

## ABSTRACT

Title of thesis: AFRICAN AMERICAN COUPLES' PROVIDER ROLE  
ATTITUDES AS A FUNCTION OF INCOME, RELATIVE  
INCOME, EDUCATION, AND AGE

Tariiq Omari Walton, Master of Science, 2018

Thesis Directed by: Professor Norman Epstein  
Department of Family Science

This study investigated characteristics that are associated with the provider role attitudes of African Americans being seen for couple therapy at a university-based family therapy clinic in a major metropolitan region, the Center for Healthy Families at the University of Maryland, College Park. It was predicted that income, relative income, education, age, and gender would be associated with the degree of traditional provider role attitudes of members of African American couples being treated at the CHF between 2000 and 2015. Contrary to the predictions, no relationship between education, age, and relative income and the provider role attitudes of the study's participants was found. However, the results did show a significant relationship between gender and income and provider role attitudes. The implications for future research and clinical applications are discussed.

AFRICAN AMERICAN COUPLES' PROVIDER ROLE ATTITUDES  
AS A FUNCTION OF INCOME, RELATIVE INCOME, EDUCATION, AND AGE

by

Tariq Omari Walton

Thesis submitted to the Faculty of the Graduate School of the  
University of Maryland, College Park in partial fulfillment  
of the requirements for the degree of  
Master of Science  
2018

Advisory Committee:

Professor Norman B. Epstein

Associate Professor Kevin Roy

Associate Professor Rashawn Ray

©Copyright by  
Tariiq Omari Walton  
2018

## **Acknowledgements**

I would be remiss if I did not offer a word of gratitude to the many people who provided me with guidance through this process:

First, thank you to Dr. Norman Epstein for his tireless work in revising and editing the multitude of drafts of this thesis. He truly pushed me to turn this research paper into a piece I could both be proud of and refer to in my work in the community.

Thank you to Dr. Kevin Roy for his constant encouragement. His interest in my subject matter and my development as a researcher was candlelight in the darkness.

Thank you to Dr. Rashawn Ray for his friendship and insight. His departmental outsider's perspective was masterful and added much needed depth to this paper.

Thank you to my 2014, 2015, and 2016 comrades in the CFT program for your daily support and care.

And thank you to my family and friends for your patience, wisdom, love, support, belief, kindness, intelligence, and, most of all, help through my struggles with completing this work. You were everything I needed.

## Table of Contents

Acknowledgements.....	ii
Table of Contents.....	iii
 CHAPTER I: INTRODUCTION.....	1
Statement of the Problem.....	1
Purpose of the Study.....	6
Review of the Literature.....	7
Theoretical foundations of the study.....	7
Defining gender roles/provider roles.....	10
The influences on and the influences of provider role attitudes.....	21
Development of African American male/female provider role attitudes..	29
Variables.....	37
Independent variables.....	37
Dependent variables.....	37
Research Questions.....	38
Hypotheses.....	39
 CHAPTER II: METHODS.....	41
Sample.....	41
Measures.....	42
Procedure.....	44
 CHAPTER III: RESULTS.....	46
Preliminary Analysis.....	47
Primary Analysis.....	47
Analysis for hypothesis 1.....	47
Analysis for hypothesis 2.....	48
Analysis for hypothesis 3.....	48

Analysis for hypothesis 4.....	50
Analysis for hypothesis 5.....	50
Exploratory Analysis.....	51
CHAPTER IV: DISCUSSION.....	53
Summary of Results.....	53
Interpretation of the Findings.....	55
Limitations of the Study.....	59
Implications of the Results.....	62
Implications for future research.....	62
Implications for clinical applications.....	64
Appendices.....	66
Appendix A.....	66
References.....	69

## **List of Tables**

1. Client's Highest Level of Education.....	42
2. Client's Gender*Education (Recoded).....	49
3. Tests of Between-Subjects Effects.....	50
4. Client's Demographics.....	52

## CHAPTER I: INTRODUCTION

### Statement of the Problem

The shift from an agrarian-based financial system to an industrial-based system (better known as the Industrial Revolution) brought with it a great many changes to Western society. A major consequence of this shift was the limitations placed on a family's ability to make a living close to home (Loscocco & Spitze, 2007). The man of the traditional nuclear family was enticed away from the home in order to participate in the workforce and receive pay for his work, thus placing the responsibility of providing financially for the family squarely on his shoulders (Loscocco & Spitze, 2007). The adoption of being the breadwinner/provider for his family became central to the development of the gender identity of males in Western culture (Loscocco & Spitze, 2007). In a complementary manner, the care-taking of the home and the family's children was established as the domain of the female partner; a gender-based position that still exists in some families (Ogolsky et al., 2014). A major transformation occurred in the shadow of World War II, when women's participation in the labor force more than doubled, and these wives and mothers were forced to adopt the dual roles of breadwinner and homemaker (Giele & Holst, 2004). With their GI husbands returning home, many of these newly empowered women did not relinquish their role as an earner, resulting in women becoming co-providers (Giele & Holst, 2004).

In the literature on family roles, the terms **breadwinner** and **provider role** are used interchangeably. Perry-Jenkins and Crouter (1990) define **role**, as it pertains to couples, as "a consistent pattern of individual activity that is directly or indirectly interdependent with the partner" (p. 139). These patterns are based on the individuals'



actual behaviors (the visible representation), their cognitions (attitudes toward or interpretation of expected behaviors), and affect (the emotions that members of a relationship experience as a result of the degree to which enacted role behaviors compared with their role expectations). The patterns can influence the execution of the roles within and related to the home, including housework and financial contributions (Perry-Jenkins & Crouter, 1990). When these roles are represented by a sense of equity between partners, social scientists commonly use the term **egalitarianism** to describe the partners' views (Ogolsky et al., 2014). In contrast, individuals are described as having traditional gender roles regarding family relationships when they hold attitudes favoring the more segregated role of male provider and female care-taker (Ogolsky et al., 2014). For the purpose of this study, the terms “egalitarian” and “non-traditional” are used interchangeably.

Disparate (conflicting) egalitarian or traditional beliefs and behaviors between two partners have been directly linked to lower marital satisfaction experienced by one or both of the partners in the couple (Ogolsky et al., 2014). In addition, violation of an individual's role beliefs by the actual role behaviors that occur in his or her relationship has been shown to contribute to marital dissatisfaction (Perry-Jenkins & Crouter, 1990). For example, women with more egalitarian beliefs who perceived themselves as the primary breadwinner in the family were more likely to see the lack of their mate's participation in housework as unfairly low, leading to marital distress (Helms-Erikson et al., 2000). Support for this claim is demonstrated in the work of Ogolsky et al. (2014) in their study of cognitive and behavioral egalitarianism, in which a wife's marital quality was directly affected by her own level of cognitive egalitarianism.

The link between gender role attitudes and marital satisfaction can also be found in the associations among men's provider role attitudes, their amount of participation in household duties, and their levels of marital satisfaction. Perry-Jenkins and Crouter (1990) and Koball (2004) found that when men's role behaviors aligned with their attitudes, they were likely to report higher levels of marital satisfaction. This remained true for those men who held traditional provider role attitudes, viewed themselves as the main provider, and performed relatively little housework, as well as for those who had more egalitarian attitudes, viewed themselves as co-providers, and performed a relatively higher amount of household tasks (Perry-Jenkins & Crouter, 1990; Loscocco & Spitze, 2007).

Not only can provider role attitudes affect mates' levels of marital satisfaction; those role attitudes can also be a predictor of whether or not men choose to even enter marriage (Koball, 2004). Studies have shown that men with more traditional provider role attitudes (believing that being the breadwinner will be an "essential responsibility" that they will have to assume in marriage) but who are low wage earners delay entrance into marriage (Koball, 2004). Holding a traditional provider role view may reduce this vulnerable population's likelihood of entering marriage, potentially playing a greater role in their decision making process regarding marriage as these men age (Koball, 2004).

The results of these studies indicate the need to better understand characteristics that increase the likelihood of individuals holding more traditional versus egalitarian attitudes toward provider roles, because these partner roles regulate the behavioral interactions within the couple's relationship, particularly the power dynamic between members of a couple (Senn et al., 2009). Also, as described, the attitudes toward these

roles are associated with marital satisfaction experienced by both men and women (Perry-Jenkins, 1990, 1992; Loscocco & Spitze, 2007). According to the research by Sweeting et al. (2013), women and younger people have higher levels of egalitarian gender role attitudes, whereas more traditional gender role attitudes, particularly regarding the role of provider, were found among men and people in older generations.

Consistent with broader societal patterns in which provider roles influence males' and females' experiences within their couple relationships, attitudes toward provider roles within heterosexual African American relationships are related to their attitudes toward gendered partner roles (Littlefield, 2003). A risk factor for distress in African Americans' couple relationships is the anxiety that some African American men feel regarding their ability to adequately provide financially for their family (Hatchett, 1995) and a negative view of a man's need to depend on his female partner to contribute financially to the household. As the role of breadwinner for one's family has greatly influenced identity development among American males in general (Diemer, 2004), understanding the depth to which African American males identify with this view is important, particularly as the anxiety about potentially failing to carry out the role successfully persists.

African American women historically played a significantly larger role in the economic contribution to their families than European American women (Tucker et al., 1995). This balance in familial economic contributions on the parts of African American females and African American males created a long lasting pattern of gender egalitarianism in the African American community (Tucker et al., 1995). The gender role fluidity that accompanies African American women's common need to be equal financial

providers with their male partners has been shown to be both a source of personal strength and personal psychological strain, particularly for men who subscribe to more traditional provider role attitudes (Littlefield, 2003).

Recent U.S. national statistics indicate that 29% of women out-earn their male partners in dual-income households, and the figure is even greater within African American households (U.S. Bureau of Labor Statistics, 2015). Nationally, the number of families in which wives earn more than their husbands grew at an average rate of 0.4% per year from 1987 to 2006 (U.S. Bureau of Labor Statistics, 2009). As a result, American culture has grown more egalitarian as a whole, at least in terms of provider role behavior. Furthermore, there is evidence that as young men have been exposed to more egalitarian gender role experiences, the gap seen in previous generations in their gender role attitudes in comparison to those of young women has decreased (Davis, 2006). For example, the level of education that both men and women attain has a liberalizing effect on the gender role attitudes and behaviors of both sexes (Fan & Marini, 2000). Thus, it seems likely that the ages of the partners in couple relationships play a part in determining their attitudes regarding preferred provider roles.

Existing research is limited regarding African American male and female attitudes toward provider roles in couple relationships (Diemer, 2002), and as recent data show changes in the broader American society, the research that was conducted in the past is now outdated. Accordingly, little has been written about the effects of such attitudes in promoting or disrupting marital satisfaction within African American relationships (Stanik et al., 2013). Furthermore, the social science literature on provider roles has failed to address the degree to which a possible difference between African American male and

female attitudes about who should be a financial provider affects the quality of their couple relationships. There has been a good deal of research comparing white American males' and females' attitudes toward provider roles, but these findings are not necessarily generalizable to African Americans (Diemer, 2002). An example of a difference in African Americans' and white Americans' attitudes toward provider roles can be found in the research of Furdyna et al. (2008), which indicated that the proportions that women contributed to their household incomes had a stronger association with the level of marital distress among white women than it did among African American women. Furdyna et al. concluded that because of the historical reality of low wage production among both African American men and women, simply the act of contributing to the household income was more important than the proportion that was contributed by either party.

Therefore, the goals of the present research were to (1) expand on previous findings on attitudes toward provider roles by investigating such attitudes within African American couples, (2) examine how these attitudes are associated with each partner's educational attainment, age, and the two partners' relative income levels. Implications of the findings for developing a comparative framework regarding provider attitudes based on gender are considered.

### **Purpose of Study**

In many metropolitan areas, African American women are outpacing African American men in terms of earning potential (Barr & Simmons, 2012). This phenomenon is due in part to African American women going to and graduating from college and graduate programs at higher rates than African American men, as well as African

American women being promoted at higher rates within the work place than their male counterparts (Marbley, 2003). As a result, there is a shift underway toward more women being the primary (and in some cases sole) breadwinners in African American households (Diemer, 2004). When the disproportionately high levels of incarceration and unemployment among African American men (Dixon, 2009) are also considered, the longstanding system of egalitarianism within African American couple relationships is reinforced, thus continuing to supplant the broader traditionally accepted Western male role as the primary breadwinner.

Because marital satisfaction can be influenced by provider role attitudes versus actual provider role behaviors between members of a couple (Ogolsky et al., 2014), more research is needed on identifying these differences as predictors of marital dissatisfaction among African Americans (Lincoln & Chae, 2010). This study is intended to address an important gap in knowledge about whether female and male members of African American couples seeking treatment for various relationship problems differ in their levels of egalitarian versus traditional attitudes towards provider roles, as well as whether their provider role attitudes are associated with income (particularly partners' individual relative contributions to total household income), education, and age.

## **Review of Literature**

### **Theoretical Foundations of the Study**

As a study to determine the attitudes held by African American couples toward provider roles through the lens of socially constructed and adopted gender roles, the present research methodology is principally informed by a *symbolic interaction*

*framework*. The fundamental precepts of *symbolic interactionism* are the acquisition and the synthesizing of “shared” meaning (symbols) within a society, how these meanings affect our perception of a particular situation and/or our environment as a whole (attitudes), and how we choose to react or respond within that situation or environment based on those perceptions (interactions/behaviors) (White, Klein, & Martin, 2015; LaRoss & Reitzes, 1993). This is essentially the definition of “*socialization*.” As stated by White et al. (2015), “socialization is the process by which we acquire the symbols, beliefs, and **attitudes** of our culture.”

There are several assumptions that a *symbolic interaction framework* makes about systemic family thinking that are critical to this study. The first assumption is that individuals are not born with an engrained sense of self, but instead develop such meaning through interactions with other people and the external world (LaRoss & Reitzes, 1993). People define who they are as a result of learning what is expected of them by others (White et al., 2015). A second assumption is that the individual interprets and modifies his/her reality based on the shared meaning of the “symbols” established by the larger culture and society, thus assuming the attitudes that they believe to be appropriate for such beliefs (LaRoss & Reitzes, 1993). A third assumption is that the self-concept that develops through this process of learning, interpreting, modifying, and assimilating provides a platform for individual behaviors within the context of societal interactions (LaRoss & Reitzes, 1993). As a result, the essential questions of *symbolic interactionism*, as they relate to this study, are how do individuals incorporate these meanings into defining familial roles, and how are attitudes and behaviors influenced as a result of these personal interpretations of societal expectations (LaRoss & Reitzes, 1993).

A *feminist theoretical framework* was also instrumental in the conceptualizing of this study, particularly tenets found within “*liberal feminism*.” Proponents of this framework take the position that there are minimal differences between men and women, and that most of these observable differences, when not biological in nature, are socially constructed and flexible (White et al., 2015). The major foci of study within *feminist theory* are the division of labor both inside and outside of the household, the dynamics of power and privilege within the family unit as they relate to access to economic resources and employment stability, and the attainment and maintenance of relational egalitarianism (White et al., 2015). Through the perspective of *feminist theory*, we are better able to perceive the political underpinnings of traditional gender role attitudes and practices, and that the maintenance of these traditional gender roles, particularly the role of breadwinner, often serves to benefit and justify male dominance in the household.

The concept of economic accessibility’s influence on relational power and privilege is further buttressed by a *conflict theoretical framework*. There are assumptions within *conflict theory* that reflect the behaviors associated with provider role attitudes. Conflict theorists believe that discord between partners is partly due to inequity of resources (White et al, 2015). If power and privilege within the household are perceived to benefit the partner with greater means, particularly access to economic resources, animosity and marital dissatisfaction may be felt by the other partner (Sprey, 1999). Opposing provider role attitudes may magnify the intensity of this conflict between partners, particularly within African American relationships where the pendulum of access to economic resources and stability continues to swing heavily toward the more culturally disenfranchised female partner.



This review of the literature examines previous research that has been conducted on identification of gender role attitudes, with a particular focus on provider role attitudes of adult populations primarily in the United States, and how this information has contributed to a better understanding of the influences these attitudes have on marital satisfaction and other areas of relationship functioning. The first section of the review investigates literature that defines both gender and provider roles and their function in intimate couple relationships, the measures of such roles that were used in previous research, explanations of the differences between “traditional” and “egalitarian” attitudes, and historical trends as they relate to societal changes in provider role attitudes. The second section examines research that focuses on the factors that are associated with and influence differences in provider role attitudes across individuals’ demographic characteristics, as well as how provider role attitudes, in turn, affect individual behavior within relationships. The final section reviews previous research on the provider role attitudes of African American males and females, including the historical origins of these attitudes, and how they have changed over time in relation to the factors explored in sections one and two.

### **Defining Gender Roles/Provider Roles**

The research team of Sweeting, Bhaskar, Benzeval, Popham, and Hunt (2013) examined the impact that changing gender roles (behaviors) and gender role attitudes (beliefs) were having on individual well-being in the first decade of the new century. To properly explore the impact of these changes, Sweeting et al. stressed the importance of drawing a distinction between traditional and egalitarian gender role attitudes. The team defined traditional gender role attitudes as benefiting and promoting the paid work and

breadwinning status associated with men's roles, while limiting and prioritizing women's roles to home and family caretaking. Egalitarian gender role attitudes are antithetically defined as supporting equality across all areas of role enactments. The researchers believed they would find greater egalitarian gender role attitudes among women, young people, and educated individuals and higher levels of psychological distress and lower levels of personal well-being among those with more traditional gender role attitudes, with even greater psychological distress among individuals who have incongruent gender role attitudes and gender role enactments.

Sweeting et al. (2013) employed data from the 1991 (Wave 1) and 2007 (Wave 27) of the annual British Household Panel Survey for their study. The 1991 sample included 3,542 and the 2007 sample included 4,861 heterosexual participants (and an additional 1,760 who participated in both samples), who were either married or living with their partner and ranged in age from 20 to 64. The survey included a 12-item General Health Questionnaire that measured psychological distress, and traditional gender role attitudes were measured by questions on a Likert-type scale that examined gender roles. The researchers found that traditional gender role attitudes were lower for women than men in both cohorts, lower for younger individuals, and lower for women with more education. In addition, fewer participants overall reported traditional gender role attitudes in the 2007 cohort than in the 1991 cohort. Traditional gender role attitudes were found in greater numbers among older participants and were positively associated with women who reported doing more chores than their partners. Traditional gender role attitudes were also found to be higher in both partners when only the man was employed and where both partners were unemployed. Sweeting et al. also found there to be a

positive association between traditional gender role attitudes and higher levels of psychological distress for both men and women, higher levels of psychological distress for all when the man was unemployed, and lower levels of psychological distress in women when men took on additional household responsibilities. Additionally, psychological distress was found to be lower for women with egalitarian gender role attitudes with congruent role enactment, and greater for women with traditional gender role attitudes with conflicting role enactment.

Loscocco and Spitze (2007) prefaced their study on gender patterns in provider role attitudes and behavior with the relevance of the influence of industrial revolution-era changes in the separation of home and work spheres as contributing to the modern conception of the “breadwinner,” and the development of what are now considered “traditional” roles along gender lines. Acknowledging the “ideological staying power” of these traditions on current attitudes, the authors stated, “yet the continued emphasis on the man as good provider is a key component of a work-family system that is out of synch with the way people live their lives” (p. 935). The purpose of their study was to examine the psychological consequences of the incongruence of provider role attitudes and behaviors on both married men and married women.

Loscocco and Spitze (2007) took their sample from the 1998-1999 Upstate New York Small Business Project, the goal of which was to examine how the personal and financial lives of self-employed individuals are molded through the convergence of work and family. Researchers of the original study conducted interviews with the owner-operators of 643 small businesses, but Loscocco and Spitze only used data from 510 of the participants who were living with their partners (236 women, 274 men). The median

age for the women in the sample was 46.2 and for the men was 49.8. The researchers found that women were more likely than men to believe that women should be co-providers, and more women than men actually preferred to be a co-provider. In terms of congruency in provider role attitudes and behaviors, men were more likely than women to have congruency in the role of provider with the attitude of being the provider, and women were found to have more congruent lives than men when being a co-provider and holding egalitarian attitudes. Incongruence was found to be high among both men and women who were either being more of a provider than they felt they should or who believed they should contribute more. Loscocco and Spitze also found that being the breadwinner meant more to men, in terms of male identity, than the role meant to women, and that those men who found their lives to be incongruent with their beliefs were more anxious than men who had congruent work and family lives. Women who were tasked with providing more than they believed they should or were not able to contribute more suffered from lower levels of life satisfaction. The study was unable to determine the effects of incongruence on marital quality and other psychological outcomes.

Fetterolf and Rudman (2014) examined the effect that relative income had on the division of household labor between married parents. The authors defined “relative income” as making more, the same, or less than one’s spouse, and they hypothesized that the sense of entitlement gained through earning a higher relative wage would contribute to believing that one was responsible for a lesser amount of domestic labor. Additionally, the authors hypothesized that women’s adherence to traditional gender role attitudes would be lower when they had a greater income relative to their spouse, whereas greater

relative income would be positively correlated with traditional gender role attitudes for men.

Participants in the Fetterolf and Rudman (2014) study were paid \$1.00 to complete the Family Life Survey on Amazon's Mechanical Turk (MTurk). All participants were employed full-time, were married U.S. residents with a minimum of one child (under the age of 18), and had a spouse who was also employed. The 368 female and 433 male participants ranged from 19 to 40 years of age. Of those samples, 133 males and 108 females reported earning less income than their spouses, 109 males and 107 females reported earning the same income as their spouses, and 191 males and 153 females reported more income than their spouses. Fetterolf and Rudman found that both genders reported feeling entitled to contribute less to household labor relative to the amount of money they contributed to household income, but only men actually performed less domestic labor when earning a higher relative income than their spouses. The authors also learned that women who earned the same or less than their spouses adhered more closely to traditional gender roles, in relation to the division of domestic labor, than did women who reported earning higher relative incomes than their husbands. The only instance of gender equality found in the division of household chores and child care was among men who reported having a smaller relative income than their wives.

Perry-Jenkins and Crouter (1990), in their study of men's attitudes toward provider roles, examined a sample of 43 dual-earner families in which each spouse was employed outside of the home. The participants were first interviewed at home by the researchers, where they were asked questions, using the *Marriage Opinion Questionnaire*, concerning their attitudes about gender roles, work, parenting, and

marriage, though items such as household tasks completed that day and that week, and the participant's views on their partner's contributions to household tasks, as well as who handled the family finances and how the separate financial contributes were used. The home interviews were followed up with a total of seven phone interviews over time, in which the researchers assessed the everyday routines of the couples, speaking to each partner separately. The sample was recruited from a larger longitudinal study on work and family experiences in both single-earner and dual-earner households. The study found that although the men felt that they were primarily household breadwinners, their wives in fact contributed to the financial stability of the home. Even in cases where the wife contributed significantly to household income, the women did not necessarily adopt the "psychological responsibility", as demonstrated by their responses concerning primary provider role responsibilities, and the men did not relinquish their "psychological responsibility" for maintaining financial stability in the family. The study's relevance for the present study is limited by the characteristics of the sample, which consisted primarily of white, middle-class couples.

In her study on change in college students' attitudes toward gender roles of married women between their freshmen and senior years, Bryant (2003) found that both men and women became more egalitarian in their views on those gender roles during their college tenure, including the belief that it is appropriate for women to work outside of the household. The study was conducted with data previously collected in the 1996 *Cooperative Institutional Research Program (CIRP) Freshman Survey* and the 2000 *College Student Survey (CSS)*, in which 14,973 students (5388 male/9,585 women) from 127 colleges and universities were surveyed, as first year students (CIRP) and followed

up with four years later (CSS), to assess how their attitudes changed during that four-year period and if there was a difference in attitudes between men and women (Bryant, 2003). The study found that women were more egalitarian than men in their views on married women's roles, both during their first year and during their fourth year of college, although the degree of change for both genders was similar. Generalizability of the study's findings was limited because the sample was overwhelmingly from wealthy families, white, female, and students attending private colleges and universities (Bryant, 2003). Nevertheless, the study demonstrated that gender role attitudes can change based on life experiences. Although Bryant's study did not directly address provider roles, her research suggested a liberalization of male and female attitudes toward the general gender roles of women, which she attributed to students' exposure to liberal ideas through particular courses of study and from relatively politically liberal university faculty members, interactions with people of different ethnicities and religions, and students working for pay while in college (Bryant, 2003). Bryant argued that in general the college environment provides experiences that tend to nurture egalitarianism.

In Giele and Holst's (2004) chapter on new life patterns and changing gender roles, the authors state, "the shift in gender expectations is at the very heart of changing life patterns today" (p. 3), stressing the significance of women adopting the dual role of caregiver and laborer while men adapt to sharing breadwinning responsibilities and carrying more of the domestic labor load. The authors also acknowledge that societal and cultural beliefs have been much slower to evolve and keep pace with these lifestyle changes. Predicated on the tenets of *differentiation theory*, that certain cultural structural changes must occur in the face of changing societal circumstances that have rendered old

patterns ineffective, the authors argue that a lack of institutional change will interfere with individual well-being, through a lack of acceptance of these new roles, as well as with increases in social adaptability and productivity.

Giele and Holst (2004) list changes in four institutional areas that will aid in the evolution of societal beliefs regarding gender role expectations: 1) greater flexibility in time use and working patterns; 2) more choice in role options; 3) development at work and family policies to support the new roles; and 4) more widespread appreciation for caregiving as well as paid work. The authors propose that as these changes begin to occur individuals' values and belief systems will also evolve, allowing them to reconcile their new roles with their beliefs and become more accepting of their new roles. As a result, individuals will benefit from greater flexibility in self-determination and from choosing life opportunities that are not strictly based on gender, but are instead based on best fit and personal interest.

Consistent with Giele and Holst's (2004) view that increased appreciation on a societal level for caregiving contributes to increased congruency of egalitarian attitudes with egalitarian role enactments, Lucier-Greer and Adler-Baeder (2011) credit macrolevel events such as the 1972 Equal Rights Amendment, Title IX, Roe v. Wade, the 1978 Pregnancy Discrimination Act, and the 1994 National Fatherhood Initiative for contributing to the growth of egalitarian attitudes in the U.S. In their study of shifting gender role attitudes through the major life course changes of divorce and remarriage, Lucier-Greer and Adler-Baeder (2011) hypothesized that the gender role attitudes of continuously married individuals would remain generally stable across the life course, whereas the gender role attitudes of divorcees and individuals who remarry would be



more likely to evolve. The researchers believed that these relationship transitions, or *identity disruptions*, would force individuals to reassess their roles and responsibilities in interpersonal interactions, using the role negotiations of remarriage as an example.

Lucier-Greer and Adler-Baeder (2011) used data from the Marital Instability over the Life Course study (Booth, Johnson, Amato, & Silver, 2000), a 20-year longitudinal exploration of married individuals. Only one person in each household was interviewed for the study, and in the initial 1980 interview the 2033 participants' ages ranged from 19 to 55. Follow-up surveys were conducted again in 1988 and 2000. By 2000, the number of participants in the study dropped from 2033 to a total of 590 (367 female, 222 male), and ninety-three percent of those remaining participants were white. The survey addressed gender role attitude traditionalism, marital experience, education level, and the number of the participants' children. Lucier-Greer and Adler-Baeder (2011) found that all participants reported increased egalitarian gender role attitudes throughout the length of the study, and the increase was greater among men than women. The study also revealed that individuals who remained single after divorce reported significantly greater egalitarian attitudes than when married. Although remarried individuals also reported having increased egalitarian attitudes than when married, the attitudes of those who remained single were even more egalitarian.

Lucier-Greer, Ketring, Adler-Baeder, and Smith (2012) conducted another study on the malleability of gender role attitudes in adults, this time focusing on the influence of couple and relationship education on gender role attitudes. As in the study on the malleability of attitudes in divorcees and remarried individuals, the researchers wanted to validate the theory that although gender role attitudes are generally stable in adults, major

life events and “specific socializing experiences” can modify them. Lucier-Greer et al. (2012) hypothesized that participants in a couple and relationship education program would become either more egalitarian or more traditional in their gender role attitudes according to which of two different curricula they were taught.

Funded by the U.S. Department of Health and Human Services, Administration for Children and Families, the Couple and Relationship Education (CRE) program was designed to provide participants with additional relational skills and to promote healthier relationships through education. Two separate curricula were developed to meet these objectives: Mastering of Love (MML; Guerney & Ortwein, 2004) and Basic Training for Couples – A Black Marriage Education Curriculum (BTC; Slack & Muhammad, 2005). With empathy and teamwork in mind, the MML curriculum was designed to enhance relationship skills such as problem solving, conflict management, and better communication and mutual understanding. The BTC curriculum focused more on relationship education (e.g., the societal importance of marriage, responsibility to one’s partner, sexual intimacy). The classes were offered for free throughout a Southeastern state and were conducted by relationship educators representing nine different community organizations from within the state. Two relationship educators were assigned to teach the two-hour long classes once per week for a minimum of six sessions. Each class contained 10 – 16 participants, and pre-tests measuring gender role attitudes were given to each participant before they began the classes, with post-tests given at the conclusion of their participation. 853 adult participants ranging in age from 17 to 73 years old (a mean age of 37.62) completed both pre- and post-tests, and all but 9% were currently in a romantic relationship. Demographic data were collected for each

participant, and the researchers utilized the Traditional-Egalitarian Sex Role Attitude scale (Larsen & Long, 1988) to measure gender role traditionalism.

The researchers found evidence supporting their hypothesis that “specific socializing experiences” can contribute to attitudinal changes in adults’ gender roles. The two curricula appeared to promote different messages on gender roles and behaviors. The MML curriculum, which stressed understanding, conflict management, and better communication, helped to highlight the similarities between genders, and participants reported increased egalitarian gender role attitudes. In contrast, increased traditional gender role attitudes were reported by the participants who were instructed in the BTC curriculum, which appeared to highlight gender differences by emphasizing sexual intimacy, relational responsibilities, and the importance of marriage in society.

In summary, prior research has indicated that the general population has become more egalitarian in its attitude toward gender and provider roles, a higher percentage of women have egalitarian attitudes toward both gender and provider roles than men, education can have a liberalizing effect on gender role attitudes, and younger people tend to hold more egalitarian attitudes than older people. The research findings underscore the importance of understanding the gender and provider role attitudes of the populace and how these attitudes may contribute to couple relationship strain. The findings provide a macro-level view of culture beliefs not keeping pace with individual attitudes and role enactments, and how these beliefs influence daily life in couples’ households, creating an incongruence between attitudes and enactments that lead to psychological distress and marital dissatisfaction. The prior research has also demonstrated that gender roles are malleable and subject to change in adults due to major life events and socializing

experiences. Consequently, once identified it is possible to modify these attitudes to relieve role strain and the accompanying psychological distress and marital dissatisfaction.

### **The Influences on and the Influence of Provider Role Attitudes**

Bryant (2003) also made reference to the growth of societal egalitarian attitudes toward gender roles since the U.S. Women's Movement of the 1960s. Consistent with that trend, Sweeting, Bhaskar, Benzeval, Popham, and Hunt (2013) conducted a study of changing gender roles and attitudes to determine levels of "traditionalism," or the participants' views toward women's rights within the workplace and women's overall gender roles, examining attitudes across a broad age range of men and women in Great Britain during two time periods. They used data from the *British Household Panel Survey* (UK Data Archive), looking at 5,302 heterosexual couples, ages 20 to 64 in 1991 and 6,621 similar couples in 2007; i.e., two cohorts. Age, gender, employment, and education level of the participants were used as potential moderating variables for changes in gender role attitudes. The researchers found that "traditional" values and attitudes toward gender roles were significantly positively associated with the ages of the individual male and female participants, and were higher overall for all age groups in 1991 than in 2007. They also learned that levels of traditionalism were higher among people who were unemployed, or when only the male in the household was employed (Sweeting et al., 2013). Two main limitations of this study were that the sample was restricted to British citizens and the measures had not been validated empirically.

Using a sample collected in the United States, Carter, Corra, and Carter (2009) examined data from the 1974 – 2006 *General Social Survey* to determine trends in

attitudes toward women's changing roles in society (e.g., participation in workplaces outside of the home) among whites and African Americans, as well as between gender groups. The surveys were conducted annually from 1972 to 1994, and bi-annually from 1995 through 2006, by the Nation Opinion Research Center. The original researchers used a randomly selected representative sample of adults who were living in "non-mental health institutional settings" (i.e., incarcerated and institutionalized individuals were not included in the study) in the United States. Carter et al. (2009) found that African American females, across different cohorts, maintained the most liberal attitudes toward gender roles of women, followed closely by white females, and then males. Also according to the findings, African American males had less "traditional" attitudes toward the changing gender roles of women than their white male counterparts, particularly in terms of women's entry into the workplace.

Kaufman (2000) examined the relevance of gender role attitudes, particularly home and work roles, as they pertain to the formation and dissolution of the family unit. The intent of the study was to compare the marrying, childbearing, and divorcing behaviors of men and women who hold traditional gender role attitudes versus those who were more egalitarian in their attitudes, anticipating that: 1) women with traditional gender role attitudes would be more likely to marry, more likely to have children, and less likely to divorce than woman with egalitarian attitudes; and 2) the same was likely to hold true for men with traditional attitudes versus egalitarian men, unless the behaviors for men with egalitarian attitudes were shown to be moderated by their desire for deeper involvement in family functioning.

Employing data from the 1987/1988 and 1992/1993 cohorts of the National Survey of Families and Households (NSFH1 and NSFH2), Kaufman sampled married/cohabitating men under the age of 45, with partners younger than 40, and no children, and married/cohabitating women under the age of 40 with no children from the NSFH1. These nationally representative 2,621 respondents were interviewed again five years later (NSFH2) with a response rate of 77%. Kaufman's first hypothesis was supported by the findings that egalitarian women were less likely than traditional women to have children, and they experienced more marital strain. Acknowledging that her second hypothesis was more complicated, the author found that egalitarian men were more likely to have children and enter more stable unions than traditional men.

Ogolsky, Dennison, and Monk (2014) sought to create a distinction between couples' perceptions of egalitarianism in the division of household labor and their actual performance of those duties, and the influence these possible discrepancies may have on marital satisfaction. The study consisted of 220 heterosexual couples, all of whom had to have been married for less than 24 months. Participants ranged in age between 18 and 37, the majority of whom had at least some college education and had an average household income of \$60,000. Approximately 90% of the men and 80% of the women worked outside of the home, and the large majority were white (73%), with the rest of the sample being African American (17%), Hispanic (3%), Asian (2%), and other (5%).

Participants were contacted by email and given a link to an online survey, an abbreviated version of the Sex-Role Egalitarian scale (SRES) (Beere et al., 1984) meant to measure cognitive egalitarianism (beliefs about appropriate gender roles) and containing 35 items that measured the participants' beliefs about the division of

household labor across marital, parental, employment, social-interpersonal-heterosexual, and educational roles. To measure behavioral egalitarianism (how an individual perceives existing enacted/practiced gender roles in a relationship) and participants' perception of the actual division and fulfillment of household tasks, the researchers created their own 20-item scale, where participants were asked to rate each aspect of household management on a 5-point scale (-2 = *My Partner Definitely Does*, 0 = *My Partner and I Equally Do*, 2 = *I Always Do*) (Ogolsky et al., 2014). Marital satisfaction was measured using the 6-item Quality Marriage Index (QMI) (Norton, 1983). Using a 7-point Likert-type scale for responses, five of the QMI items ask participants to rate their level of agreement with specific statements about their marriage, and one item asks about overall happiness with one's marriage.

The study's findings included: 1) the more aligned the partners' levels of cognitive egalitarianism, the higher the marital satisfaction for wives, but not for husbands; 2) higher cognitive egalitarianism was associated with higher marital satisfaction for wives, overall; 3) wives with higher cognitive egalitarianism married to husbands with lower cognitive egalitarianism reported higher marital satisfaction than wives with lower cognitive egalitarianism married to husbands with higher cognitive egalitarianism; 4) wives who believed that household labor was divided equitably reported more marital satisfaction; 5) wives whose cognitive and behavioral egalitarian beliefs aligned more closely reported even higher levels of marital satisfaction if both beliefs were high, and wives reported low marital satisfaction if levels of both cognitive and behavioral egalitarianism were low; and 6) wives with high levels of cognitive

egalitarianism and low levels of behavioral egalitarianism reported the lowest levels of marital satisfaction.

O'Neil (2008) also focused on male socialization factors that can have negative effects on men's personal well-being and couple relationships. O'Neil conducted an extensive review of existing research on Gender Role Conflict (GRC), a model initially presented in the early 1980s that depicts "gender role socialization as an interaction of environmental and biological factors that promote certain masculine values and the fear of femininity" (O'Neil, 2008, p. 361). The reasons for this review were to expand knowledge about men's mental health problems, to determine whether the psychological distress that men experience is due in part to internal conflicts with socialized gender roles. Among the goals that O'Neil listed for his review were: to provide an overview of the GRC research and its diversity, to summarize the major findings of the GRC studies, and to summarize the support for the GRC model found in the empirical research.

O'Neil (2008) argued that "masculinity ideology" or the beliefs that men commonly internalize from observing socially constructed standards of male behavior/stereotypes create a risk of "social condemnation" for noncompliance, thus leaving men vulnerable to discrepancy strain (nonconformity), trauma strain (traumatic experiences during role socialization), and dysfunction strain (adherence to inherently dysfunctional behaviors). According to the research summarized by O'Neil, these factors can cause various mental health concerns in men, across racial, sexual orientation, and cultural categories, including depression, anxiety, low self-esteem, and stress. They also can fuel conflicts in men's interpersonal relationships with women, detracting from



marital satisfaction, producing negative attitudes towards women, and reducing egalitarianism.

Michniewicz, Vandello, and Bosson (2014) investigated the influence of unemployment, or the loss of employment, on men's perceptions of their gender status. The researchers hypothesized that: 1) both employed and recently unemployed men would have more negative "metaperceptions" of their own employment loss on "gender status loss" (a decrease in perceived manhood levels), prescriptive traits (qualities valued for one's gender), and proscriptive traits (qualities forbidden for one's gender, but tolerated for the other gender)" (p. 91) than both employed and recently unemployed women; and 2) participants would rate hypothetical job loss victims less negatively on gender status loss, prescriptive traits, and proscriptive traits than employed and recently unemployed participants would rate themselves in the same position. In other words, the participants, whether employed or unemployed, would judge themselves more harshly if they became unemployed than they would judge someone else who recently became unemployed. The study consisted of a nationally representative population of 810 participants from the Knowledge Networks Web Panel (KNWP) database, in 2010. The participants proportionately reflected U.S. Census demographic data in terms of gender, race, age, and region, and, because the number of employed individuals found in the KNWP database far outnumbered the number of recently unemployed, the number of recently unemployed respondents were oversampled to better balance the number of employed respondents. To measure gender loss, a composite of questions was developed that were answered with "Not a Real Man (Woman)" and "Less than a Real Man (Woman)" on a Likert-scale of "Not at All" to "Extremely". To measure prescribed traits,

researchers had respondents rate qualities including “competitive”, “assertive”, and “independent” for male subjects, and “warm”, “sensitive to others”, and “supportive” for female subjects. Alternately, to measure proscribed traits, respondents rated qualities including “indecisive”, “uncertain”, “weak”, and “insecure” for male subjects, and “controlling”, “intimidating”, “aggressive”, and “dominating” for female subjects. The researchers found that men did anticipate being rated more harshly on gender-related qualities from others than women, men expected to be more negatively evaluated on gender-relevant qualities than the evaluations others actually gave, women expected to receive higher ratings for prescriptive traits after a job loss than the expectations others actually gave, and although men expected to be more negatively evaluated on overall “manliness” after a real or perceived job loss, they did not predict any changes on the specific prescribed or proscribed traits. The results of the research therefore suggest that, “men’s fears of emasculation following job loss are exaggerated” (p. 95).

Studies on gender and provider role attitudes have repeatedly demonstrated the influence such attitudes may have on the emotional and psychological well-being of individuals as they attempt to enact those roles within a relationship, particularly marriage. In another study, Koball (2004) examined the influences that men’s provider role attitudes and their income/earning potential can have on their decision to enter marriage. The author offered an alternate explanation to the popularly held belief that men who both earn a low wage and have low earning potential are not seen as “unmarriageable” by women, regardless of the woman’s income, for the low marriage rates among low wage earners. With this study, Koball hoped to present evidence that low income men’s *own* perception of being unable to fulfill the provider role can be a

deterrent to marriage; i.e., a significant barrier results from the man's negative self-concept.

For this study, Koball (2004) extrapolated data from the sophomore cohort of the longitudinal High School and Beyond study, which was produced by the National Center for Education Statistics. The 5,201 male, African American and non-Hispanic white participants in this cohort were first surveyed in 1980, as high school sophomores. Researchers then followed up with corresponding surveys again in 1982, 1984, 1986, and 1992, retaining eighty-five percent of the sample, or 4,421 participants, through all five surveys. The initial survey measured the gender role attitudes of these sixteen-year old participants, and the follow-up surveys included attitudinal questions as well as information about employment, marriage experience, school enrollment, and family background. Koball (2004) found that the relationship between first marriages and men's income was influenced by the participants' gender role attitudes, but only for men who held traditional provider role attitudes. No such relationship was found for men who held egalitarian provider role attitudes. The traditional provider role attitudes of low income-earning men reduced that group's likelihood of marriage. Taken together with the findings of previous research that women with more traditional provider role attitudes find these men "unmarriageable," it appears that *both* men's own provider role attitudes (about the role they "should" be able to play) and the views of these men by potential spouses contribute to their lower marriage rate.

Summarizing the factors that influence gender and provider role attitudes, as well as how these attitudes can affect behavior, the research provides evidence that cultural experiences can play a major role in the development of gender role identity and gender

role attitudes. We also find that there is a correlation between provider role attitudes, particularly regarding the partners' relative contributions to household income, and participation in domestic labor. In addition, provider role attitudes can influence an individual's path to family planning. The research findings also indicate that the more aligned a couple's gender and provider role attitudes, the higher the partners' degrees of marital satisfaction.

### **Development of African American Male and Female Provider Role Attitudes**

As a consequence of slavery and the economic disenfranchisement that followed emancipation, African American women have not had the benefit of relying on the sole income of their African American partners to provide for the family (Tucker et al., 1995). Often, African American women could find work when their partners could not. As a result, African American women historically played a significantly larger role in the economic contribution to their families than European American women (Tucker et al., 1995). This balance in familial economic contributions on the parts of African American females and African American males created a long lasting pattern of egalitarian behavior within the African American community (Tucker et al., 1995).

Lawrence-Webb, Littlefield, and Okundaye (2004) examined the changes in societal expectations of gender roles and the expression of love/intimacy within African American romantic relationships. Defining roles as "the usual behaviors of persons occupying a particular social position" (p. 624), Lawrence-Webb et al. categorize these behaviors into the concepts of "expected role" (behaviors expected by others); "enacted role" (the actual behaviors executed); "role overload" (behaviors associated with being overwhelmed with the

enacted role); “role ambiguity” (behaviors associated with having unclear role expectations); and “role conflict” (behaviors associated with the competing expectations of a particular role and how that role is actually performed). The authors argue that in order to understand the complexities of these roles as they pertain to African American inter-gender relationships today, they have to be examined in relation the socio-historical backdrop (i.e., patriarchal American society, enslavement, discrimination) in which they were formed (p. 624).

In regard to the application of these concepts to provider role experiences within African American inter-gender relationships, Lawrence-Webb et al.’s (2004) research revealed that the economic autonomy of African American women has its roots in West African society, and it has been preserved, out of necessity, through enslavement to current times. In combination with the effects of centuries of disenfranchisement that has blocked African American men from enacting either traditional African gender roles or American patriarchal provider roles, this value of economic autonomy has contributed to the difficulty for both African American men and women to clearly outline appropriate gender roles, particularly provider roles, leading to both role ambiguity and role conflict. The authors’ research suggests that when viewed from an American patriarchal perspective, African American female financial autonomy has been a threat to the complete male authority expected to maintain that patriarchal system, resulting in feelings of inadequacy, emotional withdrawal, and limited childrearing involvement for many African American men. According to Lawrence-Webb et al. (2004), this has produced inter-gender relationship role strain and has negatively influenced marital well-being among African American couples.

Cowdery, Scarborough, Knudson-Martin, Seshadri, Lewis, and Mahoney (2009) examined the social and historical context in which African American male-female couple interactions have been formed. The purpose of their study was to mine the definitions of gender equality and the expression of those definitions within African American relationships. The authors extracted 15 couple interviews from the study *Couples, Gender, and Power: Creating Change in Intimate Relationships* (Knudson-Martin & Mahoney, 2009), in which participants were asked open-ended questions about conflict resolution, decision making, organization of their relationships, division of work and household labor, and the nurturing of their partners. All of the participants, ranging in age from 22 to 40, were married African American couples with children aged five or less, and each had a minimum of a high school diploma (10 had bachelor's degrees and 4 had master's degrees). The authors found that, despite having adopted some of the individualistic values of the dominant Western culture, the participants generally suspended personal needs to advance the needs of the family, particularly in accomplishing household tasks. The participants expected that both their partners and themselves were responsible for contributing and "pulling his or her own weight", which the authors suggested provides these relationships with an implicit equality.

Allen and Olson (2001) conducted a study to address some of what the researchers described as major changes in the well-being and stability of marriages between African American couples that have occurred within the past century, including the increase in single-parent households and the delaying or foregoing of marriage. One of the objectives of the study was to formulate a typology for African American marriages, believing that specificity of such marriage typing might better illustrate those

factors that can promote or obstruct marital well-being among African American couples. In order to develop these typologies, the researchers developed four research questions: Did African American marriages exhibit relational patterns or types?; Were African American marital types related to marital satisfaction and marital stability?; Were there traditional characteristics of African American marriages related to marital types?; Were African American marital types similar to those found in samples of predominantly European-American marriages (i.e., vitalized, harmonious, traditional, conflicted, devitalized)? As mentioned in the fourth question, a second objective of the study was to compare the new typologies with those developed for white American couples.

Allen and Olson (2001) extracted a sample of 415 African American couples from Olson and colleagues' database of couples who completed the ENRICH marital assessment inventory (Olson et al., 1987) between 1993 and 1995, most as a part of marital therapy or the ENRICH marital program (Olson, 1996). Participants represented nearly all U.S. states, with the majority living in large metropolitan areas. The husbands averaged 33.7 years of age, the wives averaged 31.9 years, and couples were married for an average of 9 years. With the data mined from the assessment inventory, Allen and Olson (2001) identified five African American marital types (in descending order of frequency): 1) vitalized (high marital satisfaction and least likely to lead to divorce); 2) harmonious (moderate marital satisfaction and low risk of divorce); 3) traditional; 4) conflicted (low marital satisfaction and high risk of divorce); and 5) devitalized (lowest marital satisfaction of the five types, with the highest risk of divorce), which matched the five marital types found for white American couples. The percentage of couples in each type for African Americans and white Americans were very similar as well, only

differing significantly in the percentage of white American couples who fell within the vitalized type (12.3%) versus African Americans who fell in the same type (6.7%). This study demonstrated that the major change in the stability of African American marriages has not created a gap in the level of marital satisfaction for African American couples versus their white American counterparts. Accordingly, it seemed possible that there would be little difference between the results described in the literature about the provider role attitudes of white Americans and the results from the current study regarding African American couples.

A study by Furdyna, Tucker, and James (2008) probed the impact that income ratios (i.e., one's income relative to that of one's partner to meet the total household income) have on the marital/relationship well-being of African American and white female populations. Of particular interest to the researchers were the marital outcomes for African American women who are primary earners in their household. The researchers hypothesized that contributing a higher proportion of couple income for women who hold traditional provider role attitudes would negatively affect their marital well-being, whereas the association would be negated by more "progressive" or egalitarian attitudes. A second hypothesis of the study was that women who contribute higher proportions of income in the absence of family financial distress would be less happy than women who contribute a lower proportion, and the association would be further negated when family financial distress/need is reported.

Furdyna et al. (2008) acquired data from the Survey of Families and Relationships (Tucker & Mitchell-Kernan, 1997). The original survey was conducted via telephone interviews from August 1995 to January 1996 in 21 U.S. cities with populations over



100,000 (for a broad, representative sample of a range of variables, including ethnic proportions, economic range, and sex ratio). Furdyna et al.'s (2008) study was based on 431 African American and white women from the total 3,407 participants of the 1995/1996 survey. The researchers found that higher income ratios in favor of the female did in fact negatively affect the marital well-being of the participants with traditional role attitudes more than those with more egalitarian attitudes, although there was a stronger association for white women than for African American women. Furdyna et al. (2008) also found that the marital well-being of white women was negatively affected by higher wife-to-husband income ratios when there were lower levels of family financial distress. This was not the case for African American women, for whom the act of contributing to the household income seemed to be more important than the proportion offered whether in distress or not.

Senn, Carey, Venable, and Seward (2009) sought to understand how African American males perceived interpersonal power, particularly how these perceptions contributed to risky sexual behavior. Citing previous research, the authors explained that African American women define interpersonal power as being in control, being able to tell her partner what to do, and being able to make decisions, including decisions concerning family finances. This perspective was reflected in more frequent use of condoms in relationships where women perceived that they had more power in their relationships. For the purpose of the study, the authors wanted to uncover the African American men's definition of interpersonal power. Twenty African American male participants between the ages of 20 and 41 were recruited for the study. All of the participants had recently engaged in risky sexual behavior and were being seen at a STI

clinic in an urban area in upstate New York. The qualitative study was conducted in a focus group format, with a total of four focus groups being held and three to seven men participating in each focus group. In regard to interpersonal power, several of the study questions included: Who do you think has more power in a sexual relationship, the man or the woman?; Are there ways in which men have more power, and ways in which women have more power?; What are some of the ways men/women show their power?; and Does physical strength or force ever come into play? The researchers uncovered two major themes related to interpersonal power: that a majority of the participants defined power as being determined by who contributed more resources (e.g., money, good judgment, education, attractiveness) to the relationship, and that the source of that power could be derived from “money, sex, threats of physical violence, attractiveness, and the (perceived) shortage of African American men” (p. 312). Money, specifically, was associated with having the right to make decisions within a relationship, and contributing fewer resources to the relationship, particularly financial resources, put a man at a power disadvantage with their mate.

Rogers, Sperry, and Levant (2015) recognize the duality of the privilege afforded African American men in the American patriarchal society while also being oppressed and denied full access to resources to support that privilege by the same system, as it relates to defining masculinity within the African American community. Applying the sociological theory of Connell and Messerschmidt, the authors suggest that masculinity for non-dominant groups will not exactly mirror that of the dominant culture, but will instead take on characteristics reflective of that oppression and marginalization. The

purpose of their study was to investigate how African American men conceptualized and defined their masculinity at the intersection of race and gender.

Rogers et al. (2015) recruited 17 African American men from a psychology course at a Mid-western public university, as well as from a local barbershop in close proximity to that university, to participate in a qualitative study. Sixteen of the participants identified themselves as heterosexual, three listed being married, and nine reported that they had not extended their education beyond high school. The sample ranged in age from 18 to 57, earned a modal household income of \$20,000-\$40,000, and mostly identified as Christian. Eleven of the participants were interviewed individually, and three interviews were conducted in pairs.

The first set of questions focused on the participant's concept of masculinity in general, while the second set of questions were designed to elicit the participant's conceptualization of African American masculinity specifically. The major themes that Rogers et al. extracted from the participants' responses were that the participants viewed masculinity in American patriarchal terms, defining it as being tough, a leader, heterosexual, and emotionally restrained. For the participants, being the provider was an important role within the description of masculinity, as reflected in their desire to take care of their spouse and their family.

The dynamic for men's attitudes toward provider roles, particularly among African Americans, also appears to be moderated by age. Barr and Simons' (2012) study of the marriage expectations of African American couples in early adulthood revealed that this population appeared to be predominantly accepting of the egalitarian traditions of the African American family. Using data from the fifth wave of the ongoing

longitudinal *Family and Community Health Study* (1997), the researchers were able to examine the expectations of 168 heterosexual couples in the early adulthood life stage (early 20s) in marrying their romantic partner. Although the original sample of youth interviewed in 1997 were primarily African American, the latest sample also included the partners of those former youths, who were not all African American. Barr and Simons (2012) found that both male and female participants' expectations to marry their partner were higher when they viewed the partner as having better prospects for earning potential, from either greater educational attainment or higher wages and more hours worked. For this sample of early 20 year olds, there seemed to be an across-the-board expectation that both partners would contribute to the household income.

In summary, the existing research findings indicate that the adoption of the traditional gender role attitudes of Western culture has been a contributing factor in the marital distress felt by many African American couples. With its roots in American slavery, research has shown that many African American men and women equate the provider role to both relational power and family protection. As with the general population, the research provides evidence that African American attitudes toward provider roles are also influenced by income, education, and age, while relative income between partners and the act of being a co-provider means something different for African American women than white men and women, as well as African American men.

### **Variables**

The dependent variable in this study is the attitude that each of the participants has toward family provider roles of female and male members of the couple. One of the characteristics that were examined as independent variables in relation to those provider

role attitudes was the gender of the participant. In addition, each individual's personal income and his or her income relative to that of the partner were measured and examined as independent variables in relation to provider role attitudes. Education level and age of the individual were also examined as independent variables in relation to provider role attitudes.

Thus, incomes of the individual participants, relative incomes of the members of the couple, education levels attained by the individuals, and age served as the predictor variables. Possible gender differences in the associations between the predictor variables and the dependent variable also were examined. The findings can provide insight into some of the factors that contribute to provider role attitudes among heterosexual African American couples.

### **Research Questions**

Three main research questions were addressed in this study:

- Do African American males and females who are seeking marital therapy differ in their attitudes regarding gender-based provider roles in couple relationships?
- To what degrees are provider role attitudes for females and males associated with individual incomes, education, and age?
- Do the relative income contributions of the two partners to the total household income influence provider role attitudes?

The financial egalitarian ideology that has existed in within African American coupled relationships since the late 19<sup>th</sup> Century does not accurately address the attitudes

of those involved (Hill, 2005). Although both members of the African American partnership contributed to household finances, African American women were still expected to defer to their male counterparts as the head of household (Hill, 2005). Likewise, although African American men were in a position where they had to accept this egalitarian ideology, many still sought to achieve or meet the societal expectation of being the main provider for the household (Tucker et al., 1995). Despite these factors, traditional provider role attitudes appear to be higher among older individuals than their younger counterparts (Sweeting et al., 2014).

### **Hypotheses**

*Hypothesis 1:* Regardless of their income levels, educational attainment, and ages, African American women have more egalitarian attitudes toward provider roles than African American men.

*Hypothesis 2:* African American men and African American women with lower incomes have more traditional provider role attitudes than African American men and African American women with higher incomes.

*Hypothesis 3:* African American men and African American women with less educational attainment are likely to have more traditional provider role attitudes than African American men and African American women with higher levels of educational attainment.

*Hypothesis 4:* Younger African American men and younger African American women will have more egalitarian attitudes toward provider roles than older African American men and older African American women.

*Hypothesis 5:* The higher an African American female's relative income is in relation to their partner's income, the stronger their egalitarian provider role attitudes, whereas the higher an African American male's relative income is in relation to their partner's income, the stronger their traditional provider role attitudes.

## CHAPTER II: METHODS

### Sample

The sample for this study consisted of data collected from 89 heterosexual African American couples who were seen at the Center for Healthy Families (CHF) family therapy clinic within the Department of Family Science at the University of Maryland College Park between 2000 and 2015. The *Couple Information and Instructions* questionnaire that all adults complete at the CHF provided the demographic data regarding gender, income, and educational levels. The median household income for all participants in the study was \$54,000 (median income for female participants was \$19,000; median income for male participants was \$34,000), and the sample consisted of highly educated individuals, of whom more than 70% were educated beyond high school (Brenneman, 2010). Demographic characteristics of the sample are presented in Table 4.

The Center for Healthy Families (CHF) is a couple and family therapy clinic at the University of Maryland, College Park (UMD) that sees approximately 500 families and couples each year. The non-profit clinic is located within the Department of Family Science in the School of Public Health, where graduate students in the Couple and Family Therapy program provide clinical services. Clients are typically from the surrounding communities within the Washington, DC, Maryland, and Virginia metropolitan area, and are referred to the clinic by former clients, schools, community organizations, the UMD Counseling Center, and other therapists. Upon arriving at the CHF, clients sign an Informed Consent form, are interviewed individually to assess threats of domestic violence, and are given assessment packets that measure gender role



attitudes and patterns, trauma, depression, anxiety, conflict behaviors, and other areas of personal, couple, and familial functioning.

**Table 1. Client's Highest Level of Education**

	<b>Female</b>		<b>Male</b>	
	Frequency	Percent	Frequency	Percent
some high school	6	2.7	9	4.1
high school diploma	21	9.5	42	19.3
some college	52	23.5	64	29.4
trade school (mechanic, carpentry, beauty school, etc.)	25	11.3	28	12.8
associate degree	33	14.9	18	8.3
bachelors degree	34	15.4	18	8.3
some graduate education	25	11.3	11	5.0
masters degree	18	8.1	12	5.5
doctoral degree	6	2.7	15	6.9
Total	220	99.5	217	99.5
System	1	0.5	1	0.5
Total	221	100.0	218	100.0

## Measures

The measure of provider role attitudes used for this study is the *Partner Role Inventory (PRI*; Perry-Jenkins & Crouter, 1990), which was one of the standard assessment instruments administered to all couples attending the CHF for therapeutic

interventions. The *PRI* is a 9-item instrument measuring gender role attitudes. There is a subscale of 7 items that measures attitudes toward provider roles, two of which this investigator isolated for their specific description of the respondent's provider role attitudes and were used for this study. The two items that were used expressly target the respondents' beliefs about appropriate provider roles, whereas the remaining five items ask the respondent to report his or her perceptions of existing provider role practices within their household. The overall *PRI* contains narrative items, multiple choice items, agree/disagree items, and items using a Likert response scale. The questions gauge the importance given to the woman's income for the family and the respondent's general feelings about who is considered the breadwinner in the family (Brenneman, 2010).

The specific questions on the *PRI* that address the issue of provider roles are:

- 1) With reference to your own family, who do you feel should provide the income?
  - a. Husband entirely
  - b. Husband more than wife
  - c. Wife more than husband
  - d. Husband and wife exactly the same
  - e. Wife entirely
- 2) In general, the man should be the main breadwinner (Check *Agree/Disagree*)

In the present study, each respondent's scores on the two questions were summed, and the total scores were used as a continuous variable in the tests of the study's hypotheses. Item one responses were assigned a number (0 through 5) and categorized along a scale, with the lower numbers reflecting less non-traditional provider role attitudes and higher numbers reflecting more traditional provider role attitudes (a=4; b=3; c=1; d=2; e=0).

Item number two responses were assigned numbers that correspond with their stated meaning (agree/traditional provider role attitude=1, disagree/non-traditional provider role attitude=0).

Regarding the demographic variables used in the study, age in years and income in dollars of each member of each couple were extracted from the clinic database. For education level, the clinic database includes categorical levels of education for each individual, including (a) some high school, (b) high school, (c) trade school, (d) some college, (e) associates degree, (f) bachelor's degree, (g) some graduate school, (h) master's degree, and (i) doctorate. In the current study, those categories were collapsed into five categories, based on equivalencies established in previous research: (1) some high school and high school, (2) trade school, (3) some college, (4) associates degree and bachelor's degree, (5) some graduate school, master's degree, and doctorate.

### **Procedure**

The data that were used in this study were derived from the pre-therapy assessment database from members of couples from the Washington, DC metropolitan area who sought couple therapy at the Center for Health Families (CHF) at the University of Maryland, College Park. Individuals who requested conjoint therapy were first screened, during a telephone intake process, for possible areas of relationship concern including drug use/abuse, mental health problems, and verbal/psychological/physical abuse (LaTaillade et al., 2006). Couples revealing potential intimate partner violence were either referred to other community resources or invited into the clinic for an "extended intake" to determine the extent of the presenting concerns and whether the CHF clinic was properly equipped to address these concerns.

Callers who were not screened out were invited to an in-person assessment session to be held with one or two therapist interns at the Center for Healthy Families (LaTaillade et al., 2006). During the assessment session, the members of a couple were interviewed together for the purpose of explaining their presenting problems and establishing their goals for therapy (LaTaillade et al., 2006). Then, the partners were separated for individual interviews by the therapist(s) to ascertain the level of partner violence and each member's level of safety. While in separate rooms, each partner was given a packet of self-report questionnaires to be completed as a part of the assessment process. Included in the packet is the Partner Role Inventory used in this study. For the purpose of this study, data from only African American couples who were seen at the Center for Healthy Families were included in the analysis.

### CHAPTER III: RESULTS

The present study was designed to test the following hypotheses:

1. Overall, African American men will have more traditional attitudes towards provider roles than African American women, despite their ages, income, and educational attainment.
2. Provider role attitudes of female and male African Americans with higher income levels will be less traditional than those with lower income levels.
3. Lower educational attainment among female and male African Americans will be associated with more traditional provider role attitudes.
4. Traditional provider role attitudes will be higher among older female and male African Americans as compared to younger African Americans.
5. Less traditional provider role attitudes will be found among African American women who have higher incomes in relation to their partners' income, and more traditional provider role attitudes will be found among African American men who have higher incomes in relation to their partners' income.

For hypothesis 1, a one-tailed *t*-test was used to compare the mean scores of the provider role attitudes of the African American women to those of the African American men in the sample, with the one-tailed tests used for directional hypotheses. Hypothesis 2, 4, and 5 were tested using one-tailed Pearson correlations to measure the associations of income, age, and relative income, respectively, with provider role attitudes. Finally, an analysis of variance (ANOVA) was used to test for differences in provider role attitudes associated with education levels, as proposed in hypothesis 3.

## **Preliminary Analysis**

Prior to conducting the analyses to test the hypotheses, both questions on the Partner Role Inventory (PRI) that were used in this study were recoded to reflect the weight that each response option held in the direction of degree of traditional attitudes. Question number 3 responses (“husband entirely” = 4; “husband more than wife” = 3; “husband and wife exactly the same” = 2; “wife more than husband” = 1; and “wife entirely” = 0) and question number 4 responses (“agree” = 1; “disagree” = 0) were recoded accordingly, with more traditional attitudes assigned higher numbers and less traditional attitudes assigned lower numbers. Thus, when participants’ scores on the two items were added, higher composite scores indicated more traditional attitudes, with men expected to provide more family income than women. Educational level categories from the Center for Healthy Families demographic data form were regrouped according to similarities in academic experience and recoded as: some high school *or* high school diploma = 1; trade school = 2; some college = 3; associate’s degree or bachelor’s degree = 4; some graduate school, graduate degree, or doctoral degree = 5. Relative income scores for each couple were calculated by subtracting the female’s annual income from the male’s annual income, such that more positive scores indicated that the majority of the household financial contributions were provided by the male partner.

## **Primary Analysis Testing the Hypotheses**

**Analysis for hypothesis 1.** A one-tailed *t*-test was used to compare female and male mean scores on the PRI subscale. The dependent variable in hypothesis 1 was the participants’ degree of traditional attitudes toward provider roles, and the independent variable was the gender of the participant.

Hypothesis 1 states, within our overall sample, that African American men will have more traditional attitudes toward provider roles than African American women, regardless of their income, educational attainment, relative incomes, and ages. The results of the analysis indicated that there was a significant difference between African American men and African American women,  $t(181) = 2.15, p = .016$ . The mean for the men was 3.36 (SD = 0.92), and the mean for the women was 3.05 (SD = 1.03); therefore, hypothesis 1 was supported.

**Analysis for hypothesis 2.** A one-tailed Pearson correlation was computed to test the association between income level and PRI provider role attitude scores among the African Americans in the sample of clinic couples. Participant incomes and provider role attitudes were used as continuous variables for these correlational analyses.

Hypothesis 2 states, within our sample, African Americans with lower incomes will have more traditional provider role attitudes than African Americans with higher incomes. The results indicated that there was a modest but significant correlation between income and degree of traditional provider attitudes,  $r(177) = -.13, p = .041$ . Therefore, the results provided support for hypothesis 2, although the relationship was not strong. The reason for this modest result can be found in the separate analyses by gender. There was a significant correlation between men's provider role attitudes and income ( $r(85) = -.25, p = .009$ ), whereas there was no significant correlation between women's provider role attitudes and income ( $r(92) = .00, p = .491$ ).

**Analysis for hypothesis 3.** A one-way analysis of variance (ANOVA) was used to test the relationship between educational attainment and PRI provider role scores for the total sample of African American females and males. The five education level

categories (some high school *or* high school diploma; trade school; some college; associate's degree or bachelor's degree; some graduate school, graduate degree, or doctoral degree) were the independent variable and PRI scores were the dependent variable. The means for the five groups were 3.38, 3.23, 3.15, 3.05, and 3.20, respectively.

Hypothesis 3 stated that, within this sample, African Americans with less educational attainment will have more traditional provider role attitudes than African Americans with higher levels of educational attainment. The ANOVA indicated no significant difference in provider role attitudes based on education level,  $F(4, 178) = 0.55, p = .70$ . When ANOVAs were then calculated separately by gender, the overall result was consistent for men ( $F(4, 85) = .60, p = .663$ ) and women ( $F(4, 92) = .54, p = .705$ ). Therefore, hypothesis 3 was not supported.

**Table 2. Client's Gender by Education (Recoded)**

Dependent Variable: Traditional Attitude		
	Mean - Female	Mean - Male
1.00	3.333	3.409
2.00	3.200	3.250
3.00	2.895	3.400
4.00	3.069	3.000
5.00	2.963	3.588



**Table 3. ANOVA Tests Between-Subjects Effects**

Dependent Variable:	Traditional Attitudes				
Source	Sum of Squares	df	Mean Square	F	Sig.
gender	2.292	1	2.292	2.387	0.124
Education recoded	2.128	4	0.532	0.554	0.696
gender * education recoded	3.359	4	0.840	0.874	0.480
Error	166.117	173	0.960		
Total	2045.000	183			
Corrected Total	174.918	182			

a. R Squared = .050 (Adjusted R Squared = .001)

**Analysis of hypothesis 4.** A one-tailed Pearson correlation was used to test the association between age and PRI scores for the total sample of females and males. The age of the participants was a continuous variable, as was PRI scores.

Hypothesis 4 states that, within this sample, older African Americans will have more traditional attitudes toward provider roles than younger African Americans. The results indicated no significant association between provider role attitudes and age of the study's participants;  $r(193) = -.05, p = .23$ . This result was consistent for men ( $r(86) = -.10, p = .180$ ) and women ( $r(97) = -.07, p = .236$ ). Therefore, hypothesis 4 was not supported.

**Analysis of hypothesis 5.** A one-tailed Pearson correlation was used to test the association between participants' relative income (in relation to their partner's income) and their PRI provider role attitude scores. Relative income scores for each couple were

calculated by subtracting the female's annual income from the male's annual income. Relative income scores and PRI scores were the continuous variables for this analysis.

Hypothesis 5 states that, within the sample, the higher African American females' relative income is in relation to their partner's income, the stronger their egalitarian provider role attitudes will be, whereas the higher that African American males' relative income is in relation to their partner's income, the stronger their traditional provider role attitudes will be. The results indicated no significant association between the couples' relative incomes and the provider role attitudes of either gender: for females,  $r(88) = .06$ ,  $p = .297$ ; for males,  $r(82) = .01$ ,  $p = .480$ . Therefore, hypothesis 5 was not supported.

### **Exploratory Analysis**

The investigator determined that it was important to explore other factors that may influence the provider role attitudes of the study's participants. These additional factors included: the number of years participants have been in the relationship with their significant other; the number of children living in the participant's household; the participant's level of involvement in religious activities; and the relationship status of the participants. Data for each of these categories were collected on the Client Information Form during the couples' first assessment session at the CHF. The number of years in the relationship and the number of children living in the household were recorded as continuous variables, whereas involvement in religious activities and relationship status were categorical and coded according to the numbers each category was assigned. The categories for religious involvement were: 1) Several times per week; 2) Once a week; 3) Several times a month; 4) Once a month; 5) Several times a year; 6) Once or twice a year; 7) Rarely or never. The categories for relationship status were: 1) Currently married,

living together; 2) Currently married, separated, but not divorced; 3) Divorced, legal action completed; 4) Living together, not married; 5) Separated, not married 6) Dating, not living together; 7) Single; 8) Widowed/Widower; 9) Domestic Partnership.

Hypotheses were not posed to predict the outcomes of these exploratory analyses. The results indicated that there was no significant Pearson correlation between years together and provider role attitudes (females:  $r(96) = -.09, p = .199$ ; males:  $r(82) = -.06, p = .380$ ) or between number of children in the household and provider role attitudes (females:  $r(95) = -.03, p = .385$ ; males:  $r(82) = .14, p = .101$ ). In addition, the ANOVAs comparing provider role attitudes by relationship status (females:  $F(6, 92) = .37, p = .894$ ; males:  $F(7, 85) = .70, p = .722$ ) and religious participation (females:  $F(7, 95) = .02, p = .433$ ; males:  $F(7, 84) = .02, p = .431$ ) were not significant.

**Table 4. Client Demographics**

Categories	Female			Male			Combined	
	n	mean	sig.	n	mean	sig.	n	sig
Traditional Attitudes		3.05			3.36		181	0.0165
Income	92		0.491	85		0.009	177	0.041
Education	92	3.092	0.705	85	3.329	0.663	177	0.7
Age	97		0.236	86		0.18	183	0.23
Relative Income	88		0.297	82		0.48	170	0.418
Religious Attendance	95	3.073	0.433	84	3.357	0.431	179	0.846
# of Children in Home	95		0.385	82		0.101	177	0.801
Relationship Status	92	3.184	0.894	85	3.404	0.722	177	0.874
Years Together	96		0.199	82		0.38	178	0.339

## **CHAPTER IV: DISCUSSION**

Based on the previous findings in the provider role literature, this study was designed to explore characteristics that are associated with the provider role attitudes of African Americans being seen for couple therapy at a university-based family therapy clinic in a major metropolitan region, the Center for Healthy Families at the University of Maryland, College Park. The majority of the studies found in the literature on provider roles, particularly the most recently published studies, were based on majority white, middle class samples. Within that existing literature there is evidence that the studies on provider and gender role attitudes are not necessarily generalizable to an African American population. Given that money issues are among the major concerns that couples present when they seek couple therapy (Geiss & O’Leary, 1981; Whisman, Dixon, & Johnson, 1997), it is important to increase knowledge of racial and cultural differences in clients’ provider role attitudes, so clinicians can be culturally sensitive in their interventions. This study examined the degrees to which income, relative income, education, age, and gender were associated with the level of traditional provider role attitudes of members of African American couples being treated at the CHF between 2000 and 2015.

### **Summary of Results**

Five predictions were made in this study’s hypotheses, based on prior literature. First, it was hypothesized that there would be a gender difference in the provider role attitudes of the members of African American couples in this study’s clinical sample. Based on previous research, the investigator expected African American men to hold

more traditional attitudes toward provider roles than African American women. The significant gender difference that was found supported this hypothesis.

Second, it was hypothesized that income level would be associated with the provider role attitudes of the study's participants. The investigator predicted that the more individual participants earned, the less traditional (more egalitarian) their attitudes would be, in relation to those who earned less. The significant result of the analysis provided support for this hypothesis, although at a closer look, the hypothesis held true only for African American men. When the analysis was conducted separately by gender, it was determined that the provider role attitudes of African American women were not significantly associated with income, whereas the attitudes of African American men were significantly associated with their income.

The third hypothesis considered the association between education and the participants' provider role attitudes. The investigator hypothesized that the more education the African American participants in the study obtained, the less traditional their attitudes would be. The results indicated that there was no significant difference in the provider role attitudes among participants with less education and among those who had more.

The fourth hypothesis stated that older African American participants would hold more traditional provider role attitudes than younger African American participants. The results determined that there was no significant association between provider role attitudes and age of the participants.

Finally, the fifth hypothesis predicted that relative incomes of the members of a couple would be associated with their provider role attitudes. The investigator predicted that the more African American male participants earned in relation to their female counterparts, the greater their traditional gender role attitudes would be, and the more African American female participants earned in relation to their male counterparts, the less traditional their gender role attitudes would be. However, the results indicated no significant association between provider role attitudes of the male or female participants based on partners' relative incomes.

### **Interpretation of the Findings**

Only two of the five hypotheses in this study were supported by the data. The first hypothesis, that African American men would be more traditional in their provider role attitudes than African American women, was supported by the findings of the study, a finding that was consistent with previous findings that focused specifically on African Americans, as well as the general U.S. population (Carter et al., 2009; Loscocco & Spitze, 2007; Perry-Jenkins & Crouter, 1990; Sweeting et al., 2013). In those studies, African American women were the most egalitarian of all groups surveyed (i.e., white men, white women, African American men, and African American women), while African American men were one of the most traditional.

This study's findings also supported the hypothesis that higher income earning African Americans would be more egalitarian than African Americans who earned less. This too was consistent with previous research, which showed that regardless of ethnicity, lower wage earning Americans tended to be more traditional in their provider role attitudes than those Americans that earned more (Koball, 2004; Lawrence-Webb et

al., 2004). An explanation for this association between income and provider role attitudes, given in the previous research, was the liberalizing effect that education has on gender and provider role attitudes; that higher wage earners were likely to be more educated than lower wage earners. However, in the present study, which is further examined below, the education level of the study's participants had no significant association with their provider role attitudes.

Also, income had no significant association with the provider role attitudes of the African American women participants, meaning income only contributed to the change in provider role attitudes of African American men. An explanation for this phenomenon may be found in the literature (Furdyna et al., 2008). It has already been mentioned that African American women are consistently the most egalitarian in their attitudes in comparisons of male and female white and African American racial groups (Carter et al., 2009; Furdyna et al., 2008). The propensity for African American women to hold egalitarian provider role beliefs overall may override any effects that income or education may have on them. In contrast, the provider role attitudes of African American men often paralleled the attitudes of white males in past research (Carter et al., 2009), and reflective of previous findings where white male attitudes were indeed associated with income levels, so were the provider role attitudes of African American men in the present sample. Future research could investigate other factors regarding the possible different meanings that earning power may have for men and women, in general and as moderated by race.

The third and fourth hypotheses, that African Americans who attained higher levels of education would be more egalitarian in their provider role attitudes than African Americans who had less education, and older African Americans would be more

traditional in their attitudes than younger African Americans, respectively, were not supported in this sample. Although these hypotheses were based on prior theory and the research, the present results suggest that the previous findings are not generalizable to all racial and ethnic groups. There is great importance in focusing research about gender and provider role attitudes on specific ethnic groups and any historical factors that might have influenced culturally specific patterns that are different from the majority white population. Previous research has highlighted instances in which results of studies differ based on ethnicity (Carter et al., 2009; Furdyna et al., 2008), and the longstanding history of enacted provider role egalitarianism within African American partnerships (Tucker et al., 1995) may have served as a buffer from influences of characteristics such as education and age (Lawrence-Webb et al., 2004).

The non-significant findings for the fifth hypothesis, that African American men who earned higher relative income in comparison to their partners would be more traditional in their attitudes, whereas African American women who earned higher relative income in comparison to their partners would hold more egalitarian attitudes, were not completely surprising. The present investigator recognized from the beginning that there was a reasonable chance that African American women's attitudes would be affected little by relative income, based on previous research. In the study by Furdyna, Tucker and James (2008), which compared the traditional and egalitarian provider role attitudes of white American women versus those of African American women based on income ratios, the findings indicated that African American women's attitudes were not affected nearly as much as they were for white women, and that partners' simply contributing to household income was a greater concern. African American women have



a long history of employment and contributing financially to the family household in order for that household to stay afloat. The expectation among many African American women may be that making a financial contribution is a necessity, not a choice, and no matter if they are contributing more, less, or the same as their partner, the most important consideration is that the couple meets the expenses of the household. Furdyna et al. (2008) share a similar speculation, which previously was expressed by Hill (1997) in her study of the racial socialization of African American women toward achievement.

In terms of the findings for African American men, the limitations of this study's methods (described in more detail below) may account for the non-significant results. Because this sample of couples were assessed as they entered couple therapy, the specific experiences that they were having within their relationships cannot be determined, but it seems reasonable to assume that their relationships involved some level of discord. Perhaps their level of discord was more strongly associated with their provider role enactments than their provider role attitudes, contributing to the marital dissatisfaction or marital discord that sent them into therapy, with the attitudes having less influence on their relationships. Consistent with the study of Senn et al. (2009) regarding the perceived interpersonal power dynamics of African American men, power for this population was often derived from the amount of resources, particularly money, that one contributed to the relationship/household. If the men who participated in the current study held similar perceptions of power, the attitudes were likely to hold steady because they were already predisposed to think negatively toward the financial contributions of their female partners (Hatchett, 1995).

As stated in the section on *theoretical foundations for this study*, the research methodology was principally informed by symbolic interactionism, and further supported by feminist theory and conflict theory. The differing societal expectations placed on African American men and African American women, based on a symbolic interaction framework, were strongly exhibited in the results. Previous research findings suggested that many African American men have adopted the post-industrial, Western, patriarchal ideal of “manhood” (O’Neil, 2008; Rogers et al., 2015; Senn et al., 2009), and the results demonstrated the importance to the study’s male participants of being the main provider in maintaining that masculine position. The female participants’ attitudes toward provider roles would seem to have been informed by the expectation, as set forth in a symbolic interaction framework, that they would have to contribute significantly to the household income (Lawrence-Webb et al., 2004).

### **Limitations of the Study**

This study has several limitations. One of the limitations is the sample selected for the study. The sample was taken from the population of couples being seen at a university-based couple and family therapy clinic, generally motivated by their experiences of relationship conflict and distress. Because of the nature of these relationships at the time the couples completed the assessments from which the data employed in this study were derived, this sample was predisposed to discord. Couples commonly seek therapy based on conflicts over differences between partners’ values, preferences and beliefs, including those associated with finances and provider roles (Geiss & O’Leary, 1981; Whisman, Dixon, & Johnson, 1997). Given the effect that provider role attitudes can have on overall relationship dissatisfaction, it is possible that

the demographic characteristics investigated as possible correlates of those attitudes in this study were relatively minor contributors to variation in those attitudes than other aspects of conflictual couples' relationship dynamics. This clinical sample likely differs from non-clinical community samples of couples in a variety of ways that may have obscured the links between demographic variables (including partners' relative incomes) and provider role attitudes. Alternately, the fact that the participants in this sample sought therapy and were open to examining their relationships suggests a degree of flexibility within the couples' relationships that may have in itself influenced their provider role attitudes in a way that couples who were not seeking therapy may not have experienced.

Another limitation associated with the sample used in this study is the location from which the sample was taken. Participants in the study's sample are residents in a major metropolitan area, with a large, church-going, middle-class African American population, who are highly educated and have relatively low unemployment. This population is not fully reflective of the overall African American population in the United States. Median incomes and the average level of education completed for African Americans in the Washington, DC metropolitan region are higher than the national average for the same ethnic group (U.S. Census, 2015). As stated in previous research (Bryant, 2003; Fan & Marini, 2000; Lucier-Greer et al., 2012), many of these factors are building blocks for a more liberal/progressive perspective about relationships. Provider attitudes and beliefs in this region may not be as heavily conservative as are those in other areas of the country, which lend themselves to more traditional provider role attitudes (Loscocco & Spitze, 2007). Consequently, the local population might show greater variation in provider role attitudes based on variables such as education and age.

An additional limitation of this study is the reliability of the self-report data. The instructions for the instrument used to measure the provider role attitudes of the participants may not have provided the proper context for which the questions were to be answered. Study participants may have misinterpreted the questions as asking them to address enacted behaviors, not their attitudes and beliefs about role behavior. Also, although there were seven questions on the measure that focused to some extent on the area of provider role practices, only two of those questions appeared to directly tap the type of provider role attitudes that the investigator wished to assess, limiting the validity of the assessment of that key variable. In addition, self-reports of provider role attitudes may have limited validity as indices of respondents' true beliefs, as they are subject to social desirability responding, and individuals may report what they believe are socially acceptable attitudes.

In addition, two of the variables used in the instrument proved to be problematic. The question, "With reference to your own family, who do you feel should provide the income?" listed two responses that exist beyond the general scope of this study. The responses "Wife more than husband" and "Wife entirely" are neither traditional nor egalitarian. Although these responses were rarely chosen by the study's participants, their presence on the instrument creates a division between the concepts of "egalitarian" and "non-traditional" that was not addressed in the literature. For the purpose of this study, "egalitarian" was absorbed into the "non-traditional" category to minimize the effects that these "extra-traditional" variables had on the data.

## Implications of the Results

**Implications for future research.** Although one of the purposes of this study was to provide updated research about the provider role attitudes of African Americans, future studies should be based on samples that include African American couples who are not seeking therapy at a university clinic, as well as from a broader geographical location, beyond the Washington, DC metropolitan area. Data from such a study would be useful in comparing the provider role attitudes of the therapy-seeking and non-therapy-seeking groups to see if the results are consistent across all of the variables and whether the geographical region has a significant influence on the results, or if the results from this study are unique because of the sample that consisted solely of therapy seeking couples. The data from a national survey of African American couples will then help to further clarify the results found in this study.

Furthermore, future studies should also include a more refined survey instrument. A new instrument should include multiple questions that address the beliefs/attitudes, the enacted behaviors, and the participants' emotions as they relate to provider roles. The new instrument should also include a mixed methods approach in which a qualitative interview would be used to compliment the quantitative questionnaire. This would allow researchers to gain a better overall understanding of the respondents' answers and how provider role attitudes, emotions and behaviors are inter-related and associated with couples' relationship stress and dissatisfaction. In addition, a study in which partners provide reports about *each other's* provider role attitudes and behaviors would add an important additional perspective.

Future research would also benefit from an expanded use of categorical comparisons; for example, a comparison of the provider role attitudes of individuals who participate in occupations that provide greater autonomy and personal control versus those that constrain workers. Also, the data already collected by the CHF could be used to compare provider role attitudes across ethnicities to uncover whether or not differences are consistent between the overall clinical population and previous research. Another possible direction for future research is to compare the provider role attitudes of couples who report conflict over finances to those of couples who report conflict over non-financial related areas of concern.

Although this study's analysis showed a statistically non-significant difference in provider role attitudes based on education, a curious "U-shaped" pattern appeared for men. Lower education and higher education men both appeared to hold more traditional attitudes than men with a mid-level of education. Although one must be very conservative in interpreting patterns that do not reach statistical significance, if this pattern was maintained in a future study with a larger sample (with better statistical power) and was significant, such findings would support previous research about the attitudes of African American men with lower education and create a new view of the provider attitudes of African American men with higher levels of education. Thus it seems important to extend the present work with a more extensive study.

As mentioned in the description of limitations of this study, the "extra-traditional" responses, "Wife more than husband" and "Wife entirely", to the instrument's question, "With reference to your own family, who do you feel should provide the income?" identifies a segment of the population that seems to have been overlooked in previous

research. Future research would benefit from looking specifically at members of heterosexual couples who believe the household breadwinner should be the female partner. As the demographics continue to grow in favor of female financial contribution, attitudes about those contributions are likely to evolve, as well.

Finally, future research should focus on the methods by which African Americans, particularly African American men, internalize provider role attitudes and beliefs, when historically there was little congruence between the attitudes and enacted behavior of this population. Based on previous literature and the findings from this study, African American men appear to be particularly vulnerable to the idea that men should be the primary, if not sole, breadwinner for their families, a concept that blurs the lines associated with the variables examined in this study that have proven to be more clearly defined for white men. A better understanding of these attitude internalization processes can begin to create a pathway to curbing the influence of these beliefs on the marital satisfaction of the African American population. The more a couple understands the role that these beliefs play in creating and sustaining problems within their relationship, the better equipped they will be to make the necessary changes for a healthier, more prosperous partnership.

**Implications for clinical applications.** According to current trends, African American women will continue to outpace African American men in income and earning potential (U.S. Bureau of Labor Statistics, 2009; 2015). For African American men who hold traditional provider role attitudes, these trends will be a stumbling block in developing healthy, satisfactory relationships with African American women. African American men who view interpersonal power dynamics through the lens of financial

contribution (Senn et al., 2009) may view relinquishing their “power” to a female partner as putting them at such a perceived disadvantage that they may be unwilling to enter into a long-term relationship. Clinicians armed with an understanding of the influence of provider role attitudes on the health of their clients’ relationships will then recognize the importance of helping those clients develop their attitudes to be better integrated with the attitudes of their partner, as well as better paralleling the occupational and financial realities in their lives. This may aid in de-escalating some of the tension around power dynamics in the relationship. Acceptance will play a key role in that transition.

The results of this study should help sensitize couple therapists to the need for assessing and addressing the provider role attitudes of their clients. Assessment can take the form of a conversation regarding expected gender roles, particularly household financial and labor contributions. Therapists will also do well to help clients develop a safe space in which each partner can express individual fears, such as concerns about the perceptions others may have toward the male partner’s masculinity within a financially egalitarian relationship (Rogers et al., 2015). Within this framework, the clinician will need to be aware of his/her own provider role attitudes, as they may influence his/her own reaction to both the provider role attitudes and behaviors of the client.



## Appendix A

### Partner Role Inventory

If you are living with your partner, please answer items 1 through 9 below. If you are not living with your partner, please answer items 1 and 4, and then skip to the next questionnaire.

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

1. In general, 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

2. In general, 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. Wife more than husband
- \_\_\_\_ 4. Husband and wife exactly the same
- \_\_\_\_ 5. Wife entirely

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 partner mostly provides economically  
 \_\_\_\_ 3. You share equally
6. A couple had children in school, but no preschool children. Should the wife work if her husband makes an income about equal to the male income in your family? **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. **In your family**, how important are the female partners' financial contributions to the family? The female partner's money... **Check one.**  
 \_\_\_\_ 1. Is not needed at all  
 \_\_\_\_ 2. Is used for what she wants  
 \_\_\_\_ 3. Goes for extras; it is icing on the cake  
 \_\_\_\_ 4. Helps; without it we'd have to tighten our belts, but we could get along if necessary  
 \_\_\_\_ 5. Is necessary; we couldn't get along without it  
 \_\_\_\_ 6. Goes for extras, but in a crisis we need it for backup. It takes the pressure off  
 \_\_\_\_ 7. Pays the bills. It is the primary/only income in the family  
 \_\_\_\_ 8. Not applicable to my relationship
8. In your family, **the actual use** of the female partners' 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 important, 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.)

- \_\_\_\_\_ Things for herself and/or to keep her job
- \_\_\_\_\_ Primary/sole financial support of the family
- \_\_\_\_\_ Not applicable to my relationship

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 partner deal with the female partner's income(s)?

---

---

---

## References

- Allen, W., & Olson, D. (2001). Five types of African-American marriages. *Journal of Marital and Family Therapy*, 27(3), 301-14.
- Bartley, S., Blanton, P., & Gilliard, J. (2005). Husbands and wives in dual-earner marriages: Decision-making, gender role attitudes, division of household labor, and equity. *Marriage & Family Review*, 37(4), 69-94.
- Bryant, A. (2003). Changes in attitudes toward women's roles: Predicting gender-role traditionalism among college students. *Sex Roles: A Journal of Research*, 48(3-4), 131-142.
- Cowdery, R., Scarborough, N., Knudson-Martin, C., Seshadri, G., Lewis, M., & Mahoney, A. (2009). Gendered power in cultural contexts: Part II. Middle class African American heterosexual couples with young children. *Family Process*, 48(1), 25-39.
- Crouter, A., & Manke, B. (1997). Development of a typology of dual-earner families: A window into differences between and within families in relationships, roles, and activities. *Journal of Family Psychology*, 11(1), 62-75.
- Fetterolf, J., & Rudman, L. (2014). Gender inequality in the home: The role of relative income, support for traditional gender roles, and perceived entitlement. *Gender Issues*, 31(3-4), 219-237.
- Furdyna, H., Tucker, M., & James, A. (2008). Relative spousal earnings and marital happiness among African American and White women. *Journal of Marriage and Family*, 70(2), 332- 344.

- Geiss, S.K., & O'Leary, K.D. (1981). Therapist ratings of frequency and severity of marital problems: Implications for research. *Journal of Marital and Family Therapy*, 7, 515-520.
- Giele, J., Holst, E. (2003). New life patterns and changing gender roles. *Advances in Life Course Research*, 8, 3-22.
- Hill, N. (1997). Does parenting differ based on social class?: African American women's perceived socialization for achievement. *American Journal of Community Psychology*, 25(5), 675-697.
- Kaufman, G. (2000). Do gender role attitudes matter? Family formation and dissolution among traditional and egalitarian men and women. *Journal of Family Issues*, 21(1), 128-144.
- Koball, H. (2004). Crossing the threshold: Men's incomes, attitudes toward the provider role, and marriage timing. *Sex Roles*, 51(7-8), 387-395.
- LaRossa, R., & Reitzes, D. (1993). Symbolic interactionism and family studies. In P. Boss, W. Doherty, R. LaRossa, W. Schumm, & S. Steinmetz (Eds.), *Sourcebook of family theories and methods: A contextual approach* (pp. 135-163). New York: Plenum Press.
- Lawrence-Webb, C., Littlefield, M., & Okundaye, J. (2004). African American intergender relationships: A theoretical exploration of roles, patriarchy, and love. *Journal of Black Studies*, 34(5), 623-639.
- Littlefield, M. (2004). Gender role identity and stress in African American women. *Journal of Human Behavior in the Social Environment*, 8(4), 93-104.

- Loscocco, K., & Spitze, G. (2007). Gender patterns in provider role attitudes and behavior. *Journal of Family Issues*, 28(7), 934-954.
- Lucier-Greer, M., & Adler-Baeder, F. (2011). An examination of gender role attitude change patterns among continuously married, divorced, and remarried individuals. *Journal of Divorce & Remarriage*, 52(4), 225-243.
- Lucier-Greer, M., Ketring, S., Adler-Baeder, F., & Smith, T. (2012). Malleability of gender role attitudes and gendered messages in couple and relationship education. *Family and Consumer Sciences Research Journal*, 41(1), 4-17.
- Marbley, A. (2004). "Hey there Ms. Jones!": A qualitative study of professional African American males' perceptions of the selection of African American females as partners. *Journal of African American Studies*, 7(3), 15-30.
- Michniewicz, K., Vandello, J., & Bosson, J. (2014). Men's (mis)perceptions of the gender threatening consequences of unemployment. *Sex Roles: A Journal of Research*, 70(3-4), 88-97.
- Ogolsky, B., Dennison, R., & Monk, J. (2014). The role of couple discrepancies in cognitive and behavioral egalitarianism in marital quality. *Sex Roles: A Journal of Research*, 70(7-8), 329-342.
- Olson, D. H., Fournier, D. G., & Druckman, J. M. (1987). *Counselor's manual for PREPARE/ENRICH. (Revised edition)*. Minneapolis, MN, PREPARE/ENRICH, Inc.
- Olson, D. (1996). *Counselor's manual for PREPARE/ENRICH (rev. ed.)*. Minneapolis, MN: PREPARE/ENRICH, Inc.

- O'Neil, J. (2008). Summarizing 25 years of research on men's gender role conflict using the gender role conflict scale. *The Counseling Psychologist*, 36(3), 358-445.
- Perry-Jenkins, M., & Crouter, A. (1990). Men's provider-role attitudes: Implications for household work and marital satisfaction. *Journal of Family Issues*, 11(2), 136-56.
- Rogers, B., Sperry, H., & Levant, R. (2015). Masculinities among African American men: An intersectional perspective. *Psychology of Men & Masculinity*, 16(4), 416-425.
- Scott Carter, J., Corra, M., & Carter, S. (2009). The interaction of race and gender: Changing gender-role attitudes, 1974-2006. *Social Science Quarterly*, 90(1), 196-211.
- Senn, T., Carey, M., Venable, P., & Seward, D. (2009). African American men's perceptions of power in intimate relationships. *American Journal of Men's Health*, 3(4), 310-318.
- Sprey, J. (1999). Family dynamics: an essay on conflict and power. In M. Sussman & S. Steinmetz (Eds.), *Handbook of marriage and the family*. 2<sup>nd</sup> edition (pp. 667-685). New York: Plenum Press.
- Stanik, C., McHale, S., & Crouter, A. (2013). Gender dynamics predict changes in marital love among African American couples. *Journal of Marriage and Family*, 75(4), 795-807.
- Sweeting, H., Bhaskar, A., Benzeval, M., Popham, F., & Hunt, K. (2014). Changing gender roles and attitudes and their implications for well-being around the new millennium. *Social Psychiatry and Psychiatric Epidemiology*, 49(5), 791-809.

Whisman, M. A., Dixon, A. E., & Johnson, B. (1997). Therapists' perspectives of couple problems and treatment issues in couple therapy. *Journal of Family Psychology*, *11*, 361–366.

White, J., & Klein, D. (2015). *Family theories: An introduction*. 4<sup>th</sup> edition. Los Angeles: SAGE.