

Getting Better with Age?  
Employment, Gender Attitudes, and Depression

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**ABSTRACT:** This paper considers the effect of mother's employment, their attitudes about combining employment and family care, and the interaction between the two, on their risk of experiencing depressive symptoms at three time points across key childrearing years. At ages 40 and 50, the interaction between employment status and attitudes suggests that older mothers suffer from a mismatch between their expectations that women should be able to combine career and family, and their lived experiences of work-family conflict. This finding is set against the backdrop of an increasingly protective effect of employment on mental health as women approach mid-life. Results suggest that in light of women's continued disproportionate share of domestic responsibilities and limited employer supports for parents, skepticism over women's ability to manage employment and family care may mitigate the negative mental health implications of work-family conflict as mothers approach mid-life.

## **I. INTRODUCTION**

The difficult task of juggling employment and family care continues to fall primarily upon women. As many scholars have recognized, women's increased employment during the second half of the Twentieth Century was not accompanied by a comparable change in the gendered division of domestic labor (Hochschild 1989; Sanchez and Thompson 1997). Though time diaries indicate that married men doubled the time they spent with their children between 1965 and 2000, women continue to perform the majority of housework and childcare, even when employed full-time (Bianchi, Robinson, and Milkie 2006).

Yet despite the challenges women face in combining employment and family care, the effects of women's employment on their health and wellbeing are generally positive. At the societal level, U.S. women's self-rated health has improved alongside increases in women's education and employment (Schnittker 2007). At the individual level, women's employment has positive effects on health, and the risk of depression is lower for women employed full-time than for women employed part-time (Roxburgh 2009). In fact, the positive effect of employment on women's mental health is expected to decrease gender inequalities in mental health over the life course (Mirowsky 1996). For example, Clark, et al. (2011), predicts that the mental health of older women will improve as cohorts of women with higher rates of employment age into later mid-life.

A theoretical perspective emphasizing social roles has been used to explain both the negative experience of work-family conflict and the positive effect of women's employment on their wellbeing. Researchers argue that one of the key ways employment benefits women is by serving as an additional social role (Moen et al. 1992). For example, McMunn, Bartley and Kuh (2006) find

that women who have both careers and children over their life course are healthier at midlife than are women who did not combine employment with childrearing. At the same time, other research continues to identify role conflict as a key source of stress in the work-family interface. Much of the literature on work and family finds that conflict between social roles decreases individuals' wellbeing (see Perry-Jenkins, et al 2000, and Glass 2005 for reviews). Role conflict is a source of stress for women in particular. Glavin, Scheiman and Reed (2011) find that the intrusion of work into home life is associated with mental distress for women, but not for men. The differential effects of work-family conflict by gender may be partially due to differences in cultural expectations for men and women's roles within families: childrearing expectations for men prize wage earning (Townsend 2002), unlike expectations for women, which prize unpaid care-giving (Hays 1996).

Experiences of conflict between work and family roles are influenced by individual's gender ideologies and their expectations regarding women's abilities to combine employment and family responsibilities. As Hochschild (1989) describes, individual's gender ideologies are often at odds with the realities of their daily life. For example, women who desire a high degree of father involvement in childrearing experience elevated stress levels when their husband's childrearing participation falls short of their ideal (Milkie, Bianchi, Mattingly, and Robinson 2002). While individuals employ various strategies to deal with mismatches between their gender attitudes and lived experiences, these mismatches generate personal distress and marital discord (Hochschild 1989). Similarly, women who believe childrearing and careers are compatible may find these views at odds with employer preferences for workers without child caretaking responsibilities (Correll, Benard and Paik 2007, Williams 2000), and cultural norms that value direct maternal care for children (Hays 1996, Eyer 1996).

In light of the role conflict experience by employed women with children, the positive impact of employment on mother's wellbeing is surprising. These seemingly incongruent findings on the relationships among employment, family roles and wellbeing at midlife may be partially explained by changes in the effect of social roles across the life course. Infant and preschool children are particularly associated with work-family conflict for women (Milkie and Petola 1999). As women and their children age, the effects of motherhood on work-family stress may lessen as physical childrearing demands (i.e. breastfeeding) decrease and remaining childrearing tasks can more readily be performed by fathers. Accordingly, women approaching midlife are more likely to be in the labor force than are women under age 40 (Mosisa and Hipple 2006). By older age and mid-life, some studies find that parents enjoy better mental health those who never had children (Umberson and Gove 1989, McMunn, Bartley and Kuh 2006)<sup>1</sup>. Notably, the shift in family demands across the life course extends beyond childrearing: women just entering midlife are most likely age group to have dual responsibilities for childrearing and for providing care to older family members with chronic illnesses and disabilities (Marks 1996). Nevertheless, the decline in physical and time-intensive childrearing demands as women and their children age calls for researchers to examine effects of employment on wellbeing at multiple time points over women's childrearing years.

A body of scholarly work has investigated the mutual, often gendered, effects of employment and the family. Less attention in the form of quantitative research has sought to understand how the ideological contradictions between wage labor and family caretaking shape the effects of employment on women's well-being, or how those effects vary at different time points in the life

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<sup>1</sup> Other research on parenthood and mental health has presented differing conclusions. For example, Evanson and Simon (2005) report parenthood increases the risk of depression for all parents, regardless of whether they have children at home or are empty-nesters.

course. Does holding an attitude in support of women's ability to combine employment and family care decrease the negative effects of work-family conflict, and more specifically, women's risk of depression? Secondly, how does the relationship among employment status, gender attitudes, and mental wellbeing shift as women and their children age?

The analysis that follows considers the effects of gender attitudes, employment status, and the interaction between the two on depressive symptoms for women with children using the 1979 cohort of the National Longitudinal Survey of Youth (NLSY79). Depressive symptoms are examined at three time points during adulthood, when women are an average age of 33, 40, and 50 years old. Given that younger cohorts are more supportive of women's employment than were previous generations (Brewster and Padavic 2004), the longitudinal rather than cross-sectional data is necessary to examine the impact of gender attitudes on work-family conflict across the life course.

Results indicate that the protective effect of employment against depressive symptoms is larger at older ages, and that controlling for the interaction between employment status and attitudes increases the magnitude of employment's mental health benefits as women enter midlife. Additionally, I find that at ages 40 and 50, among employed women, those who are skeptical of mother's ability to simultaneously meet employment and family care responsibilities have a lower risk of depression. These results suggest that in light of women's continued disproportionate share of domestic responsibilities and limited employer supports for parents, skepticism over women's ability to combine employment and family care may mitigate the negative mental health implications of work-family conflict as women approach mid-life.

## II. PREVIOUS RESEARCH: WORK, FAMILY, AND GENDER ATTITUDES

*Work-Family: Balance and Conflict:* Maintaining employment requires women to balance the competing time demands of work and family. Despite a large body of research documenting work-family conflict (Grzywacz, Almeida, and McDonald 2002, Glass and Estes 1997), there are some indicators that women feel successful combining employment with family care. For example, a 1999 study reported that women and men have similar levels of self-reported success in managing family and career demands. Using a 5 point scale measuring success in balancing family and work, where 3 is “somewhat successful” and 4 is “very successful,” employed women and men have almost identical mean responses: 3.29 for men and 3.28 for women (Milkie and Peltola 1999). Work-family balance can also be measured using the idea of spillover, or the extent to which participation in one domain impacts participation in another. Though women report more negative work to family and family to work spillover than do men, there is also a highly significant correlation between being female and reporting *positive* work to family spillover (Grzywacz, Almeida, and McDonald 2002). This positive impact of work on women’s family life may indicate that women experience some degree of balance between the negative and positive aspects of combining employment and family care. Thus, while work-family time conflicts undoubtedly complicate women’s employment, indications that some women are able to successfully juggle work and family demands encourages researchers to investigate additional dimensions of work-family conflict.

*Ideological Forces:* In addition to juggling the competing time demands of work and family, employment requires women to manage the ideological contradictions posed by family caretaking and paid labor. This is particularly true for women with children. The dominant cultural model of an ideal mother prizes *intensive mothering*, where mothers devote full attention

to meeting children's needs whenever possible (Eyer 1996; Hays 1996; Williams 2000). Though actual childrearing practices deviate from the intensive mothering ideal, many scholars assert that intensive mothering remains "the normative standard, culturally and politically, by which mothering practices and arrangements are evaluated" (Arendell 2000:1195, see also Eyer 1996; Hays 1996; Williams 2000).

Traditional family caretaking ideals are at odds with women's employment. Like the family, work is also a "greedy institution" (Coser and Coser 1974). Current employment models maintain that the ideal worker is able to completely devote himself to work without being hindered by family caretaking responsibilities. Because the model of an unencumbered worker pervades social, work, and legal institutions, employees with family caretaking responsibilities are marginalized (Williams 2000). The inherent contradictions between the ideals of intensive mothering and the unencumbered worker make it impossible for employed women with children to meet workplace and mothering expectations simultaneously.

Cultural pressures for mothers to devote themselves to childcare and fathers to employment may explain some of the gendered differences in how parents experience work-family balance. For example, men who report having no personal time are 22 percent less likely than women without personal time to report feeling very balanced between work and family. If women place a higher priority on time with their children than do men, women may be more willing to forgo personal time. Neglecting work demands also differentially impacts men and women: the probability of women who refuse overtime hours to feel balanced is .93, while for men is only .72 (Keene and Quadagno 2004).

There is reason to consider the existence of alternative attitudes that hold employment and family care as complimentary. Attitudes supportive of women's ability to maintain employment

and care for her family are hardly new; some scholars argue that groups with a long-standing history of women's employment view combining employment and childrearing as complimentary (Collins 1994, Zinn 1989). For example, Elvin-Nowak and Thompson (2001) describe Swedish women who conceptualize motherhood as a constant *emotional* state of availability rather than a physical act of caretaking. Others stress the role of well-being transfers from women to their families. Mothers believe they should be available for their children, but also, that they will ultimately be better mothers if their own needs and desires are met (Elvin-Nowak and Thompson 2001). Similarly, Hays describes that some American mothers manage the contradiction between their roles as workers and as mothers by arguing that their employment is ultimately good for their children (1996).

Yet it is also possible that women who believe they *can* balance employment and career experience an increase in work-family stress and accordingly, depressive symptoms. Despite shifts in attitudes about family and employment, the U.S. workplace provides limited support for family care (Gornick and Meyers 2003). Blair-Loy argues that women with high-level positions in the financial industry feel compelled to be devoted to *either* employment or family care, and struggle to combine the two (2003). From this perspective, women who think it is difficult to fulfill family responsibilities while forwarding a career have more realistic expectations about the practical difficulties faced by employed parents.

Though there are few studies examining the impact of ideology on work-family conflict, some evidence supports the notion that employed women with more traditional gender ideologies may experience less depression than employed women with nontraditional attitudes. Women with greater support for traditional gender roles appear less likely to experience negative psychological effects of an unequal division of household labor. Based on a sample of Utah



women (N=96), Mannon and colleagues find that women who identify more strongly with family are more satisfied with the division of household labor, and subsequently experience less family-to-work conflict (2007). Similarly, Greenstein (1995) argues that women holding more egalitarian gender ideologies may perceive the division of household labor with their partner as less fair, increasing marital conflict and the subsequent risk of divorce.

Past research finds that women who identify most strongly with employment are more likely to suffer negative mental health outcomes than women who identify most strongly with family roles. Reitzes and Mutran (2002) find that while placing importance on employment increases feelings of self-esteem, individuals who hold their worker-identity as their central identity have lower levels of self-esteem than those who do not consider their worker-identity central. To the extent that women who are supportive of women's employment may be more likely to centrally identify with employment, Reitzes and Mutran's findings suggest that strongly supporting women's employment may have unexpected negative consequences for wellbeing. Similarly, O'Neil and Greenberger (1994) find that for men, having a greater commitment to parenting than to employment responsibilities is associated with less role strain.

### **III. HYPOTHESES**

Previous research has posited role-strain as a contributor to depression among employed women (Gryzywacz and Bass 2003). The experience of role-strain may be determined, in part, by women's subjective attitudes about combining employment and family care. While egalitarian women tend to view employment and family care as compatible, traditional women may view family care as a role that rightly impedes on employment. On the one hand, women who are supportive of women's ability to combine employment and family care may experience less

work-family conflict as their attitudes and employment statuses converge. Yet on the other, women who think that family care will rightly impede on employment may experience less distress when employment and family care tradeoffs inevitably occur.

**H1: Ideology-Employment Congruency Bonus:** Employed women will exhibit fewer depressive symptoms as their support for married women's employment increases.

**H2: Ideology-Employment Congruency Penalty:** Employed women will have a lower risk of depression if they hold a traditional gender attitude that supports the idea of employment and family care as conflicting.

How does stage of the life course mediate the relationship between employment status, attitudes, and women's wellbeing? To the extent that the effect of employment on women's health is determined by conflict or facilitation among the roles of family caretaker and employee, the effect of interaction between women's employment status and attitudes on mental health is expected to vary as the demands of social roles shift. When women and their children are younger, the high degree of physical childrearing demands may make the interaction between employment status and attitudes particularly salient. As women approach mid-life, attitudes may play a lesser role in moderating the positive effects of employment. Conversely, in earlier years, the physical and time demands of childrearing may be so acute that women's individual attitudes have little impact of the mental health effects of employment. If so, attitudes may play a greater role in moderating the positive effects of employment as women approach mid-life and the time women spend caring for children is more negotiable.

**H3:** The effect of the ideology-employment interaction will be strongest during earlier stages of the life course when child caretaking demands are highest.

**H4:** The effect of the ideology-employment interaction will be strongest during later stages of the life course when child caretaking demands are more negotiable.

#### **IV. DATA & METHODS**

This study samples from the 1979 to 2010 waves of National Longitudinal Survey of Youth (NLSY79). The NLSY79 is the best source of nationally representative, longitudinal data with detailed employment information. Additionally, it provides the exact timing of marriage, divorce, and changes in parental status, as well as data on respondents' education, family background, and attitudes about employment and childrearing. In 1979, NLSY first surveyed approximately 12,000 youth ages 14-22, born between January 1, 1957 and December 31, 1964, and living in the United States. Respondents were interviewed annually from 1979-1994, and biennially thereafter. As of 2002, the sample response rate was 80.9 percent.

The NLSY measures depressive symptoms at four time points, three of which are used as outcome variables in this study. The depression symptom data is drawn from the following surveys: 1) the 1994 survey, when subjects are approximately 29 to 37 years old, with an average age of 33, 2) the Age 40 Health Module Survey, administered from 1998-2006, at the survey round when subjects are closest to age 40, and 3) the Age 50 Health Module Survey, administered starting in 2008 and 2010, when subjects are closest to age 50. Notably only the older members of the NLSY79 cohort have currently completed the Age 50 Health Module Survey, so the sample size at the Age 50 Health Module is considerably smaller than for earlier time points. A second limitation of the data is that it does not measure depressive symptoms when women are in their early and mid-twenties, and most likely to have very young children.

Nevertheless, the time points with depressive symptom data are advantageous for understanding women's wellbeing as they move into mid-life.

Given interest in employment, attitudes, and well-being among mothers, the sample is limited to women who have children under age eighteen present at their household during at least one of the three time periods. In order to generate a consistent sample across time periods, women are included in each of the three time-point analyses even if their children are over age eighteen or not living in the household at the specified time point. For each of the three time points, a dummy variable controls for women with a youngest child over age eighteen and those without children currently at home.

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#### *Variables*

**Depression:** Depressive symptoms, the outcome variable of interest, are measured using the 7-item Center for Epidemiological Studies Depression Scale (CES-D). The CES-D was designed to measure depressive symptoms in the general population (Radloff 1977). The NLSY79 includes measures of depression in its 1992 and 1994 survey waves, and as parts of NLSY79's health modules for age 40 and over and age 50 and over. This study utilizes depression measures collected from the 40 and 50 year health modules and from 1994.

**Employment Status:** The NLSY79 provides the weekly labor force status for each respondent, constructed from annual questions about the starting and ending points of jobs, and any gaps in employment at a particular firm. NLSY79 surveyors asked if respondents had experienced "any periods of a full week or more during which [they] did not work for employer, not counting paid vacations or paid sick leave." Respondents reported the starting and stopping dates of employment for each job they held since their last interview, and any periods of not

working while still employed by a particular employer. Employed respondents are also asked about hours worked per week. This study includes three measures of employment a) employed, b) out of the labor force, and c) unemployed. Those out of the labor force are the referent group.

**Support for Women's Employment:** Respondents were asked if they agreed, strongly agreed, disagreed, or strongly disagreed with statements about the employment of wives and the place of women in society. This study uses responses from 1987, the last time the questions were asked prior to collection of depressive symptom data. This study uses four questions that most strongly reflect supporting employment for women with family responsibilities. They are *a) A wife who carries out her full family responsibilities doesn't have time for outside employment, b) The employment of wives leads to more juvenile delinquency, c) It is much better for everyone concerned if the man is the achiever outside the home and the woman takes care of home and family, and d) Women are much happier if they stay at home and take care of their children.* Following a similar approach to that utilized by Greenstein (1994), responses were assigned a numeric value from one to four according to strong agreement, agreement, disagreement, or strong disagreement with each question. The value for all four questions was then summed together in a single composite score ranging from four to sixteen. The composite score was then reverse coded for ease of interpretation, with support for women's employment increasing with larger values.

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**Race:** The model includes dummy variables for being African-American and for being Latina, as research indicates that attitudes towards women's employment vary by race (Zinn 1989), as does the risk of depression (Roxburgh 2009).

**Children:** Two dummy variables control for the age of respondents' youngest child: five years old or younger, and between six and eighteen years old, with the six to eighteen year-old

age group serving as the referent category. A dummy variable controls for not having children under eighteen in the household at the given time period.

**Marital Status:** Two dummy variables are included to control for marital status, 1) married, and 2) divorced or separated, with single, never married serving as the referent category.

**Age at Interview:** Respondents' age at the time of the interview gathering the health data is included as a covariate, as mental health varies with age (Clarke et al. 2011).

**Education:** Education is measured using a series of dummy variables capturing education levels at each time point: less than high school, high school diploma, some college, and college degree or higher. Those with less than a high school diploma comprise the referent group.

**Income:** Income for the past calendar year is used as a measure of women's earnings and other sources of family income, including spousal income.

**Desire for Employment:** As young adults, respondents were asked if they wanted to be employed at age 35. A dummy variable measuring preference for employment at age 35 is included, as recent research on employment and depressive symptoms among mothers indicates that employment preference moderates the relationship between employment and mental health (Uzdansky et al. 2011).

**Health Limitations:** Because women with health problems are more likely to be out of the labor force, and are at greater risk of depression, the study controls for having a physical condition that limits the amount and type of employment individuals are capable of performing.

**Previous Depression:** In the model examining depressive symptoms in 1994, when subjects are an average age of 33, the 1992 CES-D score is used a control for prior depression. In the model examining depressive symptoms at age 40, the 1994 CES-D score is included as a covariate to control for prior depression. In the model examining depressive symptoms at age 50,

the CES-D score from the Age 40 Health Module is included as a covariate to control for prior depression.

### *Analytic Strategy*

This study uses ordinary least squares regression (OLS) to examine the impact of employment status, gender attitudes, and control variables on subject's depressive symptoms. The effect of variables at each of the three age points is first assessed net of interaction terms. Secondly, I created interaction terms by multiplying the support for mother's employment score by employment status covariates and adding the products to the models.

## **V. RESULTS**

Results for women aged 40 and 50 provide support for the attitude-employment congruency penalty hypothesis: the interaction term for being employed and holding attitudes supportive of mothers' employment increases the risk of depression. The effect of the attitude-employment status interaction terms indicates that as they approach mid-life, women who are the least supportive of women's ability to combine employment and family care are, ironically, least likely to suffer from depression if employed. The results do not indicate that the same is true for younger women, as the employment-attitude interaction term is not significant for the 1994 time period, when women are 33 years old on average.

The counter-intuitive finding that being both employed and supportive of mother's employment increases the risk of depressive symptoms at ages 40 and 50 is set against the backdrop of a protective effect of employment on mental health. Employment is significantly protective against depression at ages 40 and 50 in the restricted models without the interaction

terms, and increases in magnitude after controlling for the interaction between employment status and gender attitudes. While the coefficient for holding an attitude supportive of mother's employment is not significant in the restricted models, the effect of egalitarian attitudes becomes significantly protective against depression with the addition of the interaction term at ages 40 and 50.

The protective effects of employment on mental health increases as women age, becoming significant at age 40, and increasing in magnitude once sampled women reach age 50. Given that this analysis considers women in the same cohort, the finding that the positive effect of employment on wellbeing increases with older ages is useful for our understanding of women's mental health over the life course, which has often been informed by cross-sectional rather than longitudinal data. Moreover, the longitudinal data allows for use of controls for prior levels of depression, and having health conditions limiting employment. Doing so reduces concerns about reverse causality, strengthening the argument that the positive correlation between employment and wellbeing is caused by employment's effects on mental health rather than the reverse.

For women in their late twenties and early thirties, the regression results suggest a quite different understanding of the relationships among attitudes, employment, and mental health. The effect of employment on depressive symptoms is not significant in the restricted model, or after the inclusion of the employment-attitude interaction term. The effect of support for women's employment is marginally significant ( $p$ -value = 0.0554) and associated with decreased depressive symptoms in the restricted model. However, the effect drops out after adding the interaction term. Notably, the model for women in their early thirties uses a measure of depressive symptoms from 1992, two years prior to the 1994 collection of the outcome variable for depressive symptoms control. Thus, the time interval is shorter than the time interval between



outcome depression measures and prior depression control variables for the age 40 and 50 models, where the gap in survey times averages six and twelve years, respectively. However, models without controls for prior depression and using alternate measures of wellbeing (for example, the Rosenberg Self-Esteem measure from 1987), produces similar results. Thus the differences in effects observed across age and period do not appear to be driven by variation in model specification.

Family status affects risk of depressive symptoms, though the effects differ according to age group. In their early thirties, being divorced or separated raised the risk of women's depression, but does not at older ages. At age 40, not having children present in the household is associated with a greater risk of depression relative to women with school-age children living at home. This result is not surprising given the circumstances that would lead women who are mothers to not have children at home at age 40 (i.e. lack of residential custody or having been young at the child's birth). Notably, having a youngest child under the age of 6 in the household does not significantly raise the risk of depression relative to having one's youngest child be school-aged at any of the three time points.

The effects of other socio-demographic characteristic on the risk of depression also vary as women age. Education is significantly protective against depression for women in their early thirties, but is not significant at later ages. Household income is significant at age 40 only. However, the small sample size for the age 50 sample may be partially responsible for the lack significance of covariates in the Age 50 model. Given education and total family income's association with women's employment, the differences in the significance of the income and educational coefficients for 1994 and Age 40 models further suggests that the relationship

between mental health and employment shifts as women (and their children) age towards midlife.

## **VI. DISCUSSION & CONCLUSIONS**

During the 1980s and 90s, the massive increase in mother's employment was accompanied by characterizations of employed mothers as 'supermoms' in scholarly and popular media alike, a characterization which highlighted the practical difficulties of combining family care and careers (Mallison 1986, Gibbons 1993, Douglas 2004). Yet underlying these narratives was often the idea that women's attempts to combine employment and family care resulted in physical exhaustion and mental distress because the rise of women's employment was not accompanied by a comparable revolution in the division of household labor or workplace policies (Hochschild 1989, Glass & Estes 1997, Williams 2000, Douglas 2004).

While women's employment is beneficial for the mental health of women entering mid-life, this study presents a counter-intuitive finding that among employed women entering mid-life, attitudes in support of women's ability to combine employment and family care are associated with an increase in depressive symptoms. Women who juggle the competing demands of family care and employment have described the difficulty of feeling pulled in two directions (Blair-Loy 2003). While some women have attempted to rectify this feeling by lowering their expectations to being just a 'good enough' worker and mother, this approach has also generated despair among women who did not feel successful in either their family or employment roles (Hochschild 1989, Blair-Loy 2003). This study suggests that ironically, at ages 40 and 50, women who hold little or no belief in women's ability to combine employment and family care

may be better able to avoid the depression associated with work-family conflict because they expect that simultaneously fulfilling employment and family roles is difficult.

Yet despite the negative impacts of work-family conflict, women's employment ultimately improves wellbeing at mid-life. I find that for women ages 40 and 50, attitudinal support for women's ability to combine employment and family care is associated with a higher risk of depressive symptoms among employed women than is holding an attitude that is not supportive of women's combining employment and family care. The results for women in the early thirties are far different. Employment is not significantly associated with a decreased risk of depressive symptoms, and no interaction effect between gender attitudes and employment status is observed.

The presented analysis has several limitations which merit further examination. First, the analysis does not account for the role of selection bias. It is possible that women who hold the most traditional gender attitudes and are least supportive of women's employment disproportionately select out of employment if they experience depressive symptoms. This selection process would make it more likely that women who are supportive of women's employment and experiencing depressive symptoms will be in the labor force compared to women with traditional in gender attitudes and symptoms of depression. Given that women are less likely to be employed during their early thirties compared to ages 40 and 50, a selection effect may explain part of why the effect of the interaction between employment and gender attitudes increases as the cohort ages. Subsequent analyses will further utilize the longitudinal employment data provided by the NLSY to tease out the role of selection in mediating the impact of gender ideology and employment status on depressive symptoms.

Secondly, this analysis does not include covariates for hours of employment, a possible mechanism via which women with more traditional gender attitudes reduce their experience of work-family conflict and associated risk of depression. As with selection out of employment, it is reasonable to suspect that the decision to adopt full or part-time employment hours is correlated with attitudes about women's employment. This question has been considered for women at age 40. In analyses not presented, I include dummy variables for working more than 50 hours per week, and working part-time, with full time employment as the referent. The addition of these covariates produces minimal changes in the estimates of effects, and does not change the interpretation of the analysis. Nevertheless, the role of employment hours in moderating the relationships among depressive symptoms, gender attitudes, and employment status is important to consider at the other age periods. Fortunately, the detailed employment data provided by the NLSY allows for careful consideration of possible confounding factors.

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**Table 1: Sample Means & Percentages**

	<b>1994</b>		<b>Age 40 Health Survey</b>		<b>Age 50 Health Survey</b>	
	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Employed	0.71	0.46	0.76	0.43	0.76	0.43
Unemployed	0.06	0.24	0.02	0.15	0.03	0.17
Support for Mother's Employment	12.15	2.16	12.10	2.18	11.93	2.25
Age	33.09	2.23	40.68	0.86	49.71	0.68
Black	0.29	0.45	0.29	0.45	0.29	0.46
Latina	0.19	0.39	0.19	0.39	0.18	0.38
Married	0.60	0.49	0.59	0.49	0.55	0.50
Divorced or Separated	0.22	0.41	0.28	0.45	0.31	0.46
Single	0.18	0.38	0.13	0.34	0.13	0.34
Youngest Child < 6 years	0.45	0.50	0.18	0.38	0.01	0.08
Youngest Child < 18 years	0.39	0.49	0.62	0.49	0.32	0.47
Child Not Present/Over 18	0.16	0.37	0.21	0.40	0.68	0.47
Education						
Less than High School	0.12	0.32	0.09	0.29	0.10	0.30
High School	0.42	0.49	0.42	0.49	0.38	0.49
Some College	0.25	0.44	0.27	0.44	0.29	0.46
College Degree	0.21	0.40	0.22	0.41	0.22	0.41
Desires Employment	0.78	0.41	0.77	0.42	0.78	0.42
Total Household Income	41,431	36,907	57,435	57,407	68,889	62,285
Health Limitation	0.09	0.28	0.12	0.32	2.68	1.03
Prior Depression	4.59	4.18	3.67	4.32	4.69	4.65
Current Depression	4.38	4.36	4.37	4.29	3.64	4.30
N	2550		2503		736	

**Table 2: Effect of Covariates on Depressive Symptoms, 1994**

Covariate	Estimate		s.e.	Estimate		s.e.
Intercept	5.354	***	1.307	4.735	**	1.484
Support for Mother's Employment	-0.07	^	0.037	-0.025		0.07
x Employed				-0.083		0.082
x Unemployed				0.232		0.169
Employed	-0.192		0.194	0.8		0.982
Unemployed	0.583		0.351	-2.221		2.048
Age	-0.042		0.035	-0.04		0.035
Black	0.218		0.197	0.22		0.197
Latina	-0.009		0.209	0.013		0.209
Married	-0.092		0.242	-0.083		0.242
Divorced or Separated	0.916	***	0.251	0.906	***	0.251
Youngest Child < 6 years	0.251		0.177	0.252		0.177
Child Not Present/Over 18	0.058		0.245	0.053		0.245
Education						
Less than High School						
High School	-0.58	*	0.257	-0.582	*	0.257
Some College	-0.913	**	0.282	-0.915	**	0.282
College Degree	-1.256	***	0.317	-1.249	***	0.317
Desires Employment	-0.031		0.189	-0.022		0.189
Total Household Income	-0.0001		0	-0.0001		0
Health Limitation	2.157	***	0.282	2.171	***	0.282
Prior Depression	0.383	***	0.019	0.383	***	0.019
<i>N</i>			2550			2550
<i>R-Square</i>			0.2165			0.2187
<i>Adj. R-Square</i>			0.2111			0.2127

\* Significant at .05 level, \*\* .01 level, \*\*\*.001 level. ^ Marginally significant at .10 level.

**Table 3: Effect of Covariates on Depressive Symptoms, Age 40**

	Estimate		s.e.	
Intercept	0.027	3.745	1.720	3.809
Support for Mother's Employment	-0.026	0.037	-0.161 *	0.071
x Employed			0.192 *	0.082
x Unemployed			-0.147	0.236
Employed	-0.833 ***	0.201	-3.115 **	0.988
Unemployed	0.209	0.550	1.805	2.721
Age	0.100	0.091	0.096	0.091
Black	-0.076	0.198	-0.079	0.197
Latina	-0.471 *	0.213	-0.465 *	0.213
Married	-0.317	0.265	-0.318	0.265
Divorced or Separated	0.265	0.263	0.259	0.263
Youngest Child < 6 years	0.015	0.213	0.011	0.212
Youngest Child Not Present/Over 18	0.547 **	0.201	0.545 **	0.201
<b>Education</b>				
Less than High School				
High School	-0.412	0.288	-0.351	0.289
Some College	-0.513 ^	0.309	-0.459	0.310
College Degree	-0.528	0.338	-0.477	0.338
Desires Employment	-0.083	0.189	-0.072	0.189
Total Household Income	-0.0001 ***	0.000	-0.0001 ***	0.000
Health Limitation	2.708 ***	0.254	2.701 ***	0.254
Prior Depression	0.283 ***	0.019	0.284 ***	0.019
<i>N</i>	2503		2503	
<i>R-Square</i>	0.2187		0.2888	
<i>Adj. R-Square</i>	0.2127		0.272	

\* Significant at .05 level, \*\* .01 level, \*\*\*.001 level. ^ Marginally significant at .10 level.

**Table 4: Effect of Covariates on Depressive Symptoms, Age 50**

	Estimate	s.e.	Estimate	s.e.
Intercept	-5.776	10.574	-2.588	10.696
Support for Mother's Employment	-0.057	0.066	-0.282 *	0.312
x Employed			0.297 *	0.150
x Unemployed			0.243	0.396
Employed	-1.197 **	0.387	-4.568 **	1.739
Unemployed	-1.590 ^	0.928	-4.318	5.257
Age	0.169	0.213	0.153	0.213
Black	-0.164	0.366	-0.165	0.366
Latina	-0.270	0.396	-0.301	0.396
Married	-0.308	0.487	-0.221	0.489
Divorced or Separated	-0.194	0.466	-0.144	0.466
Youngest Child < 6 years	1.780	1.726	1.846	1.724
Youngest Child Not Present/Over 18	0.441	0.313	0.459	0.313
Education				
Less than High School				
High School	-0.693	0.518	-0.669	0.519
Some College	-0.748	0.543	-0.750	0.543
College Degree	-0.621	0.595	-0.598	0.595
Desires Employment	0.087	0.354	0.119	0.340
Total Household Income	-0.0001	0.000	-0.0001	0.000
Health Limitation	1.285 ***	0.157	1.299 ***	0.157
Prior Depression	0.268 ***	0.035	0.270 ***	0.035
<i>N</i>	736		736	
<i>R-Square</i>	0.2888		0.2927	
<i>Adj. R-Square</i>	0.272		0.2739	

\* Significant at .05 level, \*\* .01 level, \*\*\*.001 level. ^ Marginally significant at .10 level.