash is going, everything, I'm typing." For these women the ability to work harder translates into performing multiple tasks for multiple roles simultaneously.

Desired Future Helps for Maintaining A Dual-Profession Marriage

A scattering of remarks by only three women dealt with this topic, most of them centering on the need for more role re-definition whereby true sharing might occur in assuming responsibilities and listening to the "inner bell" that rings and in developing a sympathetic "third ear."

Advantages of a Dual-Profession Marriage

A total of fifty remarks in this category concerned the advantages of having children, a comfortable income, and the personal satisfaction that comes from the marriage itself. Three advantages in particular were stressed: the pride, support and understanding evidenced by the husband; the communication shared with the husband; and the general sharing experienced. Dr. Secor spoke of her husband as being her "main cheerleader." Understanding one another occurs because both husband and wife have a dream and both are goal-oriented because "you are, in essence, in the other person's shoes . . . . We really do walk in each other's moccasins more." Dr. Alder said having a husband who is also a professional, in her case also a physician, is "like talking to your own colleague, you know, when you get in a problem . . . . He knows I understand." Dr. Pomeroy, echoing this sentiment, said she and her husband communicate easily: "It's like we almost have short-hand." Dr. Maynard provided an enthusiastic conclusion: the advantage of a dual-profession marriage lies in the sharing, she finds. "Everything else pales in comparison to that. That's really a big thing."

CHAPTER V

SUMMARY, FINDINGS, CONCLUSIONS, DISCUSSION AND RECOMMENDATIONS

Introduction

In this last chapter, the writer summarizes the exploratory study, reports findings, shares the conclusions, discusses studies of adult development related to the findings, and presents recommendations for future research.

Summary

This study was both exploratory and descriptive in nature. It examined concerns integral to women in dual-profession marriages, a rapidly accelerating lifestyle--specifically their perceptions of their identity as professionals, their roles, conflicts, and coping strategies. To this end, the researcher identified a pool of twenty-four women in a southern city to whom she addressed letters requesting participation. From the fourteen replies, nine women were selected who satisfied previously established criteria concerning a doctoral or professional degree and professional employment, marriage to a professional, and motherhood. An additional woman requested participation and one woman became ill at the last moment, leaving the participant size at nine.

The researcher explored the following questions and their ramifications:

A. What does it mean to these nine women to be professionals? How important to them is achievement in the professions? How do they describe their need for self-esteem enhancement or "stroking"? Does the nature of their professional work affect their relationship with their husbands?

B. What are the perceptions these women have of the roles they assume in a marriage to another professional person? Specifically, what are the roles? How many are there? From what source have they resulted? What expectations do self, spouse, family, peers, and community attach to these roles?

C. What conflicts do these professional women experience because of their lifestyles, which combine both marriage and a professional career? Specifically, what are the conflicts? Is conflict related to traditional or emerging roles? Is equity perceived as important in contributing to marital conflict?

D. What coping strategies are these women employing to meet the pressures of this kind of marriage and to manage or resolve conflicts? Are there any factors in their childhood backgrounds which helped prepare them for coping with multiple roles?

She employed both the focus group interview and individual interviews or case studies to address the issues of the study, using two protocols--one for the focus group interview and a second, shorter

one for the case studies. In the focus group interview the researcher and participants identified and discussed the major issues; in the case studies the researcher, using techniques of constant comparative analysis, probed more directly for answers to questions hinted at in the focus group session or elicited discussion on new but related topics. Because of the candor and spontaneity characteristic of the interviews, the researcher did not always ask all women the same questions, nor did all participants respond to each question asked. All sessions were tape recorded and transcribed; the information gathered was coded on a content analysis chart with categories delineated from a review of the literature and then revised for greater accuracy and consistency.

Findings

The nine professional women who participated in both phases of this descriptive study are, obviously, distinct individuals. Nevertheless, because they identify themselves by the same three major roles, they frequently share a common perspective upon which inferential findings can be based. From the study the researcher found that:

1. To be a professional was very important to the self-esteem and identity of each of the nine women.
2. Only one women identified in her high school years a career goal or dream--and that decision was based on a friend's career choice. The remaining eight entered the professions by happenstance.

3. Achievement was most meaningful to these women at the intrinsic level and explained their drive to stay competent and current in their professional field.
4. The participants voiced a need for recognition of and praise for their performance and achievement, particularly from their colleagues.
5. These women stated that their professional spouses had a definite effect on their careers in terms of opportunities, advancement, and mobility.
6. Only two women identified a future professional dream, but one that stated emphatically that she would not pursue it.
7. Only three of these professional women had had mentors in their academic careers and none has one presently.
8. Role models--particularly mothers and close relatives--were important in developing confidence and security and expanding their outlook.
9. These professional women possessed three major roles with the order of saliency being that of mother, wife, and professional.
10. Unstated role expectations for self often caused these women guilt.
11. Unstated role expectations by others defined their boundaries of behavior, restricted their opportunities for career advancement, and often caused them guilt and resentment.

12. The most frequently cited instances for helping these women prepare for assuming multiple roles were birth order, family need, role models, and personal characteristics such as intelligence, confidence, and self-esteem.
13. Personal conflicts for the nine women were most intensive in the areas of career advancement, self-identity, and "stroking" needs. The younger women in the group stated that they received "stroking" from their husbands; the older women stated that their needs were not being met sufficiently by their husbands and only rarely by their colleagues.
14. Conflicts related to their dual-profession marriages were most evidently related to the balance between career and achievement needs, equity and responsibility, money, and time and stress. The younger women, whose earnings closely paralleled those of their husbands, did not express conflicts concerning money. The older women, whose earnings exceeded those of their husbands, were bothered by that disparity and experienced conflict in that area.
15. Personal cost issues arose from the conflicts the women expressed and appeared as lack of achievement, exhaustion, and guilt. All of the older women, plus one of the younger women, had rearranged the priorities in their lives because of the stress of exhaustion.
16. These professional women said they felt lonely and isolated, lacking both friends and an external support system.

17. To cope with their multiple roles and conflicts, these women employed most commonly the strategies of accommodation/sacrifice, avoidance/withdrawal, hiring help, planning/scheduling, and role re-definition.
18. Significant advantages to a dual-profession marriage often included sensitive communication; a supportive, understanding husband; and a sense of sharing.

Conclusions

The intensity of the nine women's voices reflected in the transcripts encourages the researcher to form an impressionistic definition of them as women in dual-profession marriages. To reflect best this definition, the writer will present the conclusions through a single representative voice [the woman] speaking for the other women participants.

In this context then, contrary to what one might expect from a review of the literature, the woman was not born into a professional family. A sense of professional identity was not imprinted, then, from childhood; instead, she usually just "happened" into her profession. From the beginning of her career, this lack of direction is apparent as she accommodates her career to the primacy of his, as she eschews a more demanding specialty for one that will enable her to be home more often with her family. She says she accommodates willingly, yet in her later years she speaks of that situation with sadness and often bitterness and resentment. Ultimately, she nurtures everyone's needs but her own. She does not usually possess

a dream for the future; or if she does, she claims she will not pursue it. And, although she admits to thinking of quitting her work, she is not sure just what else she would rather do.

This professional woman is caught in the bind of conflicting expectations: society expects her, as a professional, to be superior in achievement and she also expects that of herself; yet when she performs at highest levels, she receives little or no recognition of that fact. Consequently, she works harder to attain the rewards of praise and recognition from her peers and, when the rewards are not forthcoming, feels dissatisfied and guilty. If she uses avoidance or withdrawal as coping mechanisms, this professional woman has an excuse not to achieve.

Although she describes herself as a "high-energy" person, this professional woman handling multiple role responsibilities is exhausted. There is no energy left to expend on friendships, to develop a support system, or even to communicate well with her husband; and yet these are the very sources that could offer her the "stroking" she desires and needs. She often feels lonely and isolated in her personal life.

Confident and secure in her profession, she expresses worries about the lack of equity, the lack of shared responsibility, in her marital relationship and admits privately to being anxious about the stability of her marriage. The strain of balancing two demanding professions within the marriage is telling: this strain prevents her from socializing and maintaining friendships, even from sharing in communication on desired levels with her husband.

While this woman states that her husband's profession receives priority and while she accords him this control, she herself manages the money in the family, sometimes earning significantly more than her husband.

In conclusion, this professional woman is intense yet reflective, capable of describing herself with humor and also with poignancy. She creates a vivid picture of contradiction and paradox.

Discussion

What distinguishes a dual-profession couple from other working couples is, in essence, the additional and specialized commitment of the wife to her profession.

Professionals are expected to pursue their work in a certain and very rigid way, which often means the work becomes an all-consuming activity. Because of the excessively demanding nature of their work, professionals have usually expected other family members to subordinate their activities. Thus, having two professionals in the same family constitutes a structural problem. Traditionally, American society has found the man's profession more important. Poloma and Garland (1971) and Standley and Soule (1974) found this true for female lawyers, doctors, and academics in dual-profession marriages.

Society perceives a professional as one who has persistence and drive, dedication, and emotional detachment. The need for extensive research, thinking, and writing helps define the parameters that give credence to the saying that the professions make jealous

mistresses. With an unusual quality of single-mindedness, a professional steeps herself in esoteric knowledge, submits to an intense socialization process, and concentrates on achieving success. In the end, the process has usually enhanced an already strong sense of ego.

Once at home, however, the female professional assumes the role of wife, a role which has traditionally been an accommodating one in deference to society's stress on the importance of the husband's profession. Culture has relegated a woman to the role of man's mate and helper. Often, the wife has assumed the mantle of the husband's profession and been comforted by a ready-made identity. Running a household has been the wife's preoccupation, a job which definitely does not allow concentration on anything: it is a job of interruptions and routines in disarray. Thus, in a dual-profession family, the wife must perform the customary role of a subordinate, even though she continues to carry also the role of professional, a role not noted for deference.

Completing the group of major roles is that of mother--another role fraught with interruptions and disorder. Society has expected a woman in this role to be accommodating and mindful of placing the needs of the children first. As a result, she has a "mandate to know and see all about [her] children" (Epstein, Woman's, 108). After all, society maintains, it is the natural role of the mother to rear her children and carry the burden of responsibility.

Society creates definite expectations, responsibilities, and demands for these three primary roles; but roles are further defined

by one's own standards and goals, by both stated and unstated expectations. Assuming multiple roles inherently requires controlling these aspects of role expectations.

A woman's pattern of adult development plays a crucial part in determining how she handles her multiple role responsibilities and how she defines herself through them. At this point, an understanding of a woman's development and its implications for this study is most effectively reached by placing the pattern in juxtaposition to that of a man, as developed in seminal studies by Daniel Levinson.

Levinson in The Seasons of a Man's Life emphasizes the importance of goal-directed planning for a young male and notes that, accordingly, the progression of his adult development is linear in nature, while his identity is achieved through a process of separation. Central to Levinson's discussion is the importance of "the dream" in helping a male become his own man, a dream whereby a man defines himself through his work, one of the two crucial tasks of life: work and love. In the decade of his twenties, a man consciously identifies a dream and begins the arduous path toward achieving it; modifying it and adjusting it as he reaches his mid-thirties; and perhaps abandoning it altogether if he does not see the possibility of attaining it by his mid-forties. Once he has begun to control his dream and discover his self in relationship to it, he then directs his attention to the other salient area of life, that of love.

A woman, on the other hand, according to Maggie Scarf in Unfinished Business: Pressure Points in the lives of Women, defines herself primarily through relationships rather than through work. To this end, she does not identify a dream of her own and set out to pursue it; rather, she searches for relationships to provide her with an identity and to reinforce her self-esteem. In doing so, her identity is held in abeyance. And when she establishes a meaningful relationship with a man, she tends to adopt or share his dream, thus fusing her relationship and identity in the process.

Unlike a man's development which is defined through issues of separation, a woman's progresses in a cyclical fashion, always returning to that point of relationships and self-definition through the approval of others.

For a professional woman, such as characterized in this study, the concerns of goal-setting, achievement, "stroking," and self-esteem are closely intertwined perhaps because of what Scarf terms "her strong tendency to find [her] sources of self-esteem in the context of intimate relationships." If she does not fully achieve her identity until she is secure in a relationship, then, her goal-setting ability is blocked. Without direction in her life, the woman finds it difficult to define the purpose of her achievement needs. Because achievement is meaningful for a woman not only on an intrinsic level but also on an extrinsic or public one, it is this later aspect of definition that becomes confused and often equated with praise, rewards, and "stroking." Her need for approval from others may guide her behavior, according to Scarf, as she seeks to avoid the fear of rejection or the loss of love.

The resulting dilemma is that while a woman may achieve to meet her own personal goals and aspirations, she may not receive public recognition of this fact--a situation which sorely tests her esteem needs and propels her to achieve at increasingly higher levels in continuing efforts to attain others' acceptance. Because her competency is often accepted and, indeed, taken for granted, little emotional nurturance or recognition is extended to the professional woman either by her husband or by her colleagues who, as Nadelson (1977, p. 1072) points out, fail to recognize its importance "because it may seem absurd that a woman so competent and attractive should need to be told the obvious." The result, however, is a diminished self-esteem.

To satisfy her emotional need, a female professional may intensify her efforts, working harder and harder to reach levels of achievement she has yet to define. Since she has been trained from childhood to please someone else, usually a male figure, now as she asks herself, "What do I want? How can I get what I want?," she may develop, according to psychologist Erik Erikson, a sense of shame and doubt over this new focus on herself and her needs for autonomy, control, and emotional sustenance.

Concomitant with the developing self-doubts, the female professional may begin to use the two disparate strategies, commonly identified in medical and sociological journals but obscure to the general reading public, those of adopting a stance of avoidance and withdrawal or of assuming a sense of total responsibility by becoming a "superwoman." Despite her intense and advanced

educational training, the woman may avoid the conflicts and discomforts emanating from her cognitive dissonance by simply abandoning or by adjusting her professional career. Instead, she selects a less demanding occupation or sometimes enters the semi-professions (the allied health field, social work, elementary/high school teaching, and others) so that she can fit her work more closely to the needs of her children and husband. The Rapoport's study in 1969 first noted the willingness of a married professional woman to place her career second to that of her husband and to settle for lowered aspirations. This strategy of avoidance or "fear of success" in Matina Horner's terms relieves a married professional woman not only from role conflict; it also causes her to cease an active search for success and, thus, reduces anxiety over the threat of social rejection and loss of femininity.

Alternatively, the female professional may feel that the best way to handle self-doubt and role conflict is to become perfect in every role, to become a superwoman. An examination of the superwoman complex reveals that a woman doctorate spends less time on job and professional activities because she spends more of her time on household tasks and on child care. With or without children, a married woman spends an average of forty-nine hours per week on employment and professional activities, whereas a married man without children averages fifty-three hours per week and a married man with children averages fifty-two. A male professional clears three to four hours more of professional time than does a female professional. Even more revealing is Astin's study showing that a married doctorate

woman with children spends between eighteen to nineteen hours a week managing the household with an additional ten hours devoted to child care (Centra, Women, pp. 43-45).

Marcille Williams defines this superwoman as "a special type of woman with seemingly limitless energy and a penchant for attempting the nearly impossible" (1977, p. 182). Psychiatrist Alexandra Symonds, calls her a woman "with extraordinary vigor" but then questions whether it is rather "a deeper and more significant struggle" occurring. The married woman professional, dividing time and energy between home and work, is constantly plagued with "divided loyalties, a sense of guilt, and often a shaky sense of identity" ("Wife," p. 57).

Constantly attending to the needs of others and constantly shifting roles--all the while maintaining a face of self-sufficiency, the professional woman seems to pay little or no attention to her own needs or personal growth. According to Symonds, she lacks a "sense of entitlement" and, consequently, often loses touch with herself. Lopate explains the situation graphically when she says such a woman "submerges [herself] in a tunnel of obligations for ten or twenty years . . . ." ("Marriage," p. 503). Not unexpectedly, Symonds finds a woman who combines professional work with marriage and family "pays an excessively high price" ("Wife," p. 62).

Studies of adult development combine to provide a partial explanation for the findings revealed in this exploratory dissertation. Thus, it is not surprising to find that both a survey of this literature and this study, while also extolling the sense of

shared communication within the marriage and the benefits of a supportive husband, disclose a deep concern about the emotional and psychic cost to a woman in a dual-profession marriage--a woman who runs at double pace to juggle multiple roles and responsibilities.

Recommendations

There is a dearth of information about dual-profession marriages, particularly about the role of each spouse, the conflicts, and the coping strategies. It is, therefore, recommended that future research explore questions such as the following:

1. What perceptions do men in dual-profession marriages hold of their roles, conflicts, and coping strategies? Such research might be related to present studies of woman professionals and present a comparative analysis with emphasis on the causal differences between male and female development.
2. What is the relationship of competency, achievement, and "stroking" factors? If women had their "stroking" needs met in their formative years, would the need for achievement and recognition remain at the same high level? Since women depend heavily on others for approval, it is recommended that such a study examine the relationship between performance and external rewards and recognition.
3. How can women who have peaked in their professions while only in the mid-thirties to mid-forties age range be guided and counseled so that they may continue to be professionally

productive and successful? The researcher might use multiple focus group interview sessions to determine the reasons women give for dissatisfaction with achievement in their professions and to discover ways of enriching their work experience.

4. In what ways can young females be taught or socialized to realize the importance of goal-setting as a constant process throughout their lives? Such a study might be expository in nature, pointing out methods to stress the importance of setting both short and long term goals so that one can not only attain a "dream" but also avoid the drift and feeling of purposelessness that occurred for these woman in mid-life.
5. What are the characteristics of long-term dual-profession marriages? It is recommended that since the incidence of these marriages is increasing and since at present longitudinal studies are non-existent, researchers identify couples willing to participate as case studies in a long term project to examine the factors present in successful dual-profession marriages.
6. How can dual-profession couples better meet their expectations concerning the concept of "sharing" versus "helping"? It is recommended that counselors initiate and offer courses of study to professionals prior to marriage. Such courses might stress the differences inherent in the two concepts and the resultant bearing on role conflict.

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APPENDIXES

APPENDIX A

CORRESPONDENCE

LETTER REQUESTING PARTICIPATION IN STUDY

The University of Tennessee-Knoxville Graduate Center
at The University of Tennessee-Chattanooga
105 Hunter Hall
Chattanooga, Tennessee 37402

(615) 755-4119

July 7, 1983

Dear :

While there has been considerable study of dual-worker couples, very little is known about dual-profession couples, the most rapidly increasing occupational group.

As a doctoral student at The University of Tennessee at Knoxville and a professional staff member at The University of Tennessee at Chattanooga, I am conducting a descriptive study of professionally educated women married to professional men to examine specifically the woman's perspective of her roles, conflicts, and coping strategies in such a marriage.

Your participation in my dissertation study will be immensely helpful in shedding light on this topic. The study will consist of two phases: a focus group interview of eight to ten professional women to last approximately two hours on a weekday evening in late July and a follow-up individual interview to be scheduled at your convenience.

If you are willing to participate in the research, please return the enclosed postcard as soon as possible and indicate your scheduling priorities. I will confirm your participation and the interview by telephone.

Please call me at my office (755-4497) or at home (886-5233) if you have any questions.

Most sincerely,

Deborah Elwell Arfken

Deborah Elwell Arfken
Doctoral Student and
Coordinator of Writing Services

Francis M. Trusty

Dr. Francis M. Trusty
Professor, Educational Administration
and Supervision and Committee Chairman

RETURN POSTCARD ENCLOSED WITH LETTER

REQUESTING PARTICIPATION

I am willing to participate in your doctoral study by attending the focus group interview and an individual interview to follow at a later date.

I can attend a focus group interview on any of the following evenings:

_____ Tuesday, July 26

_____ Wednesday, July 27

_____ Thursday, July 28

Signature _____

Telephone _____

CONFIRMATION OF PARTICIPATION IN STUDY

The University of Tennessee-Knoxville Graduate Center
at The University of Tennessee-Chattanooga
105 Hunter Hall
Chattanooga, Tennessee 37402

(615) 755-4119

July 23, 1983

Dear :

Thank you so much for agreeing to participate in my doctoral study of professional women.

The first phase of the study--the focus group interview of eight women--will tale place Wednesday evening, July 27, from 7-9 p.m. in the Betty Blocker Lounge of the UTC Development/Alumni Office. This building is located off 615 McCallie Avenue at the intersection of Douglas and Oak Streets. For easy parking, use the main University entrance, a semi-circular drive off Douglas Street.

Once again, thank you for the generosity of your time and spirit. The enclosed certificate is a token of my deep appreciation.

Please feel free to call me at UTC (755-4497) or at home (886-5233) if I can answer any further questions.

I am looking forward to seeing you this Wednesday.

Most sincerely,

Deborah E. Arfken

Deborah Elwell Arfken

APPENDIX B

CONSENT OF PARTICIPATION IN THE STUDY

CONSENT OF PARTICIPATION IN THE STUDY

The following protection measures will be provided for all women participating in the doctoral study of professional women conducted by Deborah Elwell Arfken:

- The anonymity of all participants is assured.
- The names and addresses of the participants will not be disclosed in the study. Participants will be identified by first name only in the taped sessions of the focus group interview and in the individual interview.
- Participants will be described only by type of profession and on a fictional first name basis within the dissertation.
- The researcher will have the only access to the personal data sheet and to the tapes and will transcribe all tapes herself due to the sensitive nature of the study. Once the transcription is complete and the committee has acknowledged this fact, the tapes will be erased.
- Participants will receive a copy of the completed study.

I HAVE READ THE ABOVE EXPLANATION OF THE PROTECTION MEASURES AND CONSENT TO PARTICIPATE IN BOTH PHASES OF THE STUDY.

Signature _____

Date _____

APPENDIX C

PERSONAL HISTORY INTERVIEW

PERSONAL HISTORY INVENTORY

I. Your Personal Status

Name _____

Age _____

Place of Birth _____

Home Address _____

Telephone Number _____

Name of Professional or Graduate School _____

_____

Type of Professional or Doctoral Degree _____

Year Degree Granted _____

II. Husband's Status

His Name _____

Age _____

Place of Birth _____

Name of Professional or Graduate School _____

_____

Type of Professional or Doctoral Degree _____

Year Degree Granted _____

III. Family Status

Year of Marriage(s) _____

Number of Children _____

Ages of Children _____

IV. Your Professional Status

Number of Part-Time Years in Profession _____

Number of Full-Time Years in Profession _____

APPENDIX D

PROTOCOL FOR FOCUS GROUP INTERVIEW

PROTOCOL FOR FOCUS GROUP INTERVIEW

I. Preliminary Consideration

A. Seating Arrangements

1. Participants sit in horseshoe formation.
2. Interviewer/moderator sits at apex of formation.
3. Tape recorder is positioned on coffee table in front of moderator.

B. Refreshments

C. Purpose of Tape Recording

II. Warm-up Period

A. Introduction

1. Interviewer/moderator introduces self.
2. Participants introduce themselves in turn to group.

B. Explanation of the Study

1. Moderator discusses rationale, methodology, and procedure.
2. Moderator stresses importance of participation in the case history interview, the second phase of this study.

C. Assurance of Confidentiality

D. Signing of consent waiver and personal history inventory.

E. Purpose of Moderator

1. The moderator's purpose is to stimulate and develop discussion of issues.
2. She will set an atmosphere in which candor is possible.
3. The moderator will keep the discussion relevant.
4. The moderator will elicit participation from all.
5. The moderator will only occasionally act as a participant.

III. Questions for Participants

A. Definition of the Term "Professional"

1. What does it mean to you to be a professional?
2. Do you think you as a professional have a different identity from that of a woman who has a job and maybe even a bachelor's or master's degree?
3. How important to you is achievement in your profession?
4. As a professional, how would you describe your need for self-esteem enhancement or "stroking"?
5. Does the nature of your work as a professional affect your relationship with your husband?
6. If either your or your husband's ambition and professional plans had to be altered, who would make the greater sacrifice? Why is this?

B. Delineation of Roles

1. What are the roles you as a professional woman have when you work full-time, have children, and are married to a professional man?
2. By which roles do you define yourself?
3. What expectations do you set for each role? Are these expectations stated or unstated?
4. What expectations for these roles are set by others (spouse, children, relatives, community, colleagues)? Are these expectations stated or unstated?
5. Which role is likely to take a back seat when time pressures you to establish priorities?
6. Does the reaction of your professional colleagues influence the way you handle your multiple responsibilities?

C. Identification of Conflicts

1. We know from previous studies that conflicts often arise because of women's multiple roles. Have you experienced any conflicts?
2. In which areas are the conflicts most intensive?
3. Are there conflicts directly related to being professionally educated?
4. Are there conflicts directly related to being married to a professionally educated man? Have you ever felt competitive or felt he thought you were a source of competition?
5. Do you think families actually need a certain level of stress for excitement?
6. Do you feel there is a personal cost involved in maintaining a dual-professional career marriage?

D. Identification of Coping Strategies

1. What methods do you use to manage the conflicts we've identified?
2. Have you found any strategies which work more successfully for handling particular conflicts than others?
3. Do you have a support network within the family or outside of it on which you can depend?
4. How comfortable do you feel asking for help?
5. How important do you think the concept of equity is for handling role conflict?
6. Is there anything in your background that has helped you prepare for coping with combined roles?
7. What would make the combination of a career and marriage easier for you?

IV. Wrap-up Period

A. False Termination of Session

1. Moderator announces close of session and asks for any further questions.
2. This technique encourages questions from participants who may have been avoiding the embarrassment of participation but who will risk speaking,knowing the session is terminating.

B. Summarization of Session

C. Completion of Personal History Inventory

D. Schedule for Case History Interviews

E. Assurance of Feedback from Study

F. Appreciation for Participation

APPENDIX E

PROTOCOL FOR CASE STUDIES

PROTOCOL FOR CASE STUDIES

I. Definition of the term "Professional"

A. How important to you is achievement in your profession?
B. Levinson talks about the "dream" that men possess and set out to achieve. Do you feel this was true in your situation? When did you set out to achieve it? Was dream in relationships? Performance? Sharing his dream?
C. Scarf talks about the usual early adult dilemmas: what one may do and who one may, which are compounded by feminine worries about what is expected of a woman and what will be pleasing to those she cares about.
D. Did you have a mentor?
E. Comment on the difficulties of ordering priorities of work and love. These are the two tasks of early adult life and for women involve two different selves. This seems especially salient when we realize that women tend to find sources of self-esteem in context of intimate relationships.
F. How does your work affect your relationship with your husband? Does it cause competition? Stress?
G. How would you describe the relationship of two people of high achievement needs who marry? What happens to their support network?
H. How important is need for self-esteem or stroking in your role as a professional?

II. Delineation of Roles

A. What do you consider your salient roles?
B. By which do you define your self?
C. What role is likely to take a back seat in times of stress?
D. Does the reaction of your colleagues influence the way you handle multiple responsibilities?

III. Identification of Conflicts

A. Are there areas of conflict? Are these related to traditional or emerging roles? Which are most intensive?
B. Are any related to being married to a professionally educated man?
C. What do you see as the advantages of a dual-professional career marriage for you?
D. What do you see as the disadvantages of such a marriage for you?

IV. Identification of Coping Strategies

A. When there is conflict, how do you resolve it?
B. What strategies work better than others?
C. How important is equity in handling role conflict?
D. Is there anything in your background that helped you prepare for coping with combined roles?
E. Describe your support system if you have one--within or without the family.
F. What would make the combination of a career and marriage easier?

APPENDIX F

FIGURE 1. CONTENT ANALYSIS OF THEMATIC ISSUES GENERATED FROM FOCUS GROUP INTERVIEW AND CASE STUDIES

FIGURE 2. CONTENT ANALYSIS OF THEMATIC ISSUES GENERATED FROM FOCUS GROUP INTERVIEW AND CASE STUDIES (REVISED)

I. Definition of "Professional"

A. Definition of Term (A1)	Frequency	Intensity of Direction
1. Is autonomous		
2. Possesses professional or doctoral degree		
3. Has client base		
4. Is accorded professional trust		
5. Shows deep commitment to calling		
6. Other		

II. Delineation of Roles

A. Salient Role (B1;2;6)	Frequency	Intensity of Direction
1. Daughter		
2. Friend		
3. Mother		
4. Neighbor		
5. Professional		
6. Relative		
7. Volunteer		
8. Wife		
9. Other		

Figure 1. Content Analysis of Thematic Issues Generated from Focus Group Interview and Case Studies

B. Role Expectations for Self (B3;5)	Frequency	Intensity of Direction
1. Stated expectations		
2. Unstated expectations		

C. Role Expectations by Others (B4;5)	Frequency	Intensity of Direction
1. Stated expectations		
2. Unstated expectations		

III. Identification of Conflicts

A. Type of Conflict (C1;2)	Frequency	Intensity of Direction
1. Achievement needs		
2. Career demands		
3. Child rearing		
4. Competition		
5. Equity		
6. Household tasks		
7. Inability to meet goals and ideals		

Figure 1. (Continued)

Type of Conflict (C1;2)	Frequency	Intensity of Direction
8. Role demands		
9. Time pressures		
10. Unmet expectations		
11. Other		

B. Conflicts Related to Professional Education (C3)	Frequency	Intensity of Direction
1. Achievement needs		
2. Career demands		
3. Time pressures		
4. Other		

C. Conflicts Related to Dual-Profession Marriage (C4)	Frequency	Intensity of Direction
1. Career demands		
2. Competition		
3. Equity		
4. Inability to meet goals and ideals		
5. Unmet expectations		
6. Time pressures		
7. Other		

Figure 1. (Continued)

D. Personal Cost Issues (C6)	Frequency	Intensity of Direction
1. Accommodation		
2. Depression		
3. Fear of success		
4. Loss of self-identity		
5. Other		

IV. Identification of Coping Strategies

A. Coping Methods Used (D1)	Frequency	Intensity of Direction
1. Proactive methods		
a. Avoidance		
b. Compromise		
c. Denial		
d. Division of tasks		
e. Establish priorities		
f. Problem solve		
g. Redefine roles		
h. Withdrawal		
2. Reactive methods		
a. No strategy		
b. Plan and schedule		
c. Work harder		
3. Other		

Figure 1. (Continued)

B. Most Successful Methods (D2;7)	Frequency	Intensity of Direction
1. Equity in relationship		
2. Redefining and stating expectations and roles		
3. Use of support networks		
4. Other		

V. Other Issues

Topic	Frequency	Intensity of Direction
1.		
2.		
3.		

Figure 1. (Continued)

NOTE: Coding responses are based strictly on a reading of the transcripts and do not reflect voice tone or body language.

*Keyed to the numerical positions of questions in the Focus Group and Case Study Protocols, respectively.

	Focus Group Interview		Case Studies																					
	Frequency of Comment	Intensity of Direction	Totals F	Totals I	Alder F	Alder I	Boston F	Boston I	Huffner F	Huffner I	Jordan F	Jordan I	Kurth F	Kurth I	Maynard F	Maynard I	Pomeroy F	Pomeroy I	Secor F	Secor I	Thacker F	Thacker I	Totals F	Totals I
I. Definition of "Professional" (IIIA)*																								
A. Characteristics																								
1. Is Autonomous													7 III	++3									8	++3
2. Possesses Terminal Degree																							0	0
3. Has Client Base	II	++3	8	2++3			II	++3											III	++3			7	7++3
4. Is Accorded Professional Trust																			4 I	++3			6	5++3
5. Shows Commitment to Calling	I	++3	I	I++3			I I	--3 +-3							I	+-2			I I	++3 ++2	I	--3	7	2++3 I++ I+- I+-
6. Other: Stays Up-To-Date; Responsibility	II 5 IIII	++3 ++3	II	I++3																			11	8++3
B. Need for Achievement (IIIA 3; IA)	5 I	++3	6	2++3	I	++3	I I I	--3 +-3 +-3	5	++3	II 4	++2 ++3	4 IIII	--3 ++3	4 IIII	--3 ++3			III 5	++3 --3			58	37++2 I++ I+- I+- I+-2 I--2
C. Effect on Husband's Career (IIIA5;IF)					I	++3					I	++3					I	++3	I	++3			4	3++3
D. Effect on Wife's Career	5	++3	5	3++3	II	++3							I I	++3 ++2			4 I	++3					13	12++3 I++

Figure 2. Content Analysis of Thematic Issues Generated from Focus Group Interview and Case Studies (Revised)

	Focus Group Interview						Case Studies																					
	Frequency of Comment	Intensity of Direction	Totals		Alder		Boston		Huffner		Jordan		Kurth		Maynard		Pomeroy		Secor		Thacker		Totals	
			F	I	F	I	F	I	F	I	F	I	F	I	F	I	F	I	F	I	F	I	F	I
E. Possession of Professional Dream (--;IB)							1 1 1	+-1 --2 ++3			11 1	++2 ++3	11 11	--3 --2 -+2	1	++2	·		1	++3	111 1	++3 ++2	18	
1. Early Identification							11	--3			1	-+3			11	++3			1	++3			6	
2. Mentor (--;ID)	1111 - 1111	++3 --3	9	5 ++3 4 --3			1 1	--3 ++3	1	++3	1	--3	1 2	-+2 ++2	1	++3					1	--3	17	
3. Role Model	111	++2	3	3 ++3									1	++3	1111	++3			1111	++3	1	++3	14	
F. Importance of Being a Professional									1111	++3													5	
II. Delineation of Roles (IIIB;IIA)																							/	/
A. Salient Role																							/	/
1. Daughter							1 11	++3 +-3															3	
2. Friend																							0	0
3. Mother											11 1 1	++2 ++2 --2	1	++3		1	++3		1	++3	1	++2	8	
4. Neighbor																							0	0
5. Professional											1	++2	11	++3			1	++3	1	++2			5	
6. Relative																						·	0	0
7. Volunteer											1 1	++2 ++2	1	-3			111	++3					6	

Figure 2. (Continued)

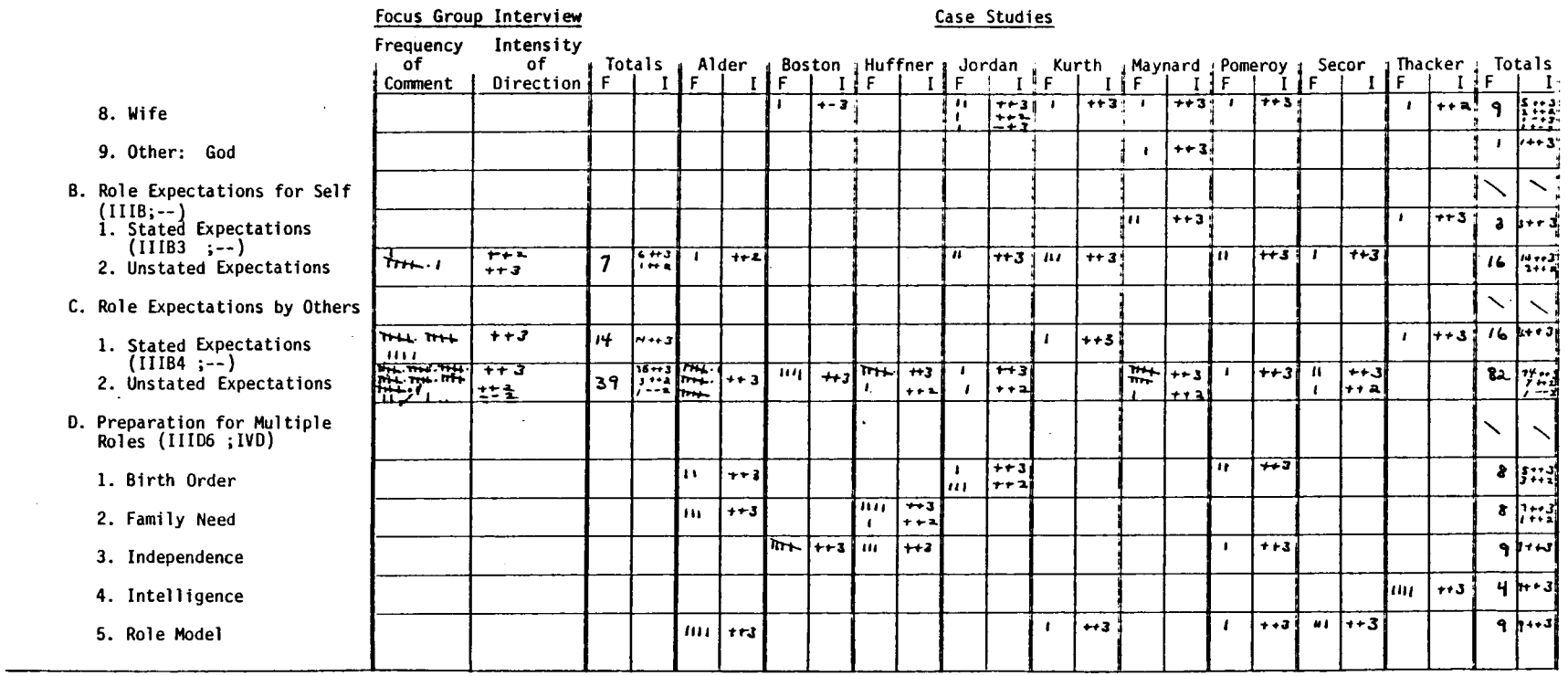


Figure 2. (Continued)

	Focus Group Interview				Case Studies																			
	Frequency of Comment	Intensity of Direction	Totals F	Totals I	Alder F	Alder I	Boston F	Boston I	Huffner F	Huffner I	Jordan F	Jordan I	Kurth F	Kurth I	Maynard F	Maynard I	Pomeroy F	Pomeroy I	Secor F	Secor I	Thacker F	Thacker I	Totals F	Totals I
6. Self-Esteem/Confidence													IIII	++2									4	++2
7. Other																							/	/
III. Identification of Conflicts (IIIC;IIIA)																							/	/
A. Conflicts of Personal Nature																							/	/
1. Achievement	I	++2	1	I++2					II	++3	|||	++3										8	7 ++3 / ++2
2. Career Advancement	/								||| I	++3	III	++3			||| III	++3					17	++3
3. Self-Identity/Self-Worry									I / II	++3 / ++2	III	++3					|||	++3	IIII	++3			15	13 ++ / = ++2
4. Stroking	||| ||| ||| IIII / I	++3 / −−3 / ++2	27	22 ++3 / I ++2 / 4 −−3			I / I	++3 / ++2	||| II	++3	II	++3			I	++2					39	32 ++3 / 5 ++2 / 2 −−3
5. Time Pressures	||| ·III	++3	8	8++3												|||	++3					12	9++3
6. Other																							0	0
B. Conflicts Related to Dual-Profession Marriage (IIIC4 ;IIIB)																							/	/
1. Career/Work Balance with Achievements	||| ·IIII	++3	9	7 −−3	I	−−3	I	−−2	I	++3	||| I	++3 ++3 +−3			II	++3	I	++2	III	−−2	29	23 ++3 / I ++2 / I +−3 / 4 −−3
2. Children/Household, Childcare									II	++3	I	++3					III	++3					6	++3

Figure 2. (Continued)

	Focus Group Interview				Case Studies																					
	Frequency of Comment	Intensity of Direction	Totals F	Totals I	Alder F	Alder I	Boston F	Boston I	Huffner F	Huffner I	Jordan F	Jordan I	Kurth F	Kurth I	Maynard F	Maynard I	Pomeroy F	Pomeroy I	Secor F	Secor I	Thacker F	Thacker I	Totals F	Totals I
3. Communication							1	++3			11 1	--3 --2			IIII	++3							7	4++3 1--- 1---
4. Competition					11	++3	1	--3	1	--2			1	--3	IIII 1	++3 ++2	1	++3					10	6++3 1--- 1---
5. Equity/Responsibility	++++ II	++3	7	7++3									11	++3			IIII	++3	II	++3	1	++3	16	5++3
6. Goals/Ideals									1	++3	11 1	++3 ++2											4	3++ 1--
7. Money	++++ I II	++3 --3	8	6--3 2--3	1 1	++3 ++2			++++ III	++3									II	++3	III	++3	28	5++3 1++ 2--3
8. Time/Stress	++++ III	++3	8	5++3			11 1	++3 -+3	++++ 1	++3 -+3			1 1	++3 ++2	11 1	++3 ++2	11	++3	IIII	++3	++++ II	++3	35	7++3 1++ 1---
9. Other: Housekeeper, Judgment							IIII	++3									++++	++3					9	7++3
C. Personal Cost Issues (--;IIID)																							/	/
1. Acceptance									1	++2													1	1++2
2. Achievement					11 1	++3 ++2															++++ III II	++3 ++2 +-3	13	1--3 1++ 1++2
3. Exhaustion/Stress							++++ II	++3			11 1	++3 ++2	11	++3	++++	++3	1	++3			++++ II	++3	23	2++ 1++2
4. Friends/Social life	++++ II	++3	7	7++3					IIII 1	++3 --3			11	--3			++++	++3			11	++3	21	1P... 3--3
5. Guilt	++++ ++++ . IIII II IIII	++3 ++ --3	20	14 ++3 5 ++ 1 --3							++++	++3											25	3++ 1++ 1---
6. Other: Resentment; isolation	II	++3	2	2++3	1	++2	1	++3			1	++3					IIII	++3			++++ I	++3 ++2	14	4++3 1++

Figure 2. (Continued)

	Focus Group Interview		Case Studies																					
	Frequency of Comment	Intensity of Direction	Totals F	Totals I	Alder F	Alder I	Boston F	Boston I	Huffner F	Huffner I	Jordan F	Jordan I	Kurth F	Kurth I	Maynard F	Maynard I	Pomeroy F	Pomeroy I	Secor F	Secor I	Thacker F	Thacker I	Totals F	Totals I
IV. Identification of Coping Strategies (IIID;IVA)																								
A. Accommodation/Sacrifice	IIII	++3	4	+++3	I III	++3 ++2	III I	++3 +-3	III	++3	I II	++3 ++2			III	++3	II	++3			~~IIII~~ ~~IIII~~	++3	33	23- 5 ++3 1 +-3
B. Avoidance/Withdrawal	II	++3	2	++3	II I	++3 ++2	~~IIII~~ II I	--3 +-3 +-3	IIII	++3					II	++3			~~IIII~~ III	++3	IIII	++2	31	22 ++ 4 ++ 1 +-
C. Communication											I	++3	I	++3	IIII	++2			I	++3			7	7 ++3
D. Compartmentalization													I	++3			III II	++3 ++2			II	++3	8	6 ++3 2 ++2
E. Denial							I	++3															1	++3
F. Division of Tasks									~~IIII~~	++3			IIII	++3					I I	++3 --3	II	++3	14	8 ++3 1 --3
G. Elimination					I	++2					I	++3									I	++3	3	3 ++3
H. Establishment of Priorities	I	++3	I	I ++2			II	++3	I	++2		II	++3		IIII	++3			I	++2	I	++3	12	10 ++3 2 ++2
I. Equity							IIII	++3			~~IIII~~ II I	++2 ++2 --2	II I I	++3 ++2 --2									16	11 ++3 3 ++2 2 --2
J. Exercise									III	++3													3	2 ++3
K. Fantasy							IIII I	++3 +-3															5	4 ++3 1 +-3
L. Hired Help	~~IIII~~ I	++2 ++2	6	5 ++3 1 ++2	I	++3	I	++3	II II	++3 --3	III	++3	I	+-3	III	++3	II	++3	I	++3			22	18 ++3 1 ++2 3 --3
M. Limitation					I	++3	~~IIII~~	++3	I	++3		III	++3	IIII I	++3 ++2				I	++3			21	20 ++3 1 ++2

Figure 2. (Continued)

	Focus Group Interview		Case Studies																					
	Frequency of Comment	Intensity of Direction	Totals F	Totals I	Alder F	Alder I	Boston F	Boston I	Huffner F	Huffner I	Jordan F	Jordan I	Kurth F	Kurth I	Maynard F	Maynard I	Pomeroy F	Pomeroy I	Secor F	Secor I	Thacker F	Thacker I	Totals F	Totals I
N. Liquor							IIII	++3															4	7++3
O. No Strategy																							0	0
P. Planning & Scheduling	1	++3	1	++3	IIII	++3			III I	++3 ++2	III II	--3 --2	II	++3							IIII	++3	15	9++3 2--5
Q. Problem-solving											I II	++3 ++2											3	1++3 2++2
R. Religion																							0	
S. Role Redefinition	II	++3	2	++3	IIII	++3	IIII I	++3	IIII IIII	++3			I	++3	III	++3							27	9++3
T. Support Network															IIII I	++3 ++2	IIII	++3					8	7++3 1++2
U. Working Harder	II	++3	2	++3	IIII III I	++3 ++2			I	++3									I	++3	IIII II	++3	20	14++3 3++2
V. Other: Going Away															I II	++3 ++2							3	1++3 2++2
V. Desired Future Helps (IIID 7 ;IVF)																							/	/
A. Career Adjustments																							0	0
B. Childcare																			I I	++3 ++2			2	1++3 1++2
C. Children - Fewer																	I	++3					1	++3
D. Communication																			I	++2			1	++2
E. Household/Yard													I	++3			I	++3	I	++3			3	3++3

Figure 2. (Continued)

	Focus Group Interview		Case Studies																					
	Frequency of Comment	Intensity of Direction	Totals F	Totals I	Alder F	Alder I	Boston F	Boston I	Huffner F	Huffner I	Jordan F	Jordan I	Kurth F	Kurth I	Maynard F	Maynard I	Pomeroy F	Pomeroy I	Secor F	Secor I	Thacker F	Thacker I	Totals F	Totals I
F. Role Models																					II	++3	2	++3
G. Role Redefinition																	III	++3	IIII	++3			7	++3
H. Stroking																							0	0
I. "Supernatural"													II	++3									2	++3
J. Support System																	I	++3					1	++3
VI. Advantages of Dual-Profession Marriage (--;IIIC)																							/	/
A. Children/Marriage																					IIII	++3	4	++3
B. Communication					IIII-	++3											IIII	++3					9	
C. Husband: Pride, Understanding, Support	III	++3	3	++3	I	++3	I	++3	I III	++3 ++3	I I	++3 -+3			I	++3	I .	++3	III	++3			16	
D. Income																	II	++3					2	++3
E. Satisfaction											II	++3									I	++3	3	
F. Sharing					IIII	++3							III	++3	IIII I	++3							13	
G. Other: Outlet, Everything											III	++3											3	

Figure 2. (Continued)

VITA

Deborah Elwell Arfken was born in Bennington, Vermont, on February 4, 1941, to George Horatio Elwell and Catherine Hurlburt Elwell. She attended grades K-12 in North Bennington. In her senior year she studied French literature at Bennington College as a participant in a Ford Foundation experiment for advanced high school students. Deborah graduated as valedictorian of her class in 1959 and was the Vermont first place winner in the National Council of Teachers of English Award in writing that year.

In 1963 she received her Bachelor of Arts degree in English with minors in foreign languages and history from the College of Wooster in Wooster, Ohio. Her senior independent study thesis was entitled "American Novelists and World War I: Disillusionment and Despair." A member of Phi Alpha Theta history honorary, Deborah held the Helen Secrest Scholarship for two years, was president of the Women's Self Government Association, and upon graduation was awarded the Margery Golder Award given to the most outstanding senior woman.

Subsequently, she was awarded a Dean of Women's fellowship at the University of Pennsylvania where she earned her Master of Arts in American Civilization in 1964. Her master's thesis was entitled "'O Thou Steeled Cognizance': Crane, the Roeblings, and Stella Envision the Brooklyn Bridge."

From 1964 to 1968, Deborah was an English III teacher in Shreve, Ohio, and Nashville, Tennessee. From 1969 to 1980 she

was an assistant professor of English at Northern Virginia Community College and an instructor at Prince George' Community College, Bowie State College, Volunteer State College, and Chattanooga State Technical Community College. In 1976 she was elected as an Outstanding Young Woman of America.

In 1980 Deborah was named Coordinator of Writing Services at the University of Tennessee at Chattanooga where she was awarded a distinguished service rating in 1982 and where she is currently employed.

In 1983 Deborah received the Florence McIntyre Award for academic excellence and her Doctor of Education both from the University of Tennessee.

She holds membership in the following professional associations: American Society for Training and Development; Appalachian Writers' Association; International Association of Business Communications; National Association of Women Deans, Administrators, and Counselors; National Council of Teachers of English; and the Southeastern Conference on English in the Two-Year College.

Deborah is the mother of two sons, George Harlan Arfken and Christopher Matthew Arfken.

VOLUME II

A STUDY OF WOMEN IN DUAL-PROFESSION MARRIAGES: THEIR ROLES, CONFLICTS, AND COPING STRATEGIES

A Dissertation

Presented for the

Doctor of Education

Degree

The University of Tennessee, Knoxville

Deborah Elwell Arfken

December 1983

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APPENDIX G

FOCUS GROUP INTERVIEW

A FOCUS GROUP INTERVIEW WITH

NINE PROFESSIONAL WOMEN

Moderator: And so if we can sort of listen for the click and not carry on with a great profound idea when it stops, I would really appreciate it. And as I say, my . . . I'm going to get us started and I am going to guide us through some questions that I do want to get at. But, as I said, I don't intend to be directive; and if [Professor Thacker] gets interested in a particular topic and, [Attorney Boston], that's fascinating to you, I want you just to address her. Okay? This is as valuable for you as it is for me, so don't feel that you have to wait in order to raise your hand or [laughing] do anything like that. It should be a very interesting discussion, and I will try and pick up as we go. And you don't have to worry about speaking loud or anything; we have a marvelous mike. So just chime in as you want to.

There are four issues that I'm very, very interested in getting at. One is: What does it mean to you to be a professional? I'm interested also in your perspective of the roles that you have, the many roles that you have--how you identify them, what are particularly salient to you, if there are any that take priority or that should. I'm interested also in any conflicts that you may feel that you have. We know that women in dual-worker families have conflicts because of their multiple roles, and I'm interested in knowing if you feel you have them in a dual-professional career marriage. And then finally, if you feel there are conflicts, what kinds of coping strategies that you have found to deal with those. So there are four general issues that I'm particularly interested in looking at.

Are there any of those that you would like to start with or perhaps one that I haven't pointed out there? [Long pause]. Okay, well, let's start with the one that's first then and take it wherever you want to go with it. The nature of the dual-professional career marriage is very different from that of a dual-worker career marriage simply because of how we would define that term of "professional." What does it mean to you, to any of you, to be a professional? What makes you different from a woman who goes to work at Hardees' whose husband works at--well, we'll have him work at McDonald's. What makes you different? [Pause]. How are you defining yourself as far as that therm "professional" goes?

Secor, M.D.: When I'm off, I'm not off. [Laughter].

Maynard, M.D.: There you go.

Secor, M.D.: And when my work day is over . . . like I work . . . All of us that work together are about the same age. We are a very

close-knit group even though it doesn't, you know, really function like a boss and four employees. It functions more like five friends. And we've been together a long time. I don't have a very rapid turnover. I've only had one nurse since I went into practice. And, uh, when they go home, they're off, though. And I do think that's one thing that sometimes they do forget. When I go home I need to read journals. I need to take weekends and go out of town to meetings to stay current. And, uh, and my phone rings with more workday things--not these educational things. Even apart from someone calling, uh, me about a problem, uh, even if they don't call there's still continuing education I should be doing. And I imagine that applies to all of us here, regardless of our profession--that when you're off, you're not off, whether you're subject to constant telephone calls or not. And that makes me different from the other very fine four women that I work with, that they don't have to go home and do those things.

Huffner, Ed.D.: It's not only the continuing education. It's, ah, planning the work that needs to be done, um, what you're going to have them do, the priorities for the office, that kind of thing. It's, ah, mulling over a problem that nobody else sees as a problem except you. It's, you know, it's just the responsibility--

Secor, M.D.: Oh, you've hit the word on the head. And another thing I've always said, I am in the executive capacity because, you know--For years housewives have said, "I am a household executive." Well, we're still usually--I imagine most of us fit that role of the household executive more than our husband does. And then when you're an executive at work, too, then it's 100 percent of the time that you are--and you certainly with your children--

Maynard, M.D.: You carry the bills in your purse. [Laughter].

Alder, M.D.: What you're saying is being a professional is, ah, a twenty-four hour job. You don't leave your work at the office. Now that is the difference. Even if you're half asleep, you're still thinking about what did I do wrong or what can I do right.

Secor, M.D.: Or where am I falling behind because the journals are stacking up?

Jordan, J.D.: It's also the absolute knowledge that if something has to be done, that it doesn't stop at five o'clock--that no matter what plans you have on the weekend, if you have to work until midnight on Saturday and Sunday, then go back to work on Monday, that you have to do that whereas, um, I think [for] most people at five or whatever, it's over.

Maynard, M.D.: One of my major conflicts has been in the past year in outright scheduling because [my husband] joined [a private pediatric practice] a year ago, and he has been on call at varying times every fourth night. And I was at a regular hour type job for

awhile and that was fine, but then I went to the intensive care unit at [a large city hospital] and I went from working thirty hours a week to like fifty-five and taking calls at home. And there were times when [my husband] was gone at night and on call, and I would be called into the hospital. And this was the big problem right here [pointing to baby daughter who was present] you know. And that made me, that influenced a major career choice. There's no doubt about it. You know . . . I-- My choice was general pediatrician or neonatologist and, uh, my family helped me channel back to general "peeds," just 'cause we could not arrange it, and I couldn't see a permanent lifestyle of being called in for a C-section at ten o'clock at night, and [my husband's] on call and he's gone and what do I do with kids. So that was a real serious problem.

Thacker, Ph.D.: You made the change. You made the change to try to get to an eight to five schedule.

Maynard, M.D.: Well, no. I am working in a private practice situation but by virtue of the fact that I am in the same practice that he is.

Thacker, Ph.D.: Okay. Only one of you is on call at one night?

Maynard, M.D.: Yes.

Thacker, Ph.D.: So that means that you do really [pause]--He didn't really change. You really changed.

Maynard, M.D.: I changed. I accommodated. Yes.

Secor, M.D.: He wasn't the one going after the sub-specialty.

Maynard, M.D.: But I must say, it wasn't, it wasn't all that much because I was ambivalent both ways. I liked general pediatrics so it wasn't like neonatology was my only--

Thacker, Ph.D.: Like you gave up something really valuable?

Maynard, M.D.: Yeh, I mean I enjoyed what I was doing while I did it. I like general "peeds" too, so--

Jordan, J.D.: Did you think about having somebody live with you?

Maynard, M.D.: My sister mentioned that. She said, "Advertise in Sweden or something"--[laughing]. [Laughter]. But I didn't think on a permanent basis, you know . . . .

Secor, M.D.: I've been reluctant to give up that much home privacy.

Maynard, M.D.: Yeh. Yeh, that's one, one aspect. You always feel that someone's living with you.

Huffner, Ed.D.: The whole thing that, that you brought up, you said scheduling, to me is the balance between every part of my life that I struggle with all the time. I have found, uh, that you brought out, that different times in my life the struggle is between different factors. My children are getting a little bit older now, and so I am relieved of some of the things that I had that were so immediate [pause] previously. But constantly I'm trying to balance things. And sometimes I give myself a real--I really talk to myself and say, "Look, you're spending too much time at work now. You know, you've got to lighten up. This is not good for you, you know. The children need attention. Or the house needs . . . " I, I, more or less--It's probably my personality, but I do like the variety of roles that I have. That's one of the things that, that really intrigues me but I don't like them all the time. I like to concentrate on the house at a given time or--Of course, children are a little bit different; you always have to give them some [laughter], but I do work on them at different times, like clothes at a certain time. Or perhaps they're in a situation and I give up something else and I give them time. Um, I know when to expect some heavy work; that means I give up something else. But it's just always this, this very general game of balancing and that's to me my biggest frustration.

Moderator: When you talk of balancing, are you talking about putting priorities on things?

Huffner, Ed.D.: At different times, I have different priorities.

Kurth, Ed.D.: But I don't think, uh . . . . This discussion was held at my house last week. I don't think that men necessarily feel that same pull. Now [my husband] is one of the dearest human beings, and everybody comments on how, how wonderful he is to help me--which really annoys me to no end--[comments] [laughter] how lucky that I have him, you know, that I have someone who helps. I have a good friend who always tells me to hug him tight, that kind of thing, count my blessings. And [he] is indeed a blessing but that's not why but, but, ah, [he] is working part-time this summer. He has one class that meets for one and a half hours in the morning from 8:00 a.m. to 9:30 a.m., and we have a number of things around the house that need to be done. We have three little children that we don't see--well, we see, we have supper every night, you know. Uh, if it's at 9:30 p.m., we have supper all together every night. It's a rule at my house, but [pause] summer is the time to do things with those children and to fix up the house and to get ready for the nine months that are coming. And, uh, [my husband] is still at work from 8:00 a.m. until 5:00 p.m. Well, I asked him about that last week and he said, oh, he'd come in early and [my oldest daughter] laughed and I said, "Well, how early is early?" Well, he's been in at 3:30 p.m. to 4:00 p.m. This is a one hour a day commitment that he has and it's a class he's taught before and I--he's not wasting time. He's doing valuable things for his profession, but he doesn't feel the need to spend some time at home on this other part right now, ah, while there is time available rather than to go ahead

and do whatever it is he's doing getting ready for other courses in the fall or whatever. He doesn't see a need to limit that time. He doesn't hear the bell that I hear.

Secor, M.D.: Is he waiting for you to tell him?

Kurth, Ed.D.: No, I don't think so. Um, [pause] you know, I don't think it's occurred to him.

Maynard, M.D.: I don't think the pressure is as great.

Kurth, Ed.D.: Yeh, that's--

Maynard, M.D.: I know [my husband] is not pressured like I am by, well, I haven't spent so many hours with [our daughter] and I need to and she needs her family. It's, it's just--

Kurth, Ed.D.: A different thing.

Maynard, M.D.: And I don't know whether it's that initial bonding that men that first year . . . . I mean, even though my husband is a pediatrician he is not bonded as closely in the sense that he feels as responsible for the day-to-day things that go on in her life in getting her undershirts, in getting her something to wear, you know, the grit--the nitty grit.

Moderator: One woman I read about said the real difference is that my husband never has to stop his work in the middle of the day and think, "I wonder if we're out of toilet paper?" [Laughter].

Unidentified: Or what are we going to have for supper?

Maynard, M.D.: Exactly. I mean literally, the bills are in the purse and you do it, you know, in the five minutes, you know, that you're, you have a little break.

Jordan, J.D.: But even if you have a husband who, who does a whole lot. I, I have a husband--I laughingly call him Felix Ungar and I'm Oscar Madison, and I mean he just goes behind me [laughter] picking things up and dusting and putting them away and stuff. It's in his nature, you know. [Laughter].

Kurth, Ed.D.: He could have a whole other career, [Attorney Jordan]. [Laughter].

Jordan, J.D.: Even when, when you have a husband who really does 50 percent--I mean he really does half of it, uh, he still, there's, there's still, what you're talking about; the bell doesn't go off in his head. Um, he--if I am there and, and the child's diapers need to be changed, it doesn't matter that I am working on something important that I've brought home with me. I'm supposed to stop what I'm doing and take the child up and change his diapers.

Kurth, Ed.D.: Now [my husband] would not do that. He could change the diapers, but when he's at work he doesn't think, "Oh, it's four o'clock and no one's home and the school bus is coming in." Now if I call and say, ". . . [C]an you be home at four o'clock?" "Yeh," he'll say, "Well, yeh, I think I can arrange that." It's not that he feels that--

Moderator: You're talking about responsibility--

Kurth, Ed.D.: Yeh.

Moderator: Who has that final responsibility?

Kurth, Ed.D.: Yeh, and the final responsibility is mine.

Thacker, Ph.D.: It's up to you. I mean, he'll come home, but it's up to you to check every day. [To say,] "I'll be here today, can you be here tomorrow?"

Maynard, M.D.: That's it. That's it.

Kurth, Ed.D.: The planning [laughing]--

Thacker, Ph.D.: What about your children? How do your children look at that role? Like for me, if my children want something they don't call their father. They, they think nothing of calling me in the middle of the day and say, "I forgot my gym shorts." They don't call their father and say, "I forgot." Or they call me and say, "I need-- By the way, I forgot to tell you this morning; I need two dozen home-baked cookies [laughter] by two o'clock; and I say, "Well, I'll have to bake them in my office stove." But I'm the one that goes, runs out and buys cookies and takes them.

Maynard, M.D.: Home-baked!

Alder, M.D.: You know, it looks like we still basically--professional women still function the same as non-professional women. Our priorities are different from the men. Because my husband would never say, "I'm in the middle of surgery. Make sure that the kids get picked up." He won't. [Laughter]. If my patient is having a cardiac arrest, I'll stop and pick up the kids. [Laughter]. I mean that's the whole difference. [Laughter]. And so even what, I mean professional women still--we're still the same. I mean, basically, our mother roles and our wife roles are the same except we have something else. [To Physician Maynard]. That's what I--I did the same thing like you do. I had to change residency because I couldn't find a program where my husband was doing his training. He would never think of changing his program for me. Like I would like to change my specialty because you couldn't find a specialty in that place. No, I had to give up my specialty so he could get it. And he would never have got--He never even mentioned it. He just silently ignored what I wanted. [Laughter]. He just didn't think--

Maynard, M.D.: Okay, now before we had kids, it was all fifty/fifty. [Murmurs]. Yeh, before, before [our daughter] came along, you know, our residency, it was, was of equal importance and it was hard matching in the same place and doing all that, but it was possible. But the thing that influenced it was [this child].

Alder, M.D.: Ours was just a marriage. You either stay, live in Detroit and I live in Cleveland, you know. So that marriage no longer stay. So I think; I don't know this--you know, what women's priorities would be; a man's is number one job. Ours is number one what? I would like--That would really be something. It looks like marriage is children first or marriage first. What is our priority as professional women? Job?

Boston, J.D.: I have a comment first on what [Physician Secor] said. One thing that I'd like to take a step further on responsibility is that you asked us how we define being a professional. I define it: People bring me their problems and leave them with me. And they go off and they're very happy. [Laughter]. I go home at night, and I think, oh my God, [laughter] she's sleeping with her father-in-law, and she wants me to get custody of her two year old. [Laughter]. And she's at [a seedy motel] having a great time. [Laughter]. So, I think the added responsibility is, is not, just, you know, the function but the emotional garbage that professionals carry.

Unidentified: That's true.

Secor, M.D.: How can I get them to do what they ought to do?

Moderator: I think one thing that I heard several of you talking about, coming back to that first question about "professional," was that what, what you seem to be saying, [Physician Secor], is that you have an identity that, uh, is unique, that other people--

Boston, J.D.: I have to tell you this. It will kill you. I was in the hospital last week. I just had surgery. It was the day after surgery. And a client who is an internal medicine M.D., a man, came in to talk to me about his custody fight over his children. I'm representing him. And, you know, they had just given me a shot and I'm just laying there [laughter], and he sits right down at the bed. First he had called me the night before, and he said, "I called your office and they told me you were in the hospital, so I thought I'd call you see if--" [Laughter].

Maynard, M.D.: See if we can talk about the case. See what you were doing, right?

Boston, J.D.: And he never asked . . . . And it's just, you know--My husband and doctor comes in for, you know, a few minutes to use the bathroom, right? and then leaves, and how're doing? So, you know, he came in and there I was just, you know, out of it and he was talking to me. And another client who happens to be another doctor called me

Friday morning--two days after surgery--at seven-thirty in the morning to talk about his case. And I, you know, it's just incredible--People, [directed to Physician Secor] I'm sure when you were off, called you to do things.

Secor, M.D.: But, oh you know one of the first calls after I had [my son], one of the first calls I got--Oh, I hadn't been home thirty minutes before this lady started calling me at home and I had a partner then but she'd rather talk to me. [Laughter]. And she had me trapped at home and I couldn't get off the phone. That happens.

Kurth, Ed.D.: And I think that's true of almost any profession because, even though I'm an educator, people think nothing of calling me and telling me about Susie's, Susy who is seven years old and who can't learn to read and would I--It's like if I laid my hands on her, she would suddenly be healed, and wouldn't I please see her? And I'll offer all manner of alternatives for them, and nothing will do but that I myself, uh,--

Jordan, J.D.: I sometimes wonder if the expectations of male professionals in this regard are, are the same. And I somehow don't think--I might be wrong--but I don't think that, that when a man who has had as heavy duty surgery as you have just had, [directed at Attorney Boston], I don't think that his clients would have bothered him in the hospital. Because everybody knows that we are physically less . . . .

Boston, J.D.: I don't know what it is--[Laughter].

Jordan, J.D.: When I had my baby, I had a C-section, and I had a very difficult time. And one of the partners in my firm could not understand why I couldn't be back at work in two weeks. He literally, he said, "Within two weeks, you know, you're over, over surgery and you should be back at work." And yet, and another partner recently had surgery, abdominal surgery; and they thought it was fabulous that he'd gotten back in two months--just fabulous, you know, whereas I concluded a case the Monday after I had my kid. [Laughter].

Secor, M.D.: I think it would have been different had you [pointing at Attorney Jordan] been in for gall bladder or had you [pointing to Attorney Boston] been in for gall bladder. There is a, a lowering of opinion any time it has to do with our reproductive function. [Laughter]. Ah, that can't hurt as bad and it's not serious.

Thacker, Ph.D.: And it happens all the time.

Secor, M.D.: It happens all the time. It's just a C-section; it's just a hysterectomy; it's not like it was something real like a gall bladder, you see.

Maynard, M.D.: One of my former bosses has been known to say that women were good for having periods and making babies. [Laughter]. I appreciated that [laughing].

Boston, J.D.: Well, the doctor, the intern did call me today again, you know, to work for him and then he said, "I really apologize for coming to see you last week. I was so caught up in my own problems that I forgot to takes note of the fact that you, you know, that you didn't feel well." [Laughter]. So I said, "Well, I just hope you didn't lose a lot of confidence in me because of the way my eyes were spinning around." [Laughter]. And he said, he said, "Well," he said, "Really, that was serious surgery. You had your peri--; your perit--something cavity was invaded.

Secor, M.D.: Uh huh, peritoneal cavity--

Boston, J.D.: Yeh, he said--

Secor, M.D.: Any time you go inside the peritoneum, you've got--

Boston, J.D.: And I said, "Well!" [Laughter].

Maynard, M.D.: That's what that pain was!

Boston, J.D.: But anyway--[Laughter]. But he did apologize.

Secor, M.D.: Well, I'm glad to hear that. [Laughter].

Huffner, Ed.D.: And, you know, you're saying that women don't have status, even though [pause]--Is that what you're saying?

Boston, J.D.: No.

Unidentified: You're just wondering--

Boston, J.D.: As I say, that's where the professional--to me "professional," the whole point of what [Physician Secor] is saying is that it never ends. And, you know, it doesn't even end when you're in the hospital and most normal people would go away and, and leave you alone.

Thacker, Ph.D.: But I think [Dr. Huffner's] got a point there.

Huffner, Ed.D.: I do, too. Because you just said a few minutes ago that were it a man . . . .

Boston, J.D.: No, [Attorney Jordan] said it.

Jordan, J.D.: I said it. I do think that if it had been a man that, um, I--

Secor, M.D.: --and a disease that some other man in the office might get--

Jordan, J.D.: Right. I do feel that way. Um, I'm not saying that, that male professionals don't get imposed upon. I'm not saying that

at all. But, I'm just saying that some of the types of imposition, hmn, that are inflicted upon us are special only to women. And I don't think men have to put up with them.

Maynard, M.D.: I think you're right. You're, what you're doing is treading very lightly on a subject of when one of us walks into a room do we have the same impact as when a six foot male? No. No. Everyone in this room has to establish herself before the credibility is there. There's no doubt about that.

Kurth, Ed.D.: I, I was--I bought some new clothes recently and I bought some for [my husband]. And [he] never--He has one tie, poor thing. Never wears anything but slacks with a sport shirt. And, ah, I bought this dress. And [my eldest daughter] said, "Well, you could wear that to work, couldn't you?" And I said, "Oh, no. I could never wear this to work. I have to wear a suit or a, you know, formal." And [she] said, "Well, that doesn't make any sense. Daddy wears anything he chooses" [laughing]. And I said, "Well, the difference is your dad can do that because it is assumed he knows what he is talking about by virtue of his being a man; and when I walk in, if I am not very carefully dressed, I am mistaken for the secretary. And if I'm introduced as Dr. [Kurth] then I must not be a real doctor [Kurth] because I wouldn't be dressed in a sundress, you know." Ah, ah, that's the same sort of thing you're saying. Ah, in answer to your point, [Attorney Jordan], [my husband] doesn't get as many phone calls at home as I do. Now I don't know whether that is because my students are high risk, you know; it's a salvage operation, or, ah, because of the nature of the roles. I--

Jordan, J.D.: My husband and I have the exact, same profession. And he's never encountered some of the things that I have as far as--

Thacker, Ph.D.: I think one good example to me is that people will stop by my office, which is next door to my husband's, and say, "Is [your husband] in? I didn't want to bother him." [Laughter]. Or they will call me at home and say, "I want you to tell [your husband] something but I don't want you to bother him if he's busy; and they'll talk to me for thirty minutes to tell me something I need to tell my husband, which is none of my business. It's between that person and my husband. I don't want to hear it. But it's all right to bother me for thirty minutes. Or they'll say, "I wanted to know if you think [your husband] would like to know that." Well, I don't give a shit if--[Laughter] . If he wants to know, tell him!

Huffner, Ed.D.: I don't think it's necessarily lack of status. I just think they expect us to do more.

Secor, M.D.: Well, and we must expect it of ourselves. I was just sitting here thinking, "What do we as individuals, and probably as professional women, because we already--[pause]--to get where we are, we already had to be willing to go the extra mile. And, then, have we just gotten in the habit of going the extra mile, and the extra mile, and the extra mile and we've brought some of this on ourselves until we're going to burn out?

Boston, J.D.: Or is it a matriarchial society and we're used to the mother handling all those things?

Secor, M.D.: Uh huh.

Boston, J.D.: My mother did all of that, you know, and I do; I have. I think guilt plays a big part of it.

Secor, M.D.: Oh, yes.

Boston, J.D.: You know, we don't think that we're, you know, a "good" parent quote/unquote or "good" mother if we don't do the things that our mother did traditionally.

Thacker, Ph.D.: I think that this goes back to our role as mother. My feeling, at least when I started out as mother was: I want to work and that's different and extra. I did everything for my children. I was a Girl Scout leader, a Brownie leader, and a Girl Scout organizer for the region, and a room mother, and I did all those things. [Laughter]. Want me to take a bow? [Laughter]. And if they were ill, I sat up with them all night, and I never fussed at them for being ill. I tolerated the bed-wetting and changed their clothes and did all the wash, did all the laundry, did all the house, did all--They had every kind of lesson and I worked full-time and made equal money with my husband. [Pause]. Now, my view of it at that time was: Just because I've chosen to work, my children will not suffer nor have someone say to them that they don't get good care; or, you know, [falsetto voice], "Johnny's mother works. She doesn't do anything for Johnny. [Laughter]. Oh, you can't get [Mary's] mother to be a Girl Scout leader; she works, she doesn't care anything about her kids." I care as much about my kids as anybody. But I think that image--you know, my view of it, and I think my husband's--was: If you want to work fine, but you carry the full load. I mean I carried everything.

Moderator: Do you think that the fact that you chose a profession had anything to do with your need to achieve at a particularly high level?

Thacker, Ph.D.: Yes. Because the first day that I found out that I was going to have a baby, I quit my job, I piled everything in my car, and I went home. And I said, "This is really exciting." [Laughter]. And I looked around, and then I scrubbed the floors, and washed all the windows and everything in my--there wasn't a spot of dirt in the entire house and the lawn was mowed. And it was nine-thirty in the morning. [Laughter].

Boston, J.D.: But we're setting high levels of achievement in all areas of life, including parenthood. That was a good point.

Thacker, Ph.D.: This is--I think this is the point. I will not let my children lose anything because I've selected not to spend my 100 percent of my time at home hovering over them, asking, "Do you have any homework?" and "How should I help you tonight with your homework?

Moderator: But, [Professor Thacker], you could have given your children all that and, uh, gone to Hardees' to work. Why the profession? Why did you choose, why did you choose when you were already had your sights high and wanted the very, very best for your kids--you were probably going to be the very best wife--why did you then come on up and say, "And I'm going to be the very best professional in my field." You chose a very specialized field, a very--a male dominated field. Do you think anything in--Why did you go into the profession? Why did you choose . . . . Do you have any understanding of why you did that?

Thacker, Ph.D.: Nobody ever--I guess, you know, when I was going to school I majored in math. I was the only female in the math class and then I went to [a prominent northern university] and I wouldn't have--I got a fellowship, a national fellowship because my name was [Wilson] and they thought I was a man. [Laughter]. I arrived at [the national laboratory] and I said, "Hello, my name is [Wilson] and I"--And they--[national laboratory] refused to accept me because I was a female and my name was [Wilson] and I was a male. They called the [Commission] and told them, "We refuse to accept this person. You get this person out of here or we cancel the whole program." [The Commission] told [the national laboratory], "You take her or you lose your entire contract with the U.S. Government." So, I mean, I was there. [Laughter]. You can imagine how well they liked me. They loved me. But it just never dawned on me, and I can't believe I was so naive that I wasn't supposed to do it. I just figured, you know, that math was fun and it was nice and physics was nice and I liked it and I just never thought about it.

Moderator: Do you think there's anything particular about women who chose to enter the professions? Is there anything about their need for achievement? Anything about their personal drive that just--?

Thacker, Ph.D.: I just have tremendous personal drive. I mean--It means my kids are sick and I stay up all night and I don't care how late, I never go to bed. I'm still at work the first thing in the morning and I've got my homework done and I'm ready and--I mean, there's just no question about it.

Secor, M.D.: I think we're high energy people.

Alder, M.D.: It's just the basic personality that goes--You're born like that and you do the same thing, whereas--[Interruption].

Secor, M.D.: We're blessed with high energy.

Thacker, Ph.D.: I have tremendous energy. I need very little sleep. Um, everybody else gets tired and watches T.V.; I don't. You know, I still keep going until two o'clock in the morning.

Kurth, Ed.D.: What did your mother do?

Thacker, Ph.D.: What did my mother do? My mother worked. My mother really encouraged me. I mean, there's not anybody in the world that would have said to her, "Your daughter can't be [pause] the best of whatever." I mean, she would have knocked them down on the floor and thrown them away.

Maynard, M.D.: Why is the guilt level so high? [Comments]. My mother worked, too. She was gone until six or seven at night. She and my father kind of jointly started a construction equipment company, okay? And so she was gone hours.

Unidentified: And my mother was--[Interruption].

Thacker, Ph.D.: I wonder how many of our mothers worked because my mother--I consider my mother to be a professional and very capable.

Maynard, M.D.: And my guilt has been a ten.

Thacker, Ph.D.: Oh, I've got the guilt. I mean you could lay it on me.

Alder, M.D.: I don't know what you mean by guilt. I mean, it sounds like the men are the ones putting on the guilt trip, not us.

Maynard, M.D.: No, my guilt has been self-imposed. When I was working in NICU--Okay, now [my daughter] was awake eighty-four hours and I'm gone fifty-five, and my babysitter knows her better than I do. You see what I mean? And I felt that press to get home, get home, get home, and that's when--I hear everybody saying the man doesn't think, "Oh gosh, I've got to get home in twenty minutes. Okay, let's speed it up." [Comments]. The pressure is not there.

Thacker, Ph.D.: They don't even think about it. And it's raining and the kid is walking home from the bus. Now I'm in town; I never forget to leave a kid a key. I have never forgotten to leave the kid a key. I have never forgotten any appointment thing. I went out of town. [My husband] forgot about the kids. It was twenty-two degrees, nineteen degrees. He got home at seven o'clock at night. The kids couldn't get him on the phone and they were huddled under the--They were happy. Gone to the neighbors. They were happy as a lark. They didn't care.

Alder, M.D.: Could it be because you're doing everything? He just didn't have to do--My husband does--It used to be that I did everything. Then all of a sudden, I turned around and he's doing the worrying now. I don't worry any more. I consider myself a very bad parent. I mean, I don't have any guilt feelings. [Laughter]. And that makes me happy. [Laughter]. [Cross conversation].

Thacker, Ph.D.: You say you're bad. You're not bad.

Alder, M.D.: I mean, no, I don't consider myself a bad parent, but I don't have that guilt feeling like you have.

Maynard, M.D.: Well, then, your kids are probably better adjusted.

Alder, M.D.: My oldest one is seventeen, and I have a sixteen year old, and I have a fourteen year old, okay? And, to tell you what, my time is very--I have to be on the dot. I mean, you know, that is the only way I can do things. Like, I take my kids to school, all around across--seventy miles from [one part of the city] to [a boys' school] to [a girls' school]--I go back, make rounds, go to work. I work, like I'm in one job and I have part-time in my office. I work a full-time job--eight hours. And then at three o'clock I go to [the girls' school], then I go to the dance class, and I go home, and go back again to [the boys' school], pick up my son, take him home. I go home again, back to [the boys' school], pick up my [other] son, take him home. I go home again, pick up my daughter at the dance school and take her home again. Okay, that's three times. I put in two hundred miles every two days. [Laughter]. And--but I don't have any of that guilt feelings.

Jordan, J.D.: Well, how could you? My Lord!

Alder, M.D.: On top of that, I sew. And you should see all the things that I make. And so, ah, I said, I'm not--I don't have a single minute that I think I waste. I crochet, I sew, I make dresses, I make costumes; I make everything.

Thacker, Ph.D.: Do you make fresh cookies? [Laughter]. When they get home from school--

Alder, M.D.: The one thing I don't like to do, I don't like to clean my house [laughter] and I have a full-time housekeeper and that's the only thing that I enjoy the best. Come home and a clean house.

Maynard, M.D.: I think that's one of the coping skills, though, don't--I think that everybody in this room probably gives a lot of their salary up in terms of hiring people.

Unidentified: Absolutely.

Maynard, M.D.: I'm working really not for my salary. Most of my salary when I was working at NICU after taxes--there wasn't much left besides employing someone to keep house and, and take care of [my daughter]. And, you know that--

Alder, M.D.: But you said--

Maynard, M.D.: And I'm doing it because I love it.

Alder, M.D.: But I think--It's been twenty-two years, you know, since I graduated. I might be the oldest on in this group, you know.

But, as I said, I don't have any guilt feelings in what I do. I think my kids are raised well and, and--

Maynard, M.D.: But when they were little though?

Alder, M.D.: Yeh, I had a five-day housekeeper, five days a week. I had a live-in once in a while. I think--I feel like I am--I went to this school eighteen years, I went to residency training. I, I don't want to do housekeeping and I don't enjoy it. And why should I do it? And if we take that guilt feeling off, I think we'd all be happier in what we do.

Boston, J.D.: Well, I have a, a part-time housekeeper too. And I think--A lot of us do spend a lot of money; you know, money buys freedom. And my husband always says, you know, if I complain to him about it, business is awful or whatever, he just says, "You're not working for now; you're working for five years from now when the kids are totally out of the house. They're in their own lives," you know. Say that you let the guilt overcome you and you stay home with the babies. So where would you be in five years? Is your profession--Could you just step back into it? No. In five years, I'll be thirty-seven years old, and who is going to hire me? [Group comments]. So, he says you work for yourself, for your mental health, and it doesn't matter what the money is. You can work--

Kurth, Ed.D.: That's a good point. I have guilt and I don't know who gives it to me because [my husband] doesn't. My mother is one of the worst housekeepers in the world. And my mother [group comments] is a terrible housekeeper. She just got her Ph.D. at sixty-five, and she has always worked and I, uh, my children, you know, are very normal, happy, nice kids. In fact, I'll say, "I'm so sorry I didn't do that" to one of them and they'll say, "Oh, did you forget?" They didn't even know I forgot.

Moderator: Do you think that any of that guilt comes from expectations that either you or society or whatever put on some of the various roles that you have? Expectations that are stated or are unstated? [Cross conversation].

Thacker, Ph.D.: Other women.

Maynard, M.D.: Society, without a doubt.

Many: Other women.

Jordan, J.D.: For me, my guilt comes straight from other women--not from my husband. My child seems well adjusted, and I have a lot of family support, but other women are killers.

Maynard, M.D.: I agree.

Jordan, J.D.: Women are divided in half: I mean, with various permutations, but, half of us work and enjoy working but we're going to go ahead and have kids anyhow because we want that, too; and the other half feels like, that you are the devil himself because you're working and leaving the child at home.

Kurth, Ed.D.: They think that you should make a choice between having a family and having a job. And I, I really enjoy children. [My husband] and I have always planned a large family, and people will not accept that. They feel that because I work I, therefore, certainly should not have had more than one or two. My goodness, and to have three and be contemplating, you know, anything else--Oh, it's shocking.

Boston, J.D.: Maybe the guilt is because you enjoy being with your child so much that you really--I don't know whether it's guilt or if you're in the middle of something that's not particularly pleasant--You think I could be sitting on the floor going go-goos [laughter], or blowing baby-bellies and--And here I am with the judge chewing me out.

Kurth, Ed.D.: Of course, when you're changing a dirty diaper you also think--

Boston, J.D.: I could be winning a case.

Secor, M.D.: I think that the guilt that we have, I think that, uh, [pause] that the guilt that we have to work on, the guilt that really is troublesome to us, is what we impose on ourselves, which I feel like quite often comes from ideas that we picked up from chance remarks from other women, aunts, and what have you--in my case, as an eight year old maybe--and then did not necessarily reexamine in the seventies and eighties thoroughly enough and throw it out. It is not what the other women who have, who thought they had to make a choice and made a choice and are maybe not completely happy with that choice. Because if they were completely happy with that choice, they wouldn't be running around trying to make me feel guilty, so--they would be happy. So, if they feel they were driven to make a choice and made one, and I didn't make that same choice . . . . I think I always understood there was a little bit of jealousy in that, and that didn't bother me. It's the messages that I give myself on the inside--which, by the way, do get better as your children get older because they want you out of the house and . . . . [Laughter]. But the messages that we give ourselves on the inside are what we need to work on; and to carry around that bit of a guilt load drags us down and makes us less effective as a parent, and as a spouse, and as a professional. It's just of no, no useful benefit whatsoever. And if there's any way we could start giving ourselves better messages on the inside, we'd be much more pleasant.

Moderator: [Professor Pomeroy], what's been your experience in this line as far as, you know, expectations, stated and unstated, and how they play on you? Would you--You've been very quiet over there, and I've been watching your eyes [laughing]. Would you like to make any comments at this point and share . . . ?

Secor, M.D.: Try us; we're not bad. [Laughter].

Unidentified: Oh, [Physician Secor]! Um.

Moderator: Do you want to make . . . ?

Professor Pomeroy: Well, I think we've all been sold a bill of goods, frankly. It's real tough to be superwoman.

Unidentified: I don't even know if it's necessary.

Pomeroy, Ph.D.: That's right, and we all try to be it. Everyone of us tries to be superwoman; and we try to be supermom, super-professional, sometimes super-wife, you know. [Laughter].

Alder, M.D.: I don't think we do it that much. It looks like the housewives are the ones who are doing the superwoman.

Pomeroy, Ph.D.: But look you--

Alder, M.D.: Everything else that--

Pomeroy, Ph.D.: But you do your beautiful sewing, your handiwork; you're taking your children everywhere--

Alder, M.D.: But I don't push myself to do it.

Pomeroy, Ph.D.: Right, but you're doing it. And you're spending a lot of time. You're spending your time carrying your children here and there because your children should have the opportunity to do that.

Jordan, J.D.: You yourself said you don't waste a minute.

Pomeroy, Ph.D.: Okay--That's right.

Alder, M.D.: Well, that's the only guilt feeling that I have. If I waste a minute, I feel guilty.

Pomeroy, Ph.D.: We feel guilty. [Much unintelligible interruption].

Alder, M.D.: My life is too precious. And I think that I'm doing something if I have to do something, you know. I mean I'm not wasting it.

Secor, M.D.: Well, I've been that way until the last year or two or three. And it's creeping up on me, and I'm about to decide that my life is too precious for me to burn it up like that.

Thacker, Ph.D.: Well, that's where I am. I decided that--[Laughter].

Secor, M.D.: I'm going to have burn out if I don't.

Huffner, Ed.D.: And that's what I meant about the balance. [Pause]. And maybe I'm [pause] about to be where you are, too, because it's really

trying to decide how much you value each one of those roles. And, maybe we are all just such high achievers and have this idea that we have to. Then we look at it and see [holding breath back], no, I think maybe I'm about to [pause] change.

Thacker, Ph.D.: I think a lot goes back to what you said about were we achievers in all these areas. And I think that most of the guilt that I put on myself, because I say, "Hey, I know what this super mother is; this super mother never gets angry." Well, what I get mad at myself most about is forever raising my voice at my kids. And, you know, they finally push me to where I react and I scream at them. But they have pushed and pushed and pushed until--[Laughter].

Maynard, M.D.: But don't you feel better? [Laughter].

Thacker, Ph.D.: And I finally decided--My kids and I finally came to this agreement--that no matter how good your kids are, you're going to yell at them three times a day. [Laughter]. Because they said, "You know we're not really doing anything wrong. You know, you don't really have anything to yell at us for, so you yell at us for not putting our dish in the dishwasher or whatever." And I said, "And you know, no matter how good a mother you have, you're going to complain about her three times a day."

Moderator: One of the things I discovered in reading the literature--and in a period of working on this for three years, I've discovered a lot [laughter] and read a lot. But one of the things that's been very interesting to me is to think about this: That is, that women enter the professions because they're very, very, good at what they do; they have a real drive; perhaps they've come from a professional family because that's probably imprinted. Uh, they've perhaps had the appropriate role models to go along with it, but they have a super, super need to achieve. They have very high self-esteem levels, very strong egos. Now, it's interesting to think about what happens, then, for women who enter this field and who perform at the very highest levels--very competent women--[tape dead].

[Summary: The moderator's question aimed to probe at areas of possible conflict within the marriage. The question was not answered directly; instead the women attorneys spoke about the loneliness of being single women in a firm of men, of being left out of male after-hours activities such as trips to Braves' games, of being the brunt of sexist jokes. One woman attorney pointed out that male attorneys seemed to relax around her and perhaps accept her more readily when she was pregnant and afterward when she became a mother. From there, the discussion turned specifically to the loneliness of being a female professional, especially a competent female professional].

Jordan, J.D.: Part of it seems to be--I think, we all remember what it was like to be teenagers and how it was so much easier to have friends because we devoted so much more time to it. And I think most women who have a lot of close friends devote a lot of time to the

friends, and so it's hard for us--well, it's not--I think all of us are capable of having friends but our friendships, um, can never be as deep maybe--is that the word? as deep?--as they are for those other women who have so much time to devote to them. And consequently, . . .

Boston, J.D.: That's not true, [Attorney, Jordan].

Jordan, J.D.: I, I don't mean "deep" in that way. We've known each other thirteen years. It's different. We met each other in law school, but--

Boston, J.D.: And hated each other the whole time!

Jordan, J.D.: [Laughing] As far as, as far as, as far as, ah, making--the deep kind of friends since I'm working, it's--

Thacker, Ph.D.: I moved here only three years; I've been here three years. I work in a building which is, what? four stories tall. It houses all of engineering, all of computer science, physics, chemistry [pause]. There are two wo--professional women in the building. [Long pause].

Kurth, Ed.D.: I wonder--but another thing, um, [pause] I don't know, now, within my work space I know some people that I enjoy. And, uh, of course, I know [the moderator] and a few other people [in the city], but in social organizations I rarely meet anybody that I'm willing--This sounds terribly snobbish and I apologize--I seldom meet anyone that I'm willing to spend a whole lot of time with.

Jordan, J.D.: That's part of it, too.

Secor, M.D.: See, that's a part of being adult.

Kurth, Ed.D.: This is a whole lot of fun right here. We should do this--[Laughter].

Secor, M.D.: We could have ten housewives lined up in here, and they would say that they felt a little bad about not having enough friends.

Jordan, J.D.: Do you think so, really?

Secor, M.D.: They would say, "I spend some time having a cup of coffee with my next door neighbor simply because she lives there, but we really don't have that much in common." Ah, you're looking back to the time when you worked through all your problems gaining independence from your parents as a teenager with your friends.

Jordan, J.D.: No, no. I disagree.

Secor, M.D.: But those friendships--now we work them out in the family.

Jordan, J.D.: I, I disagree with that and the reason I disagree with it is, um, when I was pregnant a year ago for, for, it seemed like a whole year, um [laughter] I was extremely ill, very ill, got, got very little work done. But, um, what, what I did do during that year is: I was sick so much I would call other women that I knew who were pregnant or who had had pregnancies and ask them a lot of questions. And doing this, I began to become very close friends with about four women, none of whom worked. But anyhow I became, I mean told them things about myself that I haven't told other people in years, you know, and, um, knew things about them on just an extremely, to me, deep level. And then after I had my baby and I returned to normal and went back to work and was well and had so much to do and everything, the friendships died. And the friendships died because I didn't have that kind of time to nurture them anymore.

Secor, M.D.: Well, that, yeh--

Maynard, M.D.: Yeh.

Huffner, Ed.D.: That's what I'm saying. I don't have time to have company over. Like this past weekend, um, my--We mentioned, my husband and I, that we would like to see a couple that we hadn't seen in ten years, but we did see a month ago. And I said, "Yeh, I would, I would too, but I don't have time to cook." Okay, so he said, "I'll help." And so we did. And we really did divide up the meal. But I wouldn't have had them over, and I really--He said, "Well, we don't have to cook" and I said--here's guilt [quiet laughter]--"Well, we went to their house and"--[laughter]. And she works too. She's a very--she just happens to like to cook better than I do, but homemade bread, scratch dessert, everything just, you know. I said, "You, you're going to invite them over for pizza, huh?" I said, "After she put out that time?" And he said, "Well, okay, I'll--We'll cook." And so we did have them. We enjoyed them, but I, I guess that's the first time we've had anybody over other than family [pause] to my house except for some kind of business kind of thing, and then it's only me that will have people at home on account of business. My husband never brings people home for business reasons. But I just do not--I do not call up people, I do not make dates, luncheon dates, and I could.

Thacker, Ph.D.: Yeh, I've gotten away from doing that. I used to to entertain very often because I really do enjoy people and I like to entertain and I learned how to do it very quickly. It was expensive because I'd buy, um, you know, even though I prepared the fresh vegetables and all I bought things that were easy to do that were more expensive. But within the last few years--Maybe it's as we get older we find different ways we like to spend our time.

Maynard, M.D.: Yeh, I--There are a lot of, a number of people that I would like to know that are--

Unidentified: Uh huh.

Maynard, M.D.: But you can't, you know. In order to really have deep friendships you have to spend a lot of time. It has to be very intensive. And I have a number of very deep friends, but you know, friends like sisters and brothers that I see a lot, but it's not a large number, you know? I have two or three friends that are really deep friends, but it means that I don't have a lot of acquaintances. Do you all find that? [Group assent]. You know? You have friends that are--

Secor, M.D.: . . . satisfying to most friends--

Maynard, M.D.: Oh, I agree without a doubt. But I have a lot of people that I call and go to lunch or chat and sit down and have coffee with.

Thacker, Ph.D.: This goes back to the strokes, you know. Who gives you strokes?

Maynard, M.D.: Uh huh.

Thacker, Ph.D.: I get very few strokes and I feel like all these years, especially in teaching, you know--I get these young people in and I teach them to stand up straight and believe in themselves, motivate them and send them out for a really good job.

Maynard, M.D.: I think my husband gives me strokes. You know, I think I've painted him too badly.

Thacker, Ph.D.: No, I think we all understand.

Maynard, M.D.: No, I, I really think--He doesn't feel that same pressure I do in terms of [our daughter]. That's the big difference, but he is extremely supportive of my working and wanting to do anything I want to do in terms of career and anything like that. I think [my husband] gives me strokes.

Kurth, Ed.D.: It must be people named [John]. [Laughter].

Maynard, M.D.: People named [John]. [Laughter].

Secor, M.D.: You said something about, uh, a while ago about the support system that a professional man had, most certainly his wife, you know, which now has gone. I sort of disagree with that, because I think that someone else who has got, uh, a similar drive and motivation can understand it in you, and you can understand it in them and more than when the drives and needs for achievement are so disparate.

Moderator: I guess I was thinking of traditionally, you know, when we thought of, when we thought of a man who might have been a lawyer,

doctor, professor, whatever--There are so many responsibilities that go with being, or had traditionally gone with being a professional man, that his wife has certain duties assigned to her because she was a doctor's wife [laughter] or a lawyer's wife, or a professor's wife. And what happens now when you have two people in the same kind of role--and, you know, what happens to that support system?

Boston, M.D.: I behaved very badly. When my husband went through medical school he had a Navy scholarship. And so he had to do two years. And I had finished law school and knew we would be returning to [this state], so I didn't take the bar because we were going to be in one place ten months and one place fourteen months. It just wasn't practical so, you know, I just became his appendage. And they were confused about the fact that I didn't use his name and--[my husband] would always say, "This is my wife, [Mary Boston]." And then when somebody else came up to the group, the man would turn around and go, "I would like you to meet Dr. [Smith] and his wife. This is Dr. and Mrs. [Smith]." Or, "This is [Mary Smith]." You know, they would just totally ignore what he had said. So I just took to behaving badly at those things so I didn't have to go any more. I'd drink a whole bottle of wine [laughter] and I'd get there and I'd say the f-word, you know, or I'd say something tacky. One time I blew my nose on his shirt. [Laughter]. We were sitting there and I'd . . . . One time I went to a tea or function for all the officers' wives on the ship, and they were talking about having children and natural childbirth and Lamaze. They said, "[Mary], it's great. You get on the floor and you and your husband breathe heavily together." [Laughter]. And I said, "Well, we do that now, but there's no pain involved." [Laughter]. And you know--We'd comment, it's a good thing his career is not going to be in the Navy because I'm just not any help at all.

Thacker, Ph.D.: He would have really had a problem if he had wanted a career in the Navy.

Moderator: Do you find that you do have any duties now as a result of your husband's profession? Or have those been eliminated?

Boston, J.D.: Or if we do, we avoid them. Let's put it that way.

Pomeroy, Ph.D.: I do. I, I have some. More because of the pos, the particular position that he has. I also have a lot of career conflicts because--

Moderator: Your husband is what?

Pomeroy, Ph.D.: My husband is a physician and he's a hospital-based physician. And it has dramatically affected my career possibilities in this locale. That's why I'm at [a government agency]. Because, um, they're very--I'm a medical sociologist by training. [My husband] is a hospital-based physician. Most hospitals will not either hire someone, a physician's wife; they--

Unidentified: That's true.

Pomeroy, Ph.D.: Or they will not hire you because you--

Alder, M.D.: I thought [the government] was the only one that did that.

Pomeroy, Ph.D.: No, [the government] doesn't have a nepotism, anti-nepotism rule anymore. They don't have that. But there I've run into a different problem. I am considered, and this I swear to God happened less than two months ago. One of my managers said, and I, I have more education than anybody else in the branch . . . I do damn good work . . . I know it. They know it. But he said, "I consider your job your avocation. After all, you don't have to work for a living."

Moderator: Actually, that's a compliment in one way if you think of it as an avocation is your identity.

Pomoery, Ph.D.: He didn't mean it that way. [Laughter].

Secor, M.D.: He can't promote you because you just might get up tomorrow and go to a tea instead.

Pomeroy, Ph.D.: That's right. That's right. You don't have to work. Therefore, you can't take this real seriously. [Agreement from group]. And I was told by one of the local hospitals that they couldn't hire me because my husband was a hospital-based physician. And I was considered for a fairly high position, and I was more qualified than I think anyone else for the position.

Jordan, J.D.: Is that why you're thinking of leaving [the government agency]?

Pomeroy, Ph.D.: Yes, ma'am.

Maynard, M.D.: Okay, I was working at [an evaluation center] for two years. [Dr. Secor], I talked to you on the phone. I talked with you about it. I was totally miserable. So I, ah, the neonatologist wanted me to come work with him. I will deny this if you tell this. The neonatologist wanted me to come, and another hospital-based physician wanted me to come work at [the children's hospital]. Fine. But some of the people that were higher up had had some problems with husband and wife things in the past and would not hire me for months until pressure became so intense from other physicians who were being over-worked and wanted relief and wanted time. And finally the pressure got too much. But the whole scenario between administration and the higher up physician was, I was someone's wife and I was going to tell tales.

Pomeroy, Ph.D.: That's exactly how I feel.

Many: Tell tales?

Thacker, Ph.D.: Medical politics? Oh, I just don't . . . .

Unidentified: Tell tales?

Maynard, M.D.: Yes, ma'am. Yes, ma'am. And I was furious.

Thacker, Ph.D.: Tell tales? How could they possibly, legally? Of course, they're never going to admit to it.

Maynard, M.D.: Well, I decided I didn't want it, you know, that I would have sued and taken them to court on a class action suit, but I didn't want to work there. Then I got a little more miserable at [the evaluation center] and a little more desperate so I didn't--[laughter]. But, yeh, it was not, it was blatant discrimination. That's just all there was to it.

Moderator: Well, I'll share an experience that I had here. And that is my husband was an attorney who made a lot of money, and I was not given a raise and I asked why since I had an outstanding rating. It was because my husband was an attorney. You don't need the raise.

Thacker, Ph.D.: Yeh, I've had that . . . .

Moderator: You know how much that hurts?

Thacker, Ph.D.: . . . happen to me one time. I had a husband-- They found out; I had a fellowship to get my Ph.D. and I received a letter which was just as illegal as it could be: It has come to our attention that your husband is fully employed and, therefore, we're taking the scholarship away from you because he's supporting you.

Secor, M.D.: But had you been fully employed, they would never have thought of taking his scholarship away.

Thacker, Ph.D.: Well, that is an interesting thing. I--[pause] In fact, I think this may well have been related because I had a [national] fellowship and so your children--If your husband is employed, you don't get to claim him as a dependent but you get an extra $25 a month for each of your children and I had three. So, my first check came and I went to them and I said, went to them and said, "You forgot to give me my supplement for my children." And they said, "Oh, we don't give women supplements." So I said, "Why, I don't understand it." So I went back and I very slowly read [interruption] . . . . "They're my children and it doesn't say you give them only to wom, to men if they have children and if their wife doesn't work." So, I mean we went round and round about that. And I told, I wrote the [national foundation] and I said, "I'm being denied supplements." Even if it was $25 a month per child, so like I got seventy--

Huffner, Ed.D.: You got it, didn't you?

Thacker, Ph.D.: I did get it. Well, they were not--I'm hard headed--They were not about to not give it to me, but I did lose the scholarship the next year, being told that my husband, that it had come to their attention that my husband was employed. Now all the other men at [a large southern university]--You understand that this was the first year that women were admitted [pause] at [a large southern university]--The other men all got supplements for their wives, whether working or not, and they said, well, my husband made more money. I said, "Oh . . ." But I did get it, and I have always felt like my daughter will somehow or another have a little easier role.

Maynard, M.D.: There is a perception, without a doubt, that we are doing it for the fun of it and men are doing it for real.

Thacker, Ph.D.: No question about it. And--

Maynard, M.D.: And, you know, even in friends that we have that say, "Oh, how is [your husband] holding up?" "Oh, he's fine!" [Laughter]. And say, and, you know, the pressure is really on him because he has to work. And even [my husband] to a certain extent, feels a difference, I think, because society has told him--

Kurth, Ed.D.: That he is the primary breadwinner.

Maynard, M.D.: . . . that he, he is the primary breadwinner. And somehow that's a difference in his mind, and I think that's been imposed by society.

Thacker, Ph.D.: Does he . . . ?

Maynard, M.D.: And there's never been any question. When we married in med school, we were side by side in desk and I said, "I will always work. And don't get any ideas [laughing] that I'm not going to do anything else"--which, thank God, he supported me in. And, uh, you know, there wasn't ever any question but now, somehow--[pause] we've all changed.

Kurth, Ed.D.: But I think you're right though. I think that's partly society.

Maynard, M.D.: Yeh, without a doubt.

Kurth, Ed.D.: Um.

Thacker, Ph.D.: But does it matter whether the wife or the husband makes the most money?

Kurth, Ed.D.: No. It doesn't at my house.

Maynard, M.D.: It doesn't at my house.

Kurth, Ed.D.: Because some years I make more, and some years [my husband] makes more. It's always fairly close.

Thacker, Ph.D.: Does society look at it differently if the wife makes more?

Alder, M.D.: My husband, ah, didn't like the idea if I made more money than he did. Because when I was at [a large public hospital], ah, we were making the same; we had the same income. And so in one year they wanted to give me a raise. I was working eight hours, and he was working more hours for the same amount. And he complained to the administrator, "Why does my wife make the same amount as I do and I work more hours?" and so they want to give me a raise. He said, "If you give her a raise, I get a raise, too." [Unintelligible comment]. And that is the only conflict I thought between us. And like, ah, ah, if I want to buy something--I bought me a car. And he said, "Why did you buy a car when I have three other cars in the house?" I wanted it in my name. I wanted to know what my credit is. So I bought me the most expensive car I could get [laughter] and he resented that. And he told everybody that I was a female chauvinist or something because I wanted to assert my [laughter] own whatever. [Laughter]. And he said I have a car, we have four cars in the house and there are two drivers and why did I have to buy a new car?" "Because," I said, "I want one in my own name because my son wrecked my other car. [Laughter]. A car in my own name; I want my name because in case you die I don't want to inherit your car." [Laughter]. And he told that to all his friends that my wife bought a new car because she didn't want my--She didn't want to drive my car in my name. That is what--But as I said, otherwise, that is the, ah, I don't know what all your experience is, but money is one of those, that he has to make more than me.

Moderator: Is that a feeling of competition, then, that--?

Alder, M.D.: I think it is more like it, but, ah, if I threaten--I said, "I'm not going to work anymore. I don't have to work." He said, "No, you don't--you don't quit. Just work."

Maynard, M.D.: [My husband] said the same thing.

Alder, M.D.: "I don't care if you don't make any money, just work."

Maynard, M.D.: He really wants me to work; he loves me working. [Multiple comments].

Kurth, Ed.D.: Would you rather not work? I didn't work when my first child was born, and I was miserable and so was anybody who was around me [laughter] and I am sure, [laughter] if I even--I get summers off except that I usually work one day a week but, and that's fine, I enjoy my summers off but it's because I know it will end. And I, I was really hell to live with and I am sure if I came home, went home tonight and said, "I'm not going to work any more," I don't think [my husband]

would let me quit. I don't know what he would do, probably send me to [a mental institution] I guess because I really am--

Thacker, Ph.D.: But is it because he wants you to work or? I mean, what you're really saying is he wants you to work because he thinks for the sanity of the family it would be impossible--

Kurth, Ed.D.: No, I think he would--I think he knows that if I didn't work that I wouldn't be me. I wouldn't be the kind of person he married. [Multiple comments].

Thacker, Ph.D.: It's not just for the money?

Kurth, Ed.D.: Well, as it happens, there's no choice. But if there was a choice, if we didn't need my salary . . . .

Thacker, Ph.D.: I guess, you probably can tell I've been married--what, twenty-two years? and I get uppity. I mean, I . . . So, I said, "Hey, I'm quitting. I'm going into my own consulting business." I have a thing--I mean, I can make a million, no question about it. And I've got someone who has offered to back me financially. I said, "I'm quitting." I announced this, "I'm quitting; I've got my own business, I've got this guy . . . ." [Lowered voice]. "No, you're not." So he said, "Fine, if you want to quit, quit." Now suddenly, you know, his attitude is--

Maynard, M.D.: I'll get you while you're--

Thacker, Ph.D.: He is angry. He goes into the other room and shuts--Now he doesn't get after me but then he'll say, "I don't see how you think you can quit." Well, I've got other things I do besides my income. I mean, [pause], you know, I've got some real estate, I do; he's not interested at all. Fine. I take the profits. I do all the work. I crawl under the house if something needs to be repaired. So I have other income besides just a salary; and I, I don't have, you know, I don't even feel that I have to work because I can make as much money doing other things as I'm doing now. And I'm proud of that.

Kurth, Ed.D.: But you're talking about quitting and going to something. You're not really quitting work. You're just changing occupations.

Secor, M.D.: Changing situations. Or changing jobs. [Multiple comments].

Kurth, Ed.D.: I'm talking about [pause] quitting. [Laughter].

Thacker, Ph.D.: I'm also saying that then I wouldn't work--You know, like right now I'm working what? Seventy/eighty hours a week sort of like, and I'm saying I will have more time for relaxation. [Laughter]. It's terrible. I will have time to read a book. I will

have time--I'm going to plant a flower, bake toll house cookies; I've always wanted to--[laughter].

Moderator: [Laughing] You've got a thing about toll house cookies.

Thacker, Ph.D.: But, so, I mean it's not that he would just lose the income [long pause] and I, I mean I'm a happy person; I like to do all kinds of things. I don't need to be working at one particular job. I'm happy doing anything.

Kurth, Ed.D.: But you, but have you . . . ? I don't know why your husband doesn't want you to quit. If I cam--if I went home and said I was going to start an educational consulting firm and I had the backing and all [my husband] would say, "Fine, great," you know. "I'll do the math work for you." He'd just be very supportive. But if I said, "Ah, my guilt overwhelms me and I'm going to stay home and hold [my son] on my lap [laughter] and, um, he would, he would probably send me to someone.

Thacker, Ph.D.: Is it for the money or is it . . . ?

Kurth, Ed.D.: No, it's because--

Thacker, Ph.D.: It's really just because he thinks--

Kurth, Ed.D.: He knows--

Thacker, Ph.D.: You couldn't be a happy person if you weren't working?

Kurth, Ed.D.: Yes, I, I truly believe that because he's right. I couldn't; I tried that and I, um, and I'm not.

Boston, J.D.: My husband always told me that he didn't want to marry someone who depended on him for a lot of things. He didn't want to walk in the door at night and have somebody come up to him and say "This went wrong, this went wrong, and this went wrong, and I want you to fix it for me. Or the washing machine won't work and I want you to fix it for me."

Kurth, Ed.D.: Or to get their identity from him. That's a real point.

Boston, J.D.: Right. He wanted someone that could make it on their own because he thought he was going to have enough to handle--

Maynard, M.D.: On his own! [Laughter].

Thacker, Ph.D.: But does that mean that if the washing machine goes, you know, if the car quits and you're stranded you call the tow truck and get them to tow the car in and you don't bother anything?

Boston, J.D.: No. Ah, I got stranded yesterday, as a matter of fact. And I called, you know, [a center at the hospital], the, you know, three different places. And I finally found him. And he came and got me. And he takes the baby to the pediatrician because he only works two and a half days a week. I've been there one time, you know, to the pediatrics.

Thacker, Ph.D.: So he really is sharing in these things. It's not that you're expected to fix the washing machine--

Boston, J.D.: Yeh, but he didn't want someone who stayed at home and . . . .

Unidentified: But now--

Boston, J.D.: . . . to live through him, or when he was tired from what he was doing, he didn't want to come home and work another eight hours at home by straightening out other people's lives, you know.

Maynard, M.D.: It's emotion, it's not--You're talking emotion, not really "do" list.

Jordan, J.D.: My husband says that I can quit as soon as he can. [Laughter]. He said, as long as he has to work I do too, that it would just be patently unfair if--

Maynard, M.D.: [My husband] is talking about quitting and letting me work. [Laughter].

Secor, M.D.: I'll go along with that.

Huffner, Ed.D.: Yeh, I've had that situation. I've had a house husband.

Jordan, J.D.: Is that right?

Huffner, Ed.D.: Uh huh.

Secor, M.D.: He didn't please, that's the thing, you know. My husband--[laughter]. I just know it wouldn't be done right.

Huffner, M.D.: Now, [Dr. Secor], you know that was the kind of thing I thought about and I, and I decided that I wouldn't, that I was not going to be critical about what he was doing. At the time he was doing some writing and, uh, and he was very good. He, I think, he was a better housekeeper, handled things a lot better than I would have and I think his disposition is a lot different from mine. I'm, I'm so--He's very contemplative, he likes to read, he likes to write, and I'm very action oriented. And so that kind of stuff would have driven me crazy, but he was very happy. It was only my telling him that he had to go back to work that--He would have done it forever. But I couldn't live

off my salary. [Laughter]. And so I wonder if that's something that maybe that's on the other foot--

Maynard, M.D.: I think that what [Dr. Secor] said, ah--he couldn't do, possibly do it right, is really--

Secor, M.D.: That's right if you don't work it out ahead. [Laughter].

Maynard, M.D.: But I think that some of what we've got we brought on ourselves because, you know, I pay the bills because it drives me up a wall when [my husband] squirrels them over here and throws them in this drawer or puts them over here. [Much louder]. And I go wild because he's not keeping records, and I'm so obsessive/compulsive I want everything laid out, and keep all the bills, and keep the records of this and all that.

Boston, M.D.: I think that Felixes marry Oscars. I really do. If you use the Odd Couple syndrome, because my husband is the compulsive one with the neat little piles and, you know, we have drawn an imaginary line down our bedroom [laughter] and, you know, mine is just a mess--My, he will, he does--Before we got the lady that does the laundry now, he did all the laundry. He did all the grocery shopping, and--just because he had more time than I did. And he would do the laundry and bring it to my dresser and put it on the dresser, but he wouldn't put it in the drawers. So, I would just leave it on the dresser and [laughter] and used it as, you know. And he'd, he'd say--I'd be in there cleaning up my room, and my version of cleaning up my room is picking everything up and wad it and throw it on his side of the room [laughter] because he would put it in the dirty clothes. And you can open his, his dresser drawers and everything's just methodical; it will drive you crazy. You know, when we were first married--I would hang pictures crazily--[laughter].

Huffner, Ed.D.: You know, there's something that I've been wanting to come back to and that is the question about who gives you strokes. It's kind of tied in, a little bit, to what we're talking about right now, too. You made it sound as if maybe some, the friends that you have might give you strokes. I heard you say that your husband gives you strokes. I don't get strokes very much from anybody except myself. I, it's, it's--

Secor, M.D.: A kind of problem.

Huffner, Ed.D.: It's strange that, you know, that I, I--[Interruption]. Huh?

Kurth, Ed.D.: I say, you miss other people's strokes.

Huffner, Ed.D.: I don't get them from my husband and I don't get them from other people. And I may do something that--I've actually, know that nobody else has done or would done and very rarely do I ever find a thank you there. And I, I don't, you know, so I say, you--I just go right on. And then the other thing that occurs to me, when you go on about the men, the young men--They come in and brag about things that I wouldn't even think about bragging about. And they think it's something marvelous that they do and I go, "Hmmm." It's just, it's just kind of a tooting their own horn. Ah--

Kurth, Ed.D.: I guess that I've been really fortunate, [Dr. Huffner], because I've always worked in a situation where I've had people over me who appreciated me and, in every case a man, ah, who made me, who applauded--Sometimes I think they don't quite know how to, ah, how to react to me. Ah, when I got the job at [a community college], I was four months pregnant. So I went to the interview and it was all, and everybody was sitting there, and the dean said, "Well, do you--Is there anything else we need to discuss?" And I said, "Well, yes there is this one other thing [laughing]. I'm four months pregnant." And you could have heard a pin drop. [Laughter]. And he said, "Well, will you? What will you be doing?" And I said, "Well, I'll be working, ah, somewhere. I hope here." And he said, "How much time will you need off?" And I said, "Not, not long. I don't know. Um, but I've always worked, and I have two other children, so I think I can speak with some authority. I, I can do this." And I was hired, but no one quite knew what, how to handle that because, and it was really strange watching [my dean] who never--It was a very odd pregnancy; it was not, it, um; [my husband] says it was planned but not timed? It was just kind of--And no one, no one really knew--I had had surgery the year before and my cycle was all messed up. No one really knew--I had due dates from December 19 to February 3, you know. It was just a mess. And [my dean] never quite knew--He would say, he would start to say, "How are you?" and he would say "How are you?" to everybody else and he would get to me and he'd feel that maybe I would feel that that was chauvinistic so he'd just say, "Um, HI!" [Laughter]. And Christmas came along, and, and I was quite pregnant and he'd say, "Ah, do we need to discuss anything? [Laughter]. Is there any time you'll be needing any time soon?" And I'd say, "Well, I, I just don't know, you know; we'll just play this by ear." And I think that I made them very uncomfortable on the floor, you know, teaching and, uh--I kept getting orange juice put in my hand; and, as it happened, [my son] was born the first day of classes the winter quarter, January the fifth, and, um, and after that things kind of settled down, but I think with, with the problems that we have, sometimes lose sight of the fact that there are a whole lot of people who don't know what to do with us. And their intentions are good but they don't know what to say, and [my dean] is a dear, kind, good man, and he would not hurt me for the world. He is very supportive and thinks I'm just wonderful and all that but--And therefore he would not ask me how I was; he would not ask me if I needed any special help for fear that I would misinterpret it. And I--He really didn't know what to do [laughing]. And it was kind of fun, I have to admit, but he--

Secor, M.D.: But if you had been sensitive, it could have led to a real royal misunderstanding.

Kurth, Ed.D.: Yeh, yeh.

Alder, M.D.: Did you feel like, ah, what, what did you think--Well, I had the same experience, see? When I--I signed up for a contract at one hospital at one time, but I didn't tell them I was pregnant. Same way, I was only about--I didn't even know I was pregnant. That was the worst part. Ah, so, when she found the, the administrator found out that I was pregnant, she was not going to give me a contract, I mean give me a position. I was already assigned a position, signed the contract and everything. Told me that just because I was pregnant I was going to have a baby, my job, I would be performing less than the male counterpart. And they said, "Let me prove it to you." "But you cannot cancel my contract because it is already signed and I'm going to start today--when I moved it that day they didn't get a contract and the letter to start work, and, just because, you know, on the application form I told them that I was pregnant. And so they said they were going to cancel the contract. "No," I said, "You can't cancel that." But the administrator told me, and he was a man of all people, told me that a female should stay home and that just because you have babies you cannot perform as good as, as a man does. But what happened when I went to the hospital I had, I was doing a better job than the single men because they were out every night on a date with a different girl [pause] or two or three of them a night. So, ah, ah, I, you know, that was one--At the beginning I didn't realize how much difference, ah, people would [interruptions] think you were a sick person just because you were pregnant.

Kurth, Ed.D.: And I, I was out one week. I stayed out a week.

Jordan, J.D.: That's all?

Kurth, Ed.D.: Yeh, I've always been--I've, you know, I have a strong body and I always have good deliveries.

Thacker, Ph.D.: Have babies easily like you're supposed to?

Moderator: I sort of want to turn us back, though, now to what [Dr. Huffner] was saying because this is something that, that, I've, that has come up a lot. It's been expressed over and over and over again by anonymous people in various other studies and so forth--this tremendous need that very high achieving women have to, to be rewarded in some way, to be praised, to get a stroke, and the fact that it doesn't occur very often because people get so accustomed to seeing them perform at these very high levels that, it, it just becomes ordinary and becomes, you know, normal. And, um, I'm just wondering have [directed to Dr. Huffner]--do the others of you feel that--I sense that you're feeling it with some intensity--

Huffner, Ed.D.: Well, they just say, "Well, she's just a workaholic." And that's the closest thing that I get to a compliment.

Jordan, J.D.: Which is almost an insult.

Huffner, Ed.D.: Oh, yes, but, see, you're a little bit crazy to be a workaholic. [Common assent].

Pomeroy, Ph.D.: And it's not necessary to work all the time.

Huffner, Ed.D.: Oh, yeh, right.

Maynard, M.D.: And yet it dismisses what you've put in to it. Your effort is not comparable to someone else's.

Moderator: And it also dismisses, I would think, the quality of what comes out.

Kurth, Ed.D.: And the creativity. Because you can be a workaholic and not be doing anything particularly significant.

Jordan, J.D.: And the expectations are so high. If you ever just want to kind of lay back you really can't.

Moderator: Now, whose expectations? Yours or--? [Interruption].

Jordan, J.D.: No. Well, I think we all have high expectations of ourselves; but I think that, that in addition to the striving for strokes--whether you get them or not--ah, if you are somewhat less than, than, saying less than perfect is not right because I'm not saying that I'm perfect or anything like that. I'm just saying that if you just don't completely fulfill what is even a man's task from the beginning--Ah, if--

Secor, M.D.: You're not allowed to be average in anything.

Thacker, Ph.D.: I think that this is a very important thing, that you're not allowed to be average. And I would like to insert one statement here: That I am really concerned about some of the young women I see, especially like in engineering and computer science. [Pause]. I've tried to keep an eye on how well I relate to my female students. And I have found, and I haven't done any statistical studies, but I am concerned that our female students who are very good make it through. Our female students who are average, say, who are making about C's or maybe a little lower--Our male students who make C's that's fine; they get through. But our female students who are making C's tend to drop out. The women that we graduate tend to be real, you know, all A's. What are we saying to these women who are average? Are we saying just because you're average you shouldn't go ahead and compete with men? We're really telling them they have to be super people.

Pomeroy, Ph.D.: There's that super woman thing again. [Assent].

Boston, J.D.: The young female lawyers coming into town, we had come to one social occasion. And first off, I don't think they understood it was purely a social occasion. We just don't have time, any of us, to see one another, unless we do it at this particular meeting. And that's why we enjoy it so much, because it is extremely informal. But, there's, say, a three to four to five year gap in there between women who have been practicing law regularly for three to four to five years, and then every law firm in town is hiring a token--All the major firms have hired a token lawyer.

Unidentified: A lawyerette is what they used to call them.

Jordan, J.D.: To give you an idea of what she's saying, I came here two and a half years ago. And I was one of, I think eight? women that were really practicing law and now there's thirty-five?

Boston, J.D.: Right. So we have them, so we thought, we thought, gosh, this would be great. They'd be just like we are. We had them in to the meeting, which is, we have a funny name for it. They were offended by the name--Ah, we call it the CLAPS Society--

Secor, M.D.: Can you explain what it means?

Boston, J.D.: [City] Ladies Arbitration Professional Society. It's really a drinking club, is all it is. [Laughter]. But they were all--The first order of business is that there is no business, you know, other than who are we going to call if we get pulled over for DUI and so forth. So, they were offended at the name. And the second thing was that they listened for a while. Most of them were single; a couple of them were married. But then they came away and they said, "All those women talked about was their children and their country club and their pot-bellied husbands." And they, it was so far removed from what they thought was important. And it surprised us, you know, that we would have that big a gap with the young lawyers coming out. We are now the old fuddy-duddies. And it felt strange. And they don't come to the meetings at all. You know--

Secor, M.D.: Oh, they will when they get more experience.

Maynard, M.D.: I think that has to do with just mellowing. You know, it, it--It reminds me of Passages. I don't know if you all ever read that? But that seven year--I mean, I see my life as really closely parallel. I had seven years in intensive professional stuff and now I want to be able to think some about [my daughter]. I love medicine; I'll never give it up but I like thinking about [my daughter]. I'd like to take a smocking class someday [laughing].

Boston, J.D.: See, I don't think we have the energy to carry around what they're carrying around with them right now. You know, to get offended at the name, you know, to say that all that--

Maynard, M.D.: That's going to mellow.

Boston, J.D.: I just don't have enough energy to--

Kurth, Ed.D.: Part of their feeling that they have to carry the bannerhood of womanhood.

Secor, M.D.: They are not faced with the responsibilities that you're faced with right now, so they do not need an escape into the CLAPS Society, but when they get faced with the responsibilities that you're faced with then they will need an escape once a month. [Laughter].

Kurth, Ed.D.: It's all a part of their sense of humor.

Boston, J.D.: We're not even organized enough to have it once a month! It's just, you know, whenever.

Unidentified: Whenever you need it.

Pomeroy, Ph.D.: They're also establishing their own professional identities which you've already, somewhat, I'm sure, established.

Maynard, M.D.: Yeh, I think that's a big part of it.

Pomeroy, Ph.D.: That's a big part of it, too. And--so they're not being caught up--

Maynard, M.D.: It ends up with your taking me seriously.

Unidentified: Exactly.

Maynard, M.D.: Whereas you're more secure in, yeh, someone takes me seriously and I can be whatever I am.

Secor, M.D.: I'm took so seriously, I have to escape from it every now and then!

Pomeroy, Ph.D.: It's just like you were talking about the dress thing. There was an article in, I think, the New York Times recently about how some of the high level women professionals who have made it now feel like now they don't have to wear the standard business suit [comments] because they feel like, you know, okay, I'm accepted because I have achieved and it's recognized. And I think maybe a similar kind of thing is going on there in terms of the young women who can't quite handle the looseness.

Secor, M.D.: I've reached that point.

Maynard, M.D.: I've decided that if a child's going to pee on me or vomit on me, I'm going to wear what I want. [Laughter].

Jordan, J.D.: I've been seen so many times with, and I'm sure [Attorney Boston] did too, with child whatever--burp--on my shoulder. [Comments].

Unidentified: For six straight months.

Boston, J.D.: Well, we all--Women attorneys tend to imitate the men attorneys in dress style. We all wear the jackets and--

Moderator: The uniform.

Boston, J.D.: The blue jacket, or whatever, but I think that's more than anything just a lack of time to shop or maybe money to spend . . . .

Boston, J.D.: . . . on really nice working clothes. It's a lot easier to go buy an Oxford cloth shirt, which I know will be acceptable, and a skirt and, and, wear a blazer with it than, you know, to spend the time shopping or the money shopping.

Secor, M.D.: But you know, I was sitting here wondering, when you were talking about the, the strokes and the, the getting--doing really fine work and getting no, not enough feedback for it, from it to suit you. Do we then [pause] try to do a little bit more fine work in hopes of getting a little bit more feedback and then people--the expectations get so high that anytime you do an okay job, ah, it's below your, ah, usual, and your usual has to be up here, and you're not going to get praised for your usual so then you have to up it? And then we get in this upward spiral until we get where I said I was, was, been feeling the last couple of years [laughing]. I'm going to have to [laughing]--I'm going to burn out or I'm going to slow down, one of the two. Somewhere.

Thacker, Ph.D.: I think I have that problem. I just think, oh well, if I just do it better, you know--

Secor, M.D.: Somebody, then they'll accept me.

Thacker, Ph.D.: I get very few strokes, and I think what has changed me in the last two or three years is my mother died and she was the one that gave the strokes. And that--I finally said, "Hey, you know, I've given strokes to kids, to husbands [pause]--one husband--[laughter] but I've given to the kids and I've never asked for anything in, in return. It really was just open giving, and then all of a sudden I moved here; six months later, you know, my mother dies. I don't have

the support group of friends that I had before. I haven't had time to make friends because I was under so much pressure. And it really bothers me that I don't get these strokes, and my husband is just as good as gold. He is kind; he never even raises his voice at me. [Pause]. But he is uncomfortable telling me fifteen times a day that I am wonderful, so he, he really doesn't tell me that. And I said to him, I said, "You know, of all the things I've done, of all the money I've made, as well as I've done with the kids," I said, "You've never said to me, 'Hey, you have really done some super job.'" Do you feel that way?

Huffner, Ed.D.: Well, um, I think maybe I've pulled out compliments by saying things like that. He says, "Well, have you ever told me that?" And I reflected on that, because, ah, and I think that I've changed somewhat to compliment him on particular things. But, ah, they--The thing that I've been wondering about was what, was mentors. I've heard that wo--men usually do have mentors and, um, I had, ah, one friend that gave me strokes and she died. And she was something of my mentor, and I miss her terribly. Just as I talk now, I get, you know . . . .

Thacker, Ph.D.: I can understand.

Huffner, Ed.D.: . . . and because she was the only person that--

Kurth, Ed.D.: I guess what I'm asking is, is that a need that women have, professional women, or is that just a human need and maybe none of us fulfill it very well, maybe none of us. Because I know, [pause], um, that my [husband] and I try hard to remember that the other person needs that kind of care and I think we probably do a fairly good job of it. Ah, I certainly don't see any lack of appreciation and, and [he] is quite free with saying, "Oh, I'm just so proud of you today," and I try hard to say that to him. But, I would say that I get more open support in my job from my dean than he gets from his department head by far. Ah, and maybe that, ah, that humans tend not to do for each other than we should do and maybe we need it more than others. Ah--

Huffner, Ed.D.: Do women need that more than other people?

Kurth, Ed.D.: Or maybe--that's what I'm saying--I'm not sure--

Secor, M.D.: I don't know whether we need it any more, but I think that we were raised to where we can give it and, ah, if you will notice the person--your mentor that died was a female, right?

Huffner, Ed.D.: Uh huh.

Secor, M.D.: And yours was your mother. And mine was my aunt, you know. Our, our mentors that could give us that kind of approval

without, ah, [pause] without, and be within good confines of ladylike society were other women, whereas a fellow giving us that kind of pats on the back and all--like [Dr. Kurth's dean] wondering, you know, would it be mistaken, would it be suggestive this, that and the other--then when it comes to a fellow saying something awfully nice to another fellow you get into a whole different thing there, see, so that's--

Kurth, Ed.D.: I think, I think that, that's, uh, just a part of our society.

Secor, M.D.: Yeh, but, uh a vital part.

Maynard, M.D.: I'm not sure men have any better support structure--

Secor, M.D.: No I'm not sure that they have as good.

Alder, M.D.: Would it have made a difference if when, you know, uh, in my case, uh, I--I don't even think even my parents said anything like, you know, ah, I was doing well in school. My father would say nothing, but he would tell all his friends that I was doing good. I never heard it. And I still did good. Would it make any difference to where we are if we had strokes when young? And the other, you know?

Secor, M.D.: It would make a difference maybe in--

Pomeroy, Ph.D.: In how you feel about--

Secor, M.D.: Our psychological tension might be lower.

Alder, M.D.: Right, but the achievement you--

Secor, M.D.: We did what we did because we wanted to do it.

Alder, M.D.: Right. It's yourself. But, like, your patients. I'm sure once in a while, you know, you get, "He's a very good doc--he's a very good physician, or something" but, uh, I get the same thing but it didn't matter to me. I still do the same thing, but the other thing once--my little son was, was in the kindergarten. Still he told all his classmates that his mother was the best doctor. And that was the best stroke I ever had. [Laughter]. And he didn't even know what a doctor is. [Laughter]. Just is my mother. But see, he just find out I was a doctor, you know; he was about five years old, and he didn't know nothing what I did or what kind of job I do. But, but, I didn't know I keep on thinking, you know--all this, what you're talking about--would it have made a difference? Because I never got the same thing. People in my country don't . . . .

Secor, M.D.: It would have made life more satisfying.

Alder, M.D.: . . . give strokes. We are not vocal, you know, like you people here.

Thacker, Ph.D.: Is it because we have guilt and we feel like, you know, are we really doing all right with our children and--?

Maynard, M.D.: I think it's reassuring the guilt.

Secor, M.D.: That's why I told her that getting the strokes from yourself was probably the best because, because if you don't have any, you know, if you're having trouble liking yourself, all of the strokes in the world from the neighborhood might not change your mind [laughing]. [Pause]. So, if you, you know--

Huffner, Ed.D.: Well, I was only thinking about professional stuff. Uh, oh, I want somebody competent, you know, to say, "That was a good presentation."

Secor, M.D.: Yeh, someone that I respect.

Huffner, Ed.D.: That I respect--

Thacker, Ph.D.: Yeh, and it's important that it's someone that you respect.

Huffner, Ed.D.: Uh huh. And that's, and that's where, um, you know--and most of the time I do my own evaluation and probably evaluate myself harder than someone else would but I did happen to trust [with emotion] really just a whole lot this, this other, ah, professional. And I, I miss discussing things with her.

Pomeroy, Ph.D.: You know, I know what you mean because, um, I'm not working in my field. And so, well, it's really a very foreign environment. Um, and mentors--I do not have a mentor, or a sponsor, and have not had one since we moved to this community. And particularly in a bureaucracy such as [the one I'm in] the lack of one--and there are very, very few available to women; there are only two women managers above like a [high managerial rank] whatever that means in [the agency] of, out of about 150, ah, makes a tremendous difference because it's truly an old boy network. And so one's professional, ah, potential, within the organization, um, is affected and consequentcly [sic], consequently I'm considering leaving because I, I realize that I'm very, very limited, but by a number of factors--I'm not an engineer and I don't have the appropriate credentials for that situation. But mentors and sponsors--and they're, they're differences between the two--are really very important, not only emotionally, and obviously that's very important from, as, as you pointed out, but also just in terms of where you go.

Jordan, J.D.: I think so too, and I, I--

Secor, M.D.: And promotions!

Pomeroy, Ph.D.: Yes [laughing].

Jordan, J.D.: I really think, you know, supposedly now we're developing [spoken with exaggeration] a quote "a good ole girl" network, but it's certainly not in [this city], or if it is I haven't seen any evidence of it, and I, and I have, um felt [slowly] lonely.

Pomeroy, Ph.D.: Yes.

Secor, M.D.: Yes.

Pomeroy, Ph.D.: I had a mentor and sponsor while I was in graduate school and it was marvelous. I had fantastic opportunities. But I haven't had it since then, and it's made a big difference in terms of what I've been able to do.

Thacker, Ph.D.: I've never had a female boss; I never had a female instructor past freshman English and freshman government. I've never had even a female friend in my classes.

Moderator: Look at me, I don't even have a female in my department, so I have my four men! [Laughing].

Maynard, M.D.: And that really was supportive when I went through residency to have a very, very competent, very strong woman--

Secor, M.D.: I just can't imagine, because I have never had a mentor. Period. Male or female.

Maynard, M.D.: She was smart as a whip and the men in the department did not [pause], did not mess with her [loudly], ah, because she would just, she did her work and she knew her stuff and, uh--

Kurth, Ed.D.: Part of it is generations, though, because those, those of you who are ten years older than, than, ah--

Pomeroy, Ph.D.: Yeh, but I didn't--My mentor was a male also. There were no women professors in my whole department.

Kurth, Ed.D.: There are still none in mine [laughing].

Pomeroy, Ph.D.: So, it was--if you happened to be lucky enough to get a man to think "Hey, this woman has some potential." And it was very hard to get a man to want to sponsor you--and, because it's very competitive and, you know, in grad, in Ph.D. type programs. I'm sure you probably have the same thing in law school because people, you know, they sort of compete for who they want for their off--their research assistants and teaching assistants, ah, because, you know, you want whoever can, you can get your, your work done for you

[laughing]. Um, but there weren't, there weren't women, women who you could see, who were doing, combining roles, the kinds of roles you were looking at.

Kurth, Ed.D.: It will be much better for the girls coming up. [Group Assent].

Thacker, Ph.D.: Do you think it really will?

Kurth, Ed.D.: I think it really will. My [daughter], who's ten, is just floored by some of, by, um, well by the fact that it would be unusual for there to be a woman doctor ever. When I was in [another southern state] I remember choosing her pediatrician because it was a woman, you know? And she just--It just amazes her that that should ever have been a problem and, uh, I think that it will only get better. I really do. I think that there will come a time when, you know, when no one will know. We won't be around but--[laughing]. We won't be around--

Secor, M.D.: Where I try to make the message get across is to [my son] 'cause I figure [my daughter] is going to get the message. [Laughter]. But it's to [him] that I try to get the message across.

Kurth, Ed.D.: I think that's true. And I think the difference in our husbands is partly due to their age. When I--My father never said anything complimentary--I would bring home straight A's and he would ask why there weren't A+'s, you know. I knew he loved me dearly, but he never, ever told me until I was leaving on my wedding day. Ever. And, ah, [my husband] is very loose and very free with his kids, dearly--

Secor, M.D.: More demonstrative.

Kurth, Ed.D.: He thinks nothing of cleaning, of cleaning up the house--my bed would never--cleaned up the house, and I hope my son will--ah, now [my husband] will not do bathrooms--I hope [my son], [laughter], I hope he will do bathrooms. [Laughter].

Moderator: On this note, I'd like to say [laughter], I've used up your time and, ah--

Jordan, J.D.: Don't you need more than one focus interview? [Laughter]. Really, I really would like to get together again. [Laughter].

Maynard, M.D.: It's a prime group. [Laughter].

Secor, M.D.: I would like to ask how many of you all came down here tonight in hopes of meeting some other friends? [Indistinguishable comments].

Secor, M.D.: That's one of the reasons I participated.

Moderator: Let me tell you how many, how many women called me and said how much they would like to participate but they couldn't do both. And my, I and my committee had said we need both phases for the study. And uh, you know, it was really touching--There's one woman and I cannot tell you who she is--but, um, because we wanted to keep it "pure" and have common roles for everybody, ah, we had enough participants. We had too many. And so--and she wasn't, um, a parent. And she made three separate contacts wanting to be able to come. And it broke my heart, you know. But I had to be expedient and think, "Hey, I want to graduate and I don't want my--I don't want to get up there to the defense and find out you know, that I'm going to be bombed down--I'm nineteen years a late bloomer anyway [laughing]. [Laughter]. You know. So, um, but there is a very real need.

Secor, M.D.: Uh, huh.

Moderator: And there are some fascinating, fascinating people who are professionally educated--not all necessarily married to a professional--in this community that--

Secor, M.D.: Who are friends.

Moderator: Who are friends and know of each other, and, ah, like your network, there are several very lively, informal networks that do exist in this city that nobody ever hears of, you know, that just sort of have created themselves.

Secor, M.D.: Like some of us need to hear.

Kurth, Ed.D.: But it's nice to see a mixture--the doctors, the lawyers, and the educators. [Dr. Huffner] and I know each other, and [the Moderator] and others in education, but it's nice to know other women who are doing other things plus--

Secor, M.D.: Well, I was on the cutting edge of the women's movement, and, uh, organized, ah--

Kurth, Ed.D.: All of this is for you, [my daughter] [laughing].

Maynard, M.D.: We [laughter] women--

Secor, M.D.: And we organized a study and discussion group in 1970. I went to my first meeting when my child was like six weeks old. I heard about it--read about it when I was in the hospital. And it was really a laughable subject to me. And we, a bunch of us, organized, and the group got large enough, you know, that we had a group that met in [the eastern part of city] and a [suburban] group. It was a handy neighborhood thing. We kept that up, and we didn't accomplish anything

in the way of a project for voter registration or something like that. Ah, we did study some things about the political structure and voter importance and that, but we kept that up for about two years, meeting every two weeks in each other's homes talking. Now at this time, I was working full-time and I, when my son was thirteen months old, we adopted my daughter who was fourteen months old, so I had two one-year olds. A wonderful time. And I have to say that those were the happiest years I believe I have had, and those friendships have still endured. I may go [pause] six or eight months without talking to [my friend] and in one phone conversation--which is liable to be two hours--[laughing] we've got things covered. But that type of support group--some of them were housewives and some of whom were working and some of whom were professional and some of whom just had a little college and some had none--but we had those common interests--is of immense value. It really is. I looked, we looked forward for every two weeks. And if you can get anything like that [pause] started through any group you you know and make it handy to you--cause it was awful nice that it was in [the suburbs], you know--that you didn't have to come on down off the mountain, the handiness of it. But if you can have anything handy, like you all meeting for lunch, that's handy. You don't come back out at night. Ah, it's worthwhile.

Boston, J.D.: Well, we usually have it at somebody's house, ah, after work starting, say, at six o'clock--

Secor, M.D.: Uh huh.

Boston, J.D.: So that you don't have to go home and then go back out again--

Secor, M.D.: Uh huh.

Boston, J.D.: You go right straight from the office to the place--

Secor, M.D.: Well, it's immensely valuable, and it stays valuable long after the group stops meeting.

Kurth, Ed.D.: One thing that is interesting is ah, my mother, who was sixty-five in December and who just got her Ph.D. and always worked, all of my life, I can remember one of my brothers being born and going into the hospital and seeing her silhouette on--it was a country hospital--seeing her silhouette on the window. She was writing newspaper stories. She was a journalist at the time--would never, ever--she thought women's libbers were awful, you know. The changes in women's feelings about what is acceptable and everything is, ah, really interesting because she would never have attended such a meeting. And yet if there is ever a woman who was a professional woman, she was it.

Secor, M.D.: If there was ever anybody who would have fit in, she would have--

Kurth, Ed.D.: And if there's ever anyone who needed the support, you know. And even to this day, she, she, um, she's really very proud of me and all that but she wouldn't ever think of me in a women's, as a women's libber, you know.

Secor, M.D.: I'm her daughter who is a professional; I'm not a women's libber. [Laughter].

Moderator: At this point, I want to tell you that I have three pages of protocol and we managed to cover just about everything [laughing] [laughter] without my having to say, "What do you think about this? What do you think about that?" Some of them I would have pursued in a little more depth, and some of them I will pursue in a little more depth. But you were marvelous. You managed to cover most all of them, or at least touch on them. Some of them you went much further with--and woe be unto to me if they're all on that segment of the tape that I, ah,--I don't know.

Secor, M.D.: Well, as she said, we'll come meet and talk again. [Laughter].

Kurth, Ed.D.: Well, we can have a reunion. [Laughter].

Jordan, J.D.: We can meet--

Secor, M.D.: A one page protocol of what got missed! [Laughter].

Jordan, J.D.: We should meet after, after this is over.

Thacker, Ph.D.: We could meet again--

Kurth, Ed.D.: Well, we can have a graduation party for her! [Laughter].

Moderator: Well, I wanted to tell you now that I'm going, I'm going to have my jaw cut and have it wired here--I hope I have a competent surgeon [laughing]. Ah, I'm scared to death about all these doctors, but [laughing]--

Secor, M.D.: [Dr. Pomeroy] will consult with you [laughing].

Pomeroy, Ph.D.: I had my jaw broken and my teeth wired together.

Moderator: Oh really? So I'm not sure when I'll be in touch with you about the, the individual interview that will follow. I'm told that I will be wired six weeks, so--

Maynard, M.D.: You can type us a letter. [Laughter].

Secor, M.D.: Does this mean if we get a garbled telephone call, we're to assume it's from you? [Laughter].

Maynard, M.D.: [Making garbled noises].

Pomeroy, Ph.D.: Tape all those lectures in advance.

Moderator: But I want to thank you ever so much. And if you'd like to take sparkling cider with you, please do.

Maynard, M.D.: Thank you for everybody's patience. [Referring to infant daughter's presence]. [Laughter].

Moderator: She was marvelous. [Laughter].

Unidentified: It's all for her.

[Continuing chatter; tape shut off].

APPENDIX H

INTERVIEW WITH KURTH, Ed.D.

INTERVIEW WITH KURTH, Ed.D.

Interviewer: To start with, I'll ask you if there was anything you wanted to add to the focus group interview. Are there any comments, any reflections you've made since that time, any other things that you want to share that grew out of that particular discussion?

Kurth, Ed.D.: None that I can remember. I may as we talk come up with some things.

Interviewer: Okay. All right. Some of the issues that, uh, that I wanted to get at had to do particularly with the woman's perspective of her situation in this very special kind of marriage. And so some of the questions deal with achievement and identity, not necessarily with ah, ah, the marriage itself. But one of the things that I'm really, really interested about professional women is how important achievement is to them in their profession.

Kurth, Ed.D.: Do you mean recognition?

Interviewer: Well, I guess I'll let you define the term in any way you want. I can think of many ways that I would define it. Certainly "recognition" for me would be a major--

Kurth, Ed.D.: I, I don't think recognition by title is terribly important to me. At least that's not one of the things that I aspire to. But it is very important to me to be recognized as knowledgable and, um, as having something worthwhile to contribute and as, um, capable and competent. And I do get very angry when people assume that, ah, [pause] that I am not. [Sigh]. So in that sense achievement is very important to me to do a good job to feel that I've done a good job and for other people to recognize that it's a good job. I don't think they have to so much [pause] say so, though that's always nice, um, as for me to know that they recognize it--just for me to feel like by the way that they treat me that they respect my opinion and that they feel that, that I know my stuff. Ah, I don't, I'm not aware of any real need to, you know, to have, ah, a title or be a department head or, but I guess in a sense I am kind of a department head. But I don't have any real awareness of any need for external recognition like that. But in the sense--I want to be taken for a professional, and it--oh, I've really gotten angry at some people. [A colleague in another department] for one [laughing], though lately he has decided--well, not lately. The first time I really just chewed him out [laughing] for assuming that I didn't know what I was talking about. After that, we've been real good friends [laughing].

Interviewer: Well, as I was telling you earlier about the situation that I'm involved in now, that is at the heart of it. It's very, very important when you set standards for the level of competence of your work that those be recognized and those be accepted and, sometimes, that they be shared. And when they aren't, um, I guess in some ways that tends to make you think that others cast aspersion on things that mean very much to you.

Kurth, Ed.D.: Yeh.

Interviewer: It's an interesting idea because, ah, in some of the reading I've been doing recently, some of the studies that I've been reading recently, Levinson talks about how very important it is for young males to have a dream. In their early adulthood they have a dream and as they move into the, the, ah, later and more developing phases of their lives, they act out upon the dream; and later they modify the dream and so forth. But, they're almost guided by the vision that they have of this dream. [Pause]. It's also very interesting to think--we don't know as much about female development--although one of Levinson's students did a seminal study about women--We don't know as much about women and whether they have a dream or not. This is another question that, that I would certainly like to know more about. As far as your profession goes, do you feel you have a, a dream, or a goal, or however you would define it? Do you, do you have a, um . . . . Is there a culmination for you? Have you envisioned one [pause] over a period of time?

Kurth, Ed.D.: Um, [pause] no. I don't think I have. Ah, [pause] because--I guess I don't necessarily see what I'm doing right now as being what I'll do forever, though right now I can't think of what else I might want to do. I really enjoy my job. But I--and I want to do specific things within my job. I have a lot of power within that to construct things the way I want.

Interviewer: Do you in any way equate power with achievement? Are those two synonymous?

Kurth, Ed.D.: In this case, maybe "power" is not the right word.

Interviewer: "Control"?

Kurth, Ed.D.: "Control." I really have all the authority to change things within that program any way that I choose. And I direct the other teachers. And I don't mean that I'm authoritarian, that I do it without any thought, but basically the program's me. And, um, so in that sense I have some things that I want to see happen there.

Interviewer: And it sounds as though you carry a good deal of not only the control, but also a good deal of the accompanying responsibility.

Kurth, Ed.D.: Yeh, yes, that goes with the territory. [Pause]. But, um, [pause] as far as having any--I guess what I would like to do, assuming I ever have enough time, I have a lot of things that I've learned the hard way that I would like to have time to write cogently and, and--I have a, a minor reputation within the area, within my field, and that's nice. It's nice to feel like your opinion is valued and so forth; but I've learned some things the hard way, and I'd like to have a chance to share them. And for people to evaluate whether the things that I've learned are useful or not. I think many times they are. But as far as having any one thing [sigh] that I want to accomplish that would fulfill a dream, I don't guess that I do. I, I guess what I want to do is to keep learning about what I'm doing now; and then I'm tired of that I'll want another task, but I have a couple of years left on this one. [Slight laugh].

Interviewer: One of the women I most admire [pause], one of the authors I most admire is Maggie Scarf, who has done a lot of writing about women, and she talks about in relation to this dream that adult males, or that males have, especially as they develop in their adulthood, about the dilemma that a woman has because she usually doesn't have a dream, that the two areas that are very important for everybody to work out--but that are particularly crucial for men--that area of work and love, are beset with a lot of problems for a woman because she is very concerned about what is expected of her as a woman and what will be pleasing to those people, ah, she cares about. And so very frequently her dream, if she has one, is oriented around relationships. And she doesn't work out what will be cruc--what will be important to her in the area of work until she is all, until she has already moved into the relationship. So, consequently, what happens, is that her dream does not begin to exist until she is in a relationship, or at least her dream regarding work; and very frequently then she adopts his dream. And his dream becomes her dream. They share it, or, ah, ah, or sometimes it's not, you know, adopted totally by her but she figures in it in some way. And, um, that poses quite a dilemma for a woman. It's very different for a man, and very different for a professional woman because usually a professional woman has very early on made the decision that she is either going to pursue that dream of work and get her identity there or that she's going to tackle both at the same time, which, huh, causes a lot of difficulty. And so I've been very interested in trying to find out, ah, when it is--or if it is--that women in this study have a dream; and if so, if they can define what it is and when they maybe when they first realized they had one. Because most women, even most professional women, do not have one. The literature talks about men having a career, ah, in the professions; men have a career in the professions. They, they identify themselves as a professional person; women, on the other hand, tend to work in the professions. They don't have a career and they tend to work in it in a more desultory kind of way.

Kurth, Ed.D.: Well, I guess, um, I do now what I always would have liked to have done. Now whether that's what I always will want to

do I don't know. But I teach, I teach someone to read which is really a special, ah, accomplishment.

Interviewer: Can you identify when you first wanted to do that?

Kurth, Ed.D.: Yeh, I had trained to be a, an English teacher in high sch--and graduated from [a southern university] with an English degree and then went to graduate school for a year. And, um, I was somewhat--well, I was out of tune with myself. I didn't know exactly what was wrong, but I knew that that wasn't what I needed to be doing. I quit graduate school in the laundromat. I turned to my roommate--I never, ever verbalized it before--all I had left was a thesis. I had never even said it to myself. And I said to [my friend], I said, "What would you say if I quit graduate school tomorrow?" And she said, "I'd say maybe that was a good idea after I've lived with you the last month or two as moody as you've been." And that was exactly what I did. Well, that was the year--that was '70--that was the year that [my city] was integrated. And I, I was, I had always been fascinated by racial relationships. My, my parents had crosses burned on their yard a lot. And my mother, who is a native Louisianian, had gotten into various scrapes for treating black people basically like people; and so I thought, well, gee, this is just a point of history that I didn't want to miss. So I went to the school board and asked for a job, and they said the only jobs that were available were as cross-over teachers, and, uh, so I took one. I taught in an all-black high school.

Interviewer: As you did when you came here.

Kurth, Ed.D.: As I did when I came here. But I was twenty years old and very naive [laughing]. And I really thought--I was hired to teach eleventh and twelfth grade English--I was supposed to teach American lit, which is my very favorite thing in the whole world, or was at the time, and Shakespeare--English lit. And I went in thinking that is what I was going to do [laughing]. I can remember vividly handing out those English lit books, you know. We're just going to have the best time, and remember being just utterly appalled. It was [a high school], which is, um, a similar--It's not as much inner city in terms of geography as [the one in this city] is, but everything else is the same. And it was a very large high school for [the state], about 1500 students, everyone of them black. And there were ten white teachers. The first year that it had ever been integrated. And I didn't know enough not to tell the truth. And so when they couldn't read, I said, "Hey, they can't read!" And nobody had ever said that. And I didn't know that I shouldn't have said it [laughing]. I--I thought you start where people are, and they can't read, and so obviously these literature books are laughable. And, and, the supervisor for language arts for that system had taught me in high school--no, in college. And she thought I was nifty. And I thought she was nifty. Her name is [Helen Brown]. And so I went to see [Dr. Brown]. I said, "They can't read, [Dr. Brown]." And she said, "Really?" And I said, "No, they really can't." And I evolved a reading program there. There had never been one.

I had not had one course in teaching reading. I just knew that they couldn't read--at all, many of them. And I worked harder than I have ever--Well, no, that's not true. I worked harder than I had ever at that time worked; and that's where I found out that to give someone an appreciation of Shakespeare is wonderful, but to give somebody the gift of words is, ah, a gift without price. And I can remember vividly, see that's been fourteen years ago, specific students, one boy who was nineteen and bigger than I, who said, "You mean there are two ways to spell 'here'?" And, ah, a boy named Buzz Moore who I taught the alphabet to and [my husband] and I married at the end of the year. He was eighteen or nineteen then. I literally taught him to write his name; and, ah, he stole forks from the cafeteria because he knew I was getting married, and one of the other teachers had said they were taking up a collection so we'd have things to eat. So, he stole two forks from the cafeteria, which I still have and cherish dearly. [Laughter]. And all through those years, well, that was the first thing--that was, and I had never, ever wanted to be an elementary school teacher. The only children I've taught to read are my own children. Ah, I had never, ever had wanted to do anything like that, but when I saw the power of that gift well, then, that became very important. And then I went to the Army when [my husband] was drafted and I taught GI's; and after then, well, nothing's ever been the same. [Laughter]. And I guess, eventually, you know--Sometimes I yearn to teach people, to teach people Walt Whitman [laughing], Shakespeare, but um, and I know, that when I take my students, I know that they'll really ever really be readers. They will never love to read the way I do. Oh, I have one or two, and I cherish them, you know. But the vast majority of them, what I'm giving them is--

Interviewer: Functional readers--

Kurth, Ed.D.: --is to give them a tool so that they can make a living. But that's no small thing [slight laugh] so, yeh, I remember vividly where that happened. Now I think, even if I had not put in that situation, I think I always would have been a teacher, even though I fought against becoming a teacher. And I think I probably would have ended up with some sort of terminal degree, but [pause] I don't know [pause], I don't know that I would have felt the [pause], the dedication that I do. I would like to think that I would have, but, um, the missionary in me, that I do from the other. I think I would have ended up somewhere teaching maybe writing or something.

Interviewer: Still doing a, um, something in the same kind of field where you would be instructing and nurturing?

Kurth, Ed.D.: Yeh, but my mother is a professional woman and always has been though my doctorate precedes her. Ah, so I had a good role model.

Interviewer: Would you call her also your mentor?

Kurth, Ed.D.: No.

Interviewer: No?

Kurth, Ed.D.: She's a history professor. [Pause]. She's always had a lot of faith and courage, ah, encouragement for me--I don't mean that, but I don't think, I don't think we're a whole lot alike in a lot of ways.

Interviewer: A role model but not a mentor?

Kurth, Ed.D.: Yeh. Yeh.

Interviewer: And what about [Dr. Brown]?

Kurth, Ed.D.: I guess if I was to say [pause], if I were to choose someone who had had that kind of role for me it would be [Dr. Brown]. Ah, [Dr. Brown] was not married, however--had never been married. Um, but she, she did have a pivotal, pivotal position in a very trying time, and she handled herself very well. And, um, when I was student teaching I got a real dud for a supervisor. She got me out of it, and, and called me and said there were--she didn't want me ruined and I was to choose between these two places. And I was not to ask her why [laughing]. And, so, in that sense, she acted as a mentor . . . .

Interviewer: Yes, yes.

Kurth, Ed.D.: More so than my mom. My mom's my mom [laughing].

Interviewer: Yes. For a lot of women, though, it's interesting that, ah, when they've been asked if they have mentors they will say, ah, you know, no they really didn't--particularly women who are maybe five or ten years older than you are. And very often they will say, well, ah, the closest thing I had to a mentor was my mother. Ah, so possibly role model and mentor overlap in some area.

Kurth, Ed.D.: Yeh. Well, that's possibly true. [Long pause].

Interviewer: One of the questions that I asked, when I lost the use of the tape during that vital however many minutes it was, had to do with the relationship between two professional people who happen to be married to each other. And how, what happens when you have two people of very high achieving needs married to each other. Does that create conflict? What happens to the support system in that instance? What happens to their need for self-esteem, for stroking? Ah, [pause]--The literature is varied on what it says about that, except that, um, that we know it's a very charged situation in comparison to how we've seen a professional man's family traditionally, particularly his wife. Traditionally, it has been that the man--doctor, lawyer, whatever he happened to be--used his wife as his support system and as sort of an alter ego in carrying out many of his responsibilities, many of his, um, social responsibilities--his im-, um, I was going to say "implied"

but that's not quite the right word, but ah, they're expectations that are not stated by society but are certainly expected and that, ah,--It's been a very real change for a lot of men when they have married a professional woman and they find they don't have that built-in network any more. Indeed, there are two people, both of whom have these intense needs. And I just wondered if you would want to comment on that?

Kurth, Ed.D.: I have often wondered about, um. I don't know why [my husband] is the way he is. His brothers are not. Ah, his, his oldest brother is a devout [laughing], arrogant [laughing] ah, keep women-in-their-place person, and [his] mother never worked. Ah, she provided all those supports.

Interviewer: What is his birth order?

Kurth, Ed.D.: Third of five. I am also third of five. Um, he--So I don't know, I don't know what makes him willing to support and to give up what all of his childhood he had been taught was his birthright basically. Ah, I think because we're in the same kind of career we're able to understand each other better, yet we're not competitive because the fields are different. We both teach and both are involved in higher education so we have a lot of the same problems, but we're not competitive. Sometimes I feel sorry for [him] because he understands my end of it much better than I can understand his [laughing] and, whereas I can bounce ideas off of him and he can make suggestions to me about projects and careers and all that--well, projects and reading or ways of changing things to make things run more smoothly--you know, I can't do that.

Interviewer: Now why is that?!

Kurth, Ed.D.: I can about teaching but not about mathematics and, you know, and I would love to say that because I love [him] dearly I would be willing to do it; but the truth is that I'm relieved that I don't have to [laughing]. Because I hate it [laughing]. I hate math, but . . . ah, but--He would laugh. But I think partly it works for us because maybe, maybe because [he] was the third boy. [He] never had much faith or confidence in himself ever, and, ah, never felt that he was capable of anything very remarkable. And maybe because I did have that faith in him and was sure that he could do anything he chose to do--I tease him to this day that he was a doctoral student working on his dissertation and he would never tell anybody that that's what he did [laughing]. He would always, um--They would ask him what he did and they, he would say that he was a student and leave the distinct impression that he was an undergraduate student. Um--

Interviewer: Didn't want to say that he was working on his . . . .

Kurth, Ed.D.: For fear that he wouldn't make it. I guess. I don't know. We laugh about it now. And, and he still sometimes lacks a lot of confidence. I never lacked confidence. My mom and dad did that for all of us, I think and, and, maybe too much [laughing] too

far, but [he] did and maybe that's part of the reason but we've never, we--It was a conscious decision for both of us to go into teaching. There was never any question that we would. When we got out of the Army, that was the only time I've not worked and even then I did for awhile. Um, he went to graduate school and I stayed at home with [our daughter]. Um, well, I had had a year of lovely things going on while he was in the Army and I felt that it was his turn [laughing] and so that wasn't, that wasn't the typical wife thing. It was that it was his turn [laughing]. And then when we moved to [another southern state], I had thought about teaching high school. In fact, I had a job offer; but when we found out that I could get a scholarship and go to graduate school, too, which meant, of course, that we didn't have enough money to live on but the VA loans would see us through, we agreed that that was the thing to do. [My husband] never has had any, any of those things--I don't know why--It's just the way he is, which makes my life much easier than other people who have tried to carry both roles. Every night we sit down and divide up the next day, and that, I think, is the only thing that I really hate the most is having to always make sure that everything is adjusted the next day. You can't let it slide at all because you'll have--

Interviewer: Yeh, I remember you talked about responsibility and--

Kurth, Ed.D.: You'll have some child stranded somewhere [laughing], you know. But other than that, ah, we don't, we don't do a lot of social things, but because of our careers we don't have to. Um, that doesn't affect anything.

Interviewer: Actually, a lot of that is built in. It seems to me that there are a lot of functions that you could go to that are built into the nature of the job, for example, the, you know, the [music] series, the various art shows, where if you wanted to do--

Kurth, Ed.D.: Yeh, yeh. And I would enjoy doing those, but because the schedules are so tight, we really don't do much of that. Ah, it is fun, however, to go to, um, functions at my school. The first year that I was there, I don't think [the President] knew which one of us worked for him, where I am the one that is known and I have to introduce [my husband] and nobody knows who he is or what he does or anything, and then I'll go to something at the university and the roles are reversed and that's kind of--Then I'm Mrs. Kurth instead of Dr. Kurth. But, um, sometimes--well, even--Today, I got a phone call and someone wanted me to give a speech at um, one of the schools downtown, a parent-teachers group. And I agreed that I would do it, and I said--was getting the particulars down and I said, "Now what is it that you want me to address?" And she said, um, "Math problems in elementary schoolchildren" [laughing].

Interviewer: Oh dear [laughing].

Kurth, Ed.D.: And I said, "Well, we've got a problem [laughing]. I'm not qualified to talk about that; um, my field is reading." And she said, "Oh, I'm sure you were recommended highly." And I said, "I'm sure my husband was recommended highly." "No, no." That happens occasionally. People get us crossed up, you know, and that's kind of fun.

Interviewer: Yeh, yeh.

Kurth, Ed.D.: Yeh, but, um, yeh, I don't know. I guess I'm just lucky [laughing]. I don't know. [Pause]. I could not, for instance, be married to [his] brother and live the way I do. He would just have a fit, if his dinner is not ready, and yet they have the same parents.

Interviewer: Yeh. It's interesting how that all works out. Of the roles that you have, what would you consider to be the most salient, the most important roles? What would you say that they are? [Pause]. Of all the many ones?

Kurth, Ed.D.: Personally, important to me?

Interviewer: However you want to define that because one of the questions I'll ask you later is how do you--By which of those roles do you define yourself? But you have a lot of roles, just as all women do, for example, even ranging down the line, which has got to be for me personally right now at the bottom of the line which is volunteer. I mean, there are those roles. Ah, but which, which of the roles of the many that you have would you say are the most important?

Kurth, Ed.D.: Well--

Interviewer: You don't need to qualify it any further than that right now.

Kurth, Ed.D.: Okay. Um, I guess I really limit myself pretty much to three roles: wife, mother and professional. Um, and at any one moment of the day, one, one, one is in ascendacy and the others are left. I don't think I could choose which one is the important, which one is the most important to me personally. Each one gives me a lot of satis--and I can't separate myself from any one of the three: I'm a combination of those three things. Um, I, I view motherhood, well, I view my relationship with my children as not--as a fairly short term deal, not--my present relationship, obviously. The relationship continues, but the responsibilities and the roles differ. So that eventually will become, um, maybe less important but, um, at any given--I am those three things. Now volunteer, you know--I got in trouble with the Little League mothers because I refused to make phone calls [laughing]. That is really not that important to me. Um, church work--though I do some of it--is significantly below the others. I try very hard to protect, to protect dinner time. That's a family joke. We all eat together, even if it's at 8:30 p.m. [laughing].

Interviewer: I remember your mentioning that, yes.

Kurth, Ed.D.: [Laughing] Family time is important, and, but I have upon occasion tried to be the stereotype little mother/wife. And I can't. I am just a mess.

Interviewer: So, do any of those roles ever take back seat to the others? I guess what I'm hearing you say is that it really depends on perhaps the time of the time, the function that's happening, and possibly what the situation is.

Kurth, Ed.D.: I don't think one takes more importance than the other. I [pause]--but I think it, the time of the day [pause] where I am and what is expected of me, ah, that's the one that is the most important at the time. It's true that at, at school, when I'm at work long stretches of the day go by when I don't think of my family or even wonder how they all are unless someone's been sick or something. Or, unless some plan has fallen through and I know there's a problem, but, um, you know, I just don't.

Interviewer: Are you compartmentalizing your roles?

Kurth, Ed.D.: I guess so. I guess--but if something hasn't worked out and I know there's a problem--I've never forgotten a child for instance or anything like that. So I guess they're always right there below the surface; it's not a strict compartmentalization. I guess one time you and I were talking about that, and I'd never analyzed how I'd handle things before; and I guess if I had to give it a term, that's what maybe I would do. But they overlap significantly, you know. We, we-- After we eat and put the kids to bed, then I read the paper; [my husband] and I read the paper and have a few minutes together, and that's kind of a transitional time and then we work again, so, they over--it's not geographic.

Interviewer: Um. [Long pause]. Does the reaction of your colleagues influence the way that you handle multiple responsibilities?

Kurth, Ed.D.: [Long pause]. Um, [pause] I don't think so. [Long pause]. I don't like to be treated as anyone special. I don't like to be given the super role thing. I don't think what I do at home really affects one way or another . . . . I'm real fortunate to have a situation with people who respect those problems, respect that part of my life; so, when I have to make arrangements they're willing to let me do that, and they understand well. But I don't think any of them feel that that affects me, my performance one way or another. I guess the nearest any of that ever bothered me was when I was nine months pregnant and waiting for [the baby] and, ah, I did go right back to work. And I resented people saying, "Aaahh, look how wonderful she is! Isn't that remarkable?!" and "What a dedicated career woman." I--It was the right thing for me to do. It wasn't necessarily super and it was difficult for me, but what I did was right for me to do at the time. And I

resented people who felt--well, that that was something special or that that meant that I didn't love my child or that--[laughing] or it was admirable or any of those things.

Interviewer: So you took a job here because it was available or--?

Kurth, Ed.D.: Well, when we started looking we knew that he would have a much harder time than I did, so I just didn't look, really, ah, until we knew where he could go. Now, when there was a math position open and I could also find a reading position open at the same time then I would apply for it. And whenever he went on interviews he would always ask about possibilities for me and, ah,--In fact, the day we came here, ah [the head of the math department] had arranged interviews with the head of the English department, you know. It was always, a, a consideration--a very strong consideration, but the climate of the times was that I could find employment a whole lot easier than he could. And I knew I could find a job and I knew that in a city like this size eventually--maybe not that year--but eventually there would be hope of getting a job that I would really enjoy. We wouldn't have gone some place where there were no possibilities of going anywhere else. Um, you know, like a small--Well [laughing] one of the places [my husband] interviewed was, ah, [a small girls' college], and there was no place where I would have been happy there, so, ah, that wasn't acceptable. I guess the year when--[my husband] came on an interim contract, and the year afterward he went to [a large southern city] for an interview and, ah, [a university there] would have loved to have had us both; I mean we became, I became, well I don't guess I was ever a liability, but rather than an additional consideration, I became--

Interviewer: You were a marketable pair.

Kurth, Ed.D.: I became a bargaining chip [laughing] and that was the first time that ever happened, and that was kind of neat. But--we just are really fortunate that--because I know so many professional people who don't have--couples or otherwise, who don't have that option. We were really fortunate that we both liked our jobs and that we have both have carved out our own little niches and that they kind of overlap. That's nice too. Ah, but I know, ah, when [Dr. Maynard] was talking about having to adjust her career choices--I never really considered that thing, coming here an adjustment because, as I said, I knew that this was a big enough place, and [my husband] always says, "The illiterates are always with us. You'll always have [laughing] a job." I never worried about eventually being able to find something. A, um, and of course I got the job at [the city school] right away.

Interviewer: That accommodation I think we saw with at least two other women, if I remember correctly. [Dr. Alder] talked about a very definite time where she had to go where he was and also [Dr. Pomeroy] had a similar experience.

Kurth, Ed.D.: But I think those were different because my career would have gone pretty much the same no matter what, where I went. It might have, I might have gotten into a community college situation sooner, but, ah, then again I might not have. I think it would have, it would have been pretty much the same, whereas [Dr. Alder] talked about having to change her specialty and [Dr. Pomeroy] is not even in her same field.

Interviewer: And then [Dr. Maynard] also changed her specialty for purposes of accommodating family.

Kurth, Ed.D.: Yeh, and I truly think that if the situation had been reversed, if I had been the one less likely to have found employment I don't think [my husband] would have hesitated for me to look first. Ah, it was unusual that the two careers were so different at that time. Of course, now [he] could find a job very easily anywhere, but six, five years ago that wasn't true. Um, it's strange to think of theoretical mathematicians as being marketable [laughing].

Interviewer: Highly marketable . . . One of the other issues that we didn't touch very much on at all--One of the other issues that we didn't get much chance to get into in the focus group interview had to do with the area of conflicts. I had pointed out that the literature on dual-worker families shows that there's a good deal of conflict that comes because of multiple roles, and that there's a very definite need for sharing coping strategies for dealing with those conflicts. Now we don't have much information about dual-professional career families and what specific kinds of conflicts they might have simply because one professional is married to another. But I thought I would ask you: Do you feel that in your situation there are conflicts that come because of those multiple roles or because you are a professional married to another professional?

Kurth, Ed.D.: Conflicts between [my husband] and me? Scheduling?

Interviewer: Any kind. We're not talking about any one limited kind.

Kurth, Ed.D.: Oh yeh. Oh yeh. I guess the scheduling conflicts come up all the time. In fact, we have just resolved one last night. We try when we schedule to allow each one of us two afternoon, two late afternoons at work uninterrupted where the other one takes care of the kids and most of the time we can work that out. And one of us will take a night class and on those two nights just stay through, and the other one comes and takes care of the kids and then the other two days are the other person's. And this quarter I'm taking night class at 5:30 p.m. and--

Interviewer: When you say "take" do you mean "take" or "teach"?

Kurth, Ed.D.: Teach, teach. No, I don't take any more but teach. Um, assign myself--We had it all worked out and then [my husband] is on two committees--curriculum and faculty cabinet--He must be vice chair-can of one of them; I can't remember which one. And the timing of those came out and it's going to be alternate Tuesdays and Thursday so there was nothing he could do about it. So what I'm going to do this time is, I'll take, I'll teach an 8:15 p.m. class and I'll come home and bring the kids down to him. You find yourself doing a lot of that kind of stuff, and I guess the important thing is--We, I, we don't keep score as to who's given in the most.

Interviewer: If it feels fair, it's fair?

Kurth, Ed.D.: It if feels fair, it's fair. And, um, you know, so I will--It will necessitate another trip up and down for me, but somewhere down the road it will, you know, even out. I guess--[he] and I really don't have a whole lot of disagreements, but when we do it tends to be because I feel that he has gotten overly into his school work to the detriment of us, ah, [him] and me. I guess like most people in our situation we always make sure that the children have time with each one of us and that the work gets done. But both of us have this habit of getting too involved and find out that we really haven't had a chance to say hello to each other. And sometimes it's not fair of me. Like this summer I was home all summer and I enjoy being at home all summer, but it's really a good time for me to start thinking [with exaggerated voice], "Oh, you've spent all day at school and poor little me."

Interviewer: I remember your saying that.

Kurth, Ed.D.: Poor little me. And then other times--it's true. You know, it's true. Other times he gets so involved in his work that he forgets, ah--And he's much more likely to forget about the kids needing to be done, things done for than I do. I guess that's a luxury that women have yet to acquire. Um, my father was, well, my father, he, he has made very few concessions to having a professional wife. Ah, but, my mother has always worked. Always and always and would not be herself if she didn't. So I guess, you know, those are things that you learn as you go along. And as I said, sometimes it's not fair of me. Sometimes I realize I'm making unreal demands. I who should empathize with one who has other demands on his time more.

Interviewer: So would you say that probably the area of conflict that comes most readily to your mind has to do with scheduling?

Kurth, Ed.D.: Time.

Interviewer: As it relates to time?

Kurth, Ed.D.: Just not having enough time, that's . . .

Interviewer: Would you say that that is related to being married to a professionally educated man? I heard you say, for example, that you, that you both got very involved in what you were doing and that tended to increase your forgetfulness about--

Kurth, Ed.D.: [Laughing].

Interviewer: About time.

Kurth, Ed.D.: I would think so. And things that would come up, ah, in careers--Well, I make it sound like I am the only one who makes concessions, but tomorrow because I'm responsible for every thing that happens in the reading department, I will go in at 7:00 a.m. and [he] will have to deliver all three children, including making the trip out to [the community college] to deliver [our son] because it's not fair for him to be delivered at 7:00 a.m. And he will be the one who will come out and get him. So, ah, you know, it works both ways. And he has a class at 9:25 a.m., so he will have spent an hour on the road before he gets there. And, um, you know, he understands that. I said, "Well, I'm sorry to have to do this to you." And he said, "Well, it's your first day and you have to be there." And, um, even though I will come up and pick up the girls after school to bring them down there, my class isn't until 7:30 p.m. but I will need to be there at 5:30 p.m. because the part-timer is coming in. And [he] says, "Well, you've got to be there to make sure everything works well the first day." So, yeh, I do think a lot of it--If you were a factory worker, I wouldn't have to be there. My hours would be set and I wouldn't have to, wouldn't feel that I had to be there. Nobody, incidentally, ever tells me that I do have to be there. Ah, but I do.

Interviewer: When you look back over the years that you've been married and been in this particular kind of marriage, what would you say are the advantages of a dual professional career marriage?

Kurth, Ed.D.: Oh, I think we share an awful lot. Um, [pause] we have the same kinds of feelings, the same kinds of things are important to us, the same kinds of activities . . . . You know, I complain about [my husband] getting involved in his work on the one hand, but I do the same thing. I complain but I realize that I'm just as guilty on another day, you know, as he is. And that's a very enriching thing. Ah, I know an awful lot more about the inner workings of a math situation than most people do. Um, I think that maybe our marriage works because it is that way, because it is fifty/fifty. I would like to think, I don't know--you would have to ask [him], but I would like to think that the reason that he can adapt from a very traditional background to whatever it is that we live in [laughing] is that he values me enough as a person that it's worth the adaptation even though it's in uncharted waters for him. Ah, and I guess it is, you know. If he says no, don't tell me. But, um, and no one--I'm ever very fortunate because no one has ever--no one that I've cared about. There have been people that I didn't care about, but no one that I ever cared about has ever judged me harshly. I probably judge myself more

harshly than other people. But, see, my mother-in-law-- and the worst thing that she ever said about me was that I was Protestant--I mean, [laughing] ah, she never, she never, ever--And I'm sure that she thinks that we're unusual, but I think she figures it's right for us, so I've been very fortunate. I know other people who have not enjoyed that advantage and then, of course, my, my mother thinks I'm the neatest thing next to God himself or herself [laughing].

Interviewer: Are there any costs that you find in being in a dual-professional marriage?

Kurth, Ed.D.: Oh, I would say that we live a whole lot faster [laughing]. We probably age more rapidly [laughing]. Um, [pause] I think as I get older, I'm learning how, I'm learning how to set priorities. I guess I could always verbalize the priorities, but [pause] now I'm beginning really to know that it doesn't matter if things are not absolutely perfectly clean and--

Interviewer: So now you're talking about how you actually, ah,--the coping strategies that you actually have . . .

Kurth, Ed.D.: Yeh.

Interviewer: Which was the final question.

Kurth, Ed.D.: I'm doing this real well.

Interviewer: Yes, you certainly are!

Kurth, Ed.D.: Well, now we have had a housekeeper with [our son] but this year we're not. We're going to buy a house, and it's working out okay, but, um, I realize you don't have to have perfect housekeeping and--of course, my mother is a really terrible housekeeper and . . . .

Interviewer: You mentioned that, yes . . . .

Kurth, Ed.D.: So it's odd that I would feel that I have to keep a perfect house except that maybe I had to do better than she did, I don't know, but--And I've learned to say no. I will not make twenty phone calls for the Little League mothers, and when someone says, "Well, I work too," I've said, "Well, you must be able to arrange your time better than I," even though I probably inwardly felt like, well, my job's more important than yours. I would not say that; maybe hers is every bit as important. But I have learned to do those things. I have learned that I really can't do well with more than one or two outside interests, other than the school and the kids and [my husband] and me. So, yes, I have learned out how to work out those little things. And [my husband] has too. He has learned to make beds. He hates to make beds but since we are trying to sell the house, he gets up and makes the beds. I'm sure as soon as the house is sold we'll go back to not having made beds, and that's okay too, you know. One of the things that I really do enjoy doing, though, is cooking, and I

guess it's a way we have learned to cope. We all enjoy cooking. We all cook; even [the baby] cooks. Ah, and, um, and that's a way of doing kind of homey things to make you feel that the hearth is still burning [laughing] and being together too. And I do feel--You laughed before about my deal about eating all together--I do feel that it's real important for a family to come together every day.

Interviewer: It's essential.

Kurth, Ed.D.: And that's our time. We make relatively few concessions to that. I will have to make a concession probably at least one night a week for these ten weeks; but, ah, but that is cardinal, and I guess I make it that way simply because it's so easy for us all to get so scattered. But, um, I've done things, you know--The girls come home and let themselves in and get themselves a snack. And one or the other of us is home within thirty or forty minutes. There was a time when I would have said that a woman who would do that was terrible, but they are both are very responsible little people. I cannot see a scar on them for the life of me. Um, there was a time when I would have said anyone who left a week old baby with a babysitter was terrible, and yet I did that because I knew that if I didn't I wouldn't have the job that mattered very much to me. Um, and truly I can't see any scars on [him], [laughing] which in a sense, you think, well, gee, he really--I'm not really as special as I would like to think.

Interviewer: Well, [your babysitter] was a special person, a very loving . . .

Kurth, Ed.D.: That was a worthwhile decision. If we hadn't had [her] we could have had a new house quite a while ago, but, yeh, you learn to adjust all these things. You learn what's important and what's not important. And the kids learn what's important and what's not important. Our [daughter] forgot her lunch before I started back to school and I dropped it off at school and she said, she said after school, "Gee, it was really strange to have your mother at home to bring my lunch in. It was really nice." And I said, "Well, is that okay?" And she said, "Yeh, you wouldn't be you if you were at home all the time." So, I--And the kids have learned a lot of coping skills. I, I think from what I have observed of professional marriages, including my own parents' marriage and other people's, [my husband] and I are fortunate because ours is probably more stable and certainly from what I can observe, happier than most. But I think, and I don't, I have no magic answers, but I think it's probably more stable and happier than most marriages period.

Interviewer: Well, you spend a lot of time communicating, it seems. And you also spend a lot of time working at making it work.

Kurth, Ed.D.: Yeh, and that's it. And we try hard to avoid keeping tally. I think that when you start keeping tally, you're in trouble.

Interviewer: One of the questions that I have in this little short protocol has to do with equity and how important it is. And you have talked a lot about equity, not about equity as it is defined as fifty/fifty and keeping count but a sense of what's fair for each person. And I think that that's very important. As long as you feel that you're happy and satisfied with the arrangement, that you're not being taken advantage of, that you're not being demanded more than you can give, then the relationship stays in balance.

Kurth, Ed.D.: Yeh, and, ah, I think from what I can see, [he] feels the same way. But you're right. We do spend a lot of time trying to make arrangements for everybody and to make sure everybody has what, um--

Interviewer: And carving out time for everybody in the family. I hear you saying that a lot.

Kurth, Ed.D.: Yeh, yeh, that is the trick. And I guess, well, that is something . . . um, I guess since the third child was born, we have started doing. We never, ever have had much money. Ever. In fact, we're still--We finished the dissertations by thirty and I think the degrees will be paid for by forty, maybe. But, ah, actually they'll be paid, we'll be close to forty. We'll be about thirty-eight. But we do try, and maybe we don't need as much party time as some other people do. But we try to meet for lunch once a week--not once a week, we can't swing that--but once a month. We don't go out very much, but we try to arrange a special time for just [him] and me once a month. Sometimes that's a trick in and of itself, but, ah, ...

Interviewer: Is there anything in your background that you think helped prepare you to cope with multiple roles? Is there anything in particular?

Kurth, Ed.D.: I think the confidence even more than the role model, though of course that helped. One of my early memories is of driving to see my mother after the brother who is younger than I was born and she was--He was born in a small country hospital. She had the front room and there were just shades, and I could see her writing for a newspaper article. He was a day old [laughing]. So I always had a very good role model, but beyond that I think, um, the confidence that my parents--my father and my mother--always had in me that I could do whatever I chose to do, one way or another. You know, it might not be the way that other people would choose but that I could do it. It's funny, but they did not want me to marry [my husband]. They were dead set against it. And one of the reasons they gave and, I, I laugh about this all the time, that [he] was going back to graduate school and we had originally planned before he was drafted that I would work and support him while he went to graduate school. And my mother found that hard to swallow that [he] would live off my money. And I, I would work. And I said, "But, Mom, you've always worked." Well, it was really strange to see her with a generation conflict like that. Ah, and, and,

and that's what it was. I mean, her stereotyping, and she didn't fit the stereotype but she still, somewhere in the back of her head, she felt like--

Interviewer: She moved out in her pattern of behavior but in her mind . . . .

Kurth, Ed.D.: But in her mind she was still there. And, ah, my dad, my dad always, always--I have four brothers--My dad always treated me with as much sense and integrity and expectation as the boys, but when [my husband] and I were going together I wanted to go see his parents in--I can't even remember where they lived--Indiana--and my father wanted [him] to tell me I could not go. It would be better--to order me--I just whooped. I said, "What is this?" So once again my parents had trained me not to live in the stereotype and yet the stereotype was there. It's interesting now--I guess, I really think, if [he] and I had problems they would side with [him]. They think he is the perfect husband [laughing]. Um, [pause] and I think, ah--So I think because I always felt that there was always a way. And I guess I really--The only time I ever lacked confidence in myself was when I had to take French intonation [laughing] and I could not do it; I still cannot do it. It was the only time I ever wanted to learn something and could not learn it in spite of myself, the only time I ever tried to do something and could not come up with a moderate amount of success in something that I valued. Now I never could do sports very well, but I never valued those, so it didn't matter.

Interviewer: But in something that you valued, it didn't click.

Kurth, Ed.D.: I still can't do that. It just doesn't work, though I can translate French, and--So, I guess, ah, I really think that, more than anything else, prepared me to do whatever I have to do.

Interviewer: Now, I'll ask you one final question: If there were anything that you could think of that would make combining marriage and having a professional career easier, what would it be?

Kurth, Ed.D.: You know what every professional woman wants! It's a genie to clean the house. I mean, you know, that's the interesting thing. You want a genie, but you don't want anyone to get personally involved in your life.

Interviewer: You don't want to lose that privacy . . . .

Kurth, Ed.D.: Yeh, what I would like is a magic wand, or something like that.

Interviewer: You would like a wife. A wife would be handy [laughing].

Kurth, Ed.D.: [Laughing]. I don't know whether I would really want a wife. Not that kind of thing.

Interviewer: You're beyond that, huh?

Kurth, Ed.D.: Yeh, but I could use a genie that came in and cleaned up occasionally, or you know, who didn't object to car pools. Something like that. It really is going to sound terribly arrogant, but I guess what I like most about my job is that I don't have to be controlled by anybody that I think I'm superior to. Does that sound terribly arrogant? When you teach in a high school or in a public school system, you are always, always under the thumb of someone. And my experience has been they don't have what I've got. They are not as good as I am. And they resent it dreadfully. They are not the caliber of teacher or professional I am. And when I went to [the community college] when I was hired--I was hired to rearrange the program, but I was not given the authority the first year. I was just told to do it. And since then--you know, I have a free hand, and I can do what I think is right. I can do it without any consultation at all, if I want to, although I wouldn't because I respect [my dean]. I almost always check major decisions with him. That is such a wonderful, free feeling . . . to be able to control something that is really important to you and your life at the same time because the two are very much intertwined. So, you know, when you talk about dreams, well, that's pretty much what I had always hoped--that I would have the freedom to do what I felt was right, the freedom to make mistakes because sometimes I do make mistakes but at least I got a chance to try it and see if it was a good idea, and, um, that's great. That's just a wonderful thing. Just incredibly freeing and an exhilarating feeling.

APPENDIX I

INTERVIEW WITH THACKER, Ph.D.

APPENDIX

INTERVIEW WITH THACKER, PH.D.

Interviewer: When I listened to the transcripts and listened to everybody's part--and some comments are just downright hilarious--I realized that there was a false termination there. In other words, as it got to within a half hour of the [end of the] session I said we would have to wind down and all of a sudden there was a lot more conversation [generated] and I wondered if there was anything further that you wanted to say? Any other comments that you wanted to make now that you've had some time to think about it?

Thacker, Ph.D.: Yes, I think that there was a difference there between the ages, the number of years difference, a difference in the number of children they had, and I saw some very different attitudes from those of the group that were young. You see those that were still in their twenties, who had been married and maybe had young children, they had two different things going for them, or this is how I analyzed it. One of them was that they hadn't been in this kind of a situation. They were still young and enthusiastic and . . .

Interviewer: Yes, that enthusiasm really came across, didn't it?!

Thacker, Ph.D.: The enthusiasm was there. I saw that the women that had been married for a number of years, who were probably nearly my age and had been married for a number of years, you could see a lot more resentment in their discussion of how much responsibility they had had to take for the home and the children. Uh, the younger women I was kind of interested in; they were surprised that I felt like as a young woman, married with young children, that I had really taken the full responsibility. They're more into a society that says let's share those chores. I'm not sure how well they're going to share those chores. Maybe they're going to share them fine, but I have not found comfort in any kind of sharing the chores. So, to me, one thing that came through was the fact that they still have a lot of hope and they're going to be able to cope well with sharing chores, sharing responsibilities for the children, and still carry that same excitement for their careers.

Interviewer: What I've found in reading is that frequently that sharing exists early on in the dual-professional careers; and as one career takes ascendancy over the other the balance is destroyed, the sense of equity is changed and very frequently--I guess maybe because of the way the society has been traditionally--often it is the man's profession that moves faster than the woman's. And, whereas he was able to share early on in the marriage, he has increasingly heavy responsibilities and no longer shares and that puts so much more of the burden

on the woman and she does tend to feel frustrated, sometimes bitter and sometimes resentful of the lack of equity that she has. And sometimes she works harder to try to restore it.

Thacker, Ph.D.: Okay, I don't have any good answers for that. I only know how it has affected me. And I guess one thing I would say, that I think is significant, is that I never had a female professor other than a freshman English and freshman government professor. I've never had a female professor--never had a female boss, never had a female supervisor, never had--I've never had a female I could identify with and . . . .

Interviewer: What about your mother?

Thacker, Ph.D.: Okay, now, you see, I'm talking about in the profession.

Interviewer: You're talking about mentor rather than role model or . . . ?

Thacker, Ph.D.: Right, now my mother--I've thought about that a lot, because I thought did I really have a mentor? And my mother just basically believed in me, just really strong faith. I mean, if I got up in the morning and said I want such and such, she said, "Well, get it!" There was just no question that I had the ability. I have been very disturbed--I guess this has hit home in the last day or so--someone bringing me a--There is never a day that goes by that someone doesn't bring me a copy of a study or tell me about someone who has studied the female brain and it was not as well developed as the male's. And, you know, gee, my mother didn't know that. [Laughter].

Interviewer: Fortunately!

Thacker, Ph.D.: Fortunately. Just the other day someone brought me an article, in fact just this week, telling me obviously the female brain was not developed such that women could work with advanced mathematics. I'm sure glad that Mom and Dad didn't know that, but for me there's even more of a problem and that is that it's not just being a professional. It's being so far way out--that women didn't do that. And when I went through math and physics I was the only female in the class, the only one. I encountered unbelievable resentment, unbelievable harassment and I never let it show and I would go home and just cry, you know; I would sob. And, boy, the next day I would go out there strong. Now why did I take that? You know, I know many women who would have dropped out. They had jokes. Ah, let's see. [Wilson]'s the flower of the department. She's the blooming idiot. I mean just on and on, and when I went [to the national laboratory]--I can't remember whether this came out or not, there was not a woman . . .

Interviewer: Yes, because I remember changing, coding the name for that.

Thacker, Ph.D.: There was not even a woman's bathroom. I mean I had to get on the bus and ride three miles, eat my lunch on the bus, go to the bathroom, catch the bus, and come back. It was incredible. There was not even a woman's bathroom. We'd have to go in and take off, remove all our street clothes, and put on special clothing. I don't know if I mentioned this or not.

Interviewer: No, you didn't.

Thacker, Ph.D.: Okay, there was no women's dressing room. Okay, and there were maybe three hundred men that worked there. So you came into the area and they put all the men in and made them get out and then they would send me in to change my clothes all by myself and the men would stand outside the door and jeer and hiss and yell, "Come on. Come on! Let's run . . . ." And they were always threatening to come in and raid the place with me in there. They would have been fired. I mean, it was incredible. You cannot believe . . . . They made--They just made fun of me. And it was just . . . . [long pause]. It was like they did it just because they didn't want a female. My name was [Wilson] or I never would have been accepted.

Interviewer: Yes, I remember that you said that.

Thacker, Ph.D.: Okay, they thought I was a male and I showed up and I was twenty years old, you know. I finished college and a year of graduate school and I'm twenty years old and here I am on the steps. And you know they just practically refused me admittance. And from that point on, it was just like harassment.

Interviewer: How did you handle it? How did you cope with it? I mean, I know how you did after you left the place but how did you handle it while you were there?

Thacker, Ph.D.: Ignored it. Just acted--Probably if I had reacted to it, I would have not . . . had, um--If I had just kicked them in the shins or if I had complained, I might have had a better opportunity.

Interviewer: What if you had just joked along with them?

Thacker, Ph.D.: I joked some, but I mean--I didn't have the hair on my neck standing up and acting antagonistic. I was never in any way antagonistic. And, but I was still very young because the other people who were in the same program that I was in because I was on a national fellowship, and there were maybe twenty-five in the United States on a national basis, and so I think there were like five of us at [a prominent mid-western university] who then went on to [the national laboratory]; they had five at Vanderbilt who went to Oak Ridge; five at the University of Washington to Richmond. And so there were only five of us, [yawn] and I was twenty--barely twenty I guess--when I entered the program [long pause]. A couple of them were like twenty-five and twenty-seven, you know; they coped a lot better than a twenty year old who had never

been away from home before. I mean, you just--I find a really bitterness, very, very bitter that they didn't give me a full chance although I did find--but I decided then to quit. And I had another--I had done very well and I got another full two years of graduate school, and one week before I was to return to graduate school I notified the [Commission] I was leaving and I got on the plane and left. And there was no reason that they should have done that to me. I, it was just incredible.

Interviewer: So how long, how long did you actually weather that out? How long did you actually stay?

Thacker, Ph.D.: I was at [the national laboratory] for three months, so it was three months, and I lived in a little crummy house, knew not one single soul in the entire area, got one of the people at work to pick me up and take me back and forth. Nothing to do on weekends. In fact--and I was very young and, I mean, I was very young and prim and proper and I was not interested in any of these men that were married and twenty years older. I had no interest in them at all. So on weekends I basically just managed to sit in my room and I averaged reading a book a day.

Interviewer: [Laughing]. I'm sure you did!

Thacker, Ph.D.: I'm a reader. On weekends the only activity I had was--I mean I was miles from anything--and on the weekends [pause] one of the fellows that was on the same kind of fellowship that I was, was married and he and his wife and I would catch the bus--the train--and go into Chicago and spend the day and then come back in the evening. And I lived just a block from the train, so they would park their car in my rooming house and we would catch the train and that was the only thing that probably saved me. I loved it because we went to the museums and to the lakefront. We--they had opera right there on the outdoor amphitheatre and it was just really nice. The only other activity I had was I went to the library. The library was about four blocks away. There was no bus. I could go all the way into Chicago but there were no taxis. Nothing. And I would go to the library. And it didn't open until like 7:00 p.m. and it got dark at--I can't remember the time, but probably 7:30 p.m. So for thirty minutes I would be at the library when it opened and then, ah, I would stay just long enough to get me some books and maybe look at the latest magazine and go home. Oh, but it was only open two nights a week. And one night it was--it had gotten a little bit dark by the time I had started going home, and this--it was a main street--This group of men pulled up in a car and tried to pull me inside the car. I've never been so petrified. Nobody would have known I was gone for weeks until my family--I would call them every Sunday--

Interviewer: That was quite a year for you, wasn't it?

Thacker, Ph.D.: Oh, horrible, absolutely horrible, devastating. No person should ever have to go through that kind of harassment.

Interviewer: That's remarkable that you even stayed in the field, in the profession after that year.

Thacker, Ph.D.: Well, I didn't. I got out.

Interviewer: But you went to graduate school? Did you . . . ?

Thacker, Ph.D.: See, I graduated from college. Went to graduate school for a year and then went into that for the summer program. I was to return to graduate school for two more years. I quit, dropped out, left . . . . Went back to my [southern state] home, and because I had a very good reputation I applied for a job and was accepted in the teaching field the next day. I mean, had major impact on my life.

Interviewer: I guess I misunderstood. I thought when you pulled out and told the [Commission], you had two more years of graduate school.

Thacker, Ph.D.: I dropped it. I didn't go.

Interviewer: Oh, I see. I understand now. You were to have two more years.

Thacker, Ph.D.: Fully paid, transportation, books. And I got-- At that time I got $250.00 a month. I mean that was tremendous. And my tuition was $1,500.00 a year, and they paid that. At that time that was high tuition. In fact, I guess it was $1,000.00 a semester, which was really high. At that time you could go to undergraduate school for $25.00 a semester. So it did affect my life. I quit. I loved the material I was studying at [the laboratory]. I loved it, and I would have stayed in there had the harassment not been just . . . .

Interviewer: I couldn't have handled it . . . . You were way ahead of your time.

Thacker, Ph.D.: Yes, I hope my daughter will have a much easier time of it.

Interviewer: One of the things that I want to get at is related to that. When we were talking about what it means to be a professional, we spent a long time talking about that issue. It was a fascinating discussion. One of the things that I would like to hear some more about is: How important is achievement to you in your profession? And I'm not defining that term in any particular way. I'll let you define it however you want to.

Thacker, Ph.D.: Well, I have real problems . . . .

Interviewer: I'll explain why in just a minute.

Thacker, Ph.D.: I'm going to get out of teaching. I have something . . . . I'll make the decision Monday whether I'm going to

teach in the spring. I went into teaching and I really do love it. I'm probably ham enough to really enjoy it. And to me, teaching, if you do it well and you motivate the kids, it's kind of a performance. I consider it kind of like a performing art. [Laughter]. But I'm going to get out of it. And one reason I'm going to get out of it is because, ah, [long pause] I haven't achieved full professor position and . . . .

Interviewer: You're at associate now?

Thacker, Ph.D.: I'm associate and I've been teaching twenty-one or twenty-two years and probably should have been made a full professor. You know, there are a lot of criteria on how you select such a person, but there are many other people who do not have my qualifications and who are, in fact, full professors. And . . . .

Interviewer: But not within your department, are there?

Thacker, Ph.D.: No. No one's full professor in the department. [Long pause]. But, you know, computer science probably isn't-- and on top of that, you know, two of us working together we obviously don't need the money. And I've had it so many times. I've been told, "Well, you really don't need the money" and "because your husband supports you." I have more income than my husband. I wouldn't be doing this if I didn't really like the income. But I'm still wanting to get out and, ah, ... You talk about achievements in the field and I'm kind of disappointed in myself that I haven't achieved more than I have in the field. So one side of me says that I haven't achieved and that's one reason . . . . I've been in it for twenty-some odd years and I haven't achieved and I want to look somewhere else. Had I not been a married female I would never have been in teaching in the first place.

Interviewer: That happened to many of us.

Thacker, Ph.D.: Ah, it's kind of interesting. I've had some discussions with my son. He's seventeen years old, and he's really close to his dad and, uh, he thinks his dad--He and his father are really . . . . You know, they go through these phases and right now, he and his father are in a good strong phase, which I think is really important. It's really important for his independence. But he has told me that he thinks that I really wasn't strong enough to be in something other than teaching, that I'm just using the fact that I had a family and children as an excuse and that I really could have done anything I wanted to. Well, it doesn't bother me. He doesn't understand. He doesn't understand what it was like twenty-five years ago and he's not aware of how much pressure--It's a social pressure also. Women should be in teaching and they really shouldn't be doing anything professional and you're probably--when I was growing up you're probably homosexual, weird and strange, and--Something was wrong with you if you wanted to do something besides teach. So, by teaching I had--I've always had really horrendous schedules. I teach at 7:15 a.m.

in the morning so that [my husband] would be home with the kids while I do it or I teach at night. I've just had to take really poor schedules so I could schedule around the kids. And--I guess what I'm saying is I don't think that I resent that, because I've thought about it, why I don't feel resentment--because when I married and decided to have children and it was definitely a decision on my part that I wanted children. I also made a commitment and that commitment is, you know, the kids come first.

Interviewer: I think that came through very strongly and very clearly in what you were saying.

Thacker, Ph.D.: The kids came first.

Interviewer: That came through very clearly from everybody there. That was very interesting.

Thacker, Ph.D.: But I do think in any family where you have two people that one of those people has to make a commitment to the kids. And it's fine, I guess, but that commitment has to be made because, um -- They've taken tremendous of my energies, I mean tremendous energies and I enjoyed it. I loved it and I've really seen them blossom, and I'm pleased with them. But it took tremendous energy, so I haven't achieved in my career. I mean I haven't--I have kept up with everybody else, but for me--I'm an achiever. I would have liked to . . . . But when you consider--by the time I was twenty I had really achieved. And then I got married when I was twenty-two. I had just turned twenty-two and got married and worked up until just a few months before [my daughter] was born. And she was born--when she was born I went home, moved all the things out of my office. I was teaching as an assistant professor--moved all my things out of my office, never intended to work again. Made that commitment once my children are born I stay with my kids until they're through high school. Made that commitment, never planned to work again. I went back to work when she was two months old. We didn't have a dime. And I'm not--I mean I like to live. I didn't have a penny. I went back to work when she was two months old and worked until I got pregnant again, had my next child. He was born the end of September and I was still nursing him and went back to work on January 1. So I have nursed my kids and people said, "How do you do that?" You just have to be stubborn.

Interviewer: And you have to schedule pretty well. You must have been a master at it.

Thacker, Ph.D.: You have to keep everything in your mind. And that's--I guess that's what I'm now kind of saying I'm tired of that. My kids--I've passed through a really strange phase. And it's just come about in the last year or two. And I've basically said to my family, "I've given you everything that I have to give and you need me now as a person, not as someone to follow you around. You need me for, not so much in the role of a mother as a person to listen to you, talk to you, and really enjoy what you have to say." But, I didn't achieve

in my career nearly what I could have achieved, and I recognize that but I made that sacrifice and made it willingly. But because I was a female there have been many times when I was not promoted. I even have a letter--I mean I literally went through hell--I even have a letter saying, "It has come to our attention that your husband is employed and, therefore, although your qualifications are excellent, we're taking away the [national] fellowship because you're, ah, you no longer need the money." I mean it was hell but, um, I've really passed a phase of my life, and I no longer have that same need to, um, give everything of myself to my children. But, you know, my children are nineteen, seventeen, and one almost thirteen. In fact, one's--They've about to be twenty, about to be eighteen, and about to be thirteen. And they're all ready--You know, they've got it made. I can't do anything to really change them. I can't do anything to wipe them out nor I can't really change them.

Interviewer: That's very true.

Thacker, Ph.D.: And so that phase of my life is past, and so really strange things--I can spend time on my career now. I have that option. And I no longer am worried about whether they get, um, every one of the nutrients in, uh, classes of food they need to have. I mean, that's what . . . .

Interviewer: In his book Daniel Levinson, who was, has done some seminal work in adult development--male adult development--talks about the progression that an adult male makes as he goes through age-linked eras. And he talks about how a man in his early adult years has a dream--sets up a dream--He, um, adopts a dream and as he matures and grows older in his twenties he sets about achieving that dream. And in his thirties he has, he makes that dream more or less come true and as he moves into his early forties. Then in his mid-forties he reassesses that dream and has a pretty good idea of whether he's going to be able to keep that dream or whether it's going to have to be modified or it's going to have to be let go or so forth. Now one of Levinson's students, a woman, did a study of adult women. And she found many things, but I think the succinct difference that she found was that men seem to progress in their development in a linear way. Women seem to progress, if we can chart this kind of movement, in a more cyclical kind of way--that it is certainly not a straight progression. The idea of the dream is a very, very interesting one. Do you feel that in your profession you had a dream that you adopted when you were, say, in your early twenties?

Thacker, Ph.D.: I had, I'm sure I have a dream.

Interviewer: A dream as it relates to your profession? And your career? And concept of self?

Thacker, Ph.D.: A kind of--not necessarily exactly, precisely the job I wanted to do but a general dream of the status I wished to have or the position or the, a kind of--not an overall picture of it. And

I'm really fascinated by what you say because what my husband did--I feel like he had the full opportunity to achieve whatever he wanted to achieve. I backed him all the way. And he will say to this day, you know, that he always came first. My career was always second. He came first; the kids came first. And with whatever energy or time I had left over, I did what I did. And . . . .

Interviewer: Does that imply in any way that you perhaps adopted some of his dream or that you shared his dream?

Thacker, Ph.D.: I tried to share his dream.

Interviewer: As well as having your own?

Thacker, Ph.D.: I tried to share his dream. Now, understand at the time I married, I made the decision to have children and it was my decision. I mean, I didn't happen to find out that I was pregnant.

Interviewer: No.

Thacker, Ph.D.: We discussed it; I had the right to have said I didn't want children, but I really wanted those kids. And I have, you know--I'm glad I made that decision. But I also, when I made that decision, said I pay any sacrifice--I pay the price whatever the price may be. And, so--

Interviewer: Even if it included accommodating your career to his?

Thacker, Ph.D.: Oh, no problem. I mean, definitely. No question about it. So what's really happened in my life now is I realize my children have reached their level of development; uh, they're all three very stable. They're very bright; they get along easily with people. They do well in school. And now, I'm free to pursue that dream. That dream's just been on the back burner. This has been--I've made ample money. I've kept myself educationally aware and I'm on the leading edge. I'm, I'm just now taking off. So, basically, what I'm saying to you . . . .

Interviewer: That's very exciting.

Thacker, Ph.D.: Oh, I am excited. I mean, I'm, I'm going places.

Interviewer: [laughing] I can tell by the way you say it.

Thacker, Ph.D.: What has really happened is, ah, [pause] that I have been willing to pay the price, whatever the price took--I mean I've never put myself first, I mean I am determined, like when it's time for me to get out my dissertation, I'm writing on my dissertation at eight o'clock at night, those kids either went to bed or they didn't have my attention. And I started writing at eight o'clock at night,

and I would write until I finished so many pages. And it was usually two or three o'clock in the morning by the time when I finished, and I had to teach at 7:15 a.m.

Interviewer: I don't believe you!

Thacker, Ph.D.: I mean this is how you do it. You write so many pages. I don't care what time it is; I don't care what else there is to do. I write, and I have a limit of, you know, seven pages. I write seven pages and I don't get out of my chair until I finish seven pages. And the rest of the world be damned. But I didn't do that in the middle of the day. I did that after my obligations--At eight o'clock the kids were in bed. Whether their dad wanted to let them up that was fine. That was his problem. They didn't bother me. But it's kind of interesting what you're saying because, you see, my husband had--I feel like he was free [pause] because I followed him everywhere, anywhere he went. We never changed jobs because of me. And this is my perception, probably not his. We always went where it was best for him, and then I found a job. Well, I kept my skills up. And I--I saw to it that I had myself in a position where I could get a job anywhere I've ever moved. I've always had a job. Usually I had a job without even applying. They heard I was moving. But, you see he is now saying he's satisfied with his life; he's where he wants to be. He's happy and enjoying it. And I'm not sure he's reacting well to the fact that I'm just now going after it. A major crisis for a marriage. And my children are probably, to some degree, you know, saying it because I'm saying to them, "You know, I'm not the same person." "Why don't you cook any more?" "Well, I've got more important things to do." So my life is taking off and he has, he's decided he is where he wants to be. [Long pause].

Interviewer: I think that happens to a lot of women as they, as they move into their forties and their children grow up. I am aware of many of us right on campus who are very much reassessing what we're going to do.

Thacker, Ph.D.: So that's where I am. I've completely reached this point. I have a lot of opportunities. I think my family is willing to let me take advantage, such as I could work in [a large southern city] three days a week and commute back; I can go to [another large southern city]. I considered going to medical school. I have any opportunity I want. Now my husband told me I couldn't get into medical school. [Lowered voice]. You better not tell me that or I'll prove that. I'll show him. He said I'm too old.

Interviewer: I've heard a number of women in their forties say they would like to go to medical school and it's intriguing. But I really don't know how realistic it is. But I don't have much information about that. I know a number of women in their forties who have gone to law school and by the time they were forty-five, you know, they have earned their J.D. I really don't know any women, however, who have gone to medical school at that age. I know some who have gone in their thirties and thought that was late. But I don't know any in their forties.

Thacker, Ph.D.: I don't see why I don't have another good thirty years.

Interviewer: I wonder, though, what the gatekeeping function is in the admissions office as far as that professional school . . . .

Thacker, Ph.D.: But remember they had a suit because a man that was thirty wasn't permitted . . . .

Interviewer: Have you seen anything, though, for women?

Thacker, Ph.D.: I haven't seen anything for women.

Interviewer: Um.

Thacker, Ph.D.: But I--You know there'a a whole lot of things. I'm considering starting my own business. I have a major opportunity--I've got--I've got some dynamite ideas. And [my husband] is satisfied to sit and read. [Long pause].

Interviewer: That does make for an interesting [laughing] . . . .

Thacker, Ph.D.: I don't know what will happen; I really don't. None of us does. But . . . .

Interviewer: Of all the many roles that you have, which ones do you consider most salient?

Thacker, Ph.D.: Most salient?

Interviewer: Uh huh.

Thacker, Ph.D.: [Long pause]. You're saying the role of mother and wife and professional?

Interviewer: Well, and then all the many other roles you may have--daughter, sister--I don't know which other ones you have. Volunteer, friend, um . . . neighbor. Gosh, I guess we could go on and on.

Thacker, Ph.D.: Probably mother, probably mother and wife. My career comes after. Since I've moved to [this city] I haven't had time to make friends.

Interviewer: You mentioned that in the focus group interview. That came out for a number of women in the group. That time prevented them from developing that.

Thacker, Ph.D.: I did where I was before. But with this job and trying to get the kids situated, I haven't had any time to make any friends. And probably have needed them. I've always been--had--had a lot of friends and did a lot of entertaining, and I'm doing none now.

Interviewer: I think that concern was voiced by a couple of people who are now willing and ready, whatever, to change that around. I saw--I listened particularly as I heard the transcript over and over again that there were quite a few--a couple, several women in the group who seemed to be very much on the same wave length, that when one would speak the other would support her. That was fun to hear going; the dynamics of that was interesting. Ah, in the dual-professional marriage we assume there are conflicts simply because we know that there are in dual-worker marriages, and we know from reading the literature that in a marriage that's even more, um, dynamic simply because of the responsibilities--or we assume that there are because of the dynamics of the responsibilities--likely to be areas of conflict. Do you find, do you find that true in your situation? Do you find that?

Thacker, Ph.D.: What, conflicts between myself and my children? Conflict between myself and my husband?

Interviewer: I'm not defining it in any way.

Thacker, Ph.D.: Oh, I find all kinds--everything. Lots of conflict. I find lots of conflicts. I think that I probably give out varied vibes. You know, one minute I'm a mother and I'm involved and intense. I'm just totally being a mother, and the whole time I'm thinking about how [my husband] may be needing me to do this and that or whatever; and, of course, my profession isn't getting done at all. And so I really do get over whatever it is that the mother's attention is needed for immediately, and then I'm immediately pulled into something else. I think they're tremendous conflicts.

Interviewer: Is that coming because of the overlapping of the roles then?

Thacker, Ph.D.: It's mainly because not enough time. Time is my most critical resource, and . . . I just love doing everything. I mean, I just--I'm excited--I love to work in the yard. I love to grow flowers. I love to water. I love to mow the grass. I like to paint. I mean I paint rooms. If I get upset, I mean I don't have to get stress. I go repaint a room. Ah, if somebody in my house needed a painting--they wanted a room painted--they don't say, "Dad, would you paint . . . ?" They say, "Mom, can you get the paint?" I mean I'm ready to go. I mean, just bring in the paint and brush. I mean, people are always saying to me, "Well, you would really be miserable staying home." No, I wouldn't. Because I really enjoy anything I do. But the thing I don't like, and the thing that bothers me the most about all of this, is the problem of time. I never have time to really concentrate on anything, and this is probably the worst part of the career thing. I start reading and I have to do very in-depth, technical reading. And if I don't understand anything, something, there's nobody to ask because nobody else understands it. Now I'm reading this and trying to put together some ideas, and there's no one that I can call unless I call long distance because nobody else is working in that area. And so I just get intently reading and suddenly the phone rings and it's one of the children and they say, "I'm locked out of the

house." Well, I didn't lock them out of the house! I mean, I'm really sorry and so, usually, I have to pick up and leave and go pick up the child and then I get back to my reading and [pause] and, uh, by the time I get home it's time for supper. I've just always had time . . . .

Interviewer: Um, it's very fragmented.

Thacker, Ph.D.: So I get up--I'm not doing as much as I did--like I say my role is changed [laughter]. And all these years I got up at six o'clock in the morning and probably didn't go to bed until two o'clock at night. And I mean I hit the floor at six o'clock--I hit the floor flying, you know, to get everything done. And my role is totally changed now. Ah, [my husband] gets up and gets the children ready for school; he brings me coffee in bed [with wonder] and turns the noise down and shuts the door so I'm not awakened. I mean I cannot believe this. This is a man who didn't even take his dishes off the table when I got married. I asked him to dry the dishes, you know, the first week. What a surprise! He didn't even remove his dishes. So now, um, I do stay up still, probably read until one or two o'clock in the morning, but I'm allowed to sleep until around 7:30 a.m. And after two cups of coffee brought to me in bed [sigh] I grace the family with my presence. I mean, I cannot believe this.

Interviewer: How marvelous [laughing]!

Thacker, Ph.D.: It's been such a strange role. It has been crazy. So he fixes the children eggs and bacon and toast and gets them all off to school and takes one of them to school. I mean that's his problem. I mean, I would have put him on the bus. I don't think it hurts kids to take the bus, although, you know, on an especially cold morning I've always taken them. But, you know, whereas I used to always be responsible for taking the children to school and bringing them home and packing their lunches and giving them lunch money and making sure they had their supply money and checking they had their books and homework--I do none of that. My husband does it all.

Interviewer: Marvelous [laughing].

Thacker, Ph.D.: Well, I'm not sure what that means. I also because I teach at night--Some semesters [he] teaches two nights a week and I teach two nights a week, so he cooks the nights I'm not there and I cook the nights he's not there, but this semester he's not teaching at night and he's pretty well taken over all the cooking. So the conflicts are tremendous, primarily the conflict of time, not having time to sit down and concentrate on anything. When I look at what I've done, it has been miraculous to think that I have done that, ah--I carry my books with me in the car and when there is a stop light I read a page. And that's how I've made it.

Interviewer: I understand that very well. I think most women in the group can understand that . . . .

Thacker, Ph.D.: My husband doesn't . . . . My husband was working on his dissertation. He started his thesis before I did. And I was not planning to go on to school. And, you know, he's working on his dissertation. And he's trying to write it. And he says, "I can't . . . ." Throws up his hands. "I can't work in this mess. These kids are so noisy. The phone is ringing. I can't work here," and he picks up and goes to his office. And I never once got to go to my office. I wrote my dissertation, typed--My kid is sitting in my lap. And I'm typing a paper and I am so fast that I can type, talk to him at the same time, that--You know, the kitchen is going on, the wash is going, everything, I'm typing. This little kid is sitting in my lap and I'm talking to him to keep him occupied while I type. [Laughter]. And in addition to that, every now and then, he tries to punch a key--He's six months old. I can type, watch this, talk to him, and grab him before he can hit the key. I mean, listen, don't tell me about--People come to me, telling me they can't do something--Shit. [Laughter]. Don't tell me. You can do anything you want. You can do anything you have to do, if you're strong enough.

Interviewer: [Laughing]. And if you want to do it enough.

Thacker, Ph.D.: So, conflict, yeh. Now I really did think that he should have taken over more of, ah, helping--you know, the responsibility. What he never did understand, and what came through very strongly in that group, was the wife is still responsible. I mean, if he is to pick up the kid, I've got to call him and tell him; I've got to remind him. And ten minutes before time he may still forget the child. So then I have to say, "Remember, you have to leave." I have to tell him one time to leave to go pick up the child. Well, I could have picked him up myself with all the strain that is put on me.

Interviewer: Are there any conflicts or any strains that you think come specifically from, from being married to a professionally educated man? Are there any in particular?

Thacker, Ph.D.: You mean as opposed to not being educated?

Interviewer: Well, no. I guess--I'm thinking--[pause]. When we talked about the definition of a professional we talked about, for example, the very strong egos that all professional people have--they have to have. They have to be very self-confident or they certainly couldn't operate. The demands that are made on them, because they are very autonomous, because they, ah, control their own work load. They have that level of expertise that they don't answer to anyone else. They are accorded--

Thacker, Ph.D.: They set their own level of achievement.

Interviewer: That's right. They are accorded by, by, the public that excellence.

Thacker, Ph.D.: Probably, probably one reason I've been able to make it work is that [my husband] really handles pressure well. You know, deadlines--he doesn't lose sleep because he has deadlines. Ah, probably the marriage couldn't have worked if he had been real temperamental and had gone raving around the house: "Oh, gosh, I've got a meeting tomorrow. What will I ever do?" I mean, it couldn't have worked then, because I do enough of that. But he never did.

Interviewer: Are you referring then to this Oscar/Felix syndrome that we talked about?

Thacker, Ph.D.: [Long pause]. I'm not sure.

Interviewer: Does it take two different kinds of personalities to make a professional, a dual-professional marriage work?

Thacker, Ph.D.: Um, [pause] probably. Of course, it probably takes two different personalities to make any marriage work, not just dual-professional. But the other thing is, I guess we kind of have this thing of--when something was really important to him [pause] I made whatever concessions are necessary. Whenever something was really important to me, he made concessions, too. And it wouldn't have worked had it not been for that. And he rarely asked much of me--rarely asked of me to perform in a certain way. But when he did I knew it was important to him, and I did it.

Interviewer: So, there aren't any in particular--any conflicts that you think of that come from being particular--that come particularly from this kind of . . . ?

Thacker, Ph.D.: What you're really saying is when two high achievers--All right, are there conflicts involved with two high achievers? Oh my yes, I think so. Ah, you know, there were--There are many things that occur where it's a matter of his career or mine. Isn't that what you're kind of saying?

Interviewer: Uh huh.

Thacker, Ph.D.: Timewise, you know, maybe there are two deadlines and--or . . . . There are times when the child is sick, and somebody has to stay home. And I [pause] did it. The whole thing is my career was strong enough for me to have enough freedom to do some of these things but because I was very good at what I did. If I had been weak in my career, I couldn't have taken time off for a sick child or time off for [pause] whatever. But I did because I had--I was very strong in my field. So we were talking about conflicts. I think a lot of them occur because one person has to be out of town. You know, suppose he needs to be out of town the same time I need to be out of town. It's important for him . . . . I always said, "Well, mine's not very important."

Interviewer: Were there as a result of that conflict, were there any conflicts that occurred, ah, [pause]--I'm not quite sure what the word I want to use here is. But were there any conflicts within you as a result of having to make that--

Thacker, Ph.D.: Up until the last few years, I don't think so. I didn't really--His career was really important; and he was really going somewhere place. And mine was secondary. Now, I say, "Hey, you know, mine is equally important." Now I do much more traveling.

Interviewer: What do you see as the advantages for you in having a dual-profession marriage?

Thacker, Ph.D.: As opposed to not having a marriage? As opposed to not being married?

Interviewer: Hmm, I guess there are a couple of ways we could look at it. For example, if he had been a professional and you had not, or . . . .

Thacker, Ph.D.: You mean what are the advantages for me in the profession?

Interviewer: No, what are the advantages for you in a marriage where both of you are professionals?

Thacker, Ph.D.: Probably just my own satisfaction. I've had to work three times as hard--I think I've had to work three times as hard. The stress has been tremendous. It's kind of like only within the last year have I decided that I would have--I don't have to live with my adrenalin pumping, and you know, things like if the child is sick, I've got two contingency plans. I mean, I've got three babysitters lined up, all of whom I know are excellent. I've got a plan for anything that can happen. He never had to worry about a plan. If the child was sick, he went off to work and I had to worry about it. Now there were times when it was really critical and he had had a lot going on, and I would call him and ask him to please come home for an hour or two. I had to teach. And he did that. I'd say he didn't do that without someone to say it. It was hard for me to ask him; it was hard to ask for help. I mean, he--I mean he really realized there wasn't any way I could have managed. If the child has pneumonia, I didn't give it to him. I didn't cause him to . . . . He realizes that. I've never felt resentment. I did feel resentment when he wouldn't help with some of the chores. You know, you're looking--I guess, I know, I have friends where the husband makes the money and the wife is earning a much, much lower salary. Well, it's understood that the wife is to do the little chores around the house, the things that nobody wants to do, the wife has to do. Well, that's obvious because you've got to carry your share. Everybody sees that has some case in point. But for me, all of a sudden I said, "Hey, I'm making as much money as you are. And I'm carrying three times the load." He doesn't--I like to mow the grass. He doesn't like to work around the house. I like to take care of the garden, pay all the bills, take care

of the finances, take care of the major financial decisions. Um, so in effect, I was carrying the same career that he was; and there were times when I was making more money and yet I still had all the dishes and all the cooking, was responsible for all the meals. Now if I had something defrosting and asked him to put the steak on, well, he would do that, if I got the charcoal ready. Ah [long pause], but then all of a sudden I started saying, "I don't understand this. I'm making, I'm making more money, yet I'm expected to carry this full responsibility of the house, and the yard, and the whole responsibility for the children." I mean taking care of the house and the yard is one responsibility, and taking care of the children is another whole responsibility because of the time involved in making sure that the schedules work, and a child isn't left on the steps of the school after dark.

Interviewer: Any other costs that you can think of that come as a result of--

Thacker, Ph.D.: The costs?

Interviewer: --a dual-professional marriage?

Thacker, Ph.D.: Well, I guess if he hadn't had a profession he was concerned with, he would have taken more responsibility--My career could have blossomed. So, I've paid, I've paid in several ways. I've paid in I haven't achieved in my career nearly like I could, although I've achieved as well as he has.

Interviewer: Well, does it bother you that you haven't achieved higher than the level that you set for yourself? I can tell you're very proud of what--

Thacker, Ph.D.: All these years, ah, it hasn't bothered me--not until just the last years; and now I'm saying, hey, I haven't achieved the level I want to achieve. And I can take off. Probably it bothers me that he was given all that freedom of time; what bothers me is that I don't think he's achieved nearly what he could have achieved.

Interviewer: Or what you could have achieved had you been given that same time?

Thacker, Ph.D.: Well, the difference is he probably has achieved what he wanted, but he hasn't come near to the expectations I have for myself. So I'm paying for it by not achieving in my career, and I feel that I have the ability and the interest that I could have had a national recognition, a nationally recognized career, no doubt in my mind because by twenty-one I really was half way there. And, ah, he hasn't achieved nearly what I think he probably--what I think he should have achieved from my standpoint. I've paid for it in just plain physical exhaustion; I've paid for it in what I've done to my body, but I've also, somehow or other, reaped a lot of satisfaction. I've really enjoyed my children. I'm glad that I made the decision to have children; I'm glad that I made the decision to marry. Looking back, I'm not sorry

that I married; I'm not sorry that we had children. I don't think I ever--Is that what you're saying?

Interviewer: I think that anything, especially in anything as intensive as this kind of marriage that there are always distinct kinds of advantages and there are distinct costs. I think that many of us did not know--Many of us were able to [pause] get excited about what we thought the advantages would be. I don't think many of us knew what the costs would be, particularly what the costs might be to us as individuals. And, um, perhaps those costs are not so intensive for the younger ones coming up. I don't know.

Thacker, Ph.D.: I think they'll have an easier time of it. I think they won't pay as many of what I call social costs. You know, they've always said, "Well, you're working mother." I say, "Hey, I've done as much for my kids as anybody. I've been a Girl Scout leader, a Brownie leader, district organizer for the Girl Scouts, Cub Scout leader, a room mother." Come on--But it has been [long pause] . . . . I made the decision early, when I decided to have children, if I had a career I wanted to do those things for my children. And I don't think--although my daughter did one time tell me why couldn't I be like other mothers. Well, she said, when they see each other they always run up and hug each other and pat each other on the back and you talk to everybody, not just the mothers. I've often thought . . . . My daughter gives me needlework to do so that I can be like the other mothers, and I, I bombed one. She didn't believe it. She handed me some needlework and the next afternoon I had finished it. She said, "What did you do?" I said, "Well, I finished it." She said, "You finished it?" "Of course, I finished it. What was I supposed to do?" So that's probably part of my personality, too. She doesn't understand that I don't sit down and just stitch occasionally. I sit down, if somebody hands me needlework; and, I mean, I finish it. [Laughter]. I knitted her a sweater when she was a little girl. I finished it in two days. I mean when you knit a sweater, you knit a sweater--not just work on it all winter. One of my friends said, "You're supposed to knit a sweater all winter. I said, "What if she wants to wear it?" So two days later I had it.

Interviewer: You're too much [laughing]. Oh boy [laughing]. When there is a conflict or stress, how do you resolve it? Can you identify any of the strategies--do you have any conscious strategies that you use?

Thacker, Ph.D.: To resolve the . . . ?

Interviewer: To resolve conflict or stress or some incident that is caused as a result?

Thacker, Ph.D.: Get up earlier, go to bed later, I guess. That's my best solution.

Interviewer: So you're playing with the framework of time?

Thacker, Ph.D.: Everything to me is time.

Interviewer: Does that involve scheduling and planning? Or working harder?

Thacker, Ph.D.: Yeh, I would say that I have to work faster. Well, I found you can do things with both hands at the same time. Like [long pause] when I was working on my dissertation, I had to do the ironing. I would put my notes there, and while I ironed I read my notes. Our little boy was six months old; he thought I was talking to him. I sang them to him, chanted them; we danced to them. We had a ball. He didn't know the difference. He didn't know I wasn't talking to him.

Interviewer: So mostly then the coping strategies that you used revolved around some use of time.

Thacker, Ph.D.: In a matter of a day, I probably don't have five minutes leeway, and this causes me to get really excited and I start breathing fast and panting. I always have somebody coming into the office or have to be home by two-thirty or take somebody to the doctor's and then have to be back here by three-thirty and I--Scheduling is really a problem.

Interviewer: When that happens, are you cutting anything out of your schedule or are you simply taking everything that's there and working faster and harder and managing your time more tightly to accommodate it all?

Thacker, Ph.D.: Probably I work faster and harder. And the things that I take out of my schedule are any kind of personal or social life. I mean, I don't do my finger nails, ah . . . .

Interviewer: Is that a matter of putting things in priority or is that simply a matter of eliminating because . . . . Is it a matter of priorities?

Thacker, Ph.D.: Yes, I think it's a matter of what has to be done. What has to be done for the children and the family and the profession come first. I mean if I didn't have my shoes polished--I've always been able to get along well enough whether my shoes were polished or not. If not, it didn't matter.

Interviewer: Is there anything as you look back over, as you look over your background, that has helped you handle multiple roles?

Thacker, Ph.D.: As I look back at it now, I probably have a better perspective. I've kind of stepped back from it since I've got my kids older. Probably the fact that I was intelligent enough to see different ways of doing things. Everybody has always done things a

certain way; I can figure out a way I can get it all done at once. I'm bright enough so that I could keep up--say I'm working on my Ph.D., I'm bright enough so that I can keep up with anybody. And while I was working on my Ph.D. I had these kids, this house, was married, worked--taught school, teaching at the university, teaching a full-fledged schedule. And there were a number of men working on their dissertations who were being sent to school by the government, and they had wives to do everything for them, even type their papers. One fellow really bitched at his wife because she made some typing errors. I mean I just croaked. Can you image me having a wife to type my papers?

Interviewer: But you would have loved to have had one!

Thacker, Ph.D.: So here were these males going to school full-time, on full pay from the government, with wives at home to take care of all their scheduling and I made better grades. And it really boiled down to the fact that I was bright enough that I didn't have to put in a heavy amount of studying, and that I was bright enough to be able to schedule and [my husband] has always supported me. I mean, he's always supported me in having a job. And has always supported me in going to school. Now I realize he's really wanted me to work all these years.

Interviewer: As a final question, is there anything that you can think of that would make the combination of a career and a marriage easier?

Thacker, Ph.D.: Yes. One thing would be someone else--sometimes like [my husband] gets aggravated or irritated and I, and I say, "Haven't we done well?" And he's never told me that I've done well, that I've achieved anything other than just average. Sometimes these things are brought up, and usually it's brought up by me, probably my own inner conflict. And I think what would have helped the most is if I had seen any other females [long pause]. I do not know any other female who has children, who has a career, is married and chose to have the semblance of not being just totally out of society. And I've always thought, you know, I could do it better if I just could see somebody else doing it, because if I can see somebody doing it, I can copy and can take the parts of what that person is doing and apply it to my own life and, you know, pull pieces from techniques involved. I've never had anybody--I don't know of another female like--When I became chairperson of the computer science department at the school where I was, we had a whiz of a computer science, there were a few Catholic, all-girl schools where there was a female head of the department--I was the only female that headed a department in the United States in computer science. Now since that time--you just don't find--The computing and engineering fields are so technical, require such concentration and, uh [pause] I've been in it--There are a few women in computing but the ones I know about are not married; you know, they haven't had a family at the same time. There are even women who have achieved after their children had all gone back to school, but I don't know anyone who really achieved right in the middle of having children

and a husband and--and I still maintained a semblance of, and looked nice and I still felt very feminine and I felt attractive. I didn't feel old and stodgy and boring.

Interviewer: I was pleased to hear one of the younger female attorneys and one of the young physicians identify with I think in particular of [Dr. Secor]. There was a good deal of conversation back and forth between them about responsibilities of a career and there was some between [Attorney Boston] and [Dr. Secor.] [Attorney Boston]'s husband is an opthamologist; even though she herself is not a doctor--actually the roles are reversed in those two couples--but I think that must be very supportive for them to know that there is someone they can talk to, someone they know well who has gone through same roles.

Thacker, Ph.D.: Someone who has similar roles. And that's--

Interviewer: See, that's what you were saying. And not only is there nobody now, but there definitely wasn't when you were young and starting out.

Thacker, Ph.D.: So now I hope that other people--There was no one that I could talk to say, "You know, these things are really frustrating me and I feel . . . ." I stayed awake all night worrying about if [my daughter] is sick and she was out of school and sick twice who will take care of her. And even if my family had been nearby, my family could have helped.

Interviewer: You don't have any support system at all? None?

Thacker, Ph.D.: So when I look back, boy, I am amazed at what I've done.

APPENDIX J

INTERVIEW WITH BOSTON, J.D.

INTERVIEW WITH BOSTON, J.D.

Interviewer: One of the first things that I would ask you at the beginning is that remembering now from what eight weeks ago?

Boston, J.D.: July.

Interviewer: Are there any areas that you want to make any further comments about or any issues that came up that you've reflected on since that time?

Boston, J.D.: The only thing I would like to add to what came up at the meeting was that I felt surrounded by a lot of very dynamic, goal-oriented superwomen, and I think the computer lady--

Interviewer: Yeh. Go ahead. You can go ahead and use these names.

Boston, J.D.: Okay. The computer lady.

Interviewer: Yeh. [Professor Thacker].

Boston, J.D.: [Professor Thacker]. Yeh. She was the one.

Interviewer: Uh huh.

Boston, J.D.: She said, "You know, I did everything for years, and years, and years." And then, you know, [Dr. Secor]. You know, she just burned it at both ends.

Interviewer: Uh huh.

Boston, J.D.: You know, I think that was her term.

Interviewer: Yeh.

Boston, J.D.: She said, "You know, I'm getting to the point, I'm just burning out."

Interviewer: Uh huh.

Boston, J.D.: And coming away from that meeting, my comment to [Attorney Jordan] was, "You know, I know that a lay person would look at [my husband] and me as being very quote 'high-achieving people' but

if you look at us in relation to the other professional people in this town, we are really not. I mean, we are compared to somebody that works at McDonald's.

Interviewer: Uh huh.

Boston, J.D.: But in terms of our priorities and how we live our lives, every time we've had a choice to make, which way to go, we go-- We opt for more personal time and more free time and less money. And I don't consider myself at all to be the achiever that these other women were. I don't do anything but go to work and come home. I don't have any hobbies. I don't sew. I don't cook. I don't paint.

Interviewer: One of the things, though, that I remember that you said was when you were talking about defining the term "professional," what does it mean to you? you talked about the fact--Well, [Dr. Secor] brought up the fact that when she's off, she's not off, and then you talked about how the clients never leave you alone. You were in the hospital and one came and sat on the bed.

Boston, J.D.: [Laughter].

Interviewer: Now, he'd already called the night before to wonder where you were, but when you had a client who was worrying about his custody case, here he was off at [a sleazy motel] having himself a grand and sordid time--

Boston, J.D.: Yeh.

Interviewer: And you carried the responsibility and the burden of, you know, wondering what was going to happen and so forth.

Boston, J.D.: But, see, I was just trying to separate achievement in terms of--It seemed to me that other women in that group not only worked an eight-hour day--

Interviewer: Uh huh.

Boston, J.D.: --during the day, if not more, but then they turned around and put in another eight-hour day at home.

Interviewer: Yeh.

Boston, J.D.: And that was the difference I was trying to say between my lifestyle and their lifestyle.

Interviewer: Okay. Did you notice any difference between those who were younger and those who were older? In other words, were the ones who were working an eight-hour professional day, topped off by eight hours of another kind of day, were they in the older group or was that spread throughout the age group, or--?

Boston, J.D.: The only ones I recall commenting on it were Dr. Secor, who I think is about forty, and [Dr. Thacker], who appeared to be in her forties, and [Dr. Alder], who has older children.

Interviewer: Uh huh.

Boston, J.D.: Yeh. I think that might come from socialization, a little bit, but I think it also comes with--We were discussing law firms earlier, and I just don't think that I am that kind of material in that a friend of mine said to me, "Do you think you're disciplined enough to work in a law firm?" And my answer is, yes, I am disciplined enough to do it, if I wanted to do it.

Interviewer: Uh huh.

Boston, J.D.: I can do anything I want to do, but I don't want--there's so much other things--There's so many other things when you work in a law firm: the politics, you know; the pecking order, you know; the dress code; the language code. And this is expected, and this is not expected. And I'm just--have always been extremely independent and I think my career choices, you know, reflect that. And my work schedule is what I want it to be.

Interviewer: One comment that I was going to make about that was when you said this whole business of socialization is probably true, because you see, it seemed to me in listening to those women--although [Dr. Secor] talked very little about her husband, perhaps not at all--the others had husbands who were not carrying a full load at home.

Boston, J.D.: And that, of course, may be that the younger husbands--

Interviewer: That's right.

Boston, J.D.: --are more inclined to accept responsibility in the household.

Interviewer: And they've seen--They've had role models. Perhaps they've seen, you know, friends of theirs carrying out these responsibilities and it's not foreign, perhaps.

Boston, J.D.: Or they meet women with up-front attitudes about it--

Interviewer: That's right.

Boston, J.D.: --and if they want the woman, they adjust the attitude.

Interviewer: That's right.

Boston, J.D.: So it could be any number of things, but I just don't--I think that the other women in that group probably are the norm and I'm the exception because of the burden on professional women to not just be as good as men, but to excel.

Interviewer: Uh huh.

Boston, J.D.: And I try not to get into that competitive--I try and do a good job on each individual case, but I don't try and compete with people that I don't want to compete with, law firms.

Interviewer: I noticed, for example, [Attorney Jordan] talked about how she thought she had to be better than the men.

Boston, J.D.: Well, I think if you interviewed everyone of those ladies, including myself, they're going to tell you that the burden is on us not to just be an average attorney or whatever we are. That they want us to be better; and if you just do an average job, then you've disgraced all womanhood.

Interviewer: [Laughter].

Boston, J.D.: And that just may be the way that they think and it may be that this new crop--We've had such an influx with new female attorneys; maybe they don't feel that way.

Interviewer: Uh huh.

Boston, J.D.: But I know that it's the expectation of a prospective employer, an employer in these big firms, that if they're going to hire a woman, then she better be the best one they ever had.

Interviewer: Uh huh. How important would you say achievement is to you in your profession? How would you define achievement?

Boston, J.D.: There are days when, you know, I just would like to go and sit on a lake and stare for a while. [Pause]. You know, you just get fed up.

Interviewer: Yes. I had that day today. [Laughter].

Boston, J.D.: You know. And you know, you spend two days beating your head against the wall in court, like I have the last two days, or you have--One thing, you know, the clients do tend to place their problems in your lap and they go off on their merry way and then, you know, you worry about them. And I guess if you--

Interviewer: And they hold you responsible for the outcome. [Laughter].

Boston, J.D.: Well, they do! And I guess if they pay you enough money, then you get to the point where you don't resent it as much.

Interviewer: Uh huh.

Boston, J.D.: But the kind of clientele and practice that I have, you're not getting the money compensated, but you're still having the demands, and the expectations, and the worry. So, you know, you resent it. You really do, but there's nothing you can do about it. It's just part of doing the job. So you're faced with either, well, don't do the job or price yourself out of the market when they come in asking for $500. And I have been treating myself better. I used to feel obligated. I have a very Legal Aid outlook on life, since I worked for Legal Aid for a total of three years. I used to feel that when somebody came into my office, I was obligated to represent them, even when I moved over into the private sector. And it has taken me the better part of three years to start placing a value on my services. I am embarrassed to charge money. I--You know, Legal Aid suited me very well in terms of I didn't have to charge for what I was doing, and I was doing a good job, and I worked real hard, and I had a fixed salary. And this case I've been on two days, I have probably over $3,000 in attorney time in it, and the lady, I feel sorry for her. Fifty-seven years old. Husband comes home after thirty-five years and says, "I've got another woman." She's got five kids, and I get her half of everything. I get her about $13,000 in cash and just fight, and fight, and fight, and it's all over. And I get her alimony; and then the judge turns around and says, "Well, you've done such a good job for your client. You got her so much money. She's going to have to pay your fee." So I'm going to bill her about $700. You know, I still cannot bill--That was one of my objections to private practice, you know, that I thought the attorneys were taking, you know, their pound of flesh, and I had vowed when I went into private practice, I wouldn't do it. But it's very difficult for me to overcome that and I still undercharge outrageously--you know, just way undercharge. And I don't charge people to come in and talk to me. And I don't get paid a lot for what I do. And I do a lot of things for friends. So where does my professional self-esteem come from? If it's not coming from the money I'm making, then where is it coming from? So I'm getting better, because the money in our society is, you know, to somebody, it's like a pat on the back. You're doing a good job.

Interviewer: Yeh.

Boston, J.D.: But I'm getting better and I have turned down a client that it dawned on me after about two days of her bothering me, that, hey, you don't have to represent her.

Interviewer: Uh huh.

Boston, J.D.: There's not enough money for you to take on this lady's problems, because she's never going to listen to what you're going to say. You've got enough problems. In fact, I did myself a favor, and that's the first time I've really done it in private practice.

Interviewer: You know, another thing that's interesting to think about, too, is that sometimes the respect that you have from your clients is measured, in a way, by how much you charge.

Boston, J.D.: I understand that.

Interviewer: And I know about astronomical legal fees, but I also know that when those fees are there, people somehow manage to come up and pay for them.

Boston, J.D.: I understand that. And--

Interviewer: I have seen people who've said, "Oh, I never in the world could do that," turn right around and buy something that, you know, would have shocked me to death or gone to Hilton Head for weeks [laughing].

Boston, J.D.: I know that. And I'm working through it, you know, in my way.

Interviewer: Uh huh.

Boston, J.D.: And I'm still dealing with that aspect of my practice. And since I've been in private practice, which is three years, I have never had to borrow money from the household account in order to keep my office open. I always have been able to pay my overhead and that, to me, is good.

Interviewer: Uh huh.

Boston, J.D.: I think I made--Even with my attitude about charging, I think I have grossed more money than any woman who's been on her own in this city with no family ties, no big firm, and all I've had is the reputation earned when I went to Legal Services and left them, and the recommendation of the courts in appointing me. The first year I was open for business, [several specific judges] accounted for about a third of my income, appointing me as guardian on cases. So I'm not saying that I haven't made money. We have very high overhead here.

Interviewer: Uh huh.

Boston, J.D.: But I have--I've been grossing, I think, as much as any young man starting out, and that--you know even with my attitude. I probably could have made a lot more money if I'd been more cutthroat about it.

Interviewer: Uh huh.

Boston, J.D.: So I'm doing okay.

Interviewer: Can you let your secretary--I remember what you said about your secretary at lunch, but can your secretary handle some of that for you so you don't have to deal with it?

Boston, J.D.: This particular secretary cannot.

Interviewer: Uh huh.

Boston, J.D.: Or will not, whichever you want to put it. We had a secretary last year with fifteen years' experience who handled all detail items for us, and that kind of secretary can make you a lot of money.

Interviewer: Uh huh.

Boston, J.D.: And she was extremely competent, and you'd just have to ask her to--handle something and it would just be handled all the way down the line. She freed up your time to do other things and she was a wonderful, marvelous secretary and she got a good job opportunity at a big firm downstairs with retirement, and pension, and a lot of money, probably more than a lot of young attorneys make. And so, regretfully, we let her go.

Interviewer: Yeh.

Boston, J.D.: That's who I was talking to on the phone when you came in.

Interviewer: Oh.

Boston, J.D.: I give her a hard--We eat lunch together.

Interviewer: [Laughter].

Boston, J.D.: You know, and then this young lady that we have now is not an experienced secretary, and she's not worked out as well as someone with the experience she had. But a good legal secretary can run a law firm.

Interviewer: Uh huh. She surely can. And a lot of the major firms, particularly some that I'm familiar with in the Washington, D.C./suburban Virginia area have very good office managers now who are--Well, most of the ones I know are women, one of whom was a former librarian and she does all the planning and all the assigning of cases and keeps things funneled through, and runs all the administrative staff, which is, I think, really kind of neat.

Boston, J.D.: Uh huh.

Interviewer: But it's northern, I think, in its approach [laughing].

Boston, J.D.: Well, no. I think this big firm downstairs does a lot of that, too.

Interviewer: One of the reasons I asked you the question is I'm interested in getting at how strongly the need for achievement is among professional women and, of course, I'm only looking at nine women, because in some of the reading that I've done--there's a man at Yale named Levinson who's done really seminal work on adult development. Now, wouldn't you know, he's done all of his work on adult males? He does have a student, a woman named Stewart, who has done work with adult females but only on a dissertation level; it hasn't been expanded any further. Anyway, in his study, which is really an important one, he talks about in the various stages of a man's life what is important. And holding together all of those stages, which are kind of age-linked eras, is a man's dream that he usually sets, he usually identifies in his early twenties. He has a dream and as he moves through his thirties, he pursues that dream, pursues it rather intently. In his forties, he will look at the dream, reassess it, modify it, possibly even abandon it, but he'll take stock of that dream. And then in his fifties--he usually during that time makes it secure. So I was very interested in asking whether the nine women that I'm looking at could identify a dream, whether you have one for yourself that's related to your profession; and if you do think you have one, when you first could identify that you had it.

Boston, J.D.: I think the--I think that I do have something that I think I would be well-suited to do that probably--well, not probably, but would fall in the category of a dream.

Interviewer: Uh huh.

Boston, J.D.: Because I would take no step on my own to fulfill it, because of the other thing--or just the way I am. I mean, I'd like the hand of God to come down and do this for me; and I think that if he did, I'd just be great at it.

Interviewer: Yeh.

Boston, J.D.: And I just think the world is missing out because I'm not doing this!

Interviewer: [Laughter].

Boston, J.D.: But I'm not, again, competitive. I'm not at all competitive; and I know that that doesn't make any sense to someone who does what I do for a living. But if you understood the background of how I got into the field of law and what I knew about it when I got in it and--See, I go about things wrong. I don't, I don't explore them fully.

Interviewer: Are you saying that you just lucked into this field? Just happened upon it? [Laughing].

Boston, J.D.: I wouldn't say it's luck [laughing]. But I had no clear ambition in college.

Interviewer: Uh huh.

Boston, J.D.: And it was getting close to graduation time, and I was just having a wonderful time and was able just through test-taking ability or bullshit quotient to do well in college as an English major and psych minor.

Interviewer: I was going to say history [laughing].

Boston, J.D.: Yeh. Something like one of--

Interviewer: Because those go together. [Laughter].

Boston, J.D.: --those bullshit kind of liberal arts kind of curriculum, where my main interest in college was, you know, let's play--

Interviewer: Uh huh.

Boston, J.D.: --and party, and have a good time and spend daddy's money. Well, when it got to be close to the end of the time, I realized, you know, what are you going to do when you get out of college? And I did not know anybody in law school, nor did I know any friends of my parents. My father is in business. I did not know any attorneys. So I started thinking about a master's degree [laughing] simply to prolong adulthood and getting out into the world.

Interviewer: [Laughter].

Boston, J.D.: And I was able to maintain a three point average in college by taking amphetamines the last five days of the quarter and bullshitting my way through--

Interviewer: Uh huh.

Boston, J.D.: --with the help of amphetamines, through these English exams and read a book a night--and go to the bookstore--It was not uncommon for me to go to the bookstore the day before the final.

Interviewer: [Laughter].

Boston, J.D.: And you know, when the government cut back on amphetamine production, I really raised hell, because I said, "How do they expect the youth of America to get through college, if you're going to do this?"

Interviewer: [Laughter].

Boston, J.D.: We would literally play for ten weeks. We'd go to Florida. We'd go out drinking every night. We dated every night. And then the last week or ten days of the quarter, we'd stay up on amphetamines and get a whole quarter's work done; and I could usually get a three point average.

Interviewer: [Laughter].

Boston, J.D.: But this party was coming to an end, and I said, "Oh, this can't be."

Interviewer: [Laughter].

Boston, J.D.: So I started asking, you know, what kind of master's programs are around? You know, my friends were all looking for masters, you know--

Interviewer: Yeh.

Boston, J.D.: We were all desperate to do something.

Interviewer: Desperate to prolong this.

Boston, J.D.: So somebody told me--and I can't remember who it was. [Pause]. They said, "Well, you could get a teaching degree." I said, "I don't want to be a teacher." They said, "Well, you don't be a teacher, then you get a master's degree, and then you go try and take a job from somebody that's just got a, you know, B.S." And I said, "Well, how long does it take to get a master's degree?" "Well, it takes a year, year and a half, depending on how you do it" [laughing]. So then I said well, what other--I started thinking what other degrees could I get, you know. And so then they said, "Well, you know, you could get a law degree," which is the first time it had ever occurred to me. "Well, how long does that take?" "Well, it takes nine quarters." I said, "Bingo!"

Interviewer: [Laughter].

Boston, J.D.: [Laughing] You know, so I went over to the law college in the fall and just walked in off the street, and they said, "Well, what you've got to do is take the LSAT." And you know, I had--At this point, my conception of law school was it was going to be like graduate school; and graduate school at that time in [that city] was all very friendly.

Interviewer: Uh huh.

Boston, J.D.: Everybody got a three point zero, and everybody had a good time. They had little wine and cheese parties; and, you know, I just thought it was going to be a picnic. And so I took the LSAT and made the top ten percent of the country and got a--With my three point zero average, I had no trouble getting into law school whatsoever [laughing].

Interviewer: [Laughter].

Boston, J.D.: The rude awakening was when I got to law school [laughing].

Interviewer: [Laughter].

Boston, J.D.: I went through--I figured out, hey, these people are out for blood, you know. And so the first quarter of law school, I worked, which for me was very hard, I studied an hour a day.

Interviewer: Uh huh.

Boston, J.D.: And I did go to class most of the time, and I thought if I can't--if I can't learn this shit in an hour a day, I ain't going to do it.

Interviewer: [Laughter].

Boston, J.D.: I did my pill-up, you know, during finals and I was eighth in the class in contracts, thirteenth in the class in torts.

Interviewer: [Laughter].

Boston, J.D.: And in the middle of the class in something, and I flunked Legal Research, because I'd missed class the day he told me that it was 250 fill-in the blanks, no abbreviations. So I had abbreviated where, you know, like when it said [the name of the state]?

Interviewer: Uh huh.

Boston, J.D.: Or Supreme Court--I mean, U.S. Supreme Court? You had to write out United, and I didn't do that on any and I didn't get any credit for the exam. So even though I was eighth in the class in contracts, I only got a 2.8 out of a 4.0 point. And even though I was thirteenth in the class out of sixty-five, I only got a 2.6 in torts, and here I was used to better grades.

Interviewer: Yeh.

Boston, J.D.: Well, then I started saying, "What is going on here?" And then I started learning, you know, that they take in too many students at [the] law school. They have like a 20 percent attrition rate and [a prestigious law school] has a 5 percent, and that the class mean--We had a lot of guys get zero, zero, zero in contracts and they had masters in other subjects, so you know that they weren't stupid. And I just decided that it was a bunch of mind games that they were playing with us. So, "Fuck them!" if that's what they were doing! Because they thought that would make you a better lawyer if your law school career was difficult and competitive; and no matter how hard you tried, you couldn't get a leg up on anybody. So our class

standing at the end of the year, our class mean was 2.4, and that meant out of 180 people, half of them who had been smart enough to get into the law school were under a 2.4.

Interviewer: Uh huh. Yeh.

Boston, J.D.: And then at the end of my second year, they put out a ruling, because of the low base coming out of the law school, that they had to have a 2.4 class average, and the law school professors went crazy and refused to do it, went on strike and had a whole big thing. That's the thing, the grading thing, at [this state university].

Interviewer: [Laughter].

Boston, J.D.: So as I told you, I'm not competitive. It made me mad what they were doing, so I just quit playing the game and I reverted back to my undergraduate study habits. Plus I got engaged to [my husband] and he was in school in [another city in the state], and so I pretty soon was living [there] on Monday and Friday and going to school on the other days. Well, I'd take Fridays off and play golf and drink beer with my buddies from law school; and at the end of the third quarter, I got a 1.99.

Interviewer: Uh huh.

Boston, J.D.: You only had to have a 2.0 to stay off probation.

Interviewer: Huh.

Boston, J.D.: And everybody took a very lackadaisical attitude about it--

Interviewer: [Laughter].

Boston, J.D.: --the professors and everybody, and they laughed and they thought it was real funny, because I didn't have a very good attitude about it.

Interviewer: Uh huh.

Boston, J.D.: My super--what do you call it? Supervisor?

Interviewer: Not supervisor, but advisor.

Boston, J.D.: Advisor. Yeh? You know, they're supposed to have you in and have a little talk with you.

Interviewer: Yeh.

Boston, J.D.: So I had my tennis racquet in my hand one day; and he called me in and he said, "Hey, I thought you were going to make it." And I said, "Hey, I got within one-hundreths of a point, didn't I?"

Interviewer: [Laughter].

Boston, J.D.: He just laughed and shook his head. You know, it was a just a joke. It was a joke to me. Now, you know, being older and looking back on it, I realize that the youthful rebellion and the attitude that I had probably cost me the opportunity to compete with a job in a big law firm. So when I first realized it, I thought, well you know, you shouldn't have done that. You should have made the decision without the grades making the decision. But on the other hand, I remember how miserable I was in law school, and I just did the best I could [laughing].

Interviewer: It's such a structured environment.

Boston, J.D.: I wanted to quit. I mean--

Interviewer: Uh huh.

Boston, J.D.: --I really wanted to quit. You know, every quarter, I wanted to quit, and I wouldn't study, and I wouldn't buy the books. And so my husband finally said, "You know, you're just like an alcoholic. Every quarter, you know, until the grades come out, you bitch and moan, 'Oh, God, if I don't go on probation this time, I promise I'll be good.'"

Interviewer: Yeh.

Boston, J.D.: He said, "I've been listening to that for two years." He said, "Either get the books and study and don't worry about it or don't bitch about it." So I went out and I bought all the books, and I lasted two nights. And then I came to him and I said, "I decided not to bitch about it."

Interviewer: [Laughter].

Boston, J.D.: So I got out of the class. I wasn't last in class. I was like eighth from the bottom, which I thought was pretty good. And you know, that's why I say, me compared with the other women in the circle, in the group, I just don't see that I have the achieving need that they have, although you could say I do have it, because I hung in there and I got the degree.

Interviewer: Uh huh.

Boston, J.D.: And I do work and I do a good job at what I do. But not to the extent--maybe I'm just lazy--but not to the extent that they do. It's my way of not competing. I compete because I'm in the game, but you know, I've always not been--

Interviewer: You may compete in a different way. Now, you see what I've heard about you, professionally, is that you are really terrific in the courtroom.

Boston, J.D.: I get mad.

Interviewer: You are really terrific in the courtroom. That may be your arena of competition, you know, that is distinctly yours. It may not be--You know, it may not be in a more traditional way of--say, for example, you know one of the other women who has to be doing something all the time and showing--

Boston, J.D.: Yeh.

Interviewer: --showing a product that comes from that.

Boston, J.D.: I don't do that.

Interviewer: It may just be a difference in style.

Boston, J.D.: Yeh. Well, I also, in terms of my practice, the practice I've chosen, I'm very much litigation and very little research.

Interviewer: Uh huh.

Boston, J.D.: I hate research. [Attorney Jordan] told you that, too.

Interviewer: Uh huh.

Boston, J.D.: I just can't stand to be in that library with all those books. I flunked research in law school. The second time I took it, I got a one point on a four point scale. I just hated it.

Interviewer: Yeh.

Boston, J.D.: And today, when I was up at the court arguing, a man came up to me in the hall and he said, "What is your name?" And I told him and he said, "I'd like to shake your hand." He said, "You were giving them hell in there." And he said, "I'm going to start recommending you to people." And I said, "Well, you know, you just get mad. Finally, you just get to the point where you just can't stand it."

Interviewer: Uh huh.

Boston, J.D.: And another lawyer came up to me I didn't know and he shook my hand and he said, "You give them hell." But I don't really--I think I'm a very easy-going person. I'm very polite. With all the attorneys I deal with, I'm extremely polite. This jerkface I was up there with for two days, I called him Mr. [Smith] throughout the entire thing.

Interviewer: Uh huh.

Boston, J.D.: You know, I like people to be polite to me and--at least inside a courtroom, but I don't think that has to carry over, so I'm not competitive in the sense that I get off on calling lawyers up and saying, and arguing in that context. I guess I do argue in the courtroom, but I don't think I flail away. You know, I stand up for my client, and I don't like him to get pushed around, and I'll argue my case, but I just think I'm just on a different level than most of the women that I know that work professionally in this town. I don't work on Saturdays or Sundays. I do not work at night. I am not listed in the phone book. Only one client has my phone number now at home, and I'm going to get rid of him shortly.

Interviewer: [Laughter].

Boston, J.D.: But you know, I work as close to a forty-hour week as I can, and sometimes less, and sometimes more.

Interviewer: In line with what I was telling you about this comment by Levinson, there is a woman writer, Maggie Scarf, that's her name. She won the Pulitzer Prize, I believe it was three years ago now, with her book called Unfinished Business.

Boston, J.D.: I remember reading the reviews on that.

Interviewer: And it's a fine book. She has a, just a readable writing style, and she talks about--in relationship to what I just told you about this dream--she talks about--

Boston, J.D.: You never did find out what my dream is.

Interviewer: Well, let's go back to that, then, because I gathered from what you were saying that you didn't stumble but by happenstance you came into the legal profession, and that was not your dream.

Boston, J.D.: Well, no. I never had any dream, other than--I was very shortsighted--

Interviewer: Uh huh.

Boston, J.D.: --is the whole point in telling you how I got into law school, because I don't appear--or in retrospect, it did not appear to me that I put a whole lot of thought into things that I do, and I'm trying to get better about that. But I think I'd be a good judge. I think I'd be an excellent judge. I think I'd have to do a heck of a lot of work to bone up on areas I'm not handling every day.

Interviewer: Uh huh.

Boston, J.D.: But I think they need a woman judge in this town, and I think of all the candidates, you know, I think I'd be great, but

judges, as much as we hate to admit it, are political animals. And you have to press the flesh and you have to be in a position of power, in some form or another; and number one, I wouldn't know how to begin to get into that, and number two, I'm not willing to do that. So that's why I said, "If the hand of God came down and said, 'Let's make [her] a judge'" I think I'd do an excellent job, but in terms of whether I would--You know, and I think about it on days like this, you know, geez, I wish I was a judge. I'd take care of these people. And I think I would be honest, and I think I would do a real good job, and I think I would treat everyone courteously, which we don't get a lot. But I will never take any active step to pursue it. I'm just not made that way. I'm just not a political animal.

Interviewer: How long have you thought about doing that?

Boston, J.D.: I don't know. Maybe a couple of years, maybe. When it dawned on me [that] I had as much going for me as most of these yaa-hoos, you know, that you deal with every day.

Interviewer: And from observing it from--well, I was going to say observing it from afar. It wasn't from afar. But have you just recently watched one man become judge? I would say that the--You know, there's a certain amount of marking your time, and there certainly is a lot to knowing people and so forth; but once you establish the political base and get your identity there and do the work that needs to be done behind the scenes, it's a lot of good campaigning, and--

Boston, J.D.: See, I would never do that.

Interviewer: How would you do it?

Boston, J.D.: I would ride in--I would ride in on the coat-tails of the political powers that be. Say, "You know, maybe we need a woman."

Interviewer: Uh huh.

Boston, J.D.: Maybe [Judge Doe] is going to retire, [Chancellor Smith] is going to retire.

Interviewer: Uh huh.

Boston, J.D.: You know, then I would like someone, you know, to say: "Well, let's think of a woman that's politically neutral, or that can, you know--" [My husband's] being a doctor certainly helps moneywise.

Interviewer: Uh huh.

Boston, J.D.: But they--

Interviewer: It doesn't--you know, right know, I haven't seen--I haven't seen that go to anybody who's politically neutral.

Boston, J.D.: Oh, I know it. So what I'm telling you is--

Interviewer: You're waiting for that day.

Boston, J.D.: --if you said, "What is your dream?"

Interviewer: Okay.

Boston, J.D.: You know, I think I'd make an excellent Circuit Court judge or chancellor, but I would never pursue it actively.

Interviewer: Uh huh.

Boston, J.D.: I'd just schlep around here, you know, until I get tired of doing it and then I'll quit doing it.

Interviewer: Uh huh.

Boston, J.D.: But I do think about quitting, frequently, but what would I do? [Pause]. You know, what would I do to make a living? A power structure exists all over the city, and not just in the law field--

Interviewer: Is there anything that you'd really--Is there anything that you would like to do even equally as well as this?

Boston, J.D.: Well, I'm not naive enough to think that all jobs don't have problems.

Interviewer: Uh huh.

Boston, J.D.: You know, all jobs do.

Interviewer: But some of them have so many more things that are appealing to different kinds of skills that [one has]. For example, when I think of leaving the university, it's hard for me to think of a job that is going to touch me in as many ways as what I'm doing now. And I don't know, I guess there has to be a certain amount of excitement about what it is that you do, you know, that makes you feel that, hey, what I'm doing is important. That it's valuable to somebody else.

Boston, J.D.: To me--

Interviewer: That, you know, it matters.

Boston, J.D.: To me, the practice of law is just--is--court appearance, and arguing in court, and having court cases makes the rest of it okay.

Interviewer: Uh huh.

Boston, J.D.: You know, I like the litigation. I like to be at court and I like to argue. I don't like to spend endless hours in negotiations, and research and drafting. I like--let's just go up and get it over and do it. So I don't know what else I'd be suited for. Probably nothing.

Interviewer: Let me go on back to this other thing that I was talking about with Maggie Scarf which ties in why I asked you about that question. Maggie Scarf also talks about dreams for women, and she points out that frequently women don't have dreams, or if they do, they're not quite the same as men have. She thinks this is an important difference in adult development. Men define their dreams around their work. Women, if they have dreams, define them around relationships and that that is a dilemma for a woman, because she becomes concerned about what is expected of her and how she can end up pleasing other people. Very frequently, then, she will establish--There are two areas in our lives, in our adult lives, that we have to pursue: the area of work and the area of love. And she said, then, that very frequently, women tend to pursue the area of love or relationships first and only when that is established do they look beyond to the area of work. Or if they, you know, get that first part of their dream, the first responsibility taken care of first, they--and end up by marrying--they very frequently adopt the dream of a man. This has, of course, been very true traditionally, that women have identified themselves through their husbands and have adopted his dream, which becomes theirs; and, you know, that has led to complications later on in their lives when maybe that dream is abandoned or maybe the husband leaves, or you know. And I wanted to see if you would have any comments on her statement or her observation.

Boston, J.D.: Well, I don't think that--A lot of things came to mind when you were talking, but number one, I've always been, as I said earlier, very independent.

Interviewer: Uh huh.

Boston, J.D.: And I have always believed that no matter what, I was going to be capable of taking care of myself, regardless of what my relationship with a man was going to be. That was for some reason. Either I think my mother drilled that into me, but she drilled it into me on the basis of "your husband could get killed."

Interviewer: Uh huh.

Boston, J.D.: You know, you need to have a skill, so you can support yourself.

Interviewer: [Laughter].

Boston, J.D.: But the part that I really--

Interviewer: I've heard that one before.

Boston, J.D.: Yeh. But the one I really picked up on was, you know, I wanted--I'm very independent and a great deal to do with the way that I was raised, but I knew--it was never--It was always understood that I was going to college. You know, it was just like there's grade school, junior high, high school and college without--It never occurred to me other people didn't, you know.

Interviewer: Uh huh.

Boston, J.D.: That's how oriented my parents were, that you were going to go to college. And I just always knew that I would be self-supporting.

Interviewer: Uh huh.

Boston, J.D.: So I didn't really give much thought to how I would support myself, but I knew I would and I knew that I was capable of doing it. And so my relationship with my husband--Marriage was not important to me at the time that I decided to get married. I'd always thought that I would get married after--at this time, I'd decided to go to law school--that I would get married when I was twenty-eight or twenty-nine years old, and I got married when I was twenty-three.

Interviewer: Uh huh.

Boston, J.D.: But I surprised the hell out of me, you know [laughing].

Interviewer: [Laughter].

Boston, J.D.: And--

Interviewer: It has a way of happening that way [laughing].

Boston, J.D.: Yeh. And my husband is very independent, too. He was going to get where he was going, if I wanted to come along for the ride or not. And--

Interviewer: That was the opinion that I remember you brought out in the focus group interview.

Boston, J.D.: Yes. So he's very tunnel-vision as far as his work, but he's--He didn't know much about interpersonal relationships, because he was raised in a very maternally dominated atmosphere. His father was a pediatrician. He worked horrendous hours.

Interviewer: Uh huh.

Boston, J.D.: And they had six children in the family, so the father totally relegated the responsibilities for raising the children to the mother in exchange for being left alone to do his work. And [my husband]--you know, matriarchal society just, you know, down the line. She did all of the traditional things that people do, that women do traditionally. She made their clothes. She baked bread. You know, very, very, very domestic; but at the same time, she was a very cold and unfeeling person, and they were raised in a "don't touch" atmosphere.

Interviewer: Yeh.

Boston, J.D.: And no input from the father or very little input from the father. So my husband came to associate, I believe, women that do those types of things, that stay home and take care of the house and kids with cold and unfeeling women.

Interviewer: Huh.

Boston, J.D.: So--

Interviewer: Just the opposite of what she probably meant to convey.

Boston, J.D.: No. She's a very cold woman [laughing].

Interviewer: She is?

Boston, J.D.: She disowned him when he married me and hasn't seen him in nine years, but--So she's a very cold lady and whatever her reasons are, she just never--

Interviewer: And yet she made all these clothes, and did all these things, and baked all the bread?

Boston, J.D.: And raised chickens, and cows, and pigs, and had a little farm, even though he--the father generated a good income as a physician, she was always, being raised in the depression, afraid another depression was going to come.

Interviewer: Uh huh.

Boston, J.D.: And she would take their children to the fire sales at the cheapest Woolworth's or something and buy them the cheapest possible clothes, and cut all their hair at home. You know, just very, very--she--They lived like you'd live thirty or forty years ago. Until he got to college, he'd never had a haircut in a barber shop.

Interviewer: Uh huh.

Boston, J.D.: And when--The first year that we were married, he had a $10 carcoat that she had bought him when he went off to college

that he used to wear a windbreaker and then put newspaper in the windbreaker, and the same thing for his shoes. He had to wear his brother's shoes and his toes are permanently deformed because of the mother's fear that they would lose their money, and she's probably got $300,000 in the bank or whatever. So the first year we were married, for Christmas, I went out early, because it was so cold and he was so cold, and I took him to the store with me and we bought a $50 down-filled parka. And that was big decision to make--

Interviewer: Uh huh.

Boston, J.D.: It's an extravagance. So I insisted that he get this coat and he said to me, he said, "You don't know what it's like to have the first warm coat." He said, "You don't know what it's like to go outside and not feel the wind whistle." And he would sit in and wear that coat, that parka, in our apartment at night when he'd get home! I'd say, "[John], take off your jacket." [Laughter].

Interviewer: [Laughter].

Boston, J.D.: And he'd say, "Oh, it's so nice, though. It's got pockets here, and it's got pockets there." And a zipper here, you know, and look at the velcro. You know, for like three days I'd come home and he was sitting there in his parka.

Interviewer: Huh.

Boston, J.D.: And he did the same thing when he went into the Navy and he wanted a Jeep, which I don't consider a luxury automobile. I had to literally take him down there and force him to buy that. I said--We needed a car and we now have the salary from the Navy. I said, "What kind of a car do you want?" I had a car. I didn't want one. He said, "I want a Jeep." I said, "Well, let's go get one." He said, "I don't know. It's just so nice. It's everything I want. I just don't think I ought to get it." I said, "Do you think God is going to strike--"

Interviewer: [Laughter].

Boston, J.D.: "--you dead if you get this?" You know.

Interviewer: [Laughter].

Boston, J.D.: So that's the atmosphere he was raised in--very, very spartan in affection and material things.

Interviewer: Yeh. It certainly sounds like it.

Boston, J.D.: No touching. She told me herself that she never rocked him to sleep because she was pregnant with the next one, and had one older than him, and she just didn't have time to. He would come to see his parents after being gone a couple of months and there was no

hugging, or--You know, it was just "How're you doing?" And so he, consequently, associated women that were adept at homemaking skills with being very cold; and he set about to find somebody that would be affectionate to him and he really avoided the Suzy Homemaker type.

Interviewer: Yeh. I can see why.

Boston, J.D.: And he got what he wanted.

Interviewer: [Laughter].

Boston, J.D.: Now if he had held a world's contest to find somebody as different from his mother as he could, it would be me and that's what irritated her and angered her to the point where she won't see him anymore, because she's insulted that he would pick someone so foreign to her. And--

Interviewer: And so right for him.

Boston, J.D.: And so right for him! And we, consequently, have never had traditional roles in our household in terms of cleaning and cooking. I've never been able to put a meal on the table two consecutive nights in nine years, and his child care is equal to, if not more than--and I would tend to say more than--mine. And he--also, Doctors, in my opinion, or my experience, have a tendency to marry women sometimes that are less emotionally stable than the lady that's got it all together when the dinner party comes. You know, that can sit down and make the dinner for eight. You know, I can't do that. You know, I just--I'm not that way. And I don't know.

Interviewer: It works.

Boston, J.D.: It works!

Interviewer: And sounds as though it works well.

Boston, J.D.: It works. We're having a great time, but it's not traditional in the sense his dream is not my dream. I want him to be happy in what he does, because if he's happy in what he does, he's going to be happy at home. And I told him I didn't care if he was a proctologist, you know, when he was trying to make this decision about--

Interviewer: [Laughter].

Boston, J.D.: I really didn't.

Interviewer: [Laughter].

Boston, J.D.: "If you want to stare up butt-holes all day, you stare them. I don't care what you do" [laughing].

Interviewer: [Laughter].

Boston, J.D.: You know, you're going to make a good living, whatever specialty you choose. And I said, "If you want, drive a truck. Whatever you want to do will make me happy." And he's that way about me. You know, whatever I do that makes me happy, because it makes us happy at home, so it doesn't matter what we do.

Interviewer: Yeh.

Boston, J.D.: You know, he's very supportive. If I wanted to quit my job with Legal Aid, "Quit your job. Whatever you want to do."

Interviewer: From what I've seen over a few more years than you have, I would say that probably that's the single most important thing, that each person has his and her own identity, and that they're happy in that so that they can come together and share that, because if you don't have that to begin with, you have nothing.

Boston, J.D.: Well--

Interviewer: You have nothing left to share with anybody else.

Boston, J.D.: He made the statement that he didn't want to work hard all day and come home and be greeted at the door by some nincompoop with the washing machine broke down.

Interviewer: Yeh.

Boston, J.D.: And who relied on him to come home and take care of her needs.

Interviewer: Yeh.

Boston, J.D.: And do her thinking for her. And my part of the deal in getting married--The night before we got married, we sat up all night, and sat outside and, "Gee. What do think it's going to be like?" "Gee. I don't know."

Interviewer: [Laughter].

Boston, J.D.: "Well, you don't think I'm--You don't expect me to do cooking, and cleaning, and things like--You don't expect me to change; do you?" "No. I don't expect that." "You don't expect me to--" His big thing was he didn't want to finish medical school and residency and go into group practice and be primary breadwinner and living up to somebody's expectations.

Interviewer: Uh huh.

Boston, J.D.: And I was afraid of the burden that we were just going to have very role-defined, you know, traditionally defined roles. And I did not take his name when we married, and that was discussed beforehand; and his response which I can also still remember was--He said, "I would not want to change my name, if it were the tradition the other way." He said, "I am comfortable with my name. I've had my name all my life. I wouldn't want to change my name. I can't blame you for not wanting to change yours, so why should you if you don't want to?" You know, no ego involved. You know, my husband is a very--He does not have ego problems and that helps a lot. But I am more dependent on him than he really realizes, without bothering him with details about the house, or you know. He doesn't seem to realize it, because I would take care of all of our business and I buy the house, and I take care of--You know, I do everything--

Interviewer: Uh huh.

Boston, J.D.: --in terms of, if it's buying a house, I buy the cars. I buy the clothes. And I don't mean in the sense that I'm the mother and I'm taking care of us. I just know how to deal with things like that.

Interviewer: Uh huh.

Boston, J.D.: And he has no interest in dealing with that.

Interviewer: Uh huh.

Boston, J.D.: It's not that he couldn't, if he didn't want to. And then he deals with things that I don't like to deal with and it just works well, you know. So--

Interviewer: Uh huh. It also sounds, though, that on the front-end, you were both very clear in stating what your expectations would be--

Boston, J.D.: No surprises.

Interviewer: --and what they wouldn't be.

Boston, J.D.: I didn't know if I ever wanted to have children and he said--At one time, he said he thought he wanted to have a lot of children, and this was prior to the marriage, and I said, "Well, I just don't know."

Interviewer: Yeh.

Boston, J.D.: I said, "I may want to have six children."

Interviewer: Uh huh.

Boston, J.D.: "You know, but I never even thought about getting married before now and I just can't tell--"

Interviewer: [Laughter].

Boston, J.D.: "--I just can't promise you that I want to have children." And so he came back and he said, "You know," he said, "it's your body and there is a risk to pregnancy, and I have decided that if I can have you, then if we have children, fine, but if we don't fine, because I understand the risk of pregnancy and I wouldn't want to lose you in order to have children." So that was worked out ahead of time, you know, and it turned out that we decided late in the marriage--well, late--We always thought we'd have children after he finished his residency and then I got to be thirty, and then he said, "You know, it's time to do something, if you want to get it done, just physically."

Interviewer: Uh huh.

Boston, J.D.: "You start it and get it over with." And I said, "Well, give me a few more months" [laughing]. And I was reluctant up until the day the baby got here. I was--You know, I was the only woman in history that wanted to terminate the pregnancy in the ninth month.

Interviewer: [Laughter].

Boston, J.D.: [Laughter]. I said, "Somebody come in here and take this child's life."

Interviewer: [Laughter].

Boston, J.D.: And [a woman attorney] teases because I had a cesarean, and she says I'm the only woman--She said, "I knew that you would never voluntarily have the baby." She said, "I knew they'd have to come in and take it."

Interviewer: [Laughter].

Boston, J.D.: And I said, "Yes, and against my will, too" [laughing].

Interviewer: [Laughter].

Boston, J.D.: But once he got here, it made a big difference.

Interviewer: Uh huh.

Boston, J.D.: [My husband] got nervous. He wasn't nervous before the baby came, and then he got nervous for about two months after the baby came.

Interviewer: [Laughter].

Boston, J.D.: It hit him, you know, "Oh, my God, what have we done?" [Laughing]. And it hit me before and then hormones kicked in, or whatever, and I was a little brick through the whole thing.

Interviewer: [Laughter].

Boston, J.D.: But we've both come around. But my dream has never been--and maybe that just comes from being secure in the marriage and not worrying about what's going to happen to us. I don't worry about that.

Interviewer: As you moved through and got into your career and so forth, did you have a mentor, anybody that you could identify as a mentor?

Boston, J.D.: When I was in law school, there was a woman professor that I--I never talked to her individually. I liked her and I thought she was very smart, and I thought that she showed a lot of people that, you know, women could do it, but I never had--She never encouraged me, or I never had any personal relationship with her.

Interviewer: You never had anybody who guided you through the ropes?

Boston, J.D.: Huh uh.

Interviewer: Huh uh?

Boston, J.D.: And then--Now my last year when I was in legal aid clinic, a couple of guys, you know, would force me to go to class, and get me notes and, you know, keep me from quitting--the student assistants who worked together in the clinic.

Interviewer: Uh huh.

Boston, J.D.: And then since I've been in town, I've gotten to know [a female attorney] who's a very controversial figure, and I do call her, and I do--I did spend time with her before I had the baby, and I called her last week on a case. I said, you know, [Mary], I've got trouble on this, this and this, and I don't know what I'm going to do." And she is very much available to all of the female attorneys in town, if you want something. She's been practicing some thirty-four years. And she's very generous with her time and with her knowledge, but her reputation is not that. She's got a, you know, very diverse, depending on who you're talking to, reputation. But she's always been extremely kind and generous to me with her time, in terms of sharing procedural and legal information. I don't know that I'd want to model my lifestyle after her, but I think for being what she--for doing what she did when she did it, she did the best she could.

Interviewer: Yeh. She was remarkable, too, whe you consider when she started and where she started, and how much she did.

Boston, J.D.: And the adverse conditions she had to overcome.

Interviewer: Uh huh.

Boston, J.D.: And a lot of the bad press, and I don't mean press in the newspaper, but the bad gossip--

Interviewer: I know what you mean. Uh huh.

Boston, J.D.: --comes out of jealousy, in my opinion. It's just jealousy, because this woman has taken it and shoved it right back in their face. You know, she's aggressive in court, as I am, and she's a bitch. [A male attorney] is aggressive in court, and he's a good lawyer. So that still is with us. That stigma is with us.

Interviewer: All right. We were talking about whether you had a mentor and--let's see. Okay. How does--We may have already talked about this in part, but how does your work affect your relationship with your husband, i.e., does it cause any competition or any stress? I'm getting at the issue of your being a professional married to a professional. Okay?

Boston, J.D.: We do not have any competition problems. As I said, he's an ophthalmologist. He works two and a half days a week.

Interviewer: That's rough [laughing].

Boston, J.D.: Which is real rough [laughing].

Interviewer: [Laughter].

Boston, J.D.: But in terms of stress, one of the things that it affects me is if you take the stress of working and you compound that with the loss of personal time . . . . In other words, I work all day, and I'm around people, and a great deal of my work is done by telephone or in face-to-face conversations.

Interviewer: Uh huh.

Boston, J.D.: I talk to people all day. That's the type of practice I have, as opposed to [Attorney Jordan], who's a tax attorney and spends her time in the library.

Interviewer: Uh huh.

Boston, J.D.: When I get home--Before we had a child, my husband was at that time still in his residency and our normal dinner hour was 7:00 p.m. and I could go out after work and unwind--

Interviewer: Uh huh.

Boston, J.D.: --which I did two to three nights a week. I could always find somebody to play with me.

Interviewer: [Laughter].

Boston, J.D.: Other female lawyers, for the most part, who also had no children.

Interviewer: Huh.

Boston, J.D.: So if I got off work at 5:00 p.m., I could go to one [restaurant/bar] or another or some--you know, and just wind down and then get home, and we'd have dinner and so forth.

Interviewer: Yeh.

Boston, J.D.: Now I get home and the baby's there and--My husband enjoys talking about his day. And what I have done to him, which I don't seem to be able not to do, although I realize I shouldn't do it, and I know that he knows I shouldn't do it--He always has enjoyed coming home and telling me everything that happened to him in the day, and since we've had the baby, or I guess really when I was pregnant, I've just--I can't deal with any more input at the end of the day. I think a lot of it's got to do with I've had two operations in eighteen months, major surgery. I've had the adjustment of the child and the getting up in the nights, which he has, too.

Interviewer: Yeh.

Boston, J.D.: He has worked physically as hard, taking care of the child as I have and I really think that he probably is one of the best fathers that could ever be. He spends hours and hours with that baby and he's crazy about him, and he does everything for that child, as much as I could do or anyone could do. I'm not holding myself up as being, you know, the best mother in the world. But he is totally committed to taking care of the baby and sharing equally the responsibilities. But when I get home at night, you know, the baby runs, because [my husband's] been home probably an hour and a half or two hours and he's tired of him, the baby's tired of [my husband]. But he runs to me and, you know, I start playing with him and somebody gets left out, and it's [my husband], because the baby stays up quite late. Normally, one of us can't stay--We say, "Well, somebody's going to have to get up in the middle of the night and it's 11:00 p.m. now. You go ahead and go to sleep. How do you feel? Can you get up in the morning?" Or you know, "How do you feel? Are you just dying to go to sleep?" And we do it on who's got an early morning or, you know, who got to sleep in or whatever. And at that point, you know, I don't even--I don't even want to hear about his day.

Interviewer: Uh huh.

Boston, J.D.: I don't want to talk about it any more. And I told him the other night, you know, I said, "I realize I don't talk to you, but I really just don't like to think about what happened during the day at night." I never have. That has never changed, even before the baby, but at least then I had the energy to let him talk about his day.

Interviewer: [Laughing] Yeh.

Boston, J.D.: But to always say, "How was your day, dear?" "Fine." "Did you have a good day or a bad day?" "It was okay." That's my standard answer. And then, see, I'm supposed to say, "How was yours?" And then he goes, "Well, I got to surgery," you know and then he wants to tell everything and I just cut him off now.

Interviewer: Yeh.

Boston, J.D.: I just don't want to hear it. And I realize I shouldn't, and I think he knows that I know that I'm not talking to him. I did mention it to him the other night. "I know I don't talk to you. I'm sorry, but I'm--I just don't have the energy any more." And so then about half an hour later--and I did talk to him for about thirty minutes more in more detail about things than I'd talked to him in a long time, but thirty minutes I went in to ask him something and he got irritable and snapped, which is very unlike him, and I said, "I'd like to point out something here."

Interviewer: [Laughter].

Boston, J.D.: We don't argue a lot. I said, "I'd like to point out something here. I just, you know, tried to make an effort to talk to you earlier for thirty minutes, you know, because I know I don't talk to you enough, and then I came in to talk to you again while you were doing something and you snapped at me." I said, "That's not positive reinforcement" [laughing].

Interviewer: [Laughter].

Boston, J.D.: And so he still was irritated and then he came out about ten or fifteen minutes later and he said, "I understand perfectly what you're saying and you're absolutely right. That was not positive reinforcement."

Interviewer: [Laughter].

Boston, J.D.: But I think a lot of it is just, you know, you're just physically fatigued all the time. And I can't come home and take a bath, like I used to be able to. I can't come home and read and wind down from the day, and I don't have any time to myself. When I get the baby to bed, then there's my husband, and I told him between the two of them, they're trying to kill me.

Interviewer: [Laughter].

Boston, J.D.: You know, one of them keeps me up until 11:00 p.m. and the other keeps me up until 11:30 p.m., you know.

Interviewer: [Laughter].

Boston, J.D.: And then we--You don't have time for anything else. You just take care of the basic needs.

Interviewer: That theme comes through over, and over, and over, the lack of time.

Boston, J.D.: And on the weekends, we just--We get up. If he doesn't have to work or make rounds or whatever, and I just basically play with the baby. We go to the grocery store. We have people like [Attorney Jordan and her husband] in.

Interviewer: Uh huh.

Boston, J.D.: Or we go over to their house. There's no restaurants. There's no movies. There's no, you know. We go to places where we can take him.

Interviewer: Yeh.

Boston, J.D.: Maybe a half dozen times in nineteen months, we've had a sitter at night.

Interviewer: Huh.

Boston, J.D.: And three of those in the last six months.

Interviewer: Yeh.

Boston, J.D.: You know, the first year I think we had him, I think we went out twice. That's our choice, because we do work and we like to spend our weekends with him, and [my husband] gets up very early on Fridays and he--his bio-rhythms or whatever, he's a very--He likes to go to bed early and get up early.

Interviewer: Uh huh.

Boston, J.D.: I like to stay up late and sleep late. So Friday night for him is 9:00 p.m. and he's ready to go to sleep. [Pause].

Interviewer: Let's switch over to this topic about roles, and I think probably these will go pretty quickly. Of all the roles that you have, which ones do you consider most salient? And you can think of roles ranging from the two that we've already mentioned all the way

down on the scale to things like daughter, neighbor, volunteer. Any of them that are really important to you? Which are the most?

Boston, J.D.: Which are the most important roles to me?

Interviewer: Yes. Uh huh.

Boston, J.D.: Well, I think the personal ones are always the most important as far as I'm concerned, because I guess because I'm used to having a happy relationship at home. I think--I am very traditional in that I think that if you have your health and you're happy at home, then everything else is going to take care of itself. Now granted, I have never been financially deprived in any way at any stage of my life. I've never had to worry about making the mortgage payment.

Interviewer: I hope you never do.

Boston, J.D.: So I don't know how I'd react under that kind of pressure.

Interviewer: Yeh.

Boston, J.D.: I've just never had it. I had very generous parents, and then I married [my husband] and his income is our primary income. And money buys freedom.

Interviewer: Yeh.

Boston, J.D.: I think that was the theme we kept coming back to. But because I've had a happy, very--[pause] I don't know. I just feel like that--And of course, in twenty years if I'm divorced, you can play this tape for me and say, "God, what a jerk you were."

Interviewer: It won't exist [laughing].

Boston, J.D.: But right now--and [my husband]--You know, we talk about all the people we know getting divorces and the way that people change. And we're very aware of the syndrome of me, me, me, and material things; and even though I think we have some material aspects to our life that we could do without, I think that we have just been so fortunate in our marriage, that we've gotten along so well and we seem to complement each other so well, that we are--You know, we do so well together, that I say--

Interviewer: It's your theory of the Felixes and the Oscars.

Boston, J.D.: Well, yeh.

Interviewer: [Laughter].

Boston, J.D.: Opposites do attract--

Interviewer: Yeh.

Boston, J.D.: --except for the thing that people don't understand from the outside looking in is that I don't take care of [my husband's] maid, m-a-i-d-, needs, but I do take care of his emotional needs. I've not been doing a good job lately, [laughing] but I am--I do take care of his emotional needs, and that's really, basically when you get down to it, that's what counts.

Interviewer: Uh huh.

Boston, J.D.: And he takes care of my emotional needs. So that is very important. And now that [our son] is here, it's just literally just a little family.

Interviewer: Do you have any one of the roles by which you define yourself? For example, of the three that were mentioned over and over--and of course the whole study that I did suggested these three, the roles of wife, mother, professional--is there any one of those that you see as more important than the other, or is there any one of those three by which you feel that you define yourself.

Boston, J.D.: No.

Interviewer: Okay.

Boston, J.D.: No, those things are just labels that have been attached to the individual as the individual has gone through life.

Interviewer: Uh huh.

Boston, J.D.: Those things have happened to me as I've gotten older, but they haven't changed me and I don't define myself through that. I have always felt that I could live my life with or without a man, and I don't mean sexually or whatever. I just mean I don't need anybody else, and I think that's one reason--I don't need anybody else to make me happy. I don't think other people make you happy.

Interviewer: They don't. You're wise to have realized that early on [laughing].

Boston, J.D.: And I don't think you make yourself happy by making other people unhappy. And I don't think that you can define your life by what you are to other people. I think you have an obligation to other people to behave responsibly in your relationship. If your husband trusts you and you trust your husband, then in my relationship with other men, yes, I am defined by the fact that I am a wife.

Interviewer: Uh huh.

Boston, J.D.: I don't send signals to men that I'm available. Even though I didn't wear a wedding ring for a long time, it wasn't necessary for me to wear one.

Interviewer: Uh huh.

Boston, J.D.: And you know, to [my son], I'm going to be defined to [him] because I'm his mother and he doesn't know any other way. He's not going to realize, you know, hey, this broad lived thirty-one years before she had me.

Interviewer: Uh huh.

Boston, J.D.: And I am a good daughter. The only--not to pat myself on the back. I'm a good daughter because I don't want confrontation. I really don't like confrontation. And my brother's very confrontational and hot-tempered, and there are a lot of confrontations with my parents and him over the years; and I just don't like seeing--I don't like yelling and things like that, so my being the perfect daughter has been to avoid the confrontational scenes I've seen with them.

Interviewer: Uh huh.

Boston, J.D.: But I have not been the perfect daughter in that I've lived the way they would have wanted me to live had they known about it.

Interviewer: Uh huh.

Boston, J.D.: I just didn't confront them with it. When I was at their house, I did as they expected me to do; and when I was living [at the university], I did what I was comfortable with doing, but I didn't rub their nose in it.

Interviewer: Yeh.

Boston, J.D.: And I think that's the way children and parents ought to be. Once you reach a certain age, your life is your life. And that's the way it is now, you know, with my parents. I'm sure that they had trouble adjusting to our lifestyle, but they've tried not to interfere in it.

Interviewer: Uh huh.

Boston, J.D.: But I don't define myself. Those are just things that have happened to me as I've gotten older, those of being a professional, and a wife and a mother.

Interviewer: When you think about the area of conflict--Now, we've talked about stress and the fact that time is a real problem because of

its scarcity. Are there any areas of conflict that you can identify that have occurred in your marriage simply because you are a professional married to a professional?

Boston, J.D.: Any areas of conflict?

Interviewer: Uh huh.

Boston, J.D.: Between my husband and myself?

Interviewer: Well, I didn't define that [laughing].

Boston, J.D.: Okay.

Interviewer: You're backing me into a corner here.

Boston, J.D.: Cross-examining.

Interviewer: That's right!

Boston, J.D.: Well, again, you have to look at it in the perspective of what we have done towards limiting our hours, you know.

Interviewer: Uh huh.

Boston, J.D.: I made a female attorney's husband--he's an attorney, too, [John Smith], I don't know if you know him.

Interviewer: Huh uh.

Boston, J.D.: He's divorced and has two children--

Interviewer: [Mary Smith] was his former wife?

Boston, J.D.: Yeh.

Interviewer: Okay.

Boston, J.D.: You know they have two little girls.

Interviewer: Uh huh.

Boston, J.D.: And [John] likes to tease me about my office hours. You know, if you call here at 9:00 a.m., ha, fat chance that I'm going to be here if I don't have to be at court. You know, I don't get ready until the babysitter gets there. And he was teasing us about [my husband] working two and a half days a week, and so forth and so on. And the reason [he] works two and a half days a week is because of the doctor he chose to be associated with and the availability of office space. That's how that came about, but we didn't turn it down.

Interviewer: Yeh.

Boston, J.D.: He turned down a position, you know, $60,000 a year where he would have had to work like crazy and then he took this, knowing when he went in that it was two and a half days a week and the money would be less.

Interviewer: Uh huh.

Boston, J.D.: But [John Smith] teases about that and other people tease us about our life because of that, and I always respond, "Hey, you've just got to get your priorities right."

[Interruption by another attorney].

Interviewer: I know. There must be something about men marrying skinny women.

Boston, J.D.: Yeh, really, you know. I said, "How about supper?" And he said, "We're taken care of." Not that I'd cook it. I'd stop and get it.

Interviewer: [Laughter].

Boston, J.D.: It really used to be that the last one home got the Wendy burgers [laughing].

Interviewer: [Laughter].

Boston, J.D.: My son's going to be on baby food until he's eight, you know, because to keep me from having to cook it.

Interviewer: No. He'll be on McDonald's, and Wendy's and Kentucky Fried.

Boston, J.D.: Where were we before--

Interviewer: Okay. We were talking about areas of conflict and simply because of the kind of marriage. You were talking about hours and getting your priorities straight and I think you had finished saying that that's what it came down to.

Boston, J.D.: Yeh. And that's what we do and I think a lot of that is my husband's experience of being an offspring of a physician.

Interviewer: Yeh.

Boston, J.D.: And also that's--you know, of our personalities. There is a lot of stress in my profession. I believe more stress than in his. Maybe not more but of a different type. My husband's stress comes from having to make a series of important decisions in a very small matter of time. That's one thing. The other--You know, if he sees forty people in one day, he's made forty different decisions in

just five or ten minutes. And of course, the responsibility of that, as malpractice cases increase, that's always on his mind. Young doctors' minds, I think more so than older doctors'. So his stress is different and also his surgery--you know, the fact that he does micro-surgery under a microscope on the eye, which is very sensitive and delicate; that's stress as well.

Interviewer: I would think that that would be exceedingly tiring for him. I simply just--

Boston, J.D.: Tedious. Yeh. But it suits his personality. He's got a very--He's like an armchair, an armchair psychologist. He's got a very compulsive and neat, tidy anal-type of personality. You know, you open his dresser drawers and everything is just right in line.

Interviewer: [Laughter].

Boston, J.D.: His side of the room is very tidy and my side of the room is--you know, Felix and Oscar.

Interviewer: Yes. [Laughter].

Boston, J.D.: And so the specialization or the specialty he chose, he gets a good sense of closure from it, as opposed to if he was a G.P.

Interviewer: No pun intended.

Boston, J.D.: Yeh.

Interviewer: [Laughter].

Boston, J.D.: If he was a G.P., sending people out, he'd never know what their real diagnosis was and he'd always be sending people to a specialist.

Interviewer: Uh huh.

Boston, J.D.: And he enjoys knowing everything there is to know about one certain area, as opposed to being a general practitioner. But he does have stress; but for the most part, 99.9 percent of the time, people don't lie to a doctor.

Interviewer: Uh huh.

Boston, J.D.: And they don't argue with the doctor.

Interviewer: That's true.

Boston, J.D.: And people, the support staff, work with the doctor. You know, the old doctor is God-at-the-hospital routine.

Interviewer: Uh huh.

Boston, J.D.: So he is not in conflict all day long, even though he has the pressure to make the right decision, and he's got the pressure of patient care, and he has the pressure of emergency surgery and phone calls, even though he purposely chose a specialty that was way down on all of the emergency-type pressure. It's very much, you know, it's called a gentleman's specialty, to be chauvinistic about it. But their night calls are very limited. He did not like this, as a general practitioner, walking into a room and have somebody start to die on him.

Interviewer: Uh huh.

Boston, J.D.: He doesn't like that at all. And he doesn't--He doesn't enjoy that trauma business. And he likes to be able to do something good for somebody and get a good result. They come in and they can't see.

Interviewer: Yeh.

Boston, J.D.: And he takes away cataracts and then they can see, and he feels good, and they feel good. But he just--He's found what he wants to do and he gets good from that. But he gets very tired from the pressure and being young and learning every day, as we all, young professionals, I think, learn every day. I learned something today. And that's tiring to him and that's pressure to him, but it's a different kind of pressure.

Interviewer: Uh huh.

Boston, J.D.: Whereas my pressure and stress comes from people being paid to argue with me, even though privately they may agree with me, they're not going to agree. Like that lawyer today, if I'd said, "Hey, [Bill], the sun's shining outside." "No. It isn't." You know. Just over the most tedious details, they'll argue.

Interviewer: Uh huh.

Boston, J.D.: And that bothers me. That gets to me. And the clients aren't always truthful with you, and that kind of--

Interviewer: And they're not always appreciative, either.

Boston, J.D.: Yes. And then, of course, you have the element--the unknown element, which is the court and the court does not always do what you want the court to do. And that's frustrating, because you've lived with the case and you think this is what the judge ought to do, and he gets the case for a few hours, and he makes his decision based on his experiences and the way he feels that day when he gets up, and what his wife said to him. And so the lack of control over what I

do is very, very stressful, particlarly in litigation, because you throw everything into the pot and who knows how it's going to come out.

Interviewer: Uh huh.

Boston, J.D.: And that's stressful. And I do not--I don't deal with that very well. I'm looking for the --I would be the type of person, if I could get away with it, if I could take a pill every night to erase what happened to me during the day, I would do it. I really would.

Interviewer: A stress management seminar is in order.

Boston, J.D.: I really do. I mean, I've had a lot of stress in the last year. My secretary, who was a close friend of mine, was murdered in October--a gruesome, brutal, rape-torture murder. A sweet, beautiful, nice young girl.

Interviewer: What was her name? This was local?

Boston, J.D.: Yeh. Out on [State highway]. Her name was [Betty Ann White].

Interviewer: Oh.

Boston, J.D.: Do you remember that?

Interviewer: Uh huh.

Boston, J.D.: The guy broke in at 3:00 a.m. Time of death, 8:00 a.m. You know, all that. She was our secretary and we were very close to her, and that just ruined this office for about two months. We just all were just basket cases. It caused the dissolution of the other partner we had with us, because we couldn't--He has always not been courteous to secretaries; but then, you know, we had one murdered and he still continued to be discourteous to the one that was here, and we just couldn't handle that. And you know, my father had by-pass surgery, and I've had the surgeries all in the last ten months. And my only--my other brother--My brother got a divorce and my family's been in an uproar about that. See, you know, a lot of stress outside of just the eight-hour work day has been coming down.

Interviewer: Yeh.

Boston, J.D.: I cope with it in certain ways, gin and tonic. And I don't have a drinking problem by any means; but to me, I never even had one drink at night and now I go home and I have a drink.

Interviewer: Uh huh.

Boston, J.D.: You know, just one drink, but to me it's not--It's just a matter of degree.

Interviewer: Yeh.

Boston, J.D.: I don't consider having one drink at night a drinking problem, but I'll tell you when I diet and I try not to have a drink at night, I start thinking about it. And all the lawyers that I know do something along some line like that to deal with it.

Interviewer: Uh huh.

Boston, J.D.: Physical exercise is excellent for that. But again, you look at the child and the guilt for taking time away.

Interviewer: Uh huh.

Boston, J.D.: If I join [a sports club]--I used to play a lot of racquetball. If I do that, that's more time in my day away from my son, so you know, am I going to do that? No. I go home and I have a drink, rather than go and sweat for an hour, which would be better for me. And I--At this point, I just can't justify going and spending more time away from him. I guess I could technically get up at six o'clock in the morning, but I just can't do it.

Interviewer: But [laughing].

Boston, J.D.: I just can't do it. So--

Interviewer: That has its cost, too. When you are, when you do find a conflict, and we've talked about the pressure of it--The question I was going to ask you is how you're going to solve it. Do you have any other specific strategies, other than the one that you told me about, the marvelous use of gin?

Boston, J.D.: Conflict--Well, we very rarely have conflict between my husband and myself over the job. We have scheduling conflicts a lot of times, you know, that normally--For instance, the babysitter's going to be gone tomorrow and he's taking the baby from 9:00 a.m. until 11:00 a.m., and I'm taking the baby from 11:00 a.m. until 1:00 p.m., and he's coming to get him from 1:00 p.m. until 3:00 p.m.

Interviewer: Are you going to bring him here, then?

Boston, J.D.: But how do I deal with stress, other than gin and tonic?

Interviewer: No. I wasn't necessarily saying stress--

Boston, J.D.: Or conflict, conflicts?

Interviewer: --but you had identified that as a kind of conflict, because conflict exists in lots of different levels, depending on how--

Boston, J.D.: But I deal with conflict--I just try not to think about anything that happened to me during the day at night.

Interviewer: Avoidance.

Boston, J.D.: Yes! Yes. Avoidance. I like to think about spending the money, and I don't spend a lot of the money.

Interviewer: Fantasy [laughing].

Boston, J.D.: Fantasy. There you go!

Interviewer: [Laughter].

Boston, J.D.: I like to think about spending the money and I like to badger [my husband] about getting me this and getting me that, and he knows well enough that I would never really want to spend that kind of--My big fantasy now is I told him I want a $6,000 watch, and I told him I think this is what I need to make me happy in life. And it's just bullshit, you know.

Interviewer: [Laughter].

Boston, J.D.: And he realizes it is. And he realizes if he went out and spent--which we don't have that kind of money--but if he spent it, I'd be mortified inside.

Interviewer: That would be one hell of a watch, though, wouldn't it? [laughing].

Boston, J.D.: But you know, it's avoidance. It's just--I'm just playing, you know. And he said to me when I first got on him about this, he came in and he says, "Well, I figured out you don't want the watch. I just can't figure out what it is you do want. Is it a new car? What is it you want?" And I said, "I want a new watch. I want a $6,000--" You know, so he's just given up on it now.

Interviewer: [Laughter].

Boston, J.D.: Okay. So, avoidance and fantasy.

Interviewer: And gin!

Boston, J.D.: And gin!

Interviewer: [Laughter].

Boston, J.D.: Golly.

Interviewer: How important is equity in handling role conflict? Equity as defined--

Boston, J.D.: That's what our whole relationship is based on, equity.

Interviewer: Okay.

Boston, J.D.: [Pause]. What's fair is fair, and there is no adjustment of responsibility emotionally, or around--

Interviewer: How do you tell what's fair is fair?

Boston, J.D.: I don't know. How do you tell what's fair or not?

Interviewer: Well, I'll tell you how [Dr. Kurth] defined it: When it feels fair, it's fair.

Boston, J.D.: I was just getting ready to say if it feels fair, it's fair. But I don't think that--I don't think you can make a contract, and I don't think you can live your life saying, "Well, you spent an hour and twenty-three minutes at your seminar on Wednesday; therefore, I'm going to take an hour and twenty-three minutes." But I'll try and give you an example. Sunday, my husband had to go to a seminar at the [motel complex] that was going to last all day. On Saturday--and, mind you, this was necessary. There's no question. He had to go to this. It was not something he wanted to do to avoid being around the house. It was absolutely necessary. So on Saturday, because we knew he was going to be gone on Sunday, I got a girlfriend of mine--again to the fantasy--and she and I drove around and went shopping for clothes. I just got out of the house for a while. And his attitude about that is it's fair. I'll be gone and you'll be stuck with the kid all day tomorrow; therefore, you go off and have some time for yourself, and that's how we do it.

Interviewer: Uh huh.

Boston, J.D.: You know, just whatever is--you know, if I want to go do something like exercise with some friends--I don't do that now, but I used to--You know, he says things out loud. I guess he's getting his thinking out. He goes, "Well, that's okay. I had staff meeting Monday night until nine, so you go." So that's how we do it just on a day-by-day basis.

Interviewer: What feels fair is fair.

Boston, J.D.: Yeh.

Interviewer: Okay. One last question, since you've done a terrific job of answering a lot of these combined with some other ones. Is there anything that would make the combination of a career and a marriage easier for you? If all your wishes could come true . . . ?

Boston, J.D.: You mean with the kid, too, right?

Interviewer: Oh, yes.

Boston, J.D.: We have a problem now with the housekeeper we have not doing such a good job, and I really don't like to deal with people like that. I think we discussed that once. I'm a real wimp when it comes to disciplining children and babysitters. I just--I just don't--My attitude is, you ought to know your job, and it embarrasses me to have to tell you your job. And I guess if we had some super-lady--We used to say, before we had a baby, that we needed a wife to take care of us. So now we need somebody to take care of us--our household needs and be good to the baby, and I think that's all we need. And I don't think we'll ever find someone who's totally, you know, great and there's one aspect about her we don't like, but she's good in other aspects.

Interviewer: Right.

Boston, J.D.: So I think that's all we really need is someone to do those chores for us that we don't have the inclination to do for ourselves, and I used to carry a lot of Legal Aid guilt about that. I still--I don't ask people that work for me to do things that a lot of women do. I don't like them to do my laundry. To me, that's personal. They don't change my bed and do my sheets. Well, all I require or ask that they do is they do my son's laundry, because he's so little and he generates so much of it, and change his bed. And you know, I had a real problem with asking people to do the bathrooms, because to me that's, again, that's personal. I didn't think they ought to have to do that, but then one lady we had--we've had two--did them and it got to be so nice, you know, not to have to do it that I think that I'll just continue that. That to me is about the most--the thing that I had the problem with was, you know, having them do the--clean the bathrooms, but I don't have them do personal--or what I consider personal. I don't have secreatries bring me coffee and you know, I'm almost embarrassed to ask her to make a copy. You see how quickly she snapped in here with it?

Interviewer: Yeh.

Boston, J.D.: And I don't have them do personal errands for me. I don't think I'd ever be comfortable with somebody doing--going to the grocery store for me, or doing things that I think I ought to do. But I do need help in keeping a house clean and taking care of his laundry, and including giving him good care and feeding him.

APPENDIX K

INTERVIEW WITH MAYNARD, M.D.

INTERVIEW WITH MAYNARD, M.D.

Interviewer: Anyway, the first question that I guess I'd want to ask you is one that's fairly open, just to see if there was anything that you remember from the focus group interview that you would like to say further about any other issues that you've thought about since that time. In other words, just any general comments that you would like--

Maynard, M.D.: Well, I look back on it, and I think it was fairly negative. And I think the reason it was negative was a lot of emotions came out in everybody that had been put in a box and stored in the back, and that you felt like no one really could understand what you were doing, and then all of the sudden there were ten people [laughing] in the room who knew exactly what--you know, and I think it was really a catharsis. You know, I think it ended up probably being more negative for that reason. I think that people enjoy what they're doing or they obviously wouldn't be doing it and wouldn't have been there.

Interviewer: Uh huh.

Maynard, M.D.: But that was the only impression. That was really the only thing that I thought was that it was probably a little more on the negative side because of all the emotions. There was finally someone there who understood.

Interviewer: There were several themes that came through over and over that had to do with, one, loneliness.

Maynard, M.D.: Yeh.

Interviewer: Two, needing much more stroking from colleagues, from peers than we're getting.

Maynard, M.D.: Uh huh.

Interviewer: There was also a very nice range of--Oh, I'm not quite sure what the word is, but sense of self, that was displayed. The age range, I think as I looked at it, was from twenty-nine, I think, yeh. You were the youngest one and it went all the way up to forty-eight. Now, it should have gone up to real close to sixty, but--

Maynard, M.D.: That's that one lady.

Interviewer: --the woman who was--that called in ill. That would have given us a really nice range. But there were a group in, say, the

early thirties and there was a group of people in the early to mid-forties.

Maynard, M.D.: Uh huh.

Interviewer: And then one a little bit, you know, toward the end of the forties. It was interesting to see within, say, eight to ten years what the difference was. A real sense of having to take stock of what was happening--

Maynard, M.D.: Uh huh.

Interviewer: --was evident in that older group.

Maynard, M.D.: Uh huh.

Interviewer: I sensed it, for example, in [Dr. Thacker]. I didn't sense it, I read it. I read it with [Dr. Thacker].

Maynard, M.D.: Excuse me. [Telephone interruption].

Interviewer: --in [Dr. Thacker] who was taking stock, and [Dr. Huffner] was very definitely taking stock.

Maynard, M.D.: Uh huh.

Interviewer: Dr. Secor--

Maynard, M.D.: Uh huh.

Interviewer: --who was taking stock.

Maynard, M.D.: Uh huh.

Interviewer: I don't--I'm not willing to say about [Dr. Alder], but very definitely those three were in a position of re-assessing what they were doing, putting priorities--putting very definite limits and possibly even thinking, one of them, about even changing--

Maynard, M.D.: Oh, I think--

Interviewer: --professions.

Maynard, M.D.: --to a certain extent, I'm--although I'm on the young end of the spectrum, I'm putting limits on, too.

Interviewer: Uh huh.

Maynard, M.D.: I mean, I have been putting on limits, because I went from--I made a decision back in January that was a real branch point in my life. It was whether I was going to be a slave to medicine

and let it ruin the rest of my life, or whether I was going to be able to have some control over it, and I chose some control, because--

Interviewer: That's not when you--Is that when you decided about the neonatology?

Maynard, M.D.: That's was when I decided not to stay in neonatology. Okay?

Interviewer: Uh huh.

Maynard, M.D.: And when I decided to go into practice, and I'm practicing part-time.

Interviewer: Uh huh.

Maynard, M.D.: Which means all the difference in the world. In fact, in ways, it's a lot different.

Interviewer: Huh.

Maynard, M.D.: But you know, in medicine, full-time is fifty-five to sixty hours.

Interviewer: Yeh.

Maynard, M.D.: Part-time is almost like three-quarters time to anybody else, you know.

Interviewer: Well, I thought about that when I was doing this study. For example, how would I define the time and the committee and I talked about that. And we talked about, you know, for example, academicians, who teach Monday, Wednesday and Friday. Now that's full-time.

Maynard, M.D.: Uh huh.

Interviewer: But to somebody like [Dr. Pomeroy] who works at [a large government agency], she would hardly think that that's full-time.

Maynard, M.D.: Yeh.

Interviewer: You know, if you're, for example like [Attorney Boston], who tries to practice just a certain number of hours a week, sometimes thirty hours a week, is that full-time or part-time?

Maynard, M.D.: Yeh.

Interviewer: She has full-time responsibilities for it, although her hours might not be--

Maynard, M.D.: Uh huh.

Interviewer: --you know, comparable to those of someone who works at [a government agency].

Maynard, M.D.: Well, I think that we all find a way of adapting.

Interviewer: Yeh.

Maynard, M.D.: Every person had done those--

Interviewer: Yeh.

Maynard, M.D.: --adaptations, but I've gone from thinking that medicine was just right up there with my sole priority, too. Yeh. It's moderately important, but there--I've decided, you know, when you go through med school, there is nothing else. That's it. That's the only thing you do. You don't do anything else.

Interviewer: Uh huh.

Maynard, M.D.: You don't really have any other avocations or hobbies.

Interviewer: Yes.

Maynard, M.D.: And you don't have time for anything else. And now I've decided that I enjoy doing other things and that takes time.

Interviewer: Yeh.

Maynard, M.D.: And so medicine has probably gotten less important, not that I don't enjoy it any less and don't put any less into it. I care very intensely. And when I'm doing it, I'm doing it 100 percent, but I don't want it to be the only thing in my life.

Interviewer: Uh huh.

Maynard, M.D.: And I think, you know, you have to be very careful with medicine, or it can be.

Interviewer: Yeh. I've seen that happen with--well, I would say most of my friends are in the professions and many of them are in dual-professional career marriages, and most of them have made that adaptation in some way or another, because it will completely consume you.

Maynard, M.D.: Oh, yeh.

Interviewer: Any one of them. We talked about that when we were defining what it means to be a professional. The very nature of it makes it that way.

Maynard, M.D.: Well, for us is you're finished when you're not finished.

Interviewer: Uh huh.

Maynard, M.D.: I mean, you know, the nurses in our office are all on shift work.

Interviewer: Yeh.

Maynard, M.D.: But if we have ten more calls to make to parents who have called in, we have ten more calls.

Interviewer: Yeh.

Maynard, M.D.: You know, it's demand--You fulfill the demand and then you're finished.

Interviewer: Yeh.

Maynard, M.D.: You don't work on a certain amount of hours.

Interviewer: Yeh. And of course, as [Dr. Secor] pointed out, when you're off, you're not really off, either.

Maynard, M.D.: No! Yeh.

Interviewer: How you could be interrupted at any time.

Maynard, M.D.: Yeh. Okay. Now, see, that's why I chose--that's when I chose--[Dr. Secor] really had a rough road--

Interviewer: Uh huh.

Maynard, M.D.: --because she's good and everybody knows she's good [laughing].

Interviewer: Yeh. I know [laughing].

Maynard, M.D.: So everybody refers to her [laughing].

Interviewer: Yeh.

Maynard, M.D.: But you know, she is kind of on all the time, and that is what I chose against going from neonatology to--

Interviewer: Uh huh.

Maynard, M.D.: --going into practice, because being in a group practice means that when you're off, you're off.

Interviewer: Is it truly that way?

Maynard, M.D.: Yeh. It really is truly that way. Well, [pause] let me think about it. I mean, the only difference is--and sometimes--In a way, this will probably sound selfish--

Interviewer: Uh huh.

Maynard, M.D.: --but a lot of times we have friends and neighbors who call and say, "Oh, [Dr. Maynard]," you know--

Interviewer: Yeh.

Maynard, M.D.: It's starts to accumulate--

Interviewer: That used to happen all the time with [my former husband].

Maynard, M.D.: It starts to accumulate, you know.

Interviewer: Uh huh.

Maynard, M.D.: By the time you do three to five of those a day on your off time, you're feeling like [exasperated voice], "I'm not getting any time off." You know, somebody's always wanting something of me when the well is dry.

Interviewer: Yeh.

Maynard, M.D.: You know? So that would be the only problem is when you're off. And because of that, I think we're probably more committed to getting time away.

Interviewer: Uh huh.

Maynard, M.D.: Taking more weekends than we normally would, just to get away so no one can call us, you know?

Interviewer: I can understand.

Maynard, M.D.: And--and we care about people.

Interviewer: Yeh.

Maynard, M.D.: But it's just--It's just a cumulative effect, because you feel like a squash when you get home [laughing].

Interviewer: Uh huh.

Maynard, M.D.: You don't want to make one more decision.

Interviewer: Yeh.

Maynard, M.D.: Even if it's minor.

Interviewer: Uh huh.

Maynard, M.D.: You know?

Interviewer: What does--let me reword this another way: How important to you, then, is achievement in your profession? And I'm not limiting how you define that word "achievement." You know--

Maynard, M.D.: In terms of being on committees, not one iota [sarcastically], because to me, that takes time and I don't care.

Interviewer: Uh huh.

Maynard, M.D.: You know, I don't care if I'm on this committee and oh, yeh, I get in the good ole boy structure, which is unfortunate, in that, you know, in medicine that's a problem with women. The women aren't on the committees and doing all the stuff that takes times. Okay? They just aren't.

Interviewer: Uh huh.

Maynard, M.D.: And you can see why.

Interviewer: Uh huh.

Maynard, M.D.: I'm not interested in that. My personal life isn't worth sacrificing an extra thing to do that. In terms of my keeping up so that I know within myself that I'm doing a good job, it is intensely important. So--

Interviewer: But externally, for others--in the eyes of others--

Maynard, M.D.: Yeh.

Interviewer: Well--

Maynard, M.D.: Well, [pause] but that's not exactly true.

Interviewer: Uh huh.

Maynard, M.D.: Because my knowledge and my keeping up--

Interviewer: Uh huh.

Maynard, M.D.: --is obviously going to be reflected to my peer group.

Interviewer: Uh huh.

Maynard, M.D.: But I'm talking about--

Interviewer: Expectations?

Maynard, M.D.: Uh, [long pause] not medicine, but I guess the running of medicine [pause]. I don't care the least about. It just doesn't rank in my priorities. But medicine, the treatment of patients, that's where it is intensely. So that's where I want to keep up.

Interviewer: Uh huh.

Maynard, M.D.: And I would want to know. And I don't care to--because, you know, you lose so quickly, and you know, you get bypassed so quickly, you have to really, really keep--You know, I feel it a lot now, going from neonatology, going from sub-specialty now into general medicine when you're seeing kids not as acutely ill a lot of the time that, you know, I can't--you know, because every once in a while, you're going to have that ill child and you have--

Interviewer: Uh huh.

Maynard, M.D.: --to be competent. So you have to keep up. So that [pause], the care part, you know, being competent is very, very important to me, but the getting into the workings of medicine and the political structure, I could care less about.

Interviewer: Okay. I think I can tell a difference there, and maybe the two words that come to mind--

Maynard, M.D.: You know, I have no--

Interviewer: --are internal and external. Your internal needs for achievement are high and strong and they're very, very strong.

Maynard, M.D.: Yeh. You know, I have no desire to be chief of staff at [the hospital]. Okay?

Interviewer: [Laughing].

Maynard, M.D.: [Laughing]. In fact, I think that would be a royal pain.

Interviewer: [Laughing]. So many, I'm sure, of those have that. [Laughing].

Maynard, M.D.: Yeh. Yeh. I'm sure.

Interviewer: More power to them! Uh, can you pinpoint when it was that you first wanted to become a doctor?

Maynard, M.D.: In high school.

Interviewer: In high school?

Maynard, M.D.: Uh huh.

Interviewer: Why? Was it because of something--

Maynard, M.D.: In high school, I started because my best friend wanted to. All right? But from there, it grew into--There were a lot of reasons [pause] you know--I liked science and working with people. I liked that. But I also liked feeling that you would be someone in control of what was happening to you, you know, and you would be in a management situation. Okay? And--and you'd be secure. It's a, a secure position in that regard. You know, you'd always be necessary.

Interviewer: Uh huh.

Maynard, M.D.: You'd probably never be unemployed.

Interviewer: [Laughing].

Maynard, M.D.: You know?

Interviewer: Sure [laughing].

Maynard, M.D.: And that--you know, that went into the thing, although that was--those weren't the most--those were minor things that made--I think made medicine attractive to anybody.

Interviewer: Uh huh.

Maynard, M.D.: And my mother was a working mother.

Interviewer: I remember that you said that.

Maynard, M.D.: So I already had a role model.

Interviewer: Uh huh. Did you have anybody that you would classify as a mentor anywhere along the line? Somebody, perhaps, in medicine, but not necessarily, who helped you--

Maynard, M.D.: I had--

Interviewer: --get through the professional ropes?

Maynard, M.D.: I had the example of having had a woman pediatrician.

Interviewer: Uh huh.

Maynard, M.D.: But that wasn't really someone who was close to me.

Interviewer: Uh huh.

Maynard, M.D.: I can't think of anybody really who was closer than that, until that woman that I spoke with you when I was already in residency.

Interviewer: Uh huh. Yeh.

Maynard, M.D.: But before that, no. In fact--

Interviewer: The one nobody messed with? [Laughing].

Maynard, M.D.: You could say--you're right. Nobody messed with her [laughing].

Interviewer: [Laughing].

Maynard, M.D.: You know, before that--in fact, my parents--Nobody in my family is a physician and my parents just kind of rolled their eyes when I said, "Well, I think I'll go to med school." You know, and they said, "Uh huh. Sure. Uh huh."

Interviewer: [Laughing].

Maynard, M.D.: And, you know--[pause]. So probably nobody was closer. But I always knew--now, see, my sister--There is a lot of difference between me and my sister. She is the staying-at-home type and I have been always the work type.

Interviewer: Is she older or younger than you?

Maynard, M.D.: She's six years older than I am.

Interviewer: Hmm. That's interesting.

Maynard, M.D.: It's curious.

Interviewer: We tend to think of the first born or the older one as being much more driven as far as achievement and the area of work is concerned.

Maynard, M.D.: When she was young, my mother was staying home.

Interviewer: Huh.

Maynard, M.D.: When I was young, my mother was working and I thought that was curious.

Interviewer: Yeh. Huh. Um, one of the things that I didn't mention during the focus group interview and that I've thought a lot about since that time because I've had just lots of time to reflect [laughing]. Lots of time to do almost nothing but reflect. It has to do with two writers who are very, very important in the area of adult development. One of them is Daniel Levinson, who does a lot of work in the area of--and I believe he's at Yale--of male adult development. He talks about the stages that men go through in age-linked eras and about the fact that in their twenties, men have a dream, a very--It's usually a very conscious thing, something they're going to do in their life. It's

usually work-oriented. It is work-oriented. And that as they go into their next age era, they set about carving that out. As they move into the forties, they look at it and perhaps modify it, or alter it in some way, possibly even abandon it as they come to the end of their forties. And that during all their developmental time, they are very conscious of what it is that they want to do, particularly in the area of work. Do you feel that that was true? Could you say that that was true for you, or would you comment in general on that for females as you may have observed it?

Maynard, M.D.: I may--

Interviewer: In other words, did you have, did you have something that you would call a dream that you wanted to do with your life, your work life, your career life? Would you say that it was--

Maynard, M.D.: Well, always to be a doctor. Oh, yeh. It's delay in medicine.

Interviewer: Uh huh.

Maynard, M.D.: It's always delay of gratification.

Interviewer: Uh huh.

Maynard, M.D.: You know [laughing] it's no wonder there's so many neurotic people in medicine.

Interviewer: [Laughing].

Maynard, M.D.: Oh, you know, it's constant delay. You start--

Interviewer: Uh huh.

Maynard, M.D.: You start undergraduate and it's intensely competitive and, "Oh, if I can only get in med school!" And then the next goal is [softly] "Gosh, if I can only get an internship slot; that's really rough." And then, "Oh, well, if I can just keep my eyes open and be on call." And well, "Gee, if then if I could just get my public health service out of the way." And then, "If I could just get in private practice, everything's going to be great." And I think that's where a lot of physicians, male and female, go through changes. Once they bottom-out, so to speak, and they don't have any more long-range goals, I think you have a lot of people getting bored, dissatisfied, whatever, because all of a sudden they're there.

Interviewer: Uh huh.

Maynard, M.D.: And they're saying, "Well, maybe it wasn't so wonderful after all!" [Laughing].

Interviewer: Is this all there is? [Laughing].

Maynard, M.D.: You know, this is all there is [laughing]. You know, kind of [pause]--yeh. There's a lot of re-assessment that's going on, you know.

Interviewer: Uh, one--That's, of course, been very interesting to me, also, because Levinson studied--and this was really a seminal study--he studied males only [laughing].

Maynard, M.D.: [Laughing].

Interviewer: Now one of his graduate students some years later took a look at adult females, and she did a doctoral study, and that really hasn't been picked up, and it hasn't been taken any further. But a woman named Maggie Scarf, who is a specialist in medical writing, a fascinating woman, won a Pulitzer prize about three years ago for a book that she wrote called Unfinished Business, has been very interested in adult female development. Now she doesn't talk about, she doesn't write particularly about professional women--just women in general--but she talks about the fact that women don't generally have a dream. They're--in the process of all adult development, they're two things that have to be accomplished, or there are two areas that people work on. One is the area of work and one is the area of love. Those are the two tasks of adults.

Maynard, M.D.: Uh huh.

Interviewer: And men pursue the work area, generally, first and then when they've got that under control, they--

Maynard, M.D.: Uh huh.

Interviewer: --you know, move into the second area. Some of them do it simultaneously, but generally one comes before the other. For women, a lot of women do not have a dream as it relates to work, and what they tend to do is focus all their--if you want to call it a dream, that's the term that they use--around relationships.

Maynard, M.D.: Uh huh.

Interviewer: And so--finding a husband, identifying with a husband becomes very important to them and they tend, then, to share his dream.

Maynard, M.D.: Uh huh.

Interviewer: And then they may move on to the area of work and take care of that. They may or they may not.

Maynard, M.D.: I'd say I've always had my own dream--

Interviewer: Uh huh.

Maynard, M.D.: --in terms of work, you know? When I went to med school--See, you know, I--

Interviewer: And you know, [Dr. Maynard], that is--that is, from what I've been reading and so forth, that is a significant difference between--

Maynard, M.D.: Yeh.

Interviewer: --professional, professional women in professional marriages and--

Maynard, M.D.: There wasn't ever any question about it between [my husband] and me. He met me in med school. He knew my intent. We were going to do it, and he is satisfied with that.

Interviewer: Uh huh.

Maynard, M.D.: He encourages it. [Softly]. I think he wanted me to stay in neonatology [laughing].

Interviewer: [Laughing].

Maynard, M.D.: No. You know.

Interviewer: [Laughing].

Maynarnd, M.D.: So, yeh. There isn't any question about that and I am glad that we can share what we do, because it is very, very supportive to have someone in the same field, right there who is also someone that has--It is your first priority.

Interviewer: Yeh.

Maynard, M.D.: To be able to say, "Hey, better worry about that one." Or, "Yeh. I, you know, understand how you feel when that happened." Or, "Well, what would you do with this?" I mean, you know, when he gets a problem case, he calls me. When I get a problem case, I call him.

Interviewer: [Laughing].

Maynard, M.D.: You know. And it is [pause]--Boy, I'll tell you if I didn't have that, if all of the sudden it was jerked away from me--

Interviewer: Uh huh.

Maynard, M.D.: --I would feel really void, because, it's very--

Interviewer: Uh huh.

Maynard, M.D.: I've always had it.

Interviewer: That's a--

Maynard, M.D.: I've been spoiled.

Interviewer: Yeh. That's a terrific advantage.

Maynard, M.D.: Yeh. It really--it is.

Interviewer: And a lot--A lot of my friends and so far the women that I've interviewed say that's probably the distinct advantage of that kind of marriage. Just--

Maynard, M.D.: Oh, yeh! Oh, yeh!

Interviewer: Yeh.

Maynard, M.D.: You know, I know, too, when I, you know, took that seven weeks off, I got a lot less understanding about what was going on. It was really funny. I knew what was happening, but I forgot so quickly.

Interviewer: Hmn.

Maynard, M.D.: You know, of the hours, and of the pressures, and all that, and I just thought it was really curious. And then I got back into it, and I thought, wait a minute, you know [laughing].

Interviewer: Uh huh.

Maynard, M.D.: And then you start understanding a little more then, too.

Interviewer: Uh--

Maynard, M.D.: But that was--See, that was my own dream and--

Interviewer: Uh huh.

Maynard, M.D.: --you know, my age in terms of what your spectrum is may be a little misleading in that, my whole life, I was in a rush. I started med school, I was--before I was nineteen.

Interviewer: Oh.

Maynard, M.D.: Okay?

Interviewer: [Laughing].

Maynard, M.D.: So--

Interviewer: [Laughing].

Maynard, M.D.: --if, you know, you shift everything, I feel as though I'm really almost mid-thirties--

Interviewer: Uh huh.

Maynard, M.D.: --going into that--

Interviewer: How old were you when you started undergrad school?

Maynard, M.D.: --whatever it is now. Well, I skipped my last year in high school.

Interviewer: Yeh?

Maynard, M.D.: Okay. I skipped my last year in high school. I went to college three years, and then I went to a three-year med school. So I chopped three years off the whole process.

Interviewer: Yes. You did.

Maynard, M.D.: So, [pause] you know, that's--That's made me really kind of falsely young for what's going on in my head.

Interviewer: Uh huh.

Maynard, M.D.: You see what I mean?

Interviewer: Yes, I sure do.

Maynard, M.D.: And really, I'm feeling like--You know, I'm almost feeling like [pause], you know, I'm mid-thirties--getting to the point, "Is that all there is?"

Interviewer: Yeh.

Maynard, M.D.: Re-assessing.

Interviewer: Yeh.

Maynard, M.D.: And that's why it's important to me to control medicine because when I was in residency, we didn't have time for anything.

Interviewer: Uh huh.

Maynard, M.D.: I had no time for [pause] intellectual growth in the field. I had no time for spiritual growth; and for me, that is very, very, important. Okay? And it has become something that I won't

sacrifice and I realize that in neonatology that I wouldn't have time for it. Okay? And that was one of the deciding things too. I was never able to identify it [referring to a personal crisis discussed off-record] until I read this book, and all of a sudden I realized I am the only one that--and it happened in the spectrum from twenties to sixties that people would all of a sudden--and the thing about this book was it talked about not only the happening but the intensity of the emotion and the feeling like your life was going bonkers.

Interviewer: Uh huh.

Maynard, M.D.: And being turned upside down.

Interviewer: Uh huh.

Maynard, M.D.: And at that point in my life, I mean I felt, felt like I was so wiped out, I was going second by second.

Interviewer: Uh huh.

Maynard, M.D.: You know? And--

Interviewer: It's very hard for anybody who hasn't been through it to understand, too. They don't understand--

Maynard, M.D.: Exactly.

Interviewer: --the intensity--

Maynard, M.D.: --the intensity of the emotion.

Interviewer: --the pressure of it.

Maynard, M.D.: The terrific threat that it is to your very, what's at the very core of your whole being.

Interviewer: Yeh.

Maynard, M.D.: Yeh.

Interviewer: And there are two books that I would--that I'll share the titles of. One is Viktor Frankl's book called Man's Search for Meaning. It's a little book.

Maynard, M.D.: Huh.

Interviewer: Oh, God, it's a gem. And the other one is Maggie Scarf's book, Unfinished Business. That's one of the most powerful books I've ever read in my life, as far as helping, helping men and women understand what makes women tick. You'd love it, because it's--as I said, she specializes in--She is a medical writer and she explains things in great detail, much too much detail sometimes for me, but you'd love it [laughing].

Maynard, M.D.: Really?

Interviewer: Just very, very meaningful, both of them.

Maynard, M.D.: But that is--That whole thing to me has shuffled everything for me.

Interviewer: Uh huh.

Maynard, M.D.: And it has totally changed my priorities.

Interviewer: And it probably hit you earlier than--

Maynard, M.D.: It hit me earlier, I'd say.

Interviewer: --most other women.

Maynard, M.D.: And I think it probably hit both [my husband] and I, just because of the intensity and the pressure we were under in residency.

Interviewer: Uh huh.

Maynard, M.D.: I think that just accelerated it five to seven years.

Interviewer: But it [the experience and resulting change] should be very valuable, as far as letting you then have a longer period of your life to do something meaningful with, because when it--I don't know. Looking back on my situation and others, I would say maybe there were eight or nine years lost to being in a rut that shouldn't have been.

Maynard, M.D.: Yeh.

Interviewer: You come out of that and join in life with the equal intensity of the pain that you went through.

Maynard, M.D.: Yeh. That's true.

Interviewer: [Laughing]. At least it seems to me.

Maynard, M.D.: I think that's true. So [pause], yeh. That's why things are kind of shuffled, I think. And that's why, when I--You know, when I hit this branch point, [slowly] I decided I wasn't going back to a time in my life when I couldn't have other goals, other person priorities, other spiritual involvements, you know. God is very important to me now. Before, he wasn't [laughing] basically.

Interviewer: [Laughing].

Maynard, M.D.: I mean, you know, at times we'd go to church, but you know, you were checking your boxes and that was about it [laughing].

Interviewer: [Laughing].

Maynard, M.D.: And it's a totally different thing, and I decided I just--I was falling into the same trap that I had and I wasn't going to do it again. And so that's why--I love medicine with an intensity while I'm doing it, but there are a lot of other important priorities in my life that rank above it. [Softly]. And ten years ago, I would have thought that was heresy.

Interviewer: Uh huh.

Maynard, M.D.: See, now--see, I think that's why I say I think I'm going through the--

Interviewer: Yeh.

Maynard, M.D.: --later, mid to later thirties.

Interviewer: Yeh.

Maynard, M.D.: Because I think that's probably what--

Interviewer: Usually--

Maynard, M.D.: --mid to later thirties are doing.

Interviewer: Yeh.

Maynard, M.D.: You know, kind of mellowing out, kind of thing. Well, you know.

Interviewer: Yeh. Re-assessing and--

Maynard, M.D.: Uh huh.

Interviewer: --perhaps putting meaningful priorities on and making some rather abrupt changes in lots of ways. [Pause]. Let's move, then, into that area of roles, because you sort of mentioned it a minute ago when you said there were other things that had priorities even higher. Now, they may not be roles, but of all the roles that you have, you know--We know what the three major ones are for the women in the group; but of all the other ones that you may have personally, which ones do you consider to be the most important to you?

Maynard, M.D.: [Long pause]. The two biggest important roles or things, I--you know, I don't want to get into a theological dissertation. I know that's not where you're coming from [laughing].

Interviewer: [Laughing].

Maynard, M.D.: But it can't help but--That's where my life is right now.

Interviewer: Uh huh.

Maynard, M.D.: My two biggest things are my relationship with God and my relationship with my husband. When my relationship with God isn't going right, the one with [my husband] goes lousy [laughing].

Interviewer: [Laughing].

Maynard, M.D.: So that, for me--From what everything I've been through--

Interviewer: Uh huh.

Maynard, M.D.: --and the pain and the suffering, and the eight months, and the re-uniting, and the shuffling priorities, that's got to come first. Not any other role.

Interviewer: Uh huh.

Maynard, M.D.: Not medicine. Not even mommy, you know. You know, God and [my husband] and I have to be in jive, or nothing else goes right. And to go through that pain of knowing how much relationships can hurt you and make you crazy--

Interviewer: Uh huh.

Maynard, M.D.: --that's what precipitated the [pause] just drastic re-directing, because, see, before I'd say, "Oh, yes. Well, [my husband] is my husband, but I've got to give time to"--you know. See what I mean?

Interviewer: Uh huh.

Maynard, M.D.: And now I know that I have to contain the other stuff.

Interviewer: Yes.

Maynard, M.D.: So I'm happy. So I have my priorities straight.

Interviewer: One of the things that's very easy to happen when you have two people who do have very high levels of drive and achievement needs and all is that it's very easy for them to go off on their own separate paths.

Maynard, M.D.: Yes.

Interviewer: And it makes this kind of marriage usually subjected to a lot more stress than other marriages that we know, that have been studied about, other kinds of marriages that have been studied about. And when people who write about them, you know, come down to say some of the reasons why these marriages can have difficulty it is because you've got two people going two separate ways.

Maynard, M.D.: Yes.

Interviewer: And they don't carve out the time to take care of each other's needs.

Maynard, M.D.: Yeh.

Interviewer: And you know, we tend to--I shouldn't say we, but people tend to think that because you achieve at a certain level that that's great and that's marvelous; and they expect that of you, and it becomes ordinary. It becomes, well, just the usual kind of thing.

Maynard, M.D.: Uh huh.

Interviewer: Whereas if somebody else did it, they'd say, "Oh, I'm going to give you a reward!" Or some kind--

Maynard, M.D.: Oh, yeh.

Interviewer: --of stroking or something, and that doesn't happen. And it's very easy, then, for everybody who is, you know, in the support system of that kind of person to simply stop giving them that kind of recognition. I think we've heard that theme come out again and again and again and again. Perhaps [Dr. Huffner]--[pause] maybe [Dr. Thacker]--I don't know. I think I'd put [Dr. Huffner] and maybe [Dr. Thacker] second. I was going to say together, might have been of equal strength there, but were both feeling very, very--

Maynard, M.D.: Yeh.

Interviewer: I don't know. Certainly expressing it very strongly at that focus group interview.

Maynard, M.D.: Yeh.

Interviewer: And that does seem to--from what--You know, from all the reading that I had to do, that does seem to be a very common theme. I personally hadn't thought about it all that much, but--[pause] until then, but I can see where that would be--

Maynard, M.D.: Yeh. I think to a certain extent that's probably true for all of us.

Interviewer: Yeh. Okay. You've answered several of these others [referring to protocol] at the same time, so I won't go into those. Does the reaction of your colleagues influence the way that you handle multiple responsibilities?

Maynard, M.D.: [Long pause]. Be more specific. I don't quite know what you're getting at.

Interviewer: Again, that has to do with--

Maynard, M.D.: How paranoid am I? [Laughing].

Interviewer: No.

Maynard, M.D.: Fairly paranoid [laughing]. I worry about how I am going to be perceived in terms of making sure that people know that I'm not going to be dumped on because I'm a woman.

Interviewer: Uh huh.

Maynard, M.D.: Or that I'm going to pull my end of the weight. And I do worry about that. That's why the, you know, the comments that I told you about--

Interviewer: Uh huh.

Maynard, M.D.: --that were a problem about being a woman were--really made me angry and had as much impact as they did. You know, because all through residency, you know, [my husband] and I were one of the ones that would pitch in and do extra, and that just burns me up when someone implies, you know, that I'm not going to get the job done. Uh, [pause] I'm pregnant again.

Interviewer: Great! [Laughing].

Maynard, M.D.: Yeh. I think it's wonderful!

Interviewer: That's good timing.

Maynard, M.D.: But I was very worried about how my partners now would perceive that--well, I'm just going off and--[loudly] I'm going to have a baby--so you've got to fire her.

Interviewer: Yeh.

Maynard, M.D.: You know, I don't want them to perceive that I don't care first of all about their workload, or that I'm not going to be there, and--You see what I mean? That's a big problem. It really is.

Interviewer: That's a reaction that I've had also from two of the other people who said, for example, one, [Attorney Jordan], was saying that she feels that the expectations that her colleagues, especially her male colleagues have of her, means that she works so much harder at particularly the role--at her--you know, her role as an attorney. They expect so much.

Maynard, M.D.: Yeh.

Interviewer: That women are expected to be even better than men. They can't be just good.

Maynard, M.D.: Oh, I think in med school, that's true. I think a lot of times--This may be evening out since there are a lot more women, but I think a lot of our women were even higher achievers within the med school class itself for that reason.

Interviewer: I can think, too, of lots of things at [the university]. For example, almost all of our heads are men, and they have very definite expectations about--for example, many of the women are more oriented toward community service and we do--we have what's called EDO's, and they're--Do you know what MBO's are in business? Management By Objectives?

Maynard, M.D.: [Laughing]. I don't have the foggiest idea.

Interviewer: At the beginning of the year in business and in higher ed, we sit down with our direct superior, and we plan out what we're going to do, what we're going to accomplish for the year. We're very goal-oriented.

Maynard, M.D.: Uh huh.

Interviewer: Okay. Believe it or not. And we have five categories that we're supposed to accomplish in. One of them is community service. Women faculty tend to be very good at community service, do quite a bit of that, serve on committees--

Maynard, M.D.: Uh huh.

Interviewer: --serve in the community, sit on boards, do workshops, da, data, da. One of the other areas that is on there--and it is ranked very, very highly by department heads--is publications and presentations.

Maynard, M.D.: Uh huh.

Interviewer: That tends to be harder for women to do, because they don't have those blocks of time that the men do. I mean, men can stay, generally, and work late, and so forth, and they've got a wife at home to take care of their homes. You know, they get larger blocks of time to turn out the publications.

Maynard, M.D.: Uh huh.

Interviewer: Well, publications/presentations carries more weight than community service--

Maynard, M.D.: Oh, sure! Yeh.

Interviewer: --so if you were looking tenure, you know, you need to--

Maynard, M.D.: Uh huh.

Interviewer: That kind of reaction very definitely influences how--

Maynard, M.D.: I'm sure it does.

Interviewer: --people, at least at the university, carry their multiple responsibilities. It tends to put the role of professional--especially for those who have the drive to go on and be full professor and definitely those who want to be tenured, it tends to put really high priority on that role, which they might not want to have or which [long pause]--you know, to survive, to keep the job.

Maynard, M.D.: Uh--

Interviewer: Very often, depending on the field they are influenced by the reaction that comes there. Okay. Moving right along, as you look at this particular kind of marriage, would you say that there are any areas of conflict, and again, I'm not defining it. I'm not locking you--trying to lock you in to that. You know, we all have lots of different kinds of conflicts and they don't all have to be external, for example. And particularly, I'm wondering if these are related to any kinds of roles, any particular kinds of roles.

Maynard, M.D.: Well, you see, I'm not sure what is just maturing in your marriage and what is related to being professional.

Interviewer: Okay.

Maynard, M.D.: I know in our--Early in our marriage, [my husband] and I tended to compete with each other.

Interviewer: Uh huh.

Maynard, M.D.: And that was very destructive, [pause] very destructive.

Interviewer: Would you say that that was [pause]--I can see where the difficulty would be in saying whether that was individually related or whether that was related to the profession, but that would complement individual needs.

Maynard, M.D.: It can't be separated.

Interviewer: Yeh.

Maynard, M.D.: But, see, I'm not sure that that [pause]--I guess if someone was staying at home, then it might not get established in the first place, but I feel like we've gotten beyond that--

Interviewer: Yes.

Maynard, M.D.: --just because our marriage has matured. So I'm not--See, I have no perspective on what happens to anybody else.

Interviewer: Uh huh.

Maynard, M.D.: Because that isn't as much of a problem now. Our major conflict is getting time pressure and just getting ragged from time pressures.

Interviewer: Okay.

Maynard, M.D.: You know. I mean, you know, I work Monday nights and then he works one or two nights during the weeks. Well, that's two or three nights during the week one of us is gone.

Interviewer: Right.

Maynard, M.D.: Okay, just getting the mechanics of living, you know, straightened out can be kind of hairy, you know.

Interviewer: We had a similar problem. [My former husband] used to travel a lot. The nature of his legal work is such that he was on the road a lot.

Maynard, M.D.: Yeh.

Interviewer: And he would sometimes be gone two and three months at a stretch [laughing], home on the weekends only.

Maynard, M.D.: That sounds like--yeh. That's like what my sister--what's happening to my sister right now.

Interviewer: Yeh. That was unbelievable. That was definitely unbelievable.

Maynard, M.D.: See, now emotionally, I couldn't take that. I could not do that.

Interviewer: I had a hard time. I had a hard time. I suppressed a lot of my anger, a lot of my frustration.

Maynard, M.D.: Yeh. Yeh.

Interviewer: And I shouldn't have. I should have let it out at the time, but I didn't because, you know, if your husband's away all that time, when he comes home you don't want to--

Maynard, M.D.: You don't want to make waves.

Interviewer: [Laughing].

Maynard, M.D.: You don't want to rock the boat. Well, that's exactly what happened with [my husband] and me when we were in internship.

Interviewer: Huh.

Maynard, M.D.: See, that why we--That's why everything kind of blew up that summer, because you're exactly right. We saw each other so little; and at the point we didn't have conflict with each other, so we'd just smooth it over, but we never got rid of it.

Interviewer: [Laughing].

Maynard, M.D.: It just grew. And that sounds like the same thing you did.

Interviewer: See, personally, you see, that then existed for us for like, I would say, six years.

Maynard, M.D.: Yeh.

Interviewer: We had six years of that.

Maynard, M.D.: Yeh.

Interviewer: But finally, when it came to a head, it was--Well, I can't say whether it was manageable or not. I learned to manage it. He did not.

Maynard, M.D.: Yeh.

Interviewer: So, you know, I guess it wasn't manageable. But, gee, that has to be--That really has to be a real stress and I think that anybody who deals with that has to be so acutely aware of it. [Pause]. Okay. The advantages of a dual-professional career marriage. Well, one thing that I heard you say was the sharing. That would certainly rank high for me.

Maynard, M.D.: Oh, yeh. I mean, that's--Everything else pales in comparison to that. That's really a big thing.

Interviewer: Any disadvantages, other--let's see--the time, the scheduling.

Maynard, M.D.: [Long pause]. [Laughing]. Ha, ha! The only--I think--well, the reason I'm laughing is when [my husband] and I were in med school and we were going around for residency, we were going around as a couple to interview for residency, and we would come in as a couple and later they might separate us to interview us, but it ended up that all the people would pay attention to me [laughing].

Interviewer: [Laughing].

Maynard, M.D.: Okay? And that got [him] a little riled [laughing].

Interviewer: Yeh.

Maynard, M.D.: [Laughing]. A little miffed, you might say. Now that we are out in the community, when we are together, a lot of times the shoe is on the other foot now, because he is a more traditional, more acceptable figure.

Interviewer: Uh huh.

Maynard, M.D.: Okay? And that's the only disadvantage. But it's funny in that--It's funny to me, because I could see where it switched [laughing] from me getting all the attention to [him] getting attention. And so it doesn't bother me. I just view it as kind of funny now.

Interviewer: Do you?

Maynard, M.D.: That that kind of thing switched.

Interviewer: Yeh.

Maynard, M.D.: I think it makes me need to work more to prove myself, because people don't--you know, just like I alluded to in the group situation--People, particularly because of looking young and being female, they do not accept the role that I have until I come across as knowing what I'm doing. After that, it becomes acceptable, but it's an uphill battle. It really is.

Interviewer: [Laughing]. I won't make any--I won't share that with you. [Laughing].

Maynard, M.D.: [Laughing].

Interviewer: Lots of years go by and lots of memories go with them. When there is a conflict or a stress, how do you go about resolving it? In other words, are there certain strategies that seem to work particularly well for you in a dual-professional marriage?

Maynard, M.D.: In relation to what? You've got to be more specific.

Interviewer: I don't like to be. I don't want to lock you in.

Maynard, M.D.: I know. I know you want me to just kind of open--

Interviewer: If for example--There's so many ways that you can handle a problem, but again, we're focusing in on a dual-professional career marriage. When you have an area where there's a problem, whether it's internal, whether it's external, whether it's yours, whether you own it completely, whether it's just between you and him--

Maynard, M.D.: When I have a problem, I talk about it.

Interviewer: --whether it's with other people.

Maynard, M.D.: Yeh.

Interviewer: You know, whether it's something with an object, such as time, you know, do you have--Whatever it is that you're thinking of as those areas of stress or conflict, are there any strategies that you identify that work particularly well for you?

Maynard, M.D.: I don't know if it works well or not, but I talk about everything.

Interviewer: Uh huh.

Maynard, M.D.: I don't keep anything inside. I really--That's my way of coping.

Interviewer: Uh huh.

Maynard, M.D.: [My husband] is exactly the opposite. [He] does not talk about it. He thinks about it and mulls it over and digests it, and gets rid of it, and I, "Blab, blab, blab, blab."

Interviewer: And get rid of it.

Maynard, M.D.: And get rid of it. Okay? But in terms of time, I hire who I have to. That's how I cope.

Interviewer: Uh huh.

Maynard, M.D.: And I think a lot of the other women in that group do the same thing. You know, I hire a lady to come in and clean once a week, and I hire the lady to take care of [our daughter], and you know, particularly when I was in neonatology, she was doing a lot.

Interviewer: Uh huh.

Maynard, M.D.: And she was giving [the baby] a lot of meals and, you know, changing buttons on her clothes and, you know, stuff that I didn't have time for.

Interviewer: Yeh.

Maynard, M.D.: So I let her do it.

Interviewer: You're fortunate to have somebody like that. [Dr. Kurth] had a woman named [Mary] who was just a gem, just a gem.

Maynard, M.D.: Uh huh.

Interviewer: Does this ever involve a shifting of priorities or, you know--where one responsibility has, comes into ascendancy and another takes the back burner-type of thing, that you can think of? Have you ever really thought of that?

Maynard, M.D.: Not really. We fit it in; but I'll tell you, I think I probably also rely pretty heavily on friends.

Interviewer: Uh huh.

Maynard, M.D.: Both emotionally and with specific problems. You know, I'm the kind of person, [pause] I don't have a lot of acquaintances I do things with.

Interviewer: Uh huh.

Maynard, M.D.: But I do have some intense type friendships. [My husband] and I have intense friendships--

Interviewer: Uh huh.

Maynard, M.D.: --that we rely on pretty heavily for emotional support and nitty-gritty support, "Will you do this for me?"

Interviewer: Yeh.

Maynard, M.D.: And so that really is one of my support structures, too, those--

Interviewer: Do you use them more than you use family?

Maynard, M.D.: Uh, well, no, because like [the sitter] is going to be out of town and [my husband's] parents are coming up--

Interviewer: Uh huh.

Maynard, M.D.: --to take care of [the baby], you know. If they couldn't come up, I'd ask [my friend] to for the day, you know. She's asked me to take care of [her baby]. I take care of [her baby]. Do you see what I mean?

Interviewer: Yeh.

Maynard, M.D.: It's a swapping off. It's a--it's like--It's like almost having family in the sense we're close enough to be family.

Interviewer: When my kids were growing up, there were I think six of us who did that on a very regular basis. That was marvelous.

Maynard, M.D.: Yeh.

Interviewer: It was just marvelous.

Maynard, M.D.: Takes a lot of stress off.

Interviewer: Yeh. Everybody knew each other's kids very well.

Maynard, M.D.: Uh huh.

Interviewer: Made it fun.

Maynard, M.D.: Uh huh.

Interviewer: Actually made it fun. Okay. There's a question I think you've addressed, but let me ask it again in case there's anything else that you'd like to say about that. Is there anything in your background that helped you prepare for coping, that particularly helped you to prepare for coping with multiple roles? I remember you mentioned your mother, that she was a good role model for you. Is there anything that you can think of, either an event or a situation or anything about your nature--?

Maynard, M.D.: In any event, I always felt like mother could get it done, and yet she was very, very busy. In fact, she probably worked probably the hours of a physician--

Interviewer: Uh huh.

Maynard, M.D.: --in this business that they had started, but I still felt very much a priority in my mother's life. She really succeeded in wearing those two hats and know--and letting us know that she was very involved in what we were doing. [Pause]. So she was probably my biggest one. In terms of schooling to be ready for it, no. You know, I think there's no real preparation.

Interviewer: Is there anything that helped you carry the responsibilities of three basically, of three basic main roles? Is there anything that you can think of that helped you adapt to that, to carrying that kind of heavy load?

Maynard, M.D.: [Pause]. Not really.

Interviewer: Okay. And, finally, is there anything that you can think of that would make the combination of a career and a marriage easier for you; and I'm speaking of a marriage that also includes, you know, a child within it? Is there anything that would make it easier? If you had a magic wand?

Maynard, M.D.: [Long pause]. Oh. [Long pause]. I really feel like I have my cake and eat it, too, right now. You know, I know--

Interviewer: What a nice feeling that must be!

Maynard, M.D.: No. I really do.

Interviewer: [Laughing].

Maynard, M.D.: No. I really do. I mean, you know. I'm not--You know, I have someone to do most of the nitty-gritty housework. You know--You know, I enjoy [the baby] when I'm with her. I get away from her some, which is nice, too! You know, so you don't have to always have "Mommy, Mommy, Mommy" being pulled in that special way that you always have to be fulfilling this little, you know, year and a half old--Well, you know what I mean.

Interviewer: Yeh.

Maynard, M.D.: You've had a kid. You know what I mean! I've had a--I really [pause] don't think I'd change anything. I'm really, really satisfied with where I am right now. I think if I were working full-time, I might not be, because I was maxed-out with one child in neonatology and knowing that I couldn't do it forever, because I was scared my relationship with her was going to suffer. Well, I was convinced it would, ultimately. And that's what--That's one of the biggest things that prompted the change.

Interviewer: And I remember you talked particularly about the number of hours that you were working--

Maynard, M.D.: Yeh! If I--

Interviewer: --in proportion to the number of hours that she was even just awake.

Maynard, M.D.: Oh, yeh. You know, I was away fifty-five out of seventy-five or eighty hours.

Interviewer: Uh huh.

Maynard, M.D.: Okay? You don't know your kid--It takes hours.

Interviewer: Uh huh.

Maynard, M.D.: You know, it takes quality, yeh. But it takes hours [softly] to know your kid, too.

Interviewer: Uh huh.

Maynard, M.D.: And I knew that it was a--you know, that could not persist indefinitely. And the only thing is that's--neonatology is a very, um--[long pause]. What's the word? [Long pause]. A very--

Interviewer: I would think it would be very demanding, and very draining, and very--

Maynard, M.D.: It is, but it's also a very--It's a glory field of medicine.

Interviewer: Oh?

Maynard, M.D.: It's a very ego--ego--a very stroking type of medicine. You have a premie that's dying, and you fix them up and you make them--You make them well. So there's a lot of attraction about it--

Interviewer: Yeh.

Maynard, M.D.: --that is very lurid. Do you see what I mean?

Interviewer: Yeh. I do.

Maynard, M.D.: It's very enticing.

Interviewer: Uh huh.

Maynard, M.D.: If [my husband] and I couldn't have kids and were not going to adopt, then I'd probably still be in neonatology.

Interviewer: Uh huh.

Maynard, M.D.: Because it was fun and I enjoyed it.

Interviewer: Uh huh.

Maynard, M.D.: But not at the expense--knowing what I feel about relationships and knowing what [he] and I went through. It isn't worth my relationship with [my daughter].

Interviewer: Uh huh.

Maynard, M.D.: I mean no way.

Interviewer: Yeh.

Maynard, M.D.: So it's--So I feel very glad that--[pause] that I didn't get carried away with it.

Interviewer: Uh huh.

Maynard, M.D.: Because I could of.

Interviewer: You know, that kind of stroking might be constant in a way, in that for all the many children you would save, you would certainly get lots of--what do I want to say? lots of thank you's and lots of--

Maynard, M.D.: "Thank you. You're wonderful."

Interviewer: Yeh.

Maynard, M.D.: Gratification.

Interviewer: Gratification from that. In a way, it's constant, but it's short-term. It only lasts for a short period of time.

Maynard, M.D.: Yeh.

Interviewer: Whereas the same kind of gratification that you get from your own child is never-ending.

Maynard, M.D.: Oh, yeh.

Interviewer: It's constant also, but it is definitely long term, infinitely, infinitely more important.

Maynard, M.D.: Infinitely more important.

Interviewer: And it becomes more so as the years go on--

Maynard, M.D.: Yeh.

Interviewer: --as it develops and goes through its different phases; it's one of the true pleasures of life.

Maynard, M.D.: Yeh. Yeh. See, and I know that. And I knew for that reason that neonatology wouldn't work because it would always fall back on me, because if someone was out sick, you were the one that would end up doing the work that they didn't. You know. And that would have eventually wrecked my homelife.

Interviewer: Yeh.

Maynard, M.D.: I wasn't willing to sacrifice that for the strokes.

Interviewer: Yeh.

Maynard, M.D.: I really wasn't.

APPENDIX L

INTERVIEW WITH JORDAN, J.D.

APPENDIX

INTERVIEW WITH JORDAN, J.D.

Interviewer: What I've done so far, so you'll understand some of the questions I'm going to ask [is] I looked at what you said in the focus group interview. You know, I looked at your comments to see the kinds of things that you were talking about, and then I looked to see what everybody was talking about, some of the themes in common, and compared those with the protocol that I had to see if we'd covered everything. And I found that there were generally two areas that we didn't get into for various reasons, but one was conflicts, and I'm not just talking about--I'm not talking about disagreements so much as perhaps external/internal conflicts, stress, that type of thing, and then coping strategies, specific coping strategies that you use to address some of those kinds of conflicts. A little bit more about that later.

So I went through and made up another list of questions that we call a protocol, and I'm going to move you through some of those. You'll find that it's a little bit--not a little bit, but definitely more structured than the focus group interview, and yet I don't mean to go step-by-step-by-step.

Jordan, J.D.: Yes.

Interviewer: And if you've got something else you want to say, just go right ahead on and, you know, if I need to come back, I will.

Jordan, J.D.: Okay.

Interviewer: I'm getting pretty good at keeping--

Jordan, J.D.: [Interruption and laughter].

Interviewer: --track of all of these.

Jordan, J.D.: Okay.

Interviewer: So I divided it into four major areas, the same as I did the focus group interview, and I'll start with the first one and that had to do with that whole area of where we were defining what it is to be a professional.

Jordan, J.D.: Uh huh.

Interviewer: What the term actually means to you. And one of the first questions, I guess, that I will ask you is how important to you is achievement in your profession, and you may define that term--

Jordan, J.D.: [Interrupting]. It's probably everything to me.

Interviewer: --any way that you want.

Jordan, J.D.: I would say that it's probably everything to me, because I think if I weren't very achievement-oriented, I wouldn't bother.

Interviewer: [Laughter].

Jordan, J.D.: I mean, really. And it's not for its own sake, too. I suppose I'm not very--I like being patted on the back. You know, I like praise and I like people to say, "Good job." And, "Look at her. She can do all these things." And it's one of the--I think it's the major reason that I'm--that I consider myself a person who's quote, unquote "driven," you know, and it's the main reason. I like all that praise. That is the only reason I can think that I do it all, you know, when we were talking about all the charity work I do.

Interviewer: Uh huh.

Jordan, J.D.: There's no question in my mind that I do it for the praise, and there's also no question in my mind, you know, my really only hobby, other than the charity work, is cooking. I do it for the praise, which is kind of ridiculous. It makes me wonder if I'm an insecure person [laughing]. You know, that I need this constant reassurance that I'm really terrific and great and all that kind of stuff, and there's no question in my mind about practicing law.

Interviewer: But it may be that from that you even get more drive and that you feed on it, and it produces other things, and it really keeps you going.

Jordan, J.D.: There's no question about it. There's absolutely no question about it, and the odd thing--there are--I have two sisters.

Interviewer: Uh huh.

Jordan, J.D.: One of whom is very like me, achievement-oriented and all that. I don't know.

Interviewer: Is she older, or where are you?

Jordan, J.D.: I'm in the middle.

Interviewer: You're in the middle.

Jordan, J.D.: I've got a brother and sister older, and a brother and sister younger.

Interviewer: Huh.

Jordan, J.D.: And my younger sister is similar to me. She's got a post-graduate degree--

Interviewer: Uh huh.

Jordan, J.D.: --and she's very driven and so forth. My older sister is very educated and everything, but--Now, well, I started to say she does nothing.

Interviewer: Uh huh.

Jordan, J.D.: That sounds terrible, but she really--She has no children and she's been married eleven years.

Interviewer: Uh huh.

Jordan, J.D.: And they live in a duplex, and I can see nothing that she's done in the past eleven years. I mean, nothing that you can categorize this is something she has done. Now, she's been a good wife.

Interviewer: Uh huh.

Jordan, J.D.: I'm sure. And is very happy, you know, but--and I find that it really grates on my nerves. You know, I don't understand someone like that [laughing].

Interviewer: [Laughter].

Jordan, J.D.: How can she sit at home and be happy and content and do nothing, you know? [Laughter]. And last night, oddly enough, I talked to a girlfriend of mine who's closer to being like me than anybody I know, and she lives in Denver, and we were talking. She quit work for a year and a half after she got married and she's just getting ready to go back to work. She's a CPA. And I said, "Well, tell me, what have you done for the past year and a half?" because I have this great idea of what I would do--

Interviewer: Uh huh.

Jordan, J.D.: --if I didn't work? And there was this long pause, and she finally said, "You know, I hate it when people ask me that question."

Interviewer: [Laughter].

Jordan, J.D.: "It's like they expect me to give them a list."

Interviewer: Uh huh.

Jordan, J.D.: And I said, "You mean you can't give a list?" [Laughter].

Interviewer: [Laughing]. What a dig!

Jordan, J.D.: [Laughing]. Yeh, really. You know, which is terrible; but I suppose, you know, I'm very achievement-oriented, if that's the bottom line.

Interviewer: I can understand that, and also, you know when you think what it is that made you want to enter the profession in the first place, you might be able to see why that--that's true. We all do the kind of work that gives us certain rewards. Teachers go into teaching for very definite reasons.

Jordan, J.D.: Uh huh.

Interviewer: I think for anybody involved in a profession there is an ego trip involved.

Jordan, J.D.: Yes.

Interviewer: And for--I can't think of very many professions where there isn't some kind of--well, some professions more than others, there's a certain amount of nurturing involved, but there's also a certain amount of praise and adulation that comes back. I mean, you win an $800,000 case and, you know, you're getting your reward.

Jordan, J.D.: Oh, yeh. Pat me on the back. I mean, you know.

Interviewer: Teachers get praises--

Jordan, J.D.: Yeh.

Interviewer: --from students along the line.

Jordan, J.D.: It's embarrassing, though, really. I wish that I had a more [pause] deep and meaningful reason for doing the things that I do, but--It's odd that that's the question.

Interviewer: Uh huh.

Jordan, J.D.: Although, I suppose I should have anticipated it.

Interviewer: Uh huh.

Jordan, J.D.: In that I never really questioned that kind of thing too much before, but I have the past year. I've begun questioning why I do what I do, you know.

Interviewer: Uh huh.

Jordan, J.D.: And it's the only answer I can come up with, that I'm doing it for praise.

Interviewer: Well, and as you get older, there may be different reasons why you do certain things. I mean, this may be very important to you now for why you do what you do; and then as you get into another phase, there may be--you know, there may be--that may be less important and something else may be more important. I think it evolves.

Jordan, J.D.: Well, there's probably no question about that; but when I go back and I think back, you know, eleven years ago, why did I go to law school, you know . . . .

Interviewer: Uh huh.

Jordan, J.D.: A variety of combinations of factors came together to make me go to law school. You know, being--you know, having an English degree.

Interviewer: Uh huh.

Jordan, J.D.: Can't do anything with an English degree. Things like that that you know are there. [Laughter].

Interviewer: [Laughter].

Jordan, J.D.: But it's the same thing. I think if I sit and look deep down inside, and why did I go to law school, because I wanted people to go, "Oh, you're a lawyer!"

Interviewer: [Laughter].

Jordan, J.D.: [Laughing]. Which I think is a terrible reason to do anything, you know.

Interviewer: [Laughter].

Jordan, J.D.: But I have to say, to this day, I enjoy going--walking into cocktail parties where people don't know me--

Interviewer: Uh huh.

Jordan, J.D.: --and have people say, "Oh, you're a lawyer!"

Interviewer: Uh huh.

Jordan, J.D.: You know, like, "Wow, little do they know what a painfully dull [laughing] occupation it can be." But still, you must get a case of people--

Interviewer: Still but--

Jordan, J.D.: --saying, "You've got how many degrees?" [Laughter].

Interviewer: [Laughter]. Oh, in a certain way, and you know, those of us who are affiliated with the university, there's a--In this city, there's a certain aura about that.

Jordan, J.D.: Uh huh.

Interviewer: And little do they know, you know, for--you know, people, I don't know what people think, for example, we earn at the university.

Jordan, J.D.: [Laughter].

Interviewer: But all you have to tell anybody is, "Oh, I teach at the university." And instantly, they, you know, they want to kiss your feet.

Jordan, J.D.: [Laughter].

Interviewer: Well, if they only knew that most of the time--

Jordan, J.D.: [Laughter].

Interviewer: --we don't even make what they make.

Jordan, J.D.: Yeh.

Interviewer: You know, but--

Jordan, J.D.: Oh, I think it's because, in [this city] as a whole, teaching as a whole is a very revered profession.

Interviewer: Uh huh.

Jordan, J.D.: In almost the same way that ministry is.

Interviewer: I know.

Jordan, J.D.: I mean, you know, people really, you know, teachers are to be respected and, you know . . . .

Interviewer: Well, I think in all the professions they are. Doctors, for example, are just, oh, my! To be a doctor in [this city] is--

Jordan, J.D.: But that's for the money [laughing].

Interviewer: Well, that's a real reason.

Jordan, J.D.: [Laughing]. Yes. Very real reason.

Interviewer: I think now of a very prominent attorney I know in this city. For the years that I knew the family, they had a great deal of difficulty, struggling, worrying about paying bills and so forth and

so on; and yet, I think most of the people in this city probably felt that because he was an attorney, he was really, really, well-off, and--

Jordan, J.D.: Which is so absurd; isn't it?

Interviewer: --little do they know that, you know, most lawyers really grovel to pay the bills--

Jordan, J.D.: Forever. And very few really make money.

Interviewer: --and clients don't pay.

Jordan, J.D.: Yeh.

Interviewer: That's right! If you make--if a lawyer makes $60,000 a year--

Jordan, J.D.: He's at the very top.

Interviewer: That is as far as, you know.

Jordan, J.D.: That's right. He's in the very top. And I would say probably your average lawyer, after practicing for fifteen years--

Interviewer: Uh huh.

Jordan, J.D.: --makes $40,000 a year.

Interviewer: Uh huh.

Jordan, J.D.: And your low-level peons, like myself, who are still in the associate class, in this city--

Interviewer: Uh huh.

Jordan, J.D.: --are lucky if they make $25,000.

Interviewer: Uh huh.

Jordan, J.D.: You know, and yet, we're all supposed to be very wealthy [laughing].

Interviewer: Very wealthy and that's the same with the university. You can be--Uh, well, it's easier to speak going from the bottom up, but we have instructors who are teaching at $13,000 a year.

Jordan, J.D.: Uh huh.

Interviewer: We have--One of my best friends has taught, I believe nine years at the university and makes $19,000 a year as an assistant professor. We have associate professors who are making $20,000 and $21,000 a year. Now, you know--

Jordan, J.D.: It's crazy, isn't it? Yes. But that's another thing, though. Definitely you wouldn't go into teaching for the money.

Interviewer: No.

Jordan, J.D.: Nobody has ever been under the impression that teachers at any level--

Interviewer: That's correct. [Laughter].

Jordan, J.D.: --make that much money. But definitely people do go into law because they think they're going to make money.

Interviewer: Uh huh.

Jordan, J.D.: And that's definitely one of the reasons I went in.

Interviewer: Uh huh.

Jordan, J.D.: And much as I hate to admit it on a tape recording, I'm a very materialistic person. I want the big house, and I want to be able to wear cashmere suits, and I want to be able to drive a Mercedes; and I have realized after practicing law for eight years that that's probably never going to be true for me. That I'm never really doing to be rich. I'm going to be comfortable, maybe, but I'm never going to be rich; and it has been a large disappointment, really, which sounds--sounds really sad, but it's been a large--I mean not sad, but stupid, maybe. But it's been a large disappointment in the past year to my husband and to myself, that we've sat down and realized, well, at any rate, if we stay in [this city], we're never going to make a killing practicing law.

Interviewer: Uh huh.

Jordan, J.D.: And we both wanted to, in our youth, in our early marriage, a big five years ago; you know, we really--We felt brave new world and we're going to make a huge amount of money, and drive Mercedes, and, you know--

Interviewer: [Laughter].

Jordan, J.D.: --have people to do things for us all the time, and we realize it's not going to be the case. And what a disappointment.

Interviewer: Uh huh.

Jordan, J.D.: I feel, I feel very ripped-off in practicing law. If I had it to do over again, I would not.

Interviewer: Huh.

Jordan, J.D.: And you know, I would do something--I like to say I would be a doctor, but I don't know that I would do that, but I would probably do more investigation of where the money was [laughing], which is terrible.

Interviewer: But you picked the field of law, though, where the returns are good. I think perhaps--

Jordan, J.D.: Supposedly, you know.

Interviewer: --the location has something to do with it; and also as far as being established in your profession, you're still young in your profession. You're still very young in your profession.

Jordan, J.D.: Yeh.

Interviewer: Especially, considering this city. Now--

Jordan, J.D.: Oh, definitely, considering the city and definitely for being a female.

Interviewer: And definitely considering your reputation still, you know.

Jordan, J.D.: Yeh.

Interviewer: You're creating your reputation now. You're still in the phase where, you know, I hear--

Jordan, J.D.: Which goes on ad infinitum.

Interviewer: Yes. Especially here.

Jordan, J.D.: Yes.

Interviewer: Especially here, where so many connections are established through old-time families--

Jordan, J.D.: Yes.

Interviewer: --and others who have been around for a long time. I think you're still--You know, if we could draw a time-line, your time-line, I think, would still be in the very early phase.

Jordan, J.D.: Which is horrible! I'm thirty-two years old, you know [laughing].

Interviewer: [Laughter].

Jordan, J.D.: Honestly, I'm ready to be on, you know, [laughing]--

Interviewer: [Laughter].

Jordan, J.D.: but we definitely, you know, the past year we've been talking much between us, that--

Interviewer: Uh huh.

Jordan, J.D.: --you know, what we thought was going to happen for us, we don't really think now will.

Interviewer: Uh huh.

Jordan, J.D.: And I suppose everybody comes to those realizations at some point or another, and how you deal with them probably says a lot about you.

Interviewer: Yes.

Jordan, J.D.: Like my husband wants to leave, you know.

Interviewer: Yes.

Jordan, J.D.: He wants to--You know, our star isn't going to be here.

Interviewer: [Laughter].

Jordan, J.D.: [Laughter]. Let's follow, you know, the yellow brick road, you know; and I suppose I sort of figure, feel like I can get along with, you know, an economy car, as opposed to a Mercedes.

Interviewer: It's interesting that you would say that. I have shared this information, in line with that question, with the other participants; and that is some of the reading that I have done in line with this study has been very interesting to me in the line of adult development. It's an area that I really hadn't paid much attention to until within the last year and a half or two. There is a man at Yale, I believe, named Daniel Levinson, who did a seminal study on adult male development. Unfortunately, he took only males, but a student of his later came along and studied females. And he points out in this fabulously interesting book that human beings have two areas of concern in their adult life: one is the area of work and the other is the area of love; and, in relation to men, the area of work takes predominance. Once they have that carved out and they feel secure and established in that area, they usually concentrate on the second area. Rarely do they do two of them together in the developmental stage.

Jordan, J.D.: Ooh, that's scary. I don't like to hear that. That's--

Interviewer: Uh--

Jordan, J.D.: You know, that really, that is scary. I can see, you know, how it's probably true.

Interviewer: Uh huh.

Jordan, J.D.: But at the same time, if you look at it strictly from a personal level, that's scary to think that--

Interviewer: Oh, it's always scary, I think, to read anything like that, because then you always put yourself into, you know--

Jordan, J.D.: Yeh! [Exclamation]. You put--You know, it makes you question the thing.

Interviewer: Yes.

Jordan, J.D.: Definitely, my husband is very career-oriented right now.

Interviewer: One of the things that he points out, and remember, this study concerned males only.

Jordan, J.D.: Yes.

Interviewer: But he points out that males have, as they come into the early stage of their development, they have a dream and they start working on this dream. They identify this dream in the early stage of their development; and as they move into the late twenties and into their thirties, they set out to achieve this dream, whatever it may be. As they move into the next era, which would be then in the late thirties and forties, they take stock of the dream and they look to see whether it needs to be modified, whether it's going to be possible to achieve it, you know, where they are in relation to the dream. In the late forties and fifties, they either have made the dream secure, or they have abandoned it, or you know--because at that stage, they're coming near the end of their lives, and they will either be in it or out of it. But when I read it, I was fascinated by the fact that in another study that I read, I found out that women don't generally have that dream. Now, this was not a study--this other one, by Maggie Scarf, was not a study about professional women; it was simply about women in general. And she said most women do not have a dream, and that is the difference between them and males. So--

Jordan, J.D.: Huh. Do you believe the study? Do you believe that her study is accurate, or maybe is it only--? I mean, could it be accurate for professional women, too? I think not.

Interviewer: I tend to think not, because I have--I personally have not known any, and I haven't read about any professional women who didn't pretty much have a clear goal in mind when they went into their profession. I don't--I can't think of very many--I was going to say I can't think of any, but that's not true. I can't think of very many women who entered a profession without knowing what they were doing, simply because the commitment has to be so deep.

Jordan, J.D.: Yeh.

Interviewer: You don't, you just don't stumble into something that takes three, to seven, to ten years--

Jordan, J.D.: Well, you could stumble into it, but you wouldn't finish it.

Interviewer: Well, that's true. That's a good clarification. Yeh.

Jordan, J.D.: Or by the time you got to--I mean, and I sometimes feel like I stumbled into it, but certainly I made a clear-cut decision--

Interviewer: And you knew what you wanted out of it.

Jordan, J.D.: --and knew that I was interested in law. Yeh.

Interviewer: You knew what you wanted out of it, but you seem to be saying that you're not sure that you're going to get that.

Jordan, J.D.: Yeh.

Interviewer: Right now, you're not sure that you're going to get it, but--

Jordan, J.D.: I wanted money. I most distinctly wanted money.

Interviewer: Uh huh.

Jordan, J.D.: And I don't--I don't really believe that I'm going to get, let's say, the kind of money that I thought that I was going to get out of it.

Interviewer: Didn't you also want, though, the kind of adulation, the respect that came--?

Jordan, J.D.: I wanted adulation. I wanted respect. I wanted status.

Interviewer: Uh huh.

Jordan, J.D.: I think I still might get all those things.

Interviewer: Uh huh.

Jordan, J.D.: And I, lately--It just sounds so damn egotistical, I hesitate to say it, but--

Interviewer: [Laughter].

Jordan, J.D.: [Laughing]--I really would like to--You know, you read every year these lists of ten most respected women in the country.

Interviewer: Uh huh.

Jordan, J.D.: The hundred most respected women in the country. I would like to make a list like that.

Interviewer: Uh huh.

Jordan, J.D.: I would like to--and, of course, making those types of lists involves such a huge amount of luck, you know, of being in the right place at the right time to roll into a limelight, however inadvertently or by purpose, you know; and those things might never happen, but you know, I would like to have other women look up to me and say--I want to be a mentor. That's what I want.

Interviewer: Uh huh.

Jordan, J.D.: I don't have one, and I want to be one, you know.

Interviewer: Uh huh.

Jordan, J.D.: Which I'm too young to be one.

Interviewer: Which is very likely to happen to you as you get older. It really--

Jordan, J.D.: Possibly in a small sense.

Interviewer: Yeh.

Jordan, J.D.: But in the larger sense that I would like to be, you know, the odds are not strong.

Interviewer: Have you thought about, though, how you might achieve it because, for example, they're some very easy--

Jordan, J.D.: Oh, I'm green over Sandra Day O'Connor. Just green over Sandra Day O'Connor.

Interviewer: Yeh. But think perhaps on a more immediate scale. What if you taught a class, for example, in the business school at [the university]?

Jordan, J.D.: Oh! You just--It's odd that you bring that up, because I've applied three times for a position to do that. I have--About once every year or so, I call over there and I talk to three or four people, and I sent my resume last time--and I can't remember his name right now--you know, practically getting down on my knees, begging for such a position, because I want to do that a lot, but no luck, you know. There's never one available.

Interviewer: What kind of course would you like to teach?

Jordan, J.D.: Oh, I would teach anything, but you know, I feel like I'm eminently qualified to teach business law, or some sort of tax thing, or some sort of law-related field, you know.

Interviewer: Do you know any of the men in the business department well?

Jordan, J.D.: I have no connections. None whatsoever, and I've often wondered if maybe that's what it takes to get one of those positions.

Interviewer: Uh huh. It is. It is.

Jordan, J.D.: You know, but, oh, I've been dying. I've sent my resume and my husband, too. We've both sent them, because we thought we could even team-teach some courses.

Interviewer: Yeh.

Jordan, J.D.: You know, we sort of complement each other in the way we do things.

Interviewer: Let me see what I can do to help you out.

Jordan, J.D.: Ooh, I'd love it!

Interviewer: Because there's a chance where you could be a very effective mentor or at least start on that process.

Jordan, J.D.: Yeh.

Interviewer: You might also--If you would, you know, find it helpful, I would pass your name along to [the woman] who is Director of Placement at [the university]. You might come in and do just a seminar, you know, an hour thing--

Jordan, J.D.: Oh, I'd love it!

Interviewer: --for women thinking of going to law school. You know, we have the fellowships for the [an Ohio law school].

Jordan, J.D.: Yeh. Uh huh.

Interviewer: I think [Dr. Jones] is the adviser for that group, and they meet once or twice a year to talk about that process. There's a way you could get into being a mentor, even now, while you're still--

Jordan, J.D.: Oh! I'd just love it.

Interviewer: --just very young.

Jordan, J.D.: I just love that kind of thing in general, and I do a fair amount of speaking for someone as--

Interviewer: Yeh.

Jordan, J.D.: --as young as I. It's hard to, I think, get on kind of the road of speaking, you know.

Interviewer: Yeh.

Jordan, J.D.: I've just spoken before the medical auxiliary, you know--

Interviewer: Yeh.

Jordan, J.D.: --and things like that, but, I find--

Interviewer: Hold on a second.

Jordan, J.D.: --I find all that very fulfilling in another egotistical--

Interviewer: Yeh. Sure.

Jordan, J.D.: sense [laughing].

Interviewer: Sure. Of course. Well, I think it's also very important to you professionally. I mean, that's how a lot of people will know--

Jordan, J.D.: Oh, if I could get a business law teaching job--

Interviewer: Yeh.

Jordan, J.D.: --I would just think it was the greatest thing in the whole world. You know, I just think--

Interviewer: Are you sure? [Laughter].

Jordan, J.D.: Oh, yeh! Well, I taught before, not in a that structured a thing, but I did a lot of tutoring and things like that, and I enjoy that kind of thing. Of course--

Interviewer: Yeh.

Jordan, J.D.: --it's a sense of power, you know.

Interviewer: Sure, it is.

Jordan, J.D.: [Laughter].

Interviewer: Sure, it is. You're completely autonomous when you're in that classroom.

Jordan, J.D.: Yeh.

Interviewer: You know, it's--

Jordan, J.D.: Oh, there's no question. I think teaching is a huge amount of work.

Interviewer: Uh huh.

Jordan, J.D.: It's definitely--[laughing]. Even the little four-year olds that I teach Sunday school to--

Interviewer: Uh huh.

Jordan, J.D.: --I've been thinking all day, I've got to go over my lesson plan [laughing]. You know.

Interviewer: Yeh.

Jordan, J.D.: But at the same time, yeh, that's all very fulfilling. Oh, I'd be thrilled if you could do anything for me.

Interviewer: Well, let me see what I can do and--

Jordan, J.D.: But isn't it--Do you find the other women in this study--do--have the same motivations? I've always wondered, you know, if other women had the same motivations, or if I'm a weird duck.

Interviewer: Uh, I don't think that I can really answer that yet, and I really haven't tried to put anything together, yet. Uh, the levels of drive are very different for some people, because some are--Some have a drive that's only internal: "I want to know that I am the best in my field." Not necessarily, "I want everybody else to know that I am the best in my field," but those two don't necessarily go together.

Jordan, J.D.: Which is terrible! I know. And I feel like I'm so wrong to feel that way. I suppose, also, I guess I've just never questioned--

Interviewer: Uh huh.

Jordan, J.D.: --that I'm the best at which I do.

Interviewer: Yeh.

Jordan, J.D.: Which sounds terrible, but I--

Interviewer: No. I think everybody feels that very strongly.

Jordan, J.D.: Yeh. I don't question that.

Interviewer: I think everybody is very, very sure--

Jordan, J.D.: Yeh.

Interviewer: --of her competency and so forth. I think the level of achievement, the level of drive is very different, depending on what the ultimate goal of that person is.

Jordan, J.D.: You know, being a middle child, I was always a show-off.

Interviewer: Uh huh.

Jordan, J.D.: And I was a show-off because of being a middle child. I was always--I won't say I was neglected. I certainly wasn't neglected, but I was [pause] shuffled.

Interviewer: Uh huh.

Jordan, J.D.: If you're a middle child, you are--

Interviewer: You were the middle out of how many, five?

Jordan, J.D.: Five. Yeh. If you're a middle child--

Interviewer: As [Dr. Kurth] was, then you were third out of five?

Jordan, J.D.: Yeh. And if you're a middle child, you are shuffled with the older group when you don't want to be with the older group.

Interviewer: [Laughter].

Jordan, J.D.: And you have no status with the older group when you're with the older group, because you're the youngest of the older group.

Interviewer: [Laughter]. Yeh.

Jordan, J.D.: And you are shuffled with the younger group when you don't want to be with the younger group, and you definitely have no status in that younger group, because in the younger group, it's best to be the youngest.

Interviewer: Yeh.

Jordan, J.D.: And here you are the oldest of the youngest group.

Interviewer: [Laughter]. Yeh. It's an interesting way to put it.

Jordan, J.D.: It's really true.

Interviewer: Yeh.

Jordan, J.D.: At least, that's the way I viewed my life. I had constant battles with my parents, you know, over where they were going to pidgeon-hole me for the moment, you know.

Interviewer: Uh huh.

Jordan, J.D.: And I definitely, uh, probably over-achieved, sort of, as I was growing up, just sort of to--"Look at me!"

Interviewer: Uh huh.

Jordan, J.D.: You know, that kind of thing. And I think it's a carry-over to my life. I wonder how much of this is because of where I was [laughing] in line in my life?

Interviewer: Do you feel it was over-achieving, though?

Jordan, J.D.: Well, over-achieving is probably the wrong word, but definitely achieving in a very visible way.

Interviewer: Yeh. See, and I think that, perhaps, is the difference so far that I've seen with some of the women in the group. I think some of them are not concerned about achieving in a visible way; and yet, that's an interesting comment, too, because for everybody in that focus group interview, at least everybody [pause] who spoke--and I'm thinking of--that perhaps there was one person that didn't speak, and I'd have to go back and really check that before I said that for sure. But for everybody, it seemed that the stroking--what we call the stroking, or the recognition was extremely important, and it seemed that most people were not getting that on an external basis.

Jordan, J.D.: Uh huh.

Interviewer: Do you remember, for example, [Dr. Secor] pointed out--

Jordan, J.D.: Yeh.

Interviewer: --that she finally realized that that stroking had to come from within, that she had to give it to herself, because it didn't come from without? And we talked about why. You know, whether when you achieve at a very, very high level, that simply becomes ordinary, you know, in the eyes of other people.

Jordan, J.D.: Yeh. I remember that.

Interviewer: They become so used to your putting out at so high a level that they don't say anything about it any more. And yet you still need it; you still need it with the same intensity, and you don't get it, and it produces the kind of frustration which comes back to a dilemma that--

Jordan, J.D.: And I guess that's--yeh.

Interviewer: --that females have.

Jordan, J.D.: And I guess I still want it, you know.

Interviewer: Yeh.

Jordan, J.D.: You know, I still want--when my current job, and I've been there almost three years now--

Interviewer: Uh huh.

Jordan, J.D.: And the first nine months I was there, I was pretty miserable. I--The work they gave me was work I was unfamiliar with. It was not in my specialty, and I thought--

Interviewer: Yeh.

Jordan, J.D.: My specialty is estate and tax work and particularly estates, and when I'm given something that has to do with estates, I tend to shine!

Interviewer: Uh huh.

Jordan, J.D.: I mean, I'm good at it.

Interviewer: Uh huh.

Jordan, J.D.: I know what I'm doing--

Interviewer: Yeh.

Jordan, J.D.: --and these other people don't, to the extent that I do.

Interviewer: Yeh.

Jordan, J.D.: And they didn't give me that! Here I had started a new job and they didn't give me estates to begin with. They gave me corporate, which is an area where I have to, you know--I can do, but I am not as familiar with; therefore, I don't shine--

Interviewer: Uh huh.

Jordan, J.D.: --in corporate. And for nine months, I was absolutely, totally, completely miserable, and then I got pregnant. Well, I mean, you know, then I was stuck and I was--You know, then I was ill, and then I had, you know, all those problems.

Interviewer: Yeh.

Jordan, J.D.: Well, after I came back from the pregnancy, certain people had died in the interim, you know, and their estates had difficulties and so, it was just--they didn't--The firm didn't give them

straight to me, even though that's what they knew I wanted to do, but by wheeling and dealing kind of, I got the work myself.

Interviewer: Uh huh.

Jordan, J.D.: And I would say, "I know you have such-and-such, and I've been thinking about it, on my own time, and I've come up with this idea." And all of the suden, I had these three estates, and all of a sudden I was shining, and all of a sudden, right now--

Interviewer: Uh huh.

Jordan, J.D.: --I'm in a--kind of getting all that adulation and stuff that I wanted to get. But they--it's a--from the first perspective, it's as though, I don't know. It's like they--

Interviewer: Uh huh.

Jordan, J.D.: --think I crawled out from under a rock and suddenly was brilliant.

Interviewer: [Laughter].

Jordan, J.D.: [Laughing]. They, they, they look upon--they look upon me--[laughter].

Interviewer: [Laughter].

Jordan, J.D.: --[laughter] as, you know, when they talked to me about--

Interviewer: [Laughter].

Jordan, J.D.: about my critiques, and when they critiqued me, or whatever, they'd say, "Since you've come back from having the baby, you're just doing so well and so great and so on--"

Interviewer: Uh huh.

Jordan, J.D.: But it's as though I didn't exist, you know, before, or the person that existed before was--

Interviewer: [Attorney Boston] talked about, you know--

Jordan, J.D.: --somehow awful.

Interviewer: --how much easier it was for her to get along with people once she was pregnant and once she had her child; do you remember?

Jordan, J.D.: Uh huh.

Interviewer: When she was talking about--

Jordan, J.D.: Uh huh. Uh huh.

Interviewer: --for example, the joke with [a male attorney] and just the general--

Jordan, J.D.: Yeh.

Interviewer: --demeanor in the courtroom and so forth?

Jordan, J.D.: Right.

Interviewer: But one thing that you said there stood out, too, though. Before, you indicated you sort of just took the work. You weren't happy with it.

Jordan, J.D.: That's right.

Interviewer: When you came back, though--

Jordan, J.D.: I actively--

Interviewer: --you were very--you were tactful in how you did it, evidently, but you very actively, very assertively--

Jordan, J.D.: That's right.

Interviewer: --went after it. And--

Jordan, J.D.: But if you think--

Interviewer: --found your own niche.

Jordan, J.D.: Well, that's true. That's something I hadn't thought about, but that's true. But also, it was so much luck, because wealthy people hadn't died before [laughing].

Interviewer: Well, but--[laughter].

Jordan, J.D.: [Laughter].

Interviewer: --but what if they had died anyway and you had acted the way that you had--

Jordan, J.D.: Yeh.

Interviewer: --previously? It still wouldn't have come to you.

Jordan, J.D.: That's right.

Interviewer: I mean, for all you know, a lot of people have been dying before, maybe [laughing].

Jordan, J.D.: And--and--and as it was, some of the work that I'm now really involved--

Interviewer: Uh huh.

Jordan, J.D.: The case that we're doing the Supreme Court brief in.

Interviewer: Yeh.

Jordan, J.D.: I was not called in on that case until after audits had already begun, and they were at a conference level, you know--

Interviewer: Uh huh.

Jordan, J.D.: You know, way after I felt like I should have been called in, and I was called in sort of--sort of as an afterthought. The attorney was on his way to the conference and he happened to walk by my office and said, "Oh, hey. Would you like to come and see what one is like?"

Interviewer: Uh huh.

Jordan, J.D.: And I wanted to say, "You idiot! I did that for years. I know what one's like. You need me there!"

Interviewer: Uh huh.

Jordan, J.D.: And so I grabbed my pad and went and then ended up, you know, doing all the major work on the case.

Interviewer: Were you a trouble-shooter, then, after you saw what it was like, or after he knew?

Jordan, J.D.: Um, I guess, after--after each partner in the firm has been in a conference with me--

Interviewer: Uh huh.

Jordan, J.D.: --with some adversarial person, and the adversarial--you know, the tax person--

Interviewer: Uh huh.

Jordan, J.D.: --has said, "Oh, but blah, blah, blah." And these attorneys, you know, they don't do--

Interviewer: Yeh.

Jordan, J.D.: This isn't their specialty and they've not known how to respond, and there's been an opening for me to jump in and go, "But hey, blah, blah, blah."

Interviewer: Uh huh.

Jordan, J.D.: You know and respond back. And there's been an opening for me to show what I can do.

Interviewer: Uh huh.

Jordan, J.D.: Well, from that point on, the partners have let me do--

Interviewer: Yeh.

Jordan, J.D.: --their stuff. Every time, with each partner--There are a couple of partners still left in the firm that I haven't had that opportunity with.

Interviewer: Uh huh.

Jordan, J.D.: But the ones that I've had that opportunity with, it's almost like you can see this light--

Interviewer: [Laughter].

Jordan, J.D.: --going off over their head, you know, like, "She can talk."

Interviewer: [Laughter].

Jordan, J.D.: "She can walk."

Interviewer: [Laughter].

Jordan, J.D.: You know, "She can do." You know [laughing].

Interviewer: [Laughing]. Oh, dear.

Jordan, J.D.: It's kind of--In a way, it's very ego gratifying.

Interviewer: Uh huh.

Jordan, J.D.: But in another way, it's sort of like, "Damn, you know."

Interviewer: Uh huh.

Jordan, J.D.: When they hired me, they hired me to be an estate specialist, you know.

Interviewer: Uh huh.

Jordan, J.D.: But it's like they forgot--

Interviewer: Yeh.

Jordan, J.D.: --after I got there.

Interviewer: Uh huh.

Jordan, J.D.: Or were afraid to let me do it or were afraid to let me show any kind of thing; and the things they put me on, you know, I couldn't show any more confidence on than any regular bozo out of law school [laughing], you know.

Interviewer: [Laughter]. Oh.

Jordan, J.D.: Well, we've gotten off--

Interviewer: Well, one of--

Jordan, J.D.: --into a tangent.

Interviewer: --the things that I was going to comment a little bit earlier about when you were talking about the need for stroking and the frustration when it didn't come, especially when the work [laughing] was of such high quality, is addressed by a woman named Maggie Scarf, who has written a book that won a Pulitzer prize several years ago, and the book is called Unfinished Business. She says in her writing that a lot of this dilemma is caused because of the way women are socialized. That women are not certain about what is expected of them, and yet they know, as far as the line of work is concerned--and yet they know that they're expected to please. That they spend most of their lives very concerned about relationships, trying to please. Whereas, a man may concentrate his dream on the work, if a woman has a dream, we would have to say it tends to be about relationships. And that that makes things very, very complicated, because she spends so much time trying to please those she cares about.

Jordan, J.D.: Well, you said that the study showed that men work first and then love.

Interviewer: They tend to do that, and sometimes they put it to-- Sometimes they do the two simultaneously.

Jordan, J.D.: Well, with women, then, it was never work, just always love?

Interviewer: Okay. In Maggie Scarf's book, the point is made that for women--that women have not usually had--been able to identify a dream to which they devote their life. Okay? If they do, if they can define the dream, it tends to have something to do with relationships. They tend to think of--[pause] I was going to say marriage. Marriage is not necessarily the relationship, but they take--whereas men may say the area of work and the area of love, women would put it the area of love and the area of work.

Jordan, J.D.: Okay.

Interviewer: And that very frequently what has happened is and, mind you now, she's not talking about professional women at all.

Jordan, J.D.: Right. Right.

Interviewer: She's just talking about women in general. Very frequently what has happened is that as the woman takes this area of love to be of utmost concern, she will, you know, enter into a relationship, marry, and usually adopt the dream of the man. She will then develop her dream--

Jordan, J.D.: Through his.

Interviewer: --simultaneously with his, through his, share his.

Jordan, J.D.: Yes.

Interviewer: And thus complicate even more, you know, the situation she's in.

Jordan, J.D.: I just see--You know, I find a real trouble with her conclusions, you know.

Interviewer: Uh huh.

Jordan, J.D.: I wonder how she conducted the study.

Interviewer: Uh huh.

Jordan, J.D.: And I wonder what weight she put on--I mean, you know, if you had to look at it from sort of a historical perspective, or something, and--

Interviewer: That's the way she is looking--

Jordan, J.D.: --and place women in the family.

Interviewer: --very traditionally.

Jordan, J.D.: Well, if you place--If you decided to, say, place women's family goals as their work goals--

Interviewer: Uh huh.

Jordan, J.D.: --because historically that's always been women's work, you know.

Interviewer: Yes.

Jordan, J.D.: You know, she might have come to different conclusions, I think; but even so, I think--I think certainly with me, and I would think with probably most of the women in the room from the way they talked--

Interviewer: Uh huh.

Jordan, J.D.: --love was--is a very profound and driving force and stuff, but work at the same time. I don't know--

Interviewer: You think that they were held equally for the women you heard? Do love and work combine equally for them, or--

Jordan, J.D.: Think how much all of us talked about our husbands. You know, all of us talked about our husbands a lot.

Interviewer: Yeh.

Jordan, J.D.: Whether in strictly pejorative senses or not--

Interviewer: Yeh.

Jordan, J.D.: We certainly did. And I don't know. I--

Interviewer: Did you have a sense that if, that if either love or work had to come first, which one would? Or would they both come equally?

Jordan, J.D.: I don't think--I think it would be an equal thing. I don't think--I don't think that those choices are really that often forced in life. You know, you have to choose love or work, one or the other. Occasionally, you know, in very dramatic movie-type circumstances that might occur [laughing].

Interviewer: Uh huh.

Jordan, J.D.: But I really--I really think, for the most part, you know, things are worked out together, or they have been in my life, I should say.

Interviewer: Yeh.

Jordan, J.D.: You know, well, right now, my husband would very much like to move, but he knows that I'm right now very happy in my work and so he's really probably sublimating--not sublimating--uh, subjecting--uh, making--[laughing].

Interviewer: "Suppressing" could be the right word--

Jordan, J.D.: --secondary, whatever, maybe.

Interviewer: --if you mean putting his desires underneath.

Jordan, J.D.: Yeh. Under mine for a while, because you know, he's not saying: "Well," you know, "follow me, or--" you know, "we'll live apart." I mean, you know--

Interviewer: Uh huh.

Jordan, J.D.: He's not saying, you know, "Put your love or your career first." He's saying, "Okay. We're going to try and work this out." You know, and I think in the--you know, I think in the main--that assuming, you know, people care for one another and all that kind of stuff, those things are tried to work out together at the same time. You know, and it's rare that the ultimatum occurs that it's [sigh], either work or love, you know.

Interviewer: I think we've heard only one woman express an ultimatum. That was [Dr. Alder].

Jordan, J.D.: Yeh.

Interviewer: She had a situation where there was an ultimatum. I did hear--

Jordan, J.D.: She seemed bitter, too.

Interviewer: I did hear several women say that where changes had to be made, they were the ones who accommodated. I did hear that.

Jordan, J.D.: Uh huh. Yeh. I'd have to say I heard that, too.

Interviewer: More than just several times, which--

Jordan, J.D.: It made me feel unique, I have to say, in that [pause] our course of things has much more been a joint thing; and if there's been more giving, to this point, you know, overall between my husband and myself, he's probably--

Interviewer: Uh huh.

Jordan, J.D.: --done more of the adjusting, only because of the current situation--

Interviewer: Uh huh.

Jordan, J.D.: --of my wanting to stay and him wanting to leave, and he's still here, you know.

Interviewer: Yeh.

Jordan, J.D.: Because I want to stay so much.

Interviewer: Well, some of the husbands, I think, had job situations that let them, you know, be accommodating, too. It wasn't just

the women. For example, I remember one whose husband only worked two and a half days a week.

Jordan, J.D.: Right.

Interviewer: And that, you know, that was very, very helpful as far as--

Jordan, J.D.: But that's less, that's less of a--that particular situation is less of something that he's doing--

Interviewer: Uh huh.

Jordan, J.D.: --to be helpful or anything, and more of--

Interviewer: And that's just the way it is.

Jordan, J.D.: --than that's just where he is in his career.

Interviewer: Yeh. Okay.

Jordan, J.D.: Yeh. Well, and, too, I guess I can say it's not really so much his making his goals and dreams secondary right now. If, if a job came up that was just, on its face, fantastic in every respect and just terrific money and just, you know, so far outweighed where I am in mine, I would capitulate and do.

Interviewer: Yeh.

Jordan, J.D.: You know, I think that a lot of--a lot of our decisions are based on, "Well, let's weigh everything."

Interviewer: Yeh.

Jordan, J.D.: You know, it's not, "Oh, I'm going to--okay. It's your turn. I'm going to bow down and let you, you know, win this one." It's less that than how are things going right now? Because I am doing so well, it looks like I might make partner. Very few associates really ever make partner, and it looks like I might. Well, you know, we talk in terms of, "Okay, we'll wait two, three years then see if I make partner."

Interviewer: Yeh.

Jordan, J.D.: If I make partner, that puts a whole 'nother cast on the whole situation, and maybe it's worthwhile to wait and see if that's the case.

Interviewer: What would that do, though, as far as he's concerned? Would that introduce a bad element of competition or stress?

Jordan, J.D.: No. No. No. I don't think so. I worry about that a lot, but I--and I have said things like, "Okay. So in three years, so I am a partner. What does that mean to you? You're still in a lousy job situation you hate."

Interviewer: [Laughter].

Jordan, J.D.: You know. But I guess it means we look in terms of that as maybe that will give us some more economic freedom--

Interviewer: Uh huh.

Jordan, J.D.: --so that he can start getting creative with what he's going to do with his career, and maybe he goes out on his own or maybe he does something entirely new and novel and strange.

Interviewer: Uh huh.

Jordan, J.D.: But we don't have to depend so much, at least initially--

Interviewer: Yeah.

Jordan, J.D.: --on how much he makes. See, if I were a partner--Of course, we don't know.

Interviewer: Yeh.

Jordan, J.D.: Being a partner is the great nebulousness. You have no idea what you're working for. For all you know, you're working for $1,000 more a year than you've got right now [laughing]. There's no way to know. You know, that's the oddity of being a lawyer. You know, you're working for this great ring that you have no idea whether it's made of brass, gold, or sterling silver, you know, [laughing] whatever.

Interviewer: But by the very definition of partnership, does that not imply a certain percentage of the earnings?

Jordan, J.D.: Yes. But you see, you don't know what the earnings are.

Interviewer: Well--

Jordan, J.D.: You don't know--

Interviewer: --that's always the unknown, I guess [laughing].

Jordan, J.D.: Yeh. You don't know if there's success there and you also think percentage of the earnings.

Interviewer: Uh huh.

Jordan, J.D.: Is it five percent, or is it half of one percent?

Interviewer: Aha. [Laughter].

Jordan, J.D.: I mean, you know, partnership--

Interviewer: Yeh.

Jordan, J.D.: --in many firms has been found to mean merely a change in title, and so you don't know what you're working for. And you can't really tell from examining the way in which the partners live or spend their money, because many partners have family money.

Interviewer: Uh huh.

Jordan, J.D.: And so, certainly in my firm, there are quite a few of them that have family money, and so though they live as millionaires because they are millionaires, you have no idea--

Interviewer: Yeah.

Jordan, J.D.: --if it's family money or--

Interviewer: Yeh. Yeh.

Jordan, J.D.: --or because they earn it through the firm.

Interviewer: Yeh. I really hadn't thought about that.

Jordan, J.D.: Oh, yeh!

Interviewer: Of all the roles that you have, which ones do you consider the most important to you? [Pause]. And again, I'm not defining--

Jordan, J.D.: Yeh.

Interviewer: --what roles you have. You could have twenty, as far as I can tell.

Jordan, J.D.: You know, it--

Interviewer: [Laughter].

Jordan, J.D.: --changes from moment to moment. I don't think--I mean, I think probably from a standpoint of sentiment and do-goodism and whatever, I should say, "Oh, my role as a mother and wife is!"

Interviewer: [Laughter].

Jordan, J.D.: Or, "My role as a mother, or my role as a wife is the most important one." I mean, after all, isn't that our tradition,

you know? And certainly, my role as a mother, you know, and a wife, too, is, you know, near and dear to my heart, you know; and it's just, it's everything to me. If anything happened to that little boy, I think I would want to die; whereas if something happened to my job, I also think I'd want to die, but maybe not as much [laughing].

Interviewer: [Laughing]. You have a marvelous way of expressing things, I must say.

Jordan, J.D.: [Laughing]. Well, you know, you think in terms of the long haul. Okay?

Interviewer: Yes.

Jordan, J.D.: When I'm eighty years old, I'm hopefully going to have grandchildren. I'm not going to give a flying flip [laughing] on what the firm is doing. You know, I'm just not. But eighty years old is a long way down the road from me.

Interviewer: Yes.

Jordan, J.D.: And for right now, you know, the firm is very important to me. My work is very important to me. It's--heck. In terms of hours, it's the major part of my life.

Interviewer: Uh huh.

Jordan, J.D.: In terms of pure joy, it's probably not the major part of my life. There are certainly moments of pure joy but not in proportion to the number of hours spent, whereas with my son, that's pure joy. Now, if he turns into a drug addict, I'm--

Interviewer: [Laughter].

Jordan, J.D.: --sure I'm going to think of this firm. [Laughter]. So I don't know how you can ever say--It's a fluid thing.

Interviewer: Uh huh.

Jordan, J.D.: It's always changing, you know. Right now, you know, I have--I mean, here I've got dark hair and my husband's got dark hair, and we've got a blond, blue-eyed little boy, who's with little fat cheeks, cherry cheeks, you know; and to me, he's just--like every mother, I'm sure, to me he's just picture perfect. You know, just picture perfect; and when I'm with him, I just, you know, bounce him on my knee and it's just wonderful in every respect. And so, you know--but at the same time, I can say, [laughing] you know, dirty diapers, and God, that firm is important to me, you know, [laughing].

Interviewer: [Laughter].

Jordan, J.D.: I'm not sure I gave you the answer you were looking for.

Interviewer: Yes. I wasn't looking for any particular one, but what I heard you say is it's all relative.

Jordan, J.D.: Yeh.

Interviewer: You used the word "fluid." Whatever happens to be most important at that time is most important at that time, and I think many people would answer that way. Some people very definitely will say, you know, "This role is most important to me. It takes precedence over all others."

Jordan, J.D.: And I can tell you--

Interviewer: Uh huh.

Jordan, J.D.: --if I were being quoted under my name for a newspaper,

Interviewer: Uh huh.

Jordan, J.D.: --you know, for the general public who's going to judge me on what I've said--

Interviewer: Uh huh.

Jordan, J.D.: --I'd probably say, "Wife and mother."

Interviewer: Uh huh.

Jordan, J.D.: You know. But to be honest, you know, to be anonymous--

Interviewer: Yeh.

Jordan, J.D.: --so to speak. You know, it's just not really--

Interviewer: Uh huh.

Jordan, J.D.: It doesn't really say everything to say that wife and mother is most important.

Interviewer: Uh huh.

Jordan, J.D.: Wife and mother, you hope is the most enduring; therefore, you think about it a little bit more, but certainly right now, at age, you know, almost thirty-two, [laughing] you know, that job is real important.

Interviewer: Yeh.

Jordan, J.D.: And my charity work is real important. I don't want to minimize that, either. That's in many respects every bit as important to me as my job is.

Interviewer: Uh huh. Things have a way of changing and coming in and out of focus. And I remember, for example, [Dr. Thacker] saying that, you know, she could be completely preoccupied with teaching, and if she had a call from one of her children about--

Jordan, J.D.: You snap right into role.

Interviewer: That's right.

Jordan, J.D.: That's right.

Interviewer: That then takes your attention for the time being and you act on that, and then you come back. It's a constant juggling of roles.

Jordan, J.D.: It is a constant juggling.

Interviewer: Uh huh.

Jordan, J.D.: But at the same time, I hope you don't characterize it--I hope that you don't find that you have to characterize it--as a thing of being torn.

Interviewer: Uh huh.

Jordan, J.D.: You know, the thing of not being able to give one or the other your best. It's not fair when people characterize working women--

Interviewer: --as being torn--that women who have so many roles tend to do them all, because that's what they expect of themselves, to do them all and to do them all very well. That has its costs sometimes, but--

Jordan, J.D.: But the cost--

Interviewer: --the point that she was making was not that they were torn--

Jordan, J.D.: Uh huh.

Interviewer: --or not that she saw, you know, the situation as being torn, but that we did all of them and did them all very well.

Jordan, J.D.: Well, I think so. It burns me when I read articles like the one I referred you to--

Interviewer: I can see.

Jordan, J.D.: --in the Wall Street Journal which seemed to indicate that if not poor performance, at least mediocrity is going to creep into a career woman's working life if she's a mother, too, and it just burns me up!

Interviewer: Uh huh.

Jordan, J.D.: It makes me so darn angry, because it's not fair. It's just not fair. I don't think it's true. Certainly, you know, I get tired sometimes and I don't do my best work, or my best mothering, or my best wifing--

Interviewer: Well, who does?

Jordan, J.D.: --or my best sistering, or best daughtering when I'm tired. Right, but who does? And everybody gets tired from time to time.

Interviewer: Uh huh.

Jordan, J.D.: And I think if there's any--anything that goes by the wayside when we're so--have so much going on--it's the personal things that maybe people do. It's the personal things, such as laying in the bubblebath for an hour. Okay. So maybe I don't lay in the bubblebath for an hour, you know. I don't think that I'm compromising what my son gets from his mother or what my boss gets from his associate. No. I just don't, and I don't believe it, and it makes me so mad!

Interviewer: You don't--

Jordan, J.D.: I could go on for twelve hours about that one.

Interviewer: You don't have much to say for mediocrity, do you? [Laughter].

Jordan, J.D.: Well, I mean, you know, certainly--

Interviewer: [Laughing]. No tolerance for it.

Jordan, J.D.: Well, certainly there are times when I'm just not, you know, great.

Interviewer: Uh huh.

Jordan, J.D.: But at the same time, I resent anybody saying it, because--you know, because I'm--because I have several roles. Now, again, you can burn the candle at both ends, and in the middle, and so forth, as we all know. And certainly, at certain times, different times, that's happening to all of us.

Interviewer: Uh huh.

Jordan, J.D.: But in the main, it's manageable.

Interviewer: Uh huh.

Jordan, J.D.: You know, and it's manageable in a successful way, both to the child, to the husband and to the employer.

Interviewer: That's a question that occurs later on down here, but let's bring it up now. How--what are some of the strategies that you have found that are most--that make that kind of life, with multiple roles most manageable? What are some of the things that you've found that work?

Jordan, J.D.: Oh, gosh. You know, I've never really--that is, in obvious ways--I haven't given it a lot of thought. I mean, the obvious ways being that I went out of my way to establish a unique childcare situation--

Interviewer: Uh huh.

Jordan, J.D.: --so that I would not have to worry.

Interviewer: Okay.

Jordan, J.D.: Not only that I would not have to worry, but so that I would not have to, you know, lose anything from working, that I have two separate women to take care of my kid.

Interviewer: Huh.

Jordan, J.D.: It started out because I keep long hours.

Interviewer: Uh huh.

Jordan, J.D.: But in the long run, I can see even if I kept short hours, I'd do the same thing, because when one is out, the other one steps in for the full day.

Interviewer: Yeh.

Jordan, J.D.: Generally, one takes care of him half a day and the other comes in--

Interviewer: Do they know each other?

Jordan, J.D.: Yeh. Because the first one I take him to in the morning.

Interviewer: Uh huh.

Jordan, J.D.: Which works out real well, because I don't have an actual schedule. Some days, I go in at six-thirty in the morning; and

other days, I may not go until nine-thirty. I mean, it depends on, you know, how the week has been going, you know [laughing].

Interviewer: [Laughter]. Yeh.

Jordan, J.D.: So I take him to the first woman, and then in the afternoons the second woman picks him up from her. And they've come to know each other well because they, you know, they talk about, you know, what his schedule had been--

Interviewer: Yeh.

Jordan, J.D.: And as unscheduled as my life is, his life is unscheduled. He's never been one of those who took a nap at ten o'clock. It depends [laughing].

Interviewer: Yeh.

Jordan, J.D.: You know.

Interviewer: Yeh.

Jordan, J.D.: And so that--Other than that, though, other than, you know, just the outside things, such as you take your clothes to the dry cleaner, you know. You pay for as much support as you can afford.

Interviewer: Okay. That--I don't remember whether it was--no. I guess it was [Attorney Boston] who mentioned it, that it seemed that everybody in the room used money to buy freedom, and I think you--

Jordan, J.D.: That's right.

Interviewer: --echoed that.

Jordan, J.D.: That's right. That's right. You pay for absolutely as much as you can, you know--I mean, I suppose that gets us back to money again, but that's one thing I'm not able to pay for as much as I'd like to right now.

Interviewer: Uh huh.

Jordan, J.D.: I mean, I'm not able to buy as many services as I think are necessary to really, really make our life--

Interviewer: Uh huh.

Jordan, J.D.: --go great. You know, you definitely--You know, the more services you need, the more expensive it is to live in ways that don't show.

Interviewer: Uh huh.

Jordan, J.D.: I mean, you know, and in ways that aren't as concrete and you can't put your hand on that couch because you spent all that money to, I don't know, have somebody drive your kid to school [laughing] or whatever, you know.

Interviewer: Yeh.

Jordan, J.D.: But at the same time, those are certainly significant. As far as how [pause]--any tricks for handling it all other than that, I don't really know. I don't think I've ever given it a lot of thought.

Interviewer: Uh huh.

Jordan, J.D.: You know, I wish I could say something, "Oh, well, I'm terribly organized," and maybe I am. I think of myself as being terribly disorganized.

Interviewer: [Laughter].

Jordan, J.D.: But you know, maybe, maybe you have to be more organized than the average person just to get everything done. But it's the same old thing. If you want something done, give it to somebody who's real busy.

Interviewer: Because they're the ones that get it done. The people who aren't--I started to say the housewives, but, I mean, you know--

Interviewer: Yeh.

Jordan, J.D.: The anybody. The person who's got the slow moving job generally has a real hard time getting anything else done, too.

Interviewer: Yeh. Do you think of any other strategies? For example, is there anything that you do? You're probably very well organized, despite your disclaimants to that fact. But is there anything that you do as far as scheduling, or planning, or anything that you think makes the combination of, you know, the dual-professional career marriage and all your other responsibilities more manageable?

Jordan, J.D.: Well, you know, and I hate to sound sentimental or anything, but definitely the existence of my husband is the main reason I'm able to do what I can do.

Interviewer: Yeh.

Jordan, J.D.: Because he does, he definitely does do his quote-unquote "half."

Interviewer: Yes. You said that in the focus group, I believe.

Jordan, J.D.: Oh, yeh. He's absolutely everything for me. You know, I can't imagine trying to do anything, really, without having him or I mean, you know, I'm not saying only him in the whole world, but I mean someone like him, you know.

Interviewer: Uh huh.

Jordan, J.D.: If my spouse helped me--whatever--wasn't actually a helping person, gosh, I can't imagine where I'd be. It would have been terrible, you know. And he--not to make him sound like he's perfect, because [laughing] he's far from being perfect, but at the same time, he is--

Interviewer: At the same time, you can have a balance there that makes it work.

Jordan, J.D.: Ah, yes. If he didn't do his share--

Interviewer: Uh huh.

Jordan, J.D.: --if he didn't do his bit, you know, it wouldn't be possible to do any of the things I do.

Interviewer: Uh huh. If you think about the nature of marriage that you have, a dual-professional career marriage, are there any areas of conflict that you do find? And again, I'm not going to define for you the term "conflict," so that it could exist, you know, in multiple areas or levels.

Jordan, J.D.: That's interesting. No. I don't think, I don't really think that there is any--I mean, we argue over who's going to do the dishes and things like that, you know [laughing].

Interviewer: Uh huh.

Jordan, J.D.: I mean, we don't--I don't think of anything as related to the fact that we're both professionals. The only conflict we have, which really isn't a conflict of our marriage, has been explaining the difficulty it is to have two careers--

Interviewer: Yeh.

Jordan, J.D.: --on the same track at the same time.

Interviewer: Uh huh.

Jordan, J.D.: And the unfortunate--and this perhaps just shows that I'm not totally liberated yet, I started to say the unfortunate part being that my career is taking off and his hasn't and is still kind of stuck, you know.

Interviewer: Uh huh.

Jordan, J.D.: I really, and I have to admit this, would much prefer it was the opposite way.

Interviewer: Uh huh.

Jordan, J.D.: That his career had taken off and mine was maybe stuck, which sounds terrible, because I hate the idea that I would be unhappy for eight or ten or twelve hours a day, or however many hours a day I was working; but although his ego doesn't seem to have suffer, I worry that it might.

Interviewer: Uh huh.

Jordan, J.D.: I worry that if I ended up being successful and he didn't, would that make him an alcoholic? Would that make him, you know, a whatever? Sense that he's a horrible failure and here he's got this successful wife and, you know--which seems much more pejorative, somehow, than if he were the success and I was the failure.

Interviewer: Yeh. That has to do with the emerging--

Jordan, J.D.: That's it. Yeh.

Interviewer: --roles, because traditionally you've been brought up to think--

Jordan, J.D.: I think perhaps--

Interviewer: --that causes discomfort sometimes.

Jordan, J.D.: Yeh. Now, he says--You know, we talk about it a lot, because--

Interviewer: Uh huh.

Jordan, J.D.: Well, it's kind of weird, I guess. My younger sister just got divorced.

Interviewer: Uh huh.

Jordan, J.D.: And I saw all the sacrifices she made for her husband over the ten years that they were married and stuff. And so when he talks in terms of moving, I say, "Well, what if I make this big sacrifice for you and then you leave me anyhow?" [Laughing]. You know, I mean, "You divorce me anyhow?" You know, I mean--You know, I can't look--It's impossible to look five or ten years down the road, when even though our marriage is extremely stable and we're, you know, quote-unquote "very much in love" and all that rot, you know. You know, I do tend to look at things that are going to be permanent, like changing from a job that I really enjoy and, you know, because marriages, certainly in this country, don't seem to be very permanent, you know [laughing].

Interviewer: [Laughter].

Jordan, J.D.: But I do, I sit there and I worry, you know: well, if I stay successful and he doesn't, you know, will that make him be--be--you know, have so many personality problems or become, like I said, an alcoholic, or something? I mean, I just use that. Something like that that I would leave. You know, I would leave an alcoholic--

Interviewer: Uh huh.

Jordan, J.D.: --or someone who, you know, had such a poor self-image of themself, they went down the tubes, and maybe should I sacrifice my career on the chance that I would find something equally good wherever he found something good, you know, and things would be fine? But I would--

Interviewer: It's hard to know when to take such a risk.

Jordan, J.D.: Yeh! Yeh! You worry, you know. Certainly in the eight years I've been practicing law, I've only really been happy practicing law in the past about fifteen months--

Interviewer: Uh huh.

Jordan, J.D.: --since my son was born. It didn't have anything to do with him, per se--

Interviewer: No. No.

Jordan, J.D.: --but since my son was born--

Interviewer: Yes.

Jordan, J.D.: --I've been just almost deliriously happy with my job.

Interviewer: Uh huh.

Jordan, J.D.: My first week back at work, after I had the baby, was probably my best week, as far as work goes.

Interviewer: That was the week you settled a case?

Jordan, J.D.: Yeh. Yeh. I settled a case. I did all kinds of stuff; and it was just, you know--From that week on, I can just date having, you know, a great work experience. And you know, that might not happen, you know, where I can move and I'm worried about doing it. That is the conflict for us. We don't really have--I realize if my husband were of a different temperament, we'd have a lot of other conflicts, and by that, I mean--I think I said this on the other tape--he is just the absolute Felix Ungar of the world, you know.

Interviewer: [Laughter].

Jordan, J.D.: And he is--he does not help me around the house out of the sense of "I'll do my fifty/fifty share." And I said "help" me.

Interviewer: Uh huh.

Jordan, J.D.: He doesn't really help me. I help him [laughing].

Interviewer: [Laughter].

Jordan, J.D.: He does the stuff around the house, because he's Felix Ungar, you know--

Interviewer: [Laughter].

Jordan, J.D.: --because he's got to have things neat for him to be able to continue his life. You know, he cannot stand for, you know, there to be a piece of dirt here. And it's not because, "Oh, that's my fifty percent, and I'm going to do the floors for [her]."

Interviewer: Yeh.

Jordan, J.D.: It's because, you know, that's what he has to have to live; and it's just complete, pure, lucky happenstance--

Interviewer: [Laughter].

Jordan, J.D.: --that that's the case, because he basically is a male chauvinistic pig! [Laughter].

Interviewer: [Laughter].

Jordan, J.D.: [Laughter]. And he does all these things because of his Felix Ungarism. It's unfortunate for him that I'm Oscar Madison [laughing].

Interviewer: [Laughter].

Jordan, J.D.: And that I'm just a complete slob. Well, I was when he met me. I think of myself as a reformed slob now [laughing].

Interviewer: [Laughing]. [Attorney Jordan], one last question: What do you see as the advantages of a dual-professional career marriage when you think about it?

Jordan, J.D.: Everything.

Interviewer: Everything.

Jordan, J.D.: Oh, everything. I think, you know, I'm not so sure it's just as you have defined professional.

Interviewer: Uh huh.

Jordan, J.D.: Just dual-career marriage. I just--

Interviewer: Well, that's where we're starting.

Jordan, J.D.: Yeh.

Interviewer: This was just one notch--

Jordan, J.D.: Right. I just think that--

Interviewer: --more specialized

Jordan, J.D.: You know, there's just so much more going on in our lives. There's so much more--

Interviewer: Are you talking about excitement?

Jordan, J.D.: Yeh. Excitement. That was the exact word I was getting ready to say.

Interviewer: Uh huh.

Jordan, J.D.: There's just so much more to life. The six weeks that I was home with my baby, you know, [pause] there were certainly days when my husband came home and I thought, you know, I've got to get out of these four walls, you know.

Interviewer: [Laughter].

Jordan, J.D.: And it wasn't that I didn't have anything to talk about--

Interviewer: Uh huh.

Jordan, J.D.: --because I still did some work when I was home during those six weeks, I mean, small amounts over the phone. But it was just a sense of, you know--I don't know exactly how to express it, I guess. Being out in the world. You know, being, you know--Part of it is having a different life, being a different person.

Interviewer: Uh huh.

Jordan, J.D.: I am an entirely different personality at work than I am at home. I mean, entirely different! And I'm an entirely different personality in my charity work--

Interviewer: Uh huh.

Jordan, J.D.: --than I am at home. And I'm someone else again--maybe I'm a split personality [laughing].

Interviewer: [Laughter].

Jordan, J.D.: And I'm someone else again, you know, when I'm with my friends. Maybe it's being able to have another part of your life to have an outlet for certain aspects of your personality.

Interviewer: Uh huh.

Jordan, J.D.: I think that when women say that they're stifled and frustrated at home, it's not--It's not being frustrated--It's not home itself that's frustrating. It's the fact that there's this other aspect of their personality that they need an outlet for--

Interviewer: Uh huh.

Jordan, J.D.: --and they can't let it out at home. You know, I certainly can't scintillate intellectually [laughing] at home while dusting, you know, or whatever.

Interviewer: Well, the interaction is missing, too.

Jordan, J.D.: Yeh!

Interviewer: I think that's what I find most exciting about work. I like the interaction with other people. You never really know what you're thinking until you share it with somebody else and get a reaction to it, and then more ideas are bounced off, and that's very exciting.

Jordan, J.D.: But at the same time, I don't want to overstate the case.

Interviewer: Uh huh.

Jordan, J.D.: I mean, it's certainly not a roller coaster ride the whole time or whatever one can think of as being real exciting.

Interviewer: Uh huh. [Laughter].

Jordan, J.D.: [Laughing]. I mean, it's just, another--It's, you know--It's just another stage to perform on.

Interviewer: Uh huh.

Jordan, J.D.: Which--that really sounds stupid! [Laughter].

Interviewer: [Laughing]. That is a nice note to end it on.

APPENDIX M

INTERVIEW WITH SECOR, M.D.

INTERVIEW WITH SECOR, M.D.

Interviewer: I want to ask you a more open-ended question and see if there's anything that you wanted to comment on or take further from the focus group interview, anything that you've thought of since that time, any reflections [pause] that you might have.

Secor, M.D.: Um [pause] that night at the interview, and certainly later, and for that matter a long time before--

Interviewer: Okay. [Laughing]. You've got it all covered!

Secor, M.D.: Uh huh.

Interviewer: [Laughing].

Secor, M.D.: [Slowly] I have felt like that some of my family conflicts, if you want to call it that, are different from the ones that some of the other women expressed there and from the ones that I've seen written up in magazines and things like that. Uh, [pause] I would almost trade mine for theirs. Uh, most particularly, you may have noticed in the focus interview, you may not--

Interviewer: Uh huh.

Secor, M.D.: And I purposely did not say anything out in the group, but knew I would have to--

Interviewer: Uh huh.

Secor, M.D.: --personally here. You didn't hear me say anything about the conflict when the--if you make more than the fellow does. I was totally silent on that matter. Because one of my conflicts is that that doesn't bother my husband one bit, not one bit.

Interviewer: It's interesting that you should mention that. One of the finest dissertations that came out of [our state university] and one that's been held up to me for at least the last six months is one by a woman named [Mary Jones]. I happen to have it sitting on the table in my bedroom right now, and it is a study of what--of dual-career couples, not necessarily dual-professional career couples and what happens when the wife makes more money than the husband. It's just a fascinating study. If you'd like to read it, I'd be glad to--

Secor, M.D.: I'd love to.

Interviewer: --share it with you.

Secor, M.D.: I'd love to.

Interviewer: It's very interesting and it has some--A couple of things that were in there were very surprising to me. One of them had to do with the whole area of self-esteem. Self-esteem is very, very high for both when the wife earns more; and I have to qualify that, because you have to read the rest of the study to see, you know, how she leads up to that point. She's pretty definitely categorized the two groups that she's looked at, but she has a couple of very surprising conclusions, at least they were surprising for me from just what I read.

Secor, M.D.: Well, years ago, there was this study reported in the Journal of American Medical Women's Association.

Interviewer: Uh huh.

Secor, M.D.: You might have dug it out in your research.

Interviewer: No.

Secor, M.D.: Of women physicians married to other physicians, I think pretty much.

Interviewer: Uh huh.

Secor, M.D.: But I don't believe that was the criteria, how our earning power and how our profession, you know, kind of affected us and our spouses; and the conclusions drawn in there I knew were accurate at the time about many, but did not act on them. It said that we tended to ignore the fact that we made so much more. We tended to ignore it. We tended to work hard, and make money, and turn it all over to our spouse, and never pay any attention to where it went, or be a part of long-range planning for retirement, and that almost to a woman we did that. Well, I knew--

Interviewer: Hmnn.

Secor, M.D.: I knew I did that, but because so many of my friends and everybody else was saying, "Well, it must be awfully hard on [my husband] to be married, because it's slower getting started as a lawyer." But it didn't seem to bother him and so I--and with me a doctor, I felt like him with an undergraduate degree in economics and a graduate degree in law, why I kept a little out, a few hundred dollars out, in a personal account to pay piano lessons and to buy groceries. And everything else went straight to his account. I wasn't even--For a while, it was a joint account, and then somehow

when we changed offices one time, we changed law offices or something, it just got--started being put in his professional account.

Interviewer: Uh huh.

Secor, M.D.: And I never asked any questions, and we went on like that for seventeen years, finally. We've been married twenty. So I think now that I'm older and wiser and sadder, I think that was very foolish of me, for us to not talk over more, but I just didn't feel like I had the time.

Interviewer: Uh huh.

Secor, M.D.: When I went home, I was doing household things. And I never questioned where any of it was going. I couldn't even keep up with or didn't try to keep up with money we had borrowed from the bank that--Most of that was on my earning capacity. And just co-signed notes and went merrily on, and the result was that he severely overextended us. And I had to back down and realize I had to take time for this very important issue, because being self-employed, when I retire, you know, there's nobody going to take care of me. And--but I--Like I said, in the group, I want it to be in the paper--

Interviewer: Uh huh.

Secor, M.D.: But in the group, I did not say anything about that it really bothered my husband for me to make more. I think that it is a relief to him. It takes a lot of pressure off of him. And I think, frankly, he rationalizes that she's got a lot of drive. She likes to work that hard.

Interviewer: [Laughing].

Secor, M.D.: She likes to do this, so I can take it easier. And he does.

Interviewer: That theme, I think, came through, if I remember correctly, only with one other person. Well, you know, actually we didn't talk about the issue of money directly at all that evening, but we skirted on it several times.

Secor, M.D.: [Dr. Alder] said that her--that it bothered her.

Interviewer: Okay.

Secor, M.D.: Bothered her husband, you know, when she was offered a position bigger than his position.

Interviewer: Uh huh [laughing].

Secor, M.D.: And that bothered him.

Interviewer: Well, we talked a lot about--

Secor, M.D.: And she didn't take the position.

Interviewer: Uh huh.

Secor, M.D.: You know, when they were both employed at [a city hospital].

Interviewer: Also, I remember that she--

Secor, M.D.: They were different departments, but she--

Interviewer: Yeh. Remember she talked extensively about the raise, that she was going to be given a raise.

Secor, M.D.: Yeh. That's what I'm referring to.

Interviewer: Okay.

Secor, M.D.: That was a promotion within the internal medicine department. He was in a separate department--

Interviewer: Uh huh.

Secor, M.D.: --that was organized differently and having different kinds of problems and everything.

Interviewer: Uh huh.

Secor, M.D.: Because they're not in the same specialty.

Interviewer: Yeh. I was never sure how that was resolved. I remember that very clearly, because--

Secor, M.D.: She no longer stayed at [that hospital].

Interviewer: --of the verb tenses. I had a great deal of difficulty transcribing it because of the verb tenses. I never was quite sure how it all worked out.

Secor, M.D.: And I think she went to work in private practice. She left the [hospital]--

Interviewer: Uh huh. But I remember, for example, of [Attorney Jordan] as saying--They both addressed the issue and also, [Dr. Kurth] in talking about that their husbands were more comfortable with--with their working than--than having them not work and that they, you know, always wanted them to work. [Dr. Kurth] talked specifically that their earning power was equal. Sometimes one year, one of them would make more than the other, but basically, it was equal. And then I

remember quite distinctly [Dr. Thacker] expressing some--maybe not discomfort on her husband's part, but [pause] perhaps that he was a little in awe of her opportunities right now that he didn't sense that he had. That she had so many things on the side and that she had somebody willing to back her if she wanted to go out on her own and start her own--She didn't say what business. I assumed it was a consulting business. And that he--Do you remember she talked about he got kind of upset and went into the other room [laughing]--

Secor, M.D.: Huh.

Interviewer: --and stayed there for a while? But it was interesting, the discussion on that. Really, everybody sort of stayed away from it, with the exception of that discussion from [Dr. Alder] and the part about her buying the car.

Secor, M.D.: Yes!

Interviewer: [Laughing] Which was quite hilarious.

Secor, M.D.: Yes!

Interviewer: [Laughing].

Secor, M.D.: [Laughing].

Interviewer: Oh, I don't know. I'll get that dissertation to you, because I think you'd enjoy reading--

Secor, M.D.: I would enjoy reading it.

Interviewer: --an outlook.

Secor, M.D.: I have--[pause] I have thought that perhaps this is a more common problem maybe in people my age, early forties or so, because to tell the honest truth, [my husband] was the only person that I dated in college who did not "pooh, pooh," or make fun of the fact that I was in pre-med, or flatly state with a laugh that I would quit.

Interviewer: Uh huh.

Secor, M.D.: He was the only person. It was about on the third of fourth date that I--You know, he asked something about my specialty, or my major. He knew my grades were good.

Interviewer: Uh huh.

Secor, M.D.: And then I said, "Well, I'm in pre-med. Perhaps I'll never make it." I had developed a habit of automatically apologizing for it, knowing well and good I was going to plunge ahead--

Interviewer: [Laughing].

Secor, M.D.: --and if I didn't make it, it wouldn't be because I decided to quit, but because I was told I'd flunked out [laughing]. But I did have very realistic fears in that regard, but I didn't have fears that I would just up and change my mind in six months and flit to something else. So I had developed that habit of sort of softening that, because I knew that the following remark would be discouraging and derogatory anyway--

Interviewer: [Laughing].

Secor, M.D.: --and that softened it a little bit.

Interviewer: I wonder if that's why I say I may graduate in December, but--

Secor, M.D.: Yeh.

Interviewer: --if not, for sure I will in March [laughing].

Secor, M.D.: Yes. Uh huh.

Interviewer: [Laughing].

Secor, M.D.: Well, that's--that's--I had begun that habit, particularly with fellows--

Interviewer: Uh huh.

Secor, M.D.: --of saying, "Well, I'm trying pre-med. I don't know if I'll make it" or "Maybe I won't make it, but I'm trying." You know, and he said, "Well, I see no--I don't know why you won't make it. I'm sure you'll make it if you feel good." And I thought, my God, you know, I have never heard this response before and I'll have to admit it made him immensely more attractive to me.

Interviewer: [Laughing].

Secor, M.D.: Looking back, I wonder--I'm hoping that you are right or the conclusions that that other study has drawn are right about the self-confidence angle because, looking back, I wonder if the people in the early sixties, the fellows in the early sixties, who could take a, ah, a professional woman or someone aspiring to a profession without feeling threatened, are they a little too easy going?

Interviewer: Uh huh.

Secor, M.D.: Because, you know, he is my main cheerleader, but through the years, it has evolved to where even though he was great

support and my main cheerleader and all, it has evolved to where it seems like now that I am somewhat overworked and he is somewhat underworked, and that is a conflict--

Interviewer: Uh huh.

Secor, M.D.: --to me because he is so easy-going, and so relaxed, and so laid-back that it's okay for him--

Interviewer: Uh huh.

Secor, M.D.: --for me to work a little harder and him to, uh, play golf two-thirds of one day and call it a work day.

Interviewer: Uh huh.

Secor, M.D.: And then when it comes my day off, you know, I'm ending up taking both children to the pediatrician, and that's my fun day.

Interviewer: [Laughing].

Secor, M.D.: So that [laughing]--So that conflict, I have not seen when we talk about the professional couples' conflict, but it does seem--It does seem to be the case somewhat with me; and I wonder, like I said, if back before the women's revolution and nobody was examining these things if the fellows that weren't threatened, were so easy-going, that if they did get somebody that was trying to be a superwoman, that sometime as the years go on, the paths widen too far to really be best help for--

Interviewer: I've wondered, too, about--

Secor, M.D.: --for the woman.

Interviewer: --noticed that those who are ten years younger, those men who are ten years younger and in this kind of marriage have a lot of support. They have other friends who are in that marriage.

Secor, M.D.: Uh huh.

Interviewer: Those of us who are in the ten years older category don't have quite so many friends who are in the same kind of category.

Secor, M.D.: That's right.

Interviewer: And I don't think the men have the same kind of support. You know, I think women tend to go out and look very actively for their support. They're much more relationship-oriented.

Secor, M.D.: Uh huh.

Interviewer: And men aren't. One thing that bothered me particularly about [my former husband] and, perhaps I should be turning off the tape recorder at this point, but when--I guess it was--It's hard for me to remember now. Two years ago, but that [he] decided he wanted to leave the marriage and I was extremely distraught. I asked him why. You know, I just--I had to have a reason. I didn't understand.

Secor, M.D.: Uh huh.

Interviewer: You know, after you've been married seventeen years, you're in your eighteenth year, and all of a sudden--it really is very upsetting to you. And he--And I'd say, "What went wrong with the marriage, [Bill]?" And he said, "The marriage, the marriage was perfect in all aspects except one."

Secor, M.D.: Uh huh.

Interviewer: And I said, "Well, gee, you know, [Bill], is that--is that a reason for turning over all of the experiences, all of the values, everything that we've shared all that time, all of this?" You know, when you're putting two careers together, you invest an incredible amount of energy.

Secor, M.D.: Uh huh.

Interviewer: And when you've got two kids that are as fantastic as ours?--Well, what came out later on is he would not enter into any kind of professional counseling. He went a couple of times. But what came out during the couple of times was something that has really, really stuck in my craw. And if you want to know, it really hurts probably the most of anything that was said and that was, "I can't live up to her expectations." Now that at first may sound like a very innocuous kind of remark.

Secor, M.D.: No. It doesn't.

Interviewer: But you think, you know, what does that mean? Is my level of achievement too high?

Secor, M.D.: Or is his maturity too low?

Interviewer: Is his maturity too low? You know, what does that mean about--about my performance, about a woman's performance in general? You know, do I need--Do I need to--Do I need to be a lesser kind of person? Does that make me okay? If I'm a lesser kind of person, can he not keep up with me? You know, on, and on, and on the questions fall over one another; but that has a lot to do, again, you see, with that level of balance in his perception. Somewhere, I was here and he was here, [gesturing], at least in the level of expectations, whatever those mean. I never had the chance to ask him what that meant. But it was very upsetting to me because not only did it get at my values, but it got--And it got at the core of what

makes me me, but it also got at my level of achievement; and, interestingly enough, I had started this study a long time before then. I was very deeply into this study. I was already at the dissertation level [laughing]--

Secor, M.D.: Uh huh.

Interviewer: --you know, when this happened. But I've thought a lot about that and I've thought a lot about [pause] levels of achievement, expectations, particularly as they relate to two people who are highly educated.

Secor, M.D.: Well, I think--I think that I had thought a lot along those lines and did not want to impose anything. In fact, I bent over backwards not to impose any expectations on [him] and to ask no questions about the way he was building his law practice and that sort of thing, because he didn't really of me. But I don't know if I did the right thing there. [He] is a person that needs to be encouraged and pushed a little. He's too--He's too relaxed and maybe I tend to get too carried away and too hyper, and think my day has forty-eight hours, while everybody else's has twenty-four.

Interviewer: [Laughing].

Secor, M.D.: And I need him to put the brakes on me, but I'm thinking maybe through the years, I may have failed a little by not turning on his ignition switch. I've said--I've said and others, you know, in the family and others who have worked with him agree, there's nothing wrong with the motor under the hood.

Interviewer: Uh huh.

Secor, M.D.: It's absolutely perfect, but the ignition switch needs--

Interviewer: Uh huh.

Secor, M.D.: --needs to be turned on, and I'm not sure that I didn't do the opposite of what you're saying, that maybe part of my responsibility that I didn't realize was to encourage and I was bending over backwards so far not to be pushy and to let him paddle his own canoe that I may have gone too far for our two particular personalities. I will say we are an oldest child, me, married to a youngest child.

Interviewer: [Laughing].

Secor, M.D.: And I don't--You know, from what I've read about that, sometimes the youngest does like to remain--

Interviewer: Uh huh.

Secor, M.D.: --in the youngest position and maybe I just did not want to be then--you know, play the gripey mother role to him, but--But I may have fallen short of what he really needed by not--not pushing a little bit more to do his homework.

Interviewer: Huh.

Secor, M.D.: Because now he's not happy with the law practice. Of course, law's a crowded field.

Interviewer: Yeh. It sure is!

Secor, M.D.: Uh huh. And it's harder to make a living at it. But he's not happy and, of course, his brother's difficulties reflect on him.

Interviewer: That's right.

Secor, M.D.: It's hard, in this town, to be an Attorney [Doe] right now.

Interviewer: Uh huh.

Secor, M.D.: And has been for several years. His brother's illness reflected severely on--And his financial problems, as I mentioned, probably reflected severely on our being overextended, too. [Sam] was a better brother than he should have been. And then when [Joseph] became ill and died, there was--

Interviewer: And [Joseph] died miserably in front of everybody. I mean, I would see him from one game to the next, and it was, it was really heart-rending.

Secor, M.D.: Unbelievable.

Interviewer: I mean, you could see him being eaten away.

Secor, M.D.: I just wonder how much--Of course, you all didn't see him once he entered the hospital.

Interviewer: Yeh.

Secor, M.D.: You know, he spent all the last three months in the hospital. And at that time--see, [Joseph] had always had derision for me.

Interviewer: Uh huh.

Secor, M.D.: Now [Joseph] really was threatened and couldn't take it, and he always had derision for me. The minute he entered the hospital, he turned to me.

Interviewer: Huh.

Secor, M.D.: And I, as--with my make-up, could not turn away. I had, you know, the past seventeen years, or nineteen years by then that I had been married to [Sam], because we had our twentieth anniversary this year and [Joseph] hasn't been dead a year. But the nineteen years prior to that in which I got little jabs and pokes, just--you know, I just forgot them because he needed somebody so bad. He was so down and out. And he really turned to me. And I mean, I was running this practice, going over there and seeing him before I came to work, going back over to intensive care, because I could get in anytime after work, and just doing what I could. It finally got down to where I was really, actually having to feed him.

Interviewer: Um.

Secor, M.D.: And so that was--That was really unbelievable, to watch that big, tall, strong fellow that was the eye-catcher in any room. This was a big thing to [Sam], too. He's a very feeling person. He's a very sensitive person, [Sam] is. And of course, he had tried--If anything, it was not me that [he] tried to keep up with or felt any [pause] conflict with--is that?--"Competition" is the word I'm looking for.

Interviewer: Uh huh.

Secor, M.D.: It would be his brother, [Joseph], who was in the same field and everything; and so, of course, [Joseph] was always in these big deals, and his ship was going to come in. He was going to be worth a million in no time. A little of that rubbed off on [Sam] with the little wheeling dealing. Then to watch and see what happened to [Joseph] after [Sam] had already gotten over-extended--

Interviewer: Yeh.

Secor, M.D.: --and in loan to [his brother], then to see [him] go down, and to see what happened were--was a real big thing for [Sam]. I mean, he's had to re-examine all of his ways of looking at things and seeing where the road that [Joseph] was on led to, because the disease [he] had does wax and wane and exacerbate under stress.

Interviewer: Uh huh.

Secor, M.D.: Well, his was the fastest that the rheumatologist here had about ever seen. I mean, he was one year from diagnosis to grave.

Interviewer: Huh.

Secor, M.D.: And anyway, that often is a disease that just stays as a problem of your hands and your arms. I'd go to the books and read about it and they'd talk about, you know, that the treatment

for this is to prevent injury to the hands and arms in order to maintain long-time function of the hands and arms. And here--My God, we were in dialysis. We had chest tubes. We were going to the kidney machine three times a week. We had heart inflammation, and the books are talking about injury to the hands? Gosh!

Interviewer: [Laughing].

Secor, M.D.: [Laughing]. You know, his was what they call malignant sclerema.

Interviewer: Well, I didn't know what it was.

Secor, M.D.: It's one of the collagen diseases. There's about five of them, and the one most commonly known is rheumatoid arthritis.

Interviewer: Uh huh.

Secor, M.D.: Well, [Joseph's] course should have been somewhat like that, some arthritic pains, tightening of his hands, having to use his dictaphone more over the next ten years, this type of thing, but he should have--

Interviewer: But within a year . . . .

Secor, M.D.: --been able to have gotten all of his boys into adulthood.

Interviewer: Yeh.

Secor, M.D.: I mean, the difference between [Joseph's] living ten more years and not is the difference between leaving a nine year old and a nineteen year old.

Interviewer: Yeh. Yeh. I thought possibly he had a cancer or something, because--

Secor, M.D.: It would have been more treatable.

Interviewer: --it ate him so fast.

Secor, M.D.: Cancer would have been more treatable. We could have done more about it. We could have--[laughing]. We could--I would have preferred a cancer diagnosis.

Interviewer: Uh huh.

Secor, M.D.: He would have been around a little longer. But--

Interviewer: [Dr. Secor], have you ever read the work called The Season's of Man's Life by Daniel Levinson?

Secor, M.D.: Huh uh.

Interviewer: That's another thing that [laughing] in your spare time--

Secor, M.D.: Well, I love to read.

Interviewer: --you might like to read.

Secor, M.D.: And after all, I'm trying not to over-extend, getting over this surgery, which--

Interviewer: Uh huh.

Secor, M.D.: You know, I told you my course was prolonged.

Interviewer: Yeh.

Secor, M.D.: Going through what I did with [Joseph] less than a year ago and then my aunt, who was a second mother to me and my mentor--

Interviewer: Yeh. I remember that.

Secor, M.D.: --died two months later. This may be why I'm not bouncing back as quick.

Interviewer: Uh huh.

Secor, M.D.: I may have needed twelve weeks off, instead of six, and six of them could have been before the surgery! [Laughing].

Interviewer: [Laughing].

Secor, M.D.: But this may be--

Interviewer: Well, what you said to me the other night was very helpful. I went back in to see [Dr. Smith], you know, with all these [higher voice] "[Jane], how are you doing? It looks so good. I'm so glad. How do you feel about it?" And he finally said, [slower voice], "Jane, it's going to be another two months before you have the total use--

Secor, M.D.: Uh huh.

Interviewer: --of your jaws, especially your lower jaw." And he said, "Frankly, it will be two years before the bone all fills in and your face settles into the way it's going to be." And I said [quietly], "Thank you."

Secor, M.D.: [Laughing].

Interviewer: "Thank you for finally telling me that." I can live with that.

Secor, M.D.: So I can arrange my schedule.

Interviewer: I can live with that, but I just needed to know. Anyway, back to the Levinson book--I've thought a lot about that as I've been doing this study and I'd be glad to--Do you want this off? [Referring to recorder].

Secor, M.D.: No. I was just looking to see. Oh, you've got plenty of tape.

Interviewer: And I'd be glad to share this book with you since I have it on one of my faculty loans from [the university] library--

Secor, M.D.: Oh, I'd love to read it.

Interviewer: --and I can keep it forever! It talks about the--It defines an adult male development in stages of age-linked eras, of which there are five, and what happens to men as they move through these eras, and the importance to a man of a dream. It talks about how every adult has two areas that we have to confront and work with in our lives: the area of work and the area of love. Particularly important for men early on in their life is the area of work. They usually address that area first, and they set up--in that first era, a dream by which they are going to define themselves, usually through their work. And that as they go through these eras, they work on the dream; and then as they come into their forties, they look at that dream pretty carefully to take stock of it. They're either going to pursue it more intently so that they realize it as they, you know, move out of the forties and into the fifties; or they modify it; or sometimes they abandon it, and that has a lot to do with this mid-life crisis that men get into. It's not just, you know, a thing that happens and they say, "Oh, I'm not satisfied," It's a whole re-appraisal of themselves in relationship to this dream. This is the thesis that Levinson perceives. And it's really very fascinating to see what he has to do with it. Maggie Scarf, have you read any of her things?

Secor, M.D.: Huh uh.

Interviewer: She won a Pulitzer three years ago for her work on women and depression. It's called Unfinished Business.

Secor, M.D.: I've heard that, now.

Interviewer: Oh, it's a fascinating book. She has been very heavily influenced by Levinson. She pointed out that only one of Levinson's students followed through on his work and studied female adult development, and so she does quite a bit of--She does really

seminal work in this book about female adult development and some of the ramifications that it has relating to depression. And she talks about the fact that women, too, look at the areas of work and love; but for them, the area of love has usually come first, because they're much more relationship-oriented. And that they usually tackle this area first before they look at the area of work. Men start with the area of work. When they feel they've got that pretty well under control, then they will usually look at the area of love. Sometimes they do it simultaneously, but more often one comes before the other. And she says that for women, what they tend to do, then, is to look--to take care of that area of relationship, often by marrying and that they often adopt the man's dream as theirs, either adopt it or they share it. And that they find later on in lives that his dream is not their dream. They're lost without an identity as they move through--

Secor, M.D.: As they get to the forties and need to shift gears.

Interviewer: That's right. And need to shift gears.

Secor, M.D.: And they shifted into depression or low gear [laughing].

Interviewer: [Laughing]. Yeh. That's right. And the two studies are intriguing together. There's a third one that makes a nice companion reading. Actually, I think it's much more valuable than Levinson's in some ways, except that it's much more technical in its orientation, by a man named George Vaillant at Harvard. It was Adaptation to Life, the study of how the best and the brightest came to be.

Secor, M.D.: Uh huh.

Interviewer: So you get three of these together, and you really have a fascinating study of adult development. But that may explain some of--That may be helpful to you in understanding some of what's going on--

Secor, M.D.: In our--in both of us.

Interviewer: It--That's right.

Secor, M.D.: And in him particularly.

Interviewer: It adds a dimension to life. I wish I had known about the books. I wish I had known about the concepts in them much earlier in my life. I think that not only would it have let me be at peace with some of the things that I was striving for, some of the conflicts that I had related to achievement and--and to, you know, what was progressing in my husband's career; but it would have helped me understand him better as a person. I think I would maybe, to use [Dr. Maynard's] phrase, been more "mellow" about some of those.

Secor, M.D.: Uh huh.

Interviewer: Let me move to another question which you touched on when we first started talking and that is: How important to you is achievement in your profession?

Secor, M.D.: [Long pause]. Well, it's very important. I think I have to define what achievement to me means, and it means having a good practice and being regarded as a good practitioner who stays up to date. I do not feel the drive that some fellows feel that I can never make an error, that I can never have to tell a patient, "Gee, I'll have to scratch my head about this and do a little research." I don't feel that drive. I feel sort of like Dr. Larkin's book on how to get the most out of your life in time, or something like that. Are you familiar with that book?

Interviewer: Lakein.

Secor, M.D.: Laken.

Interviewer: Alan Lakein.

Secor, M.D.: Uh huh.

Interviewer: Uh huh. Yeh.

Secor, M.D.: Okay. He says--

Interviewer: Yeh.

Secor, M.D.: --that, you know, eighty/twenty rule that he gives, that 80 percent of the benefit comes from 20 percent of the material learned. Well, I think you can also apply that that you could spend 80 percent of your effort learning that last 20 percent in order to shine on rounds to the exclusion of so many other things. So I don't feel that I have to be a walking encyclopedia. But I feel like that I've got to own all the encyclopedias and know where to go look something up.

Interviewer: [Laughing].

Secor, M.D.: And I do feel that I would--You know, I'm very gratified by the fact that I have a decent practice, that a lot of patients want to come to me. It disturbs me not to please them, that they have to be put off longer than I want them to be put off, particularly this year with my off time for the surgery. But that is achievement to me. I'm not interested, never have been interested, in academic medicine and having to do all that politicking to get to be appointed assistant professor and then full professor and all of that. That's not what achievement in ophthalmology means to me. So, yes, it's--I've always wanted it. From the time I started medicine, I was always more geared toward having a private practice and doing well in it, and I have achieved those things.

Interviewer: Uh huh.

Secor, M.D.: And I'm getting pretty protective of them, you know.

Interviewer: [Laughing].

Secor, M.D.: I realize that it took me years to get a reputation and that sort of thing, and I--

Interviewer: You have a superb one.

Secor, M.D.: Well, I can see what older people--

Interviewer: Six years ago when I moved here, I heard of your reputation.

Secor, M.D.: Well, it takes a while to build and it's something you don't want to break up. I wonder if I would have the guts now, like when I first entered practice. I was--The year I entered practice was when the Women's Liberation Movement pretty much was organized here and hit, and I spoke all over town, and I was prepared for it, to--I thought I had to be honest--

Interviewer: Uh huh.

Secor, M.D.: --about how I felt, and I spoke to men's groups and everywhere. And I did quite a bit of public speaking on it, and I thought, it'll hurt my practice but I've got to be honest. Well, it didn't do anything but help. You know, people--I guess it just got my name around. I don't know. But--Or maybe I've got more women than men patients, but it seems like I've got whole families.

Interviewer: Uh huh.

Secor, M.D.: I wonder if I'd be that honest now to come out in the--in the media on something really controversial. I will have to say at the same time I would hesitate to do it right now, because the practice is busy enough that I can't read in depth [laughing] and come out as knowledgable as I used to [laughing].

Interviewer: [Laughing].

Secor, M.D.: But I am--I am protective of the reputation that I have built up. I would hate for--I don't worry unduly about it, but I would hate for something to really ruin it. For instance, like I have never tried marijuana and I would not. The stakes are not--I would be the very one that took the first draw off the cigarette and the police would appear. The stakes are too high for me. I would not. It just wouldn't be worth taking a risk--

Interviewer: Uh huh.

Secor, M.D.: --to me, to end up in the media on some infraction of the law, or some income tax evasion, or something that seems shady, because I have worked a long time to build up a reputation of being a substantial member of the community, not on the shady side [laughing]. I would prefer to keep it that way. So I'm protective in that respect. I don't--I'm not protective in that I'm insulted if one of my patients goes to someone else when they can't get in to see me or something like that, but I am protective of keeping my reputation, keeping my skirts clean and--both knowledge-wise and community living-wise, because I think the community still expects both of those things of a doctor, that they be a stable member of the community and not a kook and to be well-informed.

Interviewer: [Dr. Secor], can you share with me when you focused on this dream of being a doctor? Do you remember when it was?

Secor, M.D.: Oh, yes! Yes! Very clearly. I had in my freshman--See, I started out as a home ec major--

Interviewer: Huh.

Secor, M.D.: And I was going to be a dietitian because I was interested in nutrition and I guess I had some interest--I didn't think I had interest in science, really because science--pretty much I had the idea, or maybe my high school fostered the idea--Science to me meant more physics, and the math part that was both difficult and dull, and--[laughing].

Interviewer: [Laughing].

Secor, M.D.: But I do remember that high school biology was quite interesting and I do remember thinking, "Now, how come I'm so fascinated by this stupid worm when I can't stand worms? You know? By its internal structure and what all the little segments had in it?" So I guess the biological sciences, looking back on it--

Interviewer: Uh huh.

Secor, M.D.: --always had an appeal to me. I just figured they were that appealing to everybody. Maybe they're not. So that got me--I got to reading some things about health and nutrition. I decided I'd be a dietitian, and I got an after-school job. My freshman year was at [a southern college]. We lived in walking distance of [the college]. And I'm the oldest from a non-wealthy family, so I lived at home and walked to school [laughing] that first year on a freshman scholarship and had an after-school job across the street at [a large university hospital] in dietetics. And I was actively searching for career information. And all of the dietitians said, "Well, now that you have worked in the dietary department and see what we do, you're not interested in doing this any more, are you?"

Interviewer: [Laughing].

Secor, M.D.: "You're going to change, aren't you?"

Interviewer: [Laughing].

Secor, M.D.: And I talked to the nurses and the nurses said, "Oh, I don't know. You don't want to go into nursing." [Laughing]. You know, some did; some didn't.

Interviewer: [Laughing].

Secor, M.D.: The older ones said, "I wouldn't. You know, if you have a chance to go on through four years of college, I wouldn't go into nursing." The only people I talked to--And, of course, the ones that I was the most drawn to, being achievement-oriented, were the ones at the top and they were the doctors and not one of them regretted it.

Interviewer: Uh huh.

Secor, M.D.: But I've had--At that time, without realizing it, I had a biased population. These were interns and residents with brand new degrees and full of wim, wiggor, and witality.

Interviewer: Yeh [laughing].

Secor, M.D.: I was not button-holing fifty-two year old obstetricians that had been up for three nights--

Interviewer: Yeh.

Secor, M.D.: --and were very tired, because they were too far above me.

Interviewer: Uh huh.

Secor, M.D.: I was talking to the people that were within seven, or eight, ten years of my age.

Interviewer: Yes.

Secor, M.D.: And I remember very clearly, you know--I was thinking more and more about it and I sat down and talked to one OB resident. And I remember his name and everything, and I remember very clearly talking to him and I said, "I just can't see all that time. I just wonder about it." Because I was a freshman in college. And he said, "Oh, you don't think of it like that." He said, "All you do is finish your sophomore year. Then all you do is finish college. You just look to finishing college. Then you go to med school, and all you think about is just finishing medical school. You do not look beyond."

Interviewer: [Laughing].

Secor, M.D.: "And then you just finish your residency and then maybe one of these days," he said, "I'll get to worry about building a practice." You know.

Interviewer: Uh huh.

Secor, M.D.: And that made--That made sense to me.

Interviewer: Uh huh.

Secor, M.D.: And I decided then, that is what I will do. I will go back to school and I will officially register and get a pre-med adviser, and officially change, and worry about getting through pre-med, and that's all.

Interviewer: Uh huh.

Secor, M.D.: And that's what I did. But that's--I had not thought about being a doctor until that after-school job--

Interviewer: Uh huh.

Secor, M.D.: --in a hospital. Had I had an after-school job at an insurance company building downtown and talked to people, whether I would have been steered different, I don't know. I doubt it, because something caused me to go to the hospital for the--

Interviewer: Uh huh.

Secor, M.D.: --after-school job, as opposed to other places.

Interviewer: Uh huh.

Secor, M.D.: And talking with the people there. It was, it was 1959. You know, I was already in college--

Interviewer: Uh huh.

Secor, M.D.: --before I thought of it and I thought--That was a six month after-school job and a three month summer job; so over that nine months, I made my commitment.

Interviewer: That's really interesting. It's fascinating to think how we get into what we got into, and sometimes it's--it just sort of is--It seems like happenstance. I guess it really isn't, though.

Secor, M.D.: Sometimes I'm afraid it is.

Interviewer: Uh huh.

Secor, M.D.: Because I'm afraid that sometimes people get into the age group you and I are in and they see really that all of their leanings was in another direction.

Interviewer: Yes.

Secor, M.D.: And I think I could have done other things.

Interviewer: Uh huh.

Secor, M.D.: And it would have brought out other aspects of my personality.

Interviewer: Yeh.

Secor, M.D.: I'm not sure I couldn't have been an actress!

Interviewer: [Laughing].

Secor, M.D.: It would have brought out, maybe, an artistic side of me that I have ignored, but this has been satisfying enough.

Interviewer: Uh huh.

Secor, M.D.: Both--I have had good psychological income and I have had good financial income; and this has been satisfying enough to me that I do not regret doing it at all, and I would do it again and probably go into the same specialty again.

Interviewer: Uh huh.

Secor, M.D.: That, to me, was almost a bigger decision than what to do, was what to specialize in. I didn't want to give up any of it! [Laughing].

Interviewer: [Laughing].

Secor, M.D.: I didn't want to shut any doors; and even after I was in ophthalmology for a long time, I still questioned. You know, something--I would hear about something new in another field; and I would think, "Boy, I wish I was in on that." But I still feel little twinges of that. And--thinking, "Boy, that sounds dramatic. I wish I was in on that." You know.

Interviewer: I feel that all the time. [Dr. Thacker] is very intrigued about changing aspects of her life. As a matter of fact, she may have changed them already within this week and has even thought about going to medical school. I asked her what homework she'd done in that area because I've never heard of a woman going to medical school in her mid-forties, but knowing [her], she might be--[laughing].

Secor, M.D.: I do know that the--

Interviewer: --first one!

Secor, M.D.: --admissions--I do know they like you to be under thirty.

Interviewer: Uh huh.

Secor, M.D.: Male or female.

Interviewer: We talked about that.

Secor, M.D.: Uh huh.

Interviewer: Because I had a friend who went--

Secor, M.D.: Uh huh.

Interviewer: --you know, in her early thirties, and we talked about how it was very difficult for her.

Secor, M.D.: I do not feel any inclination to change over or anything like that. I will have to admit when you tell me that about [Dr. Thacker], it just almost makes my heart go out to her. Thinking of making that big a change and going through all of that schooling and everything this late in life, makes you think, "Gee, she spent so long in something she really didn't want to do." I feel very thankful that I don't have these feelings.

Interviewer: Yeh. I don't know if it's that so much as all of a sudden she has just a tremendous additional burst of energy and just feels as thought--I think you'll see when you--

Secor, M.D.: She was the one that was working until two in the morning.

Interviewer: Yeh.

Secor, M.D.: And making cookies and . . . .

Interviewer: Yeh.

Secor, M.D.: I couldn't do that.

Interviewer: She's just--One role has ended for her and she's just really excited about the possibilities of other things that have opened up to her and--

Secor, M.D.: If I was her, what would open up to me would be a few more hours sleep per night!

Interviewer: Uh huh. [Tape turned off].

Secor, M.D.: Does it give a click when it--?

Interviewer: This one does, thank goodness. Yes [laughing]. This is an area that I really don't feel I need to spend too much time on, but of all the roles that you have, [Dr. Secor], which ones do you consider the most salient, the most important?

Secor, M.D.: Which ones or which one?

Interviewer: Which ones. Either way you want to answer it. I said ones, but--

Secor, M.D.: The role of being a mother.

Interviewer: Huh.

Secor, M.D.: And the professional role, being a doctor. Those are the two definitely with me, and I decided between those in that I feel like that--That if I had to take a choice between a mediocre practice and my child, my children turning out mediocrely well and happy, that I would pick the mediocre practice [laughing].

Interviewer: [Laughing].

Secor, M.D.: [Laughing]. Anytime. You know. I think if I had to give up success in one field, I would wish success for my children. I think that would be the most satisfying to me in the long run.

Interviewer: Does reaction of your colleagues influence in any way how you handle multiple responsibilities?

Secor, M.D.: Unfortunately, yes. Uh huh.

Interviewer: In what ways?

Secor, M.D.: Uh, I guess the--the women's--Growing up being taught to please, sometimes you try to spread yourself too thin and be a superwoman and meet all the expectations. You feel like that--or I have in earlier years. I've got more confidence and a little older and wiser now, the fellows are kind of watching you to make a human slip so you have to watch not to--not to appear like you're only half-interested because you've got a home that you also run and that sort of thing, which is foolish. So you end up trying to just work a little harder and spread yourself a little thinner--and the superwoman image, which I'm getting more fed up with, you know. I think maybe that's part of being between twenty and forty, instead of being between forty and sixty.

Interviewer: Uh huh.

Secor, M.D.: For men and women. You know, there comes a time now you can say, "Well, yes, I work an hour less a day than you do, but I bet you, you know--I am--I have--I wear other hats." You know, I can say that now and not feel guilty, because during the hours that I am seeing patients, I'm working just as hard as anybody else and I'm making use of my education. And if I take a little shorter lunch hour and then cut off thirty or forty minutes earlier in the afternoon, it's--I'm going on to another job then.

Interviewer: [Laughing].

Secor, M.D.: I'm not going to the golf course like they are [laughing].

Interviewer: [Laughing]. Oh, I think you said in the focus group interview that you are in "the executive capacity" [laughing]--

Secor, M.D.: Uh huh.

Interviewer: --in several different fields.

Secor, M.D.: Uh huh. Uh huh. And after what we've talked about at the first of this, you see what I had in mind there, too.

Interviewer: Uh huh.

Secor, M.D.: I would like--I wish that I had more of a co-executor--

Interviewer: Yes.

Secor, M.D.: --on the home front.

Interviewer: I used to kid with [Alice Scott]. We started this program together four and a half years ago, and very frequently we would be in classes on Wednesday night, sometimes for some of the same reasons. Our church has family night on Wednesday nights.

Secor, M.D.: Uh huh.

Interviewer: And then choir, and then the family meal, and then the program, and so it was very convenient. The children would ride down on the bus.

Secor, M.D.: Park your family there.

Interviewer: Uh huh. They would, you know, do their activities and go to class, and so forth, and I used to say to [Alice]--Sometimes it was very difficult for me because I didn't have that other partner there supporting me all the time. He traveled extensively. And I would say to [Alice], "You know, I'm a married single parent."

Secor, M.D.: Uh huh. That must have been awful.

Interviewer: It was incredible, an incredible feeling. And I think, you know, if I could--If there were any change that I were going to make in my life, then someday I would--I would like to remarry. Not now, but someday. I would like to find a "co-executive--"

Secor, M.D.: Uh huh.

Interviewer: --or somebody who would meet me equally.

Secor, M.D.: Uh huh.

Interviewer: Somebody who could share, you know, in those responsibilities and have a good, strong ego about doing it.

Secor, M.D.: Uh huh.

Interviewer: I would want that equity, never having to work harder to try to restore the equity and thus pulling it even further out of shape.

Secor, M.D.: Uh huh. Uh huh. In fact, you have nothing to gain unless you do get that.

Interviewer: Uh huh. You addressed a lot of these questions here [referring to protocol] but one that I'd like to ask you is: What do you think are the advantages of the dual-professional career marriage?

Secor, M.D.: I think you can understand one another better, if both of you, as you were referring to earlier, have a dream--

Interviewer: Uh huh.

Secor, M.D.: --and both of you are goal-oriented, then you can understand, because you are, in essence, in the other person's shoes, too.

Interviewer: Uh huh.

Secor, M.D.: And when the dream is temporarily thwarted or deflected, you really know how that would feel if it happened to you, because you've got the same make-up--

Interviewer: Uh huh.

Secor, M.D.: --more than someone who--who did not have a dream, or whose goal was to, say, maybe get married and have a child; and they've already done that, and then the other spouse hit a place in their career and had to repeat two quarters of law school, or had

failed their board exam, or something like that. I don't know that that person--That person has sympathy with the--with the one that they love, but I don't know that they have the empathy of feeling.

Interviewer: Uh huh.

Secor, M.D.: And I think that's an advantage that we have. We really do walk in each other's moccasins more.

Interviewer: Uh huh. Are there any disadvantages that you see in a dual-professional career marriage? Any costs that you find?

Secor, M.D.: Well, the time factor.

Interviewer: That seems to come up again and again [laughing].

Secor, M.D.: Yeh. The time factor, and I'm not sure that that's dual-professional.

Interviewer: Uh huh.

Secor, M.D.: I would say that--that people--dual assembly workers would still have a time factor problem. With the professional, though, there are things to be studied after hours, conferences to go to, continuing education that has to--criteria that have to be met for you to stay on certain staffs and boards and things like that.

Interviewer: I loved your phrase, "When I'm off, I'm not off" [laughing].

Secor, M.D.: Right. Right. So that is a disadvantage. And there again, I think that in the dual-professional career, you can understand each other's strains there--

Interviewer: Uh huh.

Secor, M.D.: --maybe more than if you'd never been subjected to them yourself. But you do have to be a time-juggler, particularly during certain of your child-raising years, and I would say the school years maybe even more than the pre-school years, which is also opposite of what anybody tells you. But the school years require more schedule-meeting--

Interviewer: Uh huh.

Secor, M.D.: --than do the pre-school years.

Interviewer: They're more difficult to control because when the children are younger, you can impose a lot of your own wants on their needs.

Secor, M.D.: Uh huh.

Interviewer: I think you can, you know--You know, you can invite children over. You can ask your children to go to somebody else's house, even if they don't particularly like that child; but when you move into the teenage years, they have very, very definite needs and very definite opinions and wants, and so forth and you no longer can control them.

Secor, M.D.: They have very definite schedules.

Interviewer: Uh huh.

Secor, M.D.: You cannot schedule band practice around your--You can schedule when your five year old's going to have company around your schedule, but you cannot schedule basketball practice, and band practice, and hand bells, and all of this. They have schedules they have to meet.

Interviewer: Uh huh.

Secor, M.D.: So the time factor multiplies by ever how many children you have. You were juggling between the two of you, and then when your children get a rigid schedule, too, and most teenagers are very community active--

Interviewer: [Laughing].

Secor, M.D.: --then you've got that much more to juggle.

Interviewer: Uh huh.

Secor, M.D.: And it's further away from home. You've got that much longer to car-pool.

Interviewer: [Laughing].

Secor, M.D.: You know, distance-wise. They're not going around the corner to play with a friend. They're going down off the mountain to the school or something.

Interviewer: Or up on another mountain or all the way over to [the far eastern part of the city].

Secor, M.D.: Yes. Yes. Uh huh.

Interviewer: [Dr. Secor], when there is conflict or strife, do you have any particular strategies that work well for you in resolving the problems?

Secor, M.D.: Yes.

Interviewer: Are you thinking of--? Okay.

Secor, M.D.: The old business of counting to ten. I will very often [pause] count to more than ten.

Interviewer: [Laughing].

Secor, M.D.: I will not say what comes to my mind, because I am--I am somewhat articulate. My mother is articulate and extremely sarcastic; and I know how it wounded me, and I will bend over backwards not to, so I will literally sleep on it. And usually, by the next day, almost always by the next day, I'm glad I didn't blurt out the first thing that came to my mind; and usually something has come along in my mind that would go, and it also gives the other person, who's got the schedule conflict or what have you, a little time to think of a solution, too. So usually, I just put--My biggest coping mechanism is to not do anything on the spur of the moment--

Interviewer: [Laughing].

Secor, M.D.: --unless something has been pushed, and that's not really spur of the moment.

Interviewer: Uh huh.

Secor, M.D.: If this is the fourth time this behavior, say, has come up that is irritating, then on the spur of the moment I will discharge my feelings because it's time the other person knew.

Interviewer: Uh huh.

Secor, M.D.: You've already been treading on thin ice and now you've broken through, most particularly with the kids, you know. I will think it over for a while, but that's--That's when I do something on the spur of the moment, but that's kind of a calculated spur of the moment--

Interviewer: Uh huh.

Secor, M.D.: --reaction. Like on time three, if this happens one more time, I'm going to blow up. So when time four comes up--

Interviewer: [Laughing].

Secor, M.D.: I blow. It's spur of the moment to them, but it's really calculated to me! [Laughing].

Interviewer: [Laughing]. Are there any strategies that you use in relation to time, managing time, that you can think of? Or any that are related to stress?

Secor, M.D.: Well, I would say I would like to know more strategies in that respect.

Interviewer: [Laughing].

Secor, M.D.: Let's see. Strategies that I might use in that respect. I do--there again, I depend very heavily on what-You say his name was Larkin? I'm not--I'm putting an "r" in there.

Interviewer: It's Alan Lakein--[spelling] L-a-k-e-i-n.

Secor, M.D.: Okay. It's not [spelling] L-a-r-k. Okay.

Interviewer: Uh huh.

Secor, M.D.: I try to make a list and decide which are the top priority items. And I never get everything done on the list; but I have noticed at the end of the day, if I have gotten the two or three top priorities done, then I feel satisfied. I have a feeling of satisfaction that the day wasn't totally wasted.

Interviewer: Uh huh. Those lists do help. I notice--

Secor, M.D.: Those help and--

Interviewer: --on the days that I don't make a list, you know, how disoriented I am. If I make a list, I move right on through.

Secor, M.D.: Yeh. Because he's really right. He talks about making--assigning things "a", "b" and "c" priority.

Interviewer: Yeh.

Secor, M.D.: And the "c's" are often c-z's. They can sleep right on into not being done.

Interviewer: Yeh.

Secor, M.D.: But that is helpful.

Interviewer: Uh huh. I find often that if I put something in a drawer to think about later, those c-z categories, that when I come back and look at them a week later, oh, gosh, then I just can throw them right away.

Secor, M.D.: Uh huh. Uh huh. It's resolved itself, or wasn't important, or--

Interviewer: Uh huh. Uh huh.

Secor, M.D.: Somebody else took care of it for you.

Interviewer: Uh huh. Uh huh.

Secor, M.D.: That's one area in time management that I'm afraid I'm not good at is the delegation. I almost--You know, I hate to ask somebody else to do for me sometimes.

Interviewer: I've thought of why I dislike doing that, and I think it comes down to loss of power, particularly as it relates to I'm not that confident that somebody can do it as well as I could do it--

Secor, M.D.: Uh huh. That's true.

Interviewer: --myself. And right now, for example, I have ten students, juniors, seniors and graduate students working for me; and I know how much intense work I have to put in to making sure that they do what I would consider just an okay job. Sometimes it just seems easier for me to go ahead and do it myself, because then I know I can get the level--

Secor, M.D.: Yes.

Interviewer: --that I'm satisfied with; and yet that costs me more time and more frustration, also.

Secor, M.D.: Uh huh.

Interviewer: It's hard to know sometimes what really is most helpful. Are there any other strategies that come to your mind for making a dual-professional career marriage work and work successfully?

Secor, M.D.: [Pause]. That's a pretty general question.

Interviewer: Uh huh.

Secor, M.D.: I think I could answer a specific easier.

Interviewer: All right.

Secor, M.D.: Other than just to say, I do think that it's very important to keep communication lines open. I'm all for the courses that teach ways of communicating now that I think--Well, like the PET courses have a lot of good thoughts that also work adult to adult and --that are married to each other--also adult to the work place. What I think a lot of us don't know ways to get our point across without unnecessarily hurting feelings. I think a lot of us sometimes--This is why I try not to do any blowing up on the spur of the moment or just let something sleep and see if the answer bubbles up over night.

Interviewer: Uh huh.

Secor, M.D.: A lot of us react to the situation and haven't even thought ourselves through what was upsetting about it to us.

Interviewer: Uh huh.

Secor, M.D.: And I think some of the communication courses force you, if you're going to express to the other person your really--your basic feelings about this, they force you to decide yourself what your basic communication feelings [are]. I know one of the examples given was the child coming in late, after midnight, and the first reaction that the mother had was to react in anger, "Why did she keep me so worried like this?" But then she realized that her, her really--Her basic reaction was she was so scared.

Interviewer: Uh huh.

Secor, M.D.: And then after the child arrived safe at home and had only had a flat tire or something like that, she was angry. Once she saw the child hit the door and she saw she was alive, she was angry for this inconsideration; but the basic reaction and the reaction she needed to get across to the child was, "I was frightened for you." And I think any marriage, dual-career, or any relationship, if you know some ways to get to your own emotions and then how to express them in an undamaging way is very beneficial.

Interviewer: I think what you're saying about in an undamaging way is the strongest feature that I've learned from those systems. It's easy to say, "You, you, you" and not to address the "I, I, I."

Secor, M.D.: That "I" message.

Interviewer: And when we do that and we talk about our own feelings, it's so much less threatening and the communication works so much more easily.

Secor, M.D.: And it forces you to decide what your own feelings are.

Interviewer: That's right. Uh huh.

Secor, M.D.: If you're going to send an "I" message, as they call it--

Interviewer: Uh huh.

Secor, M.D.: --then you've got to decide, "How am I feeling about this?"

Interviewer: Uh huh. For a specific question now, if you look into your background, is there anything that helped you prepare for coping with combined roles? Is there anything that you can think of, either about your--about situations in your life [end of tape] about the kind of life that you lead?

Secor, M.D.: Yes. I would have to say that the way that my mother's mother, my maternal grandmother and my mother viewed themselves and their roles and women in general has an awful lot to do with--with what I decided to do and where I am. They were both housewives. Granny only got to the third grade. Mother was the oldest of eight children during the depression. Granddad never got to school a day in his life, so there they were.

Interviewer: Uh huh.

Secor, M.D.: One of the largest families in [a southern state] with the lowest education. My granddad was smart.

Interviewer: Uh huh.

Secor, M.D.: He always--He worked in the sawmill. He was a lumber man. And the confidence that they had in their abilities and the confidence they had in the importance of their role and in their judgment, more than say the importance of their role, but in their own judgment and in their own mind, I'd say I was just not raised with an image of women as the weaker sex at all. You'd think it would be opposite. As I looked around as a kid, it seemed to me they were right! [Laughing].

Interviewer: [Laughing].

Secor, M.D.: But the--

Interviewer: Did your aunt come in and reinforce that?

Secor, M.D.: What?

Interviewer: Your aunt.

Secor, M.D.: Oh, heavens yes!

Interviewer: Uh huh.

Secor, M.D.: But see, she never married.

Interviewer: Uh huh.

Secor, M.D.: She was--She was always single. What she really enforced was the career choice. She [pause]--Mom and Dad didn't know whether I would stick it out for medical school. Granny certainly--They held high their role as a homemaker, not as the only proper role, but as definitely the most important way yonder. And so when I started college, it was Burley. In fact, Burley lived right--I would walk over to her--She worked at [the university hospital] and I would walk over to her apartment for lunch. We had always been close.

Interviewer: Uh huh.

Secor, M.D.: Way before this. But it was her that could talk to me about what I wanted to major in, what I wanted to do, and to give me another view from what Mother and Granny were giving, which was pretty much a biological role.

Interviewer: Uh huh.

Secor, M.D.: But not one of weakness or lesser intelligence, but pretty much a biological role. And Burley would just say, "You want to be more than just your biology," you know.

Interviewer: Uh huh.

Secor, M.D.: And she would--She would say things that if Mother had said them, about me majoring in home ec--

Interviewer: Yeh.

Secor, M.D.: She would say things that if Mother had said them, I would not have listened at all. Now, Mother and Burley are, were only fourteen months apart and they had sibling rivalry until Burley's last breath.

Interviewer: [Laughing].

Secor, M.D.: And so they were not that much at getting along. And I felt like that Mother was not paying Burley to say these things [laughing]--

Interviewer: [Laughing].

Secor, M.D.: --because they both were so strong-willed.

Interviewer: [Laughing].

Secor, M.D.: And, like I said, had so much sibling rivalry. But yes, she definitely, she definitely influenced the way I used my post-high school education. But she was building on a background that went through the entire Archer clan of how these women viewed themselves, and I just can't imagine how I would be if Mother was one that burst into tears when Dad corrected her about something. It was just the opposite, you know.

Interviewer: Uh huh.

Secor, M.D.: She would harp at him until he went out in the yard to get away from her! [Laughing].

Interviewer: [Laughing].

Secor, M.D.: But I can't imagine what it would be like to, or what I would be like, to have grown up with the opposite view. I think I like rural southern women.

Interviewer: Very strong.

Secor, M.D.: As very strong and the men as ineffectual. They take care of them. They wait on them, and this, that and the other, but it's because the men can't do it for themselves. It's not because they're in an exhalted position. At least in my family, it wasn't--

Interviewer: Uh huh.

Secor, M.D.: --because they were in the exhalted position of kingly--kingliness that earned it. It was because they'd probably fumble it up.

Interviewer: That's interesting, because in the North--I grew up in Vermont and lived all my life there. Women are also seen as being very strong.

Secor, M.D.: Uh huh.

Interviewer: And the men are seen as having once been strong, but having been beaten down by, not only by the weather, but also by the drudgeries that come along with trying to eke out an existence in a pretty rough and harsh environment.

Secor, M.D.: Uh huh.

Interviewer: And that's [pause] very interesting.

Secor, M.D.: Uh huh.

Interviewer: Really very interesting. A man I respect very much once said to me that women are the fabric that keeps society together.

Secor, M.D.: Well, I think he's right. [Long pause].

Interviewer: [Dr. Secor], one final question: Is there anything that you can think of that would make the combination of marriage, career, and raising a family easier? Is there anything that you can think of that would do that?

Secor, M.D.: [long pause] Hmn.

Interviewer: So many things to choose from! [Laughing].

Secor, M.D.: [Long pause]. I think one thing that would make it easier would be more back-up help for both in terms of day-care for

younger children, in terms of being able to find someone easily to help you take care of your home. I have a good housekeeper and I've been fortunate there, but I know most people switch around a lot, always hunting, and that's a low-thought-of profession or job; but gosh, she's the world to us.

Interviewer: It's essential to a lot of people.

Secor, M.D.: Essential, so essential. It should be viewed as essential.

Interviewer: Uh huh.

Secor, M.D.: So I would say some additional community resources in child care and additional community resources in helping you take care of your home and your lawn. You know, there's a lot of outside-of-the-home type things that we would like to hire to be done, and those people just don't seem to exist and for those type of roles to be regarded as more essential.

Interviewer: I think the thing that you mentioned in the focus group interview is also very important and that is that we socialize our children, male and female. Perhaps I'm biased in saying this, but especially our male children to be more sensitive to the needs of their partners.

Secor, M.D.: Uh huh.

Interviewer: I think so much could be done if we could--if we could free women from some of the responsibility that is ultimately theirs.

Secor, M.D.: Uh huh.

Interviewer: I'm aware of the responsibility that men have in this kind of marriage. I'm aware of the responsibility that they have in thinking of themselves so often as the bread winner, even though their wife's salary may be equal to theirs; but they still seem to own that kind of responsibility. But I think even more salient than that is the responsibility that the woman has, and that is as being the one ultimately responsible for the home and the children and the family. And I think if we could free up some of that, that we would have so much more energies that could come back into the marriage, that could come back into the professional life--

Secor, M.D.: Uh huh.

Interviewer: --that could come back into the community. And I hope that we can do that as a society. I really hope we can.

Secor, M.D.: I think there another positive step is the communication thing.

Interviewer: Uh huh.

Secor, M.D.: Because one reason, even when you share chores--one reason--and we do--

Interviewer: Uh huh.

Secor, M.D.: But one reason that it comes back down to being women's responsibility a lot of times if you'll examine it, it is the children coming to you with the problems and all, because you're the one out of the two that has been taught to emphasize relationships and to listen.

Interviewer: Yeh.

Secor, M.D.: And you are the sympathetic ear. And the sympathetic ear gets over-worked. We need, you know, two parents with sympathetic ears.

Interviewer: Uh huh.

Secor, M.D.: That the children can go talk to, particularly once they get--well, any time. But the woman is the sympathetic ear and she gets over-worked in that regard. They'll choose to come, even if you've divided your cooking chores right down the line. Until the men are more interested in communications and communication skills, we're still going to be overloaded with the problems. The problems are going to be brought to the sympathetic ear.

Interviewer: Uh huh.

Secor, M.D.: And that's where they always have gone.

Interviewer: And that--Of course, that gets right down to the very essence of what we do in society with our--You know, from the time the children are in the crib, we are really very definitely taking them--

Secor, M.D.: Uh huh.

Interviewer: --in particular roles.

Secor, M.D.: Uh huh. And they model after what's ahead of them too, see? Just like I said I modeled after the women in my family.

Interviewer: Uh huh.

Secor, M.D.: I just had the opportunity to get a little more education.

Interviewer: You were the oldest of how many?

Secor, M.D.: Four.

Interviewer: There were two in the group who were three out of five. That was an interesting position.

Secor, M.D.: Well, anyway to speak of role models, my baby sister who's eleven--who's ten years and eleven months--ten years and nine months younger than me is also a physician, but she said she would have never thought of it if I hadn't done it.

Interviewer: Huh.

Secor, M.D.: She's the emergency room physician at [a local hospital].

Interviewer: Is she? Right here?!

Secor, M.D.: Uh huh. She lives about a mile from me and is a great support and help.

Interviewer: Huh.

Secor, M.D.: And she never married. And looking it over, doesn't know if she wants to [laughing].

Interviewer: Yeh! Well!

APPENDIX N

INTERVIEW WITH HUFFNER, Ed.D.

APPENDIX

INTERVIEW WITH HUFFNER, Ed.D.

Interviewer: And I guess I'll begin by asking you--It's been a while since we had the focus group interview. Have you thought of anything to which you would like to add, or have you any reflections that you would like to share about that? In other words, I'll ask you an open-ended type question to start and just see, sort of, where you are.

Huffner, Ed.D.: Okay. One of the things that I'm convinced about is that the opinions or perceptions that we all had in that group had, had some relationship to age and experience.

Interviewer: Uh huh.

Huffner, Ed.D.: And I feel strongly it was--that there's some developmental stages in--among us. The other thing that I was aware of was that we--There is a certain set of values that have to do with our coping strategies.

Interviewer: Uh huh.

Huffner, Ed.D.: And they either prevent or help some of us. I--One of the things that really hit me in the face was that women professionals who were in [pause] professions that paid higher, coped with things in a little bit different way that what I can afford to cope. They, they, they were more likely to hire certain things done and I'm more likely to facilitate and, ah, mobilize my family.

Interviewer: Uh huh.

Huffner, Ed.D.: And I don't feel, ah, as guilty about doing that. And that's a combination of just not having the financial resources, but it may be that I have had more time not to worry about guilt and having somebody do a job that's traditionally female.

Interviewer: Uh huh.

Huffner, Ed.D.: I don't know, but that was one of the things. I felt like we were--So that's the second one. The third one was that I felt like that we were definitely all over-achievers and had very, very high expectations for ourselves. That's all I can remember.

Interviewer: Okay. What were some of the differences that you noticed in the age ranges? Now the range [was] from twenty-nine [which] was the youngest to, I believe, forty-eight [which] was the oldest. The woman who called in right before we were supposed to start is in her very late fifties, I believe, so that would have given us an extended range. You know, another--an additional ten years. [Pause]. What particular kinds of differences did you notice?

Huffner, Ed.D.: Well, it's hard for me to remember. It's just that some of the things that, that the younger women talked about I knew I had already settled in my mind; and I noticed that [pause] that [Dr. Thacker] had come to some of the same conclusions, [pause] and [Dr. Secor] is the ophthalmologist--

Interviewer: Uh huh.

Huffner, Ed.D.: Had too. And uh--but they--They were having--. It's a combination of having--of being--of the responsibility of young children and that seems to be something I don't any longer have. And I guess maybe it's made my life somewhat easier, having been through that. But it was--A whole lot of that interview was on things that I'd already made up my mind about.

Interviewer: Uh huh.

Huffner, Ed.D.: I just don't really remember now. If I could--You know, if you remind me of some of the things that happened there, maybe I could tell you what my--They wanted to stay on something that was--that was really important to them, but I had already made up my mind on that one and put it behind me. Guilt trips and trying to do everything. You know, being 100 percent all the time is behind me now.

Interviewer: Yeh. That was very definitely a theme that came through, and I think the women who were in their late thirties and in their forties were much more in a position to [pause] perhaps analyze what had happened so far in their lives, to take stock of where they were. I remember one person in particular saying she had decided that she was going to slow down. She was going to modify the pace of her living. I remember another person saying that she was on the verge of making a new career. I remember several women who said that--I remember that you and [Dr. Thacker] in particular, talked about the--being in a stage of your profession where you now felt that you would like to have more recognition from your peers. That perhaps earlier kinds of recognition were no longer as satisfying or as important. You had reached another stage. And--That did not seem to be so much a problem for the younger women. They were receiving a lot of their stroking, if we can call it that, from their husbands. They hadn't reached a phase where what their peers thought of them was as intensely important to them.

Huffner, Ed.D.: Uh huh.

Interviewer: That was a--

Huffner, Ed.D.: Well, I'm sure that's true.

Interviewer: --noticeable difference.

Huffner, Ed.D.: Uh huh.

Interviewer: As far as I was concerned.

Huffner, Ed.D.: Probably so.

Interviewer: Yes.

Huffner, Ed.D.: There's just so much going on when you start in a profession and you're very maybe excited about it. It's just--at this point maybe--I think one of the things that came about is that people have come to expect high performance and they rarely ever even thank you. And I'm not even--I'm saying even people that--like in professional groups.

Interviewer: Uh huh.

Huffner, Ed.D.: They come to--They know they can depend on you and so even after you do something way after hours and just because of your loyalty to them, sometimes they don't even bother to call and thank you. And it's--Sometimes that hurts. But on the other hand, I don't like just to--I don't like surface stuff, but it's just a matter of being taken for granted.

Interviewer: Uh huh.

Huffner, Ed.D.: And I feel that it is harder after you've done a certain amount of things to get the recognition, but I don't think that I'm bitter about that. I don't feel that that's true. But [pause] I think one of the things that I said in, in the tape was, I'm getting recognition, but not necessarily from the places that I want to get recognition. That was an interesting thing. Like this year, I think I got two professional awards and it was--It really was pleasing to get those. I had--I had some indication that I would get one and was really surprised by the other. But it's more of the day-to-day recognition--

Interviewer: Uh huh.

Huffner, Ed.D.: --that I'd rather have. Those people, those people--what I'd like to be is--is to feel--Now I don't want to make it sound like I'm an unvalued member of the department, but sometimes I feel like that I'd like to have my opinion asked and [pause]--And there's still quite a bit of chauvinism around. Uh, it's no--There's no question about that. I'll give you a story. We just interviewed

and hired a new woman and so one of the department heads--We were sitting around at a meeting and said, "Have you seen the new woman?" And I said, "Yes. I just interviewed her." "Well, what does she look like?" [Laughing]. He was more concerned--And he's not even aware of it.

Interviewer: Uh huh.

Huffner, Ed.D.: I mean, you know, he was more interested in the way she looked than her credentials. And it's just true--[long pause].

Interviewer: Unfortunately, it is. [Tape recorder turned off].

Huffner, Ed.D.: What you're talking about is exactly what I'm going through.

Interviewer: Uh huh.

Huffner, Ed.D.: It is that--uh, so far--You know, what do I have to look forward to here? Now I suppose--I'm now an associate professor. Someday, I will probably be a full professor. There are not very many women full professors here. I think--

Interviewer: There certainly aren't!

Huffner, Ed.D.: I think [Dr. Jones] is one. Okay. Now when I took stock of my life two years ago, I was trying to decide just what I was going to do because once you're into this achievement mode, when you do not see a new set of circumstances that are challenging you want--You have to create some.

Interviewer: Uh huh.

Huffner, Ed.D.: Because if you don't, well I think you just get bored, because--So one of the first things that I started doing--

Interviewer: Uh huh.

Huffner, Ed.D.: --was find out about a sabbatical. I decided that I was absolutely becoming boring to the world and to myself. So--I went to a meeting with my husband. Now I was just toying with this idea about a sabbatical. Now I was doing nothing more than accompanying [my husband], because we rarely get vacations together. He's--I'll tell you this, because it is one of my frustrations, of--He's on a quarter system. I'm on a semester system. Christmas is about it. So when he was--He went to a weekend meeting and it was relatively cheap for me to accompany him. We went down there and I absolutely--We just sat down and were dinner partners of a person who was in the--He was like assistant, or--well, at the university--to the president of [a state university in the South]. And he was somehow impressed with me. I do not know why.

Interviewer: [Laughing].

Huffner, Ed.D.: And I mean--All I did was have a dinner conversation with him and his wife, but I told him I was interested in taking a sabbatical and that I was interested in administration. And so he started making the way clear for me to come and to have my sabbatical in the office of the president of [this southern university]. Well, I mean the heads around here just went like wild, because, see, I really hadn't--I hadn't completed the papers for the sabbatical; but this was the time, [Interviewer], when they were trying to come up with some scheme to pay everyone's salaries, and so what--Do you know about this, where they would offer you a--a sabbatical, because they didn't have to pay you as much, or--? I think the deal was that I could go for a full year at half pay, and--See, that would have helped them out.

Interviewer: Uh huh.

Huffner, Ed.D.: Well, the thing of that was, I said, "Oh, I can't count on this [other university] thing, so I must make contacts." And I did make contacts all over, not--I didn't try to go too far away, because of family responsibilities.

Interviewer: Yeh.

Huffner, Ed.D.: But the [other university] was certainly within reach. I tried--uh, let's see. At [yet another] I tried at [pause]--I guess through the [state education board]--I've forgotten. What was the red-haired fellow's name that was here?

Interviewer: Tom Smith?

Huffner, Ed.D.: Yeh. And at [a fourth state school in the South]. I really--Really, the people were willing to have me come. They just were not willing to meet half my salary.

Interviewer: Huh.

Huffner, Ed.D.: But my contacts with the [first university] remained true.

Interviewer: Uh huh.

Huffner, Ed.D.: And what happened at the time was that I, uh, got notification of having received this federal grant that I now have, and I had to make up my mind which I would take.

Interviewer: Uh huh.

Huffner, Ed.D.: And they were very clear in telling me that if I turned down the sabbatical that I, you know, may not ever be offered another sabbatical.

Interviewer: Now who was very clear, [this university or the other one]?

Huffner, Ed.D.: Oh, no, no, no. [This one]. I mean the voice of--the dean spoke at that time and so I weighed it all and I thought, well, you know, basically my reason for seeking a sabbatical was to do something different and challenging.

Interviewer: Uh huh.

Huffner, Ed.D.: So I thought, well, it's not everyday that one gets a federal grant and that would be good experience for me. And, you have to know that--I wrote a grant that was my dream. I mean, it was funded so poorly that I wondered if it was possible, but we're doing marvelous things. I won't get into my enthusiasm over what I'm presently doing.

Interviewer: [Laughing].

Huffner, Ed.D.: But you see, I had--it's--I, I was trying to do something that would be different--

Interviewer: Uh huh.

Huffner, Ed.D.: --by getting the grant; and at the same time, I was applying for a sabbatical. Now--Now the thing that's come to me is, what will I do when the grant is over? Now I have--I'm fifteen months into a three year grant. So as you can see, I'm about half way.

Interviewer: Uh huh.

Huffner, Ed.D.: And I am almost totally engrossed in what I'm doing now. I mean, it's--I'm released from one class and yet it's a twelve hour a day responsibility, and it's been extremely successful. And why shouldn't it be? [Laughing]. It's getting five times the effort that most people--[laughing].

Interviewer: [Laughing].

Huffner, Ed.D.: --men--may I say men? would put into it.

Interviewer: Uh huh.

Huffner, Ed.D.: Because it's--it's--It happens to be, uh, given to an over-achieving woman that needs something--

Interviewer: And it was also--

Huffner, Ed.D.: --like this right now.

Interviewer: And it was also your dream!

Huffner, Ed.D.: [Laughing].

Interviewer: [Laughing]. So put all those together!

Huffner, Ed.D.: Yeh. So basically--But what I'm looking at is, now, what will I do after this is over with? And the thing is that--I don't--You know, I wonder if my body can stand as much hard work as I've already put into this, and, and, and--But I'm already to the point where I'm being more moderate about what I can do--

Interviewer: Uh huh.

Huffner, Ed.D.: --on the grant. It's just--It's a problem of staying interested. Once you've achieved a certain amount, what will happen next? And there really isn't--In our profession, there's really not that much incentive. I'm not sure that there's that much incentive for men, either, other than they may have some administrative position.

Interviewer: I would think probably not, because when you look--When you look around, where do you see the men? You see them in consulting. You see them extending out, you know, into the community much of the time for renumerative kinds of gains, but [pause] I think that's true also for men. I think they find their avenues elsewhere and--or additionally--and that's perhaps what we need to, you know, do more often. We need to use that strategy more often. But today's--You know, I don't know whether this is true also for--whether this is also a problem for people in business or whether they move much more easily than we do. But it is very frustrating to think, okay, here I am. Where do I go? And not be able to see--not be able to see within your own system the ultimates or the opportunities, or the possibilities for where you can go, especially when you're very achievement-oriented.

Huffner, Ed.D.: Well, sometimes I--I work on whether I should be so achievement-oriented.

Interviewer: Uh huh.

Huffner, Ed.D.: Like should I enjoy--you know, really enjoy reading more? I--I--I get that complaint about the amount of time that I give to what I'm doing to the point that I--Even though I enjoy being with people and friends and such, those things are cut to a minimum now. I just--I have a hard time handling [laughing] the things and so I say--Well, you know, it might be fun to, to enjoy your friends, and--I'm not so sure that there are many other things that I would want to put time into. I think the reason that I work like I do is that I enjoy it over some other things, but I can look at, at maybe doing more socializing is the one thing that I'm perhaps--wish I could do more of.

Interviewer: Uh huh.

Huffner, Ed.D.: I'd like to do--Uh, I'd like to do more traveling.

Interviewer: But achievement in the profession is very important to you, then?

Huffner, Ed.D.: Oh, yes.

Interviewer: Even, even though the rewards are not always the kinds that you want? Say, even though you have many external rewards, the ones that come from your colleagues are not as satisfying as you would like them to be? So--Do I understand, then, that many of the rewards then are coming from inside, are intrinsic kinds of rewards?

Huffner, Ed.D.: Uh, yes. Uh, that's--That's clear. I--I have to, uh--It's just what I'm accomplishing myself. Sometimes, I think I even said in the interview, a lot of people never even notice. I may--

Interviewer: Uh huh.

Huffner, Ed.D.: --I may gloat myself and I may tell somebody like my secretary, and I don't know whether she thinks that I'm--that I'm just on a trip or what [laughing]!

Interviewer: [Laughing].

Huffner, Ed.D.: But it's really--you know--and I may go home and I may mention it.

Interviewer: Uh huh.

Huffner, Ed.D.: But it is not much more than a mention--

Interviewer: Uh huh.

Huffner, Ed.D.: --there. So you really have to learn to, uh, reward yourself.

Interviewer: Uh huh.

Huffner, Ed.D.: It's--it's the achievement, though, I mean that--The--it's not just--It's not that I reach something that I get it to me. It's because--See, I'm oriented towards providing training for people. Accomplishing something [laughing] that I wanted to do that way. It's not that I've gotten a promotion. I mean, I appreciate that, too. But it's because I've accomplished something that had to do with what I see my job and that is to train people to be better at working with children.

Interviewer: Do you--Can you remember when you first wanted to go into education? When you first chose your profession? Can you remember why you chose it?

Huffner, Ed.D.: Oh, yeh [laughing]. I do.

Interviewer: [Laughing].

Huffner, Ed.D.: The thing that's interesting to--that was very interesting to me about the group was that my father was an attorney--

Interviewer: Uh huh.

Huffner, Ed.D.: --and I wanted to be an attorney.

Interviewer: Were you the eldest of the children?

Huffner, Ed.D.: No.

Interviewer: Sometimes the eldest children have that very close relationship with their father.

Huffner, Ed.D.: Well I thought about it when I was nine, and it--my--my--My family life had, has had quite a lot to do with my--my person now. My mother had four children, two boys and they're fairly close in age; and then there's ten years, and then she had two girls. And I'm the oldest daughter.

Interviewer: Uh huh.

Huffner, Ed.D.: And when my father died when I was nine, there was not much money. My mother had put my dad through school as a secretary, and so when he--He had really more or less established his practice and then he died of a heart attack.

Interviewer: Uh huh.

Huffner, Ed.D.: And they were really not in very good financial--[pause] well, I don't know where exactly--I can't believe that we were in such a bad state, but then I guess after--A lot of people might have been. [Sigh]. So what happened was that my mother continued to be a secretary, and my sister and I were at home and we became very independent persons. And we did housework. I sent myself to college. You know, it was just--You didn't sit around and wait--

Interviewer: Uh huh. You did what you had to do.

Huffner, Ed.D.: Where you don't--you just--

Interviewer: Uh huh.

Huffner, Ed.D.: --and then it wouldn't be provided for you.

Interviewer: Yeh.

Huffner, Ed.D.: And so, uh, we really, uh--[pause]. Well, we lived in almost slums, like.

Interviewer: Uh huh.

Huffner, Ed.D.: It's really a pleasure to me to look back [laughing] and know that it's behind me.

Interviewer: Uh huh.

Huffner, Ed.D.: But I--

Interviewer: You must feel a great sense of accomplishment, too, at what you've achieved.

Huffner, Ed.D.: Well [pause]--no.

Interviewer: No?

Huffner, Ed.D.: I don't feel accomplishment about that. It's just--You know, it was the kind of thing that you just wanted to get out of it.

Interviewer: Uh huh.

Huffner, Ed.D.: And, uh--But at some point in time when I was young, I mentioned--I think maybe it was--I don't even know whether it was while my father was alive or after he was dead that I mentioned--that I said something about wanting to be an attorney, and some member--some member of my family, I do not remember who, said, "Women lawyers never win a case." And I--Of course, my idea at that point in time about what lawyers did was that they were criminal lawyers.

Interviewer: Uh huh.

Huffner, Ed.D.: It--That was what my father was.

Interviewer: Uh huh.

Huffner, Ed.D.: And I had no idea that there was any other thing open. So I, uh--I gave that up early on and I remember by junior high, I had--I was--I always was a leader in my school. And by the time I went to junior high school, I had won some kind of a home ec award, and it really--at that point in time, I was--I was very fond of the home ec teacher and--such a long story--but I told her early on I wasn't--There was no way I was going to major in home economics, because I just didn't feel I could make a living from it.

Interviewer: Uh huh.

Huffner, Ed.D.: And [laughing] she didn't really tell me that there were other jobs--

Interviewer: Uh huh.

Huffner, Ed.D.: --that were--that you [laughing]--I just, you see, had these things in mind. Home ec, that meant staying at home and I can't do that.

Interviewer: Uh huh.

Huffner, Ed.D.: I've got to--I've got to have a paying job.

Interviewer: Yes.

Huffner, Ed.D.: I need--I need to have some sort of security, so I took typing! [Laughing]. So when it--so I did that. And I always was pretty good at tutoring people. When there was a student in the class that hadn't caught on, you know, they would put me in the back of the room with them.

Interviewer: [Laughing].

Huffner, Ed.D.: And so I found out that I had some talent that way. But the reason that I became a teacher was it was a socially acceptable, uh, job for somebody. And I--I put myself through college by--I worked here as a student. I went to [this university].

Interviewer: Uh huh.

Huffner, Ed.D.: And I was a student assistant in the education department, and then I had another job. I think I worked here maybe twenty hours a week and then I managed to work twenty or thirty hours a week at [a local department store], and they had me on a managerial training program and I did--I sold a lot of things. But I started out--[laughing]--I started out selling hats. See, I started working early.

Interviewer: [Laughing].

Huffner, Ed.D.: I sold--before I was--when I was around fifteen, I had a Saturday job at [another local store]. And [it] was on [the corner of two main streets] and it had no heavy equipment, you know, elevators or anything like that and they could--they could--they could hire me--but you couldn't work at [the department store] until you were eighteen because of the equipment.

Interviewer: Uh huh.

Huffner, Ed.D.: Well, my mother, see, worked there on Saturdays. She was a secretary all through the week, but she needed extra money and it wasn't long before she was taking me down there and I was selling shoes and stuff like that. My aunt managed a hat store, so I got some kind of job there.

Interviewer: [Laughing].

Huffner, Ed.D.: You know, the fast food business wasn't around! [Laughing]. You had to get jobs where you could.

Interviewer: Yeh.

Huffner, Ed.D.: So I had worked at the hat store. And so when I went--When it came time to go to college, everybody said, "What's [Mary] going to do?" And it never occurred to me that I was going to do anything other than to go to college. And mother said, "Well, she says she's going to college." And so I--I was into a lot of--it wasn't--I don't think I did a whole lot of work the summer before I started to college. I was into a lot of church leadership. I had been like president of the Episcopal youth in the state of Tennessee, and I had been a counselor, and all kinds of things like that. And so I just--I just went down close to the time that school--college was to start and told [the department store] they needed me [laughing].

Interviewer: [Laughing].

Huffner, Ed.D.: And worked out my hours, and--[laughing].

Interviewer: You must have been one busy student!

Huffner, Ed.D.: I was.

Interviewer: Huh.

Huffner, Ed.D.: And I was in a sorority, made--I made decent grades.

Interviewer: I'll bet you were in [a popular sorority], weren't you?

Huffner, Ed.D.: Yes.

Interviewer: [Laughing].

Huffner, Ed.D.: [Laughing]. Yes.

Interviewer: [Laughing]. A succeeding, successful [sorority girl].

Huffner, Ed.D.: [Laughing]. Well, I don't know about that, but it wasn't very important to me after I was in it. It was important to be accepted, I think, in one of those groups, because you see, I had--It was a social status and I was coming from, uh, the places that didn't have social status. And I wanted to be, you know, accepted.

Interviewer: Uh huh.

Huffner, Ed.D.: And then after I was in that, I was--I was busy and it really wasn't all that important, but the truth of the matter is that--that I really have never had very many women friends. And so that--I've had, I've had you know, a close woman friend maybe one at a time. Most of my friends have been men. I've had--when I--So, how I got into all of this was that I just--I rejected the business from [the department store], because at the time I just did not really want to be in a field that had as much--I was afraid--I just saw people come and go, uh, as buyers--

Interviewer: Uh huh.

Huffner, Ed.D.: --at [the department store]. And it looked exciting to go on buying trips, but I wasn't sure that I wanted to do that much gambling. And I had already--by the time I was--I was, had already a pretty good investment time into teaching. And so I decided that what I ought to do is to move on into what I was prepared to do--

Interviewer: Uh huh.

Huffner, Ed.D.: --and if I did not like it, then I guess I could have gone back.

Interviewer: But you hadn't always seen yourself as a teacher, then? From early on, you hadn't always seen yourself as--

Huffner, Ed.D.: No. I only saw myself as somebody who would be independent and would not have to depend on a man--

Interviewer: Uh huh.

Huffner, Ed.D.: --for an income.

Interviewer: And that was influenced by what happened to your--

Huffner, Ed.D.: Uh huh.

Interviewer: --your mother and your father perhaps?

Huffner, Ed.D.: Yeh. It was important. My education was like an insurance policy.

Interviewer: Uh huh.

Huffner, Ed.D.: There would never have been anything that had--I wouldn't allow anything to come between me and a college degree, because I felt like that that was my security.

Interviewer: Huh. Well, that's certainly understandable.

Huffner, Ed.D.: So I didn't plan so much. And I've--I've fallen into what I've done.

Interviewer: Uh huh.

Huffner, Ed.D.: I didn't intend to go to graduate school, either.

Interviewer: How did that happen? How did that come about?

Huffner, Ed.D.: My husband went to graduate school. I knew he was going to. And what I did was--

Interviewer: You were married, then, at the time?

Huffner, Ed.D.: Uh huh.

Interviewer: Okay.

Huffner, Ed.D.: And basically what happened was that, uh, I was teaching school and sending him to graduate school. We lived twenty miles away and we were very poor. And I [pause] found out that I could, in the summer time, go to some teacher training. That they would pay the dorm fee, as well as your tuition; and because I didn't need to live in the dorm, we could pocket the money that we needed. So it--that money--

Interviewer: It made it possible.

Huffner, Ed.D.: That money--yeh. But well, I could go to school, but I made extra money that we really needed.

Interviewer: Uh huh.

Huffner, Ed.D.: So I--The thing that's interesting about it is that though I started to graduate school about two years after my husband, I finished before he did. I'm so pragmatic, and [he] was very idealistic about his dissertation topic and perfectionist besides. I chose something that I knew I could complete, that would not be earth-shattering, but would be part of my work, and that I could finish. And it just happened--

Interviewer: Uh huh.

Huffner, Ed.D.: Now, I have to say that when I--During this, you see, I'm evolving. I'm getting more--you know, that I deserve this kind of thing. You know, here we are sending you to school when do I go? I mean, I just worked it out. Now I'll tell you where a real change in my life came was when my husband didn't get tenure and uh--it was when I realized that he might not get tenure and I was treating my profession as secondary to my personal life [pause]; and it dawned on me that my profession was going to be the thing that was going to hold our family together, financially, and that I better not take it for granted.

Interviewer: Uh huh.

Huffner, Ed.D.: And going through those--up until that point in time, I, I think I was probably--and I never have done a poor job in my profession, but--

Interviewer: Uh huh.

Huffner, Ed.D.: --it really made a big difference.

Interviewer: Yes. But society brings females up to think that way. That the husband is the primary bread winner, and what we've seen is that a lot of women accommodate their careers. I think I shared, during the focus group interview, this remark from one woman sociologist, that women tend to work in the profession rather than to have a profession. And there's quite a difference there, and I think it comes from the fact that we have been brought up to believe that the man is the primary bread winner and that--we want--We want both. We want the family and we want the career, and we will--but the family is always most important, most salient and, you know, the area of responsibility. We accommodate the career; we keep the career, but we make accommodations to make it fit. And what it sounds like, what I hear you saying, is that you had perhaps done some of that, at least in your thinking, maybe not in actuality; and that all of a sudden you had to abruptly reassess that and realize that your career was highly important and maybe would be more important to keeping your family together.

Huffner, Ed.D.: Well, that's true. [Pause]. And then after that point, I--I became a lot different about how I let family things infringe on my preparation time or my work time.

Interviewer: Uh huh.

Huffner, Ed.D.: I just--it just--It changed.

Interviewer: Uh huh. Did it put the career, then, in priority, or did--How would you rank it, as far as, you know, among the other roles that you have? Where would you rank that--or where at that time did you rank the career? I don't know. Perhaps it's not the same now.

Huffner, Ed.D.: Well, at that--Before the change, you see, all the family things were coming first.

Interviewer: Uh huh.

Huffner, Ed.D.: But then I--This, this happened some time ago and it might be that it had a lot to do with the age of my children. I've already mentioned that it's been easier to--Their demands are not as much as they used to be; therefore, the profession gets more priority. [Interviewer], it's really hard to make an assessment about this. I mean, whenever--I definitely let family matters and family responsibilities infringe more into my prime uh, efforts than my husband does.

Interviewer: Huh.

Huffner, Ed.D.: However, in--I would say that they're right up there pretty equal. I'm just more careful about how I use my time, and if--I have my children ordering their own clothes, doing a lot of things that are their responsibility, and my husband shares quite a lot more. Now when he became a house husband--

Interviewer: I remember that time.

Huffner, Ed.D.: --for a year, things shifted quite a bit. When we--See, [Tom] cooks one week or is the "lead cook" is what I like to call it.

Interviewer: [Laughing].

Huffner, Ed.D.: He's the lead cook one week and I'm the lead cook the next. And--but all our--Both our boys cook, also.

Interviewer: Uh huh.

Huffner, Ed.D.: And that, I don't think, ever would have happened otherwise. And--but it--but it--I don't know whether it's--I almost sometimes feel like it's weakness in me that I allow as many things to infringe on my time. It's--it's kind of like--You know, my husband sets up a schedule, and he just doesn't allow that kind of thing to happen. And he makes--he makes--He schedules time for the children and schedules time for things, but emergencies just blow his mind.

Interviewer: Uh huh.

Huffner, Ed.D.: And I'm more likely to do that and then have to pay for it later in the day, or, or on the weekend, or something like that.

Interviewer: Uh huh.

Huffner, Ed.D.: I didn't give you an answer, you understand.

Interviewer: Uh huh.

Huffner, Ed.D.: I said it's about the same.

Interviewer: Uh huh.

Huffner, Ed.D.: I find that at different times one thing might be--take priority. And sometimes I allow the family--Like at Christmas time, I don't do work. I try not to. I try to work right up to a certain time and then completely put work away.

Interviewer: So it's situational, depending on what's happening at that time, or the need of--?

Huffner, Ed.D.: Uh huh.

Interviewer: In the--Do you find that a dual-professional career marriage at any time causes any kind of competition? In other words, how does your having a profession impact on your relationship with your husband who also has a profession? Does it ever cause competition? Does it ever cause stress? I noted what you had said earlier about the tenure. Are there any other areas there that--that--?

Huffner, Ed.D.: If you're talking about competition between my husband and me, I don't think that exists. I [pause] I just don't think that's anything. If there's a problem, it's a lack of time for each other.

Interviewer: Uh huh. I guess I was also wondering, too, you know, when you have two people of such very high achieving levels, whether that causes any competition? Does that cause any stress?

Huffner, Ed.D.: [Pause]. Personally--between the two of us?

Interviewer: Not necessarily between the two of you, but you know, perhaps--Perhaps it's an interior kind of stress. I don't know. It may not exist for you. I'm just wondering if it does.

Huffner, Ed.D.: Well, [sigh] the--The stress is caused by getting jobs in line. If, if the two of us [laughing] had a wife--

Interviewer: Yeh [laughing]. There you go.

Huffner, Ed.D.: [Laughing]. Now--So what happens is that we hire as much--

Interviewer: Uh huh.

Huffner, Ed.D.: --of that assistance as we can; but then again, you see, I don't feel that we can hire as <u>much</u> assistance as maybe someone of another profession--

Interviewer: Uh huh.

Huffner, Ed.D.: --would be able to, because the <u>two</u> of our salaries may bring <u>one</u> of theirs.

Interviewer: Uh huh. We talked a lot about the freedom that we were able to buy.

Huffner, Ed.D.: Uh huh.

Interviewer: And I guess there are degrees of freedom that can be bought, depending on [laughing] what you have to buy it with.

Huffner, Ed.D.: Uh huh.

Interviewer: Moving on, [referring to protocol] I see some of these questions here that you've already addressed. One under the area of roles that I don't think that I've heard you address is: Does the reaction of your colleagues in any way influence how you handle multiple roles?

Huffner, Ed.D.: The influence of my colleagues?

Interviewer: Uh huh.

Huffner, Ed.D.: [Long pause]. I--Well, the question is not meaningful to me. Do you--Around my colleagues, I always try to act fairly professional, because I'm really not interested in any other kind of relationship with them. So, I suppose that they catch on to that and treat me in a professional--in a more professional mode. I rarely dress in any way that they think--I don't ever want them to think of me as--as a pretty little girl, which would be easy if I dressed in a certain way that they could.

Interviewer: Yes.

Huffner, Ed.D.: Because I really--I guess I want them to think of me as having something in my head [laughing]. So I guess that's the only way that the way my colleagues act--and I've already told you about their question about the other female person.

Interviewer: Yeh.

Huffner, Ed.D.: So I don't try--I try to look nice, but I don't try to look particularly attractive to them.

Interviewer: Okay. That question is one that's addressed differently by everybody; but some women have referred to, for example, the very competitive nature of their colleagues forces them to place more attention on their role of a professional than perhaps they might otherwise. That perhaps makes them put the role of wife and mother on a back-burner, at least.

Huffner, Ed.D.: Well, I have to say that I probably would never use my children as a reason for being late to a meeting.

Interviewer: Uh huh.

Huffner, Ed.D.: Or--Even if they were the reason. And I--I just--I just would never like to refer to any of my family responsibilities as an excuse when--for not getting my job done.

Interviewer: That's come through very, very clearly, even with the women that I've talked with earlier, three and a half years ago.

[End of tape]. For example, [Dr. Thacker] talked about working until two o'clock in the morning, her child being sick and she'd be up all night, and she'd be there for a 7:15 a.m. class in the morning.

Huffner, Ed.D.: Uh huh.

Interviewer: That type of theme comes home over and over again. [Pause]. Are there any other points that you would want to make about areas of stress or--Not particularly competition, but conflicts that exist in a dual-professional career marriage?

Huffner, Ed.D.: It's--The main thing is who's to do what, and we work out a certain amount of those things--

Interviewer: Uh huh.

Huffner, Ed.D.: --by reassigning who's going to be in charge of what thing. It's--it's just--It's a time problem. That's the biggest thing that we have and I generally try to find out how--To answer my question a lot of times, I think what would two persons of the same sex do to make this work out, instead of [laughing] is this my role or is that his?

Interviewer: Uh huh.

Huffner, Ed.D.: And some--A lot of times what I think that would be a solution I hold back, because one of the solutions is always for me to hop up and do it. And when I just enter into a conversation about how, how could this be done, I listen to what my husband says because he generally doesn't ask me to do anything more--He figures it out the same way [laughing] that I would say that I would like--

Interviewer: Uh huh.

Huffner, Ed.D.: --to have it happen with persons of the same sex, which is the--trying to make it work out. And so we try to assign something to the children to do, for us to do and I always do more than anybody else! [Laughing].

Interviewer: [Laughing].

Huffner, Ed.D.: [Laughing]. But then, on the other hand, it's not because I've been assigned that.

Interviewer: Uh huh.

Huffner, Ed.D.: It's just that I want to make sure everything goes smoothly, so I do my part and then coordinate other people's, too! [Laughing].

Interviewer: Right! Never losing that sense of control there! [Laughing].

Huffner, Ed.D.: [Laughing].

Interviewer: You do a lot of--a lot of--it sounds as though communicating what needs to be done. Does that also involve planning? Does that require planning?

Huffner, Ed.D.: It's the hardest thing to plan, to find time for planning.

Interviewer: Uh huh.

Huffner, Ed.D.: And [Tom] does not like to do it at all. He really--I have to trap him to.

Interviewer: [Laughing].

Huffner, Ed.D.: And I usually get him while he's shaving, or on the way to a place. He can't walk off when we're driving somewhere.

Interviewer: [Laughing].

Huffner, Ed.D.: He just really doesn't like to do it at all. And so I force issues.

Interviewer: Uh huh.

Huffner, Ed.D.: That's what I do.

Interviewer: So you're doing a lot of coordinating and delegating, it sounds like, too. Are there any other strategies that you're consciously doing to make this kind of marriage, with all its many responsibilities, work? You mentioned time. Everybody mentions time as just being a crucial factor.

Huffner, Ed.D.: Well, when--This has already been said, but we hire out as much as we can.

Interviewer: Yeh.

Huffner, Ed.D.: But then--You see, there are so many things that even though you have the money, you can't hire out.

Interviewer: Uh huh.

Huffner, Ed.D.: It takes more time to find the service than to actually do the job and--So in that case, like, you just go ahead and make time for it.

Interviewer: You're also doing one thing that I think I really haven't heard very much, but I think it's a marvelous idea. It has

benefits beyond us that aren't just immediate and that is what your sons are doing. That you may not have a network of help that you can pay outside, but that within your own family you're using all the resources. You mentioned your sons are cooking.

Huffner, Ed.D.: [Laughing].

Interviewer: Your sons are taking responsibility for purchasing their clothes and I think too often we don't do that, and I'm not hearing that being used as a technique either. I'm hearing a lot of, we look outside for help. I don't hear so much about, we look inside.

Huffner, Ed.D.: Well, you see, my own upbringing shows me that is a good strategy. My children are very independent and when--The one that, the younger son is more inclined to clean and feel lees confident to go someplace he's never gone before, and neither--Well, the older boy doesn't like to ride the bus, but he's forced to do things like that.

Interviewer: Yeh.

Huffner, Ed.D.: But they--they're extremely self-sufficient, and I'm very--

Interviewer: And that's a remarkable gift that you've given them, actually.

Huffner, Ed.D.: What I'm delighted about is just that they have--I think that they will be able to marry a woman that's as spiffy as I.

Interviewer: Uh huh. And do very well.

Huffner, Ed.D.: Uh huh.

Interviewer: Uh huh.

Huffner, Ed.D.: But know how--They know how to do a lot of things. [My older son] is so--had a rip in his sweater this morning and he came in and quizzed me about it, and then he put it on the sewing machine and just--I told him before I looked that I thought it would not be a good thing to use the sewing machine, but when it turned out to be a seam, he was able to put it on--

Interviewer: Uh huh.

Huffner, Ed.D.: --and stitch it up. I did a little help, but he's--It's not the first itme he's approached a sewing machine.

Interviewer: Huh. Of all the things that we've talked about and shared, what would you say are the advantages, as you see them, for a dual-professional career marriage?

Huffner, Ed.D.: Advantages?

Interviewer: Uh huh.

Huffner, Ed.D.: [Long pause] Huh.

Interviewer: What the meaningful aspects are? [Laughing].

Huffner, Ed.D.: Well, let's see. I think that my husband is really proud of me. [Pause]. I think he probably married me because he perceived that I was an energetic, persistent, hard-working woman; and I think he's enjoyed my accomplishments. Now, I--From my viewpoint, I'm glad that he is a professional man, because I think he understands the time that it takes to invest in a profession that a person that was on an hourly work pay scheme would not understand. And I don't think a lot of people in business would understand. There's so much that has--it's really good that [Tom] is a college professor, because he understands preparation and work time.

Interviewer: Uh huh.

Huffner, Ed.D.: And--But basically, [Interviewer], I got into this--into working as hard as I do because [my husband] works so hard. I had to create a life for myself [sigh] and I--I think I was perfectly willing to do something else, but I had to--I found out pretty soon that [Tom] was going to read and study and do a lot of things.

Interviewer: Uh huh.

Huffner, Ed.D.: And that I was going to be bored if, unless I found something useful.

Interviewer: Uh huh.

Huffner, Ed.D.: I think I could have married almost any kind of person. I think I was reared to be the kind of female that could follow the lead and, you know, be happy in a lot of situations. I think [Tom] actually encouraged me to get out from under, you know to--from his dependence. I'm not quite so sure he expected me [laughing] to do--to do all this, but then on the other hand [laughing]--

Interviewer: [Laughing].

Huffner, Ed.D.: So I think those things help out, you know, help out.

Interviewer: Is there anything in your background that has especially helped you handle multiple roles? Helped prepare you to handle multiple roles?

Huffner, Ed.D.: [Long pause]. Well, because I was reared in basically--My brothers were gone and there was my mother, and my sister and I. We just did everything.

Interviewer: Uh huh.

Huffner, Ed.D.: My--my--

Interviewer: The same self-sufficiency that you have given your children.

Huffner, Ed.D.: Uh huh. You see, we could not afford to hire a lot of things and now my mother has some definite ideas about what is a male or female-oriented role and she will always defer to men--men's opinion over mine.

Interviewer: Uh huh.

Huffner, Ed.D.: You know, that's--That's one thing that's very frustrating. But you see, my sister and I--Well, [Sally] was the type of person who would take apart the iron and begin to repair it. Now I was less anxious to do that, but what I started doing very early on was getting out to make money. And so what that left was my sister to stay at home and do repairs [laughing]--And she would seem more able--more interested in doing things--in cooking and washing and ironing. Now my sister is a professional woman and not married.

Interviewer: Uh huh.

Huffner, Ed.D.: But she--she did not--I guess we did a division of labor that we didn't talk about, but--

Interviewer: Essentially, we did the same in my family. We had a family like yours, a double family. There was a gap there--

Huffner, Ed.D.: Uh huh.

Interviewer: --in between. We did the same. My father died when we were--Well, actually my father was very ill first and we split the chores.

Huffner, Ed.D.: But did you ask each other?

Interviewer: I don't think so. I think we just sort of figured, you know, who was better and who liked what area first. And she always cooked and I always cleaned. And that was--it was just--it was an unspoken kind of thing. I always cleaned her room.

Huffner, Ed.D.: [Laughing]. Well, we didn't really do--I don't think we ever mentioned anything about it.

Interviewer: Uh huh.

Huffner, Ed.D.: I just got out and started making money in any way I could. And I don't even remember, [Interviewer], what I did

with the money. Now, I know that when I was in college where the money went, but when I made other money, I think maybe I just, did things--I don't remember handing it over to Mom--

Interviewer: Huh.

Huffner, Ed.D.: --but I don't think she ever--You know, I didn't support our family with it, but there must have been reasons when I was in high school or something like that, that there was--

Interviewer: Just the normal activities that did cost money. Possibly you just used it to--

Huffner, Ed.D.: Yeh, but my sister didn't feel that way. Um, she didn't get out and start--Now she, she went to college too. She worked in the library and she's now director of a library. But she, she went on a loan system. When I graduated from college, I think I owed $200. I mean I had no--had--just didn't have outstanding loans. That was the thing. So, I think [Tom] came from a fairly--Well, compared to us, I would say he was wealthy. His father had been president of a company. [He] owed more money than I did. I mean I started--I had been--I had saved--I mean, granted it didn't bring me a lot of interest but I had saved, had U.S. savings bonds because I could buy them as part of my work and I remember cashing those things so that we could buy a mattress. It was just--I mean, there I was [laughing]. It was just amazing that--And I guess he had put his money in things like a car. [Tom] really never has been money-oriented. As you can tell, I have. I've kept that pretty clear in my mind.

Interviewer: You've had to. Your early training.

Huffner, Ed.D.: It's true. See, I'm--I made [Tom] go to work. That's another thing that's interesting is that after he was a house husband he loved that job.

Interviewer: Yeh, you, you said that.

Huffner, Ed.D.: He loved it. He, he read, he studied. He was extremely good at it. And then I, after a year when his unemployment ran out, I said, "You've got to get a job equal of your unemployment. At least we know we can make it on that." And I said, "I don't care what it is, if it's ditches, digging ditches. I've got to--Our family has--" And I said, "It would be really nice if you could make more money because we've managed not to go into debt."

Interviewer: Uh huh.

Huffner, Ed.D.: Now I want you to know that--So he took a job, not in the field he wanted. But I think he's adjusted beautifully now. I don't think I could have done that.

Interviewer: Uh huh.

Huffner, Ed.D.: The--I think I would have been decimated had I not gotten tenure. [Pause]. Gosh, I don't know . . . . I don't think I could have handled that kind of rejection.

Interviewer: Um, yeh, I'm thinking personally. See, I took myself out of that and it has, it has its costs. It has its advantages and it has its costs. It would probably be impossible for me now to get back in. [Long pause]. It would really make one reassess priorities at a hard time of life because usually by that time you're--Here what is it? Seven years? Because unless you come in from the outside and have it written in your contract, a seven year period before you come up for tenure. So you're fairly well into your professional life by that time; what? You're usually what--Mid to late thirties?

Huffner, Ed.D.: I don't know. I don't remember when all this happened, but I guess it had to be his mid-thirties. But you see for a while, he continued to read professional journals in two fields. And I--I just--It was so funny, I said, "You're going to have to stop that. There's not enough time for you--Eventually, you're--" And see, I think I might have made the break faster, but I'm saying I think I would have been crushed and he, on the other hand--His ego was such that he just, he didn't see it as so much as reflection on him. I would have taken it personally.

Interviewer: Uh huh. It's probably a result of our socialization where we tend to focus more on relationships and nurturing and men tend to focus more on work, and it sounds as though he took the time for reflection and studying and re-grouping.

Huffner, Ed.D.: He must have.

Interviewer: He came back out and did what he had to do.

Huffner, Ed.D.: Of course, I think that's what everybody--I'm not very much of a judgmental person. I just think people do what they have to do. And, um--[laughing]. I look at what I see happening and I realize that we had to do. One of the reasons that I like having my profession is that I have my own world, and I can, um--I don't have to just depend on my husband. Now, on very few occasions have I just become part of his world. And one of these occasions made me realize that I didn't like, like it all. We went on a month-long trip to Europe and what happened was he was the keeper of all the money.

Interviewer: Uh huh.

Huffner, Ed.D.: And I didn't bother to learn the exchange system. The reason I did not bother to use the exchange system in the different countries was that he was so frugal that the answer was going to be no anyway.

Interviewer: [Laughing].

Huffner, Ed.D.: And so it was to be reaching into his pocket to get everything I wanted to do. I didn't, I don't care to have him pass judgment on everyone of my actions.

Interviewer: Uh huh.

Huffner, Ed.D.: He operates from a really different set of values on a lot of things, and I don't want to ask permission. So I want the independence that being a professional woman gives me, and furthermore--And that is in terms of making my own decisions about a lot of things, but I want the money. To me, money is power.

Interviewer: Uh huh.

Huffner, Ed.D.: And so, at a time when [Tom] did not get tenure, we did a lot of research. And I asked to keep the budget. Up to that point, [he] always did and the answer whenever I wanted to buy something was always we didn't have enough money. No matter when you asked him, you know, something we'd never have enough money. And he's extremely conservative, usually, and so--On the other hand, my upbringing--if we weren't supposed to have in debt we would never have had anything, so it doesn't bother me so much to be in debt; however, I'm smart enough to [know] how much goes out in interest. We don't really owe that much money, you see. I scheme more about how to use our money. And so I--I--I--I--that being a professional woman is a very satisfying [thing] because of this. I just like being my own person. And I don't think I could, could be my own person unless I, I made money. I'm--I think--

Interviewer: Unless you had a world of your own that let you make the money and--

Huffner, Ed.D.: Well--

Interviewer: --and gave you that sense of power?

Huffner, Ed.D.: I guess that there are some women that can but I went on to say--the qualifying was to make money because, see, [Tom] does not make very much money [teaching] so I thought I could be very happy staying at home doing crafts and sewing and house improvement on his salary. It took me so long to find out I could not. The things that would keep me happy and occupied--I could be a very good tennis player--

Interviewer: Yeah.

Huffner, Ed.D.: But if I wanted to--to need some lessons. I'm pretty good at a lot of things. And I can sew, you know, but that takes material and that takes thread. And you've--you've had to have a sewing machine. So I'm convinced that, that it took money, not just--not just--And then I'd have to say it also it was my job to be independent which I think would now. At some point in my life I wouldn't.

Interviewer: You know, there's also the point that the independence that each person has is important even beyond that because when you have that sense of self, when you have that, um, that kind of integrity that comes from knowing you are your own person and you have your independence, only then do you have enough to give back to each other in a relationship, so it becomes enriching even beyond itself. It's not only very important to you as an individual but then probably it becomes very important also to your relationship in that it lets you give more back. When you're happy with yourself then you have happiness to share [laughing]. [Tape recorder turned off].

Huffner, Ed.D.: Some of the other women who married professionals make enough money so that they could have gotten into hobbies and volunteer work and things that they could have expressed their individuality and yet they have something about them that wanted to express themselves in a profession rather than in a subservient kind of role. Well, I think that I could have--It's hard to say--I think I could have been happy in that role of the volunteer, the really good homemaker or, um--

Interviewer: The super woman?

Huffner, Ed.D.: Well, no. See I'm not really interested in super-mom. But I really could have been a very active League of Women Voters type. I could have been into different boards, things that I would be doing very similar kind of work to what I do now, without money if my husband made it. But then, it took me no time at all to figure out that what I wanted for my children and for my life couldn't be done on $15,000 a year. And so I had to make some kind of money. My first thought was to take part-time jobs. That way I could still be into, you know, my major role, being the homemaker, but then I could be an alert growing person by having outside contact. Well, that was not possible. I just couldn't seem to get part-time jobs and then I realized that I just--It was definitely the money that moved me in. At this point in time, I, I think that--[pause] that I could--I don't think I'd--I'm trying to decide if I would be as satisfied with part-time work or whether I could be as a community service volunteer. And I think probably I could [pause] now that I've already gotten into the money. If for some reason, [Tom] made a lot more money, I think maybe I could go back, go to that because now I don't feel so--I've already reached a place in my career now that I don't see where, much else to go either. And, um--

Interviewer: Would you still have that sense of belonging, though, that usually is very important? Belonging to--You know, part-timers never seem to have that feeling, that sense of belonging to something; they're always on the fringes. Do you think that would make a difference to you?

Huffner, Ed.D.: Oh, I don't like to be on the fringes. I want to be in the middle of it.

Interviewer: I don't know if that would be possible if you were a part-timer.

Huffner, Ed.D.: Well, I'm not sure, sure that part-time--But there are some unpaid jobs that are full-time. Now, maybe I'm just fooling myself. I know that there are some people who feel that their work is not good unless they make money and make a lot of it. I don't feel that way. But I know that--If I had something that was really satisfying and didn't get paid but there was enough money I don't think that would bother me. Does that make any sense? But, my mother-in-law is now doing almost full-time volunteer work in Washington, D.C., and she's working like an aide to a Congressman. They have some particular project that she's being like, ah, an administrative assistant on. And she goes to work every day. She makes no money. But she's so--She's the one that runs that little project. So, I mean, I see that you can be pretty much involved and be very important to, ah, a project without getting paid if there's already enough money.

Interviewer: Yeh. I think--That reminds me, that reminds me of something that we had in one of the courses on Maslow's hierarchy of needs [laughing]. Evidently, her needs for security and money and so forth have been met and she's reaching for something higher up on the ladder. Again, that has to do with stages of life and where you are and what needs have been met, and so forth and so on. Hmn.

Huffner, Ed.D.: She wants to feel important and, ah--

Interviewer: Uh huh.

Huffner, Ed.D.: Gee, I guess I do too. And the way I feel that way is mostly through my job.

Interviewer: Uh huh. [Tape recorder turned off]. Are there any other coping strategies that you can think of?

Huffner, Ed.D.: I exercise a lot. What happens is if I--If I go very long without the exercise then I have a sleepless night. And so--What I've found is that I do quite a lot of planning and if--What I'm trying to say is that I can do this planning while I'm exercising or while I'm lying on the bed. And so, I consciously have tried to let my mind wander or I may have a problem as I start running and a lot of times it pops out by the end of the time that I have gotten to, you know, a certain place in my running. But I do not allow myself to try to figure out solutions while I'm in bed. And I had to learn that because, you know I thought that, you know, while I was lying there wide awake I might as well do something. I found out that I was not wide awake for fifteen minutes but hours. So now I try to do anything to not think. And the time when I do think is when I'm running. So that's how I've coped.

Interviewer: Uh huh. That's an interesting strategy.

Huffner, Ed.D.: I get a lot of solutions when I'm out there. It's not that--I'm even not necessarily thinking but, I'm you know, I just have that topic and it seems like some of my better ideas have just come out.

Interviewer: Uh huh.

Huffner, Ed.D.: And I can do--I don't like to wake up immediately and hit the floor and just go and . . . . A lot of that kind of thing happens as I lie in bed really waking up, but since I have just a little time during the day usually I get up and do some kind of exercising in that time period and the ideas pop out. That's it [laughing]. [Recorder turned off].

Interviewer: What about talking with your mentor?

Huffner, Ed.D.: My mentor that died--we didn't--We talked but we did not talk on a regular basis. I had to solve a lot of problems, and--And so we would talk maybe about once a month but I still don't do a lot of leaning on anybody. And I certainly don't it with my husband; his life is too full--for me to carry my problems to him. So, so, I rarely do talk to people. I just sort of handle it and [pause] and--To me, if you're sitting around talking about it, you're not doing. You do one or the other, and I guess maybe I'm more for moving in and getting things done now instead of just talking.

Interviewer: More action-oriented.

Huffner, Ed.D.: I've always been more action-oriented but there just comes a time when talk just doesn't seem too--I'd rather be talking socially or--Well, actually, I think I'd just as soon be doing something like an active sport, hiking, than to be just rehashing things. There's not so much that can be done about it.

APPENDIX O

INTERVIEW WITH POMEROY, Ph.D.

INTERVIEW WITH POMEROY, PH.D.

Interviewer: Let's start out by letting me ask you a pretty open-ended question, [Dr. Pomeroy]. Now that you've had some time to think about the focus group interview, two months, are there any issues or any thoughts that occur from that time that you want to add?

Pomeroy, Ph.D.: Um, one of the observations that I had of the group is that we really did not talk very much about our identities as people. I found that a very interesting observation. Perhaps we didn't discuss that because we were so eagerly discussing other issues, but I thought it was strange that that did not emerge.

Interviewer: One thing that possibly could account for that was that there was a very close, closely followed structure of where one person would advance an idea and another person would pick up from it and follow with it. And, um, of course, that's good for a group discussion, but that prevented people from following different ideas. And then when, of course, when that topic had been exhausted, I would usually come in with another one, and perhaps that reaction and the limited structure I put on it prevented that. What particularly would you have liked to--What question would you have posed in that area? [Pause]. In particular, what would you have been interested in finding out about our self-identities?

Pomeroy, Ph.D.: Um, how people negotiated their own, their individual identities and how they saw themselves from [unintelligible]. Obviously, all of us had multiple roles which we were, are in the process of trying to accommodate, and, um, I find it very interesting to see how people balance different roles. I think probably--getting into the same kinds of things you mentioned earlier about the whole business of role conflict, it's also more than just a role conflict, although it emerges from that. Um, but the whole issue of identity, about who am I? in terms of these roles.

Interviewer: One of the things that I was interested in and tried to get at and hope that some of these questions here are relevant to that is the knowledge that we have of how, traditionally, a professional man's wife identified herself. She very frequently took his identity to become hers and perhaps by reason of the demand that his work required and the fact that traditionally it took two people to make that profession work and that she was in the real Webster sense of the dictionary a "help-mate", she took her identity very often from his. One of the things that I shared with the other participants is the work that Maggie Scarf has done as she talks about women and their identity and she

relates what she's found to the work of Daniel Levinson. Very frequently, she says, that whereas men look at the two areas of life that we all have to deal with--those areas of work and love-- and whereas men tend to focus on the area of work first and then pursue the area of love, women tend to be more concerned about relationships and pursue the area of love first; and when they have satisfied that need, turn their attention to work. What so frequently seems to happen, according to her study, which is written up in a book called Unfinished Business, is that women don't come up with a dream of their own the way men do. Women tend to adopt their husband's dream; they tend to share his dream; they tend to define themselves through the husband and through his dream. And that is a fascinating explanation to me of why so many women, as they move into their mid-thirties and on into their forties, feel that they don't know who they are or feel they have no identity when their husband leaves, either through death or divorce. They feel completely and totally stranded; they really feel a loss of self. So I was--that question that I had asked earlier that went, you know: What happens when two people of very high achieving needs marry each other? was an attempt to get at that issue. Do you feel yourself, from what you've observed, that professionals who marry professionals have an easier time keeping their identity? Or do they have a more difficult time? Or how would you size that up? What have been your observations?

Pomeroy, Ph.D.: Ah, do you mean do the women have an easier time or--?

Interviewer: Yes, the women.

Pomeroy, Ph.D.: I think number one, very few women who are professionals marry non-professionals.

Interviewer: Very true. It's--

Pomeroy, Ph.D.: So it's--That's a very unusual--

Interviewer: The rate, the last time anyone had one to share, was that 63 percent of the women with professional degrees who married married men of equal educational training.

Pomeroy, Ph.D.: Yes, because men tend to marry women who have equal or less education than themselves.

Interviewer: But the same is not true for a woman. Then tend to marry of equal--They don't usually marry beneath themselves.

Pomeroy, Ph.D.: That's true.

Interviewer: Or they don't marry.

Pomeroy, Ph.D.: That's right. That's true. Frequently, that's the case because they feel threatened, particularly by women who have

professional aspirations. They--And sometimes I think if I were a man, would I want to marry someone like myself? Men are asked to give up a great deal. I'd love to have a partner and I think most professional women would.

Interviewer: You said men are asked to give up a great deal?

Pomeroy, Ph.D.: Yes, I think they are. I really do. Um, [pause].

Interviewer: In what way? I'm not sure that I can translate that, that I can really interpret that. In what ways do they give up a great deal?

Pomeroy, Ph.D.: Um, whenever--In a traditional relationship between men and women in a marital situation and it's even in a non-marital situation, there is a situation in which the women cater almost exclusively to the needs of the husband.

Interviewer: Okay, I see where you're going now.

Pomeroy, Ph.D.: Okay. And that makes life much, very convenient for men because they are frequently not burdened with so many different kinds of mundane chores which the husbands of professional women , who are professionals and practicing professionals are asked to assume. When we first moved to town, um, I recall very vividly my husband being told when he said that coming [to this city] depended upon my being able, whether or not I obtained a suitable job, it was well, you won't have to worry about that. You'll make enough money to support your wife. And seeing through the years that all the other men in his group did not have to deal with some of the same kinds of things that he had to deal with. They were not asked to assume the household responsibilities with any significance. Their wives accepted fairly, at least outwardly--I was not close friends with any of these wives so I really can't say that they truly accepted it, but they did not seem to perform many of them. Whether the women accepted internally or not is another question. But they were not asked to assume these roles, these role responsibilities. Um, I--When I worked before [our son] was born one of my husband's partners said, "I've never changed a dirty diaper." I mean he was real proud of that. And his wife has a master's degree in dietetics, so this woman is a well educated woman who has been a professional in a very responsible position. But, um, once she married him and moved into a different role, their division of labor was such that she assumed a lot of the quote "dirty" work. And, I think, profess-even though the studies also indicate and I fully concur with the results that, in terms of my own situation, that men do still relatively little of the household responsibilities and relatively little of the childcare. Particularly while they may quote "help"--

Interviewer: And that's the word that's used over and over--that the men think of it as "helping" not as "sharing."

Pomeroy, Ph.D.: They don't take responsibility. They don't say, "I will be responsible for it." Or if they do, they don't follow through with it for extended periods of time; and as women we usually let do with it because we aren't--

Interviewer: Do you remember [Dr. Thacker's] comment that her husband would help if she reminded him and then she would have to call again to remind him about her reminder, and even so he would frequently forget? I think that's a good example of what you're saying.

Pomeroy, Ph.D.: It's certainly been the case in my relationship. When we were first married, I would become irate when he would say, "Well, I help you a lot." And I said, "I don't want you to help me because this is--You really share this household; we both have responsibilities." But I still find that I assume major responsibilities for both childcare and household activities, although I don't know that my husband would necessarily see it that way.

Interviewer: Yeh. Oh, you're right though. The studies--even up to last year--have shown that same thing over and over. The egalitarian marriages are a myth, even for the very youngest people who have been brought up with different attitudes. It's still a matter of one person--the man, the husband--helping the wife, not truly sharing. There are very, very few of those. And I think that that was at the crux of the question that I wanted to get at, because traditionally it did take two people to make a profession work by the very definition of what a profession is. It's total involvement, total, you know--As [Dr. Secor] said in the focus group interview: "When I'm off, I'm not off." It has taken two people to keep that running smoothly, and to let, traditionally, the man pursue it to the extent that that kind of calling requires. Because without the dedication, you know, there isn't the fulfillment of the profession. It just takes a long time to get a practice going or a profession, such as what we have in academia, going. It doesn't--It isn't an eight to five job.

Pomeroy, Ph.D.: Ah, see that is where I differ in terms of what I've been doing for the last three years. I have had an eight to five job. And I'm bored stiff, which is one reason why I'm probably going to leave my very lucrative job because I don't find it professionally fulfilling, not because I'm interested in having more hours because it doesn't give me the opportunity that I need to develop professionally. Um, but I have been able to have regular hours. I have a long day, but it's not because--Well, I work twelve hours at the office. It's not as if I were a physician working the long hours as my husband does. My husband works seventy hours a week. Obviously, someone assumes more of the childcare responsibility.

Interviewer: Which may be why so many women gravitate to academia, because there the hours are more easily controlled and there's enough of the breathing space that allows them to continue in the profession and do all the other responsibilities that would lengthen the hours at home where they can continue double or triple roles.

Pomeroy, Ph.D.: Definitely time--That is a major problem that we have working in a very structured bureaucracy. To take [the baby] to a doctor's appointment, I had to take off work. I can't take him between my teaching assignments or between meetings or whatever because you are expected to be at a particular work location those particular hours. [Interruption. Tape shut off briefly].

Interviewer: So still talking on this same topic and realizing that for you the--your working in the profession is being frustrated simply by the nature of the job that you have right now, how important would you say achievement is to you in your profession? How strong is that drive or that need for you?

Pomeroy, Ph.D.: Um, by profession, I assume my Ph.D. profession?

Interviewer: Um, um. Well, however you want to define it. We put down as your label, "Scholar." You said earlier a medical-sociologist. Do you identify yourself by medical sociologist? You did in the focus group interview.

Pomeroy, Ph.D.: Right. I still do, even though that's not how I've earned my income for the last three years. It's totally different. I'm now a power supply analyst. I have no identity with the work at all. Um, yes, that's the reason I'm willing to give up a very lucrative position because I do--I am in a situation in which I do have regular hours, weekends off, holidays, et cetera, benefits whatever you're supposed to look for in a job in terms of the economics. And, because it doesn't--It's not professionally fulfilling, and I suppose I do have a certain amount of ambition in terms of--not that I want to be the outstanding scholar in my field necessarily but that I want to do something that's significant and important. I wouldn't be doing it to necessarily earn a tremendous amount of money, but I want to do something that I think is meaningful. I feel like I have an incredibly good education, a very expensive education which I did not pay for; and I feel like I have a responsibility, a social responsibility to utilize it. And I suspect that there are many Ph.D.'s who are in a similar situation and shouldn't feel that way, nor should I, in the sense that our economy is so structured that there isn't the need for many Ph.D.'s in today's economy. We've over-educated certain people beyond the needs which we as a culture are willing to support. And, ah, that's going to be more and more a problem for people. One deals with it in a variety of ways, intellectually and emotionally, I think.

Interviewer: But to be meaningful, it would have to be meaningful, what, first to you and then to society?

Pomeroy, Ph.D.: Yeh. Um, I--A lot of things are meaningful in a particular discipline. Now I might not necessarily find it particularly helpful--And I've always been very marginal in my field, and that's a strange kind of thing. Um, I worked in medical sociology which straddles the health field and an academic discipline, a practice field, did all my research in the medical center, had my office in the medical

center. Also I have a masters in public health, which also puts me into the practice field as director of health education locally. So I'm not a pure academician and never intended to be, frankly. [Recorder turned off for an off-the-record discussion of a position at a local hospital]. I have the right credentials for that sort of thing. But things that I have right credentials are also the things, because of my husband's role--particularly his role at the hospital. Part of it is the perception of what a physician's wife is if you're not also a physician.

Interviewer: Yes, that came up in a meeting that I was just at that went to at 4:15 p.m. One of the women on the committee sponsored by the Chamber of Commerce is a physician's wife, and everybody at the meeting seemed to know that. And they used that to--I was going to say cast aspersion on the kind of report that she would write; I'm trying to think of a more tactful way to say that--but they used that to make the assumption that the report she would write would favor an elitist education rather than a public school education. That's a not fair assumption to make, simply because of the role that one has by virtue of marriage. I think that's a very heavy burden to put on someone.

Pomeroy, Ph.D.: I think you find it for wives of physicians in a variety of ways. For example, I am sure, absolutely positive, that some of the male managers in my division would feel like why should she get a merit raise? She doesn't need the money, and I can appreciate their, their problem of--but it doesn't solve mine [laughing].

Interviewer: No. And that, I think, must impact on, in some way too, on your feeling of self-esteem because I think what others say about us, how they react to us, how they treat us, how they promote us and all those other ramifications have a lot of bearing on how we feel about ourselves in the world of work.

Pomeroy, Ph.D.: Oh sure, it's the old looking-glass speech.

Interviewer: Uh huh. And the very heavy reliance we put in this country, the heavy emphasis that we put on defining ourselves through performance.

Pomeroy, Ph.D.: Uh huh. Uh huh.

Interviewer: Are there any other stresses that come as a consequence of your husband's role as a physician?

Pomeroy, Ph.D.: Um, [pause] one thing has been--obviously one strain in a variety of ways--As you can tell it's very pervasive not only in terms of getting a job but in terms of how people react to me on the job; and my coping skills have been very interesting and I say that facetiously. I dress more casually and, um, probably less expensively than anyone else in my office.

Interviewer: My mother used to call that being a reverse snob [laughing].

Pomeroy, Ph.D.: Yeh, but it's really not because of that, although probably they think it is. It's because I'm opposed to wearing hosiery. I really enjoy being a graduate student, wearing dungarees all the time and I will even occasionally come in wearing a suit and say, "This is my rich doctor's wife outfit and I just make a joke about it." [Inaudible comments]. The other conflicts are time, since we have a child; we have a household, and I also help my husband in terms of his business-type things. I maintain all, you know, the household-type stuff. I pay the bills each month. I tried letting him pay the bills--I say I tried; we tried, and they just don't get paid which is a passive-aggressive way of saying I don't want to assume responsibility for this. And that's part of what's going on, a little game we play [laughing].

Interviewer: Sounds like a familiar one.

Pomeroy, Ph.D.: Yes, many women have experienced that. I also--This is going to sound very strange. My husband relies upon my judgment a great deal in terms of his administrative kinds of things.

Interviewer: It doesn't sound strange to me. Actually, it sounds quite familiar. [Pause]. In the literature a lot of women speak about that as being one of the real benefits for both partners in the dual-profession marriage, that they have someone whose judgment they value highly and someone who values their judgment very highly.

Pomeroy, Ph.D.: That's true.

Interviewer: But that's still a responsibility.

Pomeroy, Ph.D.: That's a responsibility of--My husband is having to go to separate billing. He's a pathologist. The hospital has set all the fees and still, I guess sets the fees. And they, the hospital bills the patient directly. And now because of some changes, because of some federal changes in the federal regulations he has to bill patients directly. And he's been in the process of trying to understand what's happening and the changes in the regulations. And he has to change the structure of his practice to accommodate them. And, obviously, that's something people, most physicians, have been dealing with for a long time. It's just that it's something new and different for him. And he's also in the process of recruiting for another position. And I have obviously no skills, ah, knowledge in terms of his field of pathology and certainly don't ever advise him relating to how your pap smear, but he relies on me very heavily in terms of helping him to understand stuff. You know, read this, and what do you think it means? What do you think--?

Interviewer: Do you enjoy doing that?

Pomeroy, Ph.D.: Yeh, except that--I--Until he gives it to me at ten or eleven o'clock at night and wants it before the next morning. That I find very irritating because I'm tired and I can't do a good job of it. I enjoy doing it when it's handed to me--[inaudible words].

Interviewer: Uh huh. Would you say that you and husband use each other primarily as a support system, or do you have some kind of network outside marriage that you use? How would you describe your support system?

Pomeroy, Ph.D.: Are you talking about a social support system, an emotional support system, or an informational support system?

Interviewer: I wasn't thinking of any particular kind. I was waiting to see how you would define it, frankly.

Pomeroy, Ph.D.: Well, we're each other's major emotional support system.

Interviewer: Uh huh.

Pomeroy, Ph.D.: Um, [pause] obviously he has a tremendous information network he has developed through the years. Um, and we have friends, local friends who are, um, support systems and people scattered around here and there.

Interviewer: Do you have family that you include in your support system?

Pomeroy, Ph.D.: To some degree, yes. Um, my mother is not so much in terms of sharing kinds of--She's very sympathetic with the demands on my time. She's wonderful. If I say, "Hey I've lost my babysitter, come up and take care of my child," she'll do that. [My husband's] parents will do the same thing, but I don't--they don't--I would not include them in my quote"network of significant others" who support me in my family activities. Obviously, if these people were not here I would miss them greatly, particularly my mother. I don't include [my husband's] parents in my support system.

Interviewer: [Dr. Pomeroy], when you look at the many roles that you have which ones are the most salient ones to you? Now, obviously, we talked about three, and I don't mean to limit the question to three. You may have others that are eqully important to you, I don't know. Which ones are most important to you?

Pomeroy, Ph.D.: You mean in addition to the three that we talked about?

Interviewer: Well, include those also. There may be others that we haven't even mentioned.

Pomeroy, Ph.D.: There's a fourth role that we haven't even mentioned. The fourth role that I have takes a great deal of my time right now. It's being president [of the city cultural council]. It's a role that I very much enjoy. I get more pleasure from that than I do from my job, just because it's more stimulating. It's, it's more what I like doing, more people-oriented, it's more creative; and those are the kinds of things I like to do. But if we speak in terms of which roles are key; um, because I don't have a very strong identity with my job and because I'm marginal right now in terms of what I'm going to do with my academic profession, um, probably wife and mother are most salient. Until, hopefully, I'm able to re-establish myself where I want to be, it's very easy to, um, get into--for me at least--to get into a rut and accept things the way they are because change is very difficult.

Interviewer: Sure it is.

Pomeroy, Ph.D.: And--Of course, my husband has his interpretations that I'm an over-achiever who can't tolerate not constantly being the over-achiever, the person who always has to do very, very well. And until I come to terms with that, he doesn't think I'll be happy in [this city]. It's going to be very difficult to do what I want to do.

Interviewer: I was going to comment on that because change is difficult, but it is even more difficult when--Lots of times changes either happen, or we make the opportunity, or the opportunity occurs any way. But in some situations neither of those exists and you have to do some monumental changing. That's not quite the word I want to use here, but you really have to upset things, structures, to make a change that you had in mind for yourself personally happen. And I think that that often is the situation [in this city] because it doesn't happen by itself; and so to achieve the kind of change you want, you have to create yet another change. It's kind of a chain effect situation.

Pomeroy, Ph.D.: It sounds like you've been there before, too! [Laughing].

Interviewer: Well, there are a number of us who have spent a good deal, a number of us [at the university], who spend a good deal of time talking about where are the opportunities for women [in this city]. Let me reword that: for competent, highly educated women [in this city]. There don't seem to be a lot of opportunities. When you think of the--So when you look in the organizations and the top businesses and you examine who's in those upper levels of the structures, you don't find many women. They are very few and far between. When you look at women who have started their businesses in [this city], looking perhaps for another avenue, again you don't find very many. I think of one woman who's outstanding in the realty business, a couple of women who have service-oriented businesses, but basically they're in middle-level and lower-level jobs. They're invisible; they're

absent from the upper-level positions. Oh, they're one or two here and there. I think of maybe three at [a large government agency] that I'm aware of, that are visible to me as a public person; and there are one or two, you know, at the top levels of the university, and so forth and so on. They simply aren't there in [the city] and that's a very discouraging situation. [Dr. Pomeroy], I'm not sure whether we're finished with this topic or not, so let me bring this one out again. In the area of role conflicts, do you think of any role conflicts that are particularly related to traditional roles or merging roles? Which role conflicts that you may have, would you say are most intensive? And if you feel that we have covered this, just let me know and we'll move one.

Pomeroy, Ph.D.: I think it's mostly in terms of, um, [sigh]--Well, professionally it affects me more, professional conflicts between my work and my husbands' work, and I suppose--There are some situations in which I put myself that I would not be in conflict with him, say with the university situation. That kind of thing. It just so happens that the particular things that I've been interested in have been in conflict with him. But I think in terms of the day-to-day kind of things, I think it's a question of household things. I get really--and childcare. My husband spends a lot of time with our son and enjoys it but I still have quote "the responsibility." Um, and it's a conflict between--The conflict is that I don't have any time for myself. As a person independent of my quote "roles and relationship to particular others" really particular things, when was I--Until we had a child I spent a great deal of time alone, reading, doing other things that I just enjoy. And that was one of my major concerns about having a child, just the lack of privacy and solitude, and right now I have even less because my husband's parents are here for four weeks getting surgery locally so I have that to contend with which is driving me crazy. Um, but it's, it's a constant demand on time, the inability to--Another conflict in that regard is by working in a field outside of my own profession I don't have time to keep up with my profession the way that I would like to. I have to steal time away in the evenings instead of doing it at work--I can't read sociology [at work]. That's one good way to get myself in trouble. Um, so, it's done very late in the evening, and my child doesn't go to bed until 10:30 p.m. or 11:30 p.m. so it's very, very late to do that. That a conflict. When you're trying to do a good job, the job that you're working, at least I'm trying to do a good job at that--I'll put that in personal terms--and trying to keep up with my own field, I find it very difficult to find the time to do so adequately. And have the energy to do so, because also you don't--I don't have anyone to talk with about my own work. And that's a very critical kind of [pause] lacking.

Interviewer: Uh huh. Does this pressure of time and the fact that you feel you're in a marginal situation with your job, because it keeps you out of the profession that, by which you identify yourself, does that have a lot of impact then on your self-identity?

You were talking earlier that we hadn't got into the problem of self-identity and so forth. Does this lack of time impact on that?

Pomeroy, Ph.D.: Oh sure, because it's--I realize that I'm in a very critical point in my career in terms of my profession. After a certain point of time, your former professors aren't really excited about writing letters of recommedation for you as they were when you were fresh out.

Interviewer: Uh huh.

Pomeroy, Ph.D.: I feel like I really can't afford to quote "waste" any more time in this little diversion which we thought would not be a diversion at all. It was a very deliberate career move because I went [to the agency] to evaluate health and social programs which is in my field--administration, evaluation and research because I had a very practically-oriented training program. It wasn't a pure academic, scholarly-type thing, ah, in terms of the, you know, the university setting. And I did not assume that I would necessarily stay in that setting. [Pause]. So, sure, it does. It affects my self-esteem. It affects--It gives me a sense of, of urgency in terms of wanting to do this, but also a sense of fear in the sense that, okay, so I quit my job [at the agency]. And then what if I can't do it?

Interviewer: Uh huh.

Pomeroy, Ph.D.: And I'm still unable to do something in my own field? What happens then? Where do I get my sense of identity? I've never not worked since I was about fifteen. When I say work, I mean work for pay--except for--or else been a student. And even when I've been a student I almost all the time had a job or a fellowship which I considered being a student being a job because I was getting paid for it.

Interviewer: Uh huh. That relates again to something I mentioned earlier and that is that for so many of us identity does come also and very heavily from performance.

Pomeroy, Ph.D.: Oh, yeh.

Interviewer: And achievement through that performance. It would be so much easier if we identified ourselves just--if we could, through our--but I guess perhaps this doesn't make too much sense--If we could only identify ourselves through self-esteem; if we could give it to ourselves only internally and not have to rely on our performance. But I guess that's not possible because so much of that self-esteem comes from somewhere else. It doesn't all--Much of it doesn't come from within; it comes only from what we interpret externally.

Pomeroy, Ph.D.: We see ourselves as we perceive others to see us.

Interviewer: Absolutely. That's right. Uh huh.

Pomeroy, Ph.D.: Very much so.

Interviewer: What do you see as the advantages of a dual-profession marriage for you? You've spoken about the sharing the judgment particularly as it works on your husband's part.

Pomeroy, Ph.D.: Ah, my husband's a very bright person. And his--Some of the things he involved with are very interesting to me professionally. Since we're both in the health field we can talk well with each other and--It's like we almost have shorthand. Things other people can't understand we can communicate on immediately. And that's a real advantage. And I--One of the things that I have found is that some of the, some of my friends whose husbands are physicians and they themselves are not find that their husbands do not talk about their work with them at all; and I don't know if that is a function of the particular people they are or the fact their wives are not involved with their fields, because these are women who are well-educated with masters degrees and people who are, you know, they're certainly highly intelligent women. Obviously, the other advantage is that we have a very comfortable income, a lot of freedom that most people don't have. And, obviously, from an economic standpoint, decisions which affect [my husband's] career affect us more economically than the decisions that we might make about my career. And we can afford the luxury of having childcare and in defense of my husband, I'm sure it sounds as if my husband is an ogre in this piece, um.

Interviewer: No, it doesn't [laughing].

Pomeroy, Ph.D.: He's a marvelous person. And, um, when I have to go look for childcare, you know, I screen the people--which means I talk to most of them, and he goes to talk with all those. When we were making our decision, he was very actively involved in the process. Um, he is a very devoted father. He's the kind of person that would have--Oh, God, that brings up another role conflict. He would have a child every two years, okay? Um, and I realize that having another child would only put me that much farther behind in terms of my field, because coping with one child is significant; coping with two would be even more difficult since I would be having to start over and something.

Interviewer: Well, what then are the costs as you see it for a dual-profession marriage?

Pomeroy, Ph.D.: Oh, the costs are that you have a lot more compromises that you have to make. I think the word "compromise" probably spells it out--sums it up better than anything because you have more compromises over the way roles are structured, conflicts over where you go to live--We came to live [in this city] because of me finding a job, not [him]. Very interesting.

Interviewer: Yes.

Pomeroy, Ph.D.: And conflicts over, um, [pause] working out the relationships where the two career lines cross. The other kinds of conflicts--and costs that are associated with this--are for men. As I said, they give up a lot in terms of time. I think they gain a lot, but it depends on whether or not they define that as valuable because values are an individually defined kind of thing. Um, basically I think it's the whole business of having to make compromises that you would not otherwise have to make.

Interviewer: Would you say that's a major coping strategy for you?

Pomeroy, Ph.D.: Oh yes, I think--yes, definitely. You know, I compromise all the time, um, in terms of what I do with my time. I have this child here. What do I do with him? Ignore him? He didn't ask to be born. My husband doesn't get home sometimes until nine o'clock, and I go, "Okay kid. Into the playpen with you, into the bed with you. You may scream all you care to."

Interviewer: [Laughing].

Pomeroy, Ph.D.: "I'm going to sit down and read my journals."

Interviewer: Uh huh.

Pomeroy, Ph.D.: Sure, it's a compromsie. Um, particularly since I leave the house at 7:30 a.m. and don't get home until 6:30 p.m., I feel I should spend so much time with the child. And basically that's what we do. One of us does that all of the time when we're not at our jobs.

Interviewer: Are there any other coping strategies that are effective for you? Or that perhaps that are ones that you have to use that may not be so effective? [Laughing].

Pomeroy, Ph.D.: Oh yes, oh sure. You pay to get other people to do things.

Interviewer: Uh huh. That came out quite a bit in the focus group interview; you pay for the freedom.

Pomeroy, Ph.D.: That's right. I pay to, um, have somebody come and clean my house. And I realize that's a luxury because most working people--mothers--do not have that luxury, and so I can bitch and moan all I want to--and "bitch" is obviously a terribly sexist word--but I still have it so much better than, than most women who have jobs outside of the home in the sense that they have the same kinds of roles and role conflict plus the economic problems that I don't have.

Interviewer: I'm not sure that I agree with you, that they have the same roles because, for example, I don't know that they would feel the same need to come and keep up in their field.

Pomeroy, Ph.D.: Okay, that's true.

Interviewer: You do have another--You have a significant role that they don't have that delineates you from others, that increases your sense of time pressure.

Pomeroy, Ph.D.: That's true. That's absolutely true. Um, on the other hand, they may have more--They may have--For example, I can go out and buy a $60 or $70 dress. Okay? I don't have to wait, I don't have to wait until it goes on sale, and I don't have to go to twenty-five different stores until I find one that fits. Um, I may do that in my days of penury, but I don't have to. And so they have some constraints that I don't.

Interviewer: And also other people have different roles. For example, we were talking about the limited time that anybody has for friendship. Being a friend is a very significant role to many women. It takes a lot of time to pursue it. Possibly that need might be a very important role to somebody else and take, you know, an evening or two a week, depending on how that role is defined. And so it may take as much time as perhaps your additional role. I'm sure that it comes with the sense of need--well, I won't say that--the same sense of pressure of time as yours does.

Pomeroy, Ph.D.: That's true. That was something else I did note, um, in the group interview. Many of us believe that we have much less time for friends than we would like to have and feel that it is a loss.

Interviewer: A very real sense of loss.

Pomeroy, Ph.D.: Because it does take a tremendous amount of time.

Interviewer: Uh huh.

Pomeroy, Ph.D.: And it becomes more acute as we move from being childless to having a child because the time that I could previously spend with my friends, that was one of the things that I could choose to do, I no longer have that luxury, at least don't feel that I do. And maybe if I had friends who also had small children we could share that time together, spend time with the children and also spend time with each other, but I don't have that here locally.

Interviewer: Yeh.

Pomeroy, Ph.D.: And that's something I miss. Most of my close friends are really not here and partially because of the time involved in maintaining those, in developing those relationships--And it's really sad and when you--sometimes--There's a man in our office who is about my age is dying. He's really--I suspect he'll be dead in three months; he has metastatic cancer.

Interviewer: I'm sorry I didn't understand what--

Pomeroy, Ph.D.: He has a metastatic cancer.

Interviewer: A metastatic, okay.

Pomeroy, Ph.D.: It's almost spread throughout his body. Excuse me, you can tell that I'm more--

Interviewer: I'm familiar with cancer having two people in my family who've had it, but I didn't hear the first word and wasn't sure so I wanted to go back and check that so that I'd understand it later on.

Pomeroy, Ph.D.: Sometimes people at work kid me because I use medical terms.

Interviewer: So he may have three months?

Pomeroy, Ph.D.: Yeh. And I think, you know, if I were to die--If I found out I had three months to live I wouldn't be doing what I'm doing right now. No, I wouldn't. And that's not a very pleasant thought. It says something about myself and how I have allowed myself to continue doing something I really don't want to do. Um, at least in terms of my energy.

Interviewer: How did it happen that when you made your major change into analyzing these things, services, for [the agency] that then you moved from that into this analysis role?

Pomeroy, Ph.D.: Ah, very interesting. When I went [to the agency]--Okay, I finished my Ph.D. and I went to work briefly for a health planning commission, and it became increasingly obvious that the federal funds for that were not going to be around much longer. Okay? They actually hung on for another year. But I could see the writing on the wall. I was sitting around reading federal regs and I could tell from the language in the Congressional hearings that it wasn't going to be around, particularly once Reagan was elected. So I moved to [a university city] to work. I lived up there because we felt that this would give me an opportunity to get into my field. I was doing evaluation of health and social programs and I lived up there during the week and came home on the weekends. And then when they--There was a major reorganization of that office; it had nothing to do with me which--and the unit in which I was working was abolished. They transferred me to [another city in the state] and I knew I didn't want to be [there] and--because that's too far to commute. That's even farther--I'm two hours from where I worked now; from [that city] to home is about two and a half hours. And I knew that I didn't want to continue with that, so I scrambled around until I found something with [the agency] that I could do, um, use some of my analytical skills and, hopefully, from there to find something else that interested me, maybe in the--[The agency] has a large health services sector. And within the [agency] you can move around.

The problem is [the agency], like so many other organizations in the area, is contracting rather than expanding and under those situations there's limited mobility even horizontally. But once you get, you know it's very, very difficult to get into [the agency]; you've probably heard people say it.

Interviewer: No, actually I haven't.

Pomeroy, Ph.D.: It is now, very, very difficult now.

Interviewer: I knew they were cutting back severely.

Pomeroy, Ph.D.: Unless you're in engineering. Yes, if you're in engineering it's relatively easy. If you're not, it's very, very difficult right now. But that was the idea, to use that as a base from which to try to identify something within the organization.

Interviewer: But that seems like such a major change from looking at the health service-type programs to being a [power] analyst. How did--?

Pomeroy, Ph.D.: [Laughing]. But I have strong analytical skills, and it doesn't make any difference. If you can analyze stuff, you can analyze power data, or you can analyze health data. I do a lot of market-potential analysis kinds of things, and that's really, um--Most of that kind of work is based in sociology. All the theoretical and research background--

Interviewer: What I was thinking was that in the first position that you had, at least you were still dealing with the terminology in the field itself, and now you're using the skills but you're not working with that base of knowledge.

Pomeroy, Ph.D.: That's troubled me, too. I'll never be an engineer-don't have any interest in being one. But it was--At first it was challenging just to see if I could do it. And I was pregnant at the time and I knew it would be almost impossible for me to find another job when I was pregnant. You well know how difficult it is to get men--since men are doing most of the hiring--to hire you when you are pregnant. And I was very much afraid if I dropped out of the work force at that point it would be a long time before I could get back in. And, obviously, it's easier to move from one job to another and so on--It's very frightening for me to say I'm just going to quit even though I don't have a job.

Interviewer: Looking back over it, [Dr. Pomeroy], is there anything in your background that helped prepare you for combining multiple roles? Is there anything that helped condition you or in any way prepare you, either by watching other people or emotionally, or--Is there anything in your nature that has made it easier for you to cope with it?

Pomeroy, Ph.D.: Um, my mother worked, not when--worked outside the home, not when we were very small but later on. And part of--I decided when I was really quite young that I was always going to be financially independent. I was never going to depend upon someone else. Um, and so I've had that kind of incentive. I certainly never expected to marry someone who could quote "support" me.

Interviewer: Where are you--Are you an eldest child? Where are you in the birth order?

Pomeroy, Ph.D.: I'm a strange middle child.

Interviewer: A strange middle child?! [Laughing].

Pomeroy, Ph.D.: I'll explain. Um, my parents were married seven years when my brother was born, and then my brother was eleven years old when I was born. So I was not a typical middle child.

Interviewer: Umm.

Pomeroy, Ph.D.: My mother decided she wanted a smart little girl and she taught me to read when I was three--you know the usual--the things that are associated with first children.

Interviewer: Uh huh. There were really two first children.

Pomeroy, Ph.D.: That's right. That's what I'm saying; I'm a pseudo first child. That would, perhaps, be a better term than a strange middle child. Which is, obviously--You know the first born is usually the achiever. The other thing is, well, that prepared me for it is, while from an achievement perspective I'm a first child, from a middle child perspective I'm also a conciliator. And, I think, that's something one does a lot of in terms of role negotiation.

Interviewer: We were talking about compromising, which reminds me of another word "accommodating" and they all relate to being a conciliator.

Pomeroy, Ph.D.: And trying to keep the peace, although I find myself not always wanting to.

Interviewer: [Laughing].

Pomeroy, Ph.D.: [laughing] I have a temper.

Interviewer: Is there anything that you can think of that would make the combination of a career and a marriage easier for you?

Pomeroy, Ph.D.: Um, yes. I think in some ways, for me personally, it would be much easier if I were established in my own field rather than in an outside field.

Interviewer: I wondered if that would be what you would say.

Pomeroy, Ph.D.: Oh yes, because that--Obviously, I wouldn't have that kind of conflict in trying to work out the two things.

Interviewer: Uh huh.

Pomeroy, Ph.D.: The other thing would be much easier if I didn't have a child at all, or if I had only one child and didn't have a husband who wanted more. If I had a well-developed familial support system which I wanted around me. My husband would like to have his family here, but it would drive me crazy. Um, full-time. If I had a housekeeper who came to the house every day. These are very practical kinds of things.

Interviewer: I'm laughing because I share many of those. You struck a familiar bell.

Pomeroy, Ph.D.: It would be much easier to have dual-professional marriages if you could eliminate some of those roles. It would be easier for me if my husband--Oh! This is a perfect one. If my husband worked smaller numbers of hours. Um, yeh. Several things that could make it a lot easier.

Interviewer: I think if I had to say one that I would have liked, that would have made the combination much easier, it would have been the sense of equity. I think that, for me, that probably would have been all-important. I think it would have put a lot of other things into perspective. When you have a sense of sharing, when you have a sense of balance, then your self-esteem falls into place. Your role conflict is certainly dissipated and may even disappear completely. You don't have the need for so many coping strategies. So I think for me equity would have been an answer that I would have given among all the others that you have given. I probably would have wished for equity.

Pomeroy, Ph.D.: And we probably would have been a lot less angry. When you find--I feel that I'm trying to be super woman and I become very angry at myself for being in the role and letting my husband put me in that role. Obviously, I put myself in it since I assumed the role responsibilities but that's--I think I made some reference to that in the group discussion that we've been sold a bill of goods about being super woman.

Interviewer: It's not easy and while one might not want to do it, sometimes it's the only way out. It is the only strategy to keep everything going and, um, that makes a very difficult situation. Someone has to carry the responsibility, and if someone can not or if someone is not willing to carry the responsibility, it's left. It's either ignored or someone who is capable of picking it up and taking it on, does. And, as a result, often it's--I was going to say forced into taking it--but as you said, we all choose our own responsibilities but I will come back and say it's forced into being by virtue of default.

Pomeroy, Ph.D.: That's right because there are certain things that we feel very strongly should be done, um, and I can only stand a certain amount of dirt and in the house and untidiness and my husband really--So I do that. I feel like my child has to have certain kinds of time investment. And that gets done. You know, I spend Saturday morning instead of reading journals I'm out buying shoes for my child. And it's a choice. But he's not going to take the kid out--He's finishing working.

APPENDIX P

INTERVIEW WITH ALDER, M.D.

APPENDIX

INTERVIEW WITH ALDER, M.D.

Interviewer: We did a lot of sharing that evening. We had a lot of themes that were very common to everybody. I think we all talked very heavily, for example, about responsibility, about the number of roles that we had, about some things that we wished had been different. Is there anything that you think of or have thought of since that time that you'd like to comment on? Any new thoughts? Any issues that occurred to you? Anything that you would like to add?

Alder, M.D.: Not right off.

Interviewer: [Dr. Pomeroy], for example, mentioned that she wished we had spent more time talking the whole topic of identity, self-identity.

Alder, M.D.: Uh huh.

Interviewer: And someone else wanted to pursue further the--had comments about mentors. Some people have had none; and that's fine, but I wanted to give you a chance, if you had something on your mind.

Alder, M.D.: I don't really remember what else, you know.

Interviewer: Okay.

Alder, M.D.: I wish I had known what we had talked about, because that's been a while and I can't remember any. It was mostly--I can't even think of anything.

Interviewer: Well, I don't have a copy of [the transcript] with me--

Alder, M.D.: Yeh.

Interviewer: --that I could show to you right now, but we talked a lot about--Well, it was organized into four areas. We talked a lot about what it means to each of us to be a professional.

Alder, M.D.: Uh huh.

Interviewer: How we define that term generally and for ourselves.

Alder, M.D.: Uh huh.

Interviewer: We talked a lot about achievement, about responsibility, what it's like being a professional married to a professional and sometimes the conflicts that occur when one career is moving in one direction and another is moving in another.

Alder, M.D.: Uh huh.

Interviewer: We talked about the number of roles that we carry. We talked about advantages of a dual-professional career marriage. We talked about when there is a conflict or stress, how we resolve it, not as much as we need to. We talked about who had had the experience of mentors and what that had meant. The tremendous pressures of time. The resulting lack of time for friends.

Alder, M.D.: Uh huh.

Interviewer: Several women commented on the loneliness that they really--While they felt they were achieving a very high level, they really felt very lonely in lots of ways because they didn't have time to pursue friendships.

Alder, M.D.: Right.

Interviewer: Let me see if there are any other issues that I remember.

Alder, M.D.: I guess what I'd, you know, like to know--you know, I don't know if it's in the study, but would--what would the difference be--How would you progress if you were just the only professional in the family.

Interviewer: Uh huh.

Alder, M.D.: I think it makes a difference.

Interviewer: Uh huh.

Alder, M.D.: You know, both professionals, like somebody has to give up something.

Interviewer: Uh huh.

Alder, M.D.: And it's usually the female that does.

Interviewer: Uh huh.

Alder, M.D.: But if you're the only professional, it looks like, you know, you progress a little faster--

Interviewer: Uh huh.

Alder, M.D.: --because you don't have to give up--the other one could support you more, if he is willing to, you know.

Interviewer: Uh huh.

Alder, M.D.: If you can get somebody who could really--

Interviewer: Uh huh.

Alder, M.D.: Which is very hard to find either.

Interviewer: Uh huh.

Alder, M.D.: To find a professional woman and the man to just sit behind and look and let you progress the way you wanted to, and that's what I felt. I kind of--I'm held back, because my husband is a professional and we have to grow together--

Interviewer: Uh huh.

Alder, M.D.: --but I always say, well, like the husband can do all the things more because he had a wife.

Interviewer: Uh huh.

Alder, M.D.: But I didn't have a wife.

Interviewer: Uh huh. And of course, traditionally--that was one of the reasons I asked that question at the beginning.

Alder, M.D.: Uh huh.

Interviewer: Traditionally, professional men have moved very well in their fields because they had a wife who was there to take care of things.

Alder, M.D.: To support. Uh huh.

Interviewer: For support, emotional support.

Alder, M.D.: Uh huh.

Interviewer: All kinds of support relating to doing errands, relating to entertaining.

Alder, M.D.: Uh huh.

Interviewer: All the other demands that are laid on a professional man.

Alder, M.D.: Uh huh.

Interviewer: And--but now we know that there are an increasing number of marriages where both people are professionals.

Alder, M.D.: Uh huh.

Interviewer: Both devoted to their careers and there's no support--

Alder, M.D.: Uh huh.

Interviewer: --or very frequently, only the support network that they can buy.

Alder, M.D.: Uh huh. Or you know, you just kind of tolerate each other.

Interviewer: Uh huh.

Alder, M.D.: Which we--Like in my case, we just kind of live together, but we live apart.

Interviewer: Uh huh.

Alder, M.D.: You know, we're professionally apart, but--

Interviewer: Uh huh.

Alder, M.D.: --it's not like a marriage of one supporting the other--

Interviewer: Uh huh.

Alder, M.D.: --trying to complement. It's not a complementary kind of situation. It's not like, you know, the wife complements the husband and pushes him a little bit--

Interviewer: Uh huh.

Alder, M.D.: --and whatever he cannot do, she will do.

Interviewer: Uh huh.

Alder, M.D.: And just kind--adds up to his status.

Interviewer: Uh huh.

Alder, M.D.: But in our case, I think you have a harder time being a professional married to a professional.

Interviewer: Uh huh. What I've been seeing in the literature states that it's very difficult for two people to pursue professional careers at the same rate. Usually what happens is that one person's

career will be [gesturing with hands] up here and one will be a little here--and that's not necessarily to say that it's the man's up here and the woman's down here. Sometimes it, you know, it changes--

Alder, M.D.: That's right. Uh huh.

Interviewer: And while one may be up here in ascendancy for a while, and then it comes down here and the other goes up.

Alder, M.D.: Uh huh. Uh huh.

Interviewer: But there's always the accommodation that's necessary, because it's exceedingly difficult for two people to pursue their careers at the same rate with the same intensity.

Alder, M.D.: Uh huh.

Interviewer: And we did talk quite a bit--I think you had a lot to say--uh, I know [Dr. Thacker] did, also, and [Dr. Huffner] did, also, about how much they felt they had, you know, accommodated, made adjustments in their careers.

Alder, M.D.: [Pause]. Uh, what, you know, I said I don't know if this is to your advantage or our advantage, but I'm happy that way, you know.

Interviewer: Uh huh.

Alder, M.D.: I don't--I would like to be a little bit more, you know--more known, or a little bit--do something else than I'm doing, but I still think my priorities is my family first.

Interviewer: Uh huh.

Alder, M.D.: And then my career. But it's a good balance.

Interviewer: Uh huh.

Alder, M.D.: And I don't think I would--I would do anything else to change right now. Maybe the other women who are coming up might do it other ways, but until the men, I guess learn to look at women as something different than just somebody to do their laundry I believe [laughing].

Interviewer: Well--[laughing].

Alder, M.D.: It takes a lot more in the man, too, to be able to--because I know my husband sometimes resents--

Interviewer: Uh huh.

Alder, M.D.: You know, like we are in a group, and I talk more and have more things to say than he does; and he would go away and disappear while I am there stuck, you know, holding my own with all the men.

Interviewer: Uh huh.

Alder, M.D.: You know, trying to hold a conversation, which I guess I sometimes I get carried away, and he didn't have anything to complement or to add to what I'm saying.

Interviewer: Uh huh.

Alder, M.D.: And that's why I said we just kind of live together, but live separately [laughing].

Interviewer: Uh huh.

Alder, M.D.: It's funny, you know. But I said I would not do it any other way. Maybe it's the personality of the person that goes with that career.

Interviewer: Uh huh.

Alder, M.D.: Some women don't want to be separated. They don't want to be dropped in a bunch of ten men in there and be left alone--

Interviewer: Uh huh.

Alder, M.D.: --to hold a conversation. You know, they are not that secure or something. I don't know.

Interviewer: Well, we know that professional women have very definite distinguishing characteristics. When I say we know, I'm talking about what the literature shows.

Alder, M.D.: Uh huh.

Interviewer: They often are first-born children.

Alder, M.D.: Uh huh.

Interviewer: They have quite a drive, a real need for achievement.

Alder, M.D.: Uh huh.

Interviewer: Competitiveness has not been a word that's been used, but a sense of drive is used instead, a need to excel.

Alder, M.D.: Uh huh. Uh huh.

Interviewer: Tremendous discipline, motivation. These characteristics show up over and over again. They don't tend to be passive people. They don't tend to be insecure. So I think that's very definitely--

Alder, M.D.: Yeh. I think you're born to be--I mean, you're just there to go on. I don't think you really develop it. You already got your slot.

Interviewer: Uh huh [laughing]. You think so?

Alder, M.D.: I mean, whatever you do, you're going to follow that course any way, because you know, I fit the mold that I'm first born.

Interviewer: [Laughing].

Alder, M.D.: And, you know, I've thought about everything, but how I decided on this course, my teachers kind of--I just kept on doing things, you know.

Interviewer: Uh huh.

Alder, M.D.: Being the best what I could do, because I felt like if I don't do it, it's not--I mean, I'm wasting my life if I don't do better; and I say, always be the best in what you are.

Interviewer: Uh huh.

Alder, M.D.: If you can't do it, then it's okay, but make sure that you do something--

Interviewer: Uh huh.

Alder, M.D.: --because that's what you're made to do. And I said I would always be better than what I came from. And so all of a sudden, they said, "What you want to do?" which must have been a week before the opening of school. You know, I haven't decided what course to take [laughing]. So, my teacher said, "Why don't you just go to med school?" I said, "That's a good idea." So I enrolled [laughing].

Interviewer: [Laughing]. Is that the first time you'd seriously thought of doing that?

Alder, M.D.: Uh huh. Because I was a sickly kid and I didn't think I could survive.

Interviewer: Uh huh.

Alder, M.D.: I mean, that's a long, long time. I mean, that's too many years.

Interviewer: Uh huh.

Alder, M.D.: And they said--I'd always--You know, I'd always liked math, and I had an easy time in math and an easy time in chemistry, and all the sciences.

Interviewer: Uh huh.

Alder, M.D.: I was just that way.

Interviewer: Yeh.

Alder, M.D.: And I hate history and all this memory work, and so I was--you know, they told me--I mean, the teachers really knew what I wanted, but I didn't.

Interviewer: I didn't know, because you had said just a few minutes before that you thought, you know, that people were cut out to do a certain thing--

Alder, M.D.: Uh huh.

Interviewer: --and I wondered whether you had thought of yourself as being a doctor and had just--

Alder, M.D.: No. I just wanted to be somebody.

Interviewer: Uh huh.

Alder, M.D.: Not--not--not what, you know. And I just kind of developed. I just--it was easy for me to learn.

Interviewer: Uh huh.

Alder, M.D.: You know, like all the sciences. It was so easy.

Interviewer: Uh huh.

Alder, M.D.: You know, I just kind of picked it up.

Interviewer: Uh huh.

Alder, M.D.: You know, math work and it was easy. For a female, they're kind of surprised for a female to be good in math, and I just kind of--It was easy.

Interviewer: Uh huh.

Alder, M.D.: Just easy. Abstract thinking.

Interviewer: Uh huh.

Alder, M.D.: And so all of a sudden they said, "Why don't you just go to med school? And my father said, "That's a good idea. Just go on." And I had never--

Interviewer: And there you were [laughing].

Alder, M.D.: [Laughing]. Now I'm here.

Interviewer: Yeh. What had you thought of doing before that?

Alder, M.D.: Nothing.

Interviewer: Did you have anything in mind?

Alder, M.D.: Huh uh.

Interviewer: You just wanted to be somebody. That was the sort of dream that you had?

Alder, M.D.: I just wanted to be what there's the least in it. At that time, we had already female physicians in our community.

Interviewer: Uh huh.

Alder, M.D.: These are not unusual.

Interviewer: Uh huh.

Alder, M.D.: We had three of them already.

Interviewer: Huh.

Alder, M.D.: All female.

Interviewer: Did you know them?

Alder, M.D.: Yeh. And I didn't really--You know, they were the rich, rich people, you know.

Interviewer: Uh huh.

Alder, M.D.: You have to be very rich to be, so I said we don't have that much money, you know.

Interviewer: Uh huh.

Alder, M.D.: And so--But as I said, we were not really close, close.

Interviewer: Yes.

Alder, M.D.: But we knew each other. So it just kind of--You just got channeled to that--to that kind of line and nobody else would go through it again. Not one of my family would like to go through the course.

Interviewer: After they saw you go through it! [Laughing].

Alder, M.D.: [Laughing]. Right. That's true. But a lot of my classmates were the first and second in the class--

Interviewer: Uh huh.

Alder, M.D.: --graduation-wise and I think I finished second in high school. So everyone in the class, like in the pre-med class, were at the top.

Interviewer: Uh huh.

Alder, M.D.: So it was a lot of competition. It was really tough.

Interviewer: Uh huh.

Alder, M.D.: Because I asked, "What were you?" "Valedictorian." Everybody was a valedictorian in every school.

Interviewer: Yeh. Uh huh.

Alder, M.D.: And so they were very bright and really--So as I said, these are the people and half of the students were male and half were female. And we were always the same, basically the same. We didn't--we just did what--a lot of competition.

Interviewer: Uh huh.

Alder, M.D.: Well, I enjoyed doing--You know, I was not really forced to do it.

Interviewer: At that time did you--You hadn't thought of being a doctor and you hadn't thought of really any other career, either, but had you seen yourself, did you picture yourself as being married?

Alder, M.D.: No.

Interviewer: No?

Alder, M.D.: No. Well, maybe it might come on.

Interviewer: Uh huh.

Alder, M.D.: But I was going to choose it the last.

Interviewer: Uh huh.

Alder, M.D.: So career was number one.

Interviewer: Uh huh.

Alder, M.D.: And--

Interviewer: You just hadn't defined what that career would be.

Alder, M.D.: Right. Because my grandmother wanted me to be a lawyer. I said, "No. Can you imagine me, a little, bitty thing standing up there in the podium, you know, arguing?" That's what I imagined myself.

Interviewer: Uh huh.

Alder, M.D.: But you know, [pause] as I said, marriage was the last.

Interviewer: Uh huh.

Alder, M.D.: If it comes on, it's okay. And so, I got married real late. You know, I was--

Interviewer: Uh huh.

Alder, M.D.: --probably--I must have been twenty-nine years old when I got married.

Interviewer: Uh huh.

Alder, M.D.: That was, you know, when I felt that I had done what I had to do, but you still have to give up a lot, you know, like the residency program.

Interviewer: Uh huh.

Alder, M.D.: I could have had a better program. I could have chosen a sub-specialty better than what I made.

Interviewer: Yeh. I remember you talked about that in the focus group interview.

Alder, M.D.: And I had a good program where I was going to go to a university setting, and I couldn't get in because he had to be in a university setting and there was no way we could both be in.

Interviewer: Uh huh.

Alder, M.D.: So and that was one of those--And somebody had to do the dishes, [laughing] wash the diapers.

Interviewer: Uh huh.

Alder, M.D.: But I said it takes a lot more, but my husband help a lot. You know, he--When I am very sleepy, like I was on call the night before, he would stay up all night reading, maybe, then resent it.

Interviewer: Uh huh.

Alder, M.D.: I think a lot of them might, because I know that this person that I know now, the husband is unemployed and yet the wife has a good job and he's giving her a fit about "you'd better quit," but who's going to bring in the bread if she quits? And he couldn't find a job, but he wanted her to quit because it was beyond his pride that the wife is the one making the money and he wasn't. So, you know, but maybe later on the man might learn.

Interviewer: Yeh.

Alder, M.D.: This is what probably will happen. They are learning.

Interviewer: Uh huh.

Alder, M.D.: And it looks like they are looking at girls who are intelligent, not just the dumb-blond, you know, that used to be.

Interviewer: Uh huh. Right. The whole difference, I think, will be when--And, of course, we're responsible for getting a lot [laughing]--

Alder, M.D.: Uh huh.

Interviewer: --a lot of these boys ready.

Alder, M.D.: Uh huh. Right.

Interviewer: But when they see it not as their role to help but their role to share.

Alder, M.D.: Right.

Interviewer: There's a lot of difference between the two, and I think [Dr. Thacker] got at that in the focus group interview.

Alder, M.D.: Uh huh.

Interviewer: That I think everybody was saying husbands are very helpful, but she would like there to be more sharing involved for these younger men so that, for example, she wouldn't have to call her husband to remind him to do something and then have to call him again to remind him to--

Alder, M.D.: Uh huh.

Interviewer: --you know, carry it out.

Alder, M.D.: To do the same thing.

Interviewer: Whereas, if you share, the responsibility is on two people, not just on one and one who comes in to, you know, lighten the load.

Alder, M.D.: Uh huh.

Interviewer: And perhaps that will happen as the time goes on.

Alder, M.D.: Well, you know, in my case, it really did. You know, after fifteen years, he turned around.

Interviewer: Uh huh.

Alder, M.D.: You know, I used to assume all the responsibility of making sure the kids go to the dentist.

Interviewer: Uh huh.

Alder, M.D.: The kids get an eye appointment. The kids, you know, have this, have their hair cut.

Interviewer: Yes.

Alder, M.D.: And have everything. And now he is assuming that. He would say, "It's time for this one to get an eye check-up. It is time for this." And it--I just completely stopped assuming it.

Interviewer: Yeh.

Alder, M.D.: I just said, "Well, if you don't do it, I'm not doing it." And it worked better. I mean, he started thinking.

Interviewer: Uh huh.

Alder, M.D.: At first, he resented it that--you know, "It's not my responsibility to make it. These kids get all these things." I said, "Well, if you don't want to do it, I'm not doing it either. Somebody has to do it." And now he starts making the appointments and then he'd write on the board, said, "This one has an eye appointment."

Interviewer: Uh huh.

Alder, M.D.: And it took a long time, and I think it's probably the generation.

Interviewer: Uh huh.

Alder, M.D.: And he started learning that if he does it, he enjoys doing it, too.

Interviewer: Uh huh.

Alder, M.D.: And he would call and he said, "So and so has to go this way, and so and so has to go that way."

Interviewer: Uh huh.

Alder, M.D.: And for some reason, he didn't resent it after you get him used to doing it. I just quit--

Interviewer: Yeh. But it's the fear of having to begin to do it.

Alder, M.D.: Right. Or I think we do a lot than we should really do.

Interviewer: Uh huh.

Alder, M.D.: And then what they do is just, "Well, if she's going to do it, why should I do it?"

Interviewer: Uh huh.

Alder, M.D.: But if nobody does it, then they take over, because I said in this last few years, I just quit. I said, "If you don't pick him up, I'm not picking him up either."

Interviewer: Uh huh.

Alder, M.D.: And then he'd call me and say, "What time are they going to be picked up?"

Interviewer: [Laughing].

Alder, M.D.: Because I said, "I'm going to leave them there until twelve mid-night," you know.

Interviewer: [Laughing].

Alder, M.D.: And he said, "Okay." And like he is off and I'm off another day, he said, "How come you sleep on your day off while I have to do the laundry on my day off?" So, I said, "No. It's my day off. I won't cut the grass." He said, "All right. If you're not going to cut the grass on your day off, I'm not going to do the laundry on my day off." So, you know, I think we just have to put our foot down. You know, it'll happen any other way.

Interviewer: Uh huh.

Alder, M.D.: And women does the same thing. Housewives does the same thing.

Interviewer: Uh huh.

Alder, M.D.: Because the husband does everything, the wife just kind of back off.

Interviewer: Uh huh.

Alder, M.D.: And I have, you know, known some housewives who wouldn't even hire a plumber because--even if the whole place is falling apart, wouldn't do anything. It's the husband's responsibility to hire the plumber.

Interviewer: Uh huh. [Laughing].

Alder, M.D.: So, I believe it's just human nature. If somebody does it, then I won't do it.

Interviewer: Uh huh. Well, that sounds to me as though that really--and you were saying this the other--that evening. That really has lifted a lot of the burden off you to have that kind of--

Alder, M.D.: Right.

Interviewer: --shared responsibility.

Alder, M.D.: I'm more relaxed.

Interviewer: Uh huh.

Alder, M.D.: I don't have to be frenzied to make sure this kid is picked up.

Interviewer: Yeh.

Alder, M.D.: Or this one. You know, and he'd call--

Interviewer: Uh huh.

Alder, M.D.: --he said, "What time do you want me to pick up the kids?" Because long before, he would never volunteer. He'd come home and sleep.

Interviewer: [Laughing].

Alder, M.D.: While I go running around. "I'm almost getting old. You know, if you think I'm twenty years old, you'd better, you know, start looking."

Interviewer: [Laughing].

Alder, M.D.: But I think we bring it on ourselves, too, I think.

Interviewer: Uh huh.

Alder, M.D.: It must be. Because as I said, in my own--In our situation, it changed completely.

Interviewer: Uh huh.

Alder, M.D.: And he didn't resent it after awhile. It took a little bit of--and like the dishes. He used to--He would not touch the sink and I had a housekeeper that comes in five days a week just to get the sink clean.

Interviewer: Uh huh.

Alder, M.D.: So, you know, when it got more expensive that they wouldn't--You know, it was getting more and more expensive and I would leave the dishes for three days to stink, he started cleaning it up.

Interviewer: [Laughing].

Alder, M.D.: I'm not going to wake up in the middle of the night and clean the sink. I'm not.

Interviewer: Yeh. If you think about, again this particular type of marriage where you as a professional are married to another professional, is there any effect on the relationship that you have with your husband because you are both professionals? Does it cause any competition? Does it cause any stress that you can think of?

Alder, M.D.: I don't--Well, sometimes maybe I criticize a little--But, I mean, I know more.

Interviewer: Uh huh.

Alder, M.D.: I know about--maybe it's because we are in the same line and sometimes that I would--I would bring an opinion on what he's doing, which I should really not do. Like comment on how he managed this and managed that. And then he couldn't comment on it, because he didn't know my line, but I know his line a little bit more. And like certain cases, which I don't think I should bring up at home.

Interviewer: Uh huh.

Alder, M.D.: But sometimes it helps, you know.

Interviewer: Uh huh.

Alder, M.D.: He would talk about his difficulty and whatever problems he had; and I believe it helps him, you know, to talk to somebody who understands why I had a problem putting this patient to sleep and he wouldn't wake up and he had a temperature. What would I do? And all this and all that. And I think it helps him, because people talk about what they--

Interviewer: Uh huh.

Alder, M.D.: --do at night.

Interviewer: That was mentioned very often, how reassuring it is to have somebody else--

Alder, M.D.: Uh huh.

Interviewer: --who understands, you know, at that high level, what's involved.

Alder, M.D.: Right.

Interviewer: All the issues involved.

Alder, M.D.: It's like talking to your own colleague, you know--

Interviewer: Uh huh.

Alder, M.D.: --when you get in a problem.

Interviewer: Uh huh.

Alder, M.D.: And I don't think anybody who is not in that profession will understand.

Interviewer: Uh huh.

Alder, M.D.: Like why was--like if they have to go somewhere and his case runs overtime and I don't get upset.

Interviewer: Uh huh.

Alder, M.D.: But other wives think that, why would you put your career ahead? I mean, I don't. I don't nag him because we didn't make it to the show because his case becomes complicated and he had to be there for another hour.

Interviewer: Uh huh.

Alder, M.D.: And I think one time that, you know, he knows I understand.

Interviewer: Uh huh.

Alder, M.D.: Like he gets called maybe at ten o'clock and I don't see him until the next forty-eight hours later on. So in that way, I think it's--

Interviewer: Excuse me just a minute. [Tape recorder turned off for interruption].

Alder, M.D.: Did the rest of them have the same thing also about this support?

Interviewer: Yeh. I haven't gotten them all transcribed and all typed yet so that I can go through and say everybody agreed on this--

Alder, M.D.: Uh huh.

Interviewer: --or half on this, but you know what I remember, what I'm hearing, or what I carry in my mind are some very, very common themes. A lot of the same things are being said over and over, and what you've just been talking about is seeing that there's just a very real advantage of this kind of marriage.

Alder, M.D.: Uh huh.

Interviewer: They really enjoy that. But that's very supportive to them in the advancement of their own career and very helpful, you know, to their husbands.

Alder, M.D.: You know, it helps. Because, like, you know, I have some patients on this and this, I'd tell him.

Interviewer: Uh huh.

Alder, M.D.: Like when we had that meeting the first time, and I get a call--They couldn't find me, I said, "You should have called them and tell them what to do, because you knew."

Interviewer: Uh huh.

Alder, M.D.: "I've been telling you what kind of patient I had."

Interviewer: Yeh.

Alder, M.D.: But I had that problem. "All you had to do was tell them what to do."

Interviewer: Yeh.

Alder, M.D.: He said, "No. I didn't want to do it, because you might get upset about it." I said, "If they can't find me and I tell you"--

Interviewer: Yeh.

Alder, M.D.: I usually tell him what patients I have in the hospital and what my problems are.

Interviewer: Uh huh.

Alder, M.D.: And you know, we're just kind of like friends, you know. Not--I think after you've been married that long, you turn out to be friends and you have somebody to talk that you know will understand and wouldn't criticize you in a way, I mean, you know, like somebody who was, you know, a different person who wouldn't have any feelings. So I--I mean, that's why I think it helps.

Interviewer: Uh huh.

Alder, M.D.: It's one of the good, nicest things I could think of.

Interviewer: Uh huh.

Alder, M.D.: But I said--not much the competition any more. I thought there would be a lot of competition on--It's mostly been money business. He still feels good if he makes more money.

Interviewer: Uh huh.

Alder, M.D.: And if that's what he likes, then it's okay, you know. But otherwise--And one thing good, also, you know, he thinks that, you know, he can do more. I mean, he has more power in the house because he makes more money. That is the only conflict that I could really see.

Interviewer: Of the many roles that you have, and we've talked about three in particular--wife, mother and professional--are there any other roles that are important to you? Are there any other major roles that you carry, chauffeur being one? [Laughing].

Alder, M.D.: Yeh.

Interviewer: You know, are there any other?

Alder, M.D.: Well, it's mostly--You know, my kids are kind of bright, so I don't even teach them. I mean, they can teach me. Their homework is another-I don't even help them with their homework.

Interviewer: Uh huh.

Alder, M.D.: Because as I said, they are particularly--you know, luckily--

Interviewer: Yeh.

Alder, M.D.: --they are brighter than I would be. I don't understand any of what they're doing. I mean, they're too far advanced for my thinking.

Interviewer: [Laughing].

Alder, M.D.: And then my daughter also, you know, has different lines that I couldn't even be, you know, a little bit of. So they're completely different from what I could do, you know. Like, as I said, they are much brighter than I would have been if I were in their stage. So they don't even need me. The only thing is, you know, just as I said, chauffeur and be there when they have something going on.

Interviewer: Uh huh.

Alder, M.D.: And you know, like they have games, you know, just extracurricular, that's the only time that they really need me.

Interviewer: Uh huh.

Alder, M.D.: Especially when they're losing [laughing]. And you'd better be there.

Interviewer: [Laughing].

Alder, M.D.: Because, you know, my [younger son], he wrestles. He's okay when he wins, but when he loses a match, you'd better be there so he can cry on your shoulder [laughing]. But when he wins, he runs off [laughing]. You know, he didn't even look at you. And so I think you're just there when they fall but not the other way.

Interviewer: Are there any other roles that you do, that you assume in the community? Or, for example, some people who have family here find that they spend a lot of time being a daughter, or a sister, or whatever. Are there any of those other roles that occupy a good deal of your time?

Alder, M.D.: Well, I don't have any family around here.

Interviewer: Uh huh.

Alder, M.D.: But, you know, I have family at home and that's--you know, sometimes that gets a conflict because always families are trying to--Most of the time they don't help the family anyway, which I have so much experience with it that I've made up my mind when I get married and have my own children, I'm not going to have anything to do with, not really my family, but just for emergencies. I try to stay away from them, because always, you know--I don't know how many percent which ruins marriages. The family always does. Everyone of them that I have known, you know, the families always are the ones who instead of helping, they break up the marriage. And so I made up my mind that, you know, that once I get married, that's it.

Interviewer: Uh huh.

Alder, M.D.: Except for emergenices. And we have both made up our minds that the only time we get involved in our other families is

for emergencies. We don't try to be connected in any way at all. But I think that is the only way to stay away from trouble. But as I said, we don't have any family here.

Interviewer: Uh huh.

Alder, M.D.: There are other things that I think professional women also--I don't know if the others think the same way. We kind of are isolated from like [pause] you know, community work. That is one thing. As soon as they find out that you are a doctor, they get turned off. I found out it was--I thought it was just because we were females.

Interviewer: Uh huh.

Alder, M.D.: Now I found out that even the men--He said, "It only takes them three weeks to find out I'm a doctor, and they turn off." And then they accuse us, or professionals, of not involving the community. I found out that if you try to get involved in it, they get suspicious.

Interviewer: Why do you suppose that is?

Alder, M.D.: I don't know. Well, I got involved in my daughter--just an example, in a ballet group.

Interviewer: Uh huh.

Alder, M.D.: And I was the only professional that was involved in it and they were suspicious. They thought I was going to take over the whole company, I mean, because they knew I can handle it.

Interviewer: Uh huh.

Alder, M.D.: You know, [laughing] I can handle the whole work, and for some reason they were afraid I would take over the whole--that's what probably--I felt.

Interviewer: Uh huh.

Alder, M.D.: But a lot of professionals feel the same way.

Interviewer: Huh.

Alder, M.D.: I don't know. Even with the church group like, you know, like women's club and all that, I was called in as a speaker, but I was not called in as a member. I mean, [laughing] they would treat you like a speaker.

Interviewer: Uh huh.

Alder, M.D.: Like I would--I would try to have--like, you know, in the church we would have a little, you know, like get-together or little like--what do you call it, little parties for the church.

Interviewer: Uh huh.

Alder, M.D.: And if I sign up, they will open their eyes, "Oh, you're cleaning the dishes?" [Falsetto voice].

Interviewer: Uh huh.

Alder, M.D.: You know, they think I'm not supposed to touch the dishes. I'm not supposed to clean the table. I'm not supposed to do this. That I'm not even supposed to cook!

Interviewer: [Laughing].

Alder, M.D.: And like some of the drug salesmen would come to the house. I said, "I'd better go home." I said, "I have to cook supper." Said, "I don't think doctors cook." I said, "How do you think my family eats? Somebody has to cook." He said, "I thought you had a maid, and a housekeeper, and you just go on and throw your clothes on the floor and somebody picks it up." And I said, "Where did you get that idea?" And I said, "I have a garden. I have a vegetable garden. And I, you know, scrub my floor, but if I can help it, I wouldn't do it."

Interviewer: [Laughing].

Alder, M.D.: "But, you know, I wash clothes and do other things." But I think it's just the community. It's not we. You know, I feel ordinary. I don't feel like I'm different.

Interviewer: Uh huh. They have a very distinct perception of what they think doctors are and what you should be, and that maybe it's disappointing to them if you're not.

Alder, M.D.: And then I cannot even go to the grocery in my shorts.

Interviewer: Uh huh.

Alder, M.D.: Because somebody would say, "Hi, Doc!" [falsetto voice]. And I would hide behind the counter.

Interviewer: Uh huh.

Alder, M.D.: You know, with slippers, and shorts and a tee-shirt, I couldn't do that. I don't even go to the grocery where I don't have to, because I have to dress up and I don't want to have to dress up to go to the grocery.

Interviewer: Uh huh.

Alder, M.D.: And, you know, half the time I would put my name in as a Mrs., and then when they see my face they recognize me, you see.

Interviewer: [Laughing].

Alder, M.D.: So, it's--You know, you can't hide.

Interviewer: Uh huh. Very visible in the community.

Alder, M.D.: Yeh. You always are.

Interviewer: Uh huh.

Alder, M.D.: You know, you cannot even go to K-Mart before somebody would recognize you. And so, I don't know. I think it still--It might probably change in the future, but I don't know how long.

Interviewer: I think it will probably be slow coming--

Alder, M.D.: Uh huh.

Interviewer: --especially in a small, closely knit community like this one.

Alder, M.D.: Right. Uh huh. Because like we always are supposed to dress up, you know, like to go to the hospital. There is one doctor who comes in in blue jeans and he could not get a partner, because his partner dismissed him because he likes to wear blue jeans and cut-off--you know--

Interviewer: Uh huh.

Alder, M.D.: --roll up his sleeves. No. You're supposed to have a suit and a tie or something. And I still could not go in an ordinary blue jeans to make rounds. I can't. I would think that the patients would be insulted if I walk in the room and come in with blue jeans.

Interviewer: Probably so.

Alder, M.D.: And they might think, you know what--I think--I don't think they would be comfortable.

Interviewer: Uh huh.

Alder, M.D.: It is mostly for them I guess that we do things like that.

Interviewer: Uh huh. Does the way that your colleagues react influence how you handle multiple responsibilities? [Does] how they react to you or what they say, perhaps, have any influence on you?

Alder, M.D.: Well, I think they already are seeing--the old, old doctors are already--I think that generation is gone, you know.

Interviewer: Uh huh.

Alder, M.D.: In that there were no women. But the ones that are in this community now, they are looking at women now like their own [pause], you know, colleague like we would like to be. Well, they're not giving us much responsibility, but there are new ones that are coming up now, you know, like, that are already in the big committees, hospital committees. And then, you know, you get treated--I think it's really how you act, and I don't see any--Like in this community, I don't know how many physicians are, but I don't see anybody who I would say, you know, is not respected by the other members, you know, they treat you like a lady would be.

Interviewer: Okay. Let me see. So many of these you've covered, [referring to protocol] so I don't need to ask you those at all. When you have a stress or conflict in your life--in your life because of this particular kind of marriage, do you have any strategies that you use to handle that, that work particularly well for you?

Alder, M.D.: Uh, what do you mean?

Interviewer: Well, for example, we all talked about the tremendous pressures of time.

Alder, M.D.: Oh.

Interviewer: And some people had very definite things that they did. Many people said, well, money buys freedom and we don't--By the time we've paid the housekeeper, or the babysitter, or whatever, there isn't a whole lot of money left, but that gives us the time to work on our profession, the time to be with our family.

Alder, M.D.: Uh huh.

Interviewer: Other people were talking about how they used--Well, you did a beautiful job of explaining how you used your time. You plan very carefully. You said you had to be on the dot. You schedule other--

Alder, M.D.: Right. I don't waste any time. Like I really budget my time so I don't have to rush.

Interviewer: Uh huh.

Alder, M.D.: I don't rush.

Interviewer: Uh huh.

Alder, M.D.: I mean, I'm not running, you know.

Interviewer: Yeh.

Alder, M.D.: Like, you know, when I came in, I came right on the dot.

Interviewer: Uh huh.

Alder, M.D.: And I really find--

Interviewer: You said that in the focus group interview that you have to be right on time.

Alder, M.D.: --myself always on time. I don't--I don't--well, I've always even five minutes early. That's what my husband's complaint is, because my kids--If they say, "Mother, pick me up at five," I'm there at five minutes to five.

Interviewer: Uh huh.

Alder, M.D.: And my husband comes fifteen minutes after five. So the kids don't want him to pick them up. They want Mother to pick them up. But I have learned--long time ago, I used to rush, and rush, and rush. I'm always rushing.

Interviewer: Uh huh.

Alder, M.D.: So I do this little reading. It says, "Live by the day not by the time and that would make it easier on you."

Interviewer: Uh huh.

Alder, M.D.: So like I plan my day or a week, you know, mostly.

Interviewer: Uh huh.

Alder, M.D.: I look at Monday like I would look Monday, Tuesday, Wednesday, up to Friday. I don't look up--like Monday is Monday, and Tuesday is Tuesday. I look at the whole week.

Interviewer: Uh huh.

Alder, M.D.: Like when I talk to you, you know.

Interviewer: Yes.

Alder, M.D.: I got to look at the whole week before I would plan it.

Interviewer: Uh huh.

Alder, M.D.: And so like, you know, I wake up at 6:30 a.m. I put the clock on at 6:30 a.m. or 6:15 a.m. and, you know, start dressing up and I already know how long it would take me to dress up.

Interviewer: Uh huh.

Alder, M.D.: And already the day before kind of think of what I'm going to wear, or sometimes I change my mind. The weather changes. And then dress up, put on your make-up, and then everything, and cook breakfast.

Interviewer: Uh huh.

Alder, M.D.: And then take the kids to school, which everybody--you know. And then drop them to school. I have two schools to get them.

Interviewer: Uh huh.

Alder, M.D.: And then I go make rounds. That will give me an hour.

Interviewer: Uh huh.

Alder, M.D.: Or half an hour. And I still have time to maybe drop by church for fifteen minutes.

Interviewer: Uh huh.

Alder, M.D.: If I have the time. And then after that, 9:00 a.m. I go to the nursing home.

Interviewer: Uh huh.

Alder, M.D.: And I stay there up to 12:00 p.m. or 1:00 p.m., and then I can go get my lunch exactly on the dot.

Interviewer: [Laughing].

Alder, M.D.: [Laughing]. Or don't get lunch, if I want to. I used to take dance classes just to skip lunch.

Interviewer: Uh huh.

Alder, M.D.: And then go a little shopping, you know, half an hour.

Interviewer: Uh huh.

Alder, M.D.: And go to the office at 1:00 p.m. or 1:30 p.m. But I don't see too many patients, you know. I tell my nurse, "How many do we have? Five, six, ten?" I don't want more than that.

Interviewer: Uh huh.

Alder, M.D.: And that really helps.

Interviewer: Uh huh.

Alder, M.D.: Not having a partner helps.

Interviewer: Uh huh.

Alder, M.D.: I think that would--I wouldn't think of having a partner right now or somebody to work with.

Interviewer: Because of what, pressure with scheduling?

Alder, M.D.: Pressure with how many patients to see.

Interviewer: Uh huh.

Alder, M.D.: Because you have to make enough money, really, to have a partner.

Interviewer: Uh huh.

Alder, M.D.: And then like 3:00 p.m., 3:30 p.m., or if I have to leave earlier, if I have appointments, then I push my time a little harder.

Interviewer: Uh huh.

Alder, M.D.: I mean, I--but you really have--You can't waste even half an hour fiddling and trying to decide on what to do. Every minute, I think--I just divide my time.

Interviewer: You're a very careful planner and organizer.

Alder, M.D.: Right. Like I don't, like, go to eat and spend two hours talking.

Interviewer: Uh huh.

Alder, M.D.: That, I cannot do, or else I'll be late for the rest of the day. But most of the time--but then I don't cook supper like most people maybe do. And by the time we get home, the kids already had supper, or we don't eat, or I just pick up something.

Interviewer: Uh huh.

Alder, M.D.: And maybe cook supper on weekends. I mean, make--get a good meal on weekends.

Interviewer: Yeh.

Alder, M.D.: Or special days, but I don't waste so much time in the kitchen. I can cook a meal in half an hour. Maybe I'm the best--Everybody says I'm just real quick. Like I can wash my clothes, put on something on the skillet, water my plants, and take a bath at the same time.

Interviewer: [Laughing].

Alder, M.D.: I mean, you know, I don't like--I don't watch the kitchen cooking and watch my washer going. So, in between, I do all of them at the same time.

Interviewer: You not only plan, but you're also doing multiple tasks at the same time.

Alder, M.D.: Right. For one, maybe I'm boiling the meat, cooking, you know, and I put clothes in the washer, I'm watering my plants.

Interviewer: Yeh.

Alder, M.D.: Because I have two hundred plants in my house.

Interviewer: [Laughing].

Alder, M.D.: I have a greenhouse twice [gesturing to show size of office] this size [laughing].

Interviewer: [Laughing].

Alder, M.D.: And they have to be watered every other day.

Interviewer: Oh. [Laughing].

Alder, M.D.: And if I don't water them, they'll all die. So, while I'm trying to steer my kitchen, I'm trying to water--In between I'm running back and forth, watering my plants. So--but otherwise when I'm finished, I'm zonked and I go to bed.

Interviewer: [Laughing].

Alder, M.D.: But usually bedtime is, like, after supper.

Interviewer: Uh huh.

Alder, M.D.: Or maybe if I have to run a little bit more clothes and then I--but I watch TV and do a little handwork while I wash my clothes.

Interviewer: I was going to say you probably mend at the same time or iron!

Alder, M.D.: Right [laughing]. Or iron while I watch television. I don't do one thing at a time.

Interviewer: Yeh.

Alder, M.D.: And that really helps. But that's what my husband can't stand. While I'm eating, drinking coffee and have water in my hands to water my plants.

Interviewer: Uh huh.

Alder, M.D.: But that works.

Interviewer: But that's what makes you be able to control the whole thing.

Alder, M.D.: Right.

Interviewer: And keep it going.

Alder, M.D.: Gives me extra more time to--

Interviewer: Uh huh.

Alder, M.D.: By ten o'clock, I'm finished.

Interviewer: Uh huh.

Alder, M.D.: I don't have anything to do after ten o'clock, which some housewives might still be running, but--

Interviewer: Uh huh. Are there any other strategies that you think of that make, you know, your combining three different roles easier?

Alder, M.D.: Well, a housekeeper. I have a housekeeper that comes once a week to do the hard work.

Interviewer: Uh huh.

Alder, M.D.: And unless--You know, I really hate housekeeping. I keep on kidding my friends that if I am bad, I'll go to hell and my punishment will be to do housework [laughing].

Interviewer: [Laughing].

Alder, M.D.: [Laughing]. And that is the worse punishment you'll ever give me is to do housework.

Interviewer: [Laughing].

Alder, M.D.: And so, they said, "You'd better behave. You're going to do housework in eternity" [laughing]. But that helps, you know.

Interviewer: Uh huh.

Alder, M.D.: Because they do the vacuuming and the hard, heavy--and cleaning the bathrooms, and changing the beds, and the really main work that is mostly useless to me.

Interviewer: Uh huh.

Alder, M.D.: But the little dusting, I can do. And I, I enjoy that.

Interviewer: Uh huh.

Alder, M.D.: That's one luxury that I wouldn't give up. You know, coming home and the house made clean. At least once a week. I used to have it twice. I used to have it five days a week.

Interviewer: When your children were younger?

Alder, M.D.: Yeh. But my kids don't do anything, which I think some people think they can do better by having them help, but my kids don't do anything. I mean, they might think that they help. Not a bit!

Interviewer: [Laughing].

Alder, M.D.: And some housewives--I mean, parents who work, I think that they think my children help me by cleaning the dishes, or doing--To me, it ruins my cycle if they have to do something.

Interviewer: Uh huh.

Alder, M.D.: And then they put away things that I cannot find later on.

Interviewer: Uh huh.

Alder, M.D.: I would rather do it myself.

Interviewer: Uh huh.

Alder, M.D.: They don't even help with the dishes or do the clothes. Nothing. Really nothing.

Interviewer: Uh huh.

Alder, M.D.: They just come home and eat and do their homework, watch TV, and go to school.

Interviewer: Yeh.

Alder, M.D.: But I don't know if it is good or bad.

Interviewer: Is there anything in your background that helped prepare you for that kind of combining of multiple roles?

Alder, M.D.: Oh, yeh!

Interviewer: Is there anything that has made it easier for you?

Alder, M.D.: I was--I think it's probably because I was the oldest one.

Interviewer: Uh huh.

Alder, M.D.: And I lost my mother when I was fourteen.

Interviewer: Oh.

Alder, M.D.: And that was--

Interviewer: Yeh. That explains a lot.

Alder, M.D.: And I had to take care of a two-year old. And there was five of us. I mean, I had five younger children that I had to take care of. So that while I was growing up as a teenager I had to do my social--

Interviewer: Yeh.

Alder, M.D.: --go to picnics, but between, I had to do the house--not really, but, you know, wash clothes--

Interviewer: So you had a lot of practice.

Alder, M.D.: I had a lot of practice. And I even made clothes for my sisters. I have two sisters who doesn't even know how to thread a needle because I had to do all the clothes. So I think that helped.

Interviewer: Uh huh. I would certainly think so.

Alder, M.D.: And then my grandmother was a really, really smart--I mean, she never went to school for one day in her life, but she was the smartest woman, I've ever--

Interviewer: Huh.

Alder, M.D.: --ever got, you know, really--

Interviewer: You were talking earlier about the doctors you knew in your community, and yet they really didn't actively influence you to become a doctor--

Alder, M.D.: Huh-uh. No.

Interviewer: --because you hadn't thought about that, so you might not--I guess you'd probably say they weren't your mentors, but was your grandmother, then, a mentor in a way, or a significant role--a significant influence in your development?

Alder, M.D.: She's just a survivor, you might call it, a survivor.

Interviewer: Uh huh.

Alder, M.D.: Because she went through three world wars [laughing]!

Interviewer: Huh.

Alder, M.D.: The first, second and the Filipino and American or Spanish War?

Interviewer: Uh huh.

Alder, M.D.: She was already there [laughing].

Interviewer: Uh huh.

Alder, M.D.: The First World War and the Second World War. So she's been through that. But I think she had always been a very strong person.

Interviewer: So, did you model yourself after her in any way, do you think? Do you think you learned your coping skills from her?

Alder, M.D.: Probably. I guess, because she brought me--I mean, I grew up in her--

Interviewer: Uh huh.

Alder, M.D.: --I mean, you know, she raised me.

Interviewer: Uh huh.

Alder, M.D.: And my family.

Interviewer: Did she come into your family when your mother died?

Alder, M.D.: Yeh. She was always there.

Interviewer: Oh, I see.

Alder, M.D.: We grew up there.

Interviewer: Oh, I see.

Alder, M.D.: I was raised by her.

Interviewer: Uh huh.

Alder, M.D.: And she's a survivor and I think--But see, the rest of my family are not. Not like me.

Interviewer: Uh huh.

Alder, M.D.: So I don't know if that makes a difference, because my brothers are very dependent. They cannot survive without somebody else.

Interviewer: Uh huh.

Alder, M.D.: I have another sister who is also like--almost like a survivor like me. She's in [a west coast city]. She's very independent, and can do almost--not really everything.

Interviewer: Yeh. Where of the six of you, where was she in birth order?

Alder, M.D.: Oh, she's the fourth.

Interviewer: Fourth?

Alder, M.D.: She was really, just, you know, came and--

Interviewer: Uh huh.

Alder, M.D.: But as I said, she's different. But being raised by the same family, I don't think it makes a difference.

Interviewer: Huh.

Alder, M.D.: Because she was not the same person. You know, just an easy-go-lucky person. Just developed after she got older, much older.

Interviewer: Uh huh.

Alder, M.D.: And then I have a sister who grew up after she had six kids. I mean, she finally grew up.

Interviewer: Huh.

Alder, M.D.: You know, just very, very immature until she had the six kids. I don't think it makes--The order of the family has to do with what you do.

Interviewer: Well, sometimes the expectations put on the first child in the family carry a lot of influence.

Alder, M.D.: Yeh. I guess it does, because I'd always wanted to help my father in a way.

Interviewer: Uh huh.

Alder, M.D.: You know, I helped him--I helped this other sister to go to school. I helped my other brothers through school. So I was, you know, in a--supported them financially.

Interviewer: You've always carried a lot of responsibility, then, right from the time that--

Alder, M.D.: Right. You know--

Interviewer: --your mother died.

Alder, M.D.: Uh huh.

Interviewer: You've had a lot of it.

Alder, M.D.: Well, you know, even when younger, I always been the one who had to do a lot of work. The others were not expected to do it.

Interviewer: Uh huh.

Alder, M.D.: You just have to--you know, you just get--It just gets dropped on you, I believe.

Interviewer: Yeh.

Alder, M.D.: And so you just have to learn how to cope. But as I said, you know, I wouldn't change. I enjoyed--I would like to go back in college and go through the whole thing again!

Interviewer: [Laughing].

Alder, M.D.: It was so much fun to me.

Interviewer: Uh huh.

Alder, M.D.: It was not like you--I was forced in because, "You have to do it."

Interviewer: Uh huh.

Alder, M.D.: I think it makes a difference. If you enjoy what you're doing, even how hard, because it was hard. I mean, everybody in my house would go on picnics on Saturdays and Sundays, because we lived by the beach, and I'd have to go to the library up to midnight--

Interviewer: Huh.

Alder, M.D.: --trying to cram up on homework.

Interviewer: How important, then, would you say achievement is to you?

Alder, M.D.: Well, I'd just have to say--

Interviewer: [Laughing].

Alder, M.D.: --I think it is my number one.

Interviewer: Uh huh.

Alder, M.D.: I really wanted to be somebody.

Interviewer: I sort of sensed that.

Alder, M.D.: I didn't want to be just like anybody, because, you know, as I said--We were not the richest people in the community--

Interviewer: Uh huh.

Alder, M.D.: But we were respected in the community.

Interviewer: Uh huh.

Alder, M.D.: My family was.

Interviewer: Uh huh.

Alder, M.D.: And they kind of expected me to be somebody.

Interviewer: Uh huh.

Alder, M.D.: And there was nobody else--I have another cousin who is also a physician. It is a she and she was also the oldest one. And she is in [a large eastern city]. And we were both just elected to--I mean, you know--

Interviewer: Uh huh.

Alder, M.D.: --we were expected to do it. Not really, but--I can't really--and then there's another female--There's how many female physicians were there? Four in a thirty thousand population.

Interviewer: Huh.

Alder, M.D.: All women. And I think I had another cousin who also went to med school. A lot of women.

Interviewer: Uh huh. Uh huh. You had said way back at the very beginning of that focus group interview that you weren't sure what the difference in the culture would make, what bearing that would have on what you would say.

Alder, M.D.: I think it does. It makes a lot--

Interviewer: But it was very acceptable, then, for you to go--

Alder, M.D.: Oh, yeh. I mean--

Interviewer: See, at that time, in our country it would have been much more difficult, much more difficult.

Alder, M.D.: The reason I kind of think, because my grandfather was raised in the Spanish--

Interviewer: Uh huh.

Alder, M.D.: --you know, almost like the way of occidental, like the oriental people were.

Interviewer: Uh huh.

Alder, M.D.: And he said that women should never be professionals. He wanted me to go to a home economics course, like learn how to sew and make clothes; and he even made a joke that if you're ugly, you just learn to play the piano so you have your head turned behind the audience, and then dress real nice and don't ever turn around, you know.

Interviewer: [Laughing].

Alder, M.D.: And he was the one against me going to med school.

Interviewer: Uh huh.

Alder, M.D.: And he was raised in the early 1900's, you know.

Interviewer: Uh huh.

Alder, M.D.: I think he was born in 1906--early nineteen--maybe 1901, or 1800's.

Interviewer: Well, you see, it was still very difficult for women in the United States to go to medical school even in the early 1970's.

Alder, M.D.: Well, it still was when I was started.

Interviewer: Uh huh.

Alder, M.D.: The standard is different.

Interviewer: Uh huh.

Alder, M.D.: I think I mentioned in there that in our school, there would--like if there two students, male and female, both on the border of flunking or being accepted, because we have a quota--

Interviewer: Uh huh.

Alder, M.D.: --We just don't put everybody in med school.

Interviewer: Yes.

Alder, M.D.: There are only like six hundred students will be accepted, and if there's two students almost identical in everything, they'd take the man on top of the woman, even if you are basically almost equal in everything.

Interviewer: Huh.

Alder, M.D.: And then in the government, you know, the university of [my native country], which is like your Harvard or your best school.

Interviewer: Yeh.

Alder, M.D.: To be accepted to the medical school, you have to be almost a magna cum laude, like a 1.5. And it's like an "A" average. But for the men, it's a 3.0. So ours is reversed. Our grade system is reversed.

Interviewer: That's quite a difference.

Alder, M.D.: So for you--for the woman to be--Like in your grading system, she has to have an average of 3.5 to be able to be accepted.

Interviewer: Uh huh.

Alder, M.D.: But the man can have an average of 2.0!

Interviewer: Uh huh.

Alder, M.D.: To be retained in the med school. So every graduate of that university is either a magna or summa cum laude, or else you don't graduate.

Interviewer: Uh huh.

Alder, M.D.: So it's still hard, but that made better doctors, I believe, because they let us through a smaller hole than the men.

Interviewer: Uh huh.

Alder, M.D.: They screened us more. It was a little easier--They would flunk a female without blinking an eye than the man. They would look at the man; you know, they are a little bit more lenient that the man in the final grades than the women.

Interviewer: Uh huh.

Alder, M.D.: So we really had to work very hard to pass that.

Interviewer: You must have been very strong.

Alder, M.D.: And then they don't treat you even any different.

Interviewer: Uh huh.

Alder, M.D.: Because I even had a classmate who was--Her father was the owner of a hospital?

Interviewer: Uh huh.

Alder, M.D.: Like as big as [a large private hospital].

Interviewer: Um!

Alder, M.D.: And she was kicked out of two med schools because they said she was not bright enough. But she was in class and she was not any worse than any of the male students, but they expected more out of her than the male students, and they just kept on flunking that girl. And I know that a lot of the male students who were--who passed the course, is not any better than her.

Interviewer: Uh huh. It's just that much harder for women.

Alder, M.D.: It's just not--They just give us a little bit harder time.

Interviewer: Uh huh.

Alder, M.D.: But I think they wanted to prove that we can tackle it. They gave us more work than the men, the male students and they were not as lenient to us. But I think it's everywhere, even in the Army and the military school. They do the same thing to them.

Interviewer: Uh huh.

Alder, M.D.: They give them more--you know, harder work, just to prove that you can. But when we--when I went to school, they didn't--as I said, my father was--didn't look at me like you don't go because you are a female. Not that way.

Interviewer: Uh huh.

Alder, M.D.: And it was already beginning to be--You know, that's in the fifties. I went to med school in '57. But still it was, as I said--They were giving us a hard time, too, even getting in. We were not treated like--There are no chairs, only one left. The man would take it, you know.

Interviewer: [Laughing].

Alder, M.D.: Instead of you women. You sit on the table.

Interviewer: [Laughing].

Alder, M.D.: We had to sit on the table. They would not give us the chairs. No.

Interviewer: Huh.

Alder, M.D.: But I like it. I mean, you know, I think it made a lot of difference to us, because you'd think that you would just get it because you were a female. I would say now like in this medical community, there are a lot of female doctors now that are coming to [this city], and it looks like they're really looking at us. You know, used to they would not even say "Hi" to you in the halls. They're beginning to see that they have potential in women. But as I said, in here it is still hard to get a good position. In my school, like I said, the head of the OB department and the head of the pediatrics department, and now the dean of the school is a female, which would never happen in this country.

Interviewer: Uh huh. What a remarkable school.

Alder, M.D.: And then the head of services--I know because he died already they replaced--The head of the chemistry department is a female.

Interviewer: Uh huh.

Alder, M.D.: Can you imagine chemistry, biochemistry, being headed by a female? This would never happen in this country.

Interviewer: Uh huh.

Alder, M.D.: So I feel like, you know, we had a better chance in the East, and if you had anybody from India or Pakistan, the Far East, the patients would never even go to a male doctor to have a baby.

Interviewer: Uh huh. If your daughter wanted to become a doctor, would you send her then to [your native country] to do her training?

Alder, M.D.: No.

Interviewer: No?

Alder, M.D.: It's going to be hard to come back here.

Interviewer: Uh huh.

Alder, M.D.: There is--This is another thing. You know, I'm not trying to be a racist or anything, but they're trying to get their own--There are too many foreign doctors here.

Interviewer: Uh huh.

Alder, M.D.: And I think they're overloading the country so that we couldn't even get any special training in [the capital city of my native country] accepting us for residency right now, because there are too many doctors.

Interviewer: Huh.

Alder, M.D.: In the year 2000, there will be about 2,000 extra--I mean, over--

Interviewer: An abundance.

Alder, M.D.: Uh huh. An abundance of physicians. So, I wouldn't even encourage her to go to med school. There are other things, you know, to do better than medicine, but if you like--If you enjoy it, [pause] that's what they like to do.

Interviewer: Huh.

Alder, M.D.: But I wouldn't force my children. A lot of the doctors now want at least one of their children to inherit the office and all that, and they're happy.

Interviewer: Uh huh.

Alder, M.D.: There are a lot of unhappy children who are following their father's footsteps. I even know one surgeon; I'll bet you probably know him. He went home. They are rich Texas people. He gave up his practice just to manage an oil field.

Interviewer: Huh.

Alder, M.D.: I mean, going through all the residency, sub-specialty training, because he was not happy and he said, "I give up." He just went home and packed up and went home [with surprised voice].

Interviewer: Huh.

Alder, M.D.: And this are the children who probably was made to go to med school--

Interviewer: Yeh.

Alder, M.D.: --because of that. And during that meeting, this other doctor on the staff said, "I have a son who has been in med school for ten years and has not graduated," because his mother made him go to med school and he was never happy. And so he said, "I'll be wasting $30,000 and he's not even graduated."

Interviewer: Huh.

Alder, M.D.: And that's already ten years.

Interviewer: Ten years. Gosh.

Alder, M.D.: But he's still going. He became a professional student, because his mother wanted him to go do med school, and he's still

going to the university of [a southern state] and still trying to finish.

Interviewer: Uh huh.

Alder, M.D.: And he's not happy.

Interviewer: [Dr. Alder], I'd like to ask you one more quick question if I could. It's about 4:40 p.m. here. You've achieved a lot. What do you see that's left for you to achieve?

Alder, M.D.: No. I don't really think--

Interviewer: What do you see that's left?

Alder, M.D.: No. I don't think I really did what I would like--I would--I would--There's other things I would like to do. I mean, you know, not, not--

Interviewer: In this profession or outside?

Alder, M.D.: Oh, in medicine.

Interviewer: Uh huh.

Alder, M.D.: I'd like to be, to learn a little bit more. I mean, maybe do some post-graduate course somewhere else and do something else besides just working in a nursing home. But I enjoy working in the nursing home. There's so many sub-specialties now. But I enjoy being a general medicine person, because I see so many things that a cardiologist wouldn't see, and if I--I would get bored of people just telling me, "I have a stomach ache."

Interviewer: Uh huh.

Alder, M.D.: I mean that. And so I see so many varied things, but I would like to have a little bit more training, if I only had the chance.

Interviewer: Uh huh.

Alder, M.D.: You know, somewhere else. And maybe get involved a little bit more, but I think I'm--I'm not that kind of person. I'm a little bit, you know, on the background side. I don't really try to do as much as I would like to do.

Interviewer: Okay.

Alder, M.D.: But I could do better if I wanted to do better. Maybe, you know, when my kids are grown. And there are other things that I enjoy. I learned how to play the piano when I never had the time when I was in school. You know, a little art, a little thing. And I think

you just have to do what you like to do. But I'm happy with what I'm doing right now, but I could do more.

VITA

Deborah Elwell Arfken was born in Bennington, Vermont, on February 4, 1941, to George Horatio Elwell and Catherine Hurlburt Elwell. She attended grades K-12 in North Bennington. In her senior year she studied French literature at Bennington College as a participant in a Ford Foundation experiment for advanced high school students. Deborah graduated as valedictorian of her class in 1959 and was the Vermont first place winner in the National Council of Teachers of English Award in writing that year.

In 1963 she received her Bachelor of Arts degree in English with minors in foreign languages and history from the College of Wooster in Wooster, Ohio. Her senior independent study thesis was entitled "American Novelists and World War I: Disillusionment and Despair." A member of Phi Alpha Theta history honorary, Deborah held the Helen Secrest Scholarship for two years, was president of the Women's Self Government Association, and upon graduation was awarded the Margery Golder Award given to the most outstanding senior woman.

Subsequently, she was awarded a Dean of Women's fellowship at the University of Pennsylvania where she earned her Master of Arts in American Civilization in 1964. Her master's thesis was entitled "'O Thou Steeled Cognizance': Crane, the Roeblings, and Stella Envision the Brooklyn Bridge."

From 1964 to 1968, Deborah was an English III teacher in Shreve, Ohio, and Nashville, Tennessee. From 1969 to 1980 she

was an assistant professor of English at Northern Virginia Community College and an instructor at Prince George' Community College, Bowie State College, Volunteer State College, and Chattanooga State Technical Community College. In 1976 she was elected as an Outstanding Young Woman of America.

In 1980 Deborah was named Coordinator of Writing Services at the University of Tennessee at Chattanooga where she was awarded a distinguished service rating in 1982 and where she is currently employed.

In 1983 Deborah received the Florence McIntyre Award for academic excellence and her Doctor of Education both from the University of Tennessee.

She holds membership in the following professional associations: American Society for Training and Development; Appalachian Writers' Association; International Association of Business Communications; National Association of Women Deans, Administrators, and Counselors; National Council of Teachers of English; and the Southeastern Conference on English in the Two-Year College.

Deborah is the mother of two sons, George Harlan Arfken and Christopher Matthew Arfken.