

## ABSTRACT

Title of Thesis: **THE RELATIONSHIP BETWEEN PROVIDER-ROLE CONSISTENCY AND MARITAL OUTCOMES**

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This study explored the effect of provider-role consistency on marital outcomes and the extent to which perceived fairness moderates the relationship between provider-role consistency and the outcome of depression and marital satisfaction. Secondary analyses were conducted on assessment materials for 64 couples presenting for therapy at a university-based clinic. For males, the results indicated that perceptions of fairness in the division of household labor were associated with lower levels of depression and greater marital satisfaction, and perceived unfairness was associated with lower marital satisfaction, although the relationship was much stronger for provider-role consistent men than provider-role inconsistent men. In the female sample, higher perceptions of fairness were associated with greater marital satisfaction but not depression. Contrary to predictions, no relationship was found between provider-role consistency and perceived fairness, depression, and marital satisfaction for males and females. The results have important implications for future research on provider-roles and effective couples therapy.

THE RELATIONSHIP BETWEEN PROVIDER-ROLE CONSISTENCY AND  
MARITAL OUTCOMES

By

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## CHAPTER I: INTRODUCTION

### Statement of the Problem

Since the industrial revolution, American men and women have held distinct, traditional roles within their families. The primary responsibility of men has consisted of providing financially for the family, and as men have worked in jobs outside of the home, women were responsible for maintaining a separate sphere of domesticity, raising the children, and managing the home.

During the 1970s, however, massive changes in the family occurred as labor-force participation among women increased dramatically, and families shifted from single-earner to dual-earner status (Hood, 1983). Many factors affected these changes, such as increased opportunities for women's educational and career attainment. In addition, during this time period, the changing economy made it so that families were less able to be supported solely on one income, and women's participation in the labor force provided increased financial security (Hood, 1983). Women's participation in the labor force has continued to increase in the last 30 years, and today the majority of American women work outside of the home (Amato, Johnson, Booth, & Rogers, 2003).

The shift from single- to dual-earner status forced men and women to examine the gendered roles they hold within the family and the beliefs about their gendered roles, while identifying where changes and adjustments needed to be made. One widespread assumption made was that as families moved toward dual-earner status, and as husbands and wives both contributed financially to the family, there would be

a merge between the separate spheres of work and home and a transition toward more egalitarian views on breadwinning and the division of labor within the household.

The reality, however, is that a shift of roles toward egalitarianism has not happened for many Americans. Despite the increase in women's employment outside of the home and the addition of her income to the family, roles within the family have not changed (Coltrane, 2000; Perry-Jenkins & Folk, 1994). Although there are studies that show men have increased their participation in household tasks (Bianchi, Milkie, Sayer, & Robinson, 2000), particularly in those involving childcare (McKeering & Packerham, 2000; Milkie, Bianchi, Mattingly, & Robinson, 2002), the reality is that women continue to be responsible for the majority of the household tasks, and remain primary caregivers for children (John, Shelton, & Luschen, 1995; Perry-Jenkins & Folk, 1994). Dual-earner status for families has not necessarily meant shared work between men and women within the household (Hood, 1986; Ferree, 1991; Perry-Jenkins & Folk, 1994; Perry-Jenkins et al., 2000).

Studies have shown that despite a continued increase in employment for women, resistance to changing roles for providing and caretaking stems from a reluctance to fully relinquish traditional gender roles within the family (Hood, 1986; Perry-Jenkins & Crouter, 1990; Helms-Erikson, Tanner, Crouter, & McHale, 2000), which means that although women may be contributing financially similar to men, their contribution is not recognized as being as important or necessary (Hood, 1986). Thus, providing financially for the family does not make one responsible for the breadwinning (Haas, 1986). Hood (1986) differentiated between provider-role responsibility, which is the belief about who should be responsible for providing for

the family, and provider-role enactment, which refers to the task of providing financially for the family. Hood (1986) interviewed 16 couples in which both the husband and wife worked at least part-time to establish three distinct types of providing within a family: main/secondary providers, co-providers, and ambivalent co-providers.

Main/secondary, or traditional, providers believed they had responsibility to provide for the family, despite their wife's employment (Hood, 1986).

Main/secondary providers relied on the second income, typically the wife's, and acknowledged its usefulness in providing improvements in their lives, but described that the additional income was "icing on the cake" (Hood, 1986, p. 356). Co-providing couples believed they should share the responsibility for providing and did not favor one income over the other or distinguish between the types of expenses paid by each spouse (Hood, 1986). Ambivalent co-providing couples acknowledged dependence upon the wife's income, but disagreed when determining which spouse was responsible for providing financially and who should be responsible for providing financially (Hood, 1986).

As a result of increased educational and career opportunities and advancement for women, a theoretically potential fourth provider-role type may have emerged, ambivalent main/secondary. In this potential fourth category, both the husband and wife believe they should share the provider-role, but in reality, the husband's income is used to support the family and the wife's is used for supplemental expenses.

Although Hood's (1986) theoretical work on provider-role orientation addressed the couple as a unit, Perry-Jenkins and Crouter (1990) recognized that

distinction between the partners is possible. For example, variation within a couple occurs if a wife believes she is contributing equally with her husband, or co-providing, but her husband is ambivalent about her contribution and whether it is as necessary to maintaining the family as his income.

As dual-income status becomes the norm for many families, many husbands and wives are finding it necessary to reconceptualize their roles, both individually and within their marriages, and may find themselves in a state of ambiguity as they explore their own and their spouse's expectations about providing and begin to change roles within the family.

Research has indicated that men and women's provider-role attitudes are linked to the division of household labor, and that the way in which household labor is divided may affect an individual's level of depression and sense of fairness (Perry-Jenkins & Crouter, 1990; Perry-Jenkins, Seery, & Crouter, 1992; Perry-Jenkins & Folk, 1994). In addition, research has suggested that the perceived fairness in the division of labor may have a greater impact on level of depression (Bird, 1999; Blair & Johnson, 1992; Perry-Jenkins & Folk, 1994; Wilkie, Ferree, & Ratcliff, 1998) and marital satisfaction (Frisco & Williams, 2003; Voydanoff & Donnelly, 1999) than the actual division of labor. Thus, individuals who believe they complete more than their fair share of housework are more likely to indicate lower levels of marital satisfaction than those who perceive the division of labor to be fair (Frisco & Williams, 2003; Perry-Jenkins & Folk, 1994; Voydanoff & Donnelly, 1999). Finally, studies have shown that provider-role attitudes affect levels of depression, sense of fairness, and marital satisfaction (Perry-Jenkins & Crouter, 1990; Perry-Jenkins et al., 1992).

Although the current literature on provider-role has provided insight into the changes in the division of household labor that have occurred as women have entered the workforce, it has not addressed the role of perceived fairness. Thus, this study will explore the role of perceived fairness in the link between provider-roles, depression, and marital satisfaction. Specifically, the study will examine the effect of provider-role consistency on marital outcomes and the extent to which perceived fairness moderates the relationship between provider-role consistency and the outcome of depression and marital satisfaction.

## REVIEW OF THE LITERATURE

### Family Roles and Women's Labor Force Participation

Prior to the late 1960s and early 1970s, the majority of American families identified themselves as single-income families. Men held the primary responsibility for providing financially for the family, or breadwinning, while women's responsibilities were centered in the home and caring for the children (Cohen, 1987; Moloney, 2002). Hood (1983) termed the separate, yet reciprocal roles held by men and women as "husband as economic provider" and "wife as housewife-mother" (p. 351). Until approximately 1970, many families were able to survive solely on the husband's income, but due to the changing economy, soon found that it was unrealistic to be able to exist exclusively on one income (Hood, 1983). In addition, during this time period, women were experiencing increases in educational and career opportunities. For instance, the proportion of women ages 25-34 who had completed

4 or more years of college increased from 12 percent in 1970 to 25 percent in 1995 (Smith, Downs, & O'Connell, 2001).

Combined, these factors brought dramatic changes in the roles of American women and families as women began to join the labor-force at high rates. Families experienced a sudden and significant shift as the dual-earner status became the norm. The trend toward outside employment for women with families has not ceased; instead, the majority of American women today work. In 2000, it was reported that in 54% of married-partner families, both partners worked (Fields & Casper, 2001). In 2003, it was estimated that 69 percent of married mothers with children under age 18 were employed in the labor force (US Bureau of Labor, 2004). For clarification purposes, dual-career couples are those in which both partners work in professional careers, and dual-earner couples are those in which both partners work, but not at professional careers (Haddock, 2003). For the purpose of this literature review and study, however, couples in which both partners work in professional or non-professional careers will be considered and referred to as dual-earner couples.

There have been many assumptions and predictions made, both positive and negative, about the effects on families of outside employment by women. Many early hypotheses predicted negative consequences for families in which women worked after marriage or childbirth and labeled such behavior as "deviant" (Nieva, 1985, p. 164). Subsequent research has not supported hypotheses such as these, although later studies have acknowledged that influencing factors such as the woman's reason for employment (e.g., forced versus chosen), her partner's attitude about employment,

type of work performed, and family arrangements made can have a significant impact on the experience of outside employment for women and their families (Nieva, 1985).

Social scientists at the time widely believed that as women entered the workforce, the traditionally separate roles held by men and women would merge, leading to a more egalitarian relationship. As Gilbert (1983) noted, the shift towards a dual-earner family indicated that equality in many different areas – “socially, politically, economically” – was possible and approaching (p. 4). The effect of dual employment on families depends, in part, on the way in which men and women divide household responsibilities, including unpaid labor and childcare (Perry-Jenkins et al., 2000). It was assumed that as women began working in paid employment outside of the home, men would increase their participation in household tasks and labor around the home. In support of this belief, Potuchek (1992) found that employed wives were more likely than non-employed wives to expect their husbands to participate fully in household tasks. The expectation that women’s involvement in paid employment would lead to equality has persisted from the 1980s to today.

#### *Division of labor*

Contrary to the belief that increased labor force participation for women would be matched by increased domestic labor participation for men, equality in terms of division of household labor has not been realized for the majority of dual-earner families (Coltrane, 2000; Gilbert, 1993; Perry-Jenkins & Folk, 1994; Shelton, 1992). Despite increases in labor-force participation for women, much of the research indicates that the amount of time spent on household tasks by men has changed little, if at all (Coltrane, 2000; Frisco & Williams, 2003; Ross, Mirowsky, & Huber, 1983;

Shelton, 1992), and increased participation by men is not an inevitable result of women's employment outside of the home (Ferree, 1994).

Research has indicated two consistent findings about the division of household labor between men and women: first, wives perform a greater proportion of domestic tasks than their husbands; and second, husbands and wives perform different kinds of tasks (Coltrane, 2000; Greenstein, 1996). Research has also demonstrated a gender segregation of household tasks: women are much more likely to participate in more traditional female-typed tasks such as cooking, cleaning, laundry, and caring for children (Bianchi, Milkie, Sayer, & Robinson, 2000; Blair & Johnson, 1992; Ferree, 1994; Shelton, 1990; Thompson & Walker, 1989), while husbands are more likely to perform more "episodic or discretionary" tasks, including mowing the lawn and household repairs (Bianchi et al., 2000, p. 219; McGovern & Meyers, 2002). Also, Coltrane (2000) reported that women perform more domestic tasks "when they are married and when they become parents" (p. 1209), and that on average, a married woman performed approximately three times the domestic tasks of a married man.

It has been found that when wives' employment was considered to be less important or less vital to the family's survival, men were less likely to increase their participation in household tasks or to relinquish decision-making and negotiation power, and their wives were less likely to expect them to (Haas, 1986; Wilkie, 1993). Ferree (1994) found that women who thought of themselves as sharing the provider-role within the family were more likely to view their husbands' lack of increased involvement in household labor as unfair and minimal. In addition, even when



husbands claimed to be supportive of their wives' working, many often did not change their behavior to accommodate their wives' changing schedules and responsibilities. In addition, studies have shown that employed wives spend less time on household tasks than non-employed women (Coltrane, 2000; Greenstein, 1996; Pleck, 1985; Shelton, 1990), but employed wives' are more likely than non-employed wives to expect their husbands to contribute to household tasks (Potuchek, 1992). In situations where it appeared that the men had increased the proportion of household tasks performed to accommodate their working wives, the reality was that wives' involvement in household tasks had decreased, thus making men's involvement appear to increase relative to her decreased performance (Ferree, 1988; Perry-Jenkins & Crouter, 1990; Pleck, 1985).

There is, however, a conflicting claim that men are increasing their participation within the home (Bianchi et al., 2000; Robinson & Godbey, 1997), particularly in areas involving childcare (McKeering & Pakenham, 2000; Milkie, Bianchi, Mattingly, & Robinson, 2002). Robinson & Godbey (1997) found that men increased their participation in domestic work from two hours per week to four hours per week. Coltrane (2000) determined that men's proportionate contribution to housework rose from "15 percent to 33 percent of the total" during the years between 1965 and 1985 (p. 1211). In addition, men who are employed fewer hours, educated, and endorse gender equity perform a greater proportion of the housework than men who work longer hours, are less educated, and hold traditional beliefs (Coltrane, 2000). In a study that examined changes in the gender division of household labor, Bianchi et al. (2000) found that the increased participation in household labor among

married men is likely to be a response to two factors: first, an increased need as their wives spend more time performing paid, rather than unpaid, labor; and second, a greater willingness to perform domestic tasks. However, Bianchi et al. (2000) note that although men in the 1990's are performing more household tasks than men in the 1960's, the increase has slowly leveled off and ultimately, the majority of domestic tasks falls to women.

Despite the moderate increases in participation in domestic work by men, many employed women still find that they return home from work each day to start a "second shift" of household tasks at home, thus combining paid and unpaid work (Coltrane, 2000; Ferree, 1988; Hochschild, 1989; Perry-Jenkins & Folk, 1994). Shelton (1990) offered several explanations for the lack of responsiveness of husbands' toward their wives' employment in terms of participation in household labor, including the fact that men's higher earnings give them more power in the relationship with which they can "resist demands on them to do more housework" (p. 132).

It has been demonstrated that men's attitudes toward dual-employment with women greatly affect their attitudes toward sharing household work, and men who are more willing to accept shared breadwinning with women are more likely to increase their involvement in household tasks once their wives start working (Hood, 1986; Perry-Jenkins & Crouter, 1990; Zuo, 2000). Nevertheless, in some families, men who earn more money than their wives use their status and responsibility as breadwinner to explain their lack of participation, to the same extent as their wives, in household tasks (Stevens, Kiger, & Riley, 2001).

Thus, the provider-role and homemaker role are interlocking and gendered, and one must fully understand the importance of attitudes about these roles, as simply performing a behavior does not establish responsibility for that role (Ferree, 1994). The sustained interest of researchers in the last several decades in the topic of division of labor is based not only on interest in how changes in women's labor force participation and "providing" impact housework, but is also based on a recognition that division of labor has been consistently linked to mental health and marital outcomes for both men and women. In the next section, literature on the links between division of labor, depression, and marital satisfaction will be reviewed.

*Division of labor, depression, and marital satisfaction*

Bird (1999) examined the impact of the division of household labor and the amount of domestic work performed on men and women's individual level of depression. Bird (1999) found that equity in the division of household labor has more of an impact on psychological well-being than the actual amount of time spent in household labor, with those who perceive that they are doing more domestic work than their partner experiencing greater levels of distress. In Bird's (1999) study, however, respondents were only asked questions about the "amount and share of the household labor that they perform," and were not asked whether they considered the division of labor in their household to be fair (p. 42).

Interestingly, many studies have shown that attitudes about the fairness of the distribution of household labor may be more important to depression and the quality of one's marriage than the actual division of labor (Blair & Johnson, 1992; Thompson, 1991; Wilkie et al., 1998). Perceptions of unfairness in a relationship have been

shown to be associated with higher levels of depression and decreased marital satisfaction (Frisco & Williams, 2003; Perry-Jenkins et al., 1992; Perry-Jenkins & Folk, 1994; Voydanoff & Donnelly, 1999).

Additionally, several researchers have found that perception of fairness specifically in the division of female-typed tasks was more important than the actual division of the tasks (Blair, 1993; McGovern & Meyers, 2002; Perry-Jenkins & Folk, 1994). Results in these studies also demonstrated that wives' perceptions about equity in the relationship affected their marital satisfaction, although no connection was found for husbands (Blair, 1993; McGovern & Meyers, 2002; Perry-Jenkins & Folk, 1994).

Voydanoff and Donnelly (1999) explored the consequences of perceived unfairness to self and spouse of paid employment, performing household tasks, and caring for children. Limited research in the past on perceived unfairness in participation in domestic tasks had indicated that the perceived unfairness is positively associated with psychological distress and lowered marital quality for wives, not husbands (Blair, 1993; Lennon & Rosenfield, 1994; Perry-Jenkins & Folk, 1994). However, Voydanoff and Donnelly (1999) found that an unequal division of household labor between dual-earner spouses decreases marital quality for both wives and husbands, although the authors noted that differences in samples used in each study could account for the variation in findings. Unlike Greenstein (1996) who found that perceived unfairness of household chores affects marital quality more significantly for egalitarian wives than traditional wives, Voydanoff and Donnelly

(1999) found that associations between perceived unfairness to self and spouse, level of depression, and marital satisfaction do not differ according to gender ideology.

Frisco and Williams (2003) used data provided from 779 survey participants in dual-earner marriages to examine whether perceived fairness of the division of housework affects marital happiness among dual-earner husbands and wives. They defined inequity as “completing what respondents feel is more than their fair share of housework” (Frisco & Williams, 2003, p. 67). Frisco and Williams (2003) demonstrated that men and women who believe they perform more than their fair share of housework report lower levels of marital satisfaction than those who believe the division of labor is fair, a finding that is consistent with that of many other researchers (Bird, 1999; Perry-Jenkins & Folk, 1994; Voydanoff & Donnelly, 1999).

Sex-role attitudes play a part in determining the amount of household labor one performs; men who hold traditional attitudes are less likely to complete what they consider to be an unfair proportion of household tasks (Frisco & Williams, 2003). Frisco and Williams (2003) note that men who hold traditional attitudes are protected from increased participation in household tasks by traditional boundaries, and men whose wives work outside the home may have different perceptions of what is fair in terms of housework than men whose wives are homemakers. The meaning and definition of what is fair in the division of household labor may vary by gender (Frisco & Williams, 2003). For example, Frisco and Williams (2003) note that because housework is a gendered activity performed primarily by women, men may complete a much smaller proportion of tasks than women, but still view the work as unfair. Conversely, since women typically perform a greater percentage of household

work than men, they must complete a much larger percentage of housework than men before they feel it is unfair, and this sense of overload may lead the women to experience greater levels of distress and marital dissatisfaction (Frisco & Williams, 2003).

Finally, the authors found that women who feel that they perform more than their fair share of household work are more likely to seek a divorce than women who feel the division of household labor is fair (Frisco & Williams, 2003). This finding was not consistent among men; although performing more than their fair share of housework may negatively affect marital happiness for men, they are much less likely to seek a divorce as a result (Frisco & Williams, 2003). These findings are significant for women in particular; if women expect an egalitarian arrangement, yet feel as if they are doing more than their spouse and feel that the division is unfair, they may be subjected to greater stress, increased levels of depression, and lower marital satisfaction, which could increase the possibility of divorce (Frisco & Williams, 2003).

The question that remains is if it is fairly clear that shared division of labor has positive mental health and marital effects, particularly for employed women, why are we not seeing a more rapid shift to shared roles? One approach to understanding this has been to look more closely at the meaning and operationalization of family roles in couples' day-to-day lives.

### *Family Roles*

In spite of women's employment and resulting financial contribution to the household, it is difficult to change behaviors that are based on internalized beliefs

about gendered roles for men and women. Perry-Jenkins and Crouter (1990) found that even though their wives worked, many husbands were reluctant to relinquish the “psychological responsibility” or even fully share in the responsibility of breadwinning (p.140). Hood (1986) also found that although employed women may be contributing financially to the family the same as men, their involvement is not recognized as being as important as that of men.

In addition, despite working and contributing financially to the household, many women do not consider themselves to be breadwinners or providers, but instead regard their contribution as secondary or less important (Haas, 1986; Hood, 1986; Perry-Jenkins & Crouter, 1990; Perry-Jenkins et al., 2000; Potuchek, 1992). Ferree (1994) and Hood (1986) both determined that a woman’s employment status has little to do with how roles are negotiated within a family; rather, the way breadwinning or homemaker roles are negotiated within a family depend on how both partners conceptualize the roles. Additionally, research on the meaning of the provider-role for men and women has repeatedly found that an individual’s employment status discloses little about the meaning and value of that role for the individual (Hood, 1983; Perry-Jenkins & Crouter, 1990; Perry-Jenkins, Seery, & Crouter, 1992; Perry-Jenkins et al., 2000; Potuchek, 1992).

In many American families, men and women, but particularly men, are more willing to relinquish provider-role responsibility in the abstract than as a standard for their own families (Hood, 1986; Wilkie, 1993). Wilkie (1993) also found that men were more likely to support their wives’ working when it was defined as “strictly earning money” rather than when it contradicted notions of breadwinning

responsibility in the family (p. 275). Although the reluctance to let go of traditional roles within the family is seen in both men and women, it has been found to be more pronounced among men.

However, as noted by Wilkie (1993), despite men's reluctance to relinquish or share the provider-role with women, changes in the economy have resulted in noticeable shifts in the structure of American families. As men are less able to support their family on a single income, the marriage rate has declined and the age of first marriage has increased (Amato et al., 2003; Wilkie, 1991). This, coupled with increased opportunities for education and careers for women, has resulted in an increase in the number of women who are economically independent of men. As more economically independent men and women marry, men are less likely to assume sole breadwinning responsibility and shared breadwinning is more expected among these women (Bianchi & Casper, 2000; Wilkie, 1991; Wilkie, 1993). Thus, Wilkie (1993) suggested that gender expectations regarding "family roles are changing to become more consistent with actual conditions of shared family economic roles for men and women" (p. 276).

Wilkie (1993), however, notes that there are some limitations to the notion that gender expectations are determined by the actual experience in the family. First, there is a strong relationship between a man's income and his beliefs about his female partner's employment status. Wilkie (1993) found that the lower a man's income, the more likely he was to hold traditional ideas about providing; thus, the less likely he was to support his wife working. This can be explained by examining the link between a man's employment and his definition of self-worth. It may be that since



employment, particularly the success of employment, defines a man's self-worth and his masculinity, having to share the provider-role for the family decreases a man's sense of self-worth, making him feel less masculine; therefore limiting the amount and force of his power and decision-making resources within the family (Cohen, 1987; Moloney, 2002; Wilkie, 1993). Some studies have shown that men viewed themselves as "failures" when they shared the provider-role responsibility with women and having the sole breadwinning responsibility identified them as "men" (Cohen, 1987; Moloney, 2002; Wilkie, 1993).

As families have moved from single-earner to dual-earner status, roles and attitudes within the family have not changed as expected. This limited change is attributed, to a certain extent, to ambivalence on the part of both men and women, but particularly for men, about relinquishing established roles for men and women.

#### *Role conceptualization*

Most of the research on family roles has focused on three approaches: structural, interactional, and behavioral (Peplau, 1983). The structural approach focuses on the cultural and normative rules (positive and negative) that dictate the acceptable behavior of family members (Peplau, 1983). The interactional approach concentrates on the developmental and inventive aspects of role behavior that evolve within families, while behaviorists believe that an individual's roles are defined by his or her behaviors (Peplau, 1983).

In the early 1980s, feminist theorists added another perspective to the discussion of roles. Gender theory does not automatically view men and women as different based on their gender; instead, it demonstrates how differences are created

through the construction of boundaries in daily interactions (Potuchek, 1992). Considering roles from a gender perspective requires the understanding of how individuals create, give meaning to, and carry out their roles (Ferree, 1990; Hood, 1986; Perry-Jenkins et al., 2000). The meanings men and women attach to their roles are “conventional, shared by a specific culture at a specific time” (Ferree, 1994, p. 209). As Ferree (1990) explained, it is the meaning men and women attach to their roles that brings consequences for the functioning of individuals and their families.

Integrating these three perspectives with a feminist orientation, Peplau (1983) described roles not only as behaviors, but also as thoughts and feelings attached to that role, and emphasized the importance of understanding the meanings individuals attach to specific roles. She defined a role as “a consistent pattern of individual activity that is directly or indirectly interdependent with the partner” (p. 222). This description of roles provided a framework within which inconsistency and consistency of role attitudes and behaviors can be viewed within the context of a close relationship and in consideration of cultural norms (Peplau, 1983; Perry-Jenkins & Crouter, 1990). However, understanding the composition of roles as behavior, cognitions, and affect and viewing the interaction of these three components demonstrates that more is needed to fully comprehend how two partners define their respective roles within a family (Perry-Jenkins & Crouter, 1990).

Hood (1986) adapted Peplau’s (1983) conceptualization of roles and defined roles held within families as “mutual expectations negotiated by the actors that define each actor’s responsibility to other family members in a given situation” (p. 354). According to Hood’s (1986) definition of “mutual expectations,” employment and

earning an income are not sufficient for delineating a provider or breadwinner. Instead, provider roles are defined by three aspects: earning an income, each spouse's expectations of the other as a provider, and each spouse's role attachments, which refers to the investment one has in that role (Hood, 1986). Finally, according to Hood (1986), role relinquishment is required by the person holding the role before the reallocation of roles can occur within a family, an idea that is vital to understanding the impact of women's employment on the family.

#### *Provider-role types*

Hood (1986) distinguished between role responsibility, which refers to who is responsible for doing the task, and role enactment, which refers to performing a task. As previously stated, understanding the interaction of provider-role attitudes (i.e., who should be doing the work) and provider-role behaviors (i.e., who is doing the work) is important to understanding the effect of women's employment on the family structure.

In order to conceptualize the distinction between attitudes and behaviors, Hood (1986) interviewed 16 dual-earner couples. From the interviews, she defined and described three provider-role types for couples in which both the husbands and wives are employed: main/secondary providers, co-providers, and ambivalent co-providers (Hood, 1986).

Main/secondary (traditional) couples fully acknowledge that they are dependent on the second income for enhancing the quality of their lives; however, they admit to "earmarking" the woman's income for specific costs (p. 355). Main/secondary providers often consider their wives' employment to be temporary,

and although they view her income as beneficial, it is “icing on the cake” and not as vital to the family’s well-being as the husbands’ income (Hood, 1986, p. 356).

Main/secondary husbands believe they have the responsibility to provide, even though their wives are working as well. This represents consistency between their provider-role attitudes and behaviors because even though the wife is employed, it does not threaten or change the husband’s role as provider.

Co-providers combined their income and were often unable to distinguish between the two incomes in order of importance (Hood, 1986). Contrary to main/secondary providers, co-provider husbands viewed their wives’ financial contribution as “a load off my back” and “a worry off my mind” (Hood, 1986, p. 356). For an individual in a co-providing relationship, there appears to be an agreement between one’s provider-role attitudes and one’s provider-role behaviors because both partners believe they should be and actually are sharing the provider role.

In the third category, although the ambivalent co-providers acknowledged the importance of the woman’s income to the family’s well-being, they had conflicting ideas about who was responsible for providing and who should be responsible for providing (Hood, 1986). Husbands in this category had admitted their wife’s contribution was necessary, but they had not yet recognized that it was permanent and still felt they held the responsibility for providing. In the study, ambivalent co-provider wives talked about quitting their jobs as soon as their husbands made more money or when their kids left home and the financial need diminished (Hood, 1986). Ambivalent co-providers represent the potential for inconsistency between provider-role attitudes and behaviors.

Although not identified by Hood in her 1986 study, theoretically a potential fourth provider-role type may have emerged in recent decades as a result of women's increasing education and career orientations. In this category, ambivalent main/secondary, both the husband and wife may believe they should be sharing the providing role equally, such as co-providing, but in reality, the husband is the primary breadwinner and the wife's income is used for extra, supplementary expenses. Husbands and wives in this category are also likely to experience inconsistency between their provider-role attitudes and behaviors.

While Hood's (1986) work was theoretical and addressed couples as if the unit would have a single provider role orientation, Perry-Jenkins and Crouter (1990) recognized that variability was possible within the couple. For example, according to Perry-Jenkins, it is possible for the husband to believe that he has a main/secondary provider arrangement where his income supports the family and the wife's income is used for supplementary expenses, while the wife believes that they are co-providers and their income is equally shared.

The theoretical groupings proposed by Hood in 1986 and by Perry-Jenkins and Crouter in 1990 can be illustrated in the following grid, where provider-role attitudes are represented on the Y-axis and provider-role behaviors is represented on the X-axis:

Figure 1  
*Provider-Role Types*

	<u>Provider-Role Attitudes</u>	
	Equal	Husband Dominant
<u>Provider-Role Behavior</u>		
Equal	Co-Providers	Ambivalent Co-Providers
Husband Dominant	Ambivalent Main/Secondary	Main/Secondary

As dual-earner status becomes more of the norm for families, men and women, both individually and within their couple relationship, are in a state of reconceptualizing their roles. Clarifying individual attitudes about providing and modifying roles within relationships may place men and women in a state of ambiguity or uncertainty, and it is expected that individuals whose attitudes and behaviors about providing are inconsistent may experience negative consequences personally and in their couple relationships.

*Effect of provider-role attitudes on division of household labor*

Perry-Jenkins and Crouter (1990) interviewed 43 dual-earner families in which both partners worked outside of the home to assess their individual beliefs about aspects of family life, such as work, marriage, parenting, and gender roles (Perry-Jenkins & Crouter, 1990). In order to measure the provider-role attitudes held

by husbands and wives, Perry-Jenkins and Crouter (1990) developed a paper and pencil measure of provider-role types based on Hood's (1986) work. Husbands and wives answered questions independently of their spouse about their own provider-role attitudes, including attitudes about the importance of each spouse's financial contribution, attitudes about who should provide and who actually does provide in their family (Perry-Jenkins & Crouter, 1990). Results from the study supported Peplau's (1983) speculation about the multidimensional aspect of roles, and how it is important to look at attitudes about the provider role to understand role behaviors within a family (Perry-Jenkins & Crouter, 1990). Perry-Jenkins and Crouter (1990) found that men's attitudes about the provider-role, particularly attitudes about who should be responsible for providing financially for the family, are directly linked to their participation in household tasks once their wives start working outside of the home. Husbands who were willing to share the provider-role with their wives were more likely to participate fully in household tasks (Hood, 1986; Perry-Jenkins & Crouter, 1990). Specifically, using Hood's (1986) provider-role types, Perry-Jenkins and Crouter (1990) found that co-providers participated in a greater amount of household tasks than main/secondary providers. The main/secondary providers viewed providing financially for the family as their primary responsibility, leaving household and childcare responsibilities to their partner, traditionally the woman. For these husbands, household tasks were secondary to breadwinning (Perry-Jenkins & Crouter, 1990). Co-providing husbands, alternatively, believed their work and family roles were to be shared equally, participated in an "average of 40% of the family

tasks,” compared to an average of 20% for main/secondary husbands (Perry-Jenkins & Crouter, 1990, p. 154).

Many researchers have found that provider-role attitudes held by men and women are strongly linked not only to the division of household labor within families, but also levels of depression and marital satisfaction for an individual (Perry-Jenkins & Crouter, 1990; Perry-Jenkins et al., 1992; Perry-Jenkins & Folk, 1994).

*Provider-role types, division of labor, level of depression, and marital satisfaction*

*Depression.* In order to further understand the relationship between women’s provider-role attitudes, the household division of labor, and level of depression, Perry-Jenkins et al. (1992) interviewed 93 two-parent families in a longitudinal study on single- and dual-earner families. Forty-three of the families were comprised of dual-earner couples where both the husband and wife worked full-time, and the remaining 50 families were comprised of single-earner couples where the husband worked full-time outside of the home and the wife was a full-time homemaker (Perry-Jenkins et al., 1992). The focus of the study was to assess the meaning women attached to their paid work outside of the home, and although the researchers interviewed both husbands and wives to inquire about work information and the division of labor, their study focused on the responses of the women in areas such as provider-role attitudes, marital satisfaction, depression, and role overload (Perry-Jenkins et al., 1992). In terms of provider-role attitudes, the focus was on the extent to which the women felt they carried the responsibility for providing financially within their family, and the researchers used Hood’s (1986) description of an individual’s provider-role types (Perry-Jenkins et al., 1992).



In the study, Perry-Jenkins et al. (1992) found that the “symbolic meaning” women attach to their work, as “operationalized by provider-role attitudes” is related to differences in their personal well-being, their marital relationships, and in the division of household labor within the family (p. 325). In terms of psychological well-being, Perry-Jenkins et al. (1992) found that main/secondary wives and ambivalent co-providing wives experienced the highest levels of role strain and depression, while the co-providing wives experienced lower levels of depression and role strain.

In families where the wife’s employment was a necessity and not an option, such as with co-providing wives, women experienced less depression and marital conflict as they earned more money and achieved higher occupational prestige (Helms-Erikson, Tanner, Crouter, & McHale, 2000). However, these women also experienced greater distress than main/secondary wives or ambivalent wives if their paid employment did not go well, because they were more committed to their co-providing status within the family (Helms-Erikson et al., 2000).

When comparing the amount of time men and women spent doing household tasks, Perry-Jenkins et al. (1992) found that main/secondary wives experienced more role overload than co-providing or ambivalent co-providing wives. In the study, main/secondary providing husbands participated in as many household tasks as husbands with homemaker wives, and half as much as husbands with co-providing or ambivalent co-providing wives (Perry-Jenkins et al., 1992).

The amount of role overload felt by women is associated with levels of depression (Perry-Jenkins et al., 1992). This is demonstrated by the finding that wives

in main/secondary and ambivalent co-providing relationships in which their husbands participated in fewer household tasks than co-providing husbands, experienced greater role overload and higher levels of depression than wives in co-providing relationships (Perry-Jenkins et al., 1992). Husbands' sharing in household tasks, thus reducing role overload and stress, is likely to lead to lower levels of depression in women and an increased sense of personal well-being (Perry-Jenkins et al., 1992).

However, as compared to main/secondary or co-providing husbands, men with ambivalent co-providing wives performed the greatest proportion of housework (Perry-Jenkins et al., 1992). Although the interpretation was less straightforward, this finding is significant because it suggests that ambivalent wives' well-being may be affected by more than the proportion of household tasks in which their husband participates; rather it may be affected by their ambivalent feelings about the roles they hold, both in and out of the home (Perry-Jenkins et al., 1992). These findings suggest that it is important to consider not simply the behavior performed, but the meanings men and women attach to their work (Perry-Jenkins et al., 1992; Wilkie, Ferree, & Ratcliff, 1998).

*Marital satisfaction.* Perry-Jenkins and Crouter (1990) studied men's attitudes toward the provider-role and found that men who were congruent in their provider-role attitudes and behaviors expressed higher marital satisfaction than those who were incongruent. For example, men who identified themselves as main/secondary providers who performed few household tasks and co-providers who performed a greater proportion of household tasks expressed higher marital satisfaction than those who identified themselves as ambivalent co-providers (Perry-Jenkins & Crouter,

1990). Perry-Jenkins and Crouter (1990) hypothesized that husbands who identified themselves as ambivalent co-providers would perform a greater percentage of household tasks but report lower marital satisfaction. However, findings for this hypothesis were inconclusive, and the authors proposed two possible explanations (Perry-Jenkins & Crouter, 1990). First, it is possible that the wives of the ambivalent co-providers were able to protect their husbands from some of the negative emotions the husbands may have had about being “inadequate providers” by helping them out in various ways, and this assistance may have actually strengthened the marital relationship (Perry-Jenkins & Crouter, 1990). Second, it is possible that the ambivalent co-providing husbands increased the amount of housework performed to counteract their inability to provide fully for the family (Perry-Jenkins & Crouter, 1990).

Perry-Jenkins et al. (1992) found that provider-role attitudes were directly linked to women’s evaluations of their relationships. Ambivalent wives reported the lowest levels of marital satisfaction when compared to main/secondary and co-provider wives (Perry-Jenkins et al., 1992). It was suggested that ambivalent wives, who are supporting the family financially but who may be uncertain about doing so, may vent to their husbands feelings of dissatisfaction, depression, and stress that accompanies role overload (Perry-Jenkins et al., 1992). Main/secondary wives reported the highest levels of marital satisfaction, yet this may, in part, result from the fact that even though these wives’ experienced role overload and depression similar to the ambivalent wives, they were overall more satisfied with the traditional roles and responsibilities within their marriage (Perry-Jenkins et al., 1992). Overall, these

findings indicate that an individual's provider-role attitudes affect their perception of fairness in the relationship, level of depression, and marital satisfaction.

#### *Purpose of the study*

The purpose of the present study is to examine the link between inconsistency in provider-role attitudes and behaviors and perceived fairness, depression, and marital satisfaction. The current literature on provider-roles, while bringing some clarification to questions concerning the slow shift in patterns of division of labor following women's entrance into the labor force, has not addressed the issue of perceived fairness. Given the significance of this variable in the discussion of the general division of labor, it is important to understand the role perception of fairness plays in the link between provider-roles, depression, and marital satisfaction.

Further, the effect of inconsistency between an individual's provider-role attitudes and behavior will be explored. The current literature on provider-roles has indicated that inconsistency between provider-role attitudes and behaviors may result in negative consequences for an individual, both personally and in their couple relationships. Thus, a second purpose of the present study will be to further examine the role of perceived fairness by assessing the extent to which it moderates the relationship between provider-role inconsistency and the outcome of depression and lower levels of marital satisfaction.

#### *Hypotheses*

1. For dual-earner couples, higher perceptions of fairness in the division of household labor will be associated with lower levels of depression and higher levels of marital satisfaction.

2. Partners whose provider-role attitudes and behavior are consistent will perceive greater levels of fairness in the division of household labor, have less depression and greater marital satisfaction than will couples whose provider-role attitudes and behaviors are inconsistent.
3. Perceptions of fairness in the division of household labor will moderate the association between consistency and depression and marital satisfaction for partners in dual-earner couples.

#### *Exploratory Question*

In much of the current provider-role literature, the significance of race has not been a factor when exploring attitudes about who should provide financially for a family. The diversity of the current sample allows us to look for differences in provider-role attitudes or behaviors while taking race into consideration.

In a 1999 study, Taylor, Tucker, and Mitchell-Kernan explored the role of men as family providers, the authors found that while the majority of their 3,213 participants endorsed egalitarian attitudes about the provider-role, a significant minority held more traditional attitudes about providing. However, this group, comprised primarily of women and ethnic minorities than among men and Whites, expressed an economic need for women to contribute financially despite their traditional beliefs (Taylor et al., 1999). In the study, although African Americans and Mexican Americans agreed that women should share in the act of providing, both groups reported holding more traditional views of provider-role responsibility (McLloyd, Cauce, Takeuchi, & Wilson, 2000; Tucker et al., 1999) and feelings that women's employment outside the home may threaten men's role as provider (Tucker

et al., 1999). The authors found that African American and Mexican American women were “reluctant providers” and believed that they were in the position of working outside the home to help their husbands due to the limited economic opportunities available to many ethnic men; a belief that minimizes women’s financial contribution to the family and prohibits them from being viewed as a co-provider (Taylor et al., 1999, p.757).

It has been demonstrated that although African American men perform somewhat more household tasks than White men, African American women, similar to White women, still assume primary responsibility for childcare and housework (McLloyd et al., 2000), and African American husbands are less likely to view the division of household labor as unfair to their wives (John et al., 1995; McLloyd et al., 2000). However, although it has been found that White and Hispanic husbands who are not employed spend more time on household tasks, Shelton and John (1993) found that African American men actually increased the proportion of household tasks they performed when they were employed outside the home and increased the time spent performing household tasks as their wives decreased the time spent on household labor (Kamo & Cohen, 1998; McLloyd et al., 2000).

It has also been found that Latino and White husbands held similar beliefs about the proportion of household tasks they should perform and attitudes about fairness of the division of household labor, but Latino husbands were more likely to perform traditionally female-typed tasks than White husbands (McLloyd et al., 2000; Shelton & John, 1993)

Thus, while not enough data on racial minorities exists to make directional hypotheses, the way in which the variables of interest in this study are related based on race will be explored.

## CHAPTER II: METHODS

### Sample

The current study involved the use of pre-existing clinical data collected from 67 couples presenting for therapy at a university-based clinic during the period of 2000-2004. In the study, the male and female participants were considered separately. All of the respondents in the sample identified themselves as currently married and living together, and the average length of relationships in the sample was 9 years. The males ranged in age from 23 to 61 years, with an average of 35 years, and the females ranged in age from 19 to 57, with an average of 34 years. Twenty-nine (46%) of the male respondents were African American, 24 (38.1%) were Caucasian, 2 (3.2%) were Hispanic, and 12 (12.7%) identified themselves as 'other'. In the female sample, 35 (54.7%) were African American, 24 (37.5%) were Caucasian, 1 (1.6%) was Hispanic, and 4 (6.3%) identified themselves as 'other'.

In terms of educational attainment, 11 (17.2%) of the male participants reported they had a high school diploma, 22 (34.4%) had completed some college, 5 (7.8%) had completed a bachelor's degree, 6 (9.4%) had completed trade school, and 7 (11%) had completed a graduate degree. Of the female participants, 7 (10.9%) reported they had a high school diploma, 14 (21.9%) had completed some college, 4 (6.3%) had completed a bachelor's degree, 3 (4.7%) had completed trade school, and 24 (37.5%) had completed a graduate degree. In terms of full- or part-time employment, 60 (93.8%) of the male respondents reported that they work full-time and 4 (6.3%) reported they work part-time, while 52 (82.5%) of the female respondents reported that they work full-time and 11 (17.5%) reported that they work



part-time. For employment, 9 (14.3%) of the male respondents reported they worked in a clerical position (e.g., sales, bookkeeping, or as a secretary), 12 (19%) reported they worked as the owner or manager of a small business, 17 (27%) reported they worked as a skilled worker or craftsman, 3 (4.8%) reported they worked as a semi-skilled worker (e.g., machine operator), 6 (9.4%) reported they worked as a service worker (e.g., barber, cook, or beautician), and 16 (25.4%) reported they worked in a professional capacity with a college or graduate degree. Of the female respondents, 18 (28.1%) reported they worked in a clerical position (e.g., sales, bookkeeping, or as a secretary), 4 (6.3%) reported they worked as the owner or manager of a small business, 3 (4.7%) reported they worked as a service worker (e.g., barber, cook, or beautician), and 34 (53.1%) reported they worked in a professional capacity with a college or graduate degree. The personal yearly gross income for the male respondents was an average of \$40,361, with a range from \$18,200 to \$150,000, and for the female respondents, the personal yearly gross income was \$34,442, with a range from \$3,000 to \$90,000.

### Procedure

Prior to beginning treatment, all individuals seeking therapy at the Family Service Center at the University of Maryland complete a clinical assessment involving questionnaires and a brief interview. Marital partners complete the assessment separately to maintain confidentiality. During the assessment, the partners are placed in separate rooms to complete the questionnaire packet, which consists of 11 assessment tools designed to measure various aspects of a couple relationship, including issues of conflict, degree of commitment, conflict styles and behaviors,

relationship style, level of social support, roles in the relationship, trauma symptoms, and level of depression. During the written assessment, the therapist working with the couple conducts a confidential interview individually with each partner. The brief interview assesses both partners' use of drugs and alcohol, inquires about physical violence in the relationship, and determines each partner's feelings of safety about living with and participating in conjoint therapy with their partner. For the current study, four of the measures given in the standard assessment procedure were used.

### Instruments

#### *Independent Variable*

The independent variable, *provider-role consistency* (Appendix A1 and A2), was examined in this study using the Provider-Role Inventory (Perry-Jenkins & Crouter, 1990). The 8-item questionnaire is a self-report measure that assessed an individual's provider-role attitudes and provider-role behavior in the respondent's family.

To assess the participants' provider-role attitudes, questions were asked about the importance of each spouse's income, attitudes about who should provide financially for the family, and the respondent's views about the wife's employment and the circumstances under which she should work (Perry-Jenkins & Crouter, 1990). For example, using a Likert-type scale, participants were asked "With reference to your own family, who do you feel should provide the income?" and asked to select one of six statements: husband entirely, husband more than wife, husband and wife exactly the same, wife more than husband, wife entirely, or other/comment. Space was available for participants who selected "other/comment" to provide an answer.

Participants were also asked whether they agreed or disagreed with the following statement: “In general, the man should be the breadwinner.” Furthermore, participants were asked to evaluate statements such as “What are the roles, in order of importance, of the man (woman) of the family,” with 1 being the most important and 5 being the least important of these items. Answer choices included parent, spouse/companion, worker/professional, provider for the family, or caretaker of household and/or home.

The measure evaluated the participants’ provider-role behaviors by asking questions to assess who actually provides financially for the family. For example, participants were asked “In your family, would you say,” and asked to choose one of the following three statements: you mostly provide economically, your husband/wife mostly provides economically, or you share it equally.

While more frequently used to identify the provider-role types proposed by Hood (1986), the Provider-Role Inventory can also be used to measure inconsistency between a participant’s provider-role attitudes and behavior. An inconsistency is suggested if, for example, a male participant reports that, with reference to his family, he believes the husband should provide the income; however, in his family, the income is shared or the wife provides economically. Similarly, an inconsistency is suggested if a female participant reports that, with reference to her family, she believes the husband and wife should share the responsibility for providing for the family, yet in her family, the husband is the sole provider. For the purpose of the present study, each partner was designated as provider-role consistent or inconsistent. The individuals who were categorized as ambivalent co-provider and ambivalent main/secondary were designated as provider-role inconsistent and those who were

categorized as main/secondary and co-providers were designated provider-role consistent.

Given the nature of the questionnaire, it is not possible to establish reliability and validity. This questionnaire is an attempt to translate a qualitative interview into a pencil and paper measure, and has been used extensively in division of labor and provider-role research (Perry-Jenkins & Crouter, 1990; Perry-Jenkins, Seery, & Crouter, 1992).

### *Dependent Variables*

Three dependent variables were considered in the study: perceived fairness, depression, and marital satisfaction.

The measure of *perceived fairness* (Appendix B) is not a published measure, but is instead based on research by several researchers, including Blair and Johnson (1992), Greenstein (1996), Lennon and Rosenfield (1994), Perry-Jenkins and Folk (1994), and Voydanoff and Donnelly (1999), among others. In the studies, perception of fairness is assessed by asking the participant how they view fairness in their relationship with their partner in a variety of household and relationship domains. In the present study, seven family domains were assessed: household chores, childcare, decision making, sexual relations, leisure time, financial support of the nuclear family, and financial contributions to extended family. Responses were given based on a five-point scale in which 1= very unfair to me, 2= somewhat unfair to me, 3= fair to both of us, 4= somewhat unfair to my partner, and 5= very unfair to my partner.

An individual's level of *depression* (Appendix C) was measured using the Beck Depression Inventory (BDI), which is a self-report measure designed to

evaluate the presence and degree of depression in an individual (Beck, Steer, & Garbin, 1988). Information for the BDI was derived through clinical observations about the attitudes and symptoms regularly seen in depressed psychiatric patients and not seen in non-depressed psychiatric patients. The clinical observations were categorized into 21 symptoms and attitudes: mood; pessimism; sense of failure; lack of satisfaction; guilt feelings; sense of punishment; self-dislike; self-accusation; suicidal wishes; crying; irritability; social withdrawal; indecisiveness; distortion of body image; work inhibition; sleep disturbance; fatigability; loss of appetite; weight loss; somatic preoccupation; and loss of libido (Beck, Steer, & Garbin, 1988). Each category addresses a specific behavioral manifestation of depression, such as sleep problems. Four statements are presented in rank order to reflect the range of severity of that behavioral manifestation from neutral (0) to maximum severity (3). For example, the four statements for sleep problems are “I can sleep as well as usual, I don’t sleep as well as I used to, I wake up 1-2 hours earlier than usual and find it hard to get back to sleep, or I wake up several hours earlier than I used to and cannot get back to sleep.” Participants are asked to circle the statement that reflects their experience of that behavioral manifestation in the past week.

A BDI composite score is calculated by adding together the score from each of the 21 questions. Zero is the minimum scale score and 63 is the maximum score. Based on the total score, it is possible to assess mild, moderate, and severe symptoms of depression present in an individual. A higher score on the BDI indicates moderate to severe depression, and a lower score on the BDI indicates minimal to mild depression. The cut-off score for minimal depression is less than 10; mild to moderate

depression is 10-18; moderate to severe depression is 19-29; and severe depression is 30-63 (Beck, Steer, & Garbin, 1988).

Test-retest reliability of the BDI has been studied in the case of 38 patients who were administered the BDI on two occasions. It was found that changes in the BDI scores tended to be indicative of the parallel changes in the clinical assessment of the severity of the depression, which demonstrates the relationship between BDI scores and the participant's clinical state. Reliability coefficients were reported to be in the acceptable range of above .90, and internal consistency for the BDI ranges from .73 to .92 with a mean of .86 for the test items for psychiatric and .81 for non-psychiatric subjects (Beck, Steer, & Garbin, 1988).

*Marital satisfaction* (Appendix D) was measured using the Dyadic Adjustment Scale (DAS), which is a self-report measure of relationship adjustment (Spanier, 1976). The 32-item instrument is designed to measure the quality of adjustment in marital and other similar dyadic relationships and is applicable for any couple relationship, including married and cohabiting couples. The scale consists of four subscales: dyadic satisfaction, dyadic cohesion, dyadic consensus, and affectional expression (Spanier, 1976). All four subscales have been found to be “conceptually and empirically related to dyadic adjustment” (Spanier, 1976, p. 22).

To assess dyadic satisfaction, participants were asked to evaluate statements such as “How often do you discuss or have you considered divorce, separation, or terminating your relationship?,” “How often do you or your partner leave the house after a fight?,” and “In general, how often do you think that things between you and your partner are going well?” Responses were given using a six-point Likert

response scale in which 0= all the time, 1= most of the time, 2= more often than not, 3= occasionally, 4= rarely, and 5= never.

Dyadic cohesion within the participant's relationship was assessed by asking the participant to evaluate statements such as "How often would you say you and your partner have a stimulating exchange of ideas," "Laugh together," or "Calmly discuss something." Again, a six-point Likert response scale was used in which 0= never; 1= less than once a month; 2= once or twice a month; 3= once or twice a week; 4= once a day; and 5= more often.

To assess dyadic consensus, participants were asked to use a six-point Likert scale in which 5= always agree, 4= almost always agree, 3= occasionally agree, 2= frequently disagree, 1= almost always disagree, and 0= always disagree to evaluate the extent of agreement or disagreement between the participant and his or her partner on issues such as "handling family finances," "religious matters," "sex relations," and "ways of dealing with parents and in-laws."

The degree of affectional expression in a participant's relationship was evaluated through four statements. Participants estimated the extent to which they agree or disagree with their partner in areas of "demonstrations of affection" and "sex relations" using a six-point Likert response scale. In addition, participants are asked whether issues such as "being too tired for sex" or "not showing love" have caused problems in their relationship during the past few weeks using a two-point scale in which 0=yes and 1= no.

The total sum of responses ranges from 0 to 151, in which higher scores indicate higher levels of relationship satisfaction. Items representing the four

subscales are as follows: dyadic satisfaction, numbers 16, 17, 20, 21, 22, 23, 31, and 32; dyadic cohesion, numbers 24, 25, 26, and 27; dyadic consensus, numbers 1, 2, 3, 5, 7, 8, 9, 10, 11, 12, 13, 14, and 15; and affectional expression, numbers 4, 6, 29, and 30.

Studies have consistently demonstrated the reliability of the DAS, and the four factors (dyadic satisfaction, cohesion, consensus, and affectional expression) appear to be robust (Spanier & Thompson, 1982). Spanier and Thompson (1982) found internal consistency reliability for the scale using Cronbach's coefficient alpha to be .91, and another study determined the total scale reliability to be .96 (Spanier, 1976). Construct validity for the scale was determined by assessing whether the DAS measures the same general construct as a well-accepted marital adjustment scale, the Locke-Wallace Marital Adjustment Scale (Spanier, 1976). The correlation between the DAS and the Locke-Wallace Marital Adjustment Scale among married and divorced participants was found to be .86 and .88, respectively, and the correlation for the total sample was .93 (Spanier, 1976). Following evaluation, the overall DAS scale and subscales have been determined to be an appropriate evaluation of dyadic adjustment (Spanier & Thompson, 1982).



## CHAPTER III: RESULTS

The present study was designed to test the following hypotheses:

1. For dual-earner couples, higher perceptions of fairness in the division of household labor will be associated with lower levels of depression and higher levels of marital satisfaction.
2. Partners whose provider-role attitudes and behaviors are consistent will perceive greater levels of fairness in the division of household labor, have less depression, and greater marital satisfaction than will couples whose provider-role attitudes and behaviors are inconsistent.
3. Perceptions of fairness in the division of household labor will moderate the association between consistency and depression and marital satisfaction for partners in dual-earner couples.

Three statistical procedures were used to test the hypotheses. One-way multivariate analysis of variance (MANOVA) was used to test hypothesis 1 and the ordinal variables (depression and marital satisfaction) in hypothesis 2. A chi-square was used to test the categorical variable (perceived fairness) for hypothesis 2. General linear model-multivariate analysis of variance (GLM-MANOVA) was used to test hypothesis 3. This procedure was used to control the overall error rate when testing multiple dependent variables.

### Preliminary Analyses

Prior to conducting the data analyses, each participant was coded into one of the four provider-role types (main/secondary, co-provider, ambivalent co-provider, or

ambivalent main/secondary) based on his or her individual responses to questions on the Provider-Role Inventory according to four dimensions: (a) global attitudes, (b) specific attitudes, (c) financial information for the couple, and (d) reports of how provider-role responsibility is currently divided in their family (Perry-Jenkins & Crouter, 1990). In the male sample (N=64), 5 (7.8%) were coded as main/secondary provider, 27 (42.2%) were coded as co-provider, 30 (46.9%) were coded as ambivalent co-providers, and 2 (3.1%) were coded as ambivalent main/secondary. In the female sample (N=64), 4 (6.3%) were coded as main/secondary provider, 25 (39.1%) were coded as co-provider, 33 (51.6%) were coded as ambivalent co-provider, and 2 (3.1%) were coded as ambivalent main/secondary.

Once the participants were coded into the four provider-role types, they were then recoded as either provider-role consistent or provider-role inconsistent. Respondents who were categorized as main/secondary providers and co-providers were coded as consistent between their provider-role attitudes and behaviors and respondents who were identified as ambivalent co-providers and ambivalent main/secondary were coded as inconsistent between their provider-role attitudes and behaviors. In the male sample (N=64), 32 (50%) were coded as provider-role consistent and 32 (50%) were coded as provider-role inconsistent. In the female sample (N=64), 29 (45.3%) were coded as provider-role consistent and 35 (54.7%) were coded as provider-role inconsistent.

In the current study, perceived fairness in the division of household labor was measured through the Perceived Fairness Inventory. One problem with the current format of the Perceived Fairness Inventory is that because the response options

combine two different dimensions (e.g., fairness to self and fairness to partner), they do not represent ordinal data. Therefore, the items on the measure had to be recoded into categorical scoring. Each participant's item scores (1, 2, 3, 4, 5) were totaled and divided by the number of scale items answered to arrive at a mean score. The participants were then coded into one of three categories of perceived fairness based on their mean scores on the Perceived Fairness Inventory. Mean scores falling between 0-2.49 were coded as "unfair to me;" mean scores between 2.5-3.49 were coded as "fair to both;" and mean scores between 3.5-5.0 were coded as "unfair to partner." In the male sample (N=62), 13 (20.3%) were coded as perceiving fairness in their marriage as "unfair to me," 46 (74.2%) were coded as perceiving fairness in their marriage as "fair to both," and 3 (4.8%) were coded as perceiving fairness in their marriage as "unfair to partner." In the female sample (N=64), 24 (37.5%) were coded as perceiving fairness in their marriage as "unfair to me," 39 (60.9%) were coded as perceiving fairness in their marriage as "fair to both," and 1 (1.6%) was coded as perceiving fairness in her marriage as "unfair to partner." Because the number of participants in both the male and female samples who perceived fairness in their marriage as "unfair to partner" was so small, this category was not used in the data analyses. Only the male and female participants who perceived fairness in their marriage to be either "unfair to me" or "fair to both" were used in the data analysis.

#### Analysis for Hypothesis 1

Hypothesis 1 states that for dual-earner couples, higher perceptions of fairness in the division of household labor will be associated with lower levels of depression and higher marital satisfaction. A one-way multivariate analysis of variance

(MANOVA) was used to test this hypothesis. In the male sample, the results indicated a significant effect of perception of fairness on level of depression ( $F(1, 56) = 5.49, p = .02$ ) and marital satisfaction ( $F(1, 57) = 17.50, p = .00$ ). Men who perceived the division of household labor as “fair to both” had lower levels of depression ( $M = 10.13, SD = 7.75$ ) than men who saw the division of labor as “unfair to me” ( $M = 15.85, SD = 7.76$ ). Similarly, men who perceived the division of household labor as “fair to both” had greater marital satisfaction ( $M = 90.15, SD = 16.36$ ) than men who perceived the division of labor as “unfair to me” ( $M = 66.77, SD = 22.38$ ). Thus, hypothesis 1 was supported among males for perceived fairness and depression and marital satisfaction.

In the female sample, the results indicated no significant effect of perception of fairness on level of depression ( $F(1, 61) = .37, p > .05$ ), but indicated a significant effect of perception of fairness on marital satisfaction ( $F(1, 61) = 7.86, p = .01$ ). Female participants who perceived the division of household labor as “fair to both” had greater marital satisfaction ( $M = 84.05, SD = 20.14$ ) than those who perceived the division of labor as “unfair to me” ( $M = 68.92, SD = 21.85$ ). Thus, hypothesis 1 was supported among females for perceived fairness and marital satisfaction, but not for depression.

#### Analysis for Hypothesis 2

Hypothesis 2 states that partners whose provider-role attitudes and behaviors are consistent will perceive greater levels of fairness in the division of household labor, have less depression, and greater marital satisfaction than will couples whose

provider-role attitudes and behaviors are inconsistent. To test the hypothesis for depression and marital satisfaction, a one-way multivariate analysis of variance (MANOVA) was used in which provider-role consistency was the independent variable and depression and marital satisfaction were the dependent variables. Contrary to what was predicted, the results indicated no significant effect for the male sample between provider-role consistency and depression ( $F(1, 61) = .25, p > .05$ ) and provider-role consistency and marital satisfaction ( $F(1, 62) = .02, p > .05$ ). Similarly, the results indicated no significant effects in the female sample between provider-role consistency and depression ( $F(1, 62) = .19, p > .05$ ) and provider-role consistency and marital satisfaction ( $F(1, 62) = 1.6, p > .05$ ).

To test the hypothesis for perceived fairness, a chi-square was used with provider-role consistency as the independent variable and perceived fairness as the dependent variable. The results from the chi-square test demonstrated no significant effect for both the male ( $\chi^2(1, N= 59) = .01, p > .05$ ) and female samples ( $\chi^2(1, N= 63) = .12, p > .05$ ). Thus, these findings indicated no support for hypothesis 2 for the male and female samples.

### Analysis for Hypothesis 3

Hypothesis 3 states that perceptions of fairness in the division of household labor will moderate the association between provider-role consistency and depression and marital satisfaction for partners in dual-earner couples. A general linear model-multivariate analysis of variance (GLM-MANOVA) was used to test this hypothesis. In the male sample, the results indicated a significant interaction effect between provider-role consistency and perceived fairness for marital satisfaction ( $F(3, 54) =$

5.10,  $p = .03$ ) (see Table 1), but not for provider-role consistency and perceived fairness for depression ( $F(3, 54) = 1.09, p > .05$ ). An analysis of the means (see Table 2) indicates that perceived fairness strengthens the relationship between provider-role consistency and marital satisfaction. For all men, lower levels of perceived fairness were associated with lower marital satisfaction. However, the relationship was much stronger for provider-role consistent men than provider-role inconsistent men. Provider-role consistent men had the highest level of marital satisfaction for all men when they perceived the division of labor to be fair, but had the lowest level of marital satisfaction when they perceived the division of labor to be unfair.

In the female sample, the results indicated no significant interaction effect between provider-role consistency and perceived fairness for depression ( $F(3, 59) = 1.86, p > .05$ ) and between provider-role consistency and perceived fairness for marital satisfaction ( $F(3, 59) = 2.08, p > .05$ ). Hypothesis 3 was not supported among females.

#### Analysis 1 for Exploratory Question

To determine whether provider-role consistency or inconsistency differed significantly by race, independent sample t-tests were conducted. Given that the majority of the sample is comprised of African Americans and Whites, only those two groups were included in the t-tests. There was no significant difference in provider-role consistency between African American and White men,  $t(51) = 1.99, p > .05$  or between African American and White women  $t(57) = .97, p > .05$ .

## Analysis 2 for Exploratory Question

To test whether perceived fairness, level of depression, or marital satisfaction differed by race, a one-way multivariate analysis of variance (MANOVA) was used in which race was the independent variable and perceived fairness, depression, and marital satisfaction were the dependent variables. This analysis was also run using only African American and White participants. The results indicated no significant effect for the male sample between race and perceived fairness ( $F(1, 49) = .24, p > .05$ ), between race and depression ( $F(1, 50) = .04, p > .05$ ), and between race and marital satisfaction ( $F(1, 51) = .01, p > .05$ ). In the female sample, the results indicated a significant effect between race and depression ( $F(1, 57) = 4.47, p = .04$ ), with African American women reporting lower levels of depression than White women ( $M = 12.51, SD = 8.06$  and  $M = 17.63, SD = 10.51$ , respectively). However, no significant effects were found among women between race and marital satisfaction ( $F(1, 57) = .00, p > .05$ ) and between race and perceived fairness ( $F(1, 56) = .00, p > .05$ ).

The difference between African American and White women for race and depression is consistent with literature (Kessler, McGongle, Zhao, Nelson, Hughes, Eshelman, Wittchen, & Kendler, 1994; Warren, n.d.). Given that no other differences between African American and White men and women were found in the exploratory analyses, no additional analyses were conducted.

Table 1

*Perceived Fairness as a Moderator between Provider-role Consistency and Marital Satisfaction for Men*

Source	Sum of Squares	<i>df</i>	<i>F</i>	<i>P</i>
Provider-role Type	489.21	1	1.64	.21
Perceived Fairness	4930.57	1	16.48	.00
Provider-role Type X Perceived Fairness	1525.85	3	5.10	.03
Error	16158.91	54		

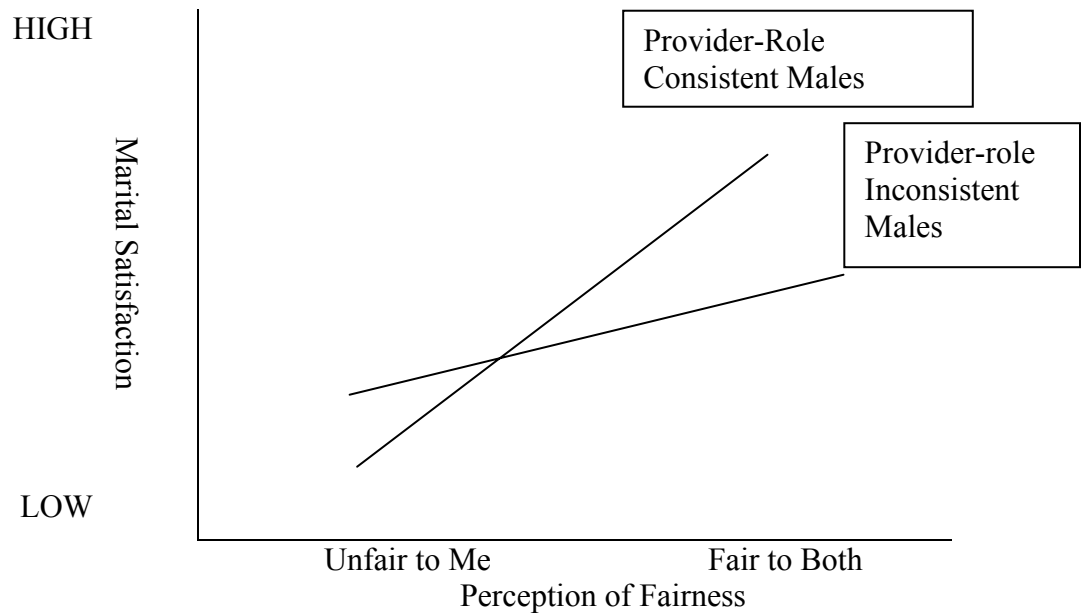


Table 2

*Male Means for Marital Satisfaction by Provider-role Type and Perceived Fairness*

	Fair to Both		Unfair to Me	
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>
Provider-role Consistent	92.35	14.99	57.86	23.31
Provider-role Inconsistent	87.00	17.48	77.17	13.86

Figure 2  
*Interaction Effect between Provider-role Consistency and Marital Satisfaction  
Moderated by Perceived Fairness*



## CHAPTER IV: DISCUSSION

The current study was designed to explore the relationship between inconsistency in provider-role attitudes and behaviors and perceived fairness, depression, and marital satisfaction. Although the current literature on provider-roles attends to the division of labor, little research has addressed the issue of perceived fairness. Specifically, the study had two purposes: first, to understand the role of perceived fairness in the household division of labor in the link between provider-roles, depression, and marital satisfaction, and second, to determine whether perceived fairness in the division of household labor moderates the relationship between provider-role consistency, depression, and marital satisfaction.

### Summary of Results

In the current study, three predictions were made. First, it was hypothesized that higher perceptions of fairness in the division of household labor would be associated with lower levels of depression and greater marital satisfaction. The hypothesis was supported among males and partially supported among females. Among males, it was found that perceived fairness in the division of household labor has a significant effect on depression and marital satisfaction. In the female sample, however, the results indicated a significant relationship only on marital satisfaction.

Second, it was predicted that partners whose provider-role attitudes and behaviors were consistent would perceive greater levels of fairness in the division of household labor, have less depression, and greater marital satisfaction than would

partners whose provider-role attitudes and behaviors were inconsistent. However, contrary to expectations, this hypothesis was not supported among males or females.

Third, it was hypothesized that perceptions of fairness in the division of household labor would moderate the relationship between provider-role consistency and depression and marital satisfaction for partners in dual-earner marriages. In the male sample, results revealed a significant interaction effect between provider-role consistency and perceived fairness for marital satisfaction, but not between provider-role consistency and perceived fairness for depression. For all men, lower levels of perceived fairness were associated with lower marital satisfaction, but among provider-role consistent men, the relationship was much stronger than among provider-role inconsistent men. Provider-role consistent men had the lowest levels of marital satisfaction when they perceived the division of household labor as “unfair to me,” and the highest levels of marital satisfaction when they perceived the division of labor as “fair to both.” In the female sample, no significant results were found and the hypothesis was not supported.

### Limitations of the Study

It is important to consider the possible limitations of the current study prior to examining the findings in greater detail. First, the data were drawn from a clinical sample of men and women presenting for couples therapy, and therefore may not accurately represent individuals who have not sought therapy. The mean score on the original, non-clinical sample of 218 married couples on the Dyadic Adjustment Scale (DAS) was 114.8 ( $SD = 17.8$ ) (Spanier, 1976), compared to a mean score of 82.06

( $SD = 18.57$ ) for our clinical sample of 64 married couples. The lower mean scores in our clinical sample indicate that our sample is not representative of a non-clinical sample. In addition, on the Beck Depression Inventory, both men and women in this sample scored in the mild to moderate range of 10-18 (Beck, Steer, & Garbin, 1988). The men had a mean BDI score of 11.06 ( $SD = 7.97$ ) and women had a mean BDI score of 14.3 ( $SD = 9.35$ ). Thus, the low marital satisfaction scores and moderate range depression scores relative to the general population must be considered in making any interpretations of the data.

A second limitation to this study is the format of the Provider-role Inventory. The measure was created in an attempt to translate qualitative interviews into a paper-and-pencil measure, and therefore reliability and validity measures have not been established. In addition, although the measure attempts to assess an individual's provider-role attitudes and behaviors through the use of multiple-choice questions, it may not be as effective as face-to-face interviews. Additionally, the way in which participants were coded into one of the four provider-role types is open to more coder subjectivity than simply adding scores on a quantitative measure. Finally, an additional limitation to the Provider-role Inventory is that in 2003, wording was changed in the Family Service Center to make questions for the male and female partners more consistent. Participants are asked to evaluate the following question "What are the roles, in order of importance of the man (woman) in the family," with 1 being most important and 5 being the least important. Answer choices previously included "(5) maintainer of household and/or home" for the female partner and "(5) caretaker of household and/or home" for the male partner. The answer choices were

changed to read “(5) caretaker of household and/or home” for both the male and female questions. Data for this study were collected from 2000-2004, so the majority of the participants in the study answered the questionnaire in its prior format before it was revised.

### Explanation of the Findings

While not the focus of this study, one interesting preliminary finding was that within the current sample, very few main/secondary and ambivalent main/secondary provider-role types emerged. In the male sample ( $N = 64$ ), only 5 participants were coded as main/secondary and 2 were coded as ambivalent main/secondary. In the female sample ( $N = 64$ ), only 4 participants were coded as main/secondary and 2 were coded as ambivalent main/secondary. Instead, the sample is comprised primarily of co-providers and ambivalent co-providers. This may represent a shift for American couples towards dual-incomes, with the main difference between the two groups being that co-providers have accepted the notion of sharing responsibility for providing, while ambivalent co-providers are still struggling with it, believing that one partner should hold primary responsibility.

### *Perceived fairness and depression and marital satisfaction*

The hypothesis exploring association between perception of fairness in the division of household labor and depression and marital satisfaction was largely supported. In the male sample, results supported the hypothesis and a significant relationship was found between perception of fairness and depression and marital satisfaction. As expected, men who perceived the division of labor as “fair to both” had lower levels of depression and greater marital satisfaction than men who

perceived the division of labor as “unfair to me.” In the female sample, the results indicated a significant relationship between perceived fairness and marital satisfaction, but contrary to expectations and current research, not between perceived fairness and depression. The finding among the male sample that perceived fairness is associated with marital satisfaction and depression and in the female sample that perceived fairness is associated with marital satisfaction is consistent with earlier studies which found relationships between these variables for both men and women (Bird, 1999; Frisco & Williams, 2003; Perry-Jenkins et al., 1992; Voydanoff & Donnelly, 1999), and although some studies have found a relationship between perceived unfairness to self and depression and marital satisfaction only among women, not men, the disparity may result from the different samples used (Blair, 1993; Perry-Jenkins & Folk, 1994). In addition, this finding is consistent with prior research that has demonstrated that attitudes about fairness in the division of household labor may be more important to level of depression and marital quality than the actual division of labor (Blair & Johnson, 1992; Thompson, 1991; Wilkie et al., 1998).

It is interesting that perceived fairness was not associated with depression among females as expected. Perhaps one explanation as to why a relationship between perceived fairness in the division of household labor and depression was not found as expected in the current study among females is that women in the current clinical sample may be more resigned to the unfairness in division of labor within their household and may be less likely to attempt to change it because they feel as if the current situation will not change, while women in a non-clinical sample may feel that the situation is unfair yet act to change it. A second explanation for the lack of a

significant finding may be the clinical nature of the sample and the narrowed distribution of their depression scores.

### *Provider-role Consistency*

The hypothesis predicting that provider-role consistency would be associated with greater perceptions of fairness in the division of household labor, lower levels of depression, and greater marital satisfaction was not supported in this study. Contrary to predictions and prior research, results revealed that provider-role type (e.g., consistent or inconsistent) does not explain much in terms of perceived fairness in the division of household labor, depression, and marital satisfaction. This finding is inconsistent with prior research which found that provider-role consistency is associated with lower levels of depression and greater marital satisfaction. For example, Perry-Jenkins and Crouter (1990) demonstrated that men who were congruent in their provider-role attitudes and behaviors expressed greater marital satisfaction than those who were incongruent, and Perry-Jenkins et al. (1992) found that women's attitudes about the provider-role were directly linked to evaluations of their relationship.

One explanation as to why this finding was not found in the current study may be the difference in the way participants were analyzed. In the studies by Perry-Jenkins and Crouter (1990) and Perry-Jenkins et al. (1992), men and women were categorized into one of three provider-role types designated by Hood (1986): main/secondary, co-provider, and ambivalent co-provider. In the current study, participants were first coded into one of the four provider-role types (e.g., main/secondary, co-provider, ambivalent co-provider, or ambivalent main/secondary),



and then coded as provider-role consistent or provider-role inconsistent according to their provider-role type. It is possible that the two provider-role categories of consistent and inconsistent are too broad and therefore miss variation within the four provider-role types. However, not enough main/secondary providers existed in the current sample to test them even if it was thought appropriate. An additional explanation as to why this finding was not found in the current study is because of the clinical nature of the sample. Given the increased depression and decreased marital satisfaction discussed previously, there may not be the variation in the outcome variables needed psychometrically to find significant relationships.

*Perceived fairness as a moderator in the relationship between provider-role consistency and depression and marital satisfaction*

Finally, this study explored whether perceived fairness moderates the relationship between provider-role consistency and depression and marital satisfaction. Results revealed that for men, there is an interaction effect for provider-role consistency and perceived fairness for marital satisfaction, but not for provider-role consistency and perceived fairness for depression. In the female sample, no significant results were found for provider-role consistency and perceived fairness for depression or for marital satisfaction. While the results are statistically significant for men, a closer conceptual examination of the analysis would suggest that fairness may not be the moderating variable in the relationship. Although the analysis for hypotheses 1 and 2 demonstrated that there is no relationship between provider-role consistency and depression and marital satisfaction, there is a relationship between fairness and these variables. Thus, when the data analysis for hypothesis 3 revealed

an interaction effect between provider-role consistency and perceived fairness for marital satisfaction, it is more logical to deduce that provider-role consistency moderates the existing relationship between perceived fairness and marital satisfaction. For example, the data analysis showed that for all men, lower levels of perceived fairness were associated with lower marital satisfaction, but the relationship was much stronger for provider-role consistent men than for provider-role inconsistent men. This finding indicated that men whose provider-role attitudes and behaviors are consistent were more unsatisfied in their marriage when they perceive the division of household labor as unfair to them than men whose provider-roles were inconsistent.

Two questions then arise. First, how does provider-role consistency or inconsistency help clarify the relationship between fairness and marital satisfaction for men? This is a particularly interesting question because in earlier research Voydanoff and Donnelly (1999) found that gender ideology did not mediate the positive relationship between perceived fairness and both depression and marital satisfaction. So why would the consistency between beliefs and behavior serve as a mediator in this study when beliefs alone were not significant previously? One possible explanation may come down to the importance of behavior, not just beliefs for men. The work of Voydanoff and Donnelly (1999) would suggest that it is not enough to simply look at attitudes; rather, the fit between men's attitudes and behaviors must be considered. For example, co-provider men participate in decidedly more household tasks than main/secondary and ambivalent co-providers, but both the co-providers and main/secondary providers report greater marital satisfaction than

ambivalent co-providers (Perry-Jenkins & Crouter, 1990; Perry-Jenkins, 1994). It may be that co-providing and main/secondary men *are* behaving in a way that is consistent with their belief system and therefore are more troubled by perceptions of unfairness to them than men who may not be meeting their own standard of role performance. In other words, when men do what they think they should, regardless of what role that is, it is upsetting to them to still be doing more than their fair share at home.

The second question is why would provider-role consistency moderate the relationship between fairness and marital satisfaction for men, but not women? The results of analysis 2 indicated a significant effect between perceived fairness in the division of household labor and marital satisfaction for women, but as demonstrated in analysis 3, provider-role consistency does not moderate the relationship between the variables. One possible explanation may be that roles are less salient a construct for women than men. Historically, women had held more encompassing roles within the home with fewer options or variation than men. Since women are more accustomed than men to the obligation of performing a wide variety of roles within the household, they may be less focused on how the work they do in the home is tied to the roles they fill outside the home. That is, women expect to be doing housework no matter how the provider-role is apportioned. Thus, support for the notion that women's sense of fairness in the division of labor is not tied to family roles, or even a comparison of what they do relative to their husbands or other women, is found in the research of Thompson (1991). Thompson (1991) found that a significant factor in women's assessment of fairness was not the comparison of what they did relative to

their husbands, but the amount of housework their husbands did relative to other husbands or the amount of housework the women performed relative to other women. Thus, women's assessment of fairness may have more to do with factors external to the marriage that were not considered in this study.

## Implications of the Results

### *Implications for Future Research*

In the future, studies using larger, non-clinical samples may yield more information about the relationship between provider-role consistency and perceived fairness, depression, and marital satisfaction. In addition, future analyses with the participants coded by the four provider-role types (e.g., main/secondary, co-provider, ambivalent co-provider, and ambivalent main/secondary) rather than the two broad categories of provider-role consistent and provider-role inconsistent may lead to a better understanding of the relationship between these variables. However, as the results indicated, future studies may find only two distinct groups of providers (e.g., co-providers and ambivalent co-providers) to explore as couples transition to dual-earner status, and studies focusing on main providers within families may not be as necessary or informative. In addition, although not possible in the current study, it may be helpful to incorporate open-ended questions into the quantitative research, similar to the work done by Perry-Jenkins and Crouter (1990). Face-to-face interviews or open-ended questions may allow the researcher to more definitively categorize a participant into one of the four provider-role types and may yield more information about provider-roles than quantitative research. In addition, qualitative

interviews may provide important information about the concept of provider for men and women that may be missed through quantitative research.

Second, in this study, men and women were coded by provider-role type and as provider-role consistent or inconsistent individually and not as a couple (Perry-Jenkins & Crouter, 1990) and the analyses were conducted separately for men and women. Although it is useful to explore partner's provider-role attitudes separately as was the case with this study, future examination to test variability in provider-roles both within the individual and within the couple may yield important results on the role of provider-role type on perceived fairness, division of labor, and marital satisfaction.

Third, in the current study, perceived fairness was evaluated based on seven specific areas of domestic responsibility. Future research is needed in which perceived fairness is measured on specific areas in a marriage such as housework or childcare to determine whether some tasks have a bigger impact on marital outcomes for men and women than others. In addition, future research exploring perception of fairness in specific areas in a relationship should be tested for differences between races.

Fourth, although much of the current literature on provider-roles is derived from white, middle-class American samples, one strength of the current study is that the sample was racially and culturally diverse. However, although the initial foray into examining differences by race revealed no significant results, it is still important to look at race in provider-role research. In order to fully understand the meaning of provider among all races and cultures, it is important to understand the role of racism

and oppression for minorities and how it affects their definition of themselves and the concept of provider. Future research should investigate this more thoroughly.

Finally, because the current study was run using only heterosexual married couples, similar analyses conducted on cohabiting or same-sex couples may yield important information on provider-role issues within these populations. Also, given the increase in divorce and remarriage among couples during the last few decades, future analyses to explore aspects of the provider-role or perceptions of fairness for remarried couples as compared to those in first marriage may be important.

#### *Implications for Clinical Applications*

Despite limitations in the current study, results indicate that perceptions of fairness in the division of household labor are important to the functioning of an individual and the quality of marriage. Consistent with other studies, this study showed that greater perceptions of fairness are associated with lower levels of depression and greater marital satisfaction among men (Bird, 1999; Frisco & Williams, 2003; Perry-Jenkins et al., 1992; Voydanoff & Donnelly, 1999). Although results from this study revealed that perceptions of fairness in the division of household labor are associated with marital satisfaction and not depression among women, it is important to explore with couples how responsibilities within the family (e.g., division of labor) are divided and how fair each partner perceives the current division to be.

A recent study by Haddock and Bowling (in press, as cited in Haddock, 2002) reported that, in response to a clinical vignette depicting a dual-earner couple

struggling with the normative problems associated with the division of labor and the effects of the wife's employment on children, almost 80% of marriage and family therapists either reinforced negative societal myths about dual-employment with the family or neglected to include societal context factors in their treatment plans. In addition, only one-fifth of the therapists studied empathized with the wife about her feelings of guilt over working and even fewer failed to intervene to increase the equitable division of household labor or childcare responsibilities, which was the presenting problem. Instead, many therapists worked on helping the couples clarify their values, improve their communication skills, and encouraged the wives to alter their work schedules. For these reasons, among others, it is beneficial for therapists to be educated on issues pertaining to dual-earner couples, provider-role issues, and how to assist couples in dividing household labor in a way that is deemed appropriate by each partner (Haddock, 2003).

Consistent with gender theory, therapists need to explore with couples how they view their roles and the meanings attached to those roles. It is important for the therapist to assess each partner's attitudes about providing for the family and responsibilities within the home as well as how these roles are carried out within the family. In addition, therapists should support couples as they attempt to reconcile or understand individual differences about the provider-role and the way in which their differences affect the couple relationship. Finally, therapists should explore with the couple the way in which household labor is divided and help the couple more equitably divide household labor and childcare responsibilities to alleviate

perceptions of unfairness, should one or both partners express problems with the current arrangements.



## Provider-Role Inventory FOR FEMALE PARTNER

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We would like to ask you about your views of men's and women's roles and responsibilities in the family. In addition, we are also interested in how these roles and responsibilities are played out in your family.

1. What are the roles, in order of importance, of the woman of the family?  
*1=most important, 2=second in importance, 3=third in importance, 4=fourth in importance, 5=least important*

Answer for families in general, not specifically for your family.

*Only use each number one time.*

- Parent
- Spouse/companion
- Worker/professional
- Provider for family
- Caretaker of household and/or home

2. What are the roles, in order of importance, of the man of the family?  
*1=most important, 2=second in importance, 3=third in importance, 4=fourth in importance, 5=least important*

Answer for families in general, not specifically for your family.

*Only use each number one time.*

- Parent
- Spouse/companion
- Worker/professional
- Provider for family
- Caretaker of household and/or home

3. With reference to your own family, who do you feel should provide the income? **Check one.**

- 1. Husband entirely
  - 2. Husband more than wife
  - 3. Husband and wife exactly the same
  - 4. Wife more than husband
  - 5. Wife entirely
  - 6. Other/comment
- 
- 

4. In general, the man should be the main breadwinner. **Check one.**

- 1. Agree
- 2. Disagree

5. In your family, would you say: **Check one.**

- 1. You mostly provide economically
- 2. Your husband mostly provides economically
- 3. You share it equally

6. Should a wife work if her husband makes an income about equal to your husband's income and they have children in school, but no preschool children?  
**Check one.**
- 1. It is her duty to work
  - 2. It would be better in most circumstances for her to work
  - 3. Only if the wife really wants to work
  - 4. Her primary responsibility is the care of the family and the home.
7. How important are your financial contributions to the family? **Check one.**
- 1. We don't need my money at all
  - 2. We use it for what I want
  - 3. My money goes for extras, icing on the cake
  - 4. My money helps. Without it we'd have to tighten our belts, but we could get along without it if necessary.
  - 5. We do it together. My money is necessary. We couldn't get along without it.
  - 6. Usually my money goes for extras, but in a crisis we need it for backup. It takes the pressure off.
  - 7. My money pays the bills. It is the primary/only income in the family.
8. Actual use of your money: Rank all applicable in order of importance:  
***1=most important, 2=second in importance, 3=third in importance, 4=fourth in importance, 5=fifth in importance, 6=sixth in importance, 7=least important***
- Support of family in time of crisis
  - Pooled with husband's for all expenses
  - Used for specific ongoing expenses: (specify) \_\_\_\_\_
  - Major capital investments (education, home, car, etc.)
  - Improvements in quality of life (appliances, recreation, better clothing, etc.)
  - Things for herself and/or to keep her job.
  - Primary/sole financial support of the family.
9. Families have different ways of managing financial responsibility for the family, whether it comes from one income or two. Is there anything else you think would be helpful for us to know about how you and your spouse deal with your income(s)?
- 
- 
-

## Provider-Role Inventory

FOR MALE PARTNER

---

We would like to ask you about your views of men's and women's roles and responsibilities in the family. In addition, we are also interested in how these roles and responsibilities are played out in your family.

1. What are the roles, in order of importance, for the man of the family?  
***1=most important, 2=second in importance, 3=third in importance, 4=fourth in importance, 5=least important***  
Answer for families in general, not specifically for your family.  
*Only use each number one time.*  
 Parent  
 Spouse/companion  
 Worker/professional  
 Provider for family  
 Caretaker of household and/or home
  
2. What are the roles, in order of importance, for the woman of the family?  
***1=most important, 2=second in importance, 3=third in importance, 4=fourth in importance, 5=least important***  
Answer for families in general, not specifically for your family.  
*Only use each number one time.*  
 Parent  
 Spouse/companion  
 Worker/professional  
 Provider for family  
 Caretaker of household and/or home
  
3. With reference to your own family, who do you feel should provide the income?  
***Check one.***  
 1. Husband entirely  
 2. Husband more than wife  
 3. Husband and wife exactly the same  
 4. Wife more than husband  
 5. Wife entirely  
 6. Other/comment  

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4. In general, the man should be the main breadwinner. ***Check one.***  
 1. Agree  
 2. Disagree
  
5. In your family, would you say: ***Check one.***  
 1. You mostly provide economically  
 2. Your wife mostly provides economically  
 3. You share it equally

6. Should a wife work if her husband makes an income about equal to your income and they have children in school, but not preschool children?  
**Check one.**
- 1. It is her duty to work
  - 2. It would be better in most circumstances for her to work
  - 3. Only if the wife really wants to work
  - 4. Her primary responsibility is the care of the family and the home.
7. How important is your wife's financial contribution to your family? **Check one.**
- 1. We don't need her money at all
  - 2. We use it for what she wants
  - 3. Her money goes for extras, icing on the cake
  - 4. Her money helps. Without it we'd have to tighten our belts, but we could get along without it if necessary.
  - 5. We do it together. Her money is necessary. We couldn't get along without it.
  - 6. Usually her money goes for extras, but in a crisis we need it for backup. It takes the pressure off.
  - 7. Her money pays the bills. It is the primary/only income in the family.
8. Actual use of wife's money:  
***1=most important, 2=second in importance, 3=third in importance, 4=fourth in importance, 5=fifth in importance, 6=sixth in importance, 7=least important***
- Support of family in time of crisis
  - Pooled with husband's for all expenses
  - Used for specific ongoing expenses: (specify) \_\_\_\_\_
  - Major capitol investments (education, home, car, etc.)
  - Improvements in quality of life (appliances, recreation, better clothing, etc.)
  - Things for herself and/or to keep her job.
  - Primary/sole financial support of the family.
9. Families have different ways of managing financial responsibility for the family, whether it comes from one income or two. Is there anything else you think would be helpful for us to know about how you and your spouse deal with your income(s)?
- 
- 
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## Appendix B

# Perceived Fairness Inventory

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Please rate how you view FAIRNESS of your relationship with your partner in each of the following seven areas. Enter the number of the appropriate response next to each item.

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>
<i>Very unfair to me</i>	<i>Moderately unfair to me</i>	<i>A little unfair to me</i>	<i>Fair to both of us</i>	<i>A little unfair to my partner</i>	<i>Moderately unfair to my partner</i>	<i>Very unfair to my partner</i>

- \_\_\_ 1. Responsibility for and care of children
- \_\_\_ 2. Financial support of the nuclear family
- \_\_\_ 3. Financial contribution to the extended family
- \_\_\_ 4. Leisure time
- \_\_\_ 5. Sexual relations
- \_\_\_ 6. Household chores
- \_\_\_ 7. Decision making

## Appendix C

# Beck Depression Inventory

On this questionnaire are groups of statements. Please read each group of statements carefully. Then pick out the one statement in each group which best describes the way you have been feeling the **PAST WEEK, INCLUDING TODAY!** Circle the number beside the statement you picked. If several statements in the group seem to apply equally well, circle each one. **Be sure to read all the statements in each group before making your choice.**

1. 0 I do not feel sad.  
1 I feel sad.  
2 I am sad all the time and I can't snap out of it.  
3 I am so sad or unhappy that I can't stand it.
2. 0 I am not particularly discouraged about the future.  
1 I feel discouraged about the future.  
2 I feel I have nothing to look forward to.  
3 I feel that the future is hopeless and that things cannot improve.
3. 0 I do not feel like a failure.  
1 I feel I have failed more than the average person.  
2 As I look back on my life, all I can see is a lot of failures.  
3 I feel I am a complete failure as a person.
4. 0 I get as much satisfaction out of things as I used to.  
1 I don't enjoy things the way I used to.  
2 I don't get real satisfaction out of anything anymore.  
3 I am dissatisfied or bored with everything.
5. 0 I don't feel particularly guilty.  
1 I feel guilty a good part of the time.  
2 I feel quite guilty most of the time.  
3 I feel guilty all the time.
6. 0 I don't feel I am being punished.  
1 I feel I may be punished.  
2 I expect to be punished.  
3 I feel I am being punished.
7. 0 I don't feel I am worse than anybody else.  
1 I am disappointed in myself.  
2 I am disgusted with myself.  
3 I hate myself.
8. 0 I don't feel I am any worse than anybody else.  
1 I am critical of myself for my weaknesses or mistakes.  
2 I blame myself all the time for my faults.  
3 I blame myself for everything bad that happens.

9. 0 I don't have any thoughts of killing myself.  
1 I have thoughts of killing myself, but I would not carry them out.  
2 I would like to kill myself.  
3 I would kill myself if I had the chance.
10. 0 I don't cry any more than usual.  
1 I cry more than I used to.  
2 I cry all the time now.  
3 I used to be able to cry, but now I can't cry even though I want to.
11. 0 I am no more irritated now than I have ever been.  
1 I get annoyed or irritated more easily than I used to.  
2 I feel irritated all the time now.  
3 I don't get irritated at all by the things that used to irritate me.
12. 0 I have not lost interest in other people.  
1 I am less interested in other people than I used to be.  
2 I have lost most of my interest in other people.  
3 I have lost all of my interest in other people.
13. 0 I make decisions about as well as I ever could.  
1 I put off making decisions more than I used to.  
2 I have greater difficulty in making decisions than before.  
3 I can't make decisions at all anymore.
14. 0 I don't feel I look any worse than I used to.  
1 I am worried that I am looking old or unattractive.  
2 I feel that there are permanent changes in my appearance that make me look unattractive.  
3 I believe that I look ugly.
15. 0 I can work about as well as before.  
1 It takes an extra effort to get started at doing something.  
2 I have to push myself very hard to do anything.  
3 I can't do any work at all.
16. 0 I can sleep as well as usual.  
1 I don't sleep as well as I used to.  
2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.  
3 I wake up several hours earlier than I used to and cannot get back to sleep.
17. 0 I don't get more tired than usual.  
1 I get tired more easily than I used to.  
2 I get tired more doing almost anything.  
3 I am too tired to do anything.
18. 0 My appetite is no worse than usual.  
1 My appetite is not as good as it used to be.  
2 My appetite is much worse now.  
3 I have no appetite at all anymore.

19. 0 I haven't lost much weight, if any, lately.

1 I have lost more than 5 pounds.

2 I have lost more than 10 pounds.

3 I have lost more than 15 pounds.

*I am purposely trying to lose weight. Yes \_\_\_ No \_\_\_*

20. 0 I am no more worried about my health than usual.

1 I am worried about physical problems such as aches, pains, an upset stomach or constipation.

2 I am very worried about physical problems and it's hard to think of much else.

3 I am so worried about my physical problems that I cannot think about anything else.

21. 0 I have not noticed any recent change in my interest in sex.

1 I am less interested in sex than I used to be.

2 I am much less interested in sex now.

3 I have lost interest in sex completely.



**Appendix D**

**Dyadic Adjustment Scale**

Most persons have disagreements in their relationship. Please indicate below how the approximate extent of your agreement or disagreement between you and your partner for each item on the following list. Place a checkmark (✓) to indicate your answer.

	<i>Always Agree</i>	<i>Almost Always Agree</i>	<i>Occasionally Disagree</i>	<i>Frequently Disagree</i>	<i>Almost Always Disagree</i>	<i>Always Disagree</i>
1. Handling family finances						
2. Matters of recreation						
3. Religious matters						
4. Demonstrations of affection						
5. Friends						
6. Sex relations						
7. Conventionality (correct or proper behavior)						
8. Philosophy of life						
9. Ways of dealing with parents and in-laws						
10. Aims, goals, and things believed important						
11. Amount of time spent together						
12. Making major decisions						
13. Household tasks						
14. Leisure time interests and activities						
15. Career decisions						

	<i>All the time</i>	<i>Most of the time</i>	<i>More often than not</i>	<i>Occasionally</i>	<i>Rarely</i>	<i>Never</i>
16. How often do you discuss or have you considered divorce, separation or terminating your relationship?						
17. How often do you or your partner leave the house after a fight?						
18. In general, how often do you think that things between you and your partner are going well?						
19. Do you confide in your partner?						
20. Do you ever regret that you married (or lived together?)						
21. How often do you and your partner quarrel?						
22. How often do you and your partner "get on each other's nerves"?						

HOW OFTEN WOULD YOU SAY THE FOLLOWING EVENTS OCCUR BETWEEN YOU AND YOUR MATE? CIRCLE YOUR ANSWER.

23. Do you kiss your partner?

EVERYDAY    ALMOST EVERYDAY    OCCASIONALLY    RARELY    NEVER

24. Do you and your partner engage in outside interests together?

ALL OF THEM    MOST OF THEM    SOME OF THEM    VERY FEW OF THEM    NONE OF THEM

25. Have a stimulating exchange of ideas?

NEVER    LESS THAN ONCE A MONTH    ONCE OR TWICE A MONTH    ONCE OR TWICE A WEEK    ONCE A DAY    MORE OFTEN

26. Laugh together?

NEVER    LESS THAN ONCE A MONTH    ONCE OR TWICE A MONTH    ONCE OR TWICE A WEEK    ONCE A DAY    MORE OFTEN



## **Instrument Scoring Information**

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**Provider-Role Inventory:** In their 1990 article, Perry-Jenkins and Crouter provided information on how to score the Provider-Role Inventory and categorize participants into one of three provider-role types. In the current study, participants were coded into one of four provider-role types, but used Perry-Jenkins and Crouter's (1990) information. In coding responses, coders looked for a pattern of responses on multiple-choice questions assessing provider-role attitudes and behaviors. Coders grouped the questions by dimensions representing (a) global attitudes, (b) specific attitudes, (c) financial information, and (d) reports of how provider-role responsibility is currently divided in the family (Perry-Jenkins & Crouter, 1990). On the measure, item numbers 1, 2, 4, and 6 represented global attitudes, item number 3 represented specific attitudes, and item numbers 7 and 8 represented behaviors about how provider-role responsibility is divided in the family. Financial information was established from the personal gross income listed on a general information sheet each participant completed during the assessment.

**Perceived Fairness Inventory:** Each participant's item scores were totaled and divided by the number of scale items answered to arrive at a mean score. The participants were then coded into one of three categories of perceived fairness based on their mean scores. Mean scores falling between 0-2.49 were coded as "unfair to me," mean scores between 2.5-3.49 were coded as "fair to both," and mean scores between 3.5-5.0 were coded as "unfair to partner."

**Beck Depression Inventory (BDI):** A composite BDI score is calculated by adding together the score from each of the 21 questions. However, on item number 19, the participant is asked to answer the question “I am purposely trying to lose weight.” If the participant answers “yes” to this question, the item score (0-3) for that question is not added to the total score. If the participant answers “no,” the item score is added into the total score.

Zero is the minimum scale score and 63 is the maximum score on the BDI. Based on the total score, it is possible to assess mild, moderate, and severe symptoms of depression in an individual, with a higher score indicating moderate to severe depression and a lower score indicating minimal to mild depression. The cut-off score for minimal depression is less than 10; mild to moderate depression is 10-18; moderate to severe depression is 19-29; and severe depression is 30-63 (Beck, Steer, & Garbin, 1988).

**Dyadic Adjustment Scale (DAS):** A total DAS score is calculated by taking the sum of the 32 item responses. Reverse scoring is used on item numbers 18, 19, 23, 24, and 32. The total sum of responses ranges from 0 to 151, in which higher scores indicate higher levels of relationship satisfaction. Although not used in this study, items representing the four subscales are as follows: dyadic satisfaction, numbers 16, 17, 20, 21, 22, 23, 31, and 32; dyadic cohesion, numbers 24, 25, 26, and 27; dyadic consensus, numbers 1, 2, 3, 5, 7, 8, 9, 10, 11, 12, 13, 14, and 15; and affectional expression, numbers 4, 6, 29, and 30 (Spanier, 1976).

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