
**STRESS AND COPING IN MULTIPLE ROLE WOMEN:
AN EXPLORATORY STUDY**

JOANNA CROOME

Thesis submitted to the Department of Psychology, University of Cape Town, in partial fulfilment of the requirements for the degree of Master of Arts in Research Psychology.

March 1997



The copyright of this thesis vests in the author. No quotation from it or information derived from it is to be published without full acknowledgement of the source. The thesis is to be used for private study or non-commercial research purposes only.

Published by the University of Cape Town (UCT) in terms of the non-exclusive license granted to UCT by the author.

ACKNOWLEDGEMENTS

My most grateful thanks to my husband, Ronald, for his encouragement and belief in my abilities. Without his unfailing support and willingness to cross the traditional role boundaries I would have not been able to complete my studies. Behind every successful multiple role woman is a supportive man. Thanks also to my children, Stephen and Sam.

I am especially indebted to the doctors who showed an interest in the study and helped distribute the questionnaires.

My sincere thanks to all those women who participated in the research. Their enthusiasm and willingness to share their personal experiences contributed to the success of this study, revealing some important and sometimes sobering details about the lives of women today.

I am also grateful to my supervisor Professor Peter du Preez, for his input and guidance in the production of this thesis.

To my colleague and co-intern Nataly Herzsprung, thank you for your support and encouragement in the past two years.

A very special thanks to my dear friend Desiree Epstein for her patience in typing and correcting this manuscript as well as her constant positive affirmations.

Thanks also to fellow student Judy Austin for her sympathy and assistance with the statistics.

The financial assistance of the Research Committee of the University of Cape Town is hereby gratefully acknowledged.

The financial assistance of the Centre for Science Development (HSRC, South Africa) towards this research is hereby acknowledged. Opinions expressed and conclusions arrived at are those of the author and not necessarily to be attributed to the Centre for Science Development.

TABLE OF CONTENTS

	<u>Page</u>
ACKNOWLEDGEMENTS	i
TABLE OF CONTENTS	iii
LIST OF TABLES AND FIGURES	vi
ABSTRACT	viii
CHAPTER ONE: SUMMARY OF CONTENTS	1
CHAPTER TWO: INTRODUCTION	3
CHAPTER THREE: STRESS	7
3.1. The concept and theory of stress	7
3.2. Stress as a response	8
3.3. Stress as a stimulus	10
3.4. Stress as a transaction	13
3.5. The effects of stress	15
3.6. Stress and multiple role women	17
3.7. The relationship between multiple roles and stress	19
3.8. Role quality	21
3.9. Stressors of multiple role women	22
CHAPTER FOUR : COPING	31
4.1. The concept and theory of coping	31
4.2. Coping as process	32
4.3. Coping traits and styles	35
4.4. Coping and health	37
4.5. Coping and multiple role women	37
CHAPTER FIVE: LOCUS OF CONTROL	39
5.1. Introduction	39
5.2. Generalised and situation specific coping	39
5.3. Locus of control and coping	40
5.4. Locus of control and social support	41

5.5. Locus of control and health	41
5.5. Locus of control and multiple role women	42
CHAPTER SIX: SOCIAL SUPPORT	44
6.1. Introduction	44
6.2. Social support and health	45
6.3. Influences on social support	45
6.4. Structure and function of social support	46
6.5. Spousal support	47
6.6. Social support and gender	48
6.7. Social support and multiple role women	48
CHAPTER SEVEN: REVIEW CONCLUSIONS AND RATIONALE FOR STUDY	50
CHAPTER EIGHT: RESEARCH QUESTIONS	52
8.1. Quantitative data	52
8.2. Qualitative data	52
CHAPTER NINE : METHODOLOGY	54
9.1. Research design	54
9.2. The research instrument	54
9.3. Pilot study	62
CHAPTER TEN: RESULTS	63
10.1. Response rate	63
10.2. Biographical details of the sample	63
10.3. Quantitative analysis	70
10.4. Qualitative analysis	95
CHAPTER ELEVEN : DISCUSSION	109
11.1. Stress	109
11.2. Role quality	111
11.3. Coping, locus of control and social support	114
11.4. Interactive effects between role quality and coping, locus of control and social support on stress	118
11.5. A model of stress	119

11.6. Practical assistance	121
11.7. Positive and negative aspects of multiple roles and other comments supplied by respondents	123
CHAPTER TWELVE : CONCLUSIONS, STRENGTHS, LIMITATIONS AND IMPLICATIONS OF THE STUDY	130
12.1. CONCLUSIONS	130
12.2. STRENGTHS OF THE PRESENT STUDY	132
12.3. LIMITATIONS OF THE PRESENT STUDY	133
12.4. IMPLICATIONS	134
REFERENCES	136
APPENDICES	146

LIST OF TABLES AND FIGURES

		<u>Page</u>
TABLE 1	Normative data on the COPE Scale	58
TABLE 2	Comparison of current study with normative data on stress as measured by the PSQ-R	70
TABLE 3	Correlations between stress and the independent variables	71
TABLE 4	Comparison of descriptive statistics between low and high stress groups	72
TABLE 5	Reassignment of subjects on the basis of their PSQ-R scores	73
TABLE 6	Most usual manifestations of stress	74
TABLE 7	Cronbach's Alpha coefficients of Role Quality scales for current study	75
TABLE 8	Descriptive statistics iro role quality	76
TABLE 9	Frequency of response to particular aspects of roles as extremely positive or negative	77
TABLE 10	Relationship between role quality and stress	78
TABLE 11	Comparison of descriptive statistics and Cronbach's Alpha coefficients of current study with normative data as measured by the COPE subscales	79
TABLE 12	Comparison of coping skills on stress	81
TABLE 13	Comparison of Cronbach's Alpha coefficient between current study and that of Pearlin & Schooler	83
TABLE 14	Correlations between control and the other independent variables	84
TABLE 15	Relationship between control and stress	85
TABLE 16	Descriptive statistics and Cronbach's Alphas for social support measures	86

TABLE 17	Relationship between social support and stress	87
TABLE 18	Analysis of variance for stress on motherhood and suppression of competing activities	88
TABLE 19	Analysis of variance for stress on employment and religion	90
TABLE 20	Analysis of variance for stress on employment and reinterpretation	92
TABLE 21	Summary of step-wise regression for stress	94
TABLE 22	Practical assistance provided by husband	96
TABLE 23	Practical assistance provided by friends at work	98
TABLE 24	Practical assistance provided by friends outside work	99
TABLE 25	Practical assistance provided by relatives	100
TABLE 26	Positive aspects of multiple roles	102
TABLE 27	Negative aspects of multiple roles	104
TABLE 28	Comments by multiple role women	107
FIGURE 1	Age	65
FIGURE 2	Home language	65
FIGURE 3	Highest qualification	66
FIGURE 4	Occupation	66
FIGURE 5	Income	67
FIGURE 6	Duration of marriage	67
FIGURE 7	Number of children	68
FIGURE 8	Age of youngest child	68
FIGURE 9	Domestic help	69
FIGURE 10	Interaction plot of motherhood by suppression of competing activities on stress	89
FIGURE 11	Interaction plot of employment by religion on stress	91
FIGURE 12	interaction plot of employment by reinterpretation on stress	93

ABSTRACT

This study examined the relationship between stress and coping in a sample of women simultaneously occupying the roles of wife, mother and paid employee. The sample comprised 95 subjects recruited through medical practices.

Quantitative and qualitative data was collected by means of self report questionnaires. Quantitative measures included the recent version of the Perceived Stress Questionnaire (Levenstein, Prantera, Varvo, Scribano, Berto, Luzzi & Andreoli, 1992), the Reward and Concern Scales developed by Baruch & Barnett (1986) as a measure of role quality, the Coping Orientation to Problems Experienced (Carver, Scheier & Weintraub, 1989) and the Mastery Scale (Pearlin & Schooler, 1978). A measure of social support was developed for this study. Qualitative data was collected via 7 open ended questions. Responses were analysed for frequency of reference to emergent themes.

Stress constituted the dependant variable and role quality, coping, control and social support the independent variables.

Correlational and Anova analyses were performed to test for relationships between stress and the demographic variables. No significant relationships were found.

Subjects who had complained of stress or been diagnosed as stressed by their doctors were classified as highly stressed, whereas those who had neither complained nor been so diagnosed were classified as low stressed. A t-test analysis revealed significant differences between the two groups. However, 42% of those women who had neither complained nor been diagnosed as stressed recorded stress levels above the mean. The most usual manifestations of stress revealed a cluster of factors related to time pressure and overload.

Further t-test analyses were conducted to test for differences in stress levels between subjects scoring low in role quality, coping abilities, control and social support, compared with those scoring high on these variables.

Poor role quality was associated with a significantly higher stress level. The least stressful role for the sample was motherhood followed by marriage and employment. In general, active problem focused coping and adaptive emotion focused coping strategies were associated with significantly lower stress levels, whereas maladaptive strategies were associated with higher levels of stress. Women possessing a sense of control displayed lower stress levels compared with those lacking in control. A supportive global network as well as a supportive spouse were related to lower stress levels, whilst lack of support predicted significantly higher stress levels.

A multiple regression analysis was performed to determine which were the most important variables in a model of stress for this sample of multiple role women. Almost 47% of stress in this sample could be attributed to a lack of control in conjunction with poor employment role quality. Lack of control accounted for almost 40% of the variance alone.

The Role Expansion hypothesis was supported by the majority of subjects and the Scarcity hypothesis to a lesser degree. The most often cited rewarding aspects of multiple roles were self actualisation, opportunity for role expansion, positive self worth, financial rewards and expanded social networks. The most frequently cited negative aspects of multiple roles were concerns re domestic chores, dissatisfaction with working hours and insufficient time, specially for oneself.

Most importantly, the transactional approach, which emphasises the necessity of incorporating both personal and environmental factors into any research on stress and coping was supported by this study.

CHAPTER 1

SUMMARY OF CONTENTS

This study examined stress and coping in multiple role women. Of particular interest was the relationship between stress and role quality, coping strategies, control and social support. Quantitative data was supported by qualitative data culled from responses to open ended questions.

Chapter two introduces the concept of multiple role women via a brief extract from Dr Arlie Hochschild's (1989) book entitled "A speed up in the Family". Some terms relevant to a study on multiple role women are highlighted.

Chapter three explores the development of various stress theories over a period of approximately 60 years. The effects of stress on health are examined. Two conflicting models are presented to illustrate the conflicting viewpoints regarding stress and multiple roles. Particular attention is paid to role quality and the specific potential stressors of multiple role women.

Chapter four outlines recent research in the field of coping. The process approach, which emphasises the functions of coping and conceptualises coping as a process involving both the individual and the environment in a reciprocal relationship, is explored in depth. The relationship between personality and coping traits and styles is briefly outlined with particular reference to personal control and social support. Research relevant to the coping strategies of multiple role women is discussed.

Chapter five examines the concept of a sense of control particularly its relationship to coping and social support. The association between control and health is examined and research pertinent to the effects of positive and negative control on the health of multiple role women is discussed.

Chapter six presents the functions of social support and factors determining its use. A typology of social support is outlined. The relationship between gender and social support is examined briefly as is the importance of spousal support for multiple role women.

Chapter seven presents review conclusions and provides a rationale for this study, based on the literature review.

Chapter eight presents research questions based on the literature review.

Chapter nine outlines the research design and describes the procedures followed in conducting the research. The measuring instruments are described in detail. The pilot study is described briefly.

Chapter ten present the results of both quantitative and qualitative data.

Chapter eleven discusses the results. Qualitative findings are used to support quantitative findings and both are integrated with theory and concepts identified in the literature review.

Chapter twelve outlines the conclusions, strengths, limitations and implications of the study.

CHAPTER 2

INTRODUCTION

The following excerpt entitled "A Speed-up in the Family" from Dr. Arlie Hochschild's book, *The Second Shift*, serves to illustrate the opposing viewpoints of the working married mother. On the one hand the "Superwoman" expertly combining the roles of wife, mother and career woman in flawless harmony and on the other, more closely aligned with reality, the woman who engages in a juggling act to balance the demands originating from multiple roles.

"She is not the same woman in each magazine advertisement, but she is the same idea. She has that working-mother look as she strides forward, briefcase in one hand, smiling child in the other. Literally and figuratively, she is moving ahead. Her hair, if long, tosses behind her; if it is short, it sweeps back at the sides, suggesting mobility and progress. There is nothing shy or passive about her. She is confident, active, "liberated." She wears a dark tailored suit, but with a silk bow or colorful frill that says, "I'm really feminine underneath." She has made it in a man's world without sacrificing her femininity. And she has done this on her own. By some personal miracle, this image suggests, she has managed to combine what 150 years of industrialization have split wide apart - child and job, frill and suit, female culture and male.

When I showed a photograph of a supermom like this to the working mothers I talked to in the course of researching this book many responded with an outright laugh. One daycare worker and mother of two, ages three and five, threw back her head: "Ha! They've got to be kidding about her. Look at me, hair a mess, nails jagged, twenty pounds overweight. Mornings, I'm getting my kids dressed, the dog fed, the lunches made, the shopping list done. That lady's got a maid." Even working mothers who did have maids couldn't imagine combining work and family in such a carefree way. "Do you know what a baby does to your life, the two o'clock feedings, the four o'clock feedings?" Another mother of two said: "They don't show it, but she's whistling" - she imitated a whistling woman, eyes to the sky - "so she can't hear the din." They envied the apparent ease of the woman with the flying hair, but she didn't remind them of anyone they knew.

The women I interviewed - lawyers, corporate executives, word processors, garment pattern cutters, daycare workers - and most of their husbands, too - felt differently about some issues: how right it is for a mother of young children to work a full-time job, or how much a husband should be responsible for the home. But they all agreed that it was hard to work two full-time jobs and raise young children.

How well do couples do it? The more women work outside the home, the more central this question. The number of women in paid work has risen steadily since before the turn of the century but since 1950 the rise has been staggering. In 1950, 28 percent of married women with children between six and seventeen worked outside the home, in 1986, it had risen to 68 percent. In 1950, 23 percent of married women with children under six worked. By 1986, it had grown to 54 percent. We don't know how many women with children under the age of one worked outside the home in 1950; it was so rare that the Bureau of Labour kept no statistics on it. Today half of such women do. Two-thirds of all mothers are now in the labour force; in fact, more mothers have paid jobs (or are actively looking for one) than non-mothers. Because of this change in women, two-job families now make up 58 percent of all married couples with children.

Since an increasing number of working women have small children, we might expect an increase in part-time work. But actually 67 percent of the mothers who work have full-time jobs - that is, thirty-five hours or more weekly. That proportion is what it was in 1959.

If more mothers of young children are stepping into full-time jobs outside the home, and if most couples can't afford household help, how much more are fathers doing at home? As I began exploring this question I found many studies on the hours working men and women devote to housework and childcare. One national random sample of 1,243 working parents in forty-four American cities, conducted in 1956 - 66 by Alexander Szalai and his coworkers, for example, found that working women averaged three hours a day on housework while men averaged 17 minutes; women spent fifty minutes a day of time exclusively with their children; men spent twelve minutes. On the other side of the coin, working fathers watched television an hour longer than their working wives, and slept a half hour longer each night. A comparison of this American sample with eleven other industrial countries in Eastern and Western Europe revealed the same difference between working women and working men in those countries as well.

Szalai's landmark study documented the now familiar but still alarming story of the working woman's "double-day". Adding together the time it takes to do a paid job and to do housework and childcare, I averaged estimates from the major studies on time use done in the 1960s and 1970s, and discovered that women worked roughly fifteen hours longer each week than men. Over a year, they worked an extra month of twenty-four hour days a year. Over a dozen years, it was an extra year of twenty-four-hour days. Most women without children spend much more time than men on housework, with children, they devote more time to both housework and childcare. Just as there is a wage gap between men and women in the work-place, there is a "leisure gap" between them at home. Most women work one shift at the office or factory and a "second-shift" at home.

Studies show that working mothers have higher self-esteem and get less depressed than housewives, but compared to their husbands, they're more tired and get sick more often. In Peggy Thoit's 1985 analysis of two large-scale surveys, each of about a thousand men and women, people were asked how often in the preceding week they'd experienced symptoms of anxiety (such as dizziness or hallucinations).

According to the researchers' criteria, working mothers were more likely than any other group to be "anxious"

In the light of those studies, the image of the woman with the flying hair seems like an upbeat "cover" for a grim reality, like those pictures of soviet tractor drivers smiling radiantly into the distance as they think about the ten-year plan" (Hochschild, 1989, pp 1-4)

Since WWII women, worldwide, have been entering the labour market in dramatic numbers. Mathews & Rodin (1989) project that by the year 2000, 81% of women (66 million) aged 20-64 will be in the labour force, compared with less than 20% in 1890 and 66% in 1986. In America, the greatest contribution to this trend has been among married women and those with small children (Rodin & Ickovics, 1990).

According to Du Toit (1993a: 1993c), a manifestation of social change in South Africa is the fact that women are entering the job market in unprecedented numbers. It is speculated that affirmative action and job creation allied to the Reconstruction and Development Program will facilitate further increases. Further, South Africa faces a shortage of skilled workers. Bryant (1990) maintains that this shortage should be made up through the utilization of women, particularly those who are educated and trained but have remained at home since having children.

Studies of employed married mothers have demonstrated that they enjoy better mental health than their unemployed counterparts (Froberg, Gjerdingen & Preston, 1986). Nonetheless, the more roles occupied by a woman the greater the potential for stress. Research has shown that compared with their husbands, working mothers suffer illness and experience tiredness more often (Hochschild, 1989). Since it is unlikely that the trend of women to the workplace will reverse and the lifestyle of the multiple role woman is a potentially stressful one, involving the balance of both home and work demands, it becomes necessary to understand the experiences of these women. Specifically, the conditions under which both positive and negative outcomes occur need to be investigated.

In South Africa, very little research has been carried out with regard to multiple role

women. However, the fact that more and more women are entering the labour market, given the changing social and economic situation, this lack needs to be remedied.

Research has moved in two general directions; some studies have tended to examine factors believed to cause stress whilst others have investigated factors presumed to prevent or moderate stress. Piechowski (1992) proposes that these two strands of research be linked into a conceptual framework to explain how they interact to affect mental health. To achieve this, the concept and theory of both stress and coping will be reviewed. Particular attention will be paid to the sources of stress (stressors) of the working, married mother and the mechanisms employed to cope with these. The relationship between stress, stressors and coping will be examined to determine the conditions under which both positive and negative outcomes occur.

CHAPTER 3

STRESS

3.1. The concept and theory of stress

Pollock (1988) maintains that stress is a myth and that its emergence and rapid diffusion throughout society during the last few decades seems to directly parallel its discovery and elaboration as a theoretical concept. She argues that the perception of stress as an integral part of everyday life springs from scientific theory rather than any real structural changes in society.

However, despite longstanding misgivings concerning the usefulness of this concept, the growing conviction of its implication in illness ensures continued interest (De Longis, Folkman & Lazarus, 1988).

Difficulties in operationalising the concept (Atkinson, 1988; Eulberg, Weekly & Bhagat, 1988) have resulted in questions concerning its validity (Adler & Mathews, 1994). A key element is the subjective nature of stress coupled with an emotional component that is often present. This obviates assigning absolute values to the stress experience (Hanson, 1988). Nonetheless, Lazarus (1993) is convinced that consensus is being reached in that essential meanings are being assigned to the processes involved in the stress experience.

As the concept has undergone refinement, it has been demonstrated that it is a complex one, that its relationship to illness is not straightforward and causal, thus complicating research. Taylor (1990) points out that research trends are developing in favour of biopsychosocial models, investigating multifactorial relationships, rather than simple cause and effect.

An examination of the literature reveals developmental stages of this concept in the last few decades, from the simple biological to the complex biopsychosocial construct in use at present. Contemporary usage of stress is defined in terms of three approaches, a

response based, a stimulus based and a transactional approach (Coyne & Holroyd, 1982).

3.2. Stress as a response

The response based approach has its roots in the biological tradition of research based on endocrinology and physiology (Fleming, Baum & Singer, 1984). Medical interest in stress began during World War 1, when soldiers began displaying crippling anxiety, termed shell shock, thought to be caused by damage to blood vessels in the brain arising from the vibrations of heavy artillery (Lazarus, 1993; Time Magazine, 1983). The emphasis was strongly neurological (Lazarus, 1993).

Continuing in this tradition, Cannon (1930, in Sarafino, 1994) was the first to describe the fight/flight response to emergencies. Whilst this was an adaptive response in our ancestors designed to deal with life threatening circumstances such as fleeing from a sabre tooth tiger, it is an obsolete response to the stressors of modern life. Our challenges today are more likely to require a mental response than a physical one (Atkinson, 1988; Lazarus, 1993). Nonetheless, the primitive regions of the brain continue to be activated during a stressful experience, causing a biochemical reaction in the body which, when stress becomes routine, causes wear and tear on the systems, leading ultimately to diseases of adaptation (Taylor, 1990).

Hans Selye's work with animals in the 1920s gave rise to the idea of a general pattern of reaction to stress, regardless of the source of stress (Darley, Glucksberg & Kinchla, 1986). This pattern is called the General Adaptation Syndrome and in terms of this syndrome, bodily reactions to stress follows three phases:

1. Alarm and Mobilisation - In this phase there is a lowered resistance to stress and the autonomic nervous system activates the body's defences.

2. Stage of Resistance - Should the stress persist biological adaptation of bodily responses reaches its maximum level for defence.
3. Exhaustion and Collapse - When exposure to stress continues and the bodily resources are depleted, resistance is lost and continued exposure can lead to death (Coleman, Butcher & Carson, 1984).

Selye believed that the response to stress was nonspecific ie that every stressor evoked the same hormonal response (Lazarus, 1993; Sarafino, 1994). He also believed that stress was cumulative, resulting in the lowering of adaptive efficiency and resistance to other stressors, as well as accelerating degeneration of bodily systems leading to diseases of adaptation such as ulcers, heart disease, strokes and, in severe instances, altered brain chemistry affecting the individual's ability to function in an integrated manner (Coleman et al, 1984).

Selye later modified his view of non specificity of response to any stressor by distinguishing between eustress (good stress) and distress (bad stress), however he failed to define this distinction adequately (Lazarus, 1993). The distinction **did** however introduce the factor of subjectivity with a concomitant shift away from a mechanical to a cognitive model of stress (Pollock, 1988). Nonetheless there was insufficient weight given to psychological factors and Taylor (1990) feels this may be attributable to the fact that most early work was conducted with animals.

Coyne & Holroyd (1982) criticize Selye's work because it fails to explain individual differences in response and because the research methodologies employed to assess responses are generally those that isolate physiological responses from social and psychological contexts. Indeed, Mason (1968, 1971, 1975, in Coyne & Holroyd, 1982) points out that unless emotional distress is present, physiological responses may not occur.

More recently, a study conducted by Frost, Morgenthal, Riessman & Whalen (1988) may offer a biological explanation for some of the observed individual differences in response to stress. Their work is based on Lacey and Lacey's (1958, in Frost et al, 1988) concept of individual response stereotypy which refers to a tendency for certain individuals to experience a consistent pattern of physiological arousal, regardless of the stressor itself. One of the hypotheses generated by their study is that certain individuals experience heightened levels of autonomic nervous system arousal when exposed to stress, resulting in a vulnerability to physical illness .

Recently, Levine (in Carpi, 1996) asserted that individuals can become sensitized to stress and this sensitization, which alters the physical brain patterns, changes the stress response and "too many excitatory chemicals or too few calming ones" (p.30) may be produced, resulting in a stereotypical response by the individual. Thus, it would appear that some individuals display a greater reactivity.

Although Selye's work has been justifiably criticized for its failure to acknowledge psychological processes, his contribution to the field of stress research, in terms of his description of the biological processes and the effects of stress, has been invaluable. As can be seen it has provided a solid foundation for ongoing research.

3.3. Stress as a stimulus

The stimulus based approach conceptualises stress as an environmental event or circumstances requiring an unusual reaction from the individual (Coyne & Holroyd, 1982). The stimulus may be external ie heavy traffic, loud noise or internal ie hunger, thirst. These stimuli, or sources of stress, are termed stressors.

3.3.1. Life Events

After World War 2, it became obvious that many ordinary events such as illness, examinations and even desirable ones, such as marriage, could precipitate similar effects to those experienced during combat (Lazarus, 1993). Early in the 1950s Holmes determined that a **significant** change in life events ie bereavement, illness etc was at the root of stress. These life events are seen as stress provoking. In an attempt to

quantify the impact of an accumulation of life change events, the Social Readjustment Rating Scale (SRRS) was developed by Holmes and Rahe to determine the relationship between stress and illness (Coleman et al, 1984). Although many other measures of life scale events have been developed, the SRRS remains the most widely used (Sarafino, 1994). This stimulus based approach is founded on the hypothesis that the greater the life change intensity the greater the potential for subsequent illness (Zimbardo, 1992). Indeed, research has demonstrated empirically that such a relationship exists. A study that matched the recent life histories of hospitalised patients with controls, found that the former evidenced significantly more frequent and serious life events (Paykel, 1974, in Kobasa, 1979).

Kobasa (1979) asserts that there has been empirical demonstration of consensus concerning the degree to which specific life events involve change and readjustment which has allowed the collection of vast amounts of data and analysis of the stress/illness relationship. Nonetheless she notes that although the magnitude of the stress/illness relationship ranges from .20 - .70, the majority fall below .30 (ibid), indicating that the relationship is often a weak one.

The stimulus based approach to stress has been criticised for a variety of reasons. Items in the measuring scales are considered vague and ambiguous (Sarafino, 1994). There is a failure to account for individual appraisal of the stimuli (Pollock, 1988; Redfield & Stone, 1979, in Coyne & Holroyd, 1982) and an assumption that stress is inherent in adjustment to the event, whether positive or negative (Coyne & Holroyd 1982; Sarafino, 1994). According to Lazarus (1993) behaviourism and positivism were the epistemologically dominant approaches in Psychology at the time this theory developed which may account for its failure to lend weight to cognitive factors.

Zimbardo (1992) indicates that the majority of life events studies have been retrospective ones and surely biased because of the tendency for people to remember and assign greater weight to negative events. Another criticism is that stress is difficult to quantify. De Longis et al (1988) point out that there is a tendency to assign a simple score to stress and a simple score to health and draw conclusions based on these. The

literature cautions against conclusions based on simple correlational and methodologically weak studies (Rabkin & Struning 1976, in Kobasa, 1979). Further, there is an implicit assumption in the life events approach to stress that implies that a stress free life is desirable, however there is reason to believe that some stress, as a form of arousal, may actually improve performance (Sarafino, 1994).

3.3.2. Daily Hassles

A more recent point of view holds that it is the minor daily hassles the individual experiences, rather than major life events, which are more likely to give rise to stress (DeLongis, Coyne, Dakof, Folkman & Lazarus, in press, in Coyne & Holroyd, 1982). Daily hassles have been defined as “the irritating, frustrating, distressing demands, that in some degree characterise everyday interaction with the environment” (Kanner, Cope, Shaefer & Lazarus 1981, in Coyne & Holroyd, 1982, p.106). It is felt that the accumulation of these chronic minor daily events is more likely to lead to stress than major life events (Weinberg, Hiner, & Tierney 1987, in Zimbardo, 1992). Caspi, Bolger & Eckenrode (1987) note that the impact of daily hassles on health is often underestimated because of their ordinariness and mundaneness. Examples of daily hassles are insufficient time for family, overload, interruptions, financial difficulties, misplacing things (Coyne & Holroyd, 1982).

A prospective longstanding study designed by DeLongis et al (1988) to assess the effects of daily hassles on health and mood found that an increase in hassles corresponded with a decline in health. In a different study assessing the effects of daily hassles and major life events, hassles added to the significance in variance explained by life events and even when the effects of the latter were removed from the regression equation, a significant correlation remained between and hassles and health (DeLongis et al, in press, in Coyne & Holroyd, 1982).

It seems reasonable to accept that both life events and daily hassles can result in an individual experiencing stress. However, in an investigation into the stress of Multiple Role Women, daily hassles would appear to be more applicable because of their potential impact on everyday experiences.

3.4. Stress as transaction

The transactional model of stress is currently the most accepted approach to stress (Appley & Trumbull, 1986, in Kelly, 1991). This is a cognitive theory which conceptualises stress as “a relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering wellbeing” (Folkman, Lazarus, Gruen & DeLongis, 1986, p.572).

Duvenhage (1994) criticises this definition of stress as a reaction to demands exceeding coping resources. He maintains the coping resources are **triggered** by stress and not the other way round, asserting that if an individual is not stressed there is no need for a coping response. He further criticizes the notion that appraisal precedes the stress response stating that it is the **symptoms** of stress that cause individuals to conclude that they are stressed (1994). These criticisms notwithstanding, Duvenhage accepts this model as eminently suitable to explain the stress process (1994).

The transactional model, also known as the Person-Environment approach, encompasses elements of both the stimulus (stressors in the internal or external environment) and the response (person) as well as the relationship between the two which is dynamic, reciprocal and bidirectional (Folkman et al, 1986). Thus there is a strong emphasis on the processual nature of the relationship (Folkman, 1984).

Rees (1976) states that psychological stressors differ from physiological ones in that the power of the stressor is determined by the individual's appraisal of it as significantly threatening. Lazarus (1993) concurs, asserting that although there are overlaps between physiological and psychological stress, the level of analysis differs and the difference between the two centres on individual meaning.

Strumpher (1985) maintains that individuals are not passive victims at the mercy of stress. Thus, various emotional, cognitive and behavioural strategies can be brought into play (Sarafino, 1994) in order to try to control the situation (Folkman, 1984).

3.4.1. Cognitive Appraisal

Duvenhage's criticisms notwithstanding, whether or not a situation is viewed as stressful depends on two processes, namely cognitive appraisal and coping (Folkman et al, 1986; Folkman & Lazarus, 1985; Folkman, 1984; Lazarus, 1993).

1. Cognitive Appraisal comprises both primary and secondary appraisal. Primary appraisal judges the transaction as either irrelevant (has no significance for wellbeing), benign positive (will not tax resources) or stressful (Folkman, 1984).

Stressful events are appraised further for harm/loss (damage that has already occurred), threat (possibility of future harm) or challenge (possibility for gain or mastery) (Sarafino, 1994).

Secondary Appraisal evaluates the coping resources which can be mobilised to deal with the threat (Folkman et al, 1986) including physical, social, psychological resources as well as material assets (Folkman, 1984).

2. Coping refers to the active use of personal resources to deal with the threat (Duvenhage, 1994).

The interdependent nature of the processes involved in the person-environment relationship are emphasised by Coyne & Holroyd (1982) who note that where resources are evaluated as limited, this may lead to primary appraisals of threat where they would not normally occur.

The importance of the transactional model of stress is that it accounts for differences between individuals undergoing similar experiences thus explaining why stress is not a uniform experience. Lazarus (1993) contends that this approach sweeps away the behavioural approach of the past to stress.

A criticism of the transactional approach is that insufficient attention has been paid to environmental factors, Coyne & Holroyd (1982) feel that the social context within which

the stressful encounter takes place needs to be examined. Further, Bluen (1986, in Kelly, 1991) focuses on the difficulties of operationalising and measuring the psychological processes involved. The strong emphasis on subjective perception, which varies from person to person, is criticised by Pollock (1988, p.390) who notes that "it becomes impossible to arrive at any precise definition of the term (stress) except by the nature of its effects, by which it does seem in danger of being defined".

These criticisms are valid in the light of Eulberg et al's (1988) claim that in order to have a good theory of stress a good theory is needed in terms of empirical criteria. However, Jasnowski & Schwartz (1985) propose that in studying a phenomenon such as stress the complex relationship between biopsychosocial factors complicates research.

Despite valid criticisms of the transactional model, it is widely used and there is a strong empirical basis for accepting it (Lazarus, 1993). It demonstrates the role that both psychological and situational factors contribute to differences in the perception of and experience of stress and in the light of Piechowski's (1992) proposal provides the most suitable framework within which to examine the relationship between stress and coping in Multiple Role Women.

3.5. The effects of stress

In the last 30 years there has been a realisation of the effects of stress on wellbeing and as a result new fields are springing up such as behavioural medicine and psychoneuroimmunology (Sarafino, 1994; Taylor, 1990). Health Psychology recognises the necessity for managing stress through change of lifestyle and stress management programmes.

Duvenhage (1994, Pg 8-9) comprehensively categorises some of the effects of ordinary stress as follows:

- ° **Emotional Symptoms:** fear, grief, dejection, annoyance, anger, irritability, worry, depression, restlessness, moodiness, temper tantrums.

- **Cognitive Symptoms:** inattentiveness, lack of concentration, racing and negative thoughts, procrastination, indecision, vacillation, negativism.
- **Motivational Symptoms:** reduced motivation, commitment, dedication, drive, increased lethargy, apathy, passivity.
- **Physiological Symptoms:** perspiration, fatigue, ulcer, rapid pulse, pounding heart, dry mouth, tightened stomach, headaches, skin problems.
- **Behavioural Symptoms:** performance decline, accident proneness, sleep and sex disorders, nail biting, feet tapping, nervous mannerisms.

Two ways in which stress may affect health are through behavioural change and stress responses. Behavioural responses to stress include the use of alcohol, cigarettes, coffee (Sarafino, 1994) as well as the use of drugs, legal and illegal.

It is difficult to link stress to illness causally because the relationship is a complex one (Atkinson, 1988). It is proposed that stress is likely to be implicated in illness where a diathesis already exists. This diathesis may be physical (ie the potential to develop ulcers), psychological (ie lack of self esteem) or social (lack of social support), Carroll and Niven (1993).

Recent research has implicated stress in a number of illnesses such as strokes, heart disease and suppression of the immune response increasing the roles of related illnesses such as cancer and rheumatoid arthritis (Carpi, 1996, Sarafino, 1994). It has also been linked to violence as a result of raised adrenocorticotropin (Carpi, 1996). Baum & Grunberg (1991, in Carroll and Niven 1993), contend that men and women may be predisposed to different illnesses due to differences in degree of and type of stress they are exposed to.

Rodin & Ickovics (1990) assert that there is a tendency to view stress as a medical problem rather than a psychosocial one. According to the American Academy of Family

Physicians, two thirds of medical consultations are stress related and the three top selling drugs are Tagamet, Inderol and Valium indicated for ulcers, hypertension and anxiety, respectively (Time Magazine, 1983) all of which are believed to be stress related. Thus it might be assumed that individuals, in attempting to deal with stress in their lives, might look for a medical answer rather than attempting a lifestyle change.

It is proposed that depression is a coping mechanism for women who can't manage stress, because there is a recognition of illness by a health professional (Cochrane, 1993). Other research has shown however, that multiple roles are associated with less illness behaviour (Frost et al, 1988) due to extreme time pressures as well as the fact that women tend to normalise their health problems in spite of the fact that they may be aware that their stress is rooted in social circumstances (Nathanson, 1980; Walters, 1993).

3.6. Stress and multiple role women

In their review of research on women's health, Rodin and Ickovics (1990) state that although women hold a mortality advantage over men, this advantage has decreased in recent years. They assert that this is the result of two major social and lifestyle changes - an increase in substance use and participation in the labour force with negative behavioural and psychological consequences. The upsurge of women to the labour market has added the role of paid employee to the traditional roles of wife and mother. Multiple Role (MR) women may be defined as women who occupy two or more roles. For the purposes of this study MR women will be considered to be those holding the three roles of wife, mother and paid employee. The relationship of multiple roles (MRs) to stress is a key issue in recent research, especially as regards women (Coverman, 1989). Because little is known about the long term effects of MRs on health (Barnett, Marshall & Singer, 1992) a need exists to explore both potentially negative and positive effects (Pietromonaco, Marius, Frohardt-Lane, 1986).

The feminisation of the workplace has been accomplished with minimal adaptation although Brock (1986, in Mathews and Rodin, 1989) claims that it is a problem of such magnitude affecting individuals and families as well as business and governments. It

would seem that this adaptation, in the main, has been made by the women themselves in response to demanding schedules. Hochschild (1989) asserts that the portrayal of “superwomen” as energetic and competent suggests that these are **personal characteristics** rather than **responses** to the situation in which the women find themselves. In this way the burden the working woman is carrying is obscured.

Carpi (1996, p. 34) claims “The family icons of the 1990s are working couples picking their children up on the way home to fast food.” This statement seems to imply an equality between the working man and the working woman. However, although the MR woman does not have any more roles than the MR man per se, their social roles differ in terms of quality and quantity. Rodin and Ickovics (1990) note imbalances in power, equality and control. Atkinson (1988) highlights the stresses that arise from pressure due to expectations put on specific groups. Women’s roles result in an increased number of demands from a variety of sources and they are thus more likely to experience interrole conflicts and overload than men (Cleary & Mechanic, 1983; Holahan & Gilbert, 1979). This is because women perform a disproportionate share of child and domestic chores (Hochschild, 1989). Lawson (1985) notes the dependence of society on women’s “Second Shift” asserting that without it, society and industry would soon break down. Nonetheless, although the second shift may be heavy and demanding following a long day involving both work and travel, it is not seen as proper work, nor is the woman paid for it. Cochrane (1993) and Martikainen (1995) conclude that there are particular aspects of women’s roles which are pathonomic, referring to a constellation of events which put women at risk.

Research into MRs has produced mixed findings. A Finnish study comparing women with one, two or three roles reported that the lowest mortality was associated with 3 roles; with a 30% increase in mortality for those women holding 2 roles and a 50% increase for those holding only one (Martikainen, 1995). Thus it would seem that MRs are beneficial to women’s health. Nonetheless, the author cautions that mortality should be viewed as an extreme outcome. Haavio-Mannila (1986, in Martikainen, 1995) claims that MRs are more likely to result in less severe outcomes such as anxiety. This is borne out by Walters (1993) who reported that Canadian women

identified tiredness (68%), stress (60.4%), anxiety (44.4%) and depression (35.4%) as their most common problems. Even those MR women normally considered advantaged as a result of high educational and income levels reported stress, anxiety and depression arising from difficulties in balancing work and family roles (Walters, 1993).

It has been reported that MRs may conceal the negative effects experienced in other roles (McBride, 1990). Indeed, stress is less strongly correlated with depression in married working mothers compared to their non-working counterparts (Kandel, Davies and Raveis 1985, in Baruch, Biener & Barnett, 1987). Baruch et al (1987) maintain that there has been an overemphasis on the role of work as an added on source of stress that has tended to obscure the positive effects to be derived from paid employment. Aston & Lavery (1993) concur, claiming that paid employment is a generally rewarding experience for women and Pietromonaco et al (1986) relate MRs to global well-being in women.

3.7. The relationship between multiple roles and stress

The relationship between the occupation of MRs and stress is controversial and two conflicting hypotheses, namely the Scarcity and the Expansionist hypotheses have been developed in an attempt to explain this relationship (Barnett & Baruch 1985).

3.7.1. The Scarcity Hypothesis

The Scarcity hypothesis is based on the premise that individuals have limited amounts of energy and that social organisations (work, family) are very demanding of that energy (Goode, 1960, in Barnett & Baruch, 1985). The more roles occupied the greater the likelihood of exhausting the energy resulting in role overload and conflict. This is due to the fact that roles may combine synergistically (Kane, 1991).

3.7.1.1. Overload

Overload refers to having too much to do (Repetti, Mathews & Waldron, 1989). The resulting multiple demands lead to impaired performance (Barnett & Baruch, 1985). Bolger, DeLongis, Kessler & Wethington (1989) propose that an overload in one domain ie work or home may spillover into another domain. One of the themes of

overload is putting out for others but getting little return (Walters, 1993).

3.7.1.2. *Role conflict*

This occurs when the demands from two or more roles jeopardise each other (Barnett & Baruch 1985; Cooke & Rousseau, 1984) and may take one of three forms ie Approach/Approach, Avoidance/Avoidance and Approach/Avoidance conflict (Duvenhage 1994; Sarafino 1994).

Approach/Approach Conflict arises when the individual must choose between two desirable actions that are incompatible. In the case of the MR woman for example these could be wanting to work to earn a salary and wanting to remain at home with her child.

Avoidance/Avoidance Conflict arises when the individual must choose between two equally noxious outcomes. For the MR women the choices could be between a job that she hates but needs the salary, or staying at home with the children and facing a greatly reduced standard of living.

Approach/Avoidance Conflict arises when the individual is both attracted and repulsed by the same goal. The MR woman might enjoy her salary yet detest the work that enables her to earn it.

Role conflicts may arise between different roles (interrole) or arise due to pressures within a single role (intrarole) (Williams, Suls, Alliger, Learner & Wan, 1991). Interrole conflict is thought to be higher for women compared to men as they process both work and family roles simultaneously throughout the day (Williams et al, 1991). This juggling of work and family roles has been shown to be negatively associated with psychological symptoms such as tiredness, nervousness, dizziness and poor appetite (Coverman, 1989).

3.7.2. *The Expansionist Hypothesis.*

This hypothesis emerged in the 1970s as a challenge to the Scarcity hypothesis. It

states that the more roles a person occupies, the greater the privileges that can accrue to that individual (Marks, 1977 & Sieber, 1974, in Barnett & Baruch, 1985) and consequently the greater the chances of wellbeing. Empirical evidence concerning MR women tends to support the expansionist hypothesis in that women occupying a greater number of roles are healthier than those occupying few (Froberg et al, 1986). Nevertheless this is a generalisation which obscures the fact that there are important differences that need to be examined to determine how the different outcomes arise (Barnett & Baruch, 1985; Baruch & Barnett, 1986; Froberg et al, 1986).

3.8. Role quality

Barnett and Baruch (1985) have challenged both of these hypotheses on the grounds that they take into account only the **number** of roles and do not differentiate between the **quality** of roles occupied. Thus although women may occupy identical roles, their experiences might be vastly different. An additional criticism of the Expansionist hypothesis is that it includes the notion of bargaining with respect to disliked aspects of the roles. Baruch et al, (1987) believe that the aspect of bargaining is more appropriate to men's rather than women's roles which lack status sufficient for bargaining and which are constrained by societal norms. It has been suggested that research should rather try to ascertain the nature of MRs rather than trying to resolve the Expansionist/Scarcity hypothesis (Bolger et al 1989; Repetti et al, 1989).

The relationship between the quality of roles and health is highlighted by Verbrugge (1986, in Rodin & Ickovics, 1990) who states that not all roles are good for women. Low quality roles may jeopardise health whereas those that are experienced as high quality, may enhance health, even though they are numerous.

Empirical evidence suggests that where women perceive their roles as unsatisfactory, due to poor role quality, this does have negative health consequences in the form of lowered self-esteem, depression and lack of pleasure (Baruch & Barnett, 1986). Conversely, where role quality is perceived positively it has been associated with a decrease in psychological symptoms (Barnett, Marshall & Singer, 1992). Studies by Barnett & Baruch (1985) and Baruch & Barnett (1986) conceptualised role quality as a

balance between positive and negative aspects of a role. Tiedje, Wortman, Downey, Emmons, Biernat & Lang (1990) have questioned this conceptualisation claiming it ignores the fact that enhancement and conflict can co-exist. They conducted a study on perceptions of role compatibility, stress and mental health in MR women and found that it is possible for women to experience their multiple roles as simultaneously conflictual and rewarding. This finding is further borne out by the results of a study conducted by Poole & Langan-Fox (1992) which indicated that although the role of employee is the most stressful compared with the roles of partner and parent, it is also the most rewarding. However, Tiedje et al (1990) note that higher rates of conflict were associated with higher rates of depression and less parental and job satisfaction.

The findings of the latter two studies should be interpreted cautiously as subjects in the former study were professional women restricting the generalisability of the results (Tiedje et al, 1990). In the latter study subjects were professional and managerial women, the majority of whom did not have children (Poole & Langan-Fox, 1992) and it is possible that a high degree of career commitment, which was not measured, could have contributed to the results limiting generalisability.

3.9. Stressors of multiple Role women

As noted, stress may arise from within a role as a result of stressors particular to that role (intrarole stress). However, the roles are inextricably linked in a reciprocal interaction (Pleck, 1977) and stress in one role may be buffered or exacerbated by stress in another (interrole stress). It has been found for example that satisfaction with the work role has a mitigating effect on marital stress whereas parenthood has an exacerbating effect on work stress (Baruch et al, 1987). This reciprocal interaction needs to be borne in mind when examining the stressors specific to each of the roles. A brief review of some of the stressors identified in the literature follows.

3.9.1. Motherhood

The role of mother has been found to be the single most important factor in predicting stress in MR women. Women with children express feeling "pulled apart", "overloaded" and anxious (Baruch, Barnett & Rivers, 1983, in Froberg et al, 1986). A study by Brown

& Bifulco (1990, in Shipley, 1990) found that full time working mothers were at greater health risk than part-time or non-working mothers due to crises associated with prior domestic and work strain involving deviant behaviour of children and partners. The authors argue that stress in the working mother is a function of viewing oneself as a failure as a mother (ibid). Baruch & Barnett (1986) concur noting that mothers have the primary responsibility for children and feel responsible for how their children turn out. Another possible reason for stress is that women's nurturant roles are so demanding that they have little time and energy left to attend to their own needs (Gove & Hughes, 1979, in Froberg et al, 1986).

3.9.1.1. *Child care*

Worldwide child care is seen as women's work with mothers bearing a vastly disproportionate share of the work (Hochschild, 1989; Bryson, Bryson & Johnson, 1978, in Yogev 1981). A study by Rexroat & Shehan (1987, in Scarr, Phillips & McCartney, 1989) reported that women with infants and preschool children worked 16 - 24 hours longer per week than fathers and that the total working hours of employed mothers with children under the age of three was 90.

Conflict is exacerbated by the working mother's time management strategies which involve rushing children through their day from breakfast to bath time as she tries to get everything done (Hochschild, 1989). Not only does this have emotional costs for the woman but it may also result in her being the target of childhood aggression (Hochschild, 1989).

3.9.1.2. *Number of Children*

Since child care is seen as the mother's task, the more children there are the more likely she is to suffer from overload and conflict. Guelzow, Bird & Koball (1991) have found that the greater the number of children the more likely the experience of stress for both men and women. Heynes & Feinlieb (1984, in Froberg et al, 1986) found an increased risk of coronary heart disease for working mothers with three or more children which suggests a risk factor for excessive demands. A positive relationship has been demonstrated between number of children and psychiatric symptoms (Gove & Geerken,

1977). Pleck (1977) suggests that the boundary between women's work-family roles is asymmetrically permeable in a way that allows family demands to spillover into work. This permeability is not present in men's roles and as a result childhood crises are dealt with by the mother (Pleck, 1977).

3.9.1.3. Age of children

Women with children under 12 are at risk for conflict between work and home because their family responsibilities are more intense than those of women with older children (Crouter, 1984). Amaro, Russo & Johnson (1987) concur stating that the presence of young children has been shown to reduce both personal and professional satisfaction. Additionally, where women perceive their roles as conflictual, women with young children are more likely to experience depression (Piechowski, 1992). A study by Gove & Geerken (1977) found that women displayed the highest number of symptoms when their youngest child was aged less than 4 and the least when the youngest child was aged 5 - 10). These findings seem to reflect the dependency needs of the very young and the fact that taking care of them is both labour and emotionally intensive.

3.9.1.4. Employment and children

Work/family conflict can arise when the presence of children dictates conditions of employment a woman may accept, particularly if she is career oriented, eg type of job, hours worked. Other conflictual factors could be choice of location of employment and whether or not she may travel (Rudd & McKenry, 1986; Crouter, 1984). Since the mother is seen as the primary caregiver of the child, conflict may arise between work and motherhood demands when a child is ill. A woman may feel torn between needing to be at work because of task demands and fear of the consequences of being absent, and wanting to be at home with a child who needs her. This is exacerbated when the child is cared for by a daycare centre who may not allow the child to attend if ill, or if the child has an infectious childhood disease such as measles/chicken pox requiring a period of quarantine.

3.9.1.5. Day Care

An additional source of strain for MR women is the lack of good-quality affordable child

care (Scarr, et al, 1989). The lack of infrastructural support constitutes a major obstacle for working women. Besides the expense involved, the hours offered by day care centres may not be compatible with the woman's hours of employment (do Rosario, 1992). Bryant (1990) states that concerns over child care affect ability to concentrate, resulting in lowered performance as well as absenteeism and lateness. Because of the fact that child care work has a low status, many child care workers are poorly paid. The consequence of this is that there is a high staff turnover which is unsettling to the child (Bryant, 1990) as well as to the mother who needs continuity of child care arrangements. A study by Gray (1983) found that 50% of women reported ambivalent feelings concerning the fact that someone else was taking care of their children. According to Shipley (1990) the legacy of the working woman has involved muddling through one crisis after another in pre and after school care.

3.9.2. *Marriage*

Most consistent findings show that married women are happier than single women, however it has been noted that women experiencing constant negative interactions with their husbands tend to display depression (Brown, 1984, in Barnett & Baruch, 1985).

Hochschild (1989) proposes that whilst the husbands of MR women are happy to accept the benefits of their incomes, they still want their wives to fulfil their traditional roles at home as well. As a result, women are more likely to suffer from overwork. According to do Rosario (1992) Japanese society sharply defines men and women's social roles according to a traditional division of labour that has seen little modification to accommodate the concept of equality. The situation is similar in Britain where they expect to have six million working mothers in the workforce by the year 2000 (Shipley 1990). A study by Morris (1989, in Shipley, 1990) led her to believe that institutional constraints and the unequal power distribution between the sexes was responsible for the fact that there was no evidence of a change in the traditional division of labour in both Britain and America. The situation is similar over most of Europe (Moss 1988, in Shipley, 1990) and persists regardless of social class (Rodin & Ickovics, 1990)

3.9.2.1. *Husband's orientation*

Research by Beutell & Greenhaus (1983) demonstrated that husband's sex role orientation was a deciding factor in whether or not MR students experienced role conflict. Students married to men with traditional orientations were more likely to experience role conflict (Beutell & Greenhaus, 1983). The importance of orientation was further borne out in a study by Amaro et al (1987) that revealed that Hispanic women married to non ethnic men suffered less conflict in balancing their roles. An explanation for the latter finding could be that compared to their Hispanic counterparts, non ethnic men hold less rigid views of sex roles.

3.9.2.2. *Division of labour*

Yogev (1981) notes that although there has been research that indicates progress in favour of an egalitarian lifestyle it seems that the traditional one is persistent. Even where the division of labour is negotiated, the negotiation is one that allows men to choose family work less threatening to their masculinity (Weingarten, 1978, in Yogev 1981). Louw (1987) claims that a revision is necessary in the prevailing assumption that women's traditional roles are demeaning and inferior. Froberg et al (1986) insist that unless there is a shift in men's role commitments to balance those of women, women will continue to experience stress. This is borne out by Arber (1990) who notes that a contribution to the division of labour by men has positive effects for women.

Yogev (1981) asserts that some women themselves actively maintain the inequitable division of labour as they have an agenda of their own citing the case of the woman who wants to feel that she is "the mother in the family" (p.868). Hoschschild's (1989) study also revealed this tendency among some women.

The literature reveals the creation of myths that have allowed this state of inequality to be perpetuated. In society there is a myth that men are dominant and women submissive and Legge (1987, in Shipley, 1990) states that many women, believing this, regulate their behaviour accordingly perpetuating the imbalance of power. Additionally, Legge (1987, in Shipley, 1990) reveals the existence of a myth that women are inherently altruistic. Myths are also perpetuated within the family as a device for

maintaining the peace. Hoschschild's (1989) investigation into MR couples revealed how these myths can exist in the face of obvious inequity in the division of labour.

3.9.2.3. Husband's support

Husbands' support has been found to be an important factor in whether or not MR women experience role conflict (Rudd & McKenry, 1986; Amaro et al, 1987). Besides lack of practical help, those husbands with a negative attitude towards the wife's work are a source of stress for MR women (Hirsch & Rapkin, 1986). A study by Holahan & Gilbert (1979) comparing career with non-career women found that non-career women suffered more stress, however, when husband's support was held constant, the difference disappeared.

Studies show that the number of professional women is increasing whilst at the same time divorce is becoming more prevalent in this group, apparently because of the difficulties in combining multiple roles (Gray, 1983). Research by Poole & Langan-Fox (1992) found that although the role of partner was less stressful than the work role it was also less rewarding. These studies seem to indicate that where a career is seen as rewarding, it will be pursued at the expense of the marriage, particularly if this relationship is perceived as stressful.

3.9.3. Employment

The employment role is the role that has the greatest potential benefit to women (Shiple, 1990). Results consistently indicate that compared to unemployed women, employed women are healthier (Jennings, Mazaik & McKinlay, 1984; Vebrugge, 1989, in Rodin & Ickovics, 1990). It is difficult to establish the direction of causality. Social causation maintains that employment is health promoting and risk reducing, whereas social selection contends that women with poor health may be unable to hold down a job (Rodin & Ickovics, 1990). Jennings et al (1984) report some support for social selection or the "healthy worker effect".

Sorenson & Verbrugge (1987, in Rodin & Ickovics, 1990) reviewed three theoretical models whereby participation in the workforce could be linked to health:

1. Job stress model - proposes that the stress of work will result in harm. Although data do not seem to support this, insufficient time has elapsed to base predictions on this model.
2. Health benefits model - proposes that there are **direct** benefits of employment such as financial rewards, increased self esteem and control, as well as larger social support networks.
3. Role expansion model - proposes **indirect** advantages with the workrole leading to increased opportunities for reward and satisfaction with satisfaction in one role buffering stress in another.

The latter two models have received much support. Additional benefits are perceived to be a sense of accomplishment and interesting new social contacts (Mathews & Rodin, 1989), an increase in economic benefits (Repetti et al, 1989; Snaveley, 1993), a sense of individuality and an identity apart from that of wife and mother (do Rosario, 1992), the ability to achieve self-actualisation (Du Toit, 1993a), increased self esteem and control (Barnett & Baruch, 1985; Repetti et al, 1989), a sense of efficiency and gains in power and independence (Froberg et al, 1986), purposefulness, inherent interests (Baruch & Barnett, 1986) as well as increased access to health care.

Although Miller, Schooler, Kohn & Miller (1979) claim that little is known about the effect on work conditions in women's psychological health, there is some support for the job stress model. O'Neill & Zeichner (1985, in Piechowski, 1992) found job stress to be the best predictor of depression, anxiety and physical symptomatology. Similar results have been recorded by Aston & Lavery (1993), Barnett et al (1991) and Coverman (1989). Some particular aspects associated with the work role that may give rise to stress are:

3.9.3.1. *Remuneration*

Women are discriminated against compared to men in terms of salary (Shipley, 1990). Du Toit (1993b) notes that women often join the job market out of dire financial need. This is also a contention of Snaveley's (1993) who maintains that women also contribute financially to families, business and society and that the current view of men's work as being of paramount importance requiring a higher salary because they support families, is an outdated one urgently in need of revision. Research has demonstrated a negative correlation between satisfaction with salary and physical and mental health symptoms in working women with children (Barnett et al, 1991).

According to Brehm (1989) remuneration is an emotive issue determined by preconceived notions of a particular group to display negative tendencies. MR women by nature of their role conflicts, may display tendencies such as lateness, absenteeism and higher turnover as a result of their maternal responsibility.

3.9.3.2. *Work conditions*

Where men and women are exposed to potentially the same work stressors, these may be experienced differently due to gender socialisation (Piechowski, 1992). Research by Gadzella, Ginther, Tomcala & Bryant, (1991) demonstrated that women perceived greater stresses within the workplace compared to men. These included constant deadlines, unfavourable comparison of performance with others, personal limitations, the assumption that they should adopt a passive leadership role and constant interruptions. Barling & Janssens (1984) recorded that both role conflict and job dissatisfaction are predictors of health problems for women but not for men.

According to Karasek (1979) job strain results from a combination of high demands and low decision latitude (control). These are conditions more likely to be experienced by women in the workplace (Piechowski, 1992) and are associated with both psychological and physical stress (Karasek, Schwarz & Theorell, 1982, in Barnett et al, 1991). Women are often overworked due to high job demands and Graham (1984, in Shipley, 1990) notes that although overwork may be identified as such in men, there is a tendency to misidentify it as depression in women. La Croix (1980, in Rodin & Ickovics,

1990) reported that women in high demand/low control jobs had a threefold risk of coronary heart disease.

Compared to men's work, women's tends to be less interesting and have lower status (Froberg et al, 1986; Shipley, 1990). Women occupy primarily administrative, support and service sales positions (Mathews & Rodin, 1989). Haynes & Feinleib (1980, in Rodin & Ickovics, 1990) record worse health outcomes for clerical workers compared to other working women. Job role conflict and demands are associated with multiple symptoms in blue collar female workers (Bromet, Dew, Parkinson, Cohen & Schwartz, 1992).

Other sources of stress may be job hazards ie chemical, biological and physical (Repetti et al, 1989), inflexible work hours (Bryant, 1990; Piechowski, 1992), sex discrimination (Reifman, Biernat & Lang, 1991), lack of career opportunity, unsatisfactory promotional prospects, poor interpersonal relationships and problems with supervision (Abush & Burkhead, 1984).

3.9.3.3. *Work commitment*

Piechowski (1992) states that lack of work role commitment is associated with depression whereas career engagement is related to lower role conflict and greater coping effectiveness, even in the presence of small children. This confirms Rodin & Ickovic's (1990) contention that negative attitudes towards work are reflected in poorer mental and physical health. It is clear that where women would prefer not to work or are unhappy in their work this results in negative effects. Alternatively a commitment to the workrole at the expense of commitment to other roles such as wife and mother results in stress (Bernard, 1981, in Long, Khan & Schutz, 1992).

CHAPTER 4

COPING

4.1. The concept & theory of coping

Although research in the 1960s and 70s was characterised by its focus on the link between stressful life events and morbidity, this focus has shifted to investigating the factors moderating the relationship between stress and illness (Johnson & Sarason, 1979 & Kobasa, 1982b, in Holahan & Moos, 1985). This shift was prompted by the observation that even where people were exposed to high levels of stress, they remained healthy (Holahan & Moos, 1985).

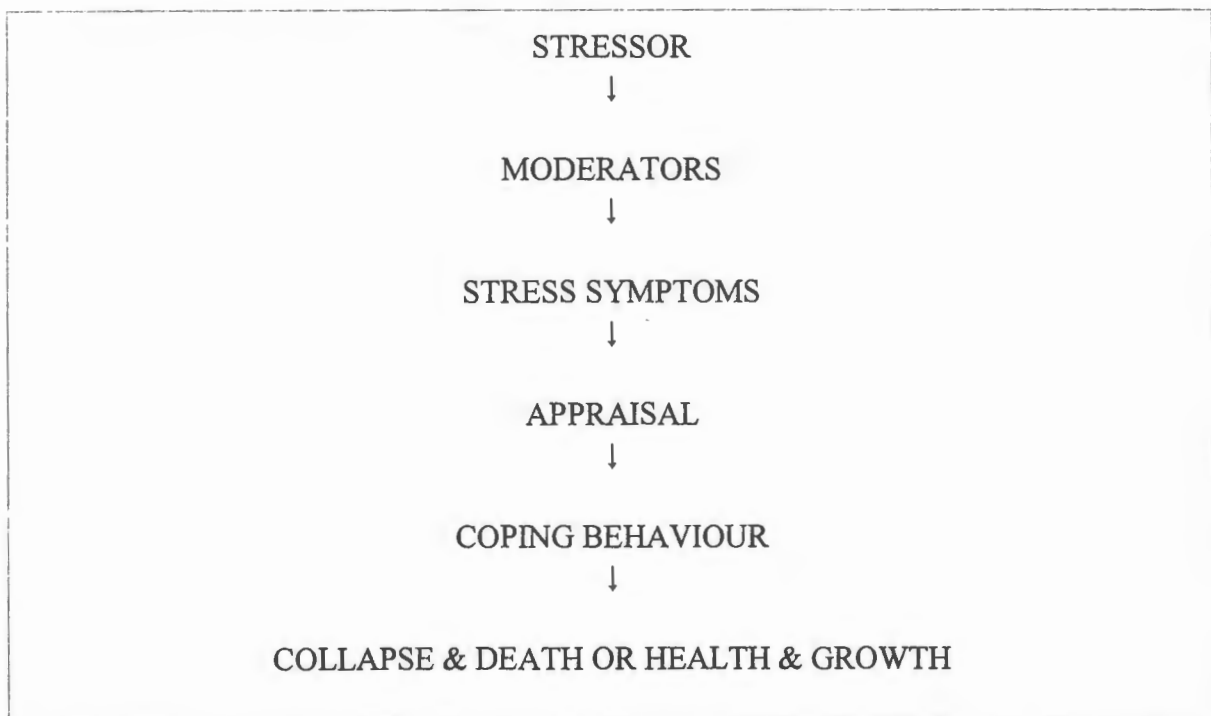
Due to its complexity, there is no unified approach to the study of coping. Problems of both conceptualisation and measurement are prevalent (Aldwin & Revenson, 1987) caused by the "dizzying number of variables" (Fleming et al, 1984, p 946) which affect the process. Nonetheless there seems to be agreement that there is a relationship between stress, coping and health. Folkman et al (1986) contend that coping mediates the relationship between stressful events and both somatic health and psychological symptoms, although there is no agreement on the mechanism whereby coping mediates this relationship. DeLongis et al (1988) note a great individual variation in the relationship between daily hassles and health which they surmise is due to differences in coping strategies. Since people are actively responsive to events, the need exists to identify the array of coping mechanisms used, and their efficacy, in dealing with the normative problems arising from social roles (Pearlin & Schooler, 1978).

Research into coping with stress has moved in several directions. Attention has been focused on the **process** of coping and the individual's particular coping style. Other strands of research have identified psychological and social **resources** as important factors in the coping process. This chapter will examine the process and styles approach to coping. Psychological and social resources will be dealt with in subsequent chapters focusing on the role of locus of control and social support in particular.

4.2. Coping as process

The Cognitive Phenomenological model of stress and coping developed by the Lazarus group is thought to provide a theoretical basis to determine the relationship between stress and its outcome (Felsten, 1991). This is currently the predominant approach to coping. Lazarus & Folkman (1984, p.141) define coping as "constantly changing cognitive and behavioural efforts to manage specific internal and/or external demands that are appraised as taxing or exceeding the resources of a person". They clarify the definition further by stating that coping refers to what a person **actually** does in a **specific context** and emphasise the **change** that occurs as the person adjusts his/her **appraisal** of the event and shifts between different coping strategies (ibid).

In order to demonstrate the processual nature of the stress/coping relationship, an abridged version of Duvenhage's (1994) linear, sequential stress model appears below.



In terms of the model, the individual is exposed to a stressor (ie work stress) and moderator variables such as personality factors (ie optimism, control) and social support are activated. If these variables are inadequate to deal to deal with the stressor, the person experiences stress symptoms (ie depression, anxiety) and in response to these

symptoms appraises the stressor, moderators and psychological symptoms, evoking a response from his/her coping repertoire, which affects the outcome of the event.

Stress, of course, does not follow this orderly pattern and Duvenhage (1994, p.5) notes the constant interaction of all the elements present in the event, stating that his model is best described as the "pandemonium model". This is a useful model in that it incorporates the character traits of the person, the sources of support that are available as well as the type of coping strategy that the person may choose to use. Additionally it includes the dynamic elements of process specified by Folkman & Lazarus (1985).

The advantage of this approach is demonstrated in the study by Holahan & Moos (1985) investigating the effects of personality, social support and type of coping strategy on level of stress. They found that personality was linked to stress level and that this relationship was moderated by both social support and type of coping strategy employed.

4.2.1. *Problem and Emotion focused coping*

Coping is proposed as having two major functions ie dealing with the problem and regulating the emotion experienced by the individual as a result of the problem. These are known as problem focused and emotion focused coping, respectively (Folkman et al, 1986; Lazarus 1993; Lazarus & Folkman, 1984). A similar taxonomy has been proposed by Holahan & Moos (1985) viz approach and avoidance coping.

Problem focused, or approach coping, incorporates strategies such as behavioural attempts to deal with challenges and cognitive attempts to change one's appraisal of the threat (Holahan & Moos, 1985). It involves direct action designed to modify the stressful situation (Fleming et al, 1984). Problem focused coping may take the form of aggressive action to alter the situation as well as cooler, more deliberate efforts (Folkman et al, 1986).

In contrast, emotion focused, or avoidance strategies, are aimed at containing stressful emotions and the accompanying physiological arousal (Coyne & Holroyd, 1982). They

are designed to be palliative, to accommodate the stressful situation (Fleming et al, 1984) and may take the form of distancing oneself from the problem, self control, seeking emotional support or escape-avoidance (Folkman et al, 1986). Additionally, emotion focused coping involves reappraising the situation in such a way that it is viewed as more benign (Lazarus, 1993).

The explosion of research into coping with stress has been boosted by the modest correlations between stress and health and the realisation of the importance of individual appraisal on coping (Aldwin & Revenson, 1987).

4.2.2. *Appraisal*

Appraisal influences whether problem or emotion focused coping will be utilised (Folkman, Lazarus, Dunkel-Schetter, DeLongis & Gruen, 1986, in Long et al, 1992).

Primary appraisal evaluates what is at stake and is shaped by beliefs (Folkman, 1984). Long et al (1992) demonstrated that female managers with traditional beliefs appraise occupational stressors as less threatening. Since they are not so committed to their careers they have less at stake in stressful work situations. Secondary appraisal evaluates which coping options are available (Folkman, 1984) and the potential long term outcome of each, resulting in a conscious or unconscious choice of coping strategy (Duvenhage, 1994). Reappraisals change the meaning of the stressful situation without impacting on the stressors and may be both positive ie seeking advice, clarification of issues or negative, ie using defence mechanisms such as denial, displacement (Duvenhage, 1994) to distort reality (Rees, 1976).

Other forms of emotion focused coping which do not include appraisal but do have stress management functions are behaviours aimed at minimising discomfort engendered by the problem rather than being directed at the problem itself (Pearlin & Schooler, 1978). They may take the form of distraction ie watching TV (Pearlin & Schooler, 1978) or involve noxious agents such as alcohol, tobacco and drugs (Atkinson, 1988; Coyne & Holroyd, 1982; Sarafino 1994).

Lazarus & Folkman (1984) note that there are individuals who deliberately engage in behaviour designed to increase the emotional distress they experience. There are those who need to feel worse before they can feel better and engage in self-blame and punitive behaviour, in contrast, others increase their psychological distress as a means of mobilising themselves for action (ibid).

People have a repertoire of coping on which they draw (Pearlin & Schooler, 1978) and both types of coping are generally involved in stressful encounters (Coyne & Holroyd, 1982). Folkman & Lazarus (1980, in Folkman, 1984) reported a study in which 98% of the subjects used both forms. It is agreed that problem focused coping is more likely to increase in situations which are appraised as amenable to change, and emotion focused coping where the reverse is true (Coyne & Holroyd, 1982; Folkman, 1984; Lazarus & Folkman, 1984). A drawback of this approach is that whilst it is useful in describing coping in a specific encounter, it may obscure any potential general coping style that could have important implications in the long term (Lazarus & Folkman, 1984).

The simplistic dichotomy of coping into two broad general types subsumes several distinct factors (Aldwin & Revenson, 1987; Folkman et al, 1986; Carver, Scheier & Weintraub, 1989). Carver et al (1989) have demonstrated that even behaviour which appears mutually exclusive, such as acceptance and denial, can be utilised simultaneously. Based on theoretical models, including that of the Lazarus group, Carver et al (1989) developed a scale, (COPE Scale) incorporating thirteen conceptually distinct scales, measuring both functional and less functional coping strategies. Their research demonstrated that functional coping strategies appear to be linked with personal qualities viewed as beneficial such as optimism, self esteem, hardiness and less functional strategies appear to be inversely related to desirable personality qualities (ibid).

4.3. Coping traits and styles

Pearlin & Schooler (1982, in Kelly, 1991) maintain that personality characteristics determine coping traits and styles on which people rely during stressful encounters.

This suggests that there is an element of stability in the way in which people cope. This has been disputed. Research by Folkman & Lazarus (1980, in Folkman et al, 1986) showed greater variability than stability in the use of coping across thirteen different situations. However, Lazarus (1993) did admit that coping styles do exist although he claimed that they are highly contextual.

Stone & Neale (1984, in Folkman et al, 1986) infer that stability of coping might arise as a result of a person being exposed to similar stressors on a daily basis. This is consistent with Fleming et al's (1984) contention that people have a learning history resulting in a repertoire of coping skills from which they select the most appropriate. Carver et al (1989) concur, noting that people have a preferred set of coping strategies which remain relatively fixed across time and circumstances, these strategies being linked to personality characteristics.

Recent research by Schill & Beyler (1992) using the COPE Scale devised by Carver et al (1989) demonstrated that persons with a self defeating personality, characterised by reduced ego strength and an external locus of control were more likely to engage in emotion focused coping such as denial, mental disengagement and the use of alcohol and drugs. They maintain that subjects characterised by self defeating personalities tended to espouse coping strategies that perpetuated their status as victims (*ibid*). This confirms Anderson's (1977) finding that an external locus of control is associated with less effective coping strategies such as an increase in defensive behaviour and a decline in task oriented coping.

Pearlin & Schooler (1978) propose that individuals have preferred coping strategies in dealing with everyday roles such as marriage, employment, parenthood and that these strategies are based on both coping resources and responses to stress as well as other resources on which they draw. This is an approach that lends weight to specific coping strategies as well as both psychological resources (self esteem, mastery) and social resources (social support) and appears to be the most realistic approach at present (Aldwin & Revenson, 1987).

4.4. Coping and health

Evidence exists that some coping strategies are more likely to result in positive outcomes ie positive action directed towards the situation (Long et al, 1992). A study by Kobasa (1982a, in Holahan & Moos, 1985) demonstrated that lawyers using fewer avoidance strategies evidenced less psychological and physical symptoms. Similar findings were recorded by Srivastava & Singh (1988).

Holahan & Moos (1985) failed to discriminate between healthy and unhealthy subjects on the basis of approach or avoidance coping. However, they did discover that although both groups utilised approach and avoidance coping strategies, the unhealthy group utilised a greater proportion of the latter.

4.5. Coping and multiple role women

There is a paucity of studies relating specifically to MR women. In spite of the clearly indicated negative effects of stress on health, most research has tended to focus on men, with the results being incorrectly generalised to women (Baruch et al, 1987). Since men and women not only differ in their experience of stress, but also in their coping strategies (Gadzella et al, 1991) women have suffered bias. It has been claimed that compared to men, women make less use of efficacious coping mechanisms (Pearlin & Schooler, 1978) and that they may employ coping strategies which, in fact, exacerbate stress (Billings & Moos, 1982, in Holahan & Moos, 1985). Long (1990) comparing male and female managers found that although they had similar scores on active coping, women scored higher on problem reappraisal and avoidance coping strategies.

Piechowski (1992) reports that problem focused coping is associated with better effectiveness and mental health for MR women. Long et al (1992) concur, noting that the higher the ratio of engagement coping to total coping women employ, the less severe the effect of daily hassles. Research by Alpert & Culbertson (1987) demonstrates that MR women use significantly more problem focused coping than emotion focused coping when dealing with practical, work and family hassles and that

compared to non working women, they use these strategies more often in dealing with work and family problems. Gray (1983) reports that active, direct coping strategies are essential if women are to experience their MRs as positive and satisfactory. This is borne out by McLaughlin, Cormier & Cormier (1987) who reported that time management is associated with a decline in stress in MR women. However, they also note that when women take time out for **themselves**, they experience stress presumably due to time pressure.

A study by Amatea & Fong (1991) failed to demonstrate a relationship between active coping and stress. However, the authors note that this failure to find significance is possibly due to the way in which the concept was operationalised, resulting in a lack of variability.

Beutell & Greenhaus (1983) report that MR women who are traditionally oriented tend to utilise reactive rather than more successful, active problem focused strategies. This type of orientation has been found to be associated with the fulfilment of expected roles in accordance with social expectations, resulting in the "Superwoman" phenomenon described by Hochschild (1989) which generates its own stress.

CHAPTER 5

Locus of Control

5.1. Introduction

Recent research has placed an emphasis on personal beliefs in coping with stress (Lazarus, 1993). Personal beliefs are related i.a. to issues such as fatalism (Wheaton, 1982) control and mastery (Folkman, 1984; Folkman & Lazarus, 1985; Pearlin & Schooler, 1978) as well as hardiness, which incorporates control beliefs (Kobasa, 1979). Pearlin & Schooler (1978) assert that personal resources refer to what people **are** as opposed to what they **do**.

Psychological control has been the focus of strategies aimed at teaching individuals how to cope with stress. If they believe they can exert control in stressful situations then people tend to cope better (Taylor, 1990).

5.2. Generalised and situation specific control

Control can be conceptualised in two ways, beliefs about the degree of power one wields in life in general, as well as the amount of control one wields in specific situations (Felsten, 1991).

Generalised beliefs about control are associated with primary appraisal. The belief that one can control the outcome of a situation is associated with the reduced likelihood of appraisal of a threat (Folkman, 1984). Situation specific appraisals of control form part of secondary appraisal, where the likelihood of a threat depends on the appraisal of one's coping resources (Folkman, 1984).

Lazarus & Folkman (1984) maintain that the more generalised a belief system is, the stronger its determinant as a valuable resource or liability in the coping process. Generalised beliefs about control are usually measured by a scale devised by Rotter (1966, in Fleming et al, 1984) which determines where a person's locus of control

resides. Rotter (1966, in Anderson 1977, p. 447) defines it thus:

“Internal control refers to individuals who believe that reinforcements are contingent upon their own behaviour, capacities or attributes. External control refers to individuals who believe that reinforcements are not under their personal control but rather are under the control of powerful others, luck, chance, fate, etc”.

5.3. Locus of control and coping

An internal locus of control is associated with a high degree of life satisfaction, good health, less perceived risk (Lumpkin, 1985) as well as better coping, effort and persistence (Lazarus & Folkman, 1984). This is borne out by **Strickland's** (1978) study which showed that not only do people with strong beliefs in personal control cope better with health problems, but they are more likely to be actively engaged in trying to cope. This is underscored by the findings that internally motivated individuals are better able to seek out and utilise information compared to those with an external locus of control (Lefcourt, Gronnerud & McDonald, 1973, in Lefcourt, Martin & Saleh, 1984) and that individuals, believing in their ability to exercise control over their behaviour and life in general, are more disposed towards the use of active, problem focused coping strategies (Marone & Desiderato, 1982). In contrast, an external locus of control, with its emphasis on fate, tends to lead to appraisals of helplessness which discourages problem focused coping (Lazarus & Folkman, 1984) and is more likely to lead to passive and emotion focused coping strategies designed to reduce accompanying emotional distress rather than actively dealing with the stressor.

Although the research demonstrates that generalised beliefs about locus of control are differentially related to coping there have been mixed findings. A study by Folkman, Aldwin & Lazarus (1981, in Lazarus & Folkman, 1984) found no differences between internals and externals regarding problem focused coping. However, a study that examined the relationship between generalised and specific control beliefs found that generalised beliefs were more predictive of stress (Sadowski & Blackwell, 1985).

5.4. Locus of control and social support

It has been demonstrated that there is a relationship between locus of control and social support. Studies have shown that persons with an internal locus of control report more sources of support and where social support is high, have a strong belief in their ability to control their environment (Sarason, Levine, Basham & Sarason 1983). They are also able to make better use of social support, thereby deriving greater benefits (Lefcourt et al, 1984). Sandler & Lakey (1982) found that anxiety and depression following on negative events was moderated by social support for those with an internal rather than external locus of control. A study conducted by Grace & Schill (1986) determined that persons high in perceived control sought out significantly more social support than those with less perceived control. This is consistent with research that demonstrates that individuals with an internal locus of control seek out information which can help them cope (Phares, 1976, in Grace & Schill, 1986; Lefcourt et al, 1984).

In contrast, Dalgard, Bjork & Tambs (1995) in a longitudinal study conducted over a 10 year period in Oslo, found that although there was an interaction between negative life events, social support and locus of control with respect to depression, there was no buffering effect of social support for those with an internal locus of control. They conclude that these individuals, in comparison to those with an external local of control, need little social support to cope with stressful life events. However, one might conclude that persons with an internal locus of control only draw on social support when they deem it necessary and that when they do they are more successful in obtaining and utilising it. Further research, however, is indicated in this regard.

5.5. Locus of control and health

Research conducted by Folkman et al. (1986) found a strong negative relationship between mastery (control) and psychological symptoms and a positive relationship to somatic health. Further, a preliminary analysis of variables conducted prior to the study revealed a strong positive correlation between mastery and self esteem ($r=.65$). Similarly, a study by Kobasa (1979) demonstrated that locus of control successfully discriminated between stressed executives who become ill and those who remained healthy.

The above effects are particularly important as it has been shown by Anderson (1977) that locus of control can strengthen over time. In a study of managers conducted over a period of 2½ years he found that individuals possessing an internal locus of control who met with little success, remained relatively stable. However for those who met with success, the internal locus of control strengthened. Similarly for individuals with an external locus of control, lack of success led to the locus of control becoming more externally established. This is partially consistent with the findings of Crandall & Lehmen (1977, in Tyson, 1981) that an accumulation of negative events leads to greater perception of external control.

The evidence suggests that an internal locus of control is a desirable personality characteristic which provides valuable protection against stress. Taylor (1990) cautions however that manipulations designed to enhance control can have a negative effect, resulting in feelings of responsibility and self blame augmenting negative consequences and increasing stress. Seligman and Wortman & Brehm (1975 & 1975, in Fleming et al 1984) concur stating that the failure of control based strategies may bring about frustration and learned helplessness.

5.6. Locus of control and multiple role women

It does appear that locus of control is an important personal characteristic that should be taken into account in any study examining the relationship between stress and coping strategies, particularly when the subjects under investigation are women, because of the nature of sex roles and gender socialisation.

Baruch et al, (1987) note that positive mental health in women is associated with the degree of control they believe they wield over the demands of their environments. In a study of working women that looked at the relationship between Hardiness, Type A Personality and the stress/illness relationship, Schmied & Lawler (1986) found a negative relationship between hardiness and stress and, more specifically that the powerlessness (lack of control) scale of hardiness was related to illness.

Rosenfield (1989) points out that through all sectors of society women have the highest

rates of depression and psychological distress compared to men, maintaining that there is a **social** explanation for this to be found in gender roles. As a result of their gender roles, women lack power and this is associated with both lower **actual** control as well as lower **perceived** control over their environment. The acceptance of traditional roles can lead to women experiencing a low capacity to control and influence their lives (Cochrane, 1993).

A study conducted by Rosenfield (1989) found that where women experienced job and family demands as low, they evidenced fewer psychological symptoms than housewives, implying that the former group benefitted from the power and resources of employment. However, when demands were seen as high, concurrent with low power, the working women experienced feelings of lack of control and increases in both anxiety and depression. Rosenfield (1989) accepts this as proof that perceptions of personal control mediate the chronic conditions of stress.

Based on the contention that locus of control correlates with psychological wellbeing, Kopp & Ruzicka (1993) conducted a study to determine its impact on the mental health of a group of MR female students. They found that an internal locus of control was associated positively with both happiness and self esteem demonstrating the positive effects for women of a sense of control. Consequently, they proposed that research into the health of multiple role women should incorporate this variable.

CHAPTER 6

Social Support

6.1. Introduction

Social support has been defined as “the existence or availability of people on whom we can rely, people who let us know that they care about, value, and love us,” (Sarason, et al, 1983, p.127).

The last 15 years have seen an exponential growth in terms of research on the impact of social support on mental health (Vilhjalmsson, 1993). Dunkel-Schetter, Folkman & Lazarus (1987) assert that social support’s vogue as a variable for research rests on the fact that it has both basic and applied value. It appears to mediate the stress-illness relationship and potentially offers a means of attenuating stress.

6.1.1. *Conceptual problems*

Although the construct is well researched, methodological problems are numerous. It has been described as conceptually diffuse (Parry, 1986). According to Cohen & Wills (1985) pioneering research was not theoretically designed and this is evident in differences in conceptualisation, measurement, methodology and statistical analysis. Wohlgemuth & Betz (1991) concur, noting differences in the way the concept has been operationalised with a tendency to investigate only one facet of many. For example, network size may be assessed but the quality of social support may be ignored (Ganster, Fusilier & Mayes, 1986). These methodological issues have resulted in differential outcomes (Loscocco & Spitze, 1990) promoting difficulties of comparability across studies (Lieberman, 1982). Investigators note a tendency to rely on standardised self reports (Vilhjalmsson, 1993) and the lack of a reliable, general index of social support (Sarason et al, 1983).

Regardless of how social support is conceptualised, Sarason et al (1983) note that two basic elements which need to be accounted for in any assessment of social support are the individual’s **perception** that there are a significant number of people to turn to

should the need arise and the **degree of satisfaction** with available support. Felsten (1991) concurs in stating that the perception of social support is the most sensitive indicator of its effects on the interpretation of stress.

6.2. Social support and health

There is an ongoing debate as to the role of social support in the stress/illness relationship (Vilhjalmsson, 1993). This debate probably has its roots in the concerns surrounding conceptual and methodological issues. A study by Jennings et al, (1984) found no buffering effects for social support on the relationship between employment and health. Social support was conceptualised as a composite of household and the number of friends seen and talked to at least once per week. This study ignored whether social support was actually forthcoming or whether respondents were satisfied with the nature and degree of social support.

In a review of studies Cohen & Wills (1985) assert that there is plentiful research linking social support to psychological and physical health outcomes. House, Landis & Umbertson (1988, in Edens, Larkin & Abel, 1992) state that chronic limited exposure to support may produce psychological and physical changes resulting in increased morbidity and mortality. This is consistent with Berkman & Syme's (1979, in Carroll, Niven & Sheffield, 1993) well known longitudinal research which linearly linked social network to mortality over a nine year period. A more recent study conducted over a ten year period in Oslo by Dalgard et al, (1995) found a significant buffering effect for support between negative life events and mental health, notably depression.

6.3. Influences on social support

The use of social support is influenced by several factors. Some individuals are better skilled compared to others in making effective use of social support (Dunkel-Schetter et al, 1987). Social support is not always forthcoming and the quality may not always be desirable (Cohen & Wills, 1985). This latter factor has been linked to hostility in women (Houston & Kelly, 1989). Cultural factors have also been shown to be important, for example Wheaton (1982) reported that Mexican Americans appear less vulnerable to chronic stress compared to Anglo Americans because social support is

more readily available and has higher cultural relevance. Positive expectations of social support are associated with a high degree of social support (Sarason et al, 1983).

6.4. Structure and function of social support

Social support has been measured both structurally and functionally. The former conceptualisation has been linked to social integration and network size with a tendency to evidence direct effects (Cohen & Wills, 1985; Taylor, 1990). Measures of external frames of reference such as network size constitute the variable to be examined (Lieberman, 1982). Functional social support has been linked to aid, resources, and emotional support from specific network members and findings are suggestive of a buffering effect (Taylor, 1990).

Schaeffer, Coyne & Lazarus (1982, in Lefcourt et al, 1984) examined the effects of network size and functional support on psychological symptoms, morale and ill health due to stressful events and found network size to have the weaker effect, suggesting the necessity of a multidimensional operationalisation of the concept.

Functional support has been classified as follows:

1. Emotional support (Dunkel-Schetter et al, 1987) or esteem support that indicates that a person is valued, esteemed, accepted (Riefman et al, 1991). It is also known as expressive support, ventilation and close support (Cohen & Wills, 1985).
2. Informational support or provision of advice (Dunkel-Schetter et al 1987; Riefman et al, 1991). This includes help in defining, understanding and coping with problems as well as appraisal and cognitive guidance (Cohen & Wills, 1985).
3. Social companionship which fulfills psychological needs for affiliation (Riefman et al, 1991) through spending leisure/recreational time with others, facilitating positive effects (Cohen & Wills, 1985).

4. Tangible support (Riefman et al, 1991) also known as instrumental support which incorporates the provision of financial and material resources (Cohen & Wills, 1985).

Cohen & Wills (1985) are of the opinion that emotional and informational support are likely to be responsive to a wide range of stressful situations and this should be more likely to provide a buffering effect whereas instrumental and companionship are more likely to be effective when they are linked to specific needs. This idea is echoed by Lefcourt et al (1984) who argue that greater specificity of hypotheses postulating the relationship between different types of support and outcomes is required. Research by Folkman & Lazarus (1985) revealed that the type of support utilised is determined, in part, by situational demands and as the situation unfolds different types of support are required. Prior to writing exams the students they investigated sought informational support, however, after writing exams they sought emotional support which clearly indicates that social support constitutes part of a coping process.

6.5. Spousal support

This source of support is highly relevant, with spouses being most individual's first choice, followed by friends and relatives, co-workers and parents, with children being a third choice (Lieberman, 1982). Where the spouse is unavailable, other relationships cannot substitute (Brown, 1981, in Lieberman, 1982). Spousal support has been shown to buffer the effect of minor daily hassles (Repetti, 1989) and has also shown direct effects, evidenced by studies reporting that compared to single or divorced people, those who are married report better mental and physical health (Doherty & Jacobson 1982, in Cooke & Rousseau, 1984).

The role of the spouse is paramount for the working mother. Hirsch & Rapkin (1986) note that intimate support from a husband can protect women under severe stress. However they note further that where such support implies sanctioning diminished domestic responsibility men may be less inclined to offer it.

6.6. Social support and gender

Although Wohlgemuth & Betz (1991) assert that there is a need for more studies to investigate gender discrimination in the social support/stress relationship, differences have been recorded. It has been noted that women enjoy qualitatively better family support compared to men, consistent with research that shows women having a tendency, when stressed, to turn to others whereas men respond with social withdrawal (Schmidt, Conn, Greene & Mesirow, 1982, in Holahan & Moos, 1985). The importance of family support for women was borne out by a study by Wohlgemuth & Betz (1991) comparing male and female undergraduates which showed that lower perceived family support was related to symptomatology, regardless of stress level, in women when compared with men. Similarly Holahan & Moos (1985) have demonstrated that family support is a successful discriminant for both psychosomatic symptoms and depression for women.

Although these findings were not borne out by the work of Gadzella et al, (1991) who found that men were more likely to seek support from close friends whereas women were more likely to exercise or take time out for themselves during stressful periods, research has tended to support the former view. Women as a group report more social support and greater benefits from it compared to men (Belle, 1987, in Rodin & Ickovics, 1990) report less anxiety, depression and hostility when support is high (Sarason et al, 1983) and less physiological symptoms (Loscocco & Spitze 1990; Wohlgemuth & Betz 1991).

6.7. Social support and multiple role women

Amatea & Fong (1991) feel that the link between the appraisal of role stress and social support has not been adequately examined in the working woman. MR women may draw on many different sources of support. Repetti (1989) related the quality of social climate at work to depression in women and Barnett, Davidson & Marshall (1991) found that supervisor support played an important role in the physical health of working women.

An investigation by Parry (1986) into working mothers, some of whom were married,

showed positive relationships between instrumental and expressive support and a range of psychological variables such as positive affect and self esteem. Additionally, she found that where employed women who had suffered a severe life event had adequate social support, this reduced the number of psychiatric symptoms they were likely to experience.

Holahan & Gilbert (1979) state that spousal support is a crucial variable in the reduction of role conflict for the working woman. In a comparison of career/non-career women they found that the former group reported less conflict in conjunction with a greater degree of emotional support from their husbands. Du Toit (1993c) recorded a positive correlation between spousal support and marital integration in a study of South African MR women. A similar comparison by Aston & Lavery (1993) found that for managerial women **satisfaction with support** was associated with higher self esteem and quality of life whereas for clerical women **husband's support** was associated with those variables. Recently Amatea & Fong (1991) demonstrated that for MR women a negative relationship exists between social support and stress symptoms ($r = -.45$ at $p \leq .001$). For this group social support was also positively correlated with control (.30). A similar study by Riefman et al, (1991) into MR women with young children, found no support for stress buffering effects of social support. They suggest that individual coping skills should be investigated rather than social support (ibid). Whilst this view is supported, it is possible that the measure they used to tap social support was not as adequate as it might have been. Although emotional and information support were tapped across various sources ie friends, at work and outside of work, family and husband, instrumental support was tapped only in respect of the husband. Since the subjects' children were young and problems with child care has been reported as stressful, perhaps a measure that tapped practical support across several sources of help might have shown effects.

CHAPTER 7

REVIEW CONCLUSIONS AND RATIONALE FOR THIS STUDY

Women are entering the job market in unprecedented numbers and this trend is expected to strengthen in South Africa in response to the prevailing social situation (Bryant, 1990; Du Toit, 1993a; 1993c). Many of these women are married and have children, especially young children.

The lifestyle of the MR woman is potentially a stressful one as a result of both role conflicts and demands (Hochschild, 1989) which may result in increased psychological symptomatology (Barnett & Baruch, 1985; Baruch & Barnett, 1986). Kane (1991) proposes that a combination of roles may have a negative synergistic impact on women's health. Thus the need arises to identify variables that contribute to making the MRs hazardous or beneficial to women's health (Froberg et al, 1986; Long et al, 1992).

There is a paucity of research on MR women. Findings from studies on MR men and stress have been incorrectly assumed to be applicable to women, resulting in issues salient to women's lives being neglected or alternatively, intervention strategies that fail to address the real needs of women (Baruch, Biener & Barnett, 1987). It has been demonstrated that psychosocial factors such as sex roles differ in quality for men and women, differentially affecting their health (Rodin & Ickovics, 1990). Psychosocial differences are manifest in imbalances in power, equality and control, negatively affecting MR women (Rodin & Ickovics, 1990; Rosenfield, 1989). This has given rise to stress as a central explanatory construct to explain sex differences in health (Rodin & Ickovics, 1990). Thus the need for research with female subjects.

Research has tended to focus on either stressors or coping strategies in relation to stress. Piechowski (1992) proposes that both factors need to be addressed in any investigation of MR women. Rodin & Ickovics (1990) insist that an examination of role quality is critical to understanding women's health. Mc Bride (1990) maintains that there

are specific aspects of roles that need to be addressed. This point of view is based on the work of Barnett & Baruch (1985), Baruch & Barnett (1986), Baruch et al (1987). Other key variables shown to influence stress are coping styles, social support, and control (Amatea & Fong, 1991; Long et al, 1992; McBride, 1990). This necessitates the need for studies examining a multiplicity of variables in MR women's lives.

Research is urgently needed into the lives of MR women in the light of Fidell's (1981, in Rodin & Ickovics, 1990) claim that stress has been identified as a medical rather than a psychosocial problem, partly explaining the prevalence of prescription of psychotropic drugs to women. Atkinson (1988) concurs noting that the expression of stress is socially conditioned with women more likely to evidence mental and emotional problems as well as the use of tranquilizers. Only through research can a public awareness be fostered of the potential difficulties faced by MR women and the mechanisms revealed that maintain the circumstances within which these difficulties arise. For example, Froberg et al (1986) maintain that there is a symbiotic relationship between the primary roles of men and women necessitating a shift in men's role commitments as women try to balance their roles. To the extent that women experience stress, this shift has not yet taken place. This view is echoed by Hochschild (1989) who demonstrated the role played by the unequal division of labour in the stress experienced by MR women.

Additionally, research is needed to reveal the adaptations required by society to accommodate MR women, these include infrastructures such as improved child care facilities and flexible work schedules (do Rosario, 1992) as well as policy mandated at National and local levels aimed at aiding employees balance both work and home commitments (Brock, 1986, in Mathews & Rodin, 1989).

CHAPTER 8

RESEARCH QUESTIONS

8.1. Quantitative Data

Based on the Literature Review the following research questions were formulated:

1. Are there measurable differences in stress level, as measured by the PSQ-R, between women who complain of stress or are diagnosed as stressed, and women who do not complain or are not so diagnosed?
2. Is there a relationship between stress and role quality?
3. Is there a relationship between stress and coping, locus of control and social support?
4. What are the effects on stress of the relationship between role quality and the other independent variables such as coping, locus of control and social support?
5. Which are the most important variables in a model of stress for MR women?

8.2. Qualitative Data

In order to obtain information relevant to the lives of MR women, unique to the perceptions of the individual, and on which future research could be formulated, seven open ended questions were included in the questionnaire. These questions were based on information contained in the literature.

5. What kinds of practical assistance can MR women obtain from their husbands, if they want?
6. What kinds of practical assistance can MR women obtain from friends at work if they want?

7. What kinds of practical assistance can MR women obtain from friends outside work, if they want?
8. What kinds of practical assistance can MR women obtain from relatives, if they want?
9. What are the things that make life enjoyable for MR women?
10. What are the things MR women would change, if they could, to improve their lives?
11. What comments do MR women wish to make?

CHAPTER 9

METHODOLOGY

9.1. RESEARCH DESIGN

The design was cross-sectional, in that subjects supplied information relating to a specific period in their lives, and correlational as this was considered most appropriate for examining the relationship between variables in a preliminary study.

9.2. THE RESEARCH INSTRUMENT

9.2.1. *Procedure*

At the time the research was conducted, the researcher was employed part time as a receptionist for a medical practice. One of the GPs (General Practitioners) at this practice undertook to contact several of his colleagues to ascertain whether they would be interested in participating in the project. A number voiced their interest and appointments were made for the researcher to meet with doctors from seven medical practices on the Cape Peninsula.

Each GP who participated in the study was provided with a letter, printed on a university letterhead, explaining the purpose of the study and the method of subject selection to be adhered to. The letter also informed the GP that feedback reports would be provided for those patients who requested them, thus the need for keeping accurate records of participants. A copy of the letter handed to GPs appears as Appendix A. Each GP was given a number of stamped, self addressed envelopes containing the questionnaires.

9.2.2. *Subject selection*

To qualify for selection, subjects had to be married, employed full time and have at least one child living at home. The design required that subjects be separated into two groups on the basis of stress level, viz a high stress and a low stress group, to determine whether there were any differences between the two groups.

Rodin & Ickovics (1990) note that stress has been characterised as a medical rather than a psychosocial problem and according to Carroll & Niven (1992, p.8) psychological stress may in fact be "one factor prompting individuals to attend more to symptoms and seek medical advice". Thus it was decided that subjects in the high stress group would be recruited from patients visiting their GPs because they had appraised themselves as stressed, or had been diagnosed by their GPs as suffering from stress. Subjects visiting their GPs for routine complaints would be recruited for the low stress group, provided they had not consulted their GP for a stress related complaint in the preceding three months. It was felt that this method of subject recruitment would ensure variability in stress levels.

9.2.3. Instructions to participants

Each participant received a letter printed on a university letterhead, briefly stating the researcher's background and the purpose of the study. Subjects were advised of the importance of their personal experiences and assured that there were no right or wrong answers to any of the questions.

It was emphasised that subjects need not identify themselves and could remain anonymous, thus assuring confidentiality. Where participants requested feedback, they merely had to supply their Christian name, date of birth and GP's details to enable the GP to match up the report with the correct patient.

The researcher's telephone number was provided in the event of any of the participants requiring any further information. Respondents were thanked and requested to return the completed questionnaire in the stamped, self addressed envelope provided. A copy of the letter to participants appears as Appendix B.

9.2.4. Questionnaire

A survey questionnaire was developed for the collection of demographic information, as well as data pertaining to stress, role quality, coping strategies, control and social support. Qualitative data was collected by means of 7 open ended questions. A copy of this questionnaire appears as Appendix C.

9.2.4.1. *Demographic Data*

Participants were requested to provide the following demographic data : age, home language, highest qualification, occupation, gross monthly income, length of marriage, number of children, age of youngest child and frequency of domestic help.

9.2.4.2. *Measuring Instruments*

9.2.4.2.1. *Stress*

The Perceived Stress Questionnaire (PSQ) was developed by Levenstein, Prantera, Varvo, Scribano, Berto, Luzi & Andreoli (1992) and is available in a General and a Recent version. The latter was chosen as a measure of stress which constituted the dependant variable in this study.

The Recent PSQ (PSQ-R) comprises 30 neutral items which are applicable to real life situations and are designed to be applicable to adults of any age, sex, occupation or stage of life. It taps into respondents subjective experiences in order to maximise sensitivity to ongoing stress and has been found to be sensitive to changes over time. The PSQ is designed to measure cognitive aspects of stress rather than emotional states in response to life events. Respondents are required to indicate on a Likert scale from (1) almost never to (4) usually, how often each of the situations described applied to them in the last month. Scores are calculated on the formula (raw score-30)/90.

Internal consistency, as measured by co-efficient alpha, is 0.92 and test-retest reliability is 0.9 (Levenstein et al, 1992). Construct validation with alternative measures of stress was performed and it was found that the PSQ correlated with trait anxiety ($r = 0.75$), Cohen's Perceived Stress Scale ($r = 0.73$) and self rated stress ($r = 0.56$). The overall mean score for the PSQ was stated as 0.41 with a standard deviation of 0.17. For women the mean score was 0.44 (standard deviation not given). These norms refer to Italian women on whom the PSQ was tested and developed. Norms are not available for South African women at present.

9.2.4.2.2. *Role Quality*

The Reward and Concern Scales, developed by Baruch & Barnett (1986) were chosen as a measure of Role Quality. These scales, consisting of 96 items in total were empirically derived through semi-structured interviews with 72 women in America. Content analysis identified items which were included in scales measuring either the rewarding or distressing aspects of a particular role.

There are two scales per role designed to assess the rewarding or distressing aspects of the roles of wife (30 items), mother (28 items) and paid employee (38 items). Respondents are required to indicate on a Likert scale from (1) not at all to (4) extremely, how rewarding or distressing they find particular aspects of the role of wife, mother or paid employee. Scores are summed in respect of the rewarding aspects as well as in respect of the distressing aspects. The means of these scores provide two separate measures, one in respect of how rewarding a particular role is and another in respect of how much aspects of a role are a cause for concern. The balance between these two scores (rewards minus concerns) constitutes a measure of role quality. Scores may range from minus 3 to plus 3. Although alpha co-efficients are not supplied for the individual scales, they have been reported as ranging from 0.71 to 0.92.

9.2.4.2.3. *Coping*

The Coping Orientation to Problems Experienced (COPE) Scale developed by Carver, Scheier & Weintraub (1989) was chosen as a measure of coping style. This scale may be used to measure both situational and dispositional coping strategies. The latter version was chosen as respondents were not asked to describe their methods of coping in respect of any particular situation. Additionally, in line with Pearlin & Schooler's (1978) proposal that people have preferred coping strategies for dealing with problems related to everyday roles, it was felt that the dispositional version was most appropriate.

The COPE Scale comprises 53 items which load onto 14 subscales, designed to assess the multiple and different ways in which people cope. There are 5 subscales measuring problem focused coping (active coping, planning, suppression of competing activities, restraint coping, seeking instrumental support), 5 measuring emotion focused

coping (seeking emotional support, positive reinterpretation, acceptance, denial, turning to religion), 3 measuring less adaptive coping strategies (focus on and venting of emotion, behavioural disengagement, mental disengagement) and 1 subscale measuring alcohol/drug use.

Respondents indicate on a Likert scale from (1) not at all to (4) I almost always do this, how often they employ a particular coping strategy. Scores range from 4-16, except in the case of alcohol-drug disengagement which may range from only 1-4. The means and standard deviation for each of the subscales appear in Table 1. Internal consistency, as measured by Cronbach's alpha, for each of the subscales, except alcohol-drug disengagement, also appear in Table 1.

Table 1: Normative data for the COPE Scale (Carver, Scheier & Weintraub, 1989)

Subscales	M	SD	Cronbach's Alpha
Active coping	11.89	2.26	.62
Planning	12.58	2.66	.80
Suppression	9.92	2.42	.68
Restraint coping	10.28	2.53	.72
Social support - instrumental	11.50	2.88	.75
Social support - emotional	11.01	3.46	.85
Positive reinterpretation	12.40	2.42	.68
Acceptance	11.84	2.56	.65
Turning to religion	8.82	4.10	.92
Focus on or venting of emotion	10.17	3.08	.77
Denial	6.07	2.37	.71
Behavioural disengagement	6.11	2.07	.63
Mental disengagement	9.66	2.46	.45
Alcohol/drug disengagement	1.38	0.75	Not calculated

9.2.4.2.4. *Control*

The Mastery Scale developed by Pearlin & Schooler (1978) was chosen as a measure of locus of control. This scale was specifically developed for a study that examined the relationship between coping and stress arising from everyday roles. Based on the premise that control is a personal resource effective in coping with threat, it measures the extent to which individuals regard themselves as agents of life chances, as opposed to being fatalistically determined (Pearlin & Schooler, 1978).

The scale consists of 7 statements. These statements are neutral items applicable to real life in general and tap into respondents subjective beliefs concerning control. The scale measures cognitive aspects of control rather than events. Respondents indicate on a 5 point Likert scale from (1) strongly agree to (5) strongly disagree, the extent to which each of the items is reflective of their sense of control. Two of the items are reverse scored and a sum of the scores provides a measure of control. Higher scores are consistent with an internal locus of control whereas lower scores are associated with an external locus of control.

Amatea & Fong (1991) state that Pearlin & Schooler claimed an alpha co-efficient of 0.75 for the abovementioned study. A similar study by Amatea & Fong (1991) reported an alpha co-efficient of 0.72. Similarly, Folkman et al (1986) using a 4 point Likert scale, reported an alpha co-efficient of 0.75. Thus it can be seen that internal consistency is acceptably high.

9.2.4.2.5. *Social support*

No suitable brief scale for measuring social support could be located, therefore, it was decided to develop a measure for use in the current study. This measure was based on the scale developed by Riefman et al (1991) for use in their study of stress and social support in MR women.

The original scale incorporated 2 core social support questions based on four sources of support. Respondents were asked to indicate, using a Likert scale from (1) not at all to (5) a great deal to indicate :

1. How much support sources could be counted on to provide useful information and advice, if they wanted it
2. How much sources of support could be counted on to be a source of encouragement and reassurance, if they wanted it.

The four sources assessed were husband, friends at work, friends outside work and relatives living within an hour's drive from the respondent.

Scoring involved summing the responses to the two questions. Co-efficients alpha for the sources were as follows : friends at work 0.70, friends outside work 0.81 and relatives 0.89.

Regarding husband's support 11 additional questions were incorporated reflecting "the availability of positive action" (Reifman et al, 1991, p.438) from the husband. The questions tapped the quality of the relationship, husband's willingness to perform domestic chores and husband's attitude towards the wife's work. Because the current study already incorporated a measure of role quality, in respect of marriage, and the attitude towards the wife's employment was not being measured, it was decided to dispense with this part of the scale.

It was felt, however, that a measure of **practical** assistance was required and that this should be tapped across **all** of the potential sources of support.

The two core questions were retained and a third was added which requested respondents to indicate on a Likert scale from (1) not at all to (5) a great deal, the extent to which sources could be relied upon to provide practical assistance, if they needed it.

The four sources of support remained unchanged as it was felt that they constituted a broad-based, realistic network. The distance of relatives was not stipulated as relatives may still provide practical assistance, ie financial, from a distance.

Thus the scale developed for this study tapped respondents' perceptions of three types of functional support, ie emotional, informational, and tangible support across a network potentially available to most people.

A gross measure of social support was obtained by summing respondents' scores in respect of the different types of support, supplied by the four sources. Additionally, in the light of the fact that the literature revealed the importance of the husband's support, a separate score was calculated in respect of support provided by the husband.

Respondents were also requested to furnish concrete examples of practical support in an attempt to obtain qualitative data relating to the kinds of practical assistance MR women could expect from different sources of support, if they so desired.

In the light of the literature reviewed, it was believed that the scale developed constituted a comprehensive measure of social support suitable for a study on MR women. It was assumed that the items included were relevant to the construct of social support and that the scale appeared to have construct validity (Mouton & Marais, 1993).

9.2.4.2.6. Qualitative Data

In addition to the four open ended questions requesting respondents provide examples of practical assistance from their social support network, three further open-ended questions were included in the research questionnaire. Participants were requested to list the things they enjoyed about being MR women, as well as those they would change to improve their lives as MR women. Participants were also invited to make any further comments, if they so desired.

Analysis consisted of frequency counts of responses to various themes identified in the literature review as well as to themes peculiar to this population sample. These themes

are deemed relevant to the lives of MR women and frequency of response constitutes a means of assessing their impact on women's lives.

9.3. Pilot study

A pilot study was conducted to test the relevance and "user friendliness" of the questionnaire. Thirteen subjects participated. Ages ranges from 29 to 49 and the sample included 4 clerks, 2 word processor operators, 3 nurses, 1 secretary, 1 receptionist and 1 computer operator. Time taken to complete the questionnaire ranged from 17 to 45 minutes. No consistent problems were identified and it was decided to leave the questionnaire unchanged.

CHAPTER 10

RESULTS

10.1. Response rate

Of the 400 questionnaires distributed, 103 were returned to the researcher, representing a response rate of 26%. Three were insufficiently completed and five received too late to be included in the statistical analysis. The low response rate may be due to two factors:

1. The questionnaire appeared somewhat lengthy, due to the number of variables included. Participants may have been reluctant to embark on what they perceived to be a lengthy exercise.
2. Participants who were already stressed may have been reluctant to undertake another task in addition to their MRs. Indeed, of those questionnaires returned, only 22% were from those who claimed to be, or were diagnosed as, stressed.

10.2. Biographical details of the sample

10.2.1. Age

Ten respondents failed to indicate their age. The mean age was 37, with a range from 23 to 53. The age distribution of the sample appears in Figure 1.

10.2.2. Home language

Nine respondents failed to indicate their home language. The overwhelming majority of respondents were English speaking. The language distribution of the sample appears in Figure 2.

10.2.3. Highest Qualification

Five respondents failed to indicate their qualifications. Distribution of highest qualification of the sample appears in Figure 3.

10.2.4. Occupation

In order to render occupational data meaningful, it was categorised using the International Standard of Occupations (International Labour Office, 1968). Eleven respondents failed to indicate their choice of occupation. Distribution of occupational category for the sample appears in Figure 4.

10.2.5. Income

Nine respondents failed to indicate their total gross monthly income. Income ranged from less than R2000 to more than R10 000 per month with 55% earning more than R8 000 per month and 18% earning R5 000 or less per month. Income distribution of the sample appears in Figure 5.

10.2.6. Length of Marriage

Four respondents failed to indicate how long they had been married. Mean length of marriage was 13 years with a range from 2 - 30 years. Distribution of length of marriage for the sample appears in Figure 6.

10.2.7. Number of children

Four respondents failed to indicate how many children they had. Mean number of children was 2.3 with a range from 1-6 children. Distribution of family size appears in Figure 7.

10.2.8. Age of youngest child

Four respondents failed to indicate the age of their youngest child, of those who did, 42% had children younger than 5 years of age. Distribution of the age of youngest child appears in Figure 8.

10.2.9. Domestic Help

Four respondents failed to indicate how often they employed domestic help. Of those who did, 40% claimed that they did not employ any help at all. Distribution of domestic help for the sample appears in Figure 9.

AGE DISTRIBUTION

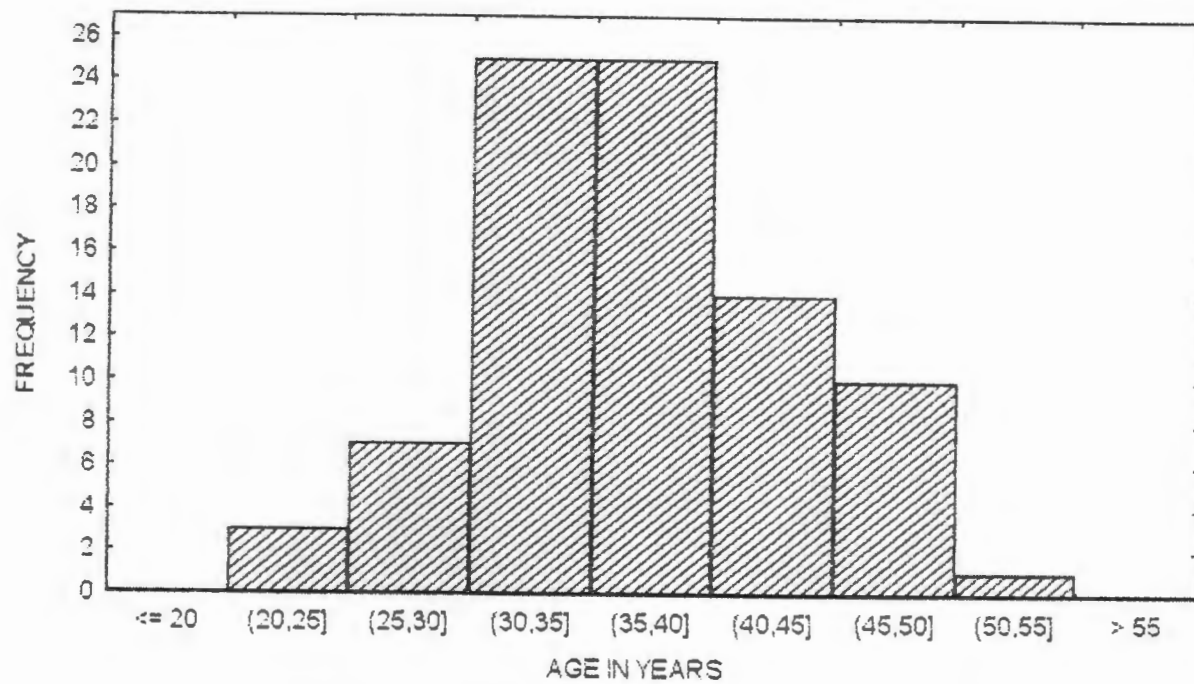


Figure 1

LANGUAGE DISTRIBUTION

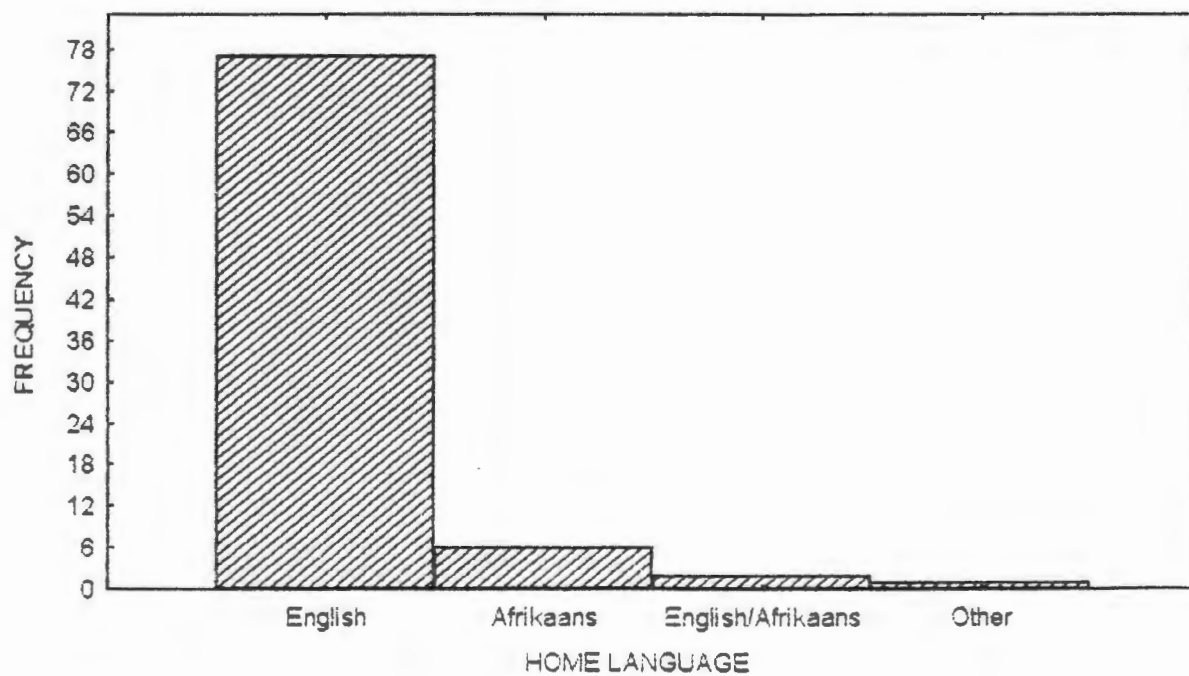


Figure 2

HIGHEST QUALIFICATION

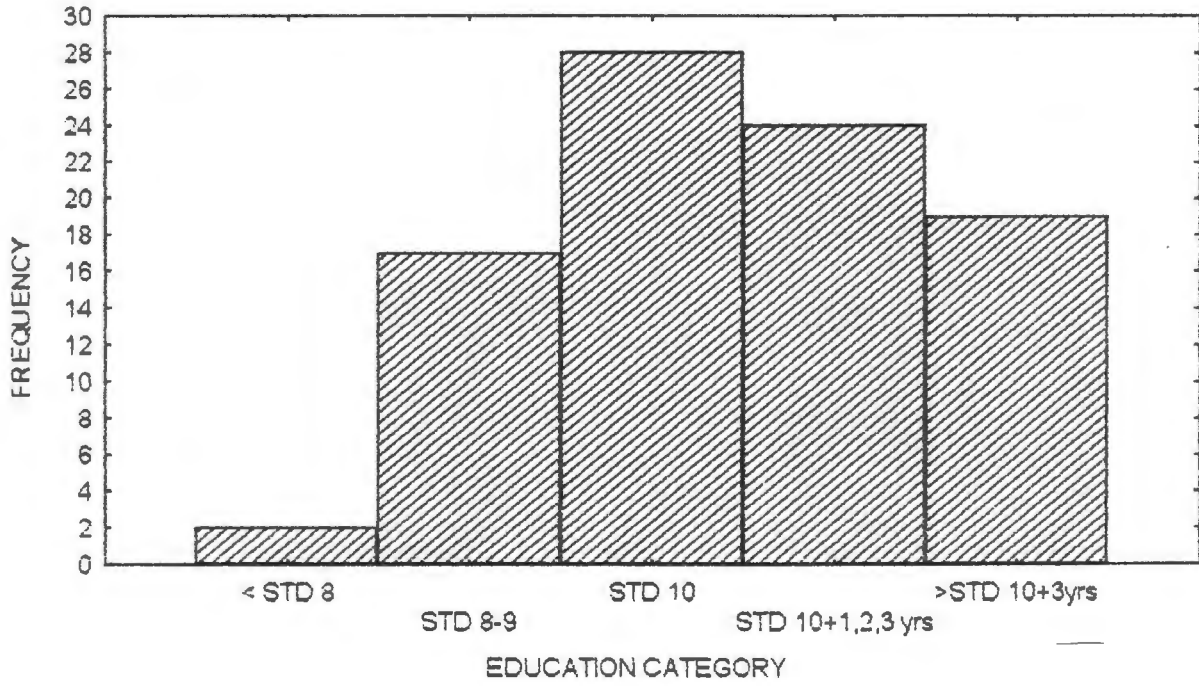


FIGURE 3

OCCUPATION

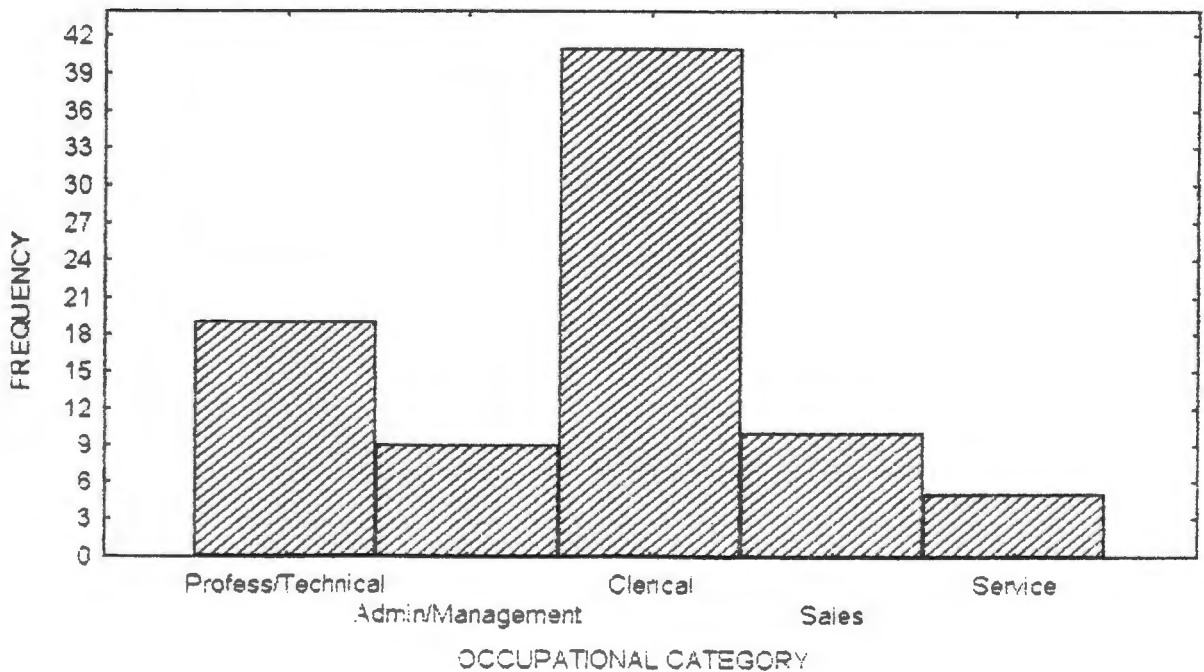


FIGURE 4

GROSS MONTHLY INCOME

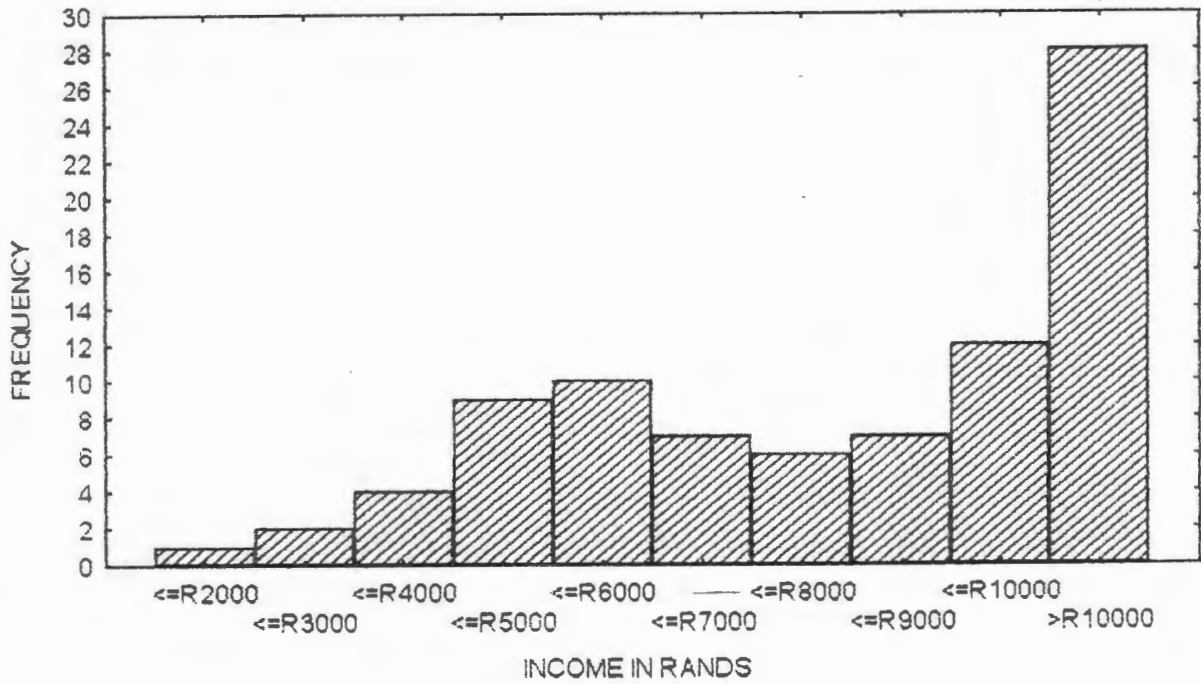


FIGURE 5

DURATION OF MARRIAGE

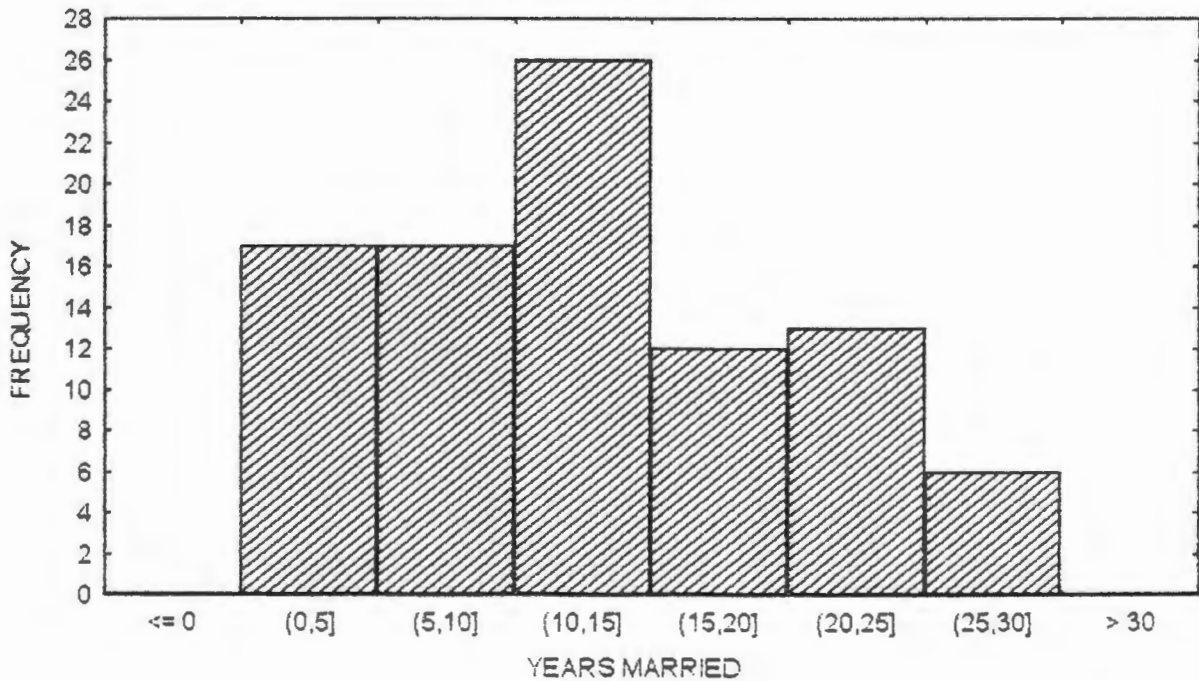


FIGURE 6

NUMBER OF CHILDREN

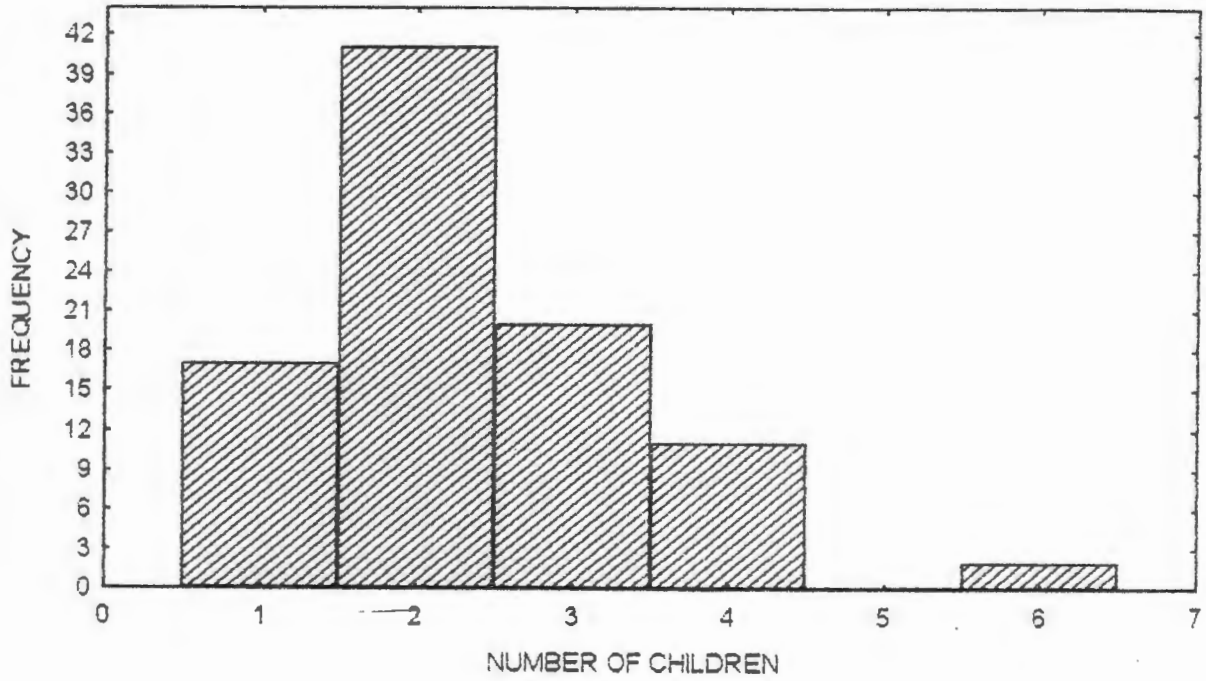


FIGURE 7

AGE OF YOUNGEST CHILD

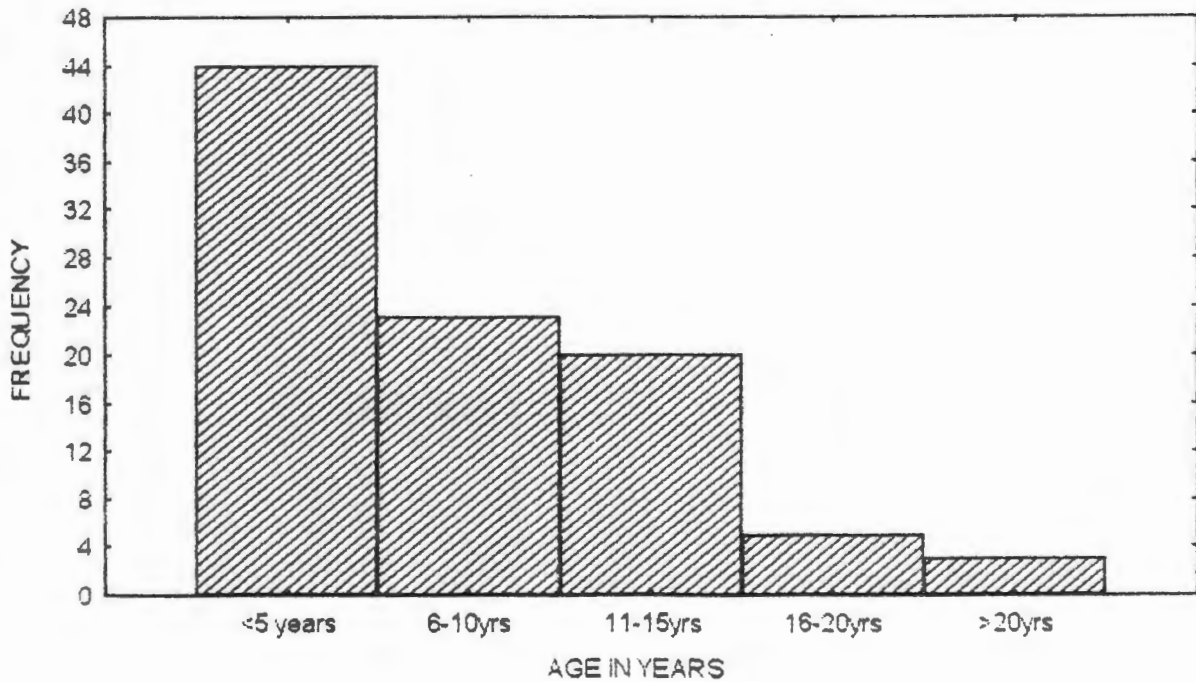


FIGURE 8

DOMESTIC HELP

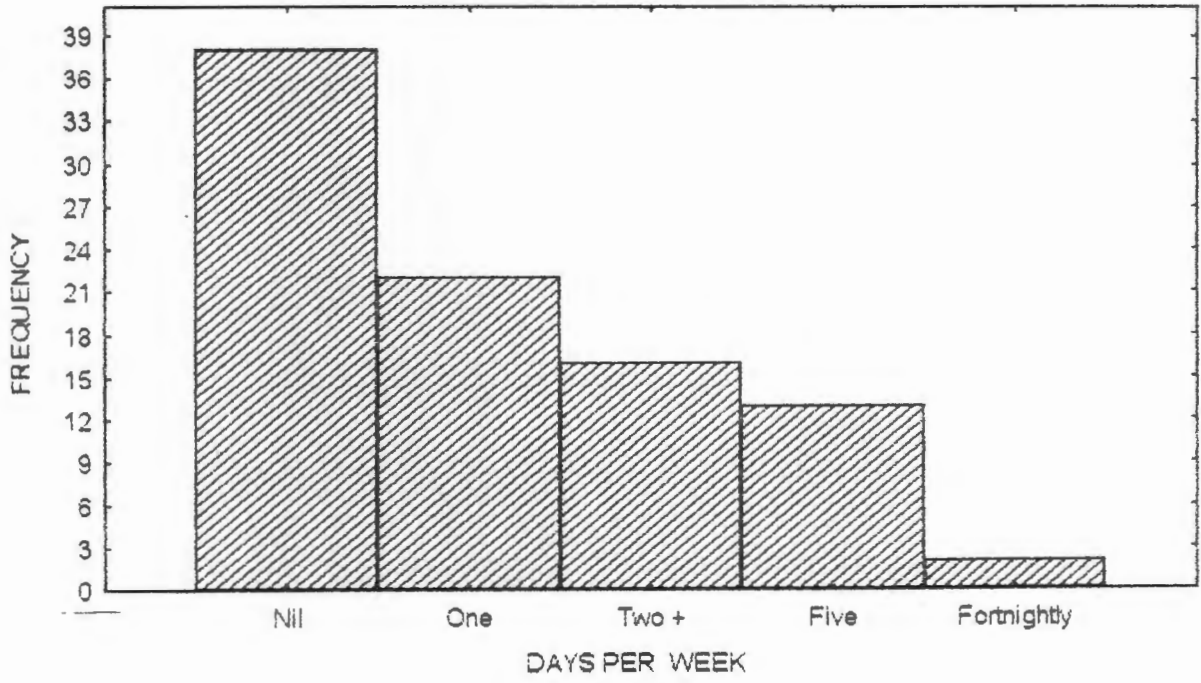


FIGURE 9

10.3. Quantitative Analysis

Statistical analysis was conducted utilizing the STATISTICA program.

10.3.1. Stress

A comparison of descriptive statistics, obtained for this study, using the PSQ-R and normative data appears in Table 2.

Table 2: Comparison of current study with normative data on stress as measured by PSQ-R.

Sample	N	M	SD	Cronbach's Alpha
Current study	95	.58	.17	.94
Levenstein et al (1993)	112	.44	not supplied	.92

Scores for the current study ranged from a minimum of .18 to a maximum of .98 with a mean stress score of .58. A one-sample t-test was conducted in which Levenstein et al's (1992) study was treated as a population. The standard deviation for this population was estimated by using the current study's standard deviation to permit comparison, as recommended by Howell (1989). The t-test revealed that this study's mean stress score was significantly higher at $p=.001$, than the mean obtained by Levenstein et al (1992).

The estimate of internal consistency obtained in this study was acceptably high, exceeding that obtained by Levenstein et al (1992).

10.3.1.1. Correlations between stress and the independent variables

Table 3 reflects correlations between stress and the independent variables examined in the study.

Table 3: Correlations between stress and the independent variables (n=94).

Independent Variables	Stress	p
Employment	-.53*	<.00005
Marriage	-.50*	<.00005
Motherhood	-.46*	<.00005
Control	-.64*	<.00005
Social Support	-.52*	<.00005
Husband's Support	-.31*	=.002
Active Coping	-.33*	=.001
Planning	-.32*	=.001
Suppression of competing activities	.08	=.424
Restraint coping	.12	=.240
Social support for instrumental reasons	-.36*	<.00005
Social support for emotional reasons	-.22*	=.036
Reinterpretation and growth	-.30*	=.003
Acceptance	-.16	=.116
Religion	.11	=.305
Focus on or venting of emotion	.22*	=.029
Denial	.24*	=.021
Behavioural disengagement	.37*	<.00005
Mental disengagement	.14	=.170
Alcohol	.36*	<.00005

As can be seen from the table, correlations between stress and the role quality variables as well as between stress and social support were reasonably strong. The correlation between stress and control was judged very strong. The relationships

between stress and the coping variables were demonstrably weaker, however, six of these correlations were equal to or exceeded .30, which was deemed acceptable for this study. It was noted that the relationship between stress and husband's support was weaker than that between stress and global support and stress and support for instrumental reasons. Nonetheless, the significance at $p=.002$ was deemed acceptable for this study.

10.3.1.2. Stress level

In order to test whether there were measurable differences in stress level between those women who complained of or were diagnosed as stressed by their GPs and women who did not complain or were not so diagnosed, a t-test analysis was conducted. Subjects in the former group were categorised as the high stress group and the latter as the low stress group. The analysis revealed a significant difference between the two groups. Table 4 reflects the difference.

Table 4: Comparison of descriptive statistics between low and high stress groups.

	Low Stress Group (n = 74)		High Stress Group (n = 21)		t
	M	SD	M	SD	
Mean Stress Score	.56	.17	.64	.14	-2.09*

This seems to confirm the proposition that stress is characterised by some as a medical problem (Rodin & Ickovicks, 1990) and that there are individuals who, prompted by symptoms, seek medical advice (Carroll & Niven, 1992).

In order to determine whether there were individuals who did not complain of stress or present with symptoms but could be classified as stressed, it was decided to reassign subjects to low and high stress groups on the basis of their PSQ-R scores. The distribution of scores was symmetrical and near normal and it was considered acceptable to split the scores at the mean. Subjects scoring below the mean were classified as low stressed and those above the mean as highly stressed. Table 5 demonstrates the reassignment of subjects to new groups in terms of their PSQ-R

scores.

Table 5: Reassignment of subjects on the basis of PSQ-R scores.

Initial Grouping	New Low Stress Group	New High Stress Group	Total
High Stress	5 (24%)	16 (76%)	21 (100%)
Low Stress	43 (58%)	31 (42%)	74 (100%)

Of those who had initially complained of, or been diagnosed as stressed, 76% were again assigned to the high stress group based on their PSQ-R scores. Only five subjects' PSQ-R scores disagreed with either their own, or their GPs perceptions of their level of stress. In contrast, of those women who had not complained of stress, nor been diagnosed as stressed, 42% recorded stress levels above the mean on the basis of their PSQ-R scores. Thus it would appear that certain women experience stress symptoms yet take no medical action.

10.3.1.3. *Most usual manifestations of stress*

An analysis of the particular items constituting the PSQ-R was conducted to determine which items **most usually** described respondents' feelings. These responses appear in Table 6.

Table 6: Most usual manifestation of stress (n=95).

Item	Frequency of responses
Lack of time for self	68%
Feeling in a hurry	45%
Having too many things to do	42%
Not feeling rested	39%
Feeling tired	34%

Table 6 suggests a cluster of items related to having too much to do, too little time and feeling tired.

10.3.1.4. *Stress and Demographic Factors*

No significant relationships were found between stress and any of the demographic factors in this study.

10.3.2. Role Quality

10.3.2.1. Descriptive statistics

Table 7 reflects the estimates of internal consistency (Cronbach's Alpha) for the Role Quality scales of each of the three roles in the current study.

Table 7: Cronbach's Alpha coefficients of Role Quality Scales for current study (n=95).

Role		Cronbach's Alpha
Employment	Rewards	.91
	Concerns	.92
Marriage	Rewards	.93
	Concerns	.91
Motherhood	Rewards	.89
	Concerns	.90

Estimates of internal consistency for the current study are extremely high. Although Alpha coefficients were not supplied by Barnett & Baruch (1985) for the individual scales, they have been reported as ranging from .76 to .92. Unfortunately, as Barnett & Baruch (1985) failed to detail the alphas for the individual scales, it is not possible to state which scales in the current study equal or surpass the original scales in reliability.

Table 8 reflects descriptive statistics obtained in this study in respect of the balance scores for each of the three roles.

Table 8: Descriptive statistics in respect of Role Quality (n=95).

Employment		Marriage		Motherhood	
M	SD	M	SD	M	SD
.70	1.14	.84	1.28	1.32	.93

The balance scores for all three roles were positive, demonstrating that, for the sample as a whole, each of the roles was generally viewed as rewarding. Table 8 reflects that motherhood was the least stressful role, followed by marriage and then employment.

10.3.2.2. Most usual manifestations of rewards or concerns for each of the three roles
 An analysis of the individual items constituting the role quality scales was conducted. The three most frequent aspects of roles experienced as extremely rewarding or distressing are reported in Table 9.

Table 9: Frequency of response to particular aspects of roles as extremely positive or negative (n=95).

Role	Rewarding	Distressing
Employment		
Lack of advancement		28%
Dissatisfaction with income		23%
Lack of recognition/appreciation		20%
Being able to work on your own	51%	
Helping others/being needed	43%	
Job fits interests and skills	38%	
Marriage		
Conflicts about children		31%
Husband's job/career problems		25%
Poor communication		22%
Husband a good father	61%	
Husband's willingness to have children	56%	
Husband backing you up	51%	
Motherhood		
Financial strain		36%
Worry about their physical well-being		28%
Worry about their teenage years		28%
The love they show	88%	
Pleasure from their accomplishments	84%	
Helping them develop	83%	

As can be seen from Table 9 there was greater agreement concerning the extremely positive aspects of roles than the negative ones. Regarding employment

dissatisfaction, the items seem to cluster around lack of recognition, lack of promotion and inadequate salary. Positive aspects include autonomy, applying skills and having a job that allows the use of skills.

Distressing aspects of marriage are varied, however the rewarding aspects appear to relate to support and particularly to having a partner who is a good parent.

The distressing aspects of motherhood relate to finances and external fears and not to the relationship itself. However, the positive aspects of motherhood do seem strongly rooted in a maternal relationship and there was particularly strong agreement among participants concerning this relationship.

10.3.2.3. Role Quality and Stress

In order to test the relationships between role quality and the dependant variable stress, subjects were assigned to one of two groups based on their balance scores for each role (rewards minus concern scales). Subjects who scored below 0 were assigned to the low role quality group and those who scored above 0 were assigned to the high role quality group. (0 indicates that the role is neither rewarding nor distressing). T-tests were then conducted between the two groups, across all three roles to test for differences in stress levels. The results appear in Table 10.

Table 10: Relationship between Role Quality and Stress.

Mean Stress scores for each role	Low Role Quality Group			High Role Quality Group			t	df	P
	N	M	SD	N	M	SD			
Employment	27	.67	.15	66	.54	.17	3.54*	91	.0006
Marriage	24	.69	.12	67	.53	.16	4.40*	89	.00003
Motherhood	11	.73	.17	83	.55	.27	3.43*	92	.0008

The results reflect a highly significant difference in stress level accompanying quality, across the three roles. Negative employment, marital and maternal experiences are equated with greater stress whereas positive experiences reflect the reverse.

10.3.3. Coping

10.3.3.1. Descriptive statistics

Table 11 reflects a comparison of descriptive statistics obtained from the current study, using the dispositional version of the COPE subscales and normative data. Estimates of internal consistency (Cronbach's Alpha) are also detailed.

Table 11: Comparison of descriptive statistics and Cronbach's Alpha coefficient of current study with normative data on coping as measured by the COPE subscales.

Subscales	Carver et al (1989) (N = 1030)			Current study (N = 95)		
	M	SD	Alpha	M	SD	Alpha
Active Coping	11.89	2.26	.62	11.84	1.98	.67
Planning	12.58	2.66	.80	12.75	2.10	.79
Suppression of Competing Activities	9.92	2.42	.68	10.02	1.74	.34
Restraint Coping	10.28	2.53	.72	10.54	1.79	.47
Seeking Social Support (Instrumental)	11.50	2.88	.75	11.39	2.46	.77
Seeking Social Support (Emotional)	11.01	3.46	.85	11.56	2.89	.85
Positive reinterpretation and growth	12.40	2.42	.68	12.25	2.41	.81
Acceptance	11.84	2.56	.65	12.04	2.06	.44
Turning to Religion	8.82	4.10	.92	10.11	4.23	.95
Focus/venting emotions	10.17	3.08	.77	11.01	2.40	.72
Denial	6.07	2.37	.71	6.62	2.66	.86
Behavioural Disengagement	6.11	2.07	.63	7.63	2.48	.75
Mental disengagement	9.66	2.46	.45	8.32	2.17	.32
Alcohol/drug disengagement	1.38	0.75	-	1.22	.53	-

Regarding differences between the current sample and the normative data, significant differences were recorded, at the $p=.001$ level, on the use of behavioural and mental disengagement, alcohol/drug disengagement, as well as religion and focus on or venting of emotion. The current sample tended to use mental and alcohol/drug disengagement significantly less as coping strategies. However, behavioural disengagement, focus on or venting of emotion as well as religion were used significantly more frequently as coping strategies. No significant differences were recorded regarding the rest of the coping strategies.

Estimates of internal consistency ranged from .32 to .95 for the current study and were generally moderate to high. Cronbach's Alphas in respect of mental disengagement and suppression of competing activities were rather low reflecting that items constituting these scales tended to reflect low reliability for this sample. Additionally items measuring acceptance and restraint coping reflect a far smaller Alpha compared with the original data of Carver et al (1989) indicating again, a lower reliability for the current sample. Items measuring behavioural disengagement, denial and positive reinterpretation showed greater reliability however, for the current study.

10.3.3.2. Coping and Stress

In order to determine the relationship between coping and stress, subjects were categorised as having high or low coping skills based on their scores in respect of the individual subscales. T-tests were conducted between the low and high coping groups to test for differences in stress level. The results, with the exception of the subscales turning to religion and alcohol/drug disengagement, appear in Table 12.

Table 12: Relationship between coping and stress.

Mean Stress score for each coping strategy	Low coping skills group			High coping skills group			t	df	p
	N	M	SD	N	M	SD			
Active coping	10	.67	.16	85	.55	.16	3.06*	93	.003
Planning	12	.71	.14	83	.56	.17	3.12*	93	.002
Suppression of competing activities	63	.58	.18	32	.57	.16	.39	93	.694
Restraint coping	43	.55	.17	52	.59	.17	-1.49	93	.139
Seeking social support- instrumental	30	.64	.16	65	.55	.17	2.42*	93	.017
Seeking social support-emotional	26	.59	.17	69	.57	.17	.44	93	.660
Positive reinterpretation & growth	18	.64	.22	77	.56	.15	1.94	93	.055
Acceptance	19	.66	.17	76	.55	.17	2.59*	93	.011
Focus on and venting of emotions	52	.59	.17	43	.55	.17	-1.35	93	.179
Denial	8	.62	.11	87	.57	.18	-.84	93	.402
Behavioural disengagement	14	.68	.11	81	.56	.17	-2.60*	93	.01
Mental disengagement	14	.62	.14	81	.57	.14	-1.05	93	.296

The first eight strategies appearing in the table are considered adaptive strategies. Except in the case of suppression of competing activities, the majority of the subjects tended to use these strategies. Significant differences were found between the highly skilled and the less skilled copers on active coping, planning, seeking social support for instrumental reasons as well as acceptance. Regarding the first two strategies, the highly skilled group recorded lower stress levels, suggesting that purposeful planning and action are associated with less stress. Seeking social support for instrumental

reasons was also associated with lower levels of stress. Likewise, acceptance was associated with a lower degree of stress.

The last four strategies appearing in the table are considered maladaptive strategies. Significant differences in stress level were recorded between the low and highly coping skilled groups on behavioural disengagement, with subjects in the low coping skills group displaying a higher degree of stress.

Turning to religion was not included in the table as it was felt that this constituted a neutral coping strategy. Forty three subjects fell below the midpoint of the scale on this strategy with 52 falling above this point. There were no significant differences in stress level for those above or below the midpoint. The mean and SD for the former was .58 and .16 and for the latter, .57 and .19, respectively.

Alcohol/drug disengagement comprised only 1 item for the scale and a correlation between PSQ-R and this item was calculated as $r = .36$, where $p < .0005$, showing a positive relationship between stress and the use of this strategy. No inference can be drawn from this as direction of causality cannot be determined.

10.3.4. Control

10.3.4.1. Descriptive statistics

Table 13 reflects the estimate of internal consistency (Cronbach's Alpha) of the current study compared with that of Pearlin and Schooler (1978) as reported by Amatea & Fong (1991).

Table 13: Comparison of Cronbach's Alpha coefficient between current study and that of Pearlin & Schooler.

Sample	Alpha
Current study	.83
Pearlin & Schooler (1978)	.75

As can be seen from the above table, reliability in respect of the current sample was acceptably high, exceeding that of the original for which the scale was developed.

The mean score for this study was 24.95 with a SD of 5.50. Scores ranged from a low of 11 to a high of 35. Comparison data are not available for Pearlin and Schooler's (1978) sample.

10.3.4.2. Correlation between control and the other independent variables

Table 14 reflects significant correlations between control and the other independent variables in the study (n=94).

Table 14: Correlations between control and other independent variables (n=94).

Other independent variables	Control	p
Global social support	.49*	<.0005
Husband's support	.41*	<.0005
Active coping	.50*	<.0005
Planning	.48*	<.0005
Suppression of competing activities	-.10	.316
Restraint coping	-.13	.208
Social support (instrumental)	.21*	=.044
Social support (emotional)	.12	.264
Reinterpretation	.49*	<.005
Acceptance	.35*	<.005
Religion	.12	.264
Focus on or venting of emotion	-.23*	=.023
Denial	-.39*	<.0005
Behavioural disengagement	-.60*	<.0005
Mental disengagement	-.23*	=.026
Alcohol	-.31*	=.002

Positive correlations were found between control and both types of support. Direction of causation cannot be specified so it is not possible to state whether perceptions of support lead women to believe that they are in control, or whether feelings of control enable women to seek out and make better use of social support.

Control also correlated positively with purposeful, action oriented coping strategies and negatively with less adaptive or maladaptive strategies. The strong negative correlation

between behavioural disengagement and control, in particular, supports the contention that subjects high in control believe that they can influence the outcome of a given situation.

10.3.4.3. Control and stress

In order to determine the relationship between control and stress, subjects were categorised as either high or low in control based on their scores. A T-test was conducted between the two groups to test for differences in stress level. The results appear in table 15.

Table 15: Relationship between control and stress.

	Low Control			High Control			t	df	p
	N	M	SD	N	M	SD			
Mean Stress Scores	26	.71	.15	69	.52	.15	5.25*	93	.000001

It is noteworthy that 73% (n=69) of the sample displayed strong feelings of self-efficacy. As can be seen from the preceding table, a significant relationship exists between sense of control and stress level. The results reflects that women in the high control group, possessing an inner locus of control, tend to report significantly less stress compared with women in the low control group.

10.3.5. Social Support

10.3.5.1. Descriptive statistics

Table 16 reflects descriptive statistics for the current sample as well as estimates of internal consistency (Cronbach's Alpha) for the measures of social support developed for this study.

Table 16: Descriptive statistics and Chronbach's Alpha for social support measures.

Type of Support	N	M	SD	Cronbach's Alpha
Global social support	94*	40.58	8.97	.87
Husband's support	95	11.20	3.14	.88

* Data not supplied by one respondent.

Coefficients alpha for the various items from Riefman et al's (1991) scale, on which the current scale is based, ranged from .70 to .89. Thus alphas obtained for the current study compare very favourably with those of the original and the scale appears to be reliable.

10.3.5.2. Social support and stress

In order to determine the relationship between social support and stress, subjects were categorised into low and high support groups based on their scores. T-tests were conducted between the two groups to test for differences in stress level. The results appear in table 17.

Table 17 : Relationship between social support and stress.

Social Support Measure	Low Support Group			High Support Group			t	df	P
	N	M	SD	N	M	SD			
Global social support	32	.68	.15	62	.52	.15	5.12*	92	.000002
Husband's support	28	.65	.16	67	.54	.17	2.79*	93	.006

The majority of subjects perceived themselves to be well supported, 66% (n=62) and 71% (n=67) of participants claimed strong global and spousal support, respectively.

As can be seen from table 17, a relationship exists between social support and stress. The results indicate that women who perceive themselves to be well supported report significantly less stress compared to those lacking in support. The results hold true for both global and spousal support.

10.3.6. The effect on stress of the relationships between role quality and the other independent variables - coping, control and support.

To test whether stress was affected by relationships between role quality and the other independent variables, a series of two-way Anovas was conducted. A total of 60 two-way Anovas were conducted, however, only 3 of these demonstrated significant interactive effects. In the interests of space only those cases demonstrating significant interaction are included in the results.

10.3.6.1. *The effects of motherhood and suppression of competing activities on stress.*

Table 18: Analysis of variance for stress by motherhood and suppression of competing activities

Source	df	SS	MS	F	p
Motherhood	1	.142	.142	5.56*	.021
Suppression of competing activities	1	.095	.095	3.69	.058
MXS	1	.124	.124	4.84*	.030
Error	91	2.336	.026		
Total	94	2.697			

The interaction effect is reflected in Figure 10. From Figure 10 it can be seen women with little ability to suppress competing activities record high levels of stress when the maternal role is experienced negatively compared to those women with stronger suppression abilities.

Eta square was calculated as a measure of magnitude of effect for each of the significant variables, revealing that motherhood accounted for 5% of the variance and the interaction between motherhood and suppression for a further 4,5%

There are virtually no difference in stress levels between good or poor copers when the maternal role is experienced positively.

INTERACTION PLOT OF MOTHERHOOD BY SUPP. ON STRESS

2-way interaction

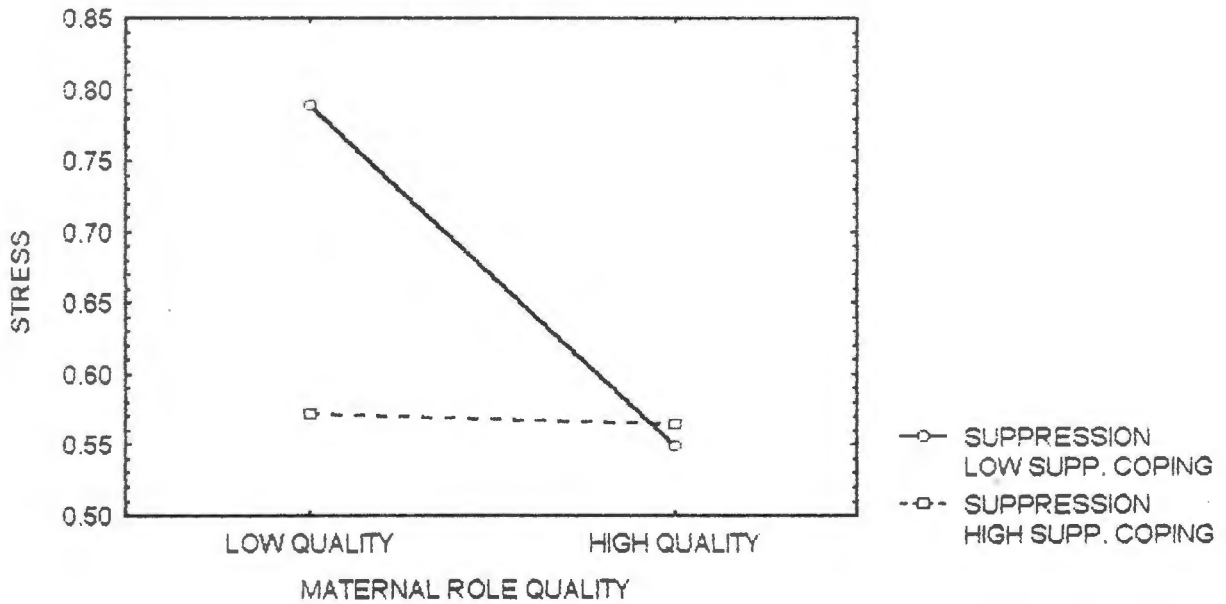
 $F(1,91)=4.84; p<.0303$ 

FIGURE 10

10.3.6.2. *The effects of employment and religion on stress.*

Table 19: Analysis of variance for stress by employment and religion

Source	df	SS	MS	F	p
Employment	1	.394	.394	16.08*	.0001
Religion	1	.027	.027	1.09	.299
ExR	1	.179	.179	7.32*	.008
Error	91	2.229	.025		
Total	94	2.829			

The interaction effect is reflected in Figure 11. From Figure 11 it can be seen that women lacking in religious beliefs record higher levels of stress when the employment role is experienced negatively compared to those women with strong religious beliefs.

Where the employment role is experienced positively, those women with strong religious beliefs record higher levels of stress compared to those whose religious beliefs are weaker.

Eta square was calculated as a measure of magnitude of effect for each of the significant variables. Employment accounted for 14% of the variance, religion for 9,5% and the interaction between employment and religion for a further 6%.

INTERACTION PLOT OF EMPLOYMENT BY RELIGION ON STRESS

2-way interaction
 $F(1,91)=7.32; p<.0081$

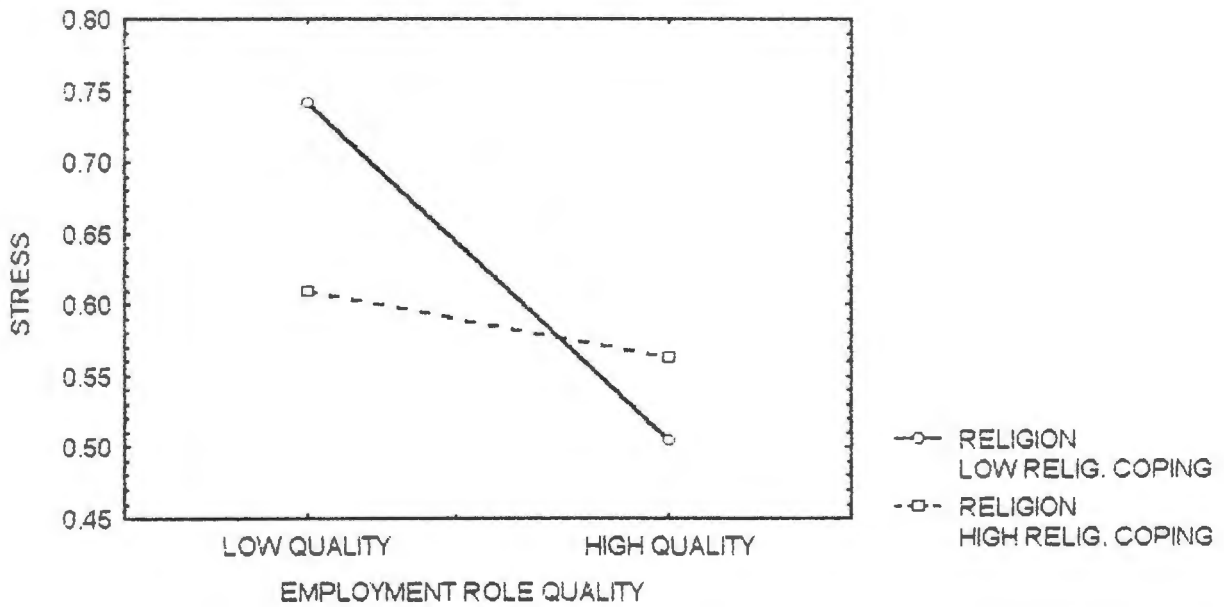


FIGURE 11

10.3.6.3. *The effects of employment and reinterpretation on stress.*

Table 20: Analysis of variance for stress on employment and reinterpretation

Source	df	SS	MS	F	p
Employment	1	.432	.432	17.86*	.00005
Reinterpretation and growth	1	.132	.132	5.47*	.02
ExR	1	.131	.131	5.48*	.02
Error	91	2.201	.024		
Total	94	2.884			

The interactive effect is reflected in Figure 12. From Figure 12 it can be seen that women lacking the ability to reinterpret and grow from negative experiences record high levels of stress when the employment role is poor, compared with women who are able to reinterpret negative experiences and grow from them. There are no difference in stress level between good and poor copers when the employment role is experienced negatively.

Eta square was calculated as a measure of magnitude of effect for each of the significant variables. Employment accounted for 15% of the variance, reintegration for 5% and the interaction between employment and reintegration for a further 5%.

INTERACTION PLOT OF EMPLOY. BY REINTERPRET. ON STRESS

2-way interaction
 $F(1,91)=5.42; p<.0222$

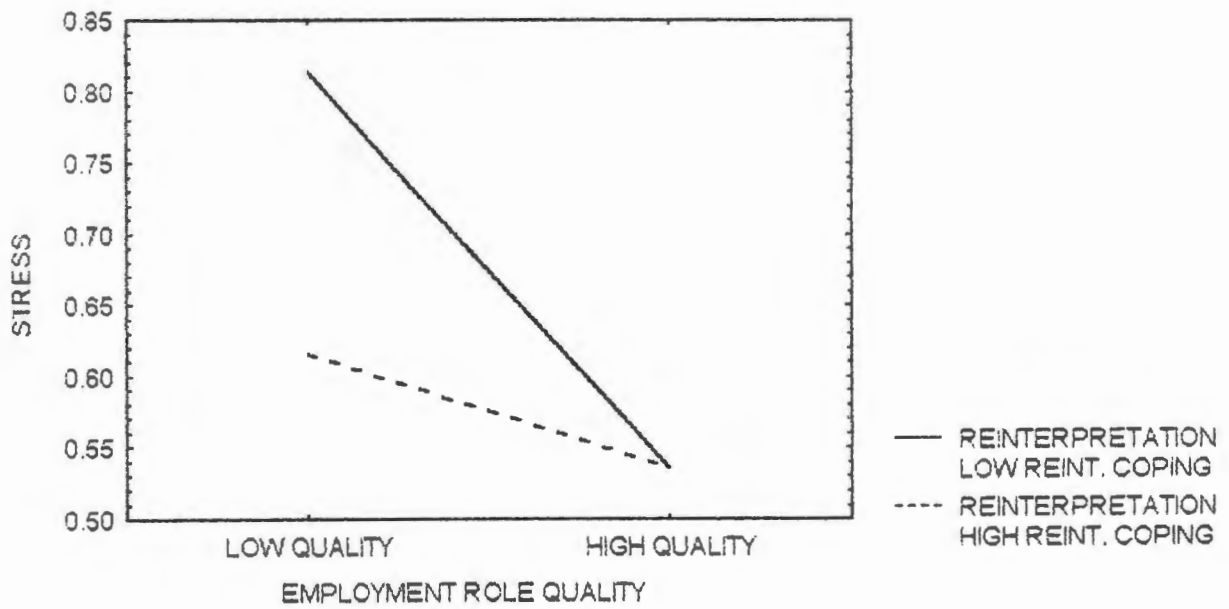


FIGURE 12

10.3.7. Multiple regression

Multiple regression is a useful procedure for looking beyond the association of individual variables with stress, taking into account a number of variables simultaneously. In order to determine which combination of variables had the strongest partial association with stress, a step-wise multiple regression was run. All the variables were entered into the regression analysis initially, one by one. The non-significant variables were then removed and a further analysis run in which only the significant variables were entered. I report the analysis for control and employment as these variables were the most significant predictors of stress, for the current sample. The regression summary appears in table 21.

Table 21: Summary of step-wise regression for stress.

	Step	Multiple R	Multiple R sq	Multiple Rsq-adj	t	P
Control	1	.640	.410	.403	-5.98	.000005
Employment	2	.692	.480	.469	-3.52	.0007

$F(2,92) = 42.500$, std error of estimate = .12.

The regression equation was calculated as:

$$\text{Stress} = .99 - .51 (\text{Control}) - .30 (\text{Employment})$$

It would appear thus that approximately 47% of stress was associated with feelings of lack of control in conjunction with a low quality employment role. Whilst the latter variable accounted for almost 7% of the variance, control accounted for almost 40% of the variance in stress level.

10.4. Qualitative Analysis

As stated previously, qualitative data was obtained through the analysis of responses to the open ended questions posed in the questionnaire. These results are reported in terms of the number of references to various themes identified in the literature review, as well as frequency of relevance to themes peculiar to this sample population. Items considered common to each of the themes are reflected in the individual tables. Responses are reflected for the individual questions. Response rates varied per question, ranging from a low of 51% to a high of 84%.

10.4.1. Practical Assistance

10.4.1.1. Practical assistance from husband

Respondents were requested to provide examples of practical assistance they could count on their husbands to provide, if they wanted this. Examples were provided by 74 respondents, constituting a high response rate of 78%. These responses appear in table 22.

Table 22: Practical Assistance provided by husband.

Theme	N	%
Domestic Chores <i>(includes assistance with housework, cooking, shopping)</i>	33	45%
Child Care <i>(includes caring for children, fetching & carrying to school/daycare, taking them to medical appointments/sports fixtures)</i>	30	41%
Household maintenance <i>(includes odd jobs, household repairs, heavy work around the house, gardening)</i>	23	16%
General help <i>(willingness to render unspecified assistance of any nature at any, or most, times)</i>	8	11%
Car Repairs/Maintenance	5	7%
Emotional support <i>(includes listening to problems, helping to problem solve, offering advice)</i>	3	4%
Financial aid <i>(includes providing money, financial information)</i>	2	3%

Further examples of practical assistance listed were providing transport, making phone calls, assisting with work projects, building a cottage for a private practice and assisting with sports performance.

Regarding childcare, an interesting response was that childcare would be provided if the mother was unavailable. One respondent noted that her husband "babysits" when she has to see clients in the evening.

The reluctance of some husbands to assist is highlighted in responses which were qualified as follows:

- "Only when he is in the frame of mind to want to do it"
- "He will always try to help me even if it takes some nagging"
- "Any domestic help but only under pressure"
- "(Helps) with children, with housework but (I) have to ask he can't think for himself but willing when asked"
- "will cook and clean if I'm sick"
- "takes a while to getting to do it"
- "needs to be asked"

Only three participants claimed that they could never expect any practical assistance from the spouse. In one instance, the marital relationship is viewed in a negative light and in the other two, in an extremely negative light.

10.4.1.2. Practical assistance from friends at work

Respondents were requested to provide examples of practical assistance they could count on friends at work to provide, if they wanted this. Examples were provided by 54 respondents, constituting a response rate of 57%. These responses appear in table 23.

Table 23: Practical Assistance provided by friends at work.

Theme	N	%
<u>Work related support</u>		
Task oriented support <i>(includes making phone calls, assisting with appointments, sharing workload, problem solving, taking over tasks, team work on projects, providing backup)</i>	24	44%
Person oriented support or work <i>(includes standing in for, helping out if needs time off, swopping shifts/work hours giving breaks, providing guidance, advice and support)</i>	13	24%
<u>Personal life related support</u>		
Childcare <i>(includes babysitting, lifting to school)</i>	6	11%
Transport <i>(providing lifts to and from work)</i>	4	7%

Further examples of practical assistance included the provision of financial assistance, drawing up houseplans, house sitting and taking care of dogs. Two participants claimed that friends at work would render any assistance required. An interesting comment made by one of the respondents was that they are all working mothers working as a team.

Reasons for lack of assistance included being self employed and therefore not having any colleagues at work, lack of communication, colleagues all male, people too busy or who do as little as possible. One participant stated that she had never used the opportunity to seek assistance and a further two participants stated that they wouldn't ask. One respondent claimed not to have any friends at work.

10.4.1.3. Practical assistance from friends outside work

Respondents were requested to provide examples of practical assistance they could count on friends, outside of work, to provide, if they wanted this. Examples were provided by 55 respondents, constituting a response rate of 58%. These responses appear in table 24.

Table 24: Practical Assistance provided by friends outside work

Theme	N	%
Childcare <i>(includes caring for children, babysitting, transporting to and from school)</i>	31	56%
General help <i>(willingness to render unspecified assistance at any, or most times)</i>	11	20%
Domestic chores <i>(includes shopping, cooking, helping out at family functions)</i>	10	18%
Transport <i>(providing lifts)</i>	5	9%
Emotional Assistance <i>(includes listening to problems, giving advice, guidance and comfort)</i>	6	11%

Further examples of practical assistance included financial assistance, housesitting, helping out in the event of car problems, gardening, computer assistance, fetching the maid.

Reasons provided for non-receipt of assistance included lack of friends, friends too busy or make excuses, refusal to ask or a preference for husband's assistance.

10.4.1.4. Practical Assistance from Relatives

Respondents were requested to provide examples of practical assistance they could count on their relatives to provide, if they wanted this. Examples were provided by 61 respondents, constituting a response rate of 64%. These responses appear in table 25.

Table 25: Practical Assistance provided by Relatives

Theme	N	%
Childcare <i>(includes caring for children, providing daycare/holiday care, baby sitting, transporting to and from school)</i>	37	61%
General Assistance <i>(willing ness to render unspecified assistance at any, or most times)</i>	11	18%
Financial Assistance	7	11%
Emotional Assistance <i>(includes visiting and assisting if ill, offering advice, helping solve problems)</i>	6	10%
Domestic Chores <i>(includes cooking, sewing, paying accounts)</i>	7	11%

Several respondents qualified their remarks to indicate the importance and availability of assistance from relatives. Some important remarks included:

- "A very close family always available at a moment's notice"
- "Any help required willingly given"
- "Only a telephone call away"
- "Whenever they can help they will do so"
- "They provide help before I need to ask"
- "Very important to me"

Further examples of practical assistance included providing transport and assistance if car breaks down, supplying accommodation, help with moving and caring for a parent.

Some reasons provided for lack of assistance were that relatives lived too far away or were sickly. Additionally, some relatives were too busy, not willing or demanded payment. One respondent claimed that she would not approach relatives for assistance.

10.4.2. Positive Aspects of Multiple Roles

Respondents were requested to list some of the things they enjoyed about being a MR woman. A total of 80 participants, representing a response rate of 84%, complied. Responses appear in table 26.

Table 26: Positive Aspects of Multiple Roles

Theme	N	%
Self actualization <i>(includes feelings of independence, achievement, accomplishment, confidence capability, success, fulfilment and mental stimulation. The opportunity to develop own interests, meet challenges and experience growth. The ability to make decisions and the opportunity to enjoy a life different to that of previous generations and women. To pursue further studies)</i>	46	58%
Role expansion <i>(includes appreciation of having more than one role, being exposed to a variety of tasks. Escape from boredom of too few roles, family roles seen as limiting. Keeping busy and avoiding routine)</i>	39	49%
Positive selfworth <i>(includes developing as a person in one's own right, with a positive self image/identity. Feeling in control, seeing oneself as interesting and possessing a caring aspect. Enjoying recognition, respect and positive affirmation from others. Feeling needed and appreciated)</i>	31	39%
Financial rewards <i>(includes financial security, financial independence and being able to contribute to household needs)</i>	23	29%
Expanding social networks <i>(includes enjoyment of contact with work colleagues, meeting new and stimulating people)</i>	17	21%
Rewarding maternal experiences <i>(includes taking pleasure in relationships with children, watching them develop, spending time with them)</i>	14	18%
Rewarding employment experiences <i>(experiencing employment as rewarding, enjoyable and/or stimulating)</i>	9	11%
Rewarding marital experiences <i>(taking pleasure in relationship with husband)</i>	5	6%

Other positive aspects identified included the enjoyment of family roles, caring for grandchildren, recognition received at work bolstering feelings of insecurity and being able to study or travel. One respondent claimed religious growth as a positive aspect of MRs.

One participant expressed guilt at being a working mother and another stated that although she experienced great enjoyment from working, she would give it up if she felt that her children needed her. Conversely, one woman claimed that she needed time away from her children to recharge her batteries.

Difficulties mentioned were role conflict and coping when husband was away. The necessity of support for successfully combining MRs was mentioned.

Only two respondents stated that there was nothing they enjoyed about being MR women and a further felt that there was not much she enjoyed due to her family being too dependant on her at this stage. A worst case scenario was painted by one woman who, due to difficult home circumstances, experienced feelings of concern and panic.

10.4.3. Negative Aspects of Multiple Roles

Respondents were requested to list some of the things that they would change, if they could, to improve their lives as MR women. A total of 79 participants, representing a response rate of 83%, complied. Responses appear in table 27.

Table 27: Negative Aspects of Multiple Roles

Theme	N	%
Concerns re domestic chores <i>(including disliking housework/cooking, wanting to employ domestic help or to employ such help on a more frequent basis)</i>	33	39%
Dissatisfaction with working hours <i>(includes wanting reduced working hours or to seek part time or flexi time, not wanting to work over weekends)</i>	19	24%
Insufficient time for self <i>(includes no time to be alone, lack of time to pursue exercise, leisure, hobbies)</i>	14	18%
Insufficient time <i>(includes claims of insufficient hours in the day, insufficient time to spend with family)</i>	12	15%
Financial concerns <i>(includes insufficient earning capacity, lack of financial security)</i>	10	13%
Devaluation/Disempowerment <i>(includes feelings of discrimination, lack of appreciation of woman's roles, unrealistic role models for women. Feeling abused at work, lack of assertiveness)</i>	9	11%
Lack of support <i>(includes lack of support from husband, needing someone to share physical and emotional loads. Insufficient support from close family, family too distant to provide support)</i>	8	10%
Negative marital experiences <i>(includes viewing marriage in a negative light, lack of empathy, husband unavailable, spill over stress from husband's job, ability to achieve stifled by husband's attitude)</i>	8	10%

Problems of continuing education <i>(includes difficulties in combining MRs and study, inability to pursue further studies due to financial constraints)</i>	7	9%
Negative Maternal experiences <i>(includes concern for children's future, difficulties step parenting, children seen as unco-operative)</i>	7	9%
Role Conflict <i>(includes problems due to setting high personal standards, seeking perfection, conflict due to poor planning/organisation, difficulties switching between tasks)</i>	7	9%
Travelling <i>(includes time wasted travelling to and from work, problems with public transport)</i>	4	5%
Lack of childcare facilities <i>(includes lack of suitable after school/child care facilities, desiring creche facilities at place of employment)</i>	4	5%
Negative employment experiences <i>(includes overly demanding or unstimulating work)</i>	3	4%

Three respondents claimed that there was nothing they would change.

Regarding domestic chores, one participant claimed that her husband considered doing domestic tasks as a favour to her and not a shared responsibility. One other participant claimed that her husband refused to allow outside help to be employed. Although many women stated that they needed help with domestic chores, very few stipulated that such help should come from their families.

Of those women desiring to work shorter hours, 47% stated that they needed to spend more time with their children. One of them claimed that she never had time to ask her children the questions she should be asking.

One respondent stated that taking time off for herself engendered feelings of guilt. Another desired extra time off work, in lieu of utilizing leave, to stay home with sick children or to take them to medical appointments.

Although several women experienced difficulties in pursuing further education there was a general feeling that a better education was necessary for a more challenging/rewarding career.

Things that women wished they could change included holding down 1 job instead of 2 and not working with finances as this was seen as draining. One participant wished she had started fulfilling her own needs sooner (she referred to herself as a late bloomer) and one wished she had travelled before settling down and having children. Problems that can arise due to both spouses being employed were raised by one of the respondents whilst another two felt that self employment was the key to their problems.

As in the previous section the necessity of support in coping with MRs was pointed out. One participant, in particular, noted the need for women to network and to get involved in reciprocal helping relationships.

10.4.4. Comments

Respondents were provided with space for any comments they cared to make. A total of 48 participants, representing a response rate of 51%, made use of the opportunity to do so. Responses appear in table 28.

Table 28: Comments

Theme	N	%
Coping strategies <i>(includes religion, seeking help, prioritisation, exercise, setting achievable goals, smoking)</i>	11	23%
Appreciation of the study <i>(includes willingness to participate in future projects, finding the study interesting, hoping study will contribute to useful findings)</i>	9	19%
Positive support <i>(includes enjoying support from husband family, boss, equality in marriage, good relationships)</i>	8	17%
Health <i>(includes feelings of insecurity and worthlessness, panic attacks, stress induced breakdowns, physical health problems)</i>	7	15%
Insufficient time for self <i>(includes not having time for own interests)</i>	5	10%
Role conflict <i>(includes difficulties balancing roles, experiencing conflict, spending too much time working)</i>	5	10%
Attitudes <i>(includes a need for social change and recognition of stress of the working mother, unrealistic role modes for women, recognition for lowering of personal standards)</i>	5	10%
Role expansion <i>(includes emotional needs fulfilled by work, appreciation of MRs)</i>	4	8%

Questionnaire <i>(Problems completing questionnaire)</i>	3	6%
Lack of Achievement <i>(due to presence of children, husband's attitudes)</i>	3	6%
Finance <i>(necessity of working, worries)</i>	3	6%
Feedback <i>(requests for feedback in questionnaire be sent direct o participant and not to doctor)</i>	3	6%
Insufficient time <i>(not having time to complete tasks)</i>	2	4%
Lack of support <i>(not receiving sufficient support)</i>	2	4%

Other comments included feelings from guilt of being a working mother, concerns for children's future and problems caused by imposing a rigid routine and a "hurry-hurry" lifestyle on young children. One participant pointed out the need for better daycare facilities and two mentioned conflict within their marriages, in one instance this was due to her husband also being her employer. Additional comments were that travelling and strict working hours led to stress.

Regarding insufficient time two telling comments were qualified thus "I feel I myself am gone" and "I am all things to everyone and have lost me along the way!"

One participant felt that her life would improve if she was self-employed whilst another commented on the difficulties of switching from being a decision maker at work to being the stereotypical housewife in the evenings.

Additional responses included pointing out the subjective nature of stress, the demands of including roles over and above those in the study and the necessity for support groups for MR women.

CHAPTER 11

DISCUSSION

11.1 Stress

11.1.1. *Stress in general*

The mean stress score for the current sample was significantly higher than that of the sample on which the scale was originally developed. It is hypothesised that this difference could be due to social factors pertaining to the South African sample. The sample was predominantly white and middle class and to an extent quite likely to be negatively impacted on by the political transformation that has taken place in the last two years. Additionally, crime levels in South Africa are unacceptably high, possibly negatively impacting on society as a whole.

11.1.2. *Differences in stress level between those who complain of stress or are diagnosed as stressed.*

Of the total sample, 22% (n=21) complained of stress or were diagnosed, by their doctors, as stressed. This seems to confirm Rodin & Ickovics (1990) contention, that there are certain individuals who view stress as a medical problem, as well as the proposal by Niven & Carroll (1993) that stress symptoms lead to medical consultations. The remaining 82% of the sample had neither sought medical advice for stress nor had they been diagnosed as suffering from stress in the preceding three months.

However, on reassignment to low or high stress groups on the basis of their PSQ-R scores, a different picture emerged. Of the subjects originally assigned to the high stress group, 76% scored as highly stressed, indicating an ability to correctly recognise their own symptoms or convey them accurately to their doctor for diagnosis. In contrast, of those originally assigned to the low stress group, 42% (representing 33% of the total sample) were highly stressed, yet had failed to complain of stress nor had they been diagnosed as stressed in the preceding three months. It is possible that given the prevailing social climate in South Africa today, the latter findings are partially

consistent with the beliefs of Nathanson (1980) and Walters (1993) that certain women, aware that their stress is rooted in social circumstances, tend to normalise their health problems. A further partial explanation is a failure by some women to recognise that they are suffering from stress.

Frost et al (1988) have noted that MRs are associated with less illness behaviour and indeed, although less overt illness behaviour was manifested by a large proportion of the sample, in spite of high levels of stress, an explanation for this emerged from an analysis of the most usual manifestations of stress. This analysis pointed to a cluster of time related pressures ie insufficient time for self, feelings of tiredness, being rushed and overloaded. It is speculated that feeling overburdened and tired, women are unlikely to spare the time nor wish to add to their burdens by taking time out to visit a doctor. In particular, the claim by nearly 70% of the sample that they **almost never** have time for themselves suggests that women often place their own needs somewhat lower than the needs of others. The problem of insufficient time for both themselves and their tasks and families was emphasised by many participants' comments in the qualitative data.

A partial explanation for time pressures is no doubt to be found in poor time management strategies, but this, in itself, may be the result of an inequitable division of labour.

11.1.3. Stress and demographic factors

It was surprising that no significant relationships were found between stress and demographic factors. Based on the literature review, it was expected that relationships would be found between stress and most of these variables. The failure to detect significant relationships is most likely due to the homogeneous nature of the sample. Further, more specific, research is indicated in this regard.

11.2. Role Quality

11.2.1. Roles in general

For the sample as a whole, roles were viewed positively. Motherhood was regarded as the most rewarding role, followed by marriage and employment. suggesting that there are fewer rewarding aspects, or alternatively, far more distressing aspects associated with these latter two roles in comparison with motherhood.

11.2.2. Role Quality and stress

Respondents whose role quality scores were indicative of poor role quality reported significantly higher levels of stress in comparison with those respondents whose role quality scores indicated that they experienced their roles positively. The fact that role quality can be considered to be an excellent predictor of stress in MR women serves to confirm a large body of research by Barnett & Baruch (1985), Barnett et al (1991), Barnett et al (1992), Baruch et al (1987) Baruch & Barnett (1986) and Verbrugge (1986, in Rodin & Ickovics, 1990).

No analysis was conducted to ascertain the exact nature of the differences in role quality between those experiencing their roles positively or negatively, as it was beyond the scope of the current study. However, an analysis of the most frequent responses indicated distinct aspects of roles on which there was particular agreement, either as positive or negative, by the subjects. Although these responses may not differentiate respondents in terms of role quality, they do offer some insight into certain factors contributing towards the experience of a role as rewarding or distressing. These are discussed below.

11.2.2.1. The maternal role and stress

It is noteworthy that the majority of women in the sample experienced motherhood positively, with 87% (n= 83) recording scores commensurate with positive role quality. This finding is surprising in the light of the fact that the maternal role has been shown to be the most significant predictor of stress in MR women resulting in experiences of overload and psychological symptomatology (Baruch et al, 1983, in Froberg et al, 1986).

Large scale agreement was displayed among the sample regarding the factors contributing to a rewarding maternal experience, with 88% of the sample experiencing their children's affection as extremely rewarding and over 80% taking pleasure in their children's development and helping them to develop. This suggests that maternal pleasure is rooted in the mother-child relationship itself.

There was less consistent agreement among the sample concerning the distressing aspects of motherhood. However, the most negative aspect concerned money, with 36% extremely worried about financial strain. There was further agreement concerning worry about children's physical well-being and the teenage years. These concerns relate to factors external to the relationship with the child and may be viewed as rooted in socio-economic and cultural circumstances.

11.2.2.2. The marital role and stress

For the majority of the sample this role was experienced positively. Only 25% (n=21) experienced the marital relationship as being of poor quality.

There was again fairly strong agreement within the sample concerning the factors contributing to an extremely rewarding relationship, although this agreement was not as strong as in the case of the maternal role.

The majority of subjects indicated that their husband's performance as a parent, rather than as a partner, contributed to a healthy marital relationship. This is congruent with the finding that a high proportion of the sample demonstrated strong bonds with their children. Patently, anything that could be seen as jeopardising these bonds would be a cause for concern and indeed, there was agreement that conflicts with the spouse concerning the children was a distressing aspect for many women, underscoring the importance of the paternal role.

Over half of the sample experienced their husband's support as extremely rewarding. This latter finding is consistent with the findings of a large body of research (Amaro et al, 1987; Hochschild, 1989; Holahan & Gilbert, 1979; Rudd & McKenry, 1986) that

demonstrated the relationship between lack of spousal support and stress level in the MR woman.

Concerns about the husband's career were viewed as extremely distressing. It is speculated that since the sample was predominantly white, that these concerns could be related to problems currently experienced by white males in the job market related to the prevailing socio-economic climate.

Poor communication was also cited as an extremely distressing aspect of the marriage. Since it is highly unlikely that a supportive relationship exists within a milieu characterised by a lack of, or unsatisfactory, communication it is suggested that poor communication might be viewed as another manifestation of failure on the part of the husband to provide the necessary support.

11.2.2.3. The employment role and stress

As with the other two roles, the majority of subjects indicated that they experienced this role positively, suggesting as Baruch et al (1987) have claimed that employment should not always be viewed as an added on role but one that brings potential benefits. Nearly 70% of the sample recorded scores suggesting positive employment experiences, supporting the Health Benefits model proposed by Sorenson & Verbrugge (1987, in Rodin & Ickovics, 1990). However, of all the roles, this one received the highest negative response with almost 1/3 of subjects indicating support for the Job Stress model (Sorenson & Verbrugge, 1987, in Rodin & Ickovics, 1990).

As in the previous two roles, there was again some agreement regarding the factors contributing to positive job role quality. More than half of the sample (51%) found that autonomy was an extremely rewarding aspect of their job. Other factors cited as extremely rewarding were having a job that suited their interests and allowed them to exercise their skills. These are important findings in the light of Karasek's (1979) contention that job strain is related not only to high demands but lack of control, that women are subjected to deadlines and expectations of passivity (Gadzella et al, 1991)

and that power (Froberg et al, 1986) and inherent interests (Baruch & Barnett, 1986) result from positive job role experiences.

Helping others and feeling needed were also cited as extremely rewarding aspects of the employment role, consistent with claims of the psychological benefits derived from work such as a sense of identity (do Rosario, 1992) and a sense of efficiency (Froberg et al, 1986)

Although there was less concurrence among the sample regarding the negative aspects of work, a cluster of factors associated with lack of recognition emerged. Lack of advancement, lack of appreciation and dissatisfaction with income were cited as extremely distressing aspects of employment. Although the latter factor is important on its own, as women often have to work to support their families, in conjunction with the other two factors it suggests that, for some women, their commitment to work is going unrecognised. It is suggested that lack of recognition for women in the workplace is a manifestation of the failure to accord women's work the serious consideration it deserves. Regarding dissatisfaction with remuneration it is pertinent to note that Barnett et al (1991) have reported a correlation between this aspect and health symptomatology in MR women. As Brehm (1989) noted, South African women work from economic necessity, not necessarily by choice, consequently poor salaries can have serious consequences.

11.3. Coping, locus of control and social support.

11.3.1. The effects of coping in general

The sample as a whole indicated the use of a broad array of coping strategies incorporating both problem and emotion focused coping strategies, in line with research by a multiplicity of researchers who have demonstrated that the major functions of coping are **dealing with the problem** as well as **regulating emotions aroused by the problem** (Folkman et al, 1986; Holahan & Moos, 1985; Lazarus, 1993; Lazarus & Folkman, 1984). Additionally the findings are consistent with Carver et al's (1989)

contention that coping strategies which appear mutually exclusive may be utilised simultaneously.

The most notable differences between the current sample and that on which the COPE scale was originally devised concerned emotion focused coping and maladaptive strategies. The current sample displayed a significantly greater propensity to utilise religion, to engage in behavioural disengagement and to focus on or vent emotions as coping strategies. The use of alcohol/drugs and mental disengagement were used significantly less frequently. Similar findings were obtained by Nixon (1996) in her study on Cape Town nurses. Mental disengagement was used **more** frequently by her sample however (Nixon, 1996). It is speculated that the tendency to utilise religion more frequently may reflect cultural differences between the South African and the original sample for which norms are available. In the absence of sufficient information on which to base any hypotheses it is further speculated that differences might be due to sampling.

11.3.1.1. Coping and stress

For the most part, lower stress levels were recorded for those subjects utilising adaptive coping strategies compared with those who tended to use less adaptive or maladaptive strategies. Besides displaying a broad repertoire of coping skills, most respondents were categorised as strong copers. Exceptions were recorded in the case of suppression of competing activities, restraint coping and focus on or venting of emotions. The former two strategies are considered to be adaptive ones so it was rather surprising to note that 66% (n=63) and 45% (n=43) of the sample respectively, were categorised as poor copers on these skills. In view of these results it is suggested that an explanation may be found in the nature of MRs.

The Scarcity hypothesis proposed by Goode (1960, in Barnett & Baruch, 1985) states that MRs are likely to result in role overload and role conflict. Women are sometimes unable to compartmentalise their roles eg having to go to work and see to a sick child simultaneously results in having too many tasks and the experience of conflict in attempting to execute both. In this instance neither task can be suppressed at the

expense of the other. Additionally, it has been noted earlier in this work that the daily hassles arising in everyday life, rather than major life events, are more likely to lead to stress in MR women. It is possible that the nature of these daily hassles ie interruptions, financial difficulties are such that they must be dealt with promptly rather than delayed.

Focus on or venting of emotions refers to a tendency to focus on feelings of distress and is ~~considered a somewhat less effective coping strategy~~. The finding that 55% (n=52) of the sample utilised this strategy was thus surprising. Further analysis is required to determine whether the use of this strategy is associated with other maladaptive strategies or whether it is an adjunct to those coping strategies considered adaptive, for example, if it is a precursor to action oriented coping, it can be considered a useful means of "lowering the emotional temperature" facilitating rational problem solving.

Statistical analysis revealed which coping skills can be considered useful predictors of stress in MR women. Both active coping and planning differentiated between successful and unsuccessful copers to a highly significant degree as did seeking social support for instrumental reasons. The results suggest a cluster of purposeful, action-oriented coping strategies confirming the findings of earlier research that demonstrated that positive outcomes, for women, are more likely to result from positive action (Long et al, 1992; Piechowski, 1992)

An additional coping strategy that discriminated stress level was the emotion focused strategy of acceptance. Those subjects who claimed that they were unable to accept the reality of the stressful things that happened to them and get on with their lives, reported significantly higher stress levels compared with those who accepted reality. It is proposed that failure to accept reality is a factor hampering the ability to arrive at, and execute, action required to solve the problem.

Use of the maladaptive strategy behavioural disengagement was associated with a higher level of stress in the current sample. This result is self explanatory given that

purposeful action successfully discriminated between high and low stress levels and generally confirms previous findings that less psychological or physical symptomatology is associated with fewer avoidance strategies (Holahan & Moos, 1985; Long et al, 1992; Kobasa, 1979; Srivastava & Singh, 1988).

Regarding the positive significant relationship between stress and alcohol/drug disengagement, no conclusion can be drawn as direction of causation cannot be specified. It is speculated that a possible reciprocal relationship might exist.

11.3.2. Control and stress

Strong feelings of control were recorded in the majority of subjects and analysis revealed highly significant differences in stress level between those respondents low in control compared to those subjects who demonstrated high levels of control. This is an important finding in the light of numerous studies which have successfully demonstrated the link between a lack of feeling of personal power and health symptomatology (Folkman et al 1986, Lumpkin, 1985; Pearlin & Schooler, 1978) in the general population and women in particular (Baruch et al 1987; Cochrane, 1993; Rosenfield, 1989).

A lack of self efficacy has been associated with difficulties in executing action-oriented problem solving (Marone & Desiderato, 1982; Lazarus & Folkman, 1984; Strickland, 1978). Indeed, these findings were supported by the current study in which positive correlations were obtained between control and active problem focused coping strategies and negative correlations were obtained with behavioural and mental disengagement, denial as well as the use of alcohol/drugs. Although direction of relationships cannot be specified, it is possible that women lacking in perceived, or actual, control are more likely to "give up" when faced with difficulties. Perceptions of a lack of control often lead to a self fulfilling prophecy of learned helplessness (Lazarus & Folkman, 1984) and entrenched fatalism (Anderson, 1977).

Studies which have indicated that a lack of power is associated with the lack of, (Sarason et al, 1983) or the inefficient use of social support, (Grace & Schill, 1986; Lefcourt et al, 1984) were also supported by the current research which demonstrated that both global and husband's support were associated with a sense of control. Although research has indicated that persons high in control are more likely to seek out social support (Grace & Schill, 1986) a further hypothesis is that a sense of control may lead to feelings of being able to **induce** others to proffer support if required.

11.3.3. Social support and stress

Results indicated that the majority of subjects enjoyed a globally supportive network as well as a high rate of spousal support. Respondents enjoying a supportive milieu reported significantly lower stress levels. These findings corroborate recent research by Amatea & Fong (1991) and Holahan & Gilbert (1979) that social support in general, and spousal support in particular, are useful predictors of stress in MR women.

The necessity of both general and spousal support as a means of coping with MR stress was frequently mentioned in the qualitative data. From comments made by a few participants it is clear that they perceived themselves to be totally unsupported, although this perception was rare. The nature and effect of a lack of support will be expanded on utilising the anecdotal material obtained from respondents' personal comments. This material will be discussed in a later section.

11.4. Interactive effects between role quality and coping, locus of control and social support

Clearly & Kessler (1982, in Kelly, 1991) claim that independent variables tend to interact on the dependant variable, rather than showing separate effects. It was surprising that control, social support and the majority of the coping strategies failed to produce significant interaction effects with the role quality variables. This seems counter intuitive. Failure to arrive at the expected results is possibly due to the items in the coping inventory not adequately tapping the coping strategies utilised. Additionally, the control inventory tapped feelings of general control whereas specific control may be operating in relation to the roles. However, the social support scale tapped a valuable

coping resource which many women claimed was important in managing MRs. Thus it would appear that further, more specific, research is required in this regard.

The ability to suppress competing activities in the presence of a poor maternal role appears to offer protection from stress. Given that time pressures were a source of stress for many of the women in this study, it seems logical that the inability to concentrate on the task at hand would lead to greater stress, particularly when the task involves children who may be demanding and deserve quality time with their mothers at the end of a long, tiring day. It is possible that the inability to suppress competing activities and a poor maternal relationship are factors involved in a reciprocal relationship as Duvenhage (1994) has claimed the processes involved in stress often are.

Both strong religious beliefs and the ability to reinterpret events are protective factors against stress in the presence of a negative employment role. These coping mechanisms have a common element in that they allow the individual an option of reappraisal. As Lazarus (1993) has repeatedly pointed out, reappraisal is possibly one of the most important factors involved in the stress process as it neutralises the effects of the stressor.

11.5. A model of stress

From the multiple regression analysis, it was determined that the most important variables in the model explaining stress, in this sample of MR women, were lack of control in conjunction with poor employment role quality. Both these variables were inversely related to stress.

The results of the regression support the transactional approach to the study of stress and coping. Both personal (control) and situational (employment role) factors were associated with stress.

Employment was the role indicated by the sample as most stressful of all three roles and an analysis of the responses to the role quality questionnaire suggested that the

distressing aspects of employment related to a lack of appreciation. An analysis of the responses to the open ended questions included in the questionnaire revealed that, for some women, work stress takes the form of overload. A large body of research has demonstrated negative relationships between health and discriminatory factors such as lack of career opportunity and promotional prospects (Abush & Burkehead, 1984), unfavourable performance comparisons and limitations (Gadzella et al, 1991), as well as dissatisfaction with income (Barnett et al, 1991) .

Control was the variable most strongly associated with stress. High demands (overload) and low control are factors more likely to be experienced by women in the workplace resulting in stress (Graham, 1984, in Shipley, 1990; Karasek et al, 1982, in Barnett et al, 1991; Piechowski, 1992). Further, findings of this study revealed that stress tended to take the form of time pressures and overload, suggesting that women are not always able to exert control necessary to deal with every day events and tasks. Coyne & Holroyd (1982) claim that insufficient time and overload are examples of daily hassles. Thus it would appear that the daily hassles approach to investigating stress in MR women is more appropriate than the life events approach, particularly because of the potential impact of daily hassles on everyday experience.

However, an investigation of stress needs to examine factors underpinning a lack of control. It is inadequate to mention that stress is associated with a lack of control without highlighting social factors such as the effects of gender socialisation and sex roles. As Rosenfield (1989) notes, gender roles have resulted in women experiencing both lower perceived and actual control over their environments.

Although most women in the sample felt well supported, it was obvious from responses to the open ended questions that some women were subject to an unfair division of labour. Many women, thus, are bearing a disproportionate responsibility for the "second shift" (Cleary & Mechanic 1983; Lawson, 1985; Hochschild, 1989).

Strategies aimed at increasing feelings of control in individual women will be ineffective unless there is a corresponding attempt to alter societal expectations concerning women specifically, and attitudes towards sex roles in general.

11.6. Practical assistance

11.6.1. Practical assistance obtained from husband

A few participants were well supported stating that they could almost always rely on their spouses for any help, sadly, they constituted only 11% of those who answered this section.

It is interesting to note that although subjects were required to provide examples of **practical** assistance, 4% indicated that they could expect emotional support from their husbands, underscoring the value of spousal support and the benefits of a good marital relationship.

Of those women who provided examples of practical assistance they could expect from their spouses, only 45% claimed that their husband helped with domestic chores such as cooking and housework. This serves to confirm Hochschild's (1989) claim that women perform a disproportionate share of domestic work, and that women work a second shift. From qualifying comments provided by the subjects it is clear that they sometimes have to pressure their husbands before assistance is forthcoming. This, in itself, constitutes a stressor which may negatively impact on the marital relationship. Weingarten (1978, in Yogev, 1981) claims that where a division of labour is negotiated men do only those tasks they choose. Hochschild (1989) takes this idea further stating that men often perform one token household task which substitutes for equal sharing.

The claim that child care, world wide, is viewed as the domain of women (Hochschild, 1989; Bryson et al 1978 in Yogev, 1981) appears to hold for the current study, with only 41% of respondents indicating that their husbands assisted. Sole responsibility for child care tasks can have serious health consequences, particularly if there are several children as the research of Heynes & Feinleib (1984, in Froberg et al, 1986) reflected

and, where the children are young requiring intensive care, obviously the risks must be exacerbated.

Although household maintenance, car repairs and financial aid were also forms of practical assistance respondents felt they could count on, these do not form part of the everyday drudgery. Housework and childcare are **unremitting** and if some women are solely responsible for these tasks, in addition to paid work, it is little wonder that they are vulnerable to overload and conflict, as a result of long hours and too much to do. As Lawson (1985) has so pertinently claimed, society depends on the second shift and if the trends to the workforce that Du Toit (1993a, 1993b) predicts for South Africa come to fruition, the prevailing division of labour **must** change in favour of greater equality. Social change is required to produce a climate conducive to egalitarian relationships. Women in dual employed households should be able to rely on assistance with household tasks as a matter of course rather than as a "favour" as one of the participants claimed.

11.6.2. Practical assistance obtained from friends outside work and friends at work. Research has provided evidence that social climate at work (Repetti, 1989) and supervisor support (Barnett et al, 1991) are factors influencing psychological symptomatology. The current study revealed that only 44% of respondents could count on task related support from friends at work. Even fewer subjects could count on friends at work for personal support such as guidance or help with shifts. Of course, not all situations lend themselves to work related support and qualifying statements supplied by participants indicated that support is sometimes neither forthcoming, nor sought. Some respondents, although a small percentage, were fortunate to have work relationships which spilled over into their personal life, with friends at work assisting with transport and more importantly, child care tasks.

Regarding friends outside work, it was noteworthy that 56% of respondents claimed to be able to call on friends for assistance with childcare, especially since only 41% stated that their husbands provided similar assistance. A possible reason for this could be that friends are expected to provide assistance on an intermittent basis. For some women

friendships are valuable sources for a variety of assistance and it is assumed that offers of general help, domestic chores, transport and emotional support are offered on a reciprocal basis. Again, reasons for non receipt of support were that it was not available, or a refusal to ask. Additional reasons included lack of resources and preference for husband's support. This latter reason supports Lieberman's (1982) finding that spousal support is the preferred choice over friends and other relatives.

11.6.3. Practical assistance obtained from relatives

Support most often provided by relatives largely took the form of child care with 61% of participants stating that their close families were willing to provide this kind of assistance. Many grandparents were willing to assist in taking care of their grandchildren. Additionally many women claimed that they could expect to obtain almost any support from their families and several women included emotional support, qualifying their statements to indicate the value, immediacy and unstinting nature of this support. This bears out the claim that women tend to enjoy better family support in comparison with men (Schmiedt et al, 1982, in Holahan & Moos, 1985) and perhaps supplies an explanation as to why stress declines in those women receiving family support as claimed by Holahan & Moos (1985).

However, not all families offer such encompassing support and this is most aptly demonstrated by the woman who reported that familial aid would only be forthcoming on payment.

11.7. Positive and negative aspects of multiple roles and comments supplied by respondents

The response to the questions designed to elicit women's experiences of both the positive and negative aspects of MRs was particularly high, with over 80% of respondents providing comments. Further, just over half of the sample provided additional comment.. This seems to suggest that women welcomed the opportunity to voice their opinions about issues they consider relevant to their lives. Indeed, nearly 1/5 expressed their appreciation of the study.

The positive and negative responses to the open ended questions will be discussed separately with reference to the theory and themes identified in the literature review. Verbatim responses to these three open ended question appear in Appendix D.

11.7.1. Positive aspects of multiple roles

Empirical findings have generally well supported the Role Expansion hypothesis ie that under most conditions, MRs can be extremely beneficial (Barnett & Baruch, 1985; Froberg et al, 1986; Martikainen, 1995). The current study indicates comparable findings, bolstering Sorenson & Verbrugge's (1987, in Rodin & Ickovics, 1989) contention that participation in the workforce may lead to both direct and indirect benefits for women. Indeed, almost half of respondents expressed appreciation for the opportunity to expand on their roles, suggesting that for many the traditional roles of wife and mother are seen as unvarying and too restricting.

Further support for the Role Expansion model derives from the responses of almost 60% who indicated that due to MRs they experienced feelings of self actualisation. Stimulation, challenge, independence, and achievement were words most often used to describe the positive aspects of MRs. Feelings of positive selfworth were also seen as a positive spin-off of MRs. These are clear indicators of the psychological benefits of adding employment to traditional roles, corroborating previous research (Amatea & Fong, 1991; Baruch & Barnett, 1986; do Rosario, 1993; Du Toit, 1993b, Repetti et al, 1989; Pietromonaco et al, 1986; Weatherall, Joshi & Macran, 1994).

Financial rewards were rated as a benefit by almost one third, in keeping with existing research that an economic improvement has a positive effect on women's well being (Repetti et al, 1989; Snavely, 1993). This appeared to be linked to equality in their relationships as well as feelings of independence, suggesting a sense of power derives from earning a salary. It might be speculated that once the existing financial discrimination against women disappears (Shipley, 1990), social equality will increase accordingly. Expanded social networks were viewed also by many subjects as a positive spin-off of MRs, confirming previous findings by Mathews & Rodin (1989).

From comments, it would appear that these satisfy an emotional need for contact with others.

A few women mentioned specifically the rewards they experienced within individual roles. In keeping with findings concerning maternal role quality, positive comments referred to the mother-child relationship itself. Those women who specifically stated that they enjoyed positive marital relationships made reference to the **relationship** with their husband, in contrast with the findings stated earlier that the majority of participants experienced their partner's role as a **parent** as rewarding. Not unexpectedly, positive spin offs of the employment role related to stimulation and pleasure derived from working.

Several women noted the necessity of coping strategies for managing MRs and although, in the main, these were positive strategies, one woman stated that she would not be able to cope without smoking. As expected, another coping mechanism mentioned was support and a variety of sources were provided. These are important findings in the light of the negative relationships obtained in this study between stress and both support and positive coping strategies. It also indicated that, for some women, there is a recognition of some of the factors involved in a healthy lifestyle.

However, although responses were in the main positive, for some of the participants MRs did show negative outcomes.

11.7.2. Negative aspects of multiple roles

There was some support for the Scarcity hypothesis in that a few respondents did record that they experienced role conflict. However, although this was sometimes due to difficulties in balancing roles, for some this conflict was viewed as a personal shortcoming, rather than inherent in MRs. For instance role conflict was seen as due to their **own personal standards** or **poor planning**. Overload was also evident in the number of responses indicating that women claimed to have insufficient time, particularly time for themselves. Complaints were that women couldn't fit in their own hobbies, sports, recreation activities, and in some instances, studies. This confirms the

finding by Gove & Hughes (1979, in Froberg et al, 1986) that women's nurturant roles are often so demanding that they sometimes fail to find sufficient time for to address their own needs. Almost 40% expressed negative feelings concerning household tasks. A similar study of a South African sample found that domestic chore stress was experienced more frequently by women compared with men and that even where domestic help was employed, the responsibility for managing the household still lay with the woman (Kelly, 1991). Remarkably few responses in this study indicated that household assistance should come from family members. Perhaps this is understandable in the light of the fact that many women wished for more time to spend with their husbands and more particularly, their children.

For many women insufficient time related to task incompleteness as well as an inability to spend time with their families. For some, the remedy to this was thought to be employing a maid. Others felt that the solution to overload and insufficient time was to be found in altering their working hours to either part or flexi time, in this way they would both be able to spend more time with their families and meet their household demands. Almost 1/4 of the sample expressed dissatisfaction with working hours, consistent with reports that an inflexible work schedule is a source of stress for many women (Piechowski, 1992). This finding is also consistent with previous research on South African women (Bryant, 1990). Understandably, many women felt that hours spent travelling to and from work extended their day and contributed to their lack of time.

Although women claimed to be supported by their husbands, and in general the findings cited earlier in this work do seem to support this, for many support was intermittent or provided only after pressure. Of course, time pressures would be alleviated if men shared household responsibilities on a regular and equitable basis. This lack of support is adequately summed up in the statement of one of the participants who wished she had "a husband who did something besides consider himself" and another who claimed that "marriage has its pros but overall a women does two jobs and puts up with all of the crap"

Societal attitudes were considered in need of a change by some women who felt that society had unrealistic expectations of women and that unrealistic role models were held forth for women. This concurs with the subjects Hochschild (1989) spoke to who felt that the woman with the "flying hair" was a myth. For some subjects these discriminatory attitudes were linked to feelings of devaluation or disempowerment, which have been negatively linked to health (Barnett & Baruch, 1985; Repetti et al, 1989). Depersonalisation was also an evident consequence of negative attitudes. One respondent wished she could get "the children to understand that I am also a person and do get tired". However, a few respondents have clearly bought into the unreal expectations trying to manage all their roles perfectly in an attempt to match the "Superwoman" image.

Lack of sufficient income was raised by a number of respondents as a stressor, corroborating previous South African findings (Kelly, 1991). Even though both spouses are employed, this is no guarantee of financial security as is demonstrated by the number of families in this study earning less than R5000.00 per month. Particularly sad is the fact that for some women this meant curtailing their studies especially since a few indicated better education was the key to improving their earning and career prospects. An increase in income was generally not viewed as a means to improving material existence but as a means of alleviating the heavy burdens of MRs, or creating a better life for their children. Many women viewed income simply as a means of acquiring domestic help to reduce time spent working at home in order to spend quality time with their children. This would suggest that these women are not unhappy with their MRs per se, but would welcome a more balanced life.

Unexpectedly, very few respondents (5%) raised the issue of childcare facilities as problematic. This was surprising given the emphasis placed on this by previous researchers (do Rosario, 1992; Gray, 1983; Scarr et al, 1989). Previous South African studies have recorded that a lack of suitable childcare facilities have been associated with stress (Bryant, 1990; Kelly, 1991). A possible reason for the current findings may lie in the fact that many women in this sample felt that they could draw on several sources for help with childcare, if required.

Very few respondents made negative comments concerning the individual roles. This seems to indicate that, in general, it is not the specific roles per se which cause stress but rather the combination resulting in overload and conflict.

Negative marital experiences were cited by 10% of participants as an aspect of their MRs that they would like to change. Although some stated that problems arose due to spillover stress from husband's work, concerns mainly related to the relationship itself, especially a lack of support. It appears these negative experiences are rooted in the husband's views of sex roles which impact on his input with regard to the division of labour. The correlation between psychological symptoms and these factors has been adequately demonstrated (Arber, 1990; Beutell & Greenhaus, 1983; Hochschild, 1989; Holahan & Gilbert, 1979). Qualitative findings from this study corroborate the previously mentioned research.

Negative maternal experiences were also a cause for concern, related to difficult/unco-operative children. However, for some women concerns related to difficulties experienced with handicapped or step-children. Although for the majority of women in this study, motherhood was viewed positively, it is evident that for some it constitutes a source of stress.

Negative employment experiences were mentioned by only a few participants and concerned mainly overload. This seems to suggest that it is not employment per se that makes life difficult for MR women but the totality of roles resulting in overload and conflict.

The relationship between MRs and stress was demonstrated in the number of respondents who identified both physical and psychological health problems (mainly the latter) arising from negative experiences. These ranged from feelings of insecurity to panic attacks and stress induced breakdowns. These latter two are evidence of a worst case scenario and go beyond the effects of ordinary stress as described by Duvenhage (1994). Although Haavio-Mannila (1986, in Martikainen, 1995) has claimed that MR

stress is likely to reveal itself in less severe outcomes such as anxiety, and this is borne out by Walters (1993), it is clear that for a few women, worst case scenarios do exist.

CHAPTER 12

CONCLUSIONS, STRENGTHS, LIMITATIONS AND IMPLICATIONS OF THE STUDY.

12.1. CONCLUSIONS

In conclusion the major findings of this study were :

1. Stress symptoms resulted in health seeking behaviour in some women but not others. Compared to women who complained of stress or were diagnosed as stressed, almost twice as many women suffering from a high stress level did not seek medical advice.
2. Regarding role quality, motherhood was the least stressful role followed by marriage and employment. Poor role quality was associated with a higher stress level.
3. In general, active, problem focused coping and adaptive emotion coping strategies were associated with lower stress levels whereas maladaptive strategies were associated with higher stress levels.
4. Women possessing a sense of control displayed lower stress levels compared to those lacking in control.
5. A supportive global network and a supportive spouse were associated with lower stress levels whilst lack of support was associated with higher stress levels.
6. Women unable to suppress competing activities recorded high levels of stress in the presence of a poor maternal relationship. Additionally, women lacking in the ability to reappraise stressors and those with weak religious beliefs recorded high levels of stress when the employment role was experienced negatively.

7. A combination of poor employment role quality and feelings of lack of control were the variables most strongly predictive of stress. These two factors accounted for approximately 47% of the variance in stress. The transactional approach to the stress and coping which examines both personal and situational factors was thus supported.

8. The majority of women were able to draw on a variety of support sources. Most frequently cited assistance from the various sources were:

8.1. Husband

- help with domestic chores
- childcare

8.2. Friends at work

- task oriented support at work
- person oriented support at work

8.3. Friends outside work

- childcare
- unspecified general assistance at any or most times

8.4. Relatives

- childcare
- unspecified general assistance at any or most times

Less than 45% of husbands provided assistance with domestic chores and less than 41% with childcare, indicating an unfair division of labour.

9. The Role Expansion Hypothesis was supported by the majority of subjects. Most cited positive aspects of MRs were:

- 9.1. Self actualization
- 9.2. Opportunity for role expansion
- 9.3. Positive selfworth
- 9.4. Financial rewards
- 9.5. Expanded social networks

10. The Scarcity Hypothesis was supported to a lesser degree. Most often cited negative aspects of MRs were:

- 10.1. Concerns re domestic chores
- 10.2. Dissatisfaction with working hours
- 10.3. Insufficient time for self
- 10.4. Insufficient time

The most usual manifestations of stress revealed a cluster of factors related to time pressures and overload.

11. Additional comments made by participants highlighted :

- 11.1. The necessity of adequate coping strategies
- 11.2. An appreciation of the study as it pertained to women's lives
- 11.3. The necessity of positive support
- 11.4. The negative impact of stress on health

12.2. STRENGTHS OF THE PRESENT STUDY

One of the strengths of this study was that it investigated the effects of role quality on stress rather than the number of roles. The effects of control, social support and coping on stress were investigated. Additionally the effects of the relationship between control,

social support, coping and role quality on stress were examined. The necessity of research investigating the role of both stressors and coping mechanisms on stress level in the lives of MR women has been emphasised by Piechowski (1992).

A further strength of the study was that participants were invited to provide their own comments regarding multiple roles. These comments were analysed and served to corroborate the quantitative findings as well as indicate areas for future research.

All variables were measured by means of scales considered valid and reliable. The exception was in the case of the scale devised to measure social support. It is emphasised, however, that this scale possessed face validity and that the high alpha co-efficient obtained in respect of both global and spousal support suggests reliability.

12.3. LIMITATIONS OF THE STUDY

Generalisability is restricted by a number of factors. Besides the fact that the sample size was small, (only 95 women completed questionnaires which were included in the study) it was not a probability sample. Those doctors who agreed to participate in the study had surgeries in typically white, middle class suburbs. Thus the sample was fairly homogeneous. The majority of South African women are black and exist in far more straitened circumstances. This factor need not necessarily detract from the value of the study, however, as research is needed into the lives of all MR South African women.

Participation in the study was voluntary and possible differences exist between participants and those who chose not to participate. Additionally, most of the women who participated were not those who claimed to be stressed nor were they diagnosed as such. It is possible that those women who were most stressed did not return the questionnaire for reasons associated with stress, ie overload.

The research design was cross sectional and correlational and depended on self-report. The cross sectional method represents a "snap shot" approach. It is possible that the effects of MRs may only emerge after an elapse of time. This is particularly pertinent when examining the effects of role stress which may take the form of daily hassles. It

is the chronic nature of these daily hassles which can lead to stress, thus a longitudinal study would be more suited to research of this nature.

The fact that the study was correlational means that no inferences can be drawn regarding the direction of effects. Whilst stress constituted the dependant variable in the study, it is possible that any or all of the other variables in the study could have been affected by stress. However, Duvenhage (1994) maintains that cognisance should be taken concerning the reciprocal nature of stress and coping. This appears to constitute a common sense approach.

Self report questionnaires were the chosen method of data collection rather than objective physiological methods. It is possible that answers were biased by a number of factors ie truthfulness or social desirability, particularly since feedback reports will be received via the participants' doctors. Another factor which should be born in mind is that responses could have been affected by memory (ie negative experiences are more resonant) or how the participant was feeling the day on which she completed the questionnaire. However as Lazarus has stated (1993), cognitive appraisal is an important factor in the perception of stress. This holds true for role quality as well as perceptions of control, social support and coping.

Whilst the use of the COPE scale usefully discriminated between women experiencing different stress levels the possibility exists that it did not adequately tap the range of coping mechanisms women utilise in dealing with role stress. It may be the case that there are other options or idiosyncratic coping methods which work well which would only emerge in an interview situation.

11.4. IMPLICATIONS

A gender bias exists in health research that has resulted in the findings of male studies being incorrectly attributed to women and, more importantly, issues salient to women's lives have gone unrecorded. Women need to be studied specifically as it is clear that many are shouldering all of the burdens of MRs.

Daily hassles might seem minor so it is easy to dismiss their effects, however, this study revealed that for some women role stress is sufficiently serious for them to consult a general practitioner. Research is needed which examines the outcome of this illness behaviour.

Baruch et al (1987) maintain that efforts should be made to design interventions aimed at the individual as well as social environments. Thus further research is indicated which identifies the specific stressors of women as well as those that exist in the social structure. Based on this study it is recommended that research be designed to:

1. Examine the effects of MRs on the lives of women from other population groups in South Africa.
2. Investigate the effects of different employment configurations on stress ie shorter working hours, flexi-time, job sharing, self-employment.
3. Ascertain whether any other coping mechanisms exist whereby women reduce MR stress, not elicited by standard coping inventories.
4. Conduct longitudinal research to determine the effects of MRs over time.
5. Investigate men's viewpoints concerning the division of labour as well as strategies designed to lead to a more egalitarian division of labour.
6. Explore means of attitudinal change regarding gender socialisation and sex roles with a view to increasing actual control in women's lives.

REFERENCES

- Abush, R., & Burkhead, E.J. (1984). Job stress in midlife working women : Relationships among personality type, job characteristics, and job tension. Journal of Counseling Psychology, 31(1), 36-44.
- Adler, N., & Mathews, K. (1994.) Health Psychology : Why do some people get sick and some stay well? Annual Review of Psychology, 45, 229 - 259.
- Aldwin, C.M., & Revenson, T.A. (1987). Does coping help? A reexamination of the relation between coping and mental health. Journal of Personality & Social Psychology, 53(2), 337-348.
- Alpert, D., & Culbertson, A. (1987). Daily hassles and coping strategies of dual- earner and non dual-earner women. Psychology of Women Quarterly, 11, 359-366.
- Amaro, H., Russo, N.P., & Johnson, J. (1987). Family and work predictors of psychological well being among Hispanic women professionals. Psychology of Women Quarterly, 11, 505-521.
- Amatea, E.S., & Fong, M.L. (1991). The impact of role stressors and personal resources on the stress experience of professional women. Psychology of Women Quarterly, 15, 419-430.
- Anderson, C.R. (1977). Locus of control, coping behaviours, and performance in a stress setting : A longitudinal study. Journal of Applied Psychology, 62(4), 446-451.
- Arber, S. (1990). Revealing women's health : Re-analysing the general household survey. In H. Roberts (Ed.), Women's Health Counts (pp 63-91). London: Routledge
- Aston, J. & Lavery, J. (1993). The health of women in paid employment : Effects of quality of work role, social support and cynicism on psychological and physical well-being. Women & Health, 20(3), 1-25.
- Atkinson, J.M. (1988). Coping with Stress at Work. London : Thorsons.
- Barling, J., & Janssens, P. (1984). Work stressors, gender differences and psychosomatic health problems. South African Journal of Psychology, 14, 50-53.
- Barnett, R.C., & Baruch, G.K. (1985). Women's involvement in multiple roles & psychological distress. Journal of Personality & Social Psychology, 49(1), 135-145.

- Barnett, R.C., Marshall, N.L., & Singer, J.D. (1992). Job experiences over time, multiple roles, and women's mental health : A longitudinal study. Journal of Personality & Social Psychology, 62(4), 634-644.
- Barnett, R.C., Davidson, H., & Marshall, N.L. (1991). Physical symptoms and the interplay of work and family roles. Health Psychology, 10(2), 94-101.
- Baruch, G.K., Biener, L., & Barnett, R.C. (1987). Women and gender in research on work and family stress. American Psychologist, 47(2), 130-136.
- Baruch, G.K., & Barnett, R. (1986). Role quality, multiple role involvement and physical well being in midlife women. Journal of Personality & Social Psychology, 51(3), 578-585.
- Beutell, N.J., & Greenhaus, J.H. (1983). Integration of home and non home roles : Women's conflict and coping behaviour. Journal of Applied Psychology, 68(1), 43-48.
- Bolger, N., DeLongis, A., Kessler, R.C., & Wethington, E. (1989). The contagion of stress across multiple roles. Journal of Marriage & the Family, 51, 175-183.
- Brehm, N. (1989). Women and pay. IPM Journal, March, 20-21.
- Bromet, E.J., Dew, M.A., Parkinson, D.K., Cohen, S., & Schwartz, J.E. (1992). Effects of occupational stress on the physical and psychological health of women in a microelectronics plant. Social Science & Medicine, 34(12), 1377-1383.
- Bryant, W. (1990). Child care options for employers. IPM Journal, August, 17-21.
- Carpi, J. (1996). Stress...it's worse than you think. Psychology Today, January/February, 34-41.
- Carroll, D., & Niven, C.A. (1993). Gender, health and stress. In C. Niven and D. Carroll (Eds.). The Health Psychology of Women. Switzerland : Harwood Academic Publishers.
- Carroll, D., Niven, C.A., & Sheffield, D. (1993). Gender, social circumstances and health. In C. Niven & D. Carroll (Eds.). The Health Psychology of Women. Switzerland : Harwood Academic Publishers.
- Carver, C.S., & Scheier, M.F., & Weintraub, J.K. (1989). Assessing coping strategies: A theoretically based approach. Journal of Personality & Social Psychology, 56(2), 267-283.

- Caspi, A., Bolger, N., & Eckenrode, J. (1987). Linking person and context in the daily stress process. Journal of Personality & Social Psychology, 52(1), 184-195.
- Cleary, P., & Mechanic, D. (1983). Sex differences in the psychological distress among married people. Journal of Health & Social Behaviour, 24, 111-121.
- Cochrane, R. (1993). Women and depression. In C. Niven & D. Carroll (Eds.). The Health Psychology of Women. Switzerland : Harwood Academic Publishers.
- Cohen, S., & Wills, T.A. (1985). Stress, social support and the buffering hypothesis. Psychological Bulletin, 98(2), 310-357.
- Coleman, J.C., Butcher, J.N., & Carson, R.C. (1984). Abnormal Psychology & Modern Life, (7th ed.), London : Scott, Foresman & Co.
- Cooke, R.A., & Rousseau, D.M. (1984). Stress and strain from family roles and work-role expectations. Journal of Applied Psychology, 69(2), 252-260.
- Coverman, S. (1989). Role overload, role conflict, and stress : Addressing consequences of multiple role demands. Social Forces, 67(4), June, 965-982.
- Coyne, J.C., & Holroyd, K. (1982). Stress coping and illness. In T. Millon, C. Green & R. Meager (Eds.) Handbook of Clinical Psychology. New York : Plenum Press.
- Crouter, A. (1984). Spillover from family to work : The neglected side of the work family interface. Human Relations, 37(6), 425-442.
- Dalgard, O.S., Bjork, S., & Tambs, K. (1995). Social support, negative life events and mental health. British Journal of Psychiatry, 166, 29-34.
- Darley, J.M., Glucksberg, S., & Kinchla, H.C. (1986). Psychology, (3rd ed.), London : Prentice-Hall International.
- DeLongis, A., Folkman, S., & Lazarus R.S. (1988). The impact of daily stress on health and mood : Psychological and social resources as mediators. Journal of Personality & Social Psychology, 54(3), 486-495.
- do Rosario, L. (1992). Women in a double bind. They are forced to choose between family & career. Far Eastern Economic Review, September, 40-41.
- Du Toit, D. (1993a). Social change, organisations and female labour. Human Resource Management, February, 20-22.
- Du Toit, D. (1993b). Working women: contributing financially while coping. Human Resource Management, March, 23 - 25.

- Du Toit, D. (1993c). Married women good workers deserving equal treatment. Human Resource Management, April, 26-27.
- Dunkel-Schetter, C., Folkman, S., Lazarus, R.S. (1987). Correlates of social support receipt. Journal of Personality & Social Psychology, 53(4), 71-80.
- Duvenhage, A. (1994). A medical model of the stress episode. Paper delivered at a National conference on managing stress and conflict in the new South African Workforce. Cape Sun Hotel, Cape Town, South Africa. June 17th.
- Edens, J.L., Larkin, K.T., & Able, J.L. (1992). The effect of social support and physical touch on cardiovascular reaction to mental stress. Journal of Psychosomatic Research, 36(4), 371-382.
- Eulberg, J.R., Weekley, J.A., & Bhagat, R.S. (1988). Models of stress in organizational research: A metatheoretical perspective. Human Relations, 41(4), 331-350.
- Felston, G. (1991). Influences of situation-specific mastery beliefs and satisfaction with social support on appraisal of stress. Psychological Reports, 69, 483-495.
- Fleming, R., Baum, A., & Singer, J.E. (1984). Toward an integrative approach to the study of stress. Journal of Personality & Social Psychology, 46(4), 939-949.
- Folkman, S. (1984). Personal control and stress and coping processes: A theoretical analysis. Journal of Personality & Social Psychology, 46(4), 839-852.
- Folkman, S., & Lazarus, R.S. (1985). If it changes it must be a process: Study of emotion & coping during three stages of a college examination. Journal of Personality & Social Psychology, 48(1), 150-170.
- Folkman, S., Lazarus, R.S., Gruen, R.J., & De Longis, A. (1986). Appraisal, coping, health status, and psychological symptoms. Journal of Personality & Social Psychology, 50(3), 571-579.
- Froberg, D., Gjerdingen, D., & Preston, M. (1986). Women & health review. Multiple roles and women's mental & physical health : What have we learned? Women & Health, 11(2), 79-96.
- Frost, R.O., Morgenthau, J.E., Reissman, C.K., & Whalen, M. (1988). Somatic response to stress, physical symptoms and health service use: The role of current stress. Behaviour, Research & Therapy. 26(6), 481-487.
- Gadzella, B.M., Ginther, D.W., Tomcala, M., & Bryant, G.W. (1991). Differences between men & women in stress producers & coping strategies. Psychological Reports, 69, 561-562.

- Ganster, C., Fusilier, M.R., & Mayes, B.T. (1986). Role of social support in the experience of stress at work. Journal of Applied Psychology, 71(1), 102-10.
- Grace, G.D., & Schill, T. (1986). Expectancy of personal control & seeking social support in coping style. Psychological Reports, 58, 757-758.
- Gove, W. R., & Geerken, M.R. (1977). The effect of children and employment on the mental health of married men and women. Social Forces, 56(1), 66-76.
- Grey, J.D. (1983). The married professional woman: An examination of her role conflicts and coping strategies. Psychology of Women Quarterly, 235 - 243.
- Guelzow, M.G., Bird, G.W., & Koball, E.H. (1991). An exploratory path analysis of the stress process for dual career men and women. Journal of Marriage & the Family, 53, February, 151-164.
- Hanson, P. (1988). The Joy of Stress. London : Pan Books Ltd.
- Hirsch, B.J., & Rapkin, B.D. (1986). Multiple roles, social networks, and women's well-being. Journal of Personality & Social Psychology, 51(6), 1237-1247.
- Hochschild, A. (1989). The Second Shift : Working Parents and the Revolution at Home. London : Judy Piatkus (Publishers) Ltd.
- Holahan, C.J., & Moos, R.H. (1985). Life stress and health: Personality, coping, and family support in stress resistance. Journal of Personality & Social Psychology, 49(3), 739-747.
- Holahan, C.K., & Gilbert, L.A. (1979). Interrole conflicts for working women: Careers versus jobs. Journal of Applied Psychology, 64(1), 86-90.
- Houston, B.K., & Kelly, K.E. (1989). Hostility in employed women : Relation to work and marital experiences, social support, stress, and anger expression. Personality & Social Psychology Bulletin, 15(2), June, 175-182.
- Howell, D.C. (1989). Fundamental Statistics for teh Behavioural Sciences. (2nd ed.). Boston: PWS-Kent Publishing Co.
- International Labour office (1968). International Standard Classification of Occupations (rev.). Geneva: Atar S.A.
- Jasnowski, M.L., & Schwartz, G.E. (1985). A synchronous systems model for health. American Behavioural Scientist, 28(4), 468-485.

- Jennings, S., Mazaik, C., & Mckinlay, S. (1984). Women and work : An investigation of the association between health and employment status in middle-aged women. Social Science & Medicine, 19(4), 423-431.
- Kane, P. (1991). Women's health : from womb to tomb. London : MacMillan Press Ltd.
- Karasek, R.A. (1979). Job demands, job decision latitude, and mental strain : Implications for job redesign. Administrative Science Quarterly, 24, June, 285-305.
- Kelly, H.J. (1991). Stress, coping and adjustments in dual employed families. Unpublished masters thesis, University of the Witwatersrand, Johannesburg, South Africa.
- Kobasa, S.C. (1979). Stressful life events, personality, and health : An inquiry into hardiness. Journal of Personality & Social Psychology, 37(1), 1-13.
- Kopp, R.G., & Ruzicka, M.F. (1993). Women's multiple roles & psychological well-being. Psychological Reports, 72, 1351-1354.
- Lawson, L. (1985). Working women : A portrait of South Africa's black women workers. Braamfontein : Ravan Press Ltd.
- Lazarus, R.S. (1993). From psychological stress to the emotions: A history of changing outlooks. Annual review of psychology, 4, 1-21.
- Lazarus, R.S., & Folkman, S. (1984). The coping process : An alternative to traditional formulations. In R.S. Lazarus & S. Folkman (Eds.), Stress, appraisal & coping. New York : Springer.
- Lefcourt, H.M., Martin, R.A., & Saleh, W.E. (1984). Locus of control and social support: Interactive Moderators of Stress. Journal of Personality & Social Psychology, 47(20), 378-389.
- Levenstein, S., Prantera, C., Varvo, V., Scribano, P., Berto, E., Luzzi, C. & Andreoli, A. (1992). Development of the Perceived Stress Questionnaire : A new tool for psychosomatic research. Journal of Psychosomatic Research, 37(1), 19-32.
- Lieberman, M.A. (1982). The effects of social supports on responses to stress. In L. Goldberger & S. Breznitz (Eds.), Handbook of Stress. London : Free Press.
- Long, B.C. (1990). Relation between coping strategies, sex-typed traits, and environmental characteristics : A comparison of male & female managers. Journal of Counselling Psychology, 37(2), 185-194.

- Long, B.C., Khan, S.E., & Schutz, R.W. (1992). Causal model of stress and coping : Women in management. Journal of Counselling Psychology, 39(2), 227-239.
- Loscocco, K.A., & Spitz, G. (1990). Working conditions, social support and the well-being of female and male factory workers. Journal of Health & Social Behaviour, 31, 313-327.
- Louw, L. (1987). Men, women and marriage. A symposium on the changing pattern of marriage lead by D. Smuts. Leadership, 6(5), 95-104.
- Lumpkin, J.R. (1985). Validity of a brief locus of control scale for survey research. Psychological Reports, 57(6), 655-659.
- Marone, J.G., & Desiderato, O. (1982). Effects of locus of control on perceived hospital environment. Journal of Clinical Psychology, 38(3), 555-561.
- Martikainen, P. (1995). Women's employment, marriage, motherhood and mortality : A test of the multiple role and role accumulation hypotheses. Social Science & Medicine, 40(2), 199-212.
- Mathews, K.A., & Rodin, J. (1989). Women's changing work roles. Impact on health, family & public policy. American Psychologist, 44(11), 1389-1393.
- McBride, A.B. (1990). Mental health effects of women's multiple roles. American Psychologist, 45(3), 381-384.
- McLaughlin, M., Cormier, L.S. & Cormier, W.H. (1987). Relation between coping strategies and distress, stress and marital adjustment of multiple-role women. Journal of Counseling Psychology, 2, 1987-193.
- Miller, J., Schooler., Kohn, M.L., & Miller, K.A. (1979). Women and work: The psychological effects of occupational conditions. American Journal of Sociology, 85(1), 66-94.
- Mouton, J., & Marais, H.C. (1993). Basic Concepts in the Methodology of the Social Sciences. Pretoria: HSRC.
- Nathanson, C.A. (1980). Social roles and health status among women : The significance of employment. Social Science & Medicine, 14, 463-471.
- Nixon, M. L. (1996). Burnout, work environment and coping in surgical hospital nurses. Unpublished masters thesis, University of Cape Town, South Africa.

- Parry, G. (1986). Paid employment, life-events, social support, and mental health in working - class mothers. Journal of Health & Social Behaviour, 27, June, 193-208.
- Pearlin, L.I., & Schooler, C. (1978). The structure of coping. Journal of Health & Social Behaviour, 19, March, 2-21.
- Piechowski, L.D. (1992). Mental health & women's multiple roles. Families in Society, March, 131-139.
- Pietromonaco, P.R., Manis, J., & Frohardt-Lane, K. (1986) Psychological consequences of multiple social roles. Psychology of Women Quarterly, 10, 373-382.
- Pleck, J.R. (1977). The work-family role system. Social Problems, 24, 417-427.
- Pollock, K. (1988). On the nature of social stress: Production of a modern mythology. Social Science & Medicine, 26(3), 381-392.
- Poole, M.E., & Langan-Fox, J. (1992). Role reward and role stress in managerial and professional women. Psychological Reports, 71, 851-854.
- Rees, W.L. (1976). Stress, distress and disease. British Journal of Psychiatry, 128, 3-18.
- Repetti, R.L. (1989). Effects of daily workload on subsequent behaviour during marital interaction : The roles of social withdrawal & spouse support. Journal of Personality & Social Psychology, 57(4), 651-659.
- Repetti, R.L., Mathews, K.A., & Waldron, I. (1989). Employment and women's health. Effects of paid employment on women's mental & physical health. American Psychologist, 44(11), 1394-1401.
- Riefman, A., Biernat, M., & Lang, E.L. (1991). Stress, social support and health in married professional women with small children. Psychology of Women Quarterly, 15, 431-445.
- Rodin, J., & Ickovics, J.R. (1990). Women's health. Review & research agenda as we approach the 21st century. American Psychologist, 45(9), 1018-1034.
- Rosenfield, S. (1989). The effects of women's employment : Personal control & sex differences in mental health. Journal of Health & Social Behaviour, 30, March, 77-91.
- Rudd, N.M., & McKenry, P.C. (1986). Family influences on the job satisfaction of employed mothers. Psychology of Women Quarterly, 10, 363-372.

- Sadowski, C.J., & Blackwell, M.W. (1985). Locus of control and perceived stress among student-teachers. Psychological Reports, 56, 723-726.
- Sandler, I.N., & Lakey, B. (1982). Locus of control as a stress mediator : The role of control perceptions and social support. American Journal of Community Psychology, 10, 65-80.
- Sarafino, E.P. (1994). Health Psychology. New York: John Wiley & Sons Inc.
- Sarason, I.J., Levine, H.M., Basham, R.B., & Sarason, B.R. (1983). Assessing social support: The Social Support Questionnaire. Journal of Personality & Social Psychology, 44(1), 127-139.
- Scarr, S., Phillips, D., & Mc Cartney, K. (1989). Working mothers and their families. American Psychologist, 44(11), 1402-1409.
- Schill, T., & Beyler, J. (1992). Self defeating personality and strategies for coping with stress. Psychological Reports, 71, 67-70.
- Schmied, L.A., & Lawler, K.A. (1986). Hardiness, type A behaviour, and the stress-illness relation in working women. Journal of Personality & Social Psychology, 51(6), 1218-1223.
- Shipley, P. (1990). Personnel management and working women in the 1990s : Beyond paternalism. Personnel Review, 19(6), 3-12.
- Snavely, K. (1993). Managing conflict over the perceived progress of working women. Business Horizons, March-April, 17-22.
- Srivastava, A.K., & Singh, H.S. (1988). Modifying effects of coping strategies on the relation of organizational role stress and mental health. Psychological Reports, 62, 1007-1009.
- Strickland, B.R. (1978). Internal-external expectancies and health. Journal of Consulting & Clinical Psychology, 46(6), 1192-1211.
- Strumpfer, D.J.W. (1985). Stress management in South Africa. South African Journal of Business Management, 16(2), 61-70.
- Taylor, S.E. (1990). Health Psychology : The science & the field. American Psychologist, 45(1), January, 40-50.
- Tiedje, L.B., Wortman, C.B., Downey, G., Emmons, C., Biernat, M., & Lang., E.L. (1190). Women with multiple roles : Role compatibility perceptions, satisfaction and mental health. Journal of Marriage & the Family, 552, 63-72.

- Tyson, G.A. (1981). Locus of control and stressful life events. South African Journal of Psychology, 11(3), 116-117.
- Vilhjalmsson, R. (1993). Life stress, social support and clinical depression : A reanalysis of the literature. Social Science & Medicine, 37(3), 331-342.
- Walters, V. (1993). Stress, anxiety and depression : Women's accounts of their health problems. Social Science and Medicine, 36(4), 393-402.
- Weatherall, R., Joshi, H., & Macran, S. (1994). Double burden or double blessing? Employment, motherhood and mortality in the longitudinal study of England and Wales. Social Science & Medicine, (2), 285-297.
- Wheaton, B. (1982). A comparison of the moderating effects of personal coping resources on the impact of exposure to stress in two groups. Journal of Community Psychology, 10, October, 293 -310.
- Williams, K.J., Suls, J., Alliger, G.M., Learner, S.M., & Wan, C.K. (1991). Multiple role juggling & daily mood states in working mothers: An experience sampling study. Journal of Applied Psychology, 76(5), 664-674.
- Wohlgemuth, E., & Betz, N.E. (1991). Gender as a moderator of the relationships of stress and social support to physical health in college students. Journal of Counseling Psychology, 38(3), 367-374.
- Yogev, S. (1981). Do professional women have egalitarian marital relationships? Journal of Marriage and the Family, November 865-871.
- Zimbardo, P.G. (1992). Psychology and Life, (13th ed.). New York : Harper Collins Publishers (Inc).
- Wallis, C. (1983). Stress: Can we cope? Time, June 6, 56-65

**Department of Psychology**

University of Cape Town · Rondebosch 7700 · South Africa
Telephone: (021) 650-9111
Fax No: (021) 650-3726 **3657**

Dear Doctor,

10 April 1996

Thank you for agreeing to participate in this research. Without your support the research would not be possible.

The purpose of the research is to investigate stress in multiple role women and the effectiveness of the resources they mobilize to help them cope with this stress. I wish to compare a group of women experiencing a high degree of stress with a group experiencing a low degree of stress.

To qualify for selection for the High stress group, patients should have come to consult you because they have appraised themselves as stressed, or been diagnosed as stressed by you.

Subjects for the Low stress group may be drawn from those patients who have come for a routine visit provided they have not consulted you for a stress related problem in the preceding three months.

To be included in the research patients **must** occupy the following roles :

1. Wife
2. Employee (Full time)
3. Mother (must have at least one child living at home)

Attached please find stamped, addressed envelopes containing the questionnaires. Patients can complete the questionnaires at home and then post them to me. Those envelopes marked with a red dot are to be given to the patients in the High stress group and those with the blue dot to patients in the Low stress group.

Patients requesting feedback in terms of their stress level and coping resources have been requested to provide their Christian name and date of birth (surnames have not been requested to assure confidentiality). Feedback reports will be sent to you for communication to the patient so it is vital that you keep a record of the research participants.

Once again, thank you for your participation.

Yours sincerely,

JOANNA CROOME



Department of Psychology

University of Cape Town · Rondebosch 7700 · South Africa

Telephone: (021) 650-9111

Fax No: (021) 650-3726 **3457**

Dear Patient,

10 April 1996

Thank you for agreeing to participate in this study as without your valuable contribution it could not take place.

I am currently completing a Master's Degree in Psychology, under the supervision of Professor Peter Du Preez. My particular interest is in the field of Health Psychology, with special reference to women's issues and stress.

As a woman, I have experienced, firsthand, the stress that sometimes results from combining several roles. Thus I have decided to conduct a study into the sources of stress of Multiple Role Women (ie those who perform the roles of wife, mother and paid employee) and their means of coping.

Such knowledge is important as it may contribute towards finding ways of lessening stress such as fostering a public awareness of the difficulties experienced by women or through the development of skills designed to teach women how to cope more effectively.

The success of this study can only be achieved through information supplied firsthand by Multiple Role Women themselves. Your doctor has selected you to participate in the study as he feels you can make a valuable contribution and I would be extremely grateful if you would complete the questionnaire you have been given and return it to me in the stamped, addressed envelope provided.

The information contained in the questionnaire will be treated as confidential. You are not required to reveal your name so there is no way of identifying you. However, if you would like feedback in the form of an assessment of your stress level and coping resources, please enter your Christian name and date of birth, as well as your doctor's name and address, in the space provided on the questionnaire and a report will be forwarded to him/her. The completed questionnaire will not be returned to your doctor - only your personal report.

Please note that there are no right or wrong answers to any of the questions - it is your personal experience that I am interested in. When answering the questions it is not necessary to think long and hard - simply put down your gut response. Kindly ensure that you have completed all the questions. Should you require any further information please contact me by telephoning 785-2963 between 7-9pm any evening.

Once again, thank you for participating in the study and sharing your experience with me.

Yours sincerely,

JOANNA CROOME

CONFIDENTIAL**PERSONAL DETAILS**

CHRISTIAN NAME (only if report required): _____

DATE OF BIRTH: _____

DOCTOR'S NAME (only if report required): _____

DOCTOR'S ADDRESS: _____

AGE: _____

HOME LANGUAGE: _____

HIGHEST QUALIFICATION:

Less than Std 8	Std 8-9	Std 10	Std 10 + 1,2 or 3 years	More than Std 10 + 3 years
--------------------	---------	--------	----------------------------	-------------------------------

YOUR OCCUPATION: _____

TOTAL GROSS MONTHLY INCOME

(Your and your husband's income together)

Less than R2000	R2001- R3000	R3001- R4000	R4001- R5000	R5001- R6000	R6001- R7000	R7001- R8000	R8001- R9000	R9001- R10000	Greater than R10000
--------------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	------------------	------------------------

HOW LONG HAVE YOU BEEN MARRIED: _____

HOW MANY CHILDREN DO YOU HAVE: _____

WHAT IS THE AGE OF YOUR YOUNGEST CHILD: _____

PLEASE INDICATE HOW OFTEN YOU HAVE DOMESTIC HELP:

 Never Once per week More than once per week Every day

QUESTIONS ASSESSING STRESS LEVEL

FOR EACH SENTENCE, CIRCLE THE NUMBER THAT DESCRIBES HOW OFTEN IT APPLIED TO YOU DURING THE LAST MONTH. WORK QUICKLY, WITHOUT BOTHERING TO CHECK YOUR ANSWERS, AND BE CAREFUL TO CONSIDER *ONLY THE LAST MONTH*.

1 = Almost never

2 = Sometimes

3 = Often

4 = Usually

- | | |
|--|---|
| <p>1. You feel rested
1 2 3 4</p> <p>2. You feel that too many demands are being made on you
1 2 3 4</p> <p>3. You are irritable or grouchy
1 2 3 4</p> <p>4. You have too many things to do
1 2 3 4</p> <p>5. You feel lonely and isolated
1 2 3 4</p> <p>6. You find yourself in situations of conflict
1 2 3 4</p> <p>7. You feel you're doing things you really like
1 2 3 4</p> <p>8. You feel tired
1 2 3 4</p> <p>9. You fear you may not manage to attain your goals
1 2 3 4</p> <p>10. You feel calm
1 2 3 4</p> <p>11. You have too many decisions to make
1 2 3 4</p> <p>12. You feel frustrated
1 2 3 4</p> <p>13. You are full of energy
1 2 3 4</p> <p>14. You feel tense
1 2 3 4</p> <p>15. Your problems seem to be piling up
1 2 3 4</p> | <p>16. You feel you're in a hurry
1 2 3 4</p> <p>17. You feel safe and protected
1 2 3 4</p> <p>18. You have many worries
1 2 3 4</p> <p>19. You are under pressure from other people
1 2 3 4</p> <p>20. You feel discouraged
1 2 3 4</p> <p>21. You enjoy yourself
1 2 3 4</p> <p>22. You are afraid for the future
1 2 3 4</p> <p>23. You feel you're doing things because you have to
1 2 3 4</p> <p>24. You feel criticised or judged
1 2 3 4</p> <p>25. You are lighthearted
1 2 3 4</p> <p>26. You feel mentally exhausted
1 2 3 4</p> <p>27. You have trouble relaxing
1 2 3 4</p> <p>28. You feel loaded down with responsibility
1 2 3 4</p> <p>29. You have enough time for yourself
1 2 3 4</p> <p>30. You feel under pressure from deadlines
1 2 3 4</p> |
|--|---|

QUESTIONS ASSESSING SOURCES OF STRESS

EMPLOYMENT

PLEASE CIRCLE THE NUMBER WHICH CORRESPONDS WITH HOW REWARDING YOU FIND THE FOLLOWING ASPECTS OF YOUR JOB:

1 = Not at all rewarding	2 = Slightly	3 = Moderately	4 = Extremely rewarding
1. Hours fit your needs 1 2 3 4		11. Getting out of the house 1 2 3 4	
2. Job security 1 2 3 4		12. Being able to work on your own 1 2 3 4	
3. Appreciation and recognition 1 2 3 4		13. Helping others develop 1 2 3 4	
4. People you work with 1 2 3 4		14. Job fits interests and skills 1 2 3 4	
5. Helping others/being needed 1 2 3 4		15. Good income 1 2 3 4	
6. Liking your boss 1 2 3 4		16. Good support facilities 1 2 3 4	
7. Sense of accomplishment/competence 1 2 3 4		17. Opportunity for advancement 1 2 3 4	
8. Variety of tasks 1 2 3 4		18. Challenging, stimulating work 1 2 3 4	
9. Opportunity for learning 1 2 3 4		19. Getting to make decisions 1 2 3 4	
10. Physical conditions 1 2 3 4			

PLEASE CIRCLE THE NUMBER WHICH CORRESPONDS WITH HOW DISTRESSING YOU FIND THE FOLLOWING ASPECTS OF YOUR JOB:

1 = Not at all distressing	2 = Slightly	3 = Moderately	4 = Extremely distressing
1. Having too much to do 1 2 3 4		11. Job's dullness/monotony 1 2 3 4	
2. Job insecurity 1 2 3 4		12. Dissatisfaction with income 1 2 3 4	
3. Job conflicts with other responsibilities 1 2 3 4		13. Problems re being a woman 1 2 3 4	
4. Not liking boss 1 2 3 4		14. Having to do things not part of the job 1 2 3 4	
5. Having to juggle conflicting tasks 1 2 3 4		15. Lack of opportunity for career growth 1 2 3 4	
6. Not getting advancement you want/deserve 1 2 3 4		16. Unnecessary busywork 1 2 3 4	
7. Job's not fitting interests/skills 1 2 3 4		17. Lack of challenge 1 2 3 4	
8. Job is too regimented 1 2 3 4		18. People you work with 1 2 3 4	
9. Bad physical conditions 1 2 3 4		19. Job too draining 1 2 3 4	
10. Lack of recognition/appreciation 1 2 3 4			

MARRIAGE

PLEASE CIRCLE THE NUMBER WHICH CORRESPONDS WITH HOW REWARDING YOU FIND THE FOLLOWING ASPECTS OF YOUR MARRIAGE:

1 = Not at all rewarding

2 = Slightly

3 = Moderately

4 = Extremely rewarding

-
- | | |
|---|---|
| 1. Companionship
1 2 3 4 | 8. Husband backing you up
1 2 3 4 |
| 2. Having someone to take care of you
1 2 3 4 | 9. Enjoyment of doing things for husband
1 2 3 4 |
| 3. Husband easy to get along with
1 2 3 4 | 10. Husband sees you as special
1 2 3 4 |
| 4. Physical affection
1 2 3 4 | 11. Husband is a good provider
1 2 3 4 |
| 5. Husband being a good father
1 2 3 4 | 12. Husband's personality fits yours
1 2 3 4 |
| 6. Able to go to husband with problems
1 2 3 4 | 13. Husband's willingness to share housework
1 2 3 4 |
| 7. The sexual relationship
1 2 3 4 | 14. Good communication
1 2 3 4 |
| | 15. Husband's willingness to have children
1 2 3 4 |

PLEASE CIRCLE THE NUMBER WHICH CORRESPONDS WITH HOW DISTRESSING YOU FIND THE FOLLOWING ASPECTS OF YOUR MARRIAGE:

1 = Not at all distressing

2 = Slightly

3 = Moderately

4 = Extremely distressing

-
- | | |
|---|---|
| 1. Husband being unavailable
1 2 3 4 | 9. Husband's job instability
1 2 3 4 |
| 2. Poor communication
1 2 3 4 | 10. Problems re demands of husband's job
1 2 3 4 |
| 3. Husband's physical health
1 2 3 4 | 11. Husband has emotional problems
1 2 3 4 |
| 4. Not getting enough appreciation
1 2 3 4 | 12. Not getting along
1 2 3 4 |
| 5. Conflicts about children
1 2 3 4 | 13. Conflict over housework
1 2 3 4 |
| 6. Husband's job/career problems
1 2 3 4 | 14. Not getting enough emotional support
1 2 3 4 |
| 7. Problems in sexual relation
1 2 3 4 | 15. Conflicts re children
1 2 3 4 |
| 8. Lack of companionship
1 2 3 4 | |

PLEASE CIRCLE THE NUMBER WHICH CORRESPONDS WITH HOW REWARDING YOU FIND THE FOLLOWING ASPECTS OF MOTHERHOOD

1 = Not at all rewarding

2 = Slightly

3 = Moderately

4 = Extremely rewarding

-
- | | |
|--|--|
| 1. Being needed
1 2 3 4 | 8. Enjoying doing things with them
1 2 3 4 |
| 2. Pleasure from their accomplishments
1 2 3 4 | 9. The help they give you
1 2 3 4 |
| 3. Helping them develop
1 2 3 4 | 10. The meaning they give your life
1 2 3 4 |
| 4. The love they show
1 2 3 4 | 11. Being the best caretaker for them
1 2 3 4 |
| 5. Feeling proud of how they are turning out
1 2 3 4 | 12. The way they get along together
1 2 3 4 |
| 6. Liking the kind of people they are
1 2 3 4 | 13. Seeing them mature and change
1 2 3 4 |
| 7. Being able to go to them with problems
1 2 3 4 | 14. The way they change you for the better
1 2 3 4 |

PLEASE CIRCLE THE NUMBER WHICH CORRESPONDS WITH HOW DISTRESSING YOU FIND THE FOLLOWING ASPECTS OF MOTHERHOOD

1 = Not at all distressing

2 = Slightly

3 = Moderately

4 = Extremely distressing

-
- | | |
|--|---|
| 1. The financial strain
1 2 3 4 | 8. Their not showing appreciation/love
1 2 3 4 |
| 2. Feeling trapped/bored
1 2 3 4 | 9. Problem with their education/school
1 2 3 4 |
| 3. Worry about their physioal wellbeing
1 2 3 4 | 10. Disappointment in what they are like
1 2 3 4 |
| 4. Not getting along with each other
1 2 3 4 | 11. Not heving enough control over them
1 2 3 4 |
| 5. Heavy demands/responsibilities
1 2 3 4 | 12. Needing you less as they get older
1 2 3 4 |
| 6. Worry about the teenage years
1 2 3 4 | 13. Too many arguments/conflicts with them
1 2 3 4 |
| 7. Not sure if you are doing the right thing
1 2 3 4 | 14. Interference in relationship with husband
1 2 3 4 |

QUESTIONS ASSESSING LEVEL OF PERSONAL CONTROL

PLEASE CIRCLE THE NUMBER WHICH CORRESPONDS WITH HOW STRONGLY YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS

1 = Strongly agree 2 = Agree 3 = Undecided 4 = Disagree 5 = Strongly Disagree

- | | |
|--|---|
| <p>1. I have little control over the things that happen to me
1 2 3 4 5</p> <p>2. There is no way I can solve some of the problems I have
1 2 3 4 5</p> <p>3. There is little I can do to change any of the important things in my life
1 2 3 4 5</p> <p>4. I often feel helpless in dealing with the problems of life
1 2 3 4 5</p> | <p>5. Sometimes I feel that I am being pushed around in life
1 2 3 4 5</p> <p>6. What happens to me in the future mostly depends on me
1 2 3 4 5</p> <p>7. I can do just about anything I really set my mind to
1 2 3 4 5</p> |
|--|---|

QUESTIONS ASSESSING SOCIAL SUPPORT

PLEASE CIRCLE THE NUMBER WHICH CORRESPONDS WITH HOW STRONGLY YOU AGREE WITH THE FOLLOWING STATEMENTS:

1 = Never 2 = Sometimes 3 = Reasonably 4 = Very often 5 = Always

- | | |
|---|--|
| <p>1. I can count on my husband to give me useful information and advice if I want
1 2 3 4 5</p> <p>2. I can count on my friends at work to give me useful information and advice if I want
1 2 3 4 5</p> <p>3. I can count on my friends outside work to give me useful information and advice if I want
1 2 3 4 5</p> <p>4. I can count on my relatives to give me useful information and advice if I want
1 2 3 4 5</p> <p>5. I can count on my husband to be a source of encouragement and reassurance if I want
1 2 3 4 5</p> <p>6. I can count on my friends at work to be a source of encouragement and reassurance if I want
1 2 3 4 5</p> <p>7. I can count on my friends outside work to be a source of encouragement and reassurance if I want
1 2 3 4 5</p> <p>8. I can count on my relatives to be a source of encouragement and reassurance if I want
1 2 3 4 5</p> | <p>9. I can count on my husband to provide practical assistance if I want
1 2 3 4 5</p> <p>Please provide examples: _____
_____</p> <p>10. I can count on my friends at work to provide practical assistance if I want
1 2 3 4 5</p> <p>Please provide examples: _____
_____</p> <p>11. I can count on my friends outside work to provide practical assistance I want
1 2 3 4 5</p> <p>Please provide examples: _____
_____</p> <p>12. I can count on my relatives to provide practical assistance if I want
1 2 3 4 5</p> <p>Please provide examples: _____
_____</p> |
|---|--|

QUESTIONS ASSESSING COPING STYLE

There are many ways in which people respond when confronted with difficult or stressful events in their lives.

This section of the Questionnaire asks you to indicate what you generally do and feel when you experience stressful events. Obviously different events bring about somewhat different responses but think about what you *usually* do when you are under a lot of stress.

When considering each item think of a broad range of stressful events which you have experienced. Remember that there are no right or wrong answers, *your* responses are important here.

Please circle the number which corresponds with how often the statement applies to you when you deal with different stressful events.

1 = not at all

2 - not often

3 - often

4 - most of the time

Generally when I experience a difficult or stressful situation:

- | | |
|--|--|
| <p>1. I talk to someone about how I feel
1 2 3 4</p> <p>2. I make a plan of action
1 2 3 4</p> <p>3. I talk to someone who could do something concrete about the problem
1 2 3 4</p> <p>4. I turn to work or other substitute activities to take my mind off things
1 2 3 4</p> <p>5. I just give up trying to reach my goal
1 2 3 4</p> <p>6. I go to movies or watch TV to think about it less
1 2 3 4</p> <p>7. I drink alcohol or take drugs in order to think about it less
1 2 3 4</p> <p>8. I keep myself from getting distracted by other thoughts or activities
1 2 3 4</p> <p>9. I think about how I might best handle the problem
1 2 3 4</p> <p>10. I accept the reality of the fact that it happened
1 2 3 4</p> <p>11. I force myself to wait for the right time to do something
1 2 3 4</p> <p>12. I admit to myself that I cannot deal with it and quit trying
1 2 3 4</p> <p>13. I look for something good in what is happening
1 2 3 4</p> <p>14. I pretend that it hasn't really happened
1 2 3 4</p> <p>15. I hold off doing anything about it until the situation permits
1 2 3 4</p> <p>16. I try hard to prevent other things from interfering with my efforts at dealing with this
1 2 3 4</p> <p>17. I think hard about what steps to take
1 2 3 4</p> | <p>18. I refuse to believe that it has happened
1 2 3 4</p> <p>19. I get upset and let my emotions out
1 2 3 4</p> <p>20. I take additional action to get rid of the problem
1 2 3 4</p> <p>21. I learn to live with it
1 2 3 4</p> <p>22. I restrain myself from doing anything too quickly
1 2 3 4</p> <p>23. I get upset and am really aware of it
1 2 3 4</p> <p>24. I try to get emotional support from friends and relatives
1 2 3 4</p> <p>25. I ask people who have had similar experiences what they did
1 2 3 4</p> <p>26. I do what has to be done one step at a time
1 2 3 4</p> <p>27. I learn something from the experience
1 2 3 4</p> <p>28. I try to come up with a strategy about what to do
1 2 3 4</p> <p>29. I act as though it hasn't even happened
1 2 3 4</p> <p>30. I try to find comfort in my religion
1 2 3 4</p> <p>31. I take direct action to get around the problem
1 2 3 4</p> <p>32. I focus on dealing with the problem, and if necessary let other things slide a little
1 2 3 4</p> <p>33. I make sure not to make matters worse by acting too soon
1 2 3 4</p> <p>34. I seek God's help
1 2 3 4</p> <p>35. I get sympathy and understanding from someone
1 2 3 4</p> |
|--|--|

36. I say to myself "this isn't real"

1 2 3 4

37. I accept that this has happened and that it can't be changed

1 2 3 4

38. I pray more than usual

1 2 3 4

39. I let my feelings out

1 2 3 4

40. I sleep more than usual

1 2 3 4

41. I try to get advice from someone about what to do

1 2 3 4

42. I try to see it in a different light, to make it seem more positive

1 2 3 4

43. I reduce the amount of effort I'm putting into solving the problem

1 2 3 4

44. I feel a lot of emotional distress and I find myself expressing those feelings a lot

1 2 3 4

45. I daydream about things other than this

1 2 3 4

46. I talk to someone to find out more about the situation

1 2 3 4

47. I put my trust in God

1 2 3 4

48. I put aside other activities in order to think and concentrate on this

1 2 3 4

49. I give up the attempt to get what I want

1 2 3 4

50. I discuss my feelings with someone

1 2 3 4

51. I concentrate my efforts on doing something about it

1 2 3 4

52. I try to grow as a person as a result of the experience

1 2 3 4

53. I get used to the idea that it happened

1 2 3 4

PLEASE LIST SOME OF THE THINGS YOU ENJOY ABOUT BEING A MULTIPLE ROLE WOMAN

PLEASE LIST SOME OF THE THINGS THAT YOU WOULD CHANGE, IF YOU COULD, TO IMPROVE YOUR LIFE AS A MULTIPLE ROLE WOMAN

PLEASE USE THE SPACE BELOW TO MAKE ANY COMMENTS.

THANK YOU FOR COMPLETING THE QUESTIONNAIRE

APPENDIX D

RESPONSES TO THE OPEN ENDED QUESTION 'PLEASE LIST SOME OF THE THINGS YOU ENJOY ABOUT BEING A MULTIPLE ROLE WOMAN'

Outside stimulation, a sense of independence. A sense of achievement. One needs the time away from children in order to recharge the batteries.

Never bored, love meeting new people, the fact that I contribute towards the household gives me self satisfaction.

Having time to be around for kids (ie flexible situation). Childrens' appreciation.

The variety; no boring life; getting to do new things/people.

I adore my children and find being a mother a wonderful rewarding experience. I enjoy my work and find it very rewarding although tiring having young children. My independence is also very important.

The stimulation of people as I am very much a people person. Sometimes the satisfaction of knowing I am capable of being a multiple role woman. The confidence that employment can give me.

The challenge; diversity; multiple growth experiences. I would not enjoy being at home with my children all day, neither would I enjoy not having children - I have stimulation externally (ie from the outside world and from my immediate family).

Own income. Independence. Showing I can cope. Generally keeping busy.

The feeling of being needed. Independence of own job. Stimulation of job. Husband enjoys having a mentally stimulated wife.

Sense of satisfaction and fulfillment. Recognition from others. Financial independence.

Mental stimulation. Interests inside and outside the home. Better joint income.

A sense of achievement at the end of the day - that each task was completed successfully, no matter how minor ie picking daughter up after school, and being able to manage as a person. Being able to contribute financially to the household thereby ensuring comfort and stability.

No time to be bored. Don't think I would find it rewarding being a housewife. Like the fact that I make my own money.

Financial independence. Being able to assist children with schoolwork. Being in touch with situations they are confronted with at school.

I started working when my four children were all at school. I needed to start pursuing some of my interests and the job helped this; I enjoyed the appreciation and affirmation of colleagues; different work; earning my own money; the stimulation of meeting new and interesting people which broadened my horizons.

I hate routine, I like people; working with people, community work (do not have enough time). Being with different people. I like to make a difference. The rewards of a satisfied face give me great pleasure. If you want to be happy make somebody else so. I like to work behind the scenes.

The challenge, variety and mental stimulation of combining work, motherhood and the role of a wife.

I enjoy the variety of activities associated with multiple role. Enjoy being able to spend time with my kids and share their development and experience. Enjoy being part of the working world - the stimulation of each project, interacting with adults and the income. Enjoy getting out of the house but also being able to stay home if my family need me.

Feeling of fulfillment. Am appreciated as wife, mother, appreciated as I can contribute financially.

Person in own right. Confidence. More tolerant. Wider conversation. Appreciation of home and family.

There's a broader aspect to my every day. I am myself, my husband's wife and my children's mother at different times of the day. I still have my own identity.

Tremendous challenge. Can at times be very rewarding. Stretches your potential. With the right support, it can actually contribute to a more fulfilling, balanced life.

The knowledge that I can contribute - however small the amount, to the family's coffers.

Variety. Freedom to make decisions about my future. That my life is different to my mother's. That I earn money. Challenge.

A sense of achievement, independence, recognition and challenging.

You get kept on the go all the time. It is very stimulating as well as tiring.

Not much at this stage of my life - hopefully as my family grow up and become less dependant on me I'll have more to look forward to.

I enjoy earning my own money - being independent. Having contact with other people in my working environment. Enjoy buying my son almost anything he needs and wants. I enjoy producing the best work I can eg projects etc. Makes me feel good especially when clients are satisfied.

The satisfaction of accomplishing something every day. I enjoy earning and helping people and children. I like earning my own money and being independent. Although I enjoy my house I need to do something outside of it to feel fulfilled.

Being in control of all aspects of my life even though it may be stressful.

I like to stay busy. I enjoy to be involved with my children and their activities. I also enjoy to be helpful to my husband. I meet a lot of people and learn about new things.

I enjoy the challenge - I firstly and always will be a mother. My job is very important to me as a person; but if for any reason my children needed me home I'd not consider staying at work a priority. I enjoy the time out daily and enjoy getting home to the family. If they did not appreciate what's being done as a whole to improve their future it would not be at all rewarding.

Achievement - rewards - assets.

I enjoy making clothes for my family and seeing to it that their clothes are clean and have food each day. Putting my children to bed.

I like being a mother but sometimes it just gets too much especially as I am a working mother and my husband is away from home due to his work a lot.

None.

Lack of boredom, publicity due to establishment of new business idea, other people seek my advice, my own daughters'(18 & 15 yr) friends admire my broad-mindedness, I enjoy talking about my experiences, discussing them, applying them, learning from them..Being a multiple role woman offers opportunities from dawn to dusk. It's a never ending challenge.

No time to get bored. Having own income. Being mentally stimulated. Being respected as an intelligent person.

Rewarding and challenging and makes you less selfish and engrossed in yourself. You become a very positive, well adjusted all round person. A sense of achievement, being able to cope. Efficient with all aspects of life.

That I am getting some income and being able to be a mother in that I fetch my children at lunch time and take them home. With an income having that bit of independence not having to ask a man for money or permission to do anything.

Earning money - having a certain amount of financial freedom.

Feel am contributing to financial side. Enjoy being busy in a constructive way. Enjoy being needed and relied upon. Feel satisfied after a busy working day. Feel an inner sense of contentment after achieving all that I set out to do in a day.

I used to be Amy's mummy or Barry's wife. At work I am recognized as a person in my own right, who is also good at her job. I don't get bored anymore - tired yes, bored never. I find my work very stimulating.

I enjoy being a working mother, being busy and creative.

Being a mother and seeing my child develop while still being able to do a good job at work.

I enjoy being a mother and keeping my home well care for - but I also enjoy working with people - I would get bored if I had to stay at home. Especially as my family have grown up. I really look forward to one day being a grandmother.

Lucky to have time for job/career and children - work is flexi time - which brings pressures of its own, but also opportunity to balance home with family and work.

Motherhood. Career. Independence.

Still new to me. Ask in about a month or two.

I enjoy working as well as being a homemaker. I couldn't imagine being a permanent housewife even when things seem as though you just can't cope anymore. Somehow you just do.

Fulfillment on many different levels. Feeling of self worth. Positive self image.

I have a lot of freedom to choose my own path in life - I have so many options not available to my mother or grandmother - but getting the balancing act right and not swinging too far into a time consuming emotion or energy sucking career, or staying timidly tucked away in suburbia is really difficult - but I have the chance to try.

Nothing!

It makes it easier to cope with things when I get home, gives me confidence.

I like having my own financial security. I also love being at home with the children so I feel guilty about wanting to work. I like mixing with other adults at work. I love learning and completing new tasks.

Rewards as mother and friend to my children.

I like to be intellectually stimulated. My job is creative which I love also enjoy meeting people which it also involves. I like being financially independent - which means I also can afford to indulge my children a bit which is important to me.

Being mentally stimulated at work and using pressure/stress situations as a challenge.

I feel that there is not much to enjoy wrt being a multiple role woman as no one job/task/undertaking can be dealt with without the other infringing upon it - ie how does one work with undivided attention with a sick baby at home?

Being busy, feeling needed, enjoying challenges.

Being self employed I enjoy meeting a wide spectrum of different people from all walks of life. It teaches me to be disciplined and I enjoy certain amount of respect from my friends. They approach me for help and advice because they see me as a strong person who copes well.

Caring/looking after my grandchildren. Buying/knitting garments for my daughter. Preparing nice surprises for my husband.

Makes me feel wanted.

I think I would become bored at home that is why I enjoy working and running a home. Although I complain I enjoy being busy. I do insist on time to myself on the weekend.

Up until recently, work was what kept me going. I have been for much counselling to cope with my awful situation at home. But suddenly having to work and function as a normal person has caused me great concern and panic.

I find my work rewarding.

I enjoy having lots to do and the fulfillment I receive from being a mother. I enjoy working with people and then being able to recount stories etc to my family.

I am an achiever and always want to learn and experience something new. I enjoy working and being productive, earning my own money and being independent. I get enjoyment from challenges and teaching my children about life. There is never a dull moments - I thrive on excitement.

Life is more interesting - more challenging. No time to get bored or to worry about unnecessary things.

It is really tough, but you really appreciate the good things about what you have - there is not time to be bored or frustrated - you have to make the best of everything. I get very bored being only a mother/housewife and also when I only worked.

I enjoy the stimulation and inter-action with my work colleagues and find I am able to incorporate my skills in helping my husband with his business. I enjoy being able to discuss topical items ie Internet, computers with my children. Being able to be in tune and at the same time enjoy my garden, home to being with my family,

I enjoy being a friend to people. They can confide in me. I also love to see people enjoy life.

I find it stimulating. I would not be able to sit and stagnate. I find people very interesting and now that I am studying, although it takes up a lot of time, it gives me a sense of achievement to know that I can do well.

Om vir my familie te sorg en die nodige te voorsien.

By working, I am keeping in touch with my profession as well as keeping stimulated and meeting people in the business world. By being a mother I feel privileged to know the love for a child - unconditional love. By being a wife, there is no room for laziness or selfishness and being married has helped me grow as a person.

I get a tremendous sense of achievement through being a very successful career woman and a very loved mother. Falling prey as I do to some personal insecurities, I am very bolstered by the recognition I get in my career.

The sense of accomplishment when you successfully juggle your activities. The feeling of competence and capability which boosts your confidence. The feeling of being in control - when all is going well. Being able to give different aspects of yourself to the different roleplayers and grow as you give.

Helping to create a better financial environment for my family. Mental stimulation by work.

Growth as a person. Fulfillment. Chance to try/attempt things I have dreamt about (eg studying further). Affecting others' lives positively (hopefully). Religious growth.

I meet people. Conversation varied. Going to work improves the mind. Independence.

Independent/challenging/I seldom get bored/meet interesting people/ traveling/lots of opportunities to grow spiritually.

The ability to see life at work and home from very different angles. The variety of activities that I am exposed/involved at work/home. A sense of achievement from being able to resolve problems in different areas. To be respected at work and be able to fulfill a home executive role.

Being a mother is the best thing that happened to me. Sometime it could be real hard. Being a wife is different. I have the most understanding, loving, caring etc. All a woman want. He makes me enjoy everything.

It gives one great enjoyment and fulfillment knowing that you are in demand and appreciated and popular with people around you.

Keeps me busy - no time to think about all my troubles. Being needed.

I often have a wonderful sense of achievement.

I enjoy being with my friends at work, with my relatives after work. I enjoy driving around and be busy and help others. I like to care and share with others.

Having the flexibility to be able to work and still have time to be with my children after school. Not having to shop after work and on Saturdays.

RESPONSES TO THE QUESTION 'PLEASE LIST SOME OF THE THINGS THAT YOU WOULD CHANGE, IF YOU COULD, TO IMPROVE YOUR LIFE AS A MULTIPLE ROLE WOMAN'.

If I could afford it get more domestic help. When the kids go to school I'd rather try to work half day.

A full time maid - then I would have more time for the family, especially my husband. More financial stability.

Earn more money - finances very stressful. Time to myself.

More hours to put aside for the things I like doing. Being able to organize my life better. Try to be a neater person.

My marriage. Having more help with household chores. Some time to myself occasionally.

Being able to afford a full time maid to be in charge of youngest daughter at home and therefore have peace of mind. Would like to work shorter hours.

Having to work and study at the same time (as well as being married with children).

Further education for better job. Change my husband's mind about employing domestic help. Make more time for 'myself'. Lowering the very high standards which I place upon myself.

Better planning at home wrt meals, shopping and laundry. Have family closer for after school care for children and support.

Shorter working hours to enable me to have time for myself - to pursue hobbies and exercise. Also for children to see me as someone less rushed and able to give them time.

It would be easier if my husband and I were self employed! It would be easier if we had family nearby.

Assistance with housework - I have had difficulty getting appropriate help eg domestic

worker (husband and daughter very helpful with housework and baby, but spring cleaning seldom done). As a result the house almost never seems clean and tidy anymore especially since the new arrival. Do part-time work - but financially this is not a good idea.

Would change working hours so I could spend more time with my child and not have to rush around after work to fit everything in such as cooking/housework. Would like husband to spend less time at his business sometimes its like being a single parent.

More assistance re housework. More time for myself - activities that would be interesting to me.

I would like to live closer to my work to cut down on traveling - I found that added stress onto my day; I would have more domestic help.

I would like to go to university and do a degree. I would not like to stop studying, but I feel I cannot cope anymore. I want to be more organized at work and home. Bad planning frustrates and tires me. If its possible I want to know well before the time. I would like not to work with the finances. If I can be relieved of that then I would have more energy.

Need time to myself - alone to do my own thing. I miss not have the time/not making the time to do craft work or going for a run or cycle which I find helps me cope with stress and frustration caused by having all my time spoken for by the thing I should do as opposed to the things I want to do. Would like more domestic help form my family. My husband helps a lot but sees this as a favour not a shared responsibility.

More time for myself. Less housework ie drudgery, boring necessary, everyday shopping and cleaning.

Would have preferred to work mornings only. To get the best of both worlds. (Written in the past tense as children nearly grown up).

I would change my working hours. Option for flexi time to take children to specialists.

More freedom, understanding, empathy from husband. More flexible working hours. Childcare facilities at the workplace. Choice to have 'time out'. Vacations or special time **alone**.

Having more support and co-operation from the children. Getting the children to understand that I am also a person and do get tired.

Dump the housework. Wouldn't cook!! Time to relax. Spend more time with family.

Nothing except to have my husband home more often.

I would get domestic help. Try and have more patience with the children.

I feel money (or the lack of it) is at the bottom of my problems - if I could start again I would have gotten a better education and had a definite career path.

I would work half day so that I could spend more time with my son when he arrives back from school. I would find more time to do the housework instead of rushing around in the evenings to finish everything.

I need a stable and consistent relationship with my husband. I need my children to all be confident and reaching their full potential. I also need more support from my family as a whole. They expect far too much from me but I'm working on it!

Get more organized. Earn more money to afford more luxuries ie holidays.

Working hours. A mornings post would be ideal.

I think that the one thing I would like is to have someone to see to the household chores. Keeping ones home tidy with three children and holding down a full time job do catch up with one sometimes but I am fortunate to have my husbands support and that of the children.

No Saturday work. Traveling. Quality time. Financial status.

Have a maid to clean up and do the washing and ironing while I continue to work and make clothes.

I would like to be a man and be a bit superior like men think they are.

Stay at home and be a full-time mother.

Should have married my first husband much later, delayed having children for at least 5 years so that my daughters ages would match better with step daughters ages (10 & 7). Now that we took my 2nd husbands kids into our care I feel thrown back for years, doing or having to do chores I was happy to have behind me. P.S. their mother is an alcoholic.

More domestic help.

To have my own business and be very successful ie abling myself to spend more time with my children.

Work half day. Have someone to start supper.

Get domestic help. Get half day job - my children suffer greatly they need more time spent on them.

Wish my personal appearance took less time ie hair was easier and looked good all the time without the fuss. I would like the evenings to be longer in order to enjoy my own activities ie walking - but usually am too tired at this time.

The knowledge that my children could all become established in worthwhile careers - only 1 of the 3 has so far.

To have a more positive attitude about different things that occur in life.

N/A. Happy as I am. Maybe being able to go and study.

If I could I would have help at home - I would also like to have done something more challenging with my life - therefore I would study to enable me to perhaps get a more rewarding job.

Less demanding job - too much hinges on my activities at work ie projects don't happen if I don't raise money. Would like to work fewer hours.

Not being a housewife. More time for myself.

A job that ends at +-2pm. Cut down on irritability level. Try to be calmer.

None but a Multirole women must Network, look after others children so when you need help, they will return the favour. Be good to your parents and relatives, as they will stand by when you need help. Get your husband to buy in - why are you doing it, who is benefitting and as far as possible before you start what kind of help you thing you need and what does HE want to add, expect etc.

Hold down one job instead of two jobs! More help at night from my direct family. Work half days only.

Earn more so that I could have domestic help. Earn more so that I do not have to always think of every cent I spend.

Improve woman's salaries. All companies should work flexi time so mothers can fit in with their childrens activities and for that matter fathers as well.

That discrimination should be completely scrapped in all walks of life.

I would if I could afford it, definitely have domestic help. I would like/love to have a little time to myself to go to gym or for a run and to meet a friend occasionally without being weighed down by guilt.

Spend more time with the children as a working mom I sometimes don't even think to ask my children questions that I feel I should be asking - never seems to be enough hours in the day.

A creche at the workplace. 50/50 input wrt the house chores - more support from management wrt our multiple roles.

Wouldn't mind extra help for household chores. Would appreciate more time on my own.

I wish I could afford domestic help more often as the workload makes me very tired - this would enable me to find some time for something I enjoy doing.

Nothing.

More hours in the day.

There is not much I would change maybe when my children are older I will become more career oriented.

Have a husband who did something besides consider himself!

More help around the house. More financial aid.

I would employ domestic help to 'lighten' the load. I would get a half day job to enable me to spend more time with he children and to enable me to relax and enjoy life more.

If I could change anything, I would like more emotional support from my husband; domestic help and more of a social life. Being in a step-parent set up is most distressing and the most draining. I have two sons (he is the father of one). I would like more challenges at work.

Working hours - flexi time. Public transport - better service, more frequent destinations. Sick leave - maximum to cover children being sick, rather than taking annual leave when kids ill. One afternoon off per week for doctors, dentists, shopping, housework etc so you can spend time with your children on weekends.

I think flexi time would be ideal, it gives one the opportunity to spend time with your family, ie watch a sports game or ballet afternoon without feeling guilty. A definite I think if big companies can afford it is a creche, this would certainly take a weight off most working moms' mind.

I would like more men to appreciate their wives and what we put into life to make them happy.

I would prefer a more stimulating and better paid job. I would also like to be able to spend more time on my hobbies.

Meer tyd spandeer saam met my familie.

To be able to work half day. To be able to afford a maid full time.

If I could I would create more balance in my life. I often put blinkers on in my quest to perfect one aspect or another, to the detriment of other important areas - and people- in

my life. I would love to be transformed into a warmer, more sensual and vibrant woman and lover.

Be more assertive and dominant - mainly in the domestic environment. Be less sensitive to the verbal abuse which one experiences both at work and at home. Find a 'girl friend' in whom one can genuinely trust.

To find a half day job to spend more time with my children.

Create more hours in the day. Have more real rest time. Have started the process of fulfilling my own needs earlier in life (I'm a late starter). Express my own feelings more articulately (ie forcefully).

Work closer to home. Employ a full time maid.

Have more hours in the day! Off course that is Utopia! But I wish that I had better childcare facilities so that I could spend a somewhat longer day at work. To acquire daily domestic help to cover the mundane housework tasks, which take a fair amount of time. A research assistant to give me more thinking/reading time!

I would like to study more, but the time and money are not there. I would like to be a better wife for my husband. Life is such a rush. Its work then daymother and in the evenings I'm too tired to spend time with my wonderful husband. A little more energy could help.

Have full time domestic help. Earn better salary. Have more quality time with my children.

Definitely being more assertive helps matters a lot and you are able to be in more control of things, rather that to be walked over all the time.

Would have had children a little later in life. Would have traveled overseas for a while before settling down. My husband's job, its too stressful and comes in between our relationship, if he were less stressed, our relationship would be perfect.

Perhaps becoming so self sufficient.

I would like to be alone and just be myself and do the things I like when I like it and where.

Would like more help with housework. More support (physical) from children. Would add a few extra hours to each day. Reduce the amount of time spent running around and fetching and carrying.

RESPONSES TO QUESTION THREE ' PLEASE USE THE SPACE BELOW TO MAKE ANY COMMENTS'

Being a multirole women is difficult to assess and can be subjective, depending on how you feel at a certain time. I am currently expecting my second child so I find I an a little more stressed than usual. But believe that I would enjoy being a career woman if I were self employed.

I am very lucky as I have a wonderful husband and being in the same line of work by the end of any evening any problem or frustration has usually been sorted out. A great help is also my daughter, most nights by the time I get home she has cooked supper and fed the boys, which takes off a big load - she is 12 yrs.

I find life very stressful and exhausting - there is never enough time to really complete the tasks I need to. Very rarely any time for myself. I have too many responsibilities and too many people depend on me. I need someone to share the load emotionally and physically.

If I was not married to the kind of person that I am, I know that I would have achieved very well in the kind of financial world that I was once employed in but had to give up due to his resentment and disapproval.

I appreciate you doing this study. I feel there is great need for improved awareness among male employees and non-parent female co-workers to appreciate the stresses of working mothers. I am the only mother at my level where I work. Most women do not continue to work in high positions in the clothing industry once they have had children - hours too long and positions usually far too demanding.

I am not sure I answered all these questions correctly - especially the page on the negative aspect of marriage - many of the questions didn't apply to me, so I wasn't quite sure what to say.

I have never really attended doctors for emotional problems (anxiety etc) but had rheumatoid arthritis at age 26 - the ankles were severely affected, condition now in remission. And has endometriosis. The new baby is an IVF baby to help overcome endometriosis - an adorable one and rewarding experience. I believe that in both instances ie 1 arthritis, 2 endometriosis, stress played a major part. I have always been physically active ie sport such as running and aerobics and I believe that this has helped

to some extent. If I had a complaint right now it would be that I do not have enough time for myself.

Would like some feedback on stress level and coping (resources) but I do not want any info to be going to my doctor.

I think the most stressful thing I found about working was that I worked and then expected myself to still run the home and run around the children as I had done when I was a full time mother and wife. I only realized that I had not let my standards "drop" or "change" after some years and some measure of stress.

I believe that I have the guts to do anything I set my mind to but circumstances (autistic child) hinder me. This is very frustrating. When I feel stressed I sew, visit a friend, go for a drive and this is my form of escape. When I can't handle the situation I get out for about 1/2 hour, come back and deal with it. Change of environment always works for me. It doesn't take the problem away but I look at it differently. Nobody will take your problem and deal with it completely. They'll assist you. Therefore I don't rely on friends and relatives I seek professional help eg doctor, Red Cross developmental Clinic. I tell it like it is and they would advise me. What has helped me to deal with my situation is that I accept my situation and deal with it realistically. My FEAR is K---'s FUTURE don't know how to deal with it. It scares me Having an autistic child is like a personal 'hell'. I try to keep a balance. When my husband can't take the 'stress' I take over and the other way round. We give one another 'space to get out'. The sad part is that we can't 'get out' together. We hardly socialize because I life revolves around K---. Its difficult if both cannot cope then it results in fights. I don't think that I can achieve without a certain amount of stress. I wouldn't opt for a stress free life I will then stop living.

One of the situations which creates the most stress for me is the difficulty of establishing and maintain a routine with little children. I work from home but go out to meetings etc. Also the feeling of guilt that strict routines and a hurry-hurry life style should not be imposed rigidly on little children. During periods in between paying jobs, I do quite a bit of charity/non profit work with environment NGOs. This work also is difficult to structure - a lot is after business hours and really intrudes into family life. Also as it is non-paying the family (to a certain extent) are less happy to make compromises. I believe there are many women very active in 'non-profit community oriented support work'. The work is often not seen as a bona fide job but what would we do without the mothers actively involved in school fund raising etc. This kind of multiple role can be just as demanding as formal

employment but does not have the positive reinforcing aspects such as a salary or social status.

Consider myself fortunate to come home each day to a loving family. Makes up for a lousy day at work. Good Luck!!

I don't have some of the problems that a lot of working mothers have, as my husband - who does 'shift work'- has always helped with the children and housework - we have worked out an equal share basis of house/home work which has resulted in a stable - mostly conflict free lifestyle, and which has enabled the children to come home from school to a parent, and not an empty house. I am a smoker which definitely helps me handle stress.

For all the hard work, the pleasures and enjoyment in all 3 roles are worth the odd stress and makes me a better person for the experience (I hope). Thank you for your interest in our role in the community. Good Luck.

I never have time for myself - I am all things to everyone - have lost me along the way.

Society needs to change to suit MR women. We need better day care facilities. Women in general are disempowered.

I have answered these questions as honestly as possible and you will find that certain things I am more passionate about than others, but I found it difficult to answer some questions as the ratings in some instances did not answer the question with a direct yes or no.

I have been in psychotherapy for 2 1/2 yrs (3 times a week for 18 months, then twice a week for 1yr). I had a nervous breakdown 2 1/2yrs caused by childhood problems plus stress. My family had become completely dysfunctional and I felt I was drowning. I now only do what I need to and can cope with. My family comes first.

If I have to seriously think about 'my lot', I am happy being a multiple role woman but mainly because I am self employed and therefore can suit myself most of the time. For the last 3 years I was employed by a firm in Cape Town and found the traveling and strict hours extremely stressful. I also would not manage without help in my home , as I do no housework!

I find I am more relaxed during the school holidays, although I work as well.

Is it possible that the report be sent directly to me and not to my doctor. I really have enjoyed taking part in your research and have found the question/options very thought provoking.

I spend a great deal of time feeling insecure and not worth much.

To be positive 'having a positive mind/attitude', do not look at other peoples faults, rather look at the good side. Be the role model - be available to husband and children, therefore spend quality time with both and spend time relaxing and doing something you enjoy in order to release stress and pressure. To be true to yourself and others at all times. Set achievable goals. Be sensitive and understanding.

I enjoy working but the guilt I feel because of my children adds to the stress. Financially I have to work. Like my boss but intensely dislike the rest of the firm - the way they treat people.

I found some of the answers repetitive but was happy on the whole about participating.

At weekends I need to escape work and home - get away from people, not my husband! Hiking in the mountains - close my eyes and listen to classical music or opera - read a riveting book - eat out - not have to cook - go to a movie. Holidays always taken in game parks - pure escapism!.

Feel that I am coping only because I have learnt to rationalize and ***prioritize*** - house and garden may not always look as I would prefer, but have accepted that I can't do it all ie altho I do find this frustrating on occasion I have to accept that I do the most important things first, and accept that what can't be done must wait another day!!

This was very interesting as I found that as a multiple role woman you don't have much time to yourself. Just 20 mins to answer this without someone needing you or asking/talking to you.

I am first and foremost a wife and mother - this is my right, my choice and my career. But I also have an emotional need to be employable and income earning (my parents were divorced and my mother as a bread winner drummed it into me anything can happen). My

husband wants me to be a good wife and mother and supports my income producing efforts with delights as it raises our standard of living quite a bit. But we always try to live (the basics) on his salary. I work mostly from home, at very odd hours. My husband has always been a shift worker and so I have always been very flexible (so has he). I have managed to find work that mostly suits my needs, I do find it stressful at times, but it counters the stress of not being employed and coming up short on medical bills. I don't think I'm your run of the mill working wife and mother ie not 9am -5pm (but easily 30-40 hours per week) - so I hope my answers are useful!

Men in general should realize that this is not the 1600s where women do it 'all' - sharing 50/50 of housework, cooking etc would make life so much easier. A report-back would be greatly appreciated!!

I adore my children absolutely but one mistake I have made is to do everything for them and now when I would love some extra help around the house it is a consistent nag. I would love to do some extra mural activity for myself but between work and housework there is no time.

Life is hectic and expensive today and I sometimes find the strain too much. I seem to spend all my time working or worrying about how we are going to make it through the month financially - I don't enjoy life anymore and I seldom relax - surely this is not how its supposed to be? I'm sure most MR women feel the same. The thing that amazes me is that most of the women I know who are financially secure and could live life unstressed, choose to work due to boredom or another reason and place their children in creches to do so - there's an imbalance somewhere!

This questionnaire has come when I am at my very lowest level, suffering now, too, from panic attacks, so it would probably appear overly negative, but such is the case as it now stands. Thanks.

It's a pity nowadays, that due to financial pressures a woman has to work. Although you enjoy your job you are still doing it because you have to have the 2nd income.

I enjoyed being a single parent to my teenage son for 10 yrs - the drawback was financial worry but I didn't have conflict. Marriage has its pros but overall the woman does two jobs and puts up with all the crap!!

I think I am very fortunate to have a very supportive and successful husband. I work because I want to and enjoy it tremendously.

Jesus is the way, the Faith, the Light. Cast your burdens on Him.

Thanks for letting me participate. Good luck with your project.

I find I have little time for myself or virtually no time to pursue my hobbies or get much exercise due to the fact that my evenings are taken up with cooking, homework, the children etc and weekends with doing all the odd jobs eg gardening, painting, shopping etc.

What I find most difficult about being a MRW is being a decision making, manager, in charge of my own career at work and then coming home to play a very different role, where we make joint decisions and my husband playing the provider and carer, discussing the state of the news and politics, while I cook and clean and iron (like the typical wife role).

Here's hoping the responses to this questionnaire enable you to formulate some mind-blowing new methods to enable women to fulfil their multiple roles with equal strength in each - and to channel all the stress into something constructive!

I work from home for my husband at present although I did work for a large organization previously. I miss the camaraderie of working in the formal sector, but enjoy the freedom of movement in my current work environment. It has eased pressure in the day to day routine. Other conflict has developed as my husband is not a 'democratic manager' and this has weakened my self-confidence. Prolonged stress can break down self-esteem and cause deep depression. More support groups - well advertised and easily accessible are needed to help women cope with the demands of being multiple role women.

There are so many role models of the 'perfect woman' coping with many roles simultaneously. It is VITAL that they are depicted with all their strengths, but that their flaws, weaknesses and human foibles are also admitted (especially in the media) so that real women do not feel hopeless or inadequate. Spirituality and the good companionship of a partner are especially powerful building blocks in the growth towards a positive self-esteem, since we all experience set-backs and distressing times in life.

My relationships with boss and husband are great. My stress is more of a consequence of time required by my MSc students. With their work I have less and less time for my

work, yet results from me are crucial. Before C--- was born I was able to read after hours/leave work later. Now I either can't or I am too tired. Positive been able to keep my research going, but at times 'I feel I myself am gone!'

To be a working mother is very stressful without the support of the husband, boss and the public we wouldn't survive. By completing this has made me realize how lucky I should be of being a multiple role woman instead of being depress and stressed. Thank You!

I personally don't feel as stressed out now, to what I used to be. I am to a certain extent I will agree. I try to control it much better nowadays and many people have noticed the change in outward and inward.

If you need further help - I'm game!

I think having two jobs and being a mother and housekeeper can be very stressful but still I am lucky to be able to organize my afternoon time around my children's activities and not leave them to their own devices in the afternoon.