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Date July 12, 1993

COPING WITH THE DUAL-INCOME LIFESTYLE

A Thesis

Presented for the

Master of Science

Degree

The University of Tennessee, Knoxville

Shelley Louise Paden

August 1993

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ABSTRACT

The direct and moderating effects of coping mechanisms on aspects of spouses' well-being in dual-income marriages were examined. Well-being measures included emotional affect and physical symptomatology. The results differed for wives and husbands. For wives, planning and cognitive restructuring were related positively to positive affect and inversely to negative affect. For husbands, planning and cognitive restructuring were related positively to positive affect, withdrawing was related positively to negative affect. Use of planning, cognitive restructuring, talking, and withdrawing moderated the effects of role overload and conflict on spouses' physical symptomatology and emotional affect. Planning, cognitive restructuring, and talking were significant buffering mechanisms for wives, and restructuring and withdrawing were buffering mechanisms for husbands. Surprisingly, planning and talking exacerbated the relationship between husband's role overload and positive affect.

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CHAPTER I

LITERATURE REVIEW AND MODEL

During the last several decades, an increasing number of married women have entered the work force (Blau & Ferber, 1986). One consequence of this change in employment patterns is that many married women and men combine substantial work and family obligations. Another consequence is that traditional role expectations of husband and wives are changing (Bidwell, 1991; Rawling, 1978). Women have acquired more responsibility for providing family income and men face increasing pressure to share responsibilities for parenting and household duties. This tremendous societal shift in employment and family work has created ill-defined role expectations, time constraints, and stress (Bidwell, 1991).

Role Overload and Role Conflict

Role strain arises when an individual has great difficulty performing specific role obligations (Burr, Leigh, Day, & Constantine, 1979). Role strain resulting from increased and incongruent roles has been identified as a common concern of dual-income couples (Guelzow, Bird, & Koball, 1991; Johnson & Johnson, 1980; Skinner, 1980). Theoretically, role strain can have negative effects on

indices of well-being such as depression and physical symptoms (Moos, 1984).

Two types of role strain are role overload and role conflict (Sieber, 1974). Role overload exists when the number of roles in an individual's "role set" is greater than that which can be handled adequately or comfortably (Burr et al., 1979). The concept of role overload recognizes that there is a finite amount of time and energy available to the individual, and that when role obligations increase individuals confront time and energy barriers (Sieber, 1974). Thus, an individual's ability to perform multiple roles adequately is constrained (Sieber, 1974). Role overload may arise for the dual-income couple because the number of roles that spouses manage is greater than the number of roles managed in a traditional one-income marriage (Skinner, 1980). There exists an imbalance between the demands of a dual-income lifestyle and the available amount of personal and environmental resources (Melson, 1980).

Role conflict refers to incongruous role expectations within a person's role set and to the conflict that can arise between the expectations of two different roles within one's role set (Burr et al., 1979; Voydanoff, 1987). For example, the dual-income marriage creates conflicting expectations for women. In her job, the professional woman is expected to be aggressive, competitive, and committed to her work. At home, this same woman is expected to enact the mother role, which often requires her to be nurturing and

committed to the care of children. These potentially incompatible expectations require that women with families display different personality characteristics at work and home. Role conflict may have different effects on wives and husbands even in the dual-income family, because of different levels of rewards and power that women and men have at home and at work. For example, wives have less access to power at work than their male counterparts and this might have an effect on their identity both at work and at home.

Although they are clearly related and often used synonymously, the concepts of role overload and role conflict need to be differentiated. Role overload and conflict have been used interchangeably in research on dual-income families and may have resulted in contradictory empirical results. Distinctions between the two are necessary to overcome discrepancies in results and to regain conceptual clarity (Coverman, 1989).

Empirical research shows conflicting results on the relationship between role overload and various outcome measures (Coverman, 1989). Pleck, Staines, and Lang (1980) reported that one third of the dual-income respondents had moderate to severe role overload resulting from combining work and family roles. Another study of dual-income couples found that overload was the most frequently experienced daily stress, and that overload in either work or family

roles spilled over into other life areas (Bolger, DeLongis, Kessler, & Wethington, 1989). Gender differences exist in the amount of role overload experienced by husbands and wives. Schnittger and Bird (1990) found that wives have more household and parenting tasks (role overload) than husbands.

Some research suggests that role overload does not necessarily weaken family or marital quality and satisfaction (Gilbert, Holahan, & Manning, 1981). One study of professional married women showed that juggling multiple roles created neither conflict nor enhanced women's lives (Tiedje, Wortman, Downey, Emmons, Biernat, & Lang, 1990). Having multiple roles is not clearly associated with role overload, therefore further work is needed to study the possible consequences of multiple role expectations.

Physical Symptomatology and Emotional Affect

Well-being can be conceptualized as bidimensional: physical well-being and mental well-being. Although there are other aspects of well-being, the dual-income literature on role overload and role conflict typically has measured well-being as physical symptomatology and emotional affect (Coverman, 1989; Tiedje et al., 1990). When an individual is distressed, frequent responses are anxiety and depression with corresponding physical symptoms (Leigh, 1982). Indeed, there is a high correlation between physical symptomatology and mental symptoms such as anxiety, depression and anger

(Gotlib, 1984; Thoits & Hannan, 1979). Importantly, role overload and conflict from multiple roles in dual-income families is associated with physical and emotional well-being (Guelzow et al., 1991). Consequently, coping mechanisms that may diffuse or prevent role overload and conflict and corresponding negative well-being (physical symptoms and negative affect) are important to study in dual-income families.

Coping Mechanisms

Coping is a process of active adaptation and individuals continually develop coping responses to prevent, reduce, divert, avoid, or control emotional stress (McCubbin, 1979; Moos, 1984; Pearlin & Schooler, 1978). Coping can be a perceptual or behavioral response to stress (Folkman, 1984), and may serve to offset the strain resulting from role overload and conflict. Specific coping mechanisms include compartmentalization, elimination of roles, and barriers against intrusion (Goode, 1960). Theoretically, all coping strategies are effective in certain contexts, but there is little empirical research on the amount, type, or effectiveness of coping strategies among dual-income families (Bird, Bird, & Scruggs, 1983).

Research suggests that, in role overload situations, certain coping mechanisms are more satisfying and effective than others. Certain coping mechanism also are used more often than others. Active coping mechanisms that involve

others (i.e., social support and external role redefinition) and cognitive restructuring were the most useful self-reported coping mechanisms for dual-income couples (Amatea & Fong-Beyette, 1987; Elman & Gilbert, 1984; Guelzow et al., 1991). In addition, dual-income women have used problem-focused coping (i.e., role redefinition) more frequently than emotion-focused coping (i.e., social support, cognitive reappraisal, tension reduction) in role overload situations (Amatea & Fong-Beyette, 1987).

A Model of Role Overload and Conflict, Physical Symptomatology and Emotional Affect, and Coping

Little empirical research has been conducted to understand the complex relationships among role overload and conflict, physical symptomatology and emotional affect, and coping in dual-income couples. Certain coping mechanisms seem to be related to lower levels of emotional affect and physical symptomatology, whereas other coping mechanisms are related to higher levels (Guelzow et al., 1991). Gender differences seem to exist in the effectiveness of coping mechanisms (Guelzow et al., 1991). For example, the use of cognitive restructuring is related to lower physical symptomatology and positive affect for men and women, whereas the use of limiting coping mechanisms is related to high levels of physical symptoms and negative affect in men. Men and women in dual-income marriages differ in the amount of role overload and conflict experienced, the types of

coping mechanisms employed, and the success of various coping mechanisms (Bird et al., 1983; Guelzow et al., 1991; Schnittger & Bird, 1990). For example, men who used role reduction coping mechanisms were found to have higher distress levels than those who did not (Guelzow et al., 1991).

The double ABCX model suggests that coping resources moderate the family's response to life events (McCubbin & Patterson, 1982). Coping can mitigate the effect of stressor events by modifying, strengthening, or developing the family resources and perceptions, and by causing the family to adapt to the situation (McCubbin & Patterson, 1982). Cohen and Wills (1985) also argue that the use social support (a coping mechanism) can protect individuals from adverse effects of stress. Therefore, theoretically, coping mechanisms may buffer or moderate the relationship between stress (role overload and role conflict) and well-being (physical symptomatology and emotional affect) in dual-income couples.

In sum, accurate understanding of the relationship between multiple roles, role overload and conflict, and physical symptomatology and emotional affect depends on how the constructs are conceptualized and measured. Contradictory empirical evidence about the consequences of multiple role demands of dual-income couples may have resulted from inconsistent and imprecise definitions of these terms (Coverman, 1989). In addition, gender

differences need to be addressed more comprehensively in the study of role overload and conflict and coping in dual-income couples.

Research Hypotheses

As Figure 1 illustrates, the first hypothesis was that role overload and conflict are related positively to negative affect, physical symptomatology, and negatively to positive affect. The second hypothesis was that various coping strategies are related to physical symptomatology and emotional affect; negatively to negative affect and physical symptomatology and positively to positive affect. The third hypothesis was that coping moderates (specifically buffers) the relationship between role overload and conflict, and physical symptomatology and emotional affect. For example, it was hypothesized the positive relationship between role overload and negative affect would be weaker (buffered) for planners than non-planners.

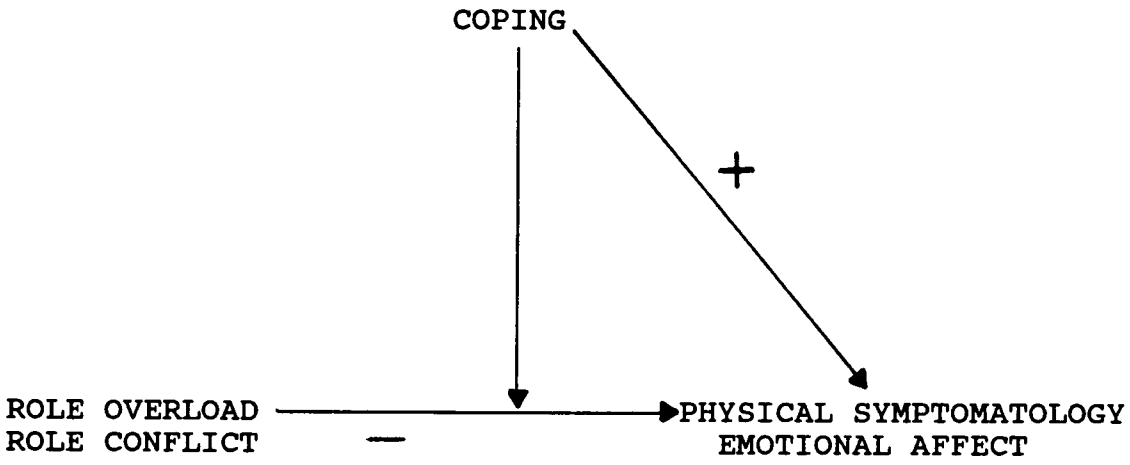

Figure 1. Conceptual model of role overload, role conflict, coping, physical symptomatology and emotional affect.

CHAPTER II

METHODOLOGY

Data Collection Procedures

Data for this study were collected during 1991 in a fairly large southeastern community. Because role overload may be most relevant for dual-income couples who have young children, the sample represented wives and husbands who enrolled their children in local daycare centers. A total of 725 questionnaires were placed in the "mailboxes" of the children in each daycare center. Reminders were put in the mailboxes three weeks later. A total of 336 spouses completed and returned questionnaires. The response rate for returned questionnaires was 46%. Of these questionnaires, 314 were completed by spouses who were married and both partners were working either full or part-time. This probably underestimates the true response rate. Some of the potential respondents may have elected not to respond because they believed they did not fit the criteria for the study. For example, individuals who were divorced or not employed may not have returned the questionnaire because they perceived ineligibility.

Sample Characteristics

Most of the respondents were Caucasian (92%). Only ten Oriental (3%), two African-American (3%), one Hispanic (.3%)

and 3 "other" (1%) wives or husbands responded. Fifty-seven percent of the sample was female (180) and 43% was male (134). The average age of wives was 35 years and husbands was 37 years. Forty-one percent of the sample had completed college, 41% held a higher degree and 5% completed noncollege training. Thirteen percent of the respondents had stopped their education with high school. Seventy-five percent were employed full-time, whereas 25% were employed part-time. The gross 1991 median family income was between $50,000 and $75,000.

Measures

There were four sections of the self-report questionnaire: (a) ratings of the experience of role overload and conflict, (b) scales measuring physical symptomatology and emotional affect, (c) ratings of the types of coping strategies used for coping with dual-income role overload and conflict, and (d) items measuring demographic characteristics.

Role overload and conflict.

Role overload was assessed using Small and Riley's measure of role spillover (1990). Role spillover measures the extent to which the spouses' lives are affected by energy and time demands of their employment in four life areas: the parent-child relationship, the marital relationship, leisure activities, and home management activities. Spouses were asked to

respond to questions on a five-point Likert-type scale that ranged from strongly disagree (1) to strongly agree (5). Items consisted of statements such as: "My marriage suffers because of my work"; and "My working hours interfere with the amount of time I spend with my children." Some of the scale items were reversed so that a 1 indicated low role overload and 5 indicated high role overload and the twenty items were averaged. The internal consistency reliability (Cronbach's alpha) was .90 for wives (see Table 1) and .92 for husbands (see Table 2).

The measure of role conflict was developed for this study because none could be identified in the literature. Four items assessing role conflict were measured on a 5-point Likert-type scale. Spouses indicated their agreement with statements such as: "The loyalty my employer expects conflicts with the loyalty that I have to my family"; and "It is difficult to be nurturing with my family and assertive and task-oriented at work." The four items were averaged and a high score on the measure indicated high role conflict. Cronbach's alpha for role conflict was .66 for wives (see Table 1) and .74 for husbands (see Table 2).

Physical symptomatology and emotional affect. Physical symptomatology was measured by asking the respondents if they had experienced certain physical complaints in the last month. This measure was modified from an instrument developed by Spanier and Thompson (1984) and has been shown

Table 1. Correlations among variables for wives

Variable	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
(1) Role Overload	1.00	**.54**	**.38**	**.27**	**-.37**	-.17	-.13	**.25**	**-.32**	.10
(2) Role Conflict		1.00	**.48**	**.22**	**-.39**	-.19	-.17	**.23**	**-.22**	.09
(3) Negative Affect			1.00	**.44**	**-.38**	**-.30**	-.09	**.24**	**-.31**	.12
(4) Symptomatology				1.00	-.17	-.09	.09	.12	-.15	.13
(5) Positive Affect					1.00	**.20**	.15	-.04	**.28**	-.08
(6) Planning						1.00	.05	**-.28**	**.33**	-.05
(7) Talking							1.00	.16	.14	.15
(8) Withdrawing								1.00	-.06	.32
(9) Restructuring									1.00	-.02
(10) Limiting										1.00
Mean	2.76	2.18	1.72	4.62	2.65	3.94	3.19	2.23	3.65	2.78
S. D.	.68	.84	.55	3.04	.56	.83	1.07	.71	.80	1.00
Alpha	.90	.66	.72	[a]	.79	.79	.79	.66	.67	.82

Note. n = 180.
Correlations which are bolded $p < .01$.
[a]Alpha not appropriate for symptomatology.

Table 2. Correlations among variables for husbands

Variable	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
(1) Role Overload	1.00	**.56**	**.43**	**.37**	**-.24**	**-.34**	.05	**.26**	.05	.00
(2) Role Conflict		1.00	**.36**	.19	-.22	-.09	.14	.19	.12	.03
(3) Negative Affect			1.00	**.52**	-.08	-.07	.22	**.22**	.05	.11
(4) Symptomatology				1.00	-.12	-.10	.13	.19	.13	.08
(5) Positive Affect					1.00	**.26**	.07	-.01	**.28**	.07
(6) Planning						1.00	.14	-.02	**.40**	-.13
(7) Talking							1.00	**.23**	**.38**	.17
(8) Withdrawing								1.00	**.24**	.19
(9) Restructuring									1.00	-.13
(10) Limiting										1.00
Mean	2.76	2.22	1.70	3.65	2.57	3.58	2.36	2.39	3.46	2.42
S. D.	.74	.87	.52	2.73	.53	.83	1.01	.71	.83	.87
Alpha	.92	.74	.70	[a]	.75	.79	.76	.71	.61	.78

Note. n = 134.
Correlations which are bolded p < .01.
[a]Alpha not appropriate for symptomatology.

to measure physiological distress. Respondents reported whether they experienced each symptom within the last month. The symptoms included nervousness, allergies, moody spells, and back pain. Responses were summed into a scale that ranged from one to fifteen, such that a high score indicated high physical symptomatology.

Emotional affect was measured using a modified 10-item Bradburn Affect Balance Scale (Bradburn, 1969). There are two subscales: positive affect and negative affect. Items were measured on a 4-point Likert-type scale ranging from never to often. Scores were averaged, and a high score indicated high affect. Items included statements such as: "Particularly excited or interested in something"; and "Very lonely, not close to other people." This measure has been found to be a reliable measure of positive and negative emotional affect in men and women (Bradburn, 1969). The alpha for positive affect in this study was .79 for wives (see Table 1) and .75 for husbands (see Table 2). The alpha for negative affect was .72 for wives (see Table 1) and .70 for husbands (see Table 2).

Coping strategies. Subjects were asked to respond to questions about the types of coping strategies they used to deal with role overload and conflict. The measure of coping strategies was adapted from scales developed for dual-career couples (Elman & Gilbert, 1984; Schnittger & Bird, 1990). To test their construct validity, the indicators were

subjected to a Q-sort before the questionnaire was administered (see Appendix B). Seventy-seven percent of the items were considered valid by the respondents. The remainder of the items were either reworded or reclassified according to the respondent's classifications.

Coping strategies were measured by asking each spouse to indicate on a 5-point scale how typical each coping strategy was of how they handled their work and family responsibilities. A high score indicated that the coping mechanism typically was used to deal with role strain in their lives. Responses to the 48 coping questions were factor analyzed using maximum likelihood extraction and varimax rotation. Five factors were extracted. Only items that met two criteria were retained: (a) factor loadings of .35 or above on the primary factor, and (b) the secondary factor loading was at least .20 from the primary factor loading. The coping strategies were labeled planning, talking, withdrawing, cognitive restructuring, and limiting (see Table 3). These five factors accounted for 31% of the variance in the original correlation matrix. Cronbach's alphas for wives were .79, .79, .66, .67, and .82, respectively (see Table 1). Alphas for husband were .79, .76, .71, .61, and .78, respectively (see Table 2).

Table 3. Factor coefficients of coping items

Factor	Coping item	Factor coefficient
Planning	Planning and organizing my time at work.	.75
	Making definite plans for organizing and accomplishing necessary tasks.	.74
	Working more efficiently so I can get more done.	.69
	Setting priorities and doing the most important thing first.	.63
Talking	Having good friends I can talk to.	.76
	Talking about my feelings with someone who is not directly involved.	.73
	Seeking understanding from someone.	.72
Withdrawing	Postponing dealing with the situation for the time being.	.67
	Postponing certain tasks until the pressure to do them subsides.	.67
	Finding legitimate excuses to keep from fulfilling obligations I dislike.	.57
	Deciding that time will solve the problem.	.43
	Withdrawing from the situation temporarily.	.37
Cognitive restructuring	Remembering that I have handled similar problems in the past.	.61
	Realizing many of the demands I feel now are only temporary.	.55
	Reminding myself that there are more advantages than disadvantages to my lifestyle.	.51
Limiting	Limiting my involvement on the job.	.80
	Avoiding extra projects at my job.	.76
	Saying "no" to some of the things I could be doing.	.73
	Using family responsibilities to justify not accepting more job responsibilities.	.54

CHAPTER III

RESULTS

Relationships Between Role Overload, Role Conflict, Coping, Physical Symptomatology and Emotional Affect

Zero-order correlations were calculated between (a) role overload and role conflict and (b) negative affect, physical symptomatology and positive affect (see Tables 1 and 2). The correlations were moderate for both wives and husbands (r_s = .19 to .48). The strongest relationships were between role conflict and negative affect for wives, and role overload and negative affect for husbands.

Five of the fifteen correlations between the coping and physical symptomatology and emotional affect for wives were significant. For wives, planning and restructuring moderately correlated with positive and negative affect (r_s = .20 to -.31) and withdrawing moderately correlated with negative affect (r = .24). For husbands, restructuring and planning were correlated with positive affect (r_s = .26 to .28) and withdrawing correlated with negative affect (r = .22).

Wives. Negative affect was regressed on the indicators of role overload and role conflict and the five coping mechanisms. These variables accounted for 32% of the variance in wives' negative affect (see Table 4). There

Table 4. Multiple regression model for negative affect, physical symptomatology, and positive affect

Variable	Negative affect wives	Negative affect husbands	Physical symptom-atology wives	Physical symptom-atology husbands	Positive affect wives	Positive affect husbands
Role overload	.07	.38**	.19*	.38**	-.17*	-.13
Role conflict	.35**	.14	.08	-.05	-.26**	-.17
Planning	-.13	.14	.03	.01	.09	.08
Talking	-.04	.14	-.06	.05	.07	.05
Withdrawing	.08	.08	.03	.06	.10	-.01
Restructuring	-.16*	-.10	-.06	.09	.14	.25**
Limiting	.08	.03	.10	.07	-.10	-.06
R^2	.32	.26	.10	.16	.24	.17
F	11.32**	6.20**	2.72*	3.49*	7.66**	3.57**

Note. n = 180 for wives. n = 134 for husbands. Beta coefficients are reported for wives and husbands.
* p < .05. ** p < .01.

were two significant independent variables. As hypothesized, role conflict was related positively to negative affect. The coping mechanism of cognitive restructuring was related inversely to negative affect. Contrary to the hypothesis, role overload, planning, talking, withdrawing and limiting were unrelated to wives' negative affect.

Ten percent of the variance in wives' physical symptomatology was accounted for by one of the independent variables (see Table 4). As hypothesized, role overload was related positively to physical symptomatology. Role conflict, planning, talking, withdrawing, cognitive restructuring, and limiting were unrelated to wives' physical symptomatology.

The indicators of role overload and role conflict were related significantly to wives' positive affect, accounting for 24% of the variance (see Table 4). As hypothesized, role overload and conflict were related negatively to positive affect. Planning, talking, withdrawing, cognitive restructuring, and limiting were unrelated to wives' positive affect.

In summary, the measures of role overload, role conflict and coping accounted for 32% of the variance in wives' negative affect, 10% of the variance in physical symptomatology, and 24% of the variance in positive affect. Role overload, role conflict and coping variables explained more variance in negative affect than in physical

symptomatology and positive affect. There was support for the hypothesis that both role overload and conflict directly affects wives' physical symptomatology and emotional affect. However, there was little support for the direct effects of coping on physical symptomatology and emotional affect for wives. Only cognitive restructuring was related inversely to wives' negative affect.

Husbands. Role overload was related significantly to husband's negative affect, accounting for 26% of the variance (see Table 4). As hypothesized, role overload was related positively to negative affect. Contrary to the hypothesis, role conflict, planning, talking, withdrawing, cognitive restructuring, and limiting were unrelated to husband's negative affect.

Role overload was related significantly to husband's physical symptomatology, accounting for 16% of the variance (see Table 4). Again, as hypothesized, role overload was related positively to physical symptomatology. Role conflict, planning, talking, withdrawing, cognitive restructuring, and limiting were unrelated to husband's physical symptomatology.

One coping mechanism was related significantly to husband's positive affect, accounting for 17% of the variance (see Table 4). As hypothesized, cognitive restructuring was related positively to positive affect. Role overload, role conflict, planning, talking,

withdrawing, cognitive restructuring, and limiting were unrelated to husband's positive affect.

In summary, the measures of role overload, role conflict and coping accounted for 26% of the variance in husband's negative affect, 16% of the variance in husband's physical symptomatology and 17% of the variance in husband's positive affect. Role overload and role conflict explained more variance in negative affect than in physical symptomatology and positive affect. There was little support that coping directly effects husband's physical symptomatology and emotional affect. Cognitive restructuring was the only significant coping variable.

Moderating Effects of Coping

The original idea for this thesis related to how coping influenced how couples dealt with their lifestyle. The central question was, if couples employ coping mechanisms, does this reduce role overload and conflict and reduce physical symptomatology and improve emotional affect. When this question was tested using path analysis, there were no significant results (the model and results of this path analysis are found in Appendix C). I concluded that the hypotheses and the model were not supported and decided to specify and test a model in which coping was conceptualized as a moderating variable rather than exogenous.

Although there were few significant direct associations between specific coping variables and physical

symptomatology and emotional affect, there was evidence that specific coping variables moderated the effects of role overload and role conflict on physical symptomatology and emotional affect in dual-income spouses. The moderating effects of coping on the relationship between measures of role overload, role conflict, physical symptomatology and emotional affect were analyzed using a series of hierarchical multiple regression equations. Separate equations were calculated for measures of physical symptomatology and emotional affect for wives and husbands. For example, when examining wives' negative affect as the dependent variable, role overload and one specific coping variable were entered into the regression analysis as the first set of independent variables. Next, the interaction term between role overload and the coping variable was entered as the second set of independent variables. A significant change in F from set one to set two indicated a significant interaction effect (i.e., moderating). To reduce the possible effects of multicollinearity, the interaction variables were created using centered variables as recommended by Jaccard, Turrisi, and Wan (1990).

Planning. As hypothesized, planning moderated the relationship between role overload and emotional affect for both wives and husbands (see Table 5). Specifically, for wives, planning buffered (that is, reduced) the relationship between (a) role overload and negative affect, (b) role

Table 5. Regression analysis for wives and husbands using interaction terms

	Negative affect wives F change	Physical symptom-atology wives F change	Positive affect wives F change	Negative affect husbands F change	Physical symptom-atology husbands F change	Positive affect husbands F change
Role overload						
Planning	10.24**	2.70	3.53	.28	.31	4.63*
Talking	.57	.97	.00	.06	.10	4.86*
Withdrawing	.94	1.20	2.82	.19	4.60*	2.21
Restructuring	6.88**	1.90	7.95**	.04	.45	.06
Limiting	.05	.01	.05	.73	.51	.18
Role conflict						
Planning	6.56**	4.31*	4.59**	1.25	.34	.82
Talking	3.30	.57	.07	2.16	.04	.52
Withdrawing	.01	.12	.87	3.06	2.33	.23
Restructuring	4.03*	.27	11.98**	1.94	4.73*	1.56
Limiting	.00	.00	.20	2.02	.06	.26

Note. n = 180 for wives. n = 134 for husbands. df = 3,176 for wives. df = 3,130 for husbands. Coping variables were tested separately.
* p < .05. ** p < .01.

conflict and negative affect, (c) role conflict and symptomatology, and (d) role conflict and positive affect (see Appendix D, Figure 5). For husbands, planning exacerbated the relationship between role overload and positive affect (see Appendix D, Figure 6). Increases in role overload reduced positive affect more strongly among planners than non-planners.

Cognitive restructuring. Cognitive restructuring moderated the relationship between (a) role overload and conflict, and (b) physical symptomatology and emotional affect in wives and husbands (see Table 5). Restructuring buffered the relationship between wives' role overload and emotional affect (both negative and positive), and between role conflict and emotional affect (see Appendix D, Figure 5). For husbands, restructuring buffered the relationship between role conflict and symptomatology (see Appendix D, Figure 6).

Talking and withdrawing. Talking exacerbated the relationship between husband's role overload and positive affect. Withdrawing buffered the relationship between husband's role overload and symptomatology (see Appendix D, Figure 6).

In summary, coping moderated the relationship between measures of role overload and role conflict, and physical symptomatology and emotional affect for wives and

and husbands who share the dual-income lifestyle. As hypothesized, most of the coping mechanisms (cognitive restructuring, planning, withdrawing, and restructuring) buffered the relationship between measures of role overload, role conflict, physical symptomatology and emotional affect for wives and husbands. Contrary to the hypothesis, planning and talking exacerbated the relationship between role overload and positive affect for husbands.

CHAPTER IV

DISCUSSION AND IMPLICATIONS

Before discussing the results, it is important to consider the limitations of this study. This sample is primarily dual-career, because the participants are well-educated and have a high median income. Results are not generalizable beyond the study population from which this sample was drawn. For example, the patterns identified may not apply to African-American spouses, single parents, or dual-income families with older children. A cross-sectional research design was used and further longitudinal research is needed to establish variations across the life cycle.

One of the strengths of the study was that it utilized a large sample, and used established measures with evidence of reliability and validity. The sample consisted mainly of wives and husbands with high levels of education holding professional jobs. Their education and commitment to their lifestyle should prepare them (as much as possible) to deal with daily stresses and strains of the dual-income family.

Another strong point of the study is that it clarified the differences between role overload and conflict. Most importantly, substantial evidence was found to identify the buffering/exacerbating influences of coping in the dual-income lifestyle that have not been explored in previous research.

Role Overload, Role Conflict and Emotional Affect

The results from this study supported the theory that role overload and conflict, emotional affect, and coping are linked. Role overload and role conflict negatively influence emotional affect in wives and husbands in dual-income couples, rather than positively as predicted by some theorists. These patterns generally are consistent with past research on dual-income couples. Bolger et al. (1989) suggested that role overload occurs when couples try to juggle multiple roles and that this overload contributes to lower emotional affect and depression (Tiedje et al., 1990).

Role overload and role conflict influence emotional affect differently for wives and husbands. For wives, the strongest relationships were between role conflict and negative affect, whereas for men, role overload was more important. This suggests that women's emotional affect is related to incompatible role expectations and differential access to power resources in the labor force, whereas men's emotional affect is related to too many demands on their time. Guelzow et al. (1991) have suggested that women have resolved some of the guilt and stress issues associated with role overload by increasing their commitment to the dual-income lifestyle. Results from this research agree with this assessment because role overload was not related to negative affect in women. However, wives did have trouble with differential role expectations of work and family life, as illustrated by the finding that wives' role conflict was

associated with negative affect. Bolger et al. (1989) suggested that men have more trouble handling the stress of home and housework because they have not been socialized in this role. The findings in this study confirm this observation because role overload is associated with men's negative affect.

Coping and Emotional Affect

Coping also influenced physical symptomatology and emotional affect to some degree. The coping mechanisms cognitive restructuring, planning, and withdrawing each effect physical symptomatology and emotional affect. Most individuals have a repertoire of different coping mechanisms that can be used to deal with different situations (Elman & Gilbert, 1984). In this study, wives and husbands used two or more coping mechanisms to combat role overload and role conflict in the dual-income lifestyle. Past research indicated that relying on a variety of coping mechanisms is more effective than implementing one coping mechanism in stressful situations (Schnittger & Bird, 1990).

Wives and husbands combined cognitive restructuring and planning to combat the effects of role overload and role conflict. Wethington and Kessler (1991) suggested that the use of cognitive restructuring (emotion-focused coping) interferes with the coping process unless it is combined with other more active coping mechanisms (problem-focused coping) to combat stress in everyday problem situations.

Wives and husbands, in this study, conjointly used both emotion-focused and problem-focused mechanisms to deal with stress.

Coping as a Moderating Influence

Most importantly, however, coping moderated the relationship between role overload, role conflict, physical symptomatology and emotional affect. For women, planning and cognitive restructuring buffered the relationship between (a) role overload and role conflict, and (b) physical symptomatology and emotional affect. Cognitive restructuring buffered the relationship between role conflict and physical symptomatology for husbands. Withdrawing also buffered the relationship between role overload and physical symptomatology in husbands. These results confirmed past research findings that dual-income couples use cognitive restructuring and planning to cope with their lifestyle (Elman & Gilbert, 1984; Guelzow et al, 1991; Schnittger & Bird, 1990), but extend the literature by illustrating that coping mechanisms most effectively manage stress by buffering the effects of role overload and role conflict on psychoemotional well-being.

Surprisingly, the use of planning and talking exacerbated the relationship between role overload and positive affect in men. This finding might be explained by the fact that social interaction is necessary to implement these two coping mechanism. Wethington and Kessler (1991)

suggested that social interaction can be a source of stress when coping. Not all outcomes of interactions will be positive or agreeable. For example, husbands may plan or agree to certain actions that will negatively affect them over time. Coordination of efforts in coping with the dual-income lifestyle could be more stressful for husbands than wives, because men are not as comfortable or as experienced as women with expressing feelings or using social support to cope with stress (Thoits, 1991). Furthermore, husbands might give up some positional power and status when they plan and talk with their wives about balancing daily household activities and work responsibilities. For example, husbands might have to agree that they should take greater responsibility for housework or childcare or that their goals at work should be subordinated to family goals. Negotiation (i.e., planning and talking) for husbands could lower positive affect by disturbing the husband's identity as provider and sole decision-maker when compromises are made and could increase the amount of time and energy he must devote to family responsibilities.

Some coping mechanisms are not utilized frequently by dual-income spouses with young children (Schnittger & Bird, 1990). Limiting was not a significant coping mechanism in dealing with role strain among the respondents in this sample. Because this was a sample of relatively young spouses with young children, they might have been reluctant to implement this strategy or the strategy hadn't proved to

be useful. Wives might fear limiting activities, because they might be perceived of as a bad mother or employee that lacks commitment. For example, if wives limit their family activities, they might feel that they are loosing their identity as a wife and mother. If wives limit, they also might feel like they are giving up power or status in the family or occupational domain. This sample was relatively highly educated and was in a higher income bracket. When wives are committed to their employment and have young children, they often are less likely to limit their work or family roles (Bird, Bird, & Scruggs, 1983; Schnittger & Bird, 1990). When wives have young children and are committed to their career, they cannot reduce or delegate their responsibilities, perhaps because of guilt or lack of societal support for their actions (Elman & Gilbert, 1984). Husbands with young children also might believe that saying no to some of their responsibilities is guilt producing and/or unacceptable to their employer and family.

Future Research

Future research in this area could focus on the role overload concept in this study. Originally, Small and Riley (1990) conceived the measure as multidimensional. Overload could affect different family dimensions: the marital relationship, parent-child relationship, leisure or home management. Further work could separate overload into the

four dimensions and test whether there are different effects for each area.

The concept of role conflict needs to be refined for future work. The internal reliability could be improved by developing and testing more questions that address the diverse expectations that women face. The measure's external validity has not yet been demonstrated.

Finally, a more diverse sample should be tested using this model. For example, would similar findings occur in spouses with older children?

Practical Implications

Professionals working with dual-income families should recognize the stresses that wives and husbands are facing when dealing with their lifestyle. Specifically, practitioners should be aware that wives have difficulties addressing differential role responsibilities and husbands are affected by increased role responsibilities. The different type of role strains will effect the spouses' mental health, and may call for the development of different treatment options for wives and husbands.

How wives and husbands cope with their role overload and role conflict will impact on their mental health. They should implement a variety of coping mechanisms, including both emotion-focused and problem-focused mechanisms. Whereas it is important for spouses to view their lifestyle as having more advantages than disadvantages, it is just as

important for them to actively cope with their lifestyle by employing a variety of problem-solving strategies. Husbands should be helped to develop skills enabling them to cope with stress generated by social encounters.

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APPENDICES

APPENDIX A

QUESTIONNAIRE

Department of Child
and Family Studies
University of Tennessee
115 Jessie Harris Bldg.
Knoxville, TN 37996

October 6, 1991

Dear Parent,

An increasing number of parents are choosing to have both a career and a family. However, the combination of work and family creates unique challenges for couples. Learning how to deal with these challenges is a problem that confronts many couples in today's society. I am interested in having couples participate in a study of how they manage work and family responsibilities. I would like couples to fill out a questionnaire that will only take thirty of forty minutes to complete. Of course, participation is voluntary. The results of the questionnaire will benefit professionals, counsellors and increase your self-awareness of the problems and may increase your self-awareness of how to effectively manage your lifestyle.

Your household is one of a small number in which couples are asked about how they manage the combination of work and family. For the results to truly represent how couples manage in general, it is important that each questionnaire be completed and returned. It also is important that both husbands and wives participate in this study. Hence, I would greatly appreciate it if both you and your spouse would complete a questionnaire (each on your own, please). If this is not possible, I still encourage either one of you to complete and return the survey.

You may be assured of complete confidentiality. Only group information will be used; information on individuals will not be available. The questionnaire has an identification number for mailing purposes only. This is so that we may check you name off of the mailing list when the questionnaire is returned. Your name will never be placed on the questionnaire and all questionnaires will be stored in a locked cabinet at the Department of Child and Family Studies in the University of Tennessee.

Your completion and return of the questionnaire will indicate your informed consent to participate in the

project. I don't anticipate that completing this questionnaire involves any risks for you. However, if completion of this questionnaire causes any discomfort for you, a referral list of counsellors certified by the American Association for Marriage and Family Therapy will be available.

The results of this research will be the basis of my masters' thesis for the University of Tennessee and will be made available to professional couples and counsellors. I will be happy to answer any questions you might have or mail you a copy of the results. Please call me at (615) 691-8283 in the evenings or week-ends.

When you have completed the questionnaire, please mail it back in the attached, postage free envelope. Thank you again for your help.

Sincerely,

Shelley Paden

COPING WITH THE DUAL-CAREER LIFESTYLE

The purpose of this questionnaire is to gather information about how men and women manage their parental and work roles.

Listed below are some typical ways in which people handle responsibilities of work and family. Please consider how you typically manage demands made by your family and your work. Read each statement carefully, and indicate how typical it is of you by circling the appropriate number. Indicate how you actually respond to demands of your family and your work rather than how you think you should respond. Please answer each item using the following scale.

1=not like me
2=a little like me
3=somewhat like me
4=a lot like me
5=very much like me

I manage family and career demands by:

Planning and organizing my time at work and at home.	1	2	3	4	5
Limiting my involvement on the job.	1	2	3	4	5
Turning down promotions which involve moving my family.	1	2	3	4	5
Saying "no" to some of the things I could be doing at work.	1	2	3	4	5
Doubling my efforts and trying to make things work out.	1	2	3	4	5
Deciding the areas causing me stress aren't that important.	1	2	3	4	5
Eating out more frequently.	1	2	3	4	5
Talking about my feelings with someone who is not directly involved.	1	2	3	4	5
Limiting the amount of time I spend on household tasks.	1	2	3	4	5
Working more efficiently so I can get more done.	1	2	3	4	5

1=not like me
2=a little like me
3=somewhat like me
4=a lot like me
5=very much like me

I manage family and career demands by:

Realizing that some conflict is inevitable.	1	2	3	4	5
Setting priorities and doing the most important thing first.	1	2	3	4	5
Working harder than usual.	1	2	3	4	5
Avoiding extra projects at my job.	1	2	3	4	5
Eliminating certain community activities.	1	2	3	4	5
Withdrawing from the situation temporarily.	1	2	3	4	5
Cutting back on leisure activities.	1	2	3	4	5
Doing what other people expect me to do.	1	2	3	4	5
Relying on extended family members for support and encouragement.	1	2	3	4	5
Buying goods and services that save time.	1	2	3	4	5
Arranging for child care so my spouse and I can spend time together.	1	2	3	4	5
Reducing the time I spend at work.	1	2	3	4	5
Planning career changes around family needs.	1	2	3	4	5
Seeking understanding from someone.	1	2	3	4	5
Reminding myself that there are more advantages than disadvantages to my lifestyle.	1	2	3	4	5
Having good friends that I can talk to.	1	2	3	4	5

1=not like me
2=a little like me
3=somewhat like me
4=a lot like me
5=very much like me

I manage family and career demands by:

Hiring outside help to assist with household chores or home maintenance.	1	2	3	4	5
Planning ahead so that major changes at home will not disturb my career goals.	1	2	3	4	5
Remembering that I have handled similar problems successfully in the past.	1	2	3	4	5
Making definite plans for organizing and accomplishing necessary tasks.	1	2	3	4	5
Realizing many of the demands I feel now are only temporary.	1	2	3	4	5
Not changing my standards of myself as a parent, spouse and employee.	1	2	3	4	5
Cutting down on the amount of "outside" activities in which I can be involved.	1	2	3	4	5
Postponing dealing with the situation for the time.	1	2	3	4	5
Delegating tasks to other family members.	1	2	3	4	5
Pushing myself to get everything done.	1	2	3	4	5
Finding legitimate excuses to keep from fulfilling obligations I dislike.	1	2	3	4	5
Using family responsibilities to justify not accepting more job responsibilities.	1	2	3	4	5
Deciding that time will solve the problem.	1	2	3	4	5

1=not like me
2=a little like me
3=somewhat like me
4=a lot like me
5=very much like me

I manage family and career demands by:

Making friends with other two-career families.	1	2	3	4	5
Encouraging our child(ren) to be self-sufficient and willing to take on responsibilities.	1	2	3	4	5
Doing something to take my mind off the problem.	1	2	3	4	5
Postponing certain task until the pressure to do them subsides.	1	2	3	4	5
Reminding myself that I am experience conflict because I am engaged in demanding, but fulfilling activities.	1	2	3	4	5
Separating my work life from family life so I can concentrate my effort on one area at a time.	1	2	3	4	5
Encouraging our child(ren) to help out whenever possible.	1	2	3	4	5
Trying to maintain my health by eating right, getting enough sleep, exercising regularly.	1	2	3	4	5
Setting aside "family time".	1	2	3	4	5

PLEASE CHECK TO SEE THAT EVERY STATEMENT WAS ANSWERED.

Please indicate how strongly you agree or disagree that the following statements describe you or your situation at work and at home.

	strongly disagree				strongly agree
My job helps me have a better relationship with my spouse.	1	2	3	4	5
My job keeps me from spending time with my spouse.	1	2	3	4	5
Worrying about my job is interfering with my relationship with my spouse.	1	2	3	4	5
After work I am often too tired to do things with my spouse.	1	2	3	4	5
My marriage suffers because of my work	1	2	3	4	5
My job makes it hard for me to have a good relationship with my children.	1	2	3	4	5
My working hours interfere with the amount of time I spend with my children.	1	2	3	4	5
Because I am often irritable after work I am not as good a parent as I would like.	1	2	3	4	5
When I get home from work I often do not have the energy to be a good parent.	1	2	3	4	5
I am a better parent because of my job.	1	2	3	4	5
My job makes it difficult for me to enjoy my free time outside of work.	1	2	3	4	5
The amount of time I spend working interferes with how much free time I have.	1	2	3	4	5
Worrying about my job makes it hard for me to enjoy myself outside of work.	1	2	3	4	5
Because I am often tired after work, I don't see friends as much as I would like	1	2	3	4	5

	strongly disagree				strongly agree
My job doesn't affect whether I enjoy my free time outside of work.	1	2	3	4	5
My job makes it difficult for me to get household chores done.	1	2	3	4	5
I spend so much time working that I am unable to get much done at home.	1	2	3	4	5
Worrying about my job interferes with my ability to get things done around the house.	1	2	3	4	5
When I get home from my job, I do not have the energy to do work around the house.	1	2	3	4	5
Having a job makes it easier for me to get my household chores done.	1	2	3	4	5
I feel that I have two personalities-- one that I show at work and another that I show in front of my child(ren) and spouse.	1	2	3	4	5
The loyalty my employer expects conflicts with the loyalty that I have to my family.	1	2	3	4	5
It is difficult to be nurturing with my with my family and assertive and task-oriented at work.	1	2	3	4	5
My career goals conflict with my family's priorities.	1	2	3	4	5

Here is a list of common conditions that people experience. Please indicate whether you have experienced this condition within the past month by circling the corresponding number.

1) sleeplessness/oversleeping
2) nervousness
3) tired
4) headaches
5) indigestion/ulcers
6) allergies
7) colds, flu, or fever
8) irregularity/diarrhea
9) moody spells
10) decreased interest in sex
11) shortness of breath/racing heart
12) trembling
13) overeating/no appetite
14) back pain/neck aches
15) teeth clenching, grinding, or TMJ disorders

Please circle how often during the past week you had each feeling. For example, during the past week, how often did you feel...

		Never	Once	Several Times	Often
A.	Particularly excited or interested in something.	1	2	3	4
B.	So restless you couldn't sit long in a chair.	1	2	3	4
C.	Very angry at somebody or something.	1	2	3	4
D.	That things were going your way.	1	2	3	4
E.	Upset because someone criticized you.	1	2	3	4
F.	On top of the world.	1	2	3	4
G.	Very lonely not close to other people.	1	2	3	4
H.	Pleased about having accomplished something.	1	2	3	4
I.	Bored.	1	2	3	4
J.	Down or discouraged because nothing seemed to be going right for you.	1	2	3	4
K.	Proud because someone complimented you on something you had done.	1	2	3	4

Please indicate the events that you have experienced in the last year by putting yes or no in front of the statement.

_____ In-law troubles.
_____ Change in residence.
_____ Spouse beginning work outside the home.
_____ Death of a close friend.
_____ Minor violations of the law. (e.g., traffic tickets, jay walking, disturbing the peace, etc.).
_____ Major change in the health or behavior of a family member.
_____ Sexual difficulties.
_____ Detention in jail or other institution.
_____ Major change in financial state (e.g., a lot worse off or a lot better off than usual).
_____ Gaining a new family member (e.g., through birth, adoption, oldster moving in etc.).
_____ Death of a close family member.
_____ Son or daughter leaving home (e.g., marriage, attending college, etc.)
_____ Marital separation from mate.
_____ Major change in the number of arguments with spouse (e.g., either a lot more or a lot less than usual).
_____ Foreclosure on a mortgage or loan.
_____ Taking on a mortgage greater than $75,000 (e.g., purchasing a home, business, etc.).
_____ Taking on a mortgage or loan less than $75,000 (e.g., purchasing a car, TV, freezer, etc.).
_____ Major personal injury or illness.
_____ Major change in living conditions (e.g., building a new home remodeling, deterioration of home or neighborhood).
_____ Beginning schooling.

(YOU ARE ALMOST DONE!)
Please answer the few remaining questions.

Age _____

Sex _____ F _____ M

What is your marital status? _____ Single _____ married
_____ divorced _____ separated _____ widowed

If married, number of years married to present spouse _____

Highest degree attained
High School _____
BA _____
MA _____
PhD _____
MD _____
JD _____
Other _____

Number of years in profession (exclusive of years in school) _____

Current employment status: Full-time _____ Part-time _____
Other _____

Current occupation _____

Spouse's current employment status: Full-time _____
Part-time _____ Other _____

Spouse's current occupation _____

What is your family's total income, including wages, salaries, and compensation before taxes? Please circle the appropriate letter.

A. less than $25,000
B. $25,000 to $34,999
C. $35,000 to $49,999
D. $50,000 to $74,999
E. $75,000 to $99,999
F. $100,000 to $124,999
G. $125,000 to $149,999
H. $150,000 or more

How would you describe your ethnic or racial background?

A. White/American, Caucasian
B. Black American, Negro
C. Native American, Indian
D. Spanish Surnamed American, Chicano, Puerto Rican
E. Oriental American, Asian
F. Other (please specify)_____

How many children live in your household?

1 2 3 4 5 or more

How many children live in your household who are under 12 years of age?

1 2 3 4 5 or more

List ages of children_____
_____

How often do household members make demands on you?

_____a lot of your time _____some of the time _____once in a while _____never

How frequently is your job demanding?

_____much of the time _____pretty often _____occasionally _____almost never

How often do you just have more to do than you can handle?

Never		Moderately		Very Often
1	2	3	4	5

How satisfied are you with your childcare arrangements for your child(ren)?

Satisfied		Neutral		Dissatisfied
1	2	3	4	5

How would you rate the amount of stress in your daily life?

_____ Mild _____ Moderate _____ Severe

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.

APPENDIX B

Q-SORT QUESTIONNAIRE AND RESULTS

I am conducting my masters' thesis research on how dual-career couples combine work and family responsibilities. I need help identifying valid indicators for a set of coping strategy variables. Listed and defined on the next page are eight coping strategies. Please consider each coping strategy carefully. Following the list of coping strategies is a list of statements, which I have developed to serve as indicators for the strategies. I would like you to match each statement with the coping strategy for which it seems best suited. Indicate which coping strategy the statement matches up with by placing the appropriate coping strategy letter in front of the statement. If you believe that a statement could represent more than one coping strategy, please choose the strategy that you feel it fits best. Please try to categorize all of the statements. If you cannot fit a coping strategy to any statement, I would appreciate it if you could briefly explain why.

I will be happy to answer any questions you might have. Please call me at 691-8283 in the evenings. Thank you for your help.

Shelley Paden

A. **Increased Role Behavior**--Increased role behavior refers to when an individual works harder and more efficiently and with greater commitment to the fulfillment of multiple role demands.

B. **Delegation**--Delegation involves assigning some role activities to another person.

C. **Limiting Avocation Activities**--Limiting avocational activities involves limiting one's involvement in community, leisure, or household activities.

D. **Subordinating Career Goals**--Subordinating career goals refers to when individuals lower career expectations in favor of family needs and goals.

E. **Organization and Compartmentalization**--Organization involves structuring work and/or family activities. Compartmentalization involves separating work time from family time.

F. **Avoidance and Tension Reduction**--Avoidance involves withdrawing temporarily from the situation. Tension reduction refers to overt behaviors aimed at reducing stress such as changing eating, sleeping or exercise patterns.

G. **Using Social Support**--Using social support refers to when individuals rely on their family, social networks or establish friendships with others who can empathize with their situation and provide a support system to relieve stresses.

H. **Cognitive Restructuring**--Cognitive restructuring refers to an individual's attempts to redefine the situation. The individual alters his/her attitude toward the significance of the situation. The stressful, negative situation (or parts of it) is redefined as a neutral or positive experience.

I manage family and career demands by:

_____ Becoming more efficient when planning and organizing my time.

_____ Encouraging frequent communication among all family members.

_____ Limiting my involvement on the job.

_____ Turning down promotions which involve moving my family.

_____ Saying "no" to some of the things I could be doing.

_____ Doubling my efforts and trying to make things work out.

_____ Deciding the areas causing me stress aren't that important.

_____ Eating out more frequently.

_____ Talking about my feelings with someone who is not directly involved.

_____ Changing my standards of how well household tasks must be done.

_____ Working more efficiently so I can get more done.

_____ Realizing that some conflict is inevitable.

_____ Setting priorities and doing the most important thing first.

_____ Working harder than usual.

_____ Avoiding extra projects at my job.

_____ Eliminating certain community activities.

_____ Withdrawing from the situation temporarily.

_____ Cutting back on leisure activities.

_____ Doing what other people expect me to do.

_____ Relying on extended family members for support and encouragement.

_____ Buying goods and services that save time.

_____ Arranging for child care so my husband/wife and I can spend time together.

_____ Reducing the time I spend at work.

_____ Planning career changes around family needs.

_____ Seeking understanding from someone.

_____ Reminding myself that there are more advantages than disadvantages to my lifestyle.

_____ Having good friends who I can talk to.

_____ Hiring outside help to assist with household chores or home maintenance.

_____ Planning ahead so that major changes at home will not disturb my career goals.

_____ Remembering that I have handled similar problems successfully in the past.

_____ Making better use of my time at work.

_____ Realizing many of the demands I feel now are only temporary.

_____ Trying to live up to my own self-expectations.

_____ Cutting down on the amount of "outside" activities in which I can be involved.

_____ Postponing dealing with the situation for the time.

_____ Delegating tasks to other family members.

_____ Making a plan for getting everything done.

_____ Finding legitimate excuses to keep from fulfilling obligations I dislike.

_____ Using family responsibilities to justify not accepting more job responsibilities.

_____ Deciding that time will solve the problem.

_____ Making friends with other two-career families.

_____ Encouraging our child(ren) to be self-sufficient.

_____ Doing something to take my mind off the problem.

_____ Postponing certain task until the pressure to do them subsides.

_____ Reminding myself that I am experiencing conflict because I am engaged in demanding, but fulfilling activities.

_____ Separating my work life from family life so I can concentrate my effort on one area at a time.

_____ Encouraging our child(ren) to help out whenever possible.

_____ Trying to maintain my health by eating right, getting enough sleep, exercising regularly.

_____ Setting aside "family time".

There were ten respondents to the Q-sort. There were forty-eight statements for them to classify. If 60% of the respondents agreed with my classification, the item could be regarded as valid. According to my scheme, 77% of my items were considered valid by the respondents. In front of each item I put the percentage of respondents that agreed with my classification scheme. If the percentage was below 60%, I have indicated in parenthesis the next most popular answer. In bold, I have given suggestions of how to change operational definitions or corresponding statements.

Increased Role Behavior
Increased role behavior refers to when an individual works harder and more efficiently and with greater commitment to the fulfillment of multiple role demands.

20% * 1. Making a plan for getting everything done.
(80% Organization and Compartmentalization)
Making sure that everything gets done.
50% * 2. Trying to live up to my own self-expectations.
(40% Cognitive Restructuring)
Not compromising my own self-expectations.
70% 3. Doing what other people expect me to do.
100% 4. Working harder than usual.
100% 5. Working more efficiently so I can get more done.
80% 6. Doubling my efforts and trying to make things work out.

Delegation
Delegation involves assigning some role activities to another person or **receiving goods and services from outside the family system to save time and energy.** (Bird, Bird & Scruggs, 1983).

70% 1. Encouraging our child(ren) to help out whenever possible.
40% 2. Encouraging our child(ren) to be self-sufficient.
(30% Increased Role Behavior)
100% 3. Delegating tasks to other family members.
80% 4. Hiring outside help to assist with household chores or home maintenance.
10% * 5. Eating out more frequently.
10% * 6. Buying goods and services that save time.
(60% Organization and Compartmentalization)
30% * 7. Arranging for child care so my husband/wife and I can spend time together.
(30% Organization and Compartmentalization, 30% Cognitive Restructuring)

Limiting Avocational Activities
Limiting avocational activities involves limiting one's involvement in community, leisure, or household activities (Schnittger & Bird, 1990).

100% 1. Eliminating certain community activities.
100% 2. Cutting down on the amount of "outside activities" in which I can be involved.
90% 3. Cutting back on leisure activities.
10% * 4. Changing my standards of how well household tasks must be done.
(30% Organization and Compartmentalization, 30% Cognitive Restructuring)
Limiting the amount of time I spend on household tasks.

Subordinating Career Goals
Subordinating career goals refers to when individuals lower career expectations in favor of family needs and goals (Schnittger & Bird, 1990).

50% * 1. Limiting my involvement on the job.
(20% Limiting Avocational Activities, 20% Organization and Compartmentalization)
Replacing with statement under Avoidance and Tension Reduction.
10% * 2. Saying "no" to some of the things I could be doing.
(70% Limiting Avocational Activities)
Saying "no" to some of the things I could be doing at work.
60% 3. Reducing the time I spend at work.
80% 4. Planning career changes around my family needs.
70% 5. Turning down promotions which involve moving my family.
70% 6. Avoiding extra projects at my job.

Organization And Compartmentalization
Organization involves structuring work and/or family activities. Compartmentalization involves separating work time from family time.

100% 1. Planning ahead so that major changes at home will not disturb my career goals.
30% * 2. Making better use of my time at work.
(50% Increased Role Behavior)
Making definite plans for organizing and accomplishing necessary tasks.
80% 3. Separating my work life from family life so I can concentrate my efforts on one area at a time.
90% 4. Setting aside "family time."
30% * 5. Becoming more efficient when planning and organizing my time.

(40% Increased Role Behavior)
Planning and organizing my time at work and at home.

100% 6. Setting priorities and do the most important thing first.

Avoidance And Tension Reduction

Avoidance involves withdrawing temporarily from the situation. Tension reduction refers to overt behaviors aimed at reducing stress such as changing eating, sleeping or exercise patterns (Elman & Gilbert, 1984)

100% 1. Withdrawing from the situation temporarily.
100% 2. Postponing dealing with the situation for the time.
100% 3. Doing something to take my mind off the problem.
60% 4. Trying to maintain my health by eating right, getting enough sleep, and exercising.
90% 5. Postponing certain tasks until the pressure to do them subsides.
70& 6. Finding legitimate excuses to keep from fulfilling obligations I dislike.
10% * 7. Using family responsibilities to justify not accepting more job responsibilities.
(90% Subordinating Career Goals)
Move this to Subordinating Career Goals.

Using Social Support

Using social support refers to when individuals rely on social networks or establish friendships with others who can empathize with their situation and provide a support system to relieve stresses.

90% 1. Relying on extended family members for support and encouragement.
100% 2. Making friends with other two-career couples.
100% 3. Having good friends that I can talk to.
90% 4. Talking about my feelings with someone who is not directly involved.
100% 5. Seeking understanding from someone.

Cognitive Restructuring

Cognitive restructuring refers to an individual's attempts to redefine the situation. The individual alters his/her attitude toward the significance of the situation. The stressful, negative situation is redefined as a neutral or positive experience (Elman & Gilbert, 1984).

80% 1. Deciding that the areas causing me stress aren't that important.
80% 2. Realizing that some conflict is inevitable.
70% 3. Remembering that I have handled similar problems successfully in the past.

60%	4.	Deciding that time will solve the problem.
100%	5.	Reminding myself that I am experiencing conflict because I am engaged in demanding, but fulfilling activities.
80%	6.	Realizing many of the demands I feel now are only temporary.
100%	7.	Reminding myself that there are more advantages than disadvantages to our lifestyle.

APPENDIX C

MODEL AND PATH ANALYSIS FOR WIVES AND HUSBANDS

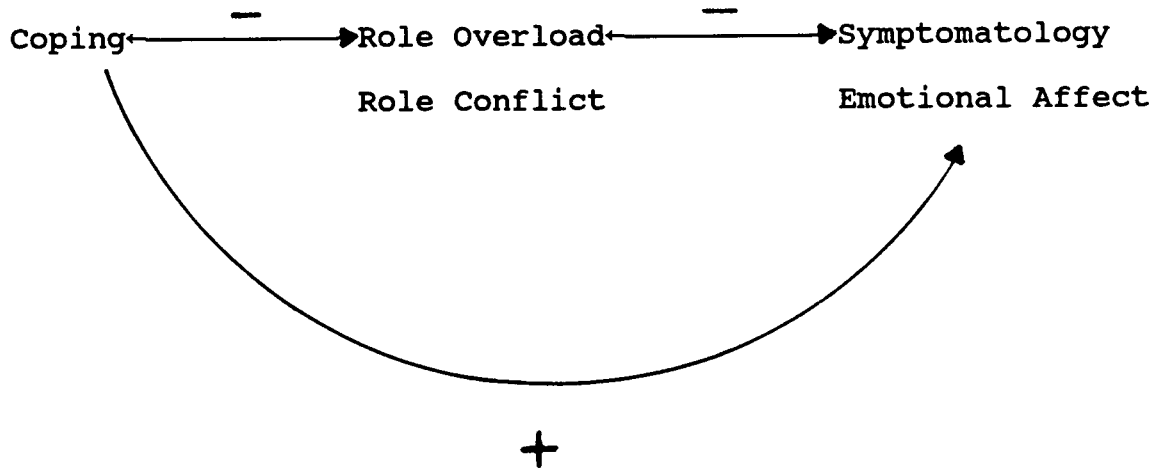


Figure 2. Conceptual model of the effects of coping on role overload, role conflict, physical symptomatology and emotional affect.

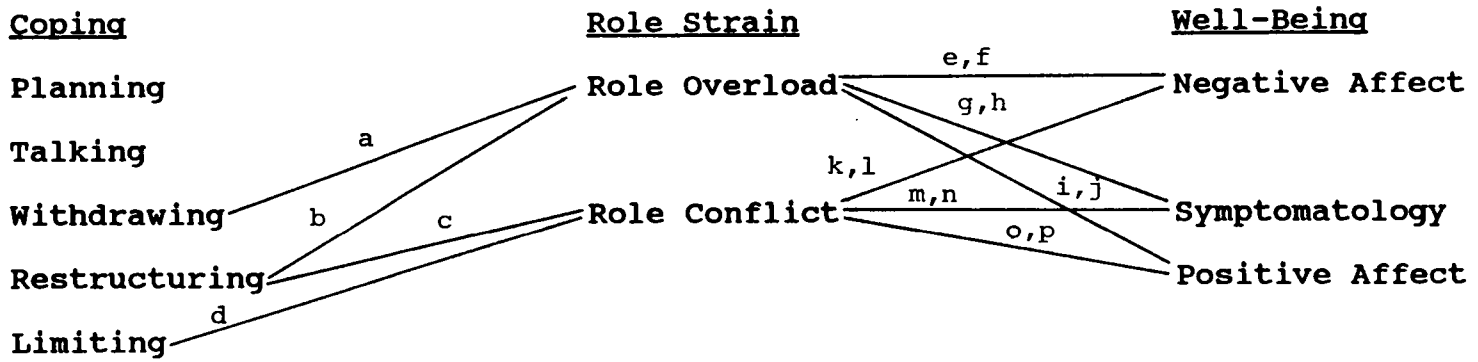


Figure 3. Path analysis for wives.

Note. a = .25, b = -.32, c = .23, d = -.32, e = .38 (.10), f = .38(-.12), g = .27(.07), h = .27(-.09), i = -.37(-.09), j = -.37(.12), k = .48(.11), l = .48(-.15), m = .22(.05), n = .22(-.07), o = -.39(-.09), p = -.39(.12).

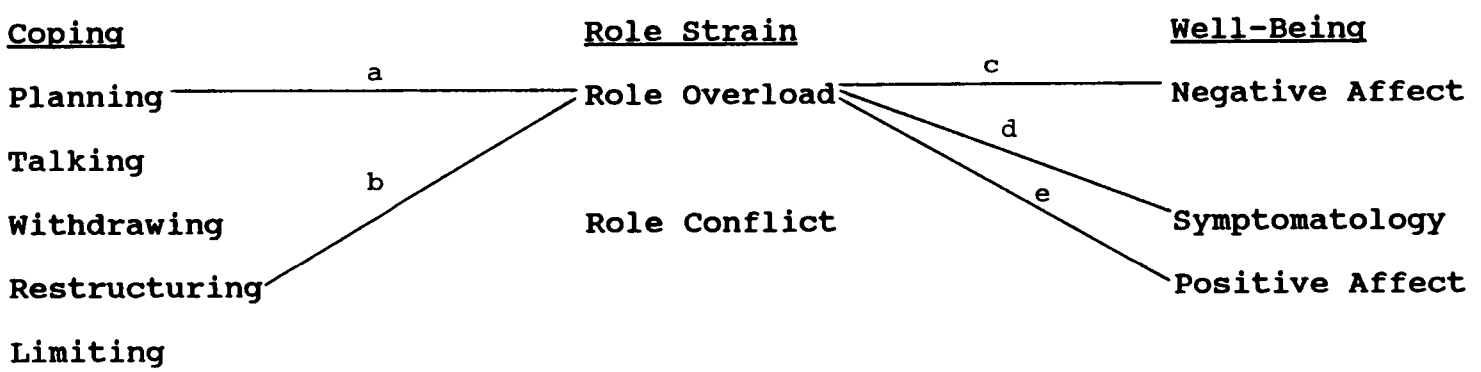


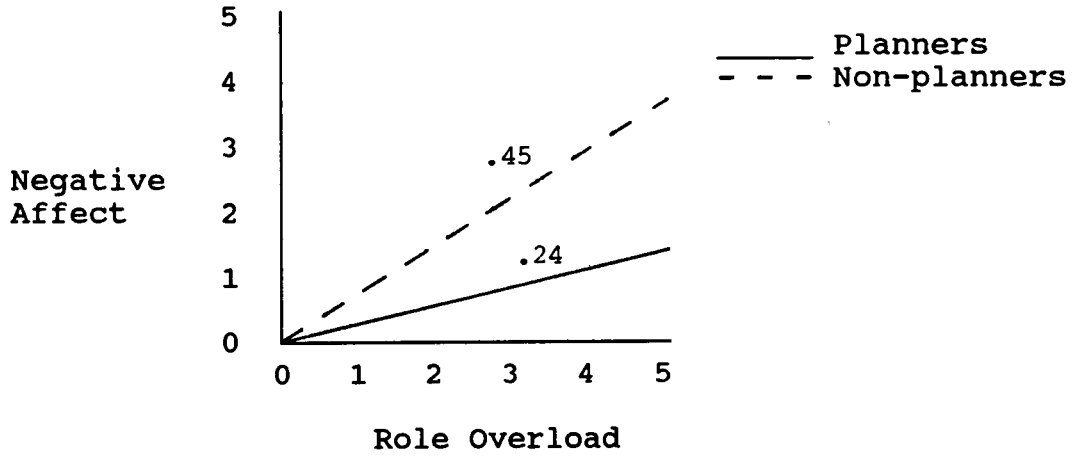
Figure 4. Path analysis for husbands.

Note. a = -.34, b = .26, c = .43(-.15), d = .37(-.13), e = -.24(.08).

APPENDIX D

CORRELATION CHARTS

A. Role Overload and Negative Affect



B. Role Overload and Negative Affect

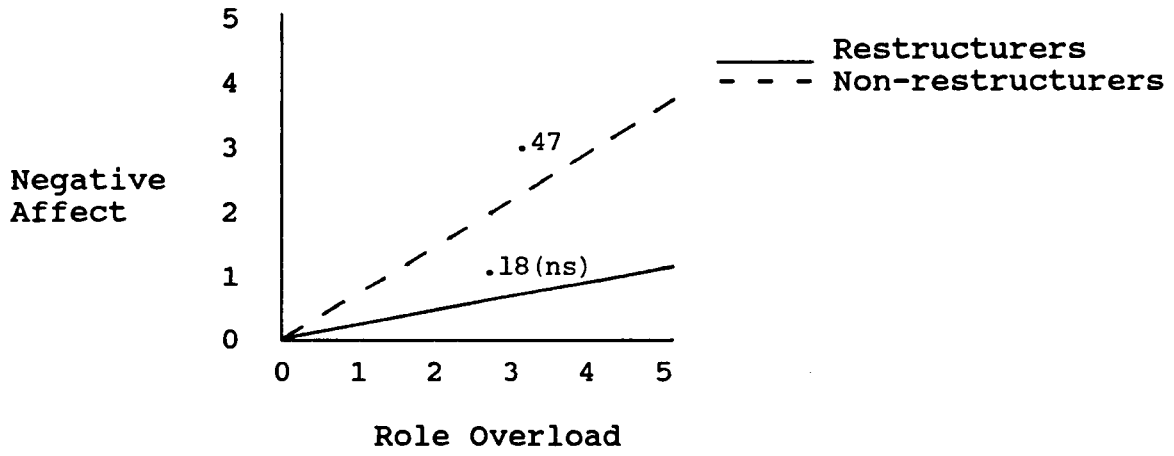
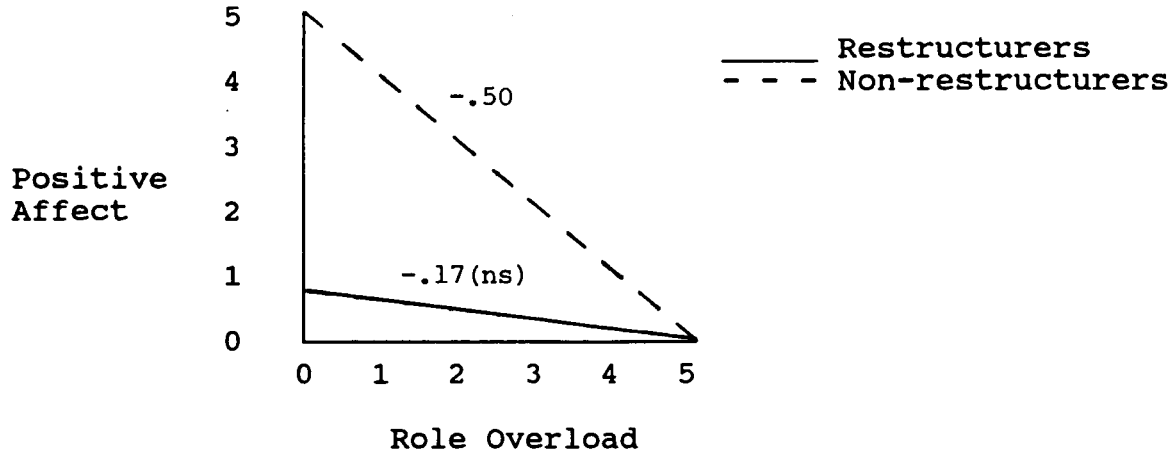
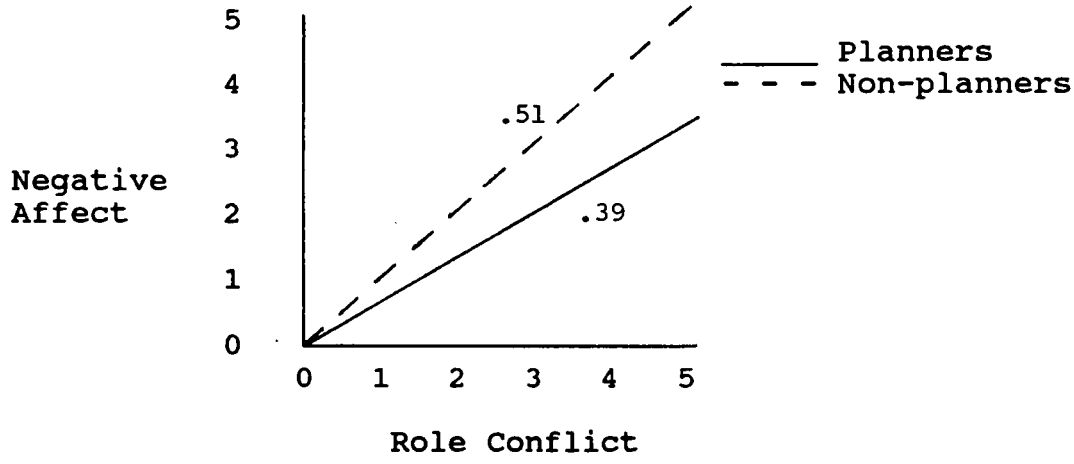


Figure 5. Correlation slopes relating role overload, role conflict, physical symptomatology and emotional affect for wives.

C. Role Overload and Positive Affect



D. Role Conflict and Negative Affect



E. Role Conflict and Symptomatology

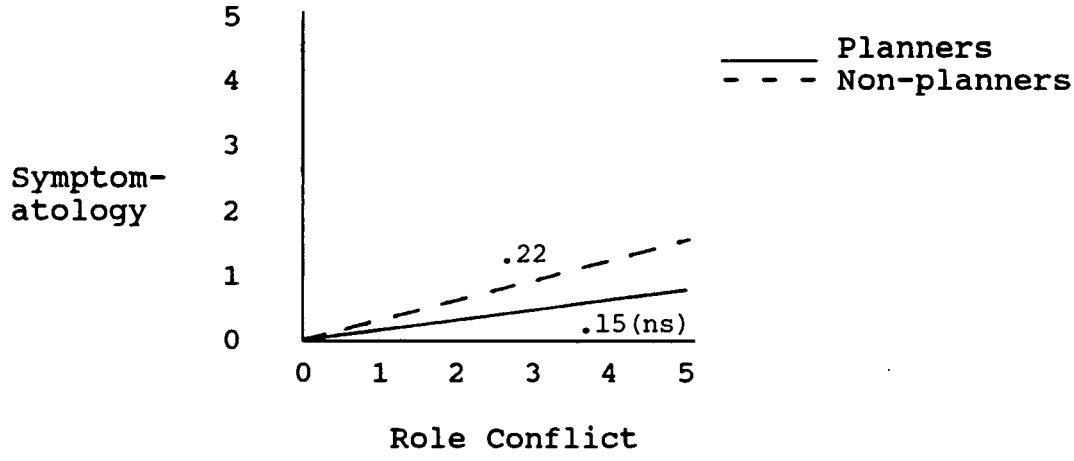
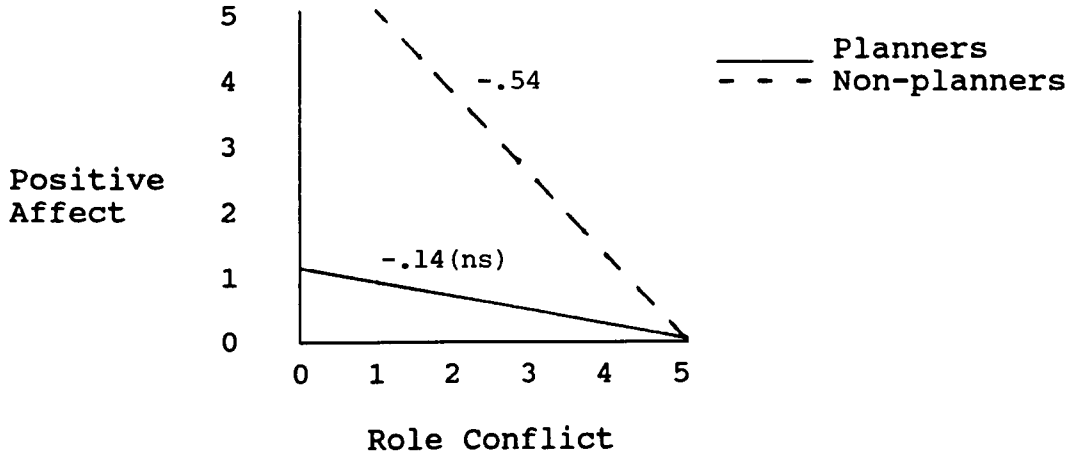
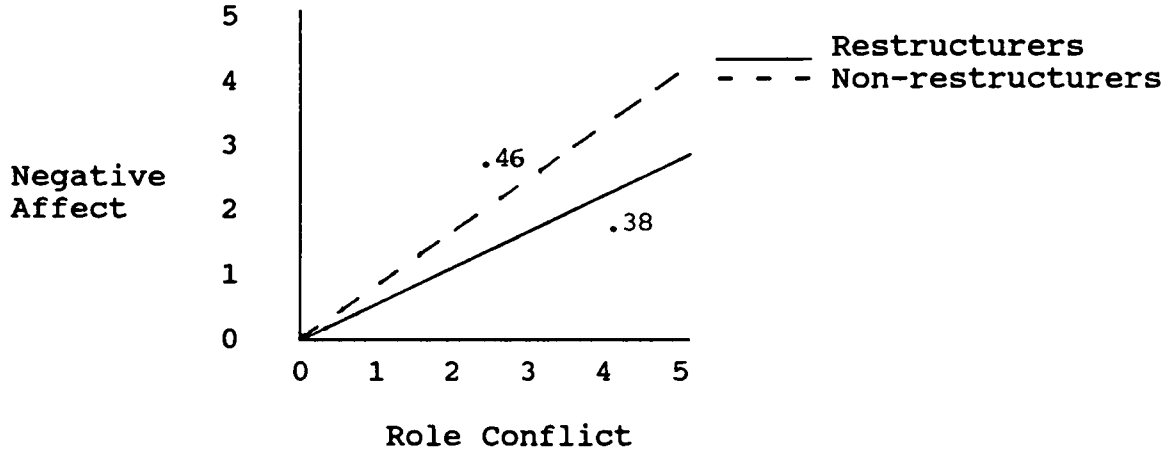


Figure 5 (continued)

F. Role Conflict and Positive Affect



G. Role Conflict and Negative Affect



H. Role Conflict and Positive Affect

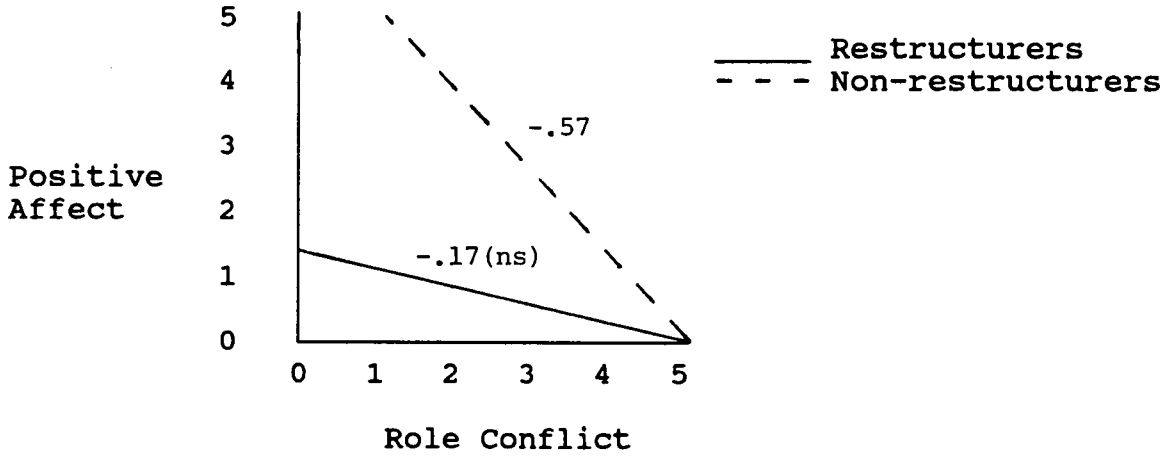
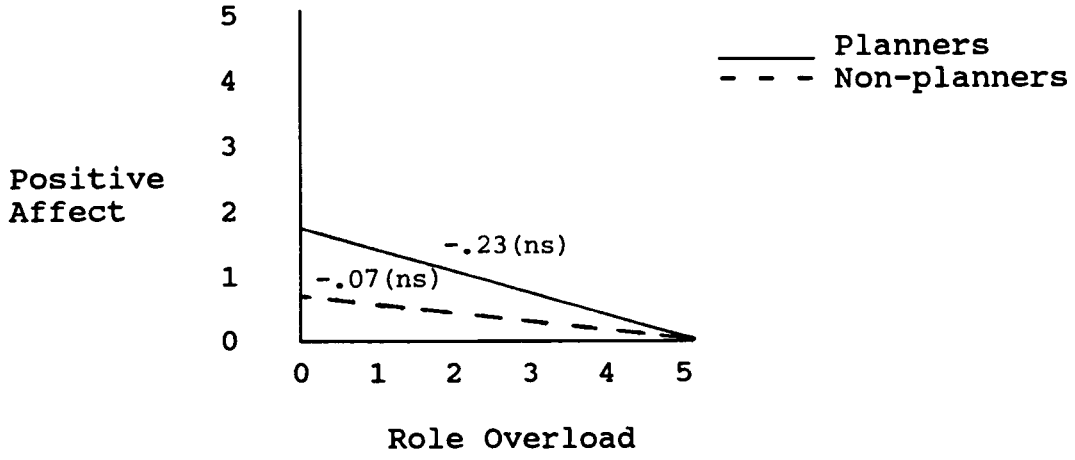


Figure 5 (continued)

A. Role Overload and Positive Affect



B. Role Overload and Positive Affect

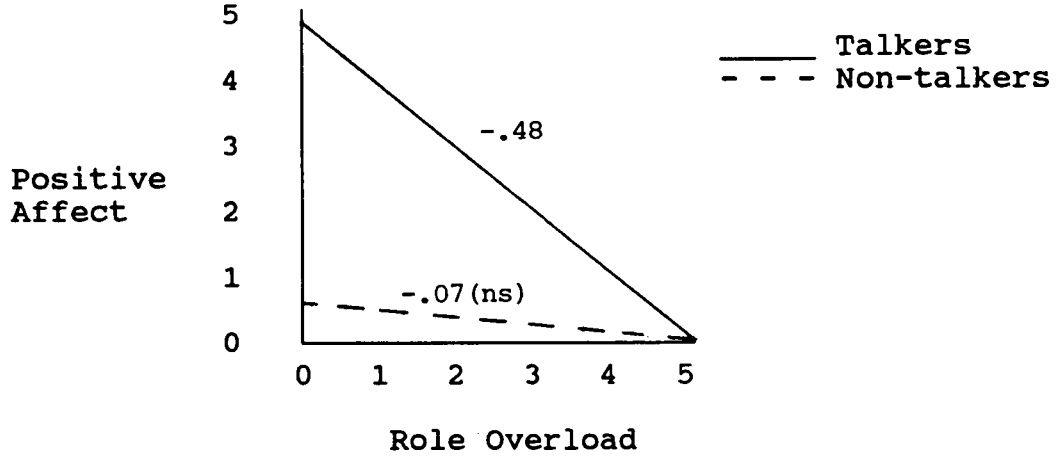
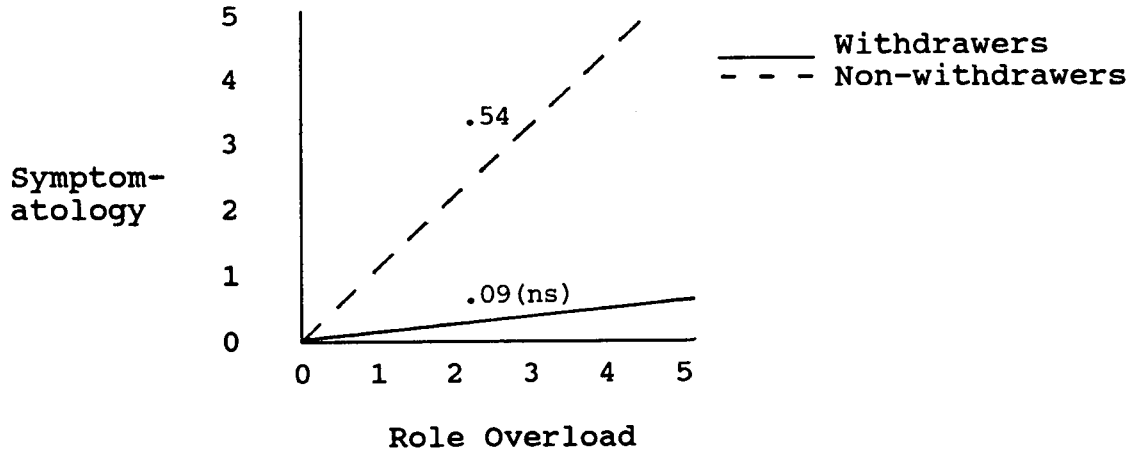


Figure 6. Correlation slopes relating role overload, role conflict, physical symptomatology and emotional affect for husbands.

C. Role Overload and Positive Affect



D. Role Conflict and Symptomatology

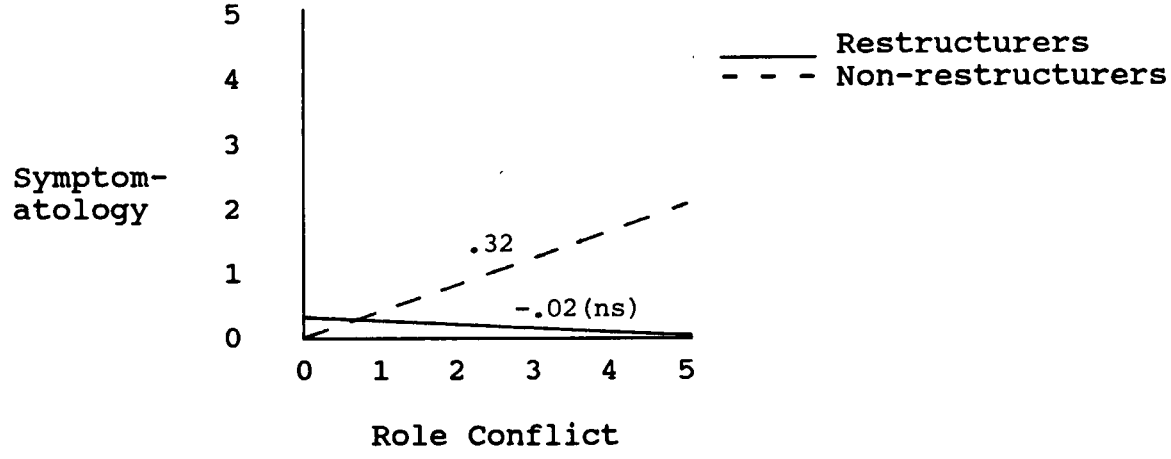


Figure 6 (continued)

VITA

Shelley Louise Paden was born in Urbana, Illinois, on February 15, 1955. She graduated from Urbana High School in 1973. She received the degree of Bachelor of Fine Arts in May, 1976 from the University of Illinois. She received a Master of Library Science from Indiana University in May, 1986. In August of 1987, she entered the University of Tennessee, Knoxville and in August of 1993, received a Master of Science degree in Child and Family Studies.

She is presently employed as a librarian at the University of Tennessee Medical Center, Knoxville.