A FEMALE DILEMMA:
CONVENTIONAL GENDER ROLES - OR THE SEARCH FOR A NEW WAY?

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Thirtyeight medical doctors and social workers aged between 28 and 38 were interviewed once by in-depth, semi-structured interview about how they perceived their roles as doctors and social workers on the one hand, and their family and domestic commitments on the other. Doctors and social workers were chosen as two professions which both involve caring work. At the time when the fieldwork was carried out, social work had a majority of women working in it, whilst medicine was male dominated in the sense that the majority of practitioners were men.

Half the respondents had given birth to and were rearing their own children; half were childfree at the time of interview. A modified version of grounded theory was used in the analysis. Throughout the thesis the women's own perception of their situation is a major focus of interest.

Differences were found in how doctors and social workers had perceived their future with regard to work and domestic commitments while in tertiary education. These differences are explained in terms of secondary socialisation and the different environments in which the two occupational groups had trained. These differences affected the process of adapting to conventional gender roles.

The thesis explores the pressures on women to conform to conventional gender roles. Respondents were categorised as conformers or non-conformers, although any individual may move between categories. There were two types of non-conformers: the respondents who paid lip-service to conventional gender roles and the respondents who attempted to develop alternative life-styles.

Socialisation theory is used to explain how the respondents came to perceive appropriate gender roles. C. Wright Mills's concept of vocabularies of motives and Garfinkel's ideas of how actors assign outcomes their legitimate histories are used to explain how the respondents presented their conformity, or lack of same, to different audiences. The need to justify or present their actions to audiences affected patterns of conformity to a certain extent.

It is argued that degree of conformity to conventional gender roles in marriage is determined in the early stages of a relationship, and the concept of the 'marriage contract' is developed to explain how spouses come to hold concurrent views on appropriate male and female roles in the marriage and the marital division of labour.

It is argued that there are exceedingly strong pressures on women to conform to conventional gender roles, especially during the early reproductive stage.
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Ragnhild Bendiksby
"I shall place woman in a world of values and give her behaviour a dimension of liberty. I believe that she has the power to choose between the assertion of her transcendence and her alienation as object ...." (de Beauvoir 1949).

In December 1981 a letter appeared in "The Guardian" from a 39 year old childfree woman. She wrote that her childless state had crept up on her because of her career. Women like her, she wrote, begin an interesting job when they are young because it is a natural consequence of their qualifications or talents, not realising how it will affect their lives. She described her work as both financial necessity and intellectual fulfillment. Further she argued that she felt a "longing for all that raising children with a loving partner involves and bitterness about the compromises working women have to make. .... I am certainly at 39 facing my last chance years in some anguish. The tyrannical pill has for 18 years denied me the escape of an accidental pregnancy, at present I do not even have a 'live-in lover' and I see planned single parenthood as a desperate, self-centered remedy."

This woman describes one version of the dilemma - the dilemma which modern women face because we have more and different options in terms of education, employment and fertility control than did women of previous generations. However, gender role expectations and the demands made on us as women have not changed accordingly.
There are as many versions of the dilemma which is the topic of this thesis as there are women who wonder how to organise their lives in terms of the opportunities and constraints which they face. For some women the constraints outnumber and overshadow any options. However, I have chosen to concentrate on women who, in theory at least, have options, such as the correspondent quoted above. Although she feels that she is missing out in one respect, she describes many of the factors which other women feel have given them more opportunities, more control over their lives. 'The tyrannical pill' has been seen as the great liberator by some women, along with other, reasonably reliable forms of contraception and legalised abortion. Her work, which she describes as both financial necessity and intellectual fulfillment has freed her from being economically dependent on another person. But she is missing out on shared parenthood. What others might regard as freedom and independence she sees as constraint. She may want to have both the benefits and pleasures of work and a satisfying family life. But the two are not easily combined. And here lies the aspect of modern woman's dilemma on which I shall concentrate.

In her book "Inventing Motherhood: The Consequences of an Ideal" Dally describes the dilemma as follows:

"... the question for these people is how they can give of their best to their children while retaining those things in themselves that make them what they are. They want children to be part of their lives, they are prepared to give up much for a family and to invest a great deal of themselves in their children. But they are not prepared to
give up everything. They know that there lies the way to
disaster. This last is the new modern dilemma, the dilemma
of the healthy modern young woman." (Dally 1982:272).

A highly visible problem, and perhaps the one with which the largest
number of women struggle, is the conflict between the demands of paid
work outside the home, which potentially gives women economic
independence, and the needs and demands of her children. According
to Apter "The real impediment has come from the mother knot - from
her bond to her children, from the necessity of putting her children
first" (Apter 1985:2). One may disagree with Apter's theories that
women are genetically better suited for childcare than are men.
However, one cannot deny that for many women the question of how to
combine two demanding roles - the caring role on the one hand and
the work role on the other - causes very real and painful conflicts.
There are many aspects to the dilemma facing modern women, many
conflicts of interest. It is not only mothers of young children who
face heavy burdens of caring. Women are often expected to care for
elderly parents, relatives or handicapped siblings, often sacrificing
their chances of becoming economically independent in the process.

Through my work of lecturing to women executive officers in the
Norwegian civil service, I often hear that women feel severely taxed
by the demands of keeping up domestic standards while, at the same
time, developing their careers. In small, rural communities where
women are judged by the cleanliness of their houses, the number of
hand-knitted garments with which they clothe their families and the
number of home-baked cakes which they can put in front of unexpected
visitors, one can indeed say that women's work is never done. It is easy enough for those who grew up with different standards to dismiss such matters as trivial. However, these things cause real worry, real strain in the lives of some women. The standards to which these busy women are trying to keep were set by their mothers and grandmothers who were not in paid employment outside the home, and who often employed domestic staff (1). Domestic staff is practically unheard of in contemporary Norway, and a very high proportion of women are in paid employment outside the home. But the designation of housework and childcare as women's work, the standards by which women are judged, the role expectations, have altered remarkably little. Gender divisions at home and at work are supported by ideas of appropriate work for women and men.

The basic question which I set out to explore was if women think of themselves as having options in terms of choice of life-style. I saw changes in women's opportunities in the educational and occupational spheres, and their increasing control with regard to fertility planning as factors which may have given some women an increased sense of choice in how they organise their lives. If women see themselves as having options - what choices do they make? And what are the factors that influence these choices? How do they divide their time and energies between the domestic and occupational spheres? As I became familiar with the preoccupations of the women I interviewed it became increasingly clear that the last question was of great importance to them. Thus the main focus of this thesis is how women cope with the conflicting demands of the work role on the
one hand, and the conventional female roles of caring for their families on the other.

I have concentrated on women's own perception of their situation. I did not set out to explore whether women actually have opportunities or increased control over their lives, or whether there is a conflict or dilemma inherent in women's lives. Instead I have explored whether the respondents see themselves as having options, whether they perceive a conflict between their work and domestic/family roles. This approach was chosen to fill what I regard as a gap in the literature on women, family and work. As I shall show later in this chapter, existing literature tended to focus on the statistical relationship between women's work involvement and the number of children they had; on inequalities, problems and contradictions in women's lives; or the focus was on the effect of women's employment on other family members.

The conceptual framework for my work is interactionism. This is an approach which is well suited to exploring respondents' own perception of their situation. According to the author of Symbolic Interaction "Interest in the different meanings actors attach to situations and in their different aspirations, intentions and goals, forms an important element in the branch of sociology known as social interactionism." (Open University D283 Unit5:13).

Interactionism has been described as a theory (Rose 1962) and as "an approach, a list of interlocking concepts that are worth utilization
in the investigation of certain sorts of sociological problems". I shall not enter into a discussion of whether interactionism is a theory or not as this is irrelevant to my current topic. However, in this context I shall view interactionism as a conceptual framework rather than a theory. I shall discuss my theoretical framework in chapter 2.

Rose (1962) distinguishes two main strains of interactionism. One is through the study of child socialisation and is social-psychological in focus. The other is through the study of social organisations and social processes. The latter is primarily sociological in focus, and can be linked to, for example, G.H. Mead, writers from the Chicago School, Berger and Luckmann and others.

In a footnote, Denzin describes the nature of the symbolic interactionist perspective: "... it is a point of view that gives heavy emphasis to man's ability to guide and direct his own activities, that lodges the source of human activity in ongoing units of social organisation, most commonly social groups, and that stresses the importance of symbols, language and gestures in the formation of social action. Yet it always returns to the point of view of the acting person." (Denzin 1970:7).

Interactionism starts with the assumption that people live in a world where meaning is constructed rather than intrinsic, a world where everything has a culturally transmitted significance which is contained in and carried by language. Although actors participate in
creating meanings, meanings are not created anew by each actor in each situation, but are structured and socially transmitted. This is what Durkheim would call 'social facts'.

Social life is made possible because of a shared language, a shared concept of reality which enables people to know how to act in (socially) acceptable ways as well as predict how others will act. However, although the social creation of reality is an aspect of culture which is transmitted from one generation to the next, it is not final and static but in constant flux. Individuals' and groups' concepts of reality are negotiated and created, renegotiated and recreated through interaction with others.

A number of theoretical and methodological approaches have been linked to interactionism. Rose (1962) mentions 'action theory', 'role theory' and the Chicago School as examples.

Empirical research in the interactionist tradition tends to have the following characteristics:

- Research techniques tend to be observationally or interactionally based rather than, for example, experimentally under artificially controlled conditions.

- The emphasis of researchers tend to be on process.

- Interactionist research tends to focus on small-scale interaction
and the processes involved in the development of predictability, reciprocity and regularity.

- It is common in research using an interactionist framework to assume that all social objects of study are interpreted by the individual and have social meaning. This means that, in the research context, they are not regarded as physical stimuli but as actors' definition of a given situation.

- Empirical studies adopting an interactionist approach demonstrate that it is only possible to gain a full understanding of social activity when one has appreciated the meanings and interpretations of the actors involved.

Rather than enter into a discussion of the advantages and disadvantages of an interactionist approach I shall state shortly some of the more common criticisms which have been put forward, and whether I think these are of importance in relation to my work.

The interactionist approach has been criticised for neglecting biological and psychological influences on behaviour, unconscious processes and the power relations between persons and groups. It has also been claimed that in interactionism one observes phenomena and their effect on individuals, but that one does not explain anything.

With regard to the areas which it is claimed an interactionist approach neglects, I see this as a question of which topics one
chooses to study and what methodological and theoretical approach one takes more than as a problem inherent in the interactionist approach. It is not impossible to include biological and psychological influences or unconscious processes in the discussion of a study based on an interactionist approach. However, all researchers must accept that choices must be made as to which topics to include, and which must be excluded from their study. They must make such choices with an understanding of what is likely to be of importance in relation to their main topic of interest. A research method which is flexible enough to include new factors should these prove to be of importance is beneficial. Grounded theory is such a research method, and this is adopted by some researchers in the interactionist tradition.

The power relations between persons and groups has been covered by researchers using the interactionist approach. This has been done by exploring individuals' and groups' perceptions of power relations, an area which is not adequately covered by other types of approaches.

The claim that interactionism observes but does not explain is one which can be made in relation to much empirical research. Other approaches, for example those in the grand theory tradition, may have greater explanatory potential. However, such explanations suffer from the fact that they do not always fit the empirical world which they seek to explain. According to Silverman interactionists "presume that their special kind of descriptions are not a preliminary to explanations but are, in themselves, adequate scientific
explanations." (Silverman 1985:95). I regard observation from different angels as inherently valuable and useful, especially if it uncovers hitherto unknown factors and demystifies social processes. In my research I have attempted to understand how women perceive and cope with the social structure by which they are surrounded.

One question preoccupying many contemporary women is current notions of masculinity and femininity. These cause some women to ask themselves questions such as: Can a real, feminine woman be successful in her career? Are power and femininity compatible? Even if such questioning is not experienced directly (although that too is happening to an increasing extent) (2), women and men may experience the same job, the same workplace in very different ways. The hesitancy with which able women seek promoted posts, qualified women's lack of or less developed career planning, the reluctance with which they speak on matters where they are extremely well informed, leaving it to their male colleagues to publicise their grasp of the topics, are cases in point. Horner (1975) called it fear of success. Her theories have been widely discussed and criticised. Epstein, for example, claims that women fear not the price of success in terms of honour or money or prestige, but the punishment that goes along with those rewards - accusations of being emasculating, hard, aggressive etc. (Epstein 1975:6) (3).

An illustration of the ambivalence with which powerful, successful women are viewed can be found in popular American soap operas such as Dynasty and Falcon Crest where Alexis (played by Joan Collins) and
Angie Channing (played by Jane Wyman) portray the hard-headed determination and cunning thought to be necessary in the world of business, combined with an exaggerated viciousness meant to be typical in successful business-women.

The relevance of these television characters to my work is that they illustrate some of the myths and stereotypes with which women have to live and which play some part in forming our views of gender roles. Who wants to be successful if the price is to be as bitchy as Alexis? This kind of worry haunts many ambitious and competent women, and stops some of them from using their abilities to the full.

One way of reacting to the fear of losing one's femininity by being too successful is by overcompensating in the domestic area. Rapoport and Rapoport (1971), in their work on dual career couples, comment that the dual career pattern is liable to induce a reaction of adherence to conventional gender role stereotypes in domestic areas. A working woman may respond to the negative image of the cold, masculine, competitive female by adopting a 'devoted housewife' pattern away from work. She may do so in order to avoid the possible repercussions of non-conformity rather than from a conviction that this is the most appropriate way for a woman to conduct herself. In this way she may hope to avoid the punishment that goes along with the rewards of success (Epstein 1975). As I shall show later, some of my respondents who were very successful in their careers adopted such a pattern of behaviour.
The conflicting demands of employment and caring commitments arise in different ways for different women. Lowry (1980) was aware of such dilemmas when describing the middle class young woman who had been told "...she could do anything and be anything. Until she was twentyone, that is, at which age she married and was told she would be a mother and house cleaner for the duration" (Lowry 1980:81).

Twentyone is not necessarily the crucial age for most women, but time of marriage may be a turning point in many young women's lives. I shall explore this further in chapter 4: "The power of conventional gender roles". Other writers have suggested that adolescence is an important time for many girls, a time when tomboyish behaviour is no longer accepted and pressure is put on them to develop into little women. This will be explored in chapter 3 in connection with a description of socialisation processes.

Society's ambivalence, the double messages which women are given about what is expected of them, has caused at least one generation of women a great deal of frustration. On the one hand we have been offered equal educational opportunities with men. But we are not offered the same chance to develop professionally. We are hampered by domestic responsibilities in much the same way as our mothers and grandmothers, and judged severely if we do not fulfill our duties as wives and mothers. In addition, many women face a work environment which has developed on men's premises, to cater for the needs of men. In many cases this means that the predominant value system in the world of work is one which appears alien to women. Ideas about
leadership qualities or the qualities which are regarded as desirable in promoted posts are not gender neutral. Because women are seen as 'different' they may be accepted 'on trial' and their behaviour scrutinised in a way that men's behaviour is not. It can be exceedingly difficult for women to break into men's informal networks. These and other factors affect how women get on at work (4).

Giving double messages to young women about their roles in life seems to pervade the whole of society, from professional fields where, as I have pointed out, there are equal opportunities in theory only, to the way in which parents treat their daughters. Some authors have written about the way in which mothers give their daughters double messages (5). A woman who is dissatisfied with her own life may tell her daughter not to be like herself, to do something different. But if daughter attempts to take a different direction in her life and adopt a different life-style from that of her mother, mother may react negatively, feeling that her daughter is rejecting things which have been of important to her. As a result, seemingly trivial issues to do with, for example, housekeeping, can become areas of tension between mother and daughter, mother feeling that that to which she has devoted her life is under valued by her daughter; daughter feeling that mother harps on about trivia and does not understand the stresses and strains of her existence.

Arguments that women are better suited biologically than men to rearing children have been used to make women (and men) accept that
it is her hand which should rock the cradle. A recent contribution to this literature is that of Apter (1985) who uses Darwinian evolutionary theories to support her argument that women are better suited to care for young children. Holter (1970) sees gender as a fundamental criterion for assigning a number of tasks considered necessary for the well-being and continuity of the individual, family, community, indeed the total society.

Yeandle looks at the assignment of child-care and domestic tasks to women from a historical point of view and maintains that according to historical records: "... most of the tasks of domestic labour (and in particular the preparation of food and the care of infants) were assigned to women ..." (Yeandle 1984:2).

It is in the nature of things that if a group of people have carried out a task for a long time, it can be difficult to shed responsibility for the task. If the task is regarded as high status and/or highly rewarded, those who have been doing it will wish to continue to do so. If it is low status and/or poorly rewarded, no one will want to take it on. Childcare and domestic work fall into the latter category (6).

In contemporary Britain some modern fathers are more prepared to do - and be seen to do - things that have previously been regarded as women's tasks. However, this is a fairly recent development which has not penetrated throughout society (see Oakley 1974a, Edgell 1980, Backett 1982). There is also some evidence that when men do
participate in, for example, childcare, they take on the more interesting and enjoyable tasks, such as reading to children, taking them to the park, playing with them etc. However, as Whitehead points out: "... social relations between men and women cannot be reduced to 'shopping lists' of who washes up, hits the children or baths the baby, nor of where men and women are in the labour force and how much they get paid. The content of marital roles may be changing. Gender stereotypes and the ideological use of gender differentiation remain." (Whitehead 1976:170). All the same, if one accepts that there are tasks to be carried out in relation to the care of children, and practical issues to be dealt with in the home, then one must find someone to carry out these tasks. With different forms of living, different divisions of labour, technical innovation etc. such tasks can be minimised, carried out more effectively, shared between more people. But this presumes that there is a will to do things differently, both on the domestic front and politically. So far this will has largely been lacking. Voices within the women's movement in Britain have demanded 24 hour nurseries, better forms of communal childcare, longer paid maternity leave, a shorter working week etc. And although some of these things have come about we are far from a situation where the majority of women with children can participate and compete in the labour market on an equal level with men. Ideally it should be possible for women, who represent half the voters, to demand such facilities. But there is not agreement among women about what is really needed. Even well-meaning female politicians can be quick to drop such items from the political agenda if savings have to be made (7).
I regard this as another expression of a predominant ambivalence to women's roles in contemporary Britain. If there were a genuine wish for women to have equal opportunities in the labour market, one would have to make it practically possible for them to compete on an equal level with men. The fact that it is not so is not necessarily due either to deliberate discrimination or to male conspiracy. Both women and men may be ambivalent about alternatives to the traditional division of labour.

Women's labour force participation on the one hand and their roles as mothers on the other, and the ways in which these two roles affect each other, have been the topics of much research and literature, both academic and popular. For my purposes, this can be divided roughly into three categories:

1. The literature on women's employment and the dilemma between work and caring roles from the point of view of the needs of other family members, especially children, and the effect that women's employment has on fertility rates.

2. The literature on the effect that family life/children have on women's labour force participation, career structure etc.

3. The literature on problems and contradictions in women's lives, especially with regard to gender division and hierarchy in the labour market on the one hand and women's domestic responsibilities on the
other.

In the following I shall consider some of the literature on the dilemma in relation to the above three categories. I shall also attempt to place my own work in this context.

1. Women's employment and the effect of this on other family members.

This type of literature is of relevance to my work because it illustrates the extent to which women's right to be employed outside the home and thus be economically independent is judged in terms of other people's needs.

Much of the work that has been done on the effect that women's employment outside the home has on other family members, especially children, comes under the general headings of psychiatry, psychology and education. One of the most famous studies is John Bowlby's 1951 monograph commissioned by the World Health Organisation on the effects of maternal deprivation. This was largely interpreted to mean that if children were to grow up into mentally well adjusted, secure and stable adults, they should be cared for by the same person, preferably the mother, for 24 hours a day. The fact that Bowlby's work was based on the study of children in institutions who were deprived, not just of full-time care by their mothers, but all except the very minimal contact necessary to fulfill basic bodily needs, was largely overlooked in the ensuing debate. Even Bowlby's
later works, which were far less onesided in their views of children's needs, were interpreted in the same direction (8). In order to understand both the impact that Bowlby's work has had, and the extent to which his work has been misinterpreted, one needs to consider the wider social context in which it appeared.

During World War II women had played a much more active role than before, carrying out tasks which had previously been male preserves. Many women had discovered in themselves strengths and abilities which they had not previously known they possessed. A number of them wished to develop these, to remain active in paid employment outside the home. However, after the War there was also a widespread wish for a return to civilian life and peacetime conditions. One can imagine a situation in which women might compete for employment with men who had recently returned from the war. In the climate of the time this would have been unacceptable and any study supporting the need for women to remain in the home would be likely to be received with enthusiasm.

Bowlby's early work is still quoted by writers who believe that it is in children's best interest to remain at home with their mothers. This in spite of the fact that Bowlby himself has written about the benefits to small children of having close contact with more than one person. Apter (1985) refers to Bowlby's work, although she does not support his early findings. However, she also quotes more contemporary writers who do, for example Leach, who argues that there is a cover-up in progress, that everyone knows that children are
better off at home with their mothers, that there is no satisfactory substitute for mothers. According to Leach, the cover-up is perpetuated in order to ease the feelings of those mothers who have to or wish to work.

According to Apter, some educational studies have shown that children perform better academically if they have been reared by their own mother who has been at home full-time. However, there are also studies which show a more complex picture; black children in the U.S.A., for example, appear to benefit from having working mothers; children from low income families benefit if mother works; girls tend to perform better, but boys less well, if having an employed mother. There are also studies which show the harmful effects to children of paternal deprivation (Apter 1985:58). It seems, however, as if those studies which give a more varied picture of the effects of working mothers on children's development, and thus question conventional gender roles, have been given less public attention than those which show the harmful effects of mother's employment.

It is interesting in this context to note that writers who do not set out to look at the effect of maternal employment on children, but who belong to the second category of writers whose prime interest is in women's careers, address issues to do with the needs of children. It is as if they can only put forward their arguments about women and work if they have first reassured their readers (and themselves?) that children will not be harmed by being looked after by people other than their mothers for part of the day. An example of this can
be found in Myrdal and Klein's "Women's Two Roles. Home and Work" which was first published in 1956. Apter (1985) and Dally (1982) also use material about children's needs to back up their respective arguments. Firestone who is regarded by many as extreme in her views on the need for radical restructuring of gender roles (her work includes the suggestion that biological reproduction be taken over by science (Firestone 1970)), argues her point in terms of the benefits not just to women, but to children.

Apart from illustrating the extent to which women's right to be employed outside the home is judged in terms of other people's needs, this type of literature can provide some insight into the guilt against which women have to battle. Such guilt is demonstrated by working mothers when they make a point of describing what excellent child-care arrangements they have made, how their children love being at the nursery or with Granny, in order defend themselves against possible criticism.

Women who remain at home with their children also justify their actions in terms of their children's well-being. Some of my respondents did this - feeling that they could otherwise be blamed for not using their education more fully. This illustrates the double-bind situation in which many women find themselves; whatever they do it can be criticised, and they feel a need to justify their actions. The women who were at home full-time and who justified this in terms of their children's needs stated their conformity with conventional gender roles. They saw the well-being of their children
on a day-to-day basis as their own, rather than for example the children's fathers', responsibility.

This thesis documents that educationally qualified women, who in theory have career options open to them, are severly restrained by conventional gender roles. If they wish not to conform to these, they find themselves in the position of having to justify their behaviour. Women with children have to justify themselves in terms of children's well-being - they have to 'prove' that they are not harming their children by working. Childfree women may find themselves under attack because of their childfree status which, as I shall show in later chapters, may be defined as non-conforming. The literature which looks at women's work in terms of its effect on her family is an illustration of how powerful conventional gender roles are.

The extensive literature on the effect of women's employment on fertility rates (9) falls into the first category of literature. Although much of it differs from the literature discussed so far, there is sometimes an underlying (or occasionally overtly stated) concern that women's employment will lead to radical changes in family structures and thus affect the well-being of children and men. This literature establishes that employed women tend to have fewer children than non-employed women, and that the higher the proportion of wage-working women in a society, the lower the birth-rate. It also shows that women employed in jobs which they perceive as interesting and rewarding tend to have fewer children than women who
are employed in trivial or routine jobs (Fortney 1971).

2. The effect that family life/children have on women's labour force participation, career structure etc.

The dual-career literature belongs to the second of the three categories of literature on the dilemma: the effect that family life/children have on women's labour force participation, career structure etc. The dual-career literature is, as the term suggests, not geared only towards women's careers, but compares and contrasts women's and men's relationship to and success in the labour market. However, because the dual-career couples that are studied often have children, the conflict between work and family life becomes an area of interest in this type of literature. Robert N. and Rhona Rapoport are well-known for their work in this area. In "Dual-Career Families", published in 1971, they look at the different effect of having children on employed, professional women and men. For women, it meant a drop in both work participation and ambition. The effect for men was the exact opposite, i.e. men became more ambitious and worked more after becoming fathers. In another work (Political and Economic Planning 1971: "Women in Top Jobs") conducted with Michael P. Fogarty, they concentrate specifically on the employment difficulties of women in high status positions and argue that women who have children differ a great deal from other employed persons as regards the timing of their careers. They also argue that the problems raised by women's careers are not insoluble, but that insufficient attention has been given to them. In a later work with
Strelitz and Kew (Rapoport, Rapoport, Strelitz and Kew 1977) they explore the problems encountered by employed parents and argue that it is an untenable situation that the equalisation between men and women which has begun in the workplace is not carried over into the domestic area. They quote De Frain, saying that the benefits and burdens of childcare are too great to be carried by mothers alone (10).

In a study of women who reach the top in terms of high income in four different areas of employment, Fogarty, Allen and Walters conclude that women applied for jobs below their real potential and drifted during the first stages of their careers to a greater extent than did men. They did not expect that women would be more likely in the foreseeable future to work their way through the middle grades and to the top. The key finding of their study was that this was unlikely and "by far the most important reason for this is the continued neglect by employers, and by other agencies such as public authorities responsible for community care for children, of the difficulties of reconciling a career with a family." (Fogarty, Allen, and Walters 1981:9).

Other writers have been less categorical in their findings than Fogarty, Allen and Walters. Some of those who have written on the voluntarily childfree (11) have pointed out that women can, and do, choose to remain childfree, and that the wish to devote themselves to their career may be a factor influencing this decision. Portney (1971), for example, states that only challenging and fulfilling
careers can substitute a large family, and that there are no substitutes for a small family. She argues that certain types of employment may reduce family size, but that it will not cause women to choose not to have children.

A number of writers have explored strategies employed by women for dealing with the conflict between the work and domestic spheres. As early as in 1956 Myrdal and Klein maintained that although they regarded rearing small children as a full-time (woman's) job, the period required for this was strictly limited, leaving many years of a woman’s active life when she could develop her professional or employment identity. Elman and Gilbert (1984), in exploring coping strategies for role conflict in married professional women with children, developed five scales by which to measure such conflict, three of which pertain to problem-focused strategies, two to emotion-focused strategies. They found that their respondents mostly used coping strategies in which responsibility for conflict reduction remains with the individual. One reason for this, they argue, is that professional women with young children feel a desire and an obligation to fulfill many aspects of the parental role rather than delegate such responsibilities, and they ask whether the underlying reason for this may be guilt associated with neglect of the parental role.

Tilly and Scott (1978) report that there has been a change in married women's stated motives for working since World War II. Soon after the War the primary reported motive was children's needs, i.e. the
need for the mother to earn money to support her children. In the 1950s and 1960s women were, to a greater extent, saying that they worked because they liked the companionship and found their jobs more interesting than staying at home. Tilly and Scott see this as an indication that married women's work was less often the consequence of family poverty and more often a matter of individual choice. However, it was clear that wives and mothers who worked did so to maintain or improve their family's position in an age of increased consumption. The most interesting aspect of this in regard to my work is the extent to which family commitments appear to influence women's motives. Women maintain, in many cases, that they are in paid employment in order to provide necessities for the family - in case of poverty - or to increase the family's economic position. In either case the family is used to justify their employment outside the home (see also Scott and Tilly 1975).

In her study of working women Yeandle (1984) shows that her respondents considered their family's well-being very carefully in relation to their own employment. Yeandle shows how most of the husbands' held the balance of power in the marital bargaining over the question of wives' employment. Women sought their husbands' permission, or at least approval, before taking a job. Those who were married and had children must cope not only with the dual roles of work and mothering, but many of them could only do so with permission of another adult, i.e. their husband.

When studying women's careers in law, Epstein (1970) found that women
were just as likely to drop out at the peak of their careers as earlier in their working lives. The late dropouts, she argues, had surmounted the obstacles of the early professional years to drop out at a time when they were supposed to have increased career commitment. Then why did they drop out of their careers? Epstein thinks the answer to this question lies in women's general orientation to 'others'. She maintains that women are constantly urged too consider whether they are doing the right thing and what they can be or do that will please their husband, children and parents. Occupational success never comes out as the answer to such questions. Pleasing others and doing the 'right thing' always means holding back, and retreating from a position of strong ambition and career commitment.

3. The literature that looks at problems and contradictions in women's lives, especially with regard to their roles as workers and mothers.

The third category of literature which is of interest to me in this context is that which looks at problems and contradictions in women's lives, especially with regard to their roles as workers and mothers. This literature belongs to the category that is often referred to as the 'feminist literature'. The feminist literature, however, is already vast and growing rapidly, covering an increasing number of topics. I shall not attempt to give a summary of this literature, but pick out some aspects of it which influenced my thinking before and during work on this thesis.
The very purpose of much of the feminist literature of the 1970s and early 1980s was to highlight problems and contradictions in women's lives. This is true of Firestone's "The Dialectic of Sex" (1970) in which she argues that women's biology has trapped them into an inferior and dependent position in relation to men. Mitchell (1971 and 1976) attempted to establish the basis of women's oppression in historical, economic and legal terms. She sees women's oppression as dependent on their situation of straddling two worlds, home and work, and of being caught in the contradictions produced by both.

Oakley concentrated on women's roles as housewives in two books, both of which were published in 1974: "The Sociology of Housework" (1974a) and "Housewife" (1974b). In the former she points out that "... marked inequalities remain between the social and economic roles of men and women." (Oakley 1974a:1). Lowry (1980) also wrote about the situation of housewives in "The Guilt Cage. Housewives and a Decade of Liberation". Her findings were not cheering: "... the captive wife still lives and the domestic dilemma still remains unsolved. Giving a woman a job outside the home ... too often simply doubles her burden because her housework and service role continue in tandem." (Lowry 1980:216).

Similar topics and conclusions can be found in other works, for example in the two readers produced after the British Sociological Association conference on Sexual Divisions and Society (1974): "Dependence and Exploitation in Work and Marriage" and "Sexual
Divisions and Society: Process and Change".

Eisenstein has pointed out that feminist thinking and literature since the 1950s has gone through a number of phases. She concentrates on the situation in the USA, but much of what she says is relevant to developments in the UK. During the first phase feminists were preoccupied with patriarchy and the differences between men and women. These differences were considered "as a form of inadequacy and a source of inferiority" (Eisenstein 1984:46), and women were encouraged to overcome these defects of their feminine conditioning and seek to enter areas of public life previously closed to them. In this context she refers to writers such as Simone de Beauvoir, Kate Millett, Shulamith Firestone and Juliet Mitchell, among others. Later this view changed and women's differences from men came to be a source of pride and confidence.

As I have stated already, it is not my intention to give a summary of the feminist literature, nor shall I claim that the works mentioned above are a representative sample, or necessarily the most important. They are, however, fairly well known and widely read, and have influenced feminist thinking in the UK. I shall now go on to look at the way in which they have influenced my thinking and thus the research.

I have stated previously that it was the aim of much of the feminist literature to point out inequalities in the relative situation of men and women. It has been necessary and important to do so. However,
when reading some of the early material I found myself wondering why
women had put up with seemingly unsatisfactory situations. Although
I recognised the dilemmas and problems described, the problem for me
was that although women were not actually described as passive
victims of male oppression in so many words, this could be one
interpretation of some of the literature. And the women I knew were
certainly not passive victims. I saw women as strong and capable;
the sense of powerlessness - even hopelessness - which I read between
the lines of some of this literature was not a trait which I
recognised. I accepted that both men and women will react and
respond to situations in which they find themselves, and that
oppression may indeed create passivity, helplessness be learnt. But
oppression may also create rebellion or an active adaptation to
circumstances which differs very significantly from passivity. I saw
women as adapting to their situation, but doing so in a way which
makes active use of the opportunities and facilities which do exist.
Such adaptivity and strength was not the topic for those writers
whose aim it was to reveal the injustices which women were suffering.
The effect of this on my own work was that I wanted somehow to
redress what I perceived as an imbalance, to portray women's
strengths, their competences and adaptibilities. I thought that the
best way of doing so would be to let women speak for themselves and
allow them to stand out as individuals. This has affected both the
choice of respondents and the methodology, topics which will be
discussed further in chapter 2.

Although my work is conceptually closer to the literature which looks
at the effect that family life/children have on women's labour force participation, career structure etc., there are links to the other two approaches. As I worked with the material I became increasingly aware of the very real problems facing women who try to carve out new and different roles for themselves, and I saw more clearly the needs to highlight these problems. I have therefore ended up including aspects of other approaches, for example that which looks at problems and contradictions in women's lives, especially with regard to their roles as workers and mothers.

There are also links to the first category of literature discussed above, that which looks at women's employment and the dilemma from the point of view of the needs of other family members, especially children, or the effect that women's employment has on fertility rates. It is the respondents themselves who have made this link. It was quite clear from those of my respondents who had children, as well as those who were childfree at the time of interview but hoped and intended to have children in the future, that women are preoccupied with their children's well-being and wish to organise their working lives in such a way that this does not interfere with what they perceive to be children's needs.

I shall not discuss the needs of children in terms of what is good or bad, adequate or inadequate care and mothering. These are complex issues and they are not the topic of this thesis. I shall touch on such issues only when it is relevant in relation to what my respondents say about the conflict between work and family life as
they perceive it (12).

* * *

In chapter 2 I shall describe the research methods used and the theoretical framework of the thesis. Throughout the study I have attempted to let the respondents' view of their own situation come through. The aim of chapter two is to show how I have gone about the task of gathering, systematising, analysing and, lastly, communicating the respondents' point of view to the readers.

A fairly large part of the chapter is taken up with a description of the study itself, the respondents, how they were contacted and how the interviews were carried out. I have drawn links between my own position as a working mother and the respondents' situation in order to clarify not only why I have found the topic of working women interesting and relevant, but in order to show that doing research in an area with which one is familiar has real benefits in addition to the - in my opinion - exaggerated danger of bias.

In chapter 3 the concept of 'conventional gender roles' is introduced and explored. This necessitates a discussion of how girls learn appropriate gender roles. I describe some of the structural differences influencing the respondents' choice of occupation and how these have affected conformity or non-conformity with conventional gender roles. To illustrate the points made I show how three respondents came to conform to conventional gender roles.
Conformity to conventional gender roles is the main topic of chapter 4. I conclude that conventional gender roles are exceedingly powerful at certain stages of the life cycle and I explore at what points women are particularly prone to experience pressure to conform to such roles. Time of marriage or entering into a stable relationship appears to be a crucial stage. I introduce the concept of the marriage contract to explain the processes through which both those respondents who had intended, as well as some who had not intended to conform to conventional gender roles, end up as conformers during the early reproductive stage.

In chapters 5 and 6 I describe the problems encountered by respondents who did not conform to conventional gender roles: the non-conformers. These are divided into two types: the non-conformers who pay lip-service to conventional gender roles - they are the topic of chapter five - and the respondents who openly reject conventional gender roles and attempt to develop alternative life-styles.

In chapter 7 I summarise the main findings of the study and look at some of the implications of these on women's labour force participation.
"Starting where you are provides the necessary meaningful linkages between the personal and emotional, on the one hand, and the stringent intellectual operations to come, on the other. Without a foundation in personal sentiment all the rest easily becomes so much ritualistic, hollow cant ....". (Lofland and Lofland 1984).

In the first chapter I described the topic of research and some of the literature which has influenced my thinking and played a role in shaping the direction of the research. The purpose of this chapter is to explain why the chosen methods are useful and appropriate for exploring these issues. All research is limited by the resources available and by the environment in which it is performed. I shall here highlight the limitations which will affect the interpretation of my material. I shall also describe the theoretical framework which I have employed and its effect on the organisation of the material.

Choice of methodology - theoretical basis.

The methodological approach of this research can best be described as qualitative. I see 'methodology' in this context as a way of going about getting knowledge. It is more theoretical and less concrete than 'methods', which I use to refer to the practical approaches employed in the collection and analysis of the material. I shall describe the methods used later in this chapter.
In the following pages I shall provide a statement about the nature of qualitative methodology. I shall cite some relevant sources on the use of qualitative methodology as well as some empirical research in which a qualitative methodological approach has been employed successfully. I shall also discuss how qualitative methodology relates to my research.

Qualitative methodology is often described by comparing it with quantitative methodology. At a simple level one could say that whereas quality describes the character of an object/situation/phenomenon, quantity describes the number/amount/degree of something. In research, the difference between the two approaches has been described by classifying the resulting data as hard (quantitative approach) or soft (qualitative approach) (Burgess 1984). A qualitative methodology is characterised by flexibility, closeness and sensitivity in its approach, whereas a quantitative methodology will tend towards the structured, removed and selective. Critics of a qualitative approach have defined it as subjective and speculative, comparing it to what they claim is rigorously objective knowledge provided by a quantitative approach.

Strauss (1987) maintains that qualitative researchers tend to lay considerable emphasis on situational and structural contexts, in contrast to quantitative researchers, whose work is multivariate but often weak on context. Qualitative researchers, he says, tend to be weak on cross-comparisons because they often study single
situations, organisations and institutions.

Quantitative data can be manipulated by mathematical and statistical methods, and elaborate processes for proving the validity and reliability of such research have been developed. Material gathered by a qualitative approach is most often descriptive - using words rather than figures. Proving the validity and reliability of such material depends on formulating convincing, logically coherent arguments. Supporters of qualitative methodology stress that the process of doing research and of verifying the findings must be as rigorous as those employed in good quantitative research. Silverman maintains that in qualitative methodologies "questions of adequate description have always been at the forefront" (Silverman 1985:95). However, he points out that "in qualitative research 'anything' does not go." (Silverman 1985:xi). Becker (1958) discusses problems of inference and proof in relation to studies employing a qualitative methodology.

Having pointed out some of the differences of the two methodological approaches it is important to stress that they are not clearly segregated ways of gathering knowledge. Qualitative and quantitative methodologies should be viewed as points on a continuum with fluid, rather than definite distinctions between them. In many cases it is a matter of opinion whether a study should be defined as qualitative or quantitative. Decisions which draw on the personal interests, inclinations and subjective opinions of the researcher are an inevitable aspect of all research, including quantitative research.
Some numerical or statistical calculations will appear in much qualitative research. Burgess maintains that qualitative and quantitative research "may complement each other and may be integrated in the practice of social research" (Burgess 1984:3). Silverman claims that quantitative methods can be of use in studies employing a qualitative approach: "... it is not simply a choice between polar apposites that faces us, but a decision about balance and intellectual breadth and rigour." (Silverman 1985:17).

Qualitative research is linked to certain methods of gathering material. In general one can say that qualitative research aims to illuminate connections and relationships between phenomena and discover the (sometimes hidden) meaning of social factors, to elucidate the meaning of social situations. The emphasis on connections, relationships and meaning makes it necessary to be close to the phenomena under study. Glaser and Strauss (1967) argue that a qualitative approach allows researchers to get close to the data and provides opportunities for them to derive their concepts from the data that are gathered.

Methods involving interaction are often employed by researchers using a qualitative approach. Burgess (1984) mentions participant observation, in-depth, unstructured or semi-structured interviews as research strategies which are often used in qualitative research. However, self reporting, questionnaires as well as the use of other non-interactive sources (for example literature, the media etc.) are also employed.
Qualitative methodology is particularly well suited to exploring meaning and individuals' and groups' perceptions of situations/phenomena. The pursuit of this sort of knowledge is explored and defended by Berger and Luckmann (1966) in their well-known work "The Social Construction of Reality".

Karl Popper has often been taken as a supporter of objective, quantitative, scientific approaches to the pursuit of knowledge. However, in a lucid, if short, exploration of Popper's work, Magee (1973) describes Popper's notion of 'the truth' as something to which we strive to get closer, but we can never know if we have discovered 'the truth'. He quotes Popper as saying that science cannot be identified with truth. However, by pursuing knowledge we may make advances, and know that we have made advances towards discovering 'the truth'. Magee describes Popper's philosophy as undogmatic because it puts a high premium on boldness and imagination: "... our approach to any and every situation or problem needs to be always such as to accommodate not merely unforeseeable contributions but the permanent possibility of radical transformation of the whole conceptual scheme with which, and even within which, we are operating." (Magee 1973:68). Popper sees both scientists and artists as trying to extend our understanding of experience by the use of creative imagination subjected to critical control. Popper, then, does not limit knowledge to that which can be (objectively) measured, but accepts and encourages a variety of approaches to the pursuit of knowledge.
Qualitative methodology is one approach of many in the pursuit of knowledge. I shall not claim that it is the ultimate approach in all circumstances. Quantitative approaches are clearly useful and most appropriate in a number of areas. However, such approaches are not suitable when it comes to exploring areas such as meaning, situational and structural contexts and individuals' and groups' perceptions of situations or phenomena. As mentioned above, a combination of qualitative and quantitative approaches can be most fruitful. In sociology, a quantitative approach may indicate that a problem or interesting area for research exists. An example of this is Luker's (1975) research into why some women have repeated abortions. Data from abortion clinics showed this to be the case. However, the figures told one nothing about how these women came to be in the situation of wanting to abort pregnancies time and again. By using a quantitative approach Luker was able to show that for some women, there are benefits in getting pregnant even if the pregnancy is aborted - satisfactions or pay-offs which they, for a number of reasons, did not achieve in other ways.

Mamdani's (1972) study of efforts to introduce family planning in some Indian villages is another example of how quantitative and qualitative approaches to a problem can be fruitfully combined. Statistics had shown that previous efforts to introduce family planning had been unsuccessful. Mamdani, by taking a qualitative approach to the problem was able to show why the efforts misfired and which problems must be tackled in order to reduce births in the
villages in question.

In my case, statistics have shown how many women work at what stages in the life-cycle, and the relationship between childbearing and employment. However, we know little about the factors which influence the choices that women actually make as regards work and family life. By taking a qualitative approach I explore my respondents' understanding of their situation and the factors which influence their decision-making.

The basic research question is centered on the dilemma between women's caring role in the family and their work role. Texts on methodology tend to suggest that one should start by choosing a topic, and then go on to explore the best possible method of exploring this topic. This is the order of events to which Lofland and Lofland refer when they state that the natural investigator, having identified a personally meaningful interest, "... must then decide how best to pursue this interest" (Lofland and Lofland 1984). I do not see a clear distinction between the process of defining the research problem on the one hand and developing a methodology on the other. The processes of choosing and defining the topic and choosing research methodology are often closely interwoven (1). In the following I shall illustrate this and clarify the ways in which the two processes influenced each other.

The need to explore the women's own perception of their situation and their motivation for acting as they did suggested that in-depth
interviewing would be the most fruitful method. My theoretical orientation can best be described as interactionist (2). This was influenced and strengthened by reading some of the literature produced in the 1970s on the inverse relationship between women's labour force participation and fertility (Clifford and Tobin 1977, Westoff and Ryder 1977, Waite and Stolzenberg 1976). Many of the studies in this area are based on large scale surveys, some employing sophisticated statistical methods in the analysis of the data. They do not address questions of motivation as experienced by their respondents. Although such approaches are useful in some types of research, it is my opinion that these studies leave major questions unanswered. In this sense they influenced me in the direction of exploring different methods from the ones which they had employed.

The use of in-depth interviewing in sociological research has been given support by many authors, among them Lofland (1971), who maintains that "The fullest condition of participation in the mind of another human being is face-to-face interaction. Face-to-faceness has the irreplaceable character of non-reflectivity and immediacy that furnishes the fullest possibility of truly entering the life, mind, and definitions of the other." (Lofland 1971:2). Kile (1984) maintains that no method can replace the conversation between two people when exploring people's attitudes to and feelings about complex areas of their life. This, he says, is how one obtains an in-depth and revealing interview.

It seemed that, in order to explore how women feel about their own
situation with regard to their family and work roles and their motives for making particular decisions, in-depth interviewing was a suitable method.

Exploring motives.

Motives, however, is not a straightforward topic to explore. In "Situated Actions and Vocabularies of Motive" C. Wright Mills writes: "Motives are not only preceding action. One may begin an act for one motive. In the course of it, one may adopt an ancillary motive. This may strengthen the act of the actor as well as win new allies for his act." (Mills 1940) (3). Clearly similar processes occur in the motivations of the researcher. I have referred to some of my motivations in chapter 1 where I outline my interest in the topic. Other factors which were of importance are elaborated in this chapter, such as the setting for the research, the economic and time limits, previous experience with interviewing etc. But most important, in choosing this topic and methodology I was, as Lofland and Lofland put it, starting where I was.

Part of the process of becoming an academic involves learning how to present one's thoughts and ideas, which arguments are 'acceptable' in which settings, or, as Taylor (1972) claims, referring to the work of C. Wright Mills, which justifications will be efficacious in any group (4).

Having chosen the topic and the methodology one goes through a
process of learning how to present ones actions and decisions in terms that will make sense and be regarded as acceptable. In my case the act of choosing the method of material collection took place before and independent of the process of formulating arguments (or verbalising motives) to explain the choice of method.

Garfinkel (1967) refers to similar processes in chapter 4 in "Studies in Ethnomethodology". He suggests that the outcome of decisions often comes before the decision, and that only in retrospect do people (in his case jurors in a court case) decide what they do that make their decisions correct ones. "The rules of decision making in daily life, i.e., rules of decision making for more or less socially routinized and respected situations, may be much more preoccupied with the problem of assigning outcomes their legitimate history than with the question of deciding before the actual occasion of choice the conditions under which one, among a set of alternative possible courses of action, will be elected." (Garfinkel 1967:114).

One reading of Garfinkel's remarks is that statements about the past can only be regarded as telling us about the present. However, in this thesis I stop short of such a stance. I credit the respondents with the ability to recall something of the 'appropriate histories' or 'vocabularies of motives' they assigned in the past. The respondents themselves were sensitive to the fact that their past is inevitably filtered through presentday thinking.

The concepts of 'real' or 'invented' motives are irrelevant in this
context. I do not regard motives or reasons which are presented at the time of embarking on action as more 'real' than the reasons or motives which are presented to a later audience. To draw a parallel with the researcher's position, when I present my motives for choosing a certain topic of study and a method for material collection, I do so in terms which I judge to be acceptable and proper in a sociological context. Thus the setting and audience will influence the way in which I present the material. This will have been the case for my respondents as well. They presented their views and thoughts to me in the interview setting. However, it should be pointed out that my own position, with no hypothesis to test but with an openness to what the respondents told me, put me in an ideal position to facilitate open communication with these women. This will have had the effect of reducing the need for interview specific rationalisation.

The form of material collection will also have played a part in reducing the need for rationalisations. The interview situation is more similar to a personal conversation between equals than many other forms of material or data collection. The fact that the respondents and I shared many experiences, such as that of being middle-class women, and thus 'equals', increased the level of trust and eased interaction. The relationship between the respondents and myself was a non-hierarchical one, and trust quickly developed.
Additional factors influencing choice of method.

In-depth interviewing is a suitable method for gaining an understanding of the motivation of individuals. However, it was also important that I already had a certain amount of counselling and interviewing experience prior to embarking on the research. The one-to-one interview situation was one which I knew I would be able to handle competently and which I would enjoy. This affected the choice of topic so that the two choices, choice of topic for research on the one hand and of method of material collection on the other, were closely linked in my mind during the early stages of research.

Collecting material by in-depth interviewing held the additional advantage that it would enable my respondents to speak for themselves. This is an aspect of doing feminist research which is stressed by Stanley and Wise (1983). As I pointed out in the previous chapter, my perception of the women I was about to study was that they were not passive victims but actors able to influence their own destiny. It was important to choose a research method which allowed my respondents to be heard.

The use of grounded theory.

Although I was interested in women's perception of the conflict between work and family commitments, I had no clear theories or hypothesis to prove. The approach which seemed the most suitable has been described as 'grounded theory' by Glaser and Strauss (1967).
In grounded theory one generates theory from the material (5). Most hypotheses and concepts are systematically worked out in relation to the material during the course of the research. Thus grounded theory is not just a theory but a way of developing theory, without any particular commitments to specific kinds of data, lines of research or theoretical interests. Strauss maintains that it is "a style of doing qualitative analysis that includes a number of distinct features, such as the making of constant comparisons and the use of a coding paradigm, to ensure conceptual development and density." (Strauss 1987:5).

Some of the basic presumptions of grounded theory are that i) change is a constant feature of social life but its specific directions need to be accounted for; ii) social interaction and social processes are central to sociological qualitative analysis; iii) in order to understand interaction, process and social change it is necessary to grasp the actors' viewpoints. Glaser and Strauss maintain that the grounded theory style of analysis is based on the premise that theory at various levels of generality is indispensable for deeper knowledge of social phenomena, and that such theory ought to be developed in intimate relationship with data, with researchers fully aware of themselves as instruments for developing theory.

Glaser and Strauss advocate grounded theory as a tool suitable for generating what they term 'substantive grounded theories' from which may be developed 'formal abstract theories'. They describe both substantive and formal theories as 'middle range', falling between
what they term the 'minor working hypotheses' of everyday life and the 'all-inclusive' grand theories. They describe substantive theory as "that developed for a substantive, or empirical area of sociological enquiry, such as patient care, race relations, professional education, delinquency, or research organizations". Formal theory is "that developed for a formal, or conceptual area of sociological enquiry, such as stigma, deviant behaviour, formal organization, socialization, status congruency, authority and power, reward systems, or social mobility." (Glaser and Strauss 1967:32-3).

Although Strauss refers to grounded theory as "not really a specific method or technique" (Strauss 1987:5), the original work by Glaser and Strauss (1967) contains step-by-step instructions on the 'how to' of grounded theory. In this research I have not followed these instructions to the full as it seemed rather hazardous for an inexperienced post-graduate to go into the field without a theoretical safety-net. However, I employed a modified version of grounded theory at the stage of analysis in order to make the fullest possible use of the rich and detailed material.

According to Glaser and Strauss, theory can be generated on the basis of comparative analysis between or among groups within a substantive area. They suggest the constant comparative method which is concerned with generating and developing categories, properties and hypotheses rather than testing them. This approach, according to Glaser and Strauss, requires the saturation of data rather than the consideration of all data. They identify four stages in the constant
comparative method: 1) The researcher compares incidents applicable to each category. This involves coding data and comparing it with previous data, resulting in the generation of theoretical properties of the category. 2) The researcher integrates categories and their properties. 3) The theory is delimited so that the researcher is involved in reducing theory and delimiting the saturation of categories. 4) During the writing period analytic memos are produced which will provide major themes for further publications.

Glaser and Strauss have been criticised for maintaining that theory based on data cannot be refuted by more data or replaced by another theory, only modified or reformulated. This has caused Stanley and Wise (1983) to maintain that the use of grounded theory in research may lead to rigid and boxed up beliefs. I regard this as not so much a problem of grounded theory, but a problem for some researchers. Keeping close to the material is likely to encourage flexibility rather than rigidity providing the researcher has an open mind to nuances in the material.

Burgess (1984) regards it as doubtful whether testing or refining hypothesis can be excluded from the process of developing theory. He also does not see it as unproblematic to follow Glaser and Strauss's suggestion that researchers should ignore the theoretical literature in an area of study and avoid presupposition or prior conceptualisation in areas which have been well researched. It is, of course, necessary to find a balance between being sufficiently well informed on the one hand, and to be bogged down with preconceived
ideas on the other. Such balance will depend on a number of factors, for example the disposition and research routines of individual researchers, and the area of research.

Burgess (1984) questions whether Glaser and Strauss's concepts can be regarded as 'theory' and suggests that Glaser and Strauss are not sufficiently succinct about the link between theory and data. He stresses the need for researchers using grounded theory to critically evaluate their work and the kinds of strategies that will be of use in analysing data.

A major benefit of grounded theory is that, because the researcher is constantly referring to the material in order to develop theories, the nuances and details of empirical research can be included in the analysis. This was of particular benefit in my case as my major interest was the respondents' perception of their situation. As individuals' perceptions vary a great deal, I needed a process of analysis which kept me close to the material and which allowed for individual differences to be included in the analysis rather than be swallowed by general findings.

In grounded theory one does not start out with a specific theory or hypothesis which is to be proved or disproved. This means that the researcher is unlikely to influence responses in a particular direction, but can be open to unexpected responses. This openness and flexibility is of benefit both at the stage of material collection and analysis. Rather than shape the material to fit a
theory or hypothesis, grounded theory allows for unanticipated responses and unexpected findings to be included in the development of theory. This was of great benefit in my case as my findings - that respondents are severely curtailed by conventional gender roles - are somewhat different from what I expected. I had to change my perception of the reality in which women act as a result of the research. Thus grounded theory proved a sound method for generating theory.

A pre-pilot project in the first year of work on the thesis had drawn my attention to the importance of decision-making processes. These are often determined by factors over which the individual has little or no control, and these processes have considerable impact on the actual decisions made. I developed a typology of decision-making processes on the basis of the pre-pilot project.

**The pre-pilot project.**

The purpose of the pre-pilot project was to explore and clarify some of my original thoughts and ideas at the stage of formulating the research question. The pre-pilot project consisted of structured conversations with six women who were employed in demanding and, by their own definition, interesting positions. Three of these women were academics working in a university setting, one as a lecturer, the other two in research. Two women were working as personnel officers with large companies, and one woman ran the recruitment advertising section of a large advertising agency. Two of them were
married, two were cohabiting, two were single. None of them had children at the time when I spoke to them. They were all friends or acquaintances of people who were known to me, and had been approached with an introduction from our joint acquaintance. The topics covered during the conversations were linked to how they came to hold their current positions, some information on their schooling and further education, as well as ideas and plans about having children and how they saw the potential conflict between employment and family life.

The pre-pilot project drew my attention to the importance of decision-making processes. It also made me aware of the importance of priorities and values and the ways in which these are expressed not just by what people actually do, but by the ways in which they go about making decisions. On the basis of the results from the pre-pilot project I developed a preliminary typology of decision-making processes. The aim was to explore the ways in which the respondents made decisions, especially how their systems of values and priorities influenced the ways in which they made decisions in relation to their roles in the family and at work (6).

When I began to analyse the material, it was possible to categorise most of the respondents' decisions according to my typology of decision-making categories. In that sense the categories proved to be a useful tool for exploring decision-making processes in my area of interest (7). However, as I continued to work with and analyse the material, other aspects of women's lives became increasingly prominent. Having focused strongly on how women make decisions, the
immediate calculations involved, it became very clear that wider structural and ideological constraints, which I had not anticipated that I would be able to document, were perceived by respondents as affecting their lives. Social pressures and the expectations of other people were major factors in the respondents' decision-making. More specifically, many respondents perceived gender role expectations as an important factor, and from my perspective it seemed the most important factor of all. This resulted in a shift of emphasis. I felt the material to have a life of its own, and that I was not doing it justice by focusing on different types of decision-making processes (8). I decided to return to grounded theory and let the material speak for itself to a greater extent.

The fact that the interview schedule had been constructed with the aim of exploring decision-making processes did not prove to be a disadvantage for exploring the constraining influence of 'conventional gender roles' (these will be defined in chapter 3). This is partly due to the fact that the main focus has all along been the respondents' perceptions of their work and family roles, and the potential conflict between the two. The fact that there was a shift in focus at the stage of analysis did not affect this. As the shift was made in order to make better use of the material, nothing of the quality and immediacy has been lost.

Choice of respondents.

When choosing groups of respondents I attempted to find occupational
groups who were in creative and demanding employment in order to be able to focus on women for whom work was a positive dimension in their lives - something to which they wanted to give their time and energy and which might therefore compete with family commitments (Fortney 1971). I also wanted to study women with reasonably good employment prospects. The rationale behind this was that the respondents should be in a position where they could choose to be in employment, choose to advance in their careers rather than worry in case unemployment was about to catch up with them. This, it turned out, was not to be easy during the economic recession of the early 1980s.

I chose to study medical doctors and social workers. The two occupations were interesting to compare; both because of differences - which I shall describe below - but also because both are seen as 'caring' professions. I could compare the vocabularies of motives of two groups who had chosen different occupations for the same stated reason.

One of the more interesting differences between the two occupations, from my point of view, is the fact that medicine has traditionally been regarded as a 'male' profession, while social work has been regarded as a 'female' one. Women doctors have been heavily outnumbered by men. It is little more than one hundred years since the first women struggled to be accepted as medical students. Many of my respondents, the oldest of whom had graduated less than 15 years before they were interviewed, had to have better exam results than their male contemporaries to be accepted into medical school.
Social work, on the other hand, has long been regarded as a feminine occupation. Toren (1969) quotes other writers to show that social work is identified in the mind of the public as a feminine occupation.

If a high proportion of one sex in any occupation means that working conditions are adapted to fit the needs of that sex, then one might presume that working conditions in social work are more geared towards the needs of women than are the conditions in medicine. I wished to explore whether this was the case, and, if so, how it affected the way in which women in the two occupations perceived the possibilities of combining work and family life.

There were other, pragmatic reasons why social work and medicine were appropriate choices. At the time, it seemed as if both groups had reasonably good employment prospects, at least when compared with many other occupational groups. Overproduction of medical graduates was not yet being seriously felt. Although local authorities were cutting down on spending it was not clear in 1981 just how hard this would hit the social work profession. There was a freeze on new appointments of social workers in the Lothian Region, but people in social work circles expected this to be lifted in 1982. However, employment prospects for the social workers changed during my short period of field-work and things became much more difficult for this group. The freeze on appointments was not lifted. And although none of the doctors I spoke to had experienced serious problems in finding work, some expressed worry and said they wondered when the recession
would hit them. All in all this did not have a detrimental effect on the research (9). The fact that some of my respondents found themselves faced with the prospect of unemployment when they had expected a secure career added to the variety of the material in that it made it possible for me to study decision-making processes and the individual's perception of her own situation when the options are suddenly and unexpectedly limited. This added to the richness of the material, showing how resourceful and adaptive my respondents were when faced with difficult circumstances.

However, there was another, pragmatic reason why doctors and social workers were chosen as the groups to be studied: ease of access. Gaining access can be a problem for the 'known investigator' (10). This applies to all researchers, but the problems can be accentuated in the case of post-graduate students whose time, economic and other resources are limited and who do not have the reputation and status of known researchers on which to fall back. There is a medical school and several establishments for social work training in Edinburgh and I had a number of contacts in medical circles, as well as some among social workers. The networks on which I was able to draw helped to establish me as a serious and reliable researcher in addition to easing the practical problems of making contact with respondents.

I did at one stage consider using the criteria of 'professional women' for selecting respondents rather than concentrate on two specific occupational groups. However, I discarded this idea for a
number of reasons. Limiting the study to two occupational groups made it possible to choose groups which were interesting to compare and it gave me the opportunity to explore working conditions for women in the two occupations in greater depth than might otherwise have been possible. It also decreased the practical and methodological problems at the stage of analysis.

Characteristics of medicine and social work.

Medicine and social work can both be seen as creative, demanding and rewarding occupations. This does not mean that the occupations are necessarily seen as such by people working in them - at least not all of the time - as some of my respondents made abundantly clear. However, the popular image of an occupation is likely to affect people at the time of career choice. Although historically and in terms of status quite different, the popular image of both medicine and social work is that they are 'caring' professions.

Both occupations are rewarding in terms of income potential. Although most jobs in medicine are better paid than in social work, it is possible to have reasonably comfortable middle-class life-styles on the incomes earned in both social work and medicine.

In 1984 fully qualified doctors of medicine (i.e. post registration) could expect to earn from £8,620 p.a. (minimum rate for Senior House Officers) to £24,990 p.a. (plus possible increments) if employed as hospital doctors. Principals in general practice providing general
medical services in the NHS are regarded as independent contractors and are paid according to a system of fees and allowances. Although a G.P.'s income varies according to the number of her patients, a G.P. is, generally speaking, no worse - and sometimes a great deal better - off than many hospital doctors.

In 1984 the salary scale for professionally qualified social workers employed by a local authority ranged from £7,404 to £9,660 p.a. Although I cannot, from the information available to me, ascertain the kinds of rates paid to social workers employed by other agencies, one may presume that these are unlikely to be much higher than the rates paid by local authorities. It is therefore clear that doctors can earn considerably more than social workers, especially doctors in the higher income brackets.

As I have pointed out above, medicine has tended to be regarded as a 'male' occupation. Although the intake of women into medical school is now approaching 50 per cent, the majority of practising doctors are men. The higher up the medical hierarchy one goes, the fewer women there are (11). Working conditions in medicine are often geared towards men or people who do not have caring responsibilities in addition to their work. Some specialities are regarded as particularly difficult for women with family commitments. One could go so far as to say that some positions in medicine are geared towards the needs of married men with wives who are full-time housewives and thus able to provide back-up services such as answering the telephone and pass on messages as well as the more
usual domestic services provided by many wives. Any woman who chooses to work in medicine has to make her way in a male, competitive environment, usually without these sorts of back-up services.

Social work, on the other hand, is an occupation where women are numerically dominant. I have not been able to obtain reliable figures for the proportion of men and women in social work. The statistical material which is collected and published by the Scottish Education Department, Social Services Group, does not contain information on the age and sex of staff who are qualified social workers. I have, however, collected information on the proportion of men and women graduating in social work (CQSW) from two educational establishments in Edinburgh (University of Edinburgh and Moray House College of Further Education) for the periods 1970-73 and 1979-83. In 1970-73 there were 408 graduating students, of whom 297, or 72.8 per cent were women. For the period 1979-83 the figures were 810 graduating students, of whom 561, or 69.3 per cent were women. It is likely that these figures will bear some relation to the proportion of men and women social workers at the time when I carried out the fieldwork.

I decided on the following criteria for selection of respondents:

**Occupation:** Half the respondents were to be doctors, the other half social workers.
**Childedness:** I wanted an equal proportion of women with children to women who were childfree at the time of interview. The rationale behind this was to explore similarities and differences in the tension between employment and domestic and personal life for women with and without children. In particular I wished to explore the extent to which the practical issues of caring for a child/children changed the way in which women thought about their work role.

**Age:** I chose respondents who were in the age range 28 - 38 years. An age range of 10 years proved satisfactory in the sense that access and selection of respondents was not particularly difficult, and the respondents' experiences of growing up and training seemed to be similar enough to give reasonable basis for comparison. By settling for a fairly limited age range I hoped to avoid a 'generation gap' effect in the material.

The years around 30 are widely regarded as an important age in terms of fertility decisions. Due to a combination of medical and biological evidence, myths and social norms, it is widely believed that it is better for women to have children while reasonably young in reproductive terms. Many childfree women will experience some pressure to have children before or around the age of 30. This will obviously depend a great deal on individual circumstances, but it is unlikely that childfree women approaching 30 are unaware that, as far as childbearing is concerned, they are regarded by many as about to run out of time. I included questions to check this out with the respondents (see section two and three of interview schedule,
appendix I).

I had initially planned that the childfree respondents would be the main focus group, intending to explore the extent to which they perceived a dilemma between their work role and the idea of having a family, as well as their plans in this respect. The mothers were to be a control to see what happens when highly qualified women have children. However, when I began to analyse the material I found that this was a somewhat artificial way of presenting the material which detracted from the richness of experiences which the respondents presented to me. The distinction between childfree women and mothers makes less sense than at first sight when one considers that the childfree stage is one out of which women move, often well beyond the age of 30 (Wilkie 1981). In addition, many childfree women have a heavy caring role in relation to elderly parents and relatives, handicapped siblings etc. I soon discovered that it was unrealistic to think of childfree women as free to make career decisions and plans independent of other people. Although I shall be drawing some inter-group comparisons, both between the mothers and the childfree respondents and between the social workers and the doctors when this seems relevant and interesting, my main aim is to explore the respondents' lives in a way which does not detract from the richness and variety of the respondents' experiences.

Contacting respondents.

I used three methods for contacting respondents: by letter,
advertising and snowballing.

Table 2.1: Method of contacting respondents by profession/fertility status.

<table>
<thead>
<tr>
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<th>By letter</th>
<th>Advertising</th>
<th>Snowballing</th>
<th>Total</th>
</tr>
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<tr>
<td>Drs./childfree</td>
<td>-</td>
<td>-</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Soc.workers/childfree</td>
<td>-</td>
<td>3</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Drs./mothers</td>
<td>7</td>
<td>-</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Soc.workers/mothers</td>
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<td></td>
<td>12</td>
<td>6</td>
<td>20</td>
<td>38</td>
</tr>
</tbody>
</table>

Contact through specific organisations: Twelve respondents were contacted by letter through an organisation of which they were members. For the social workers, this was the Social Worker Mothers' Group (12). Five social workers with children were contacted in this way. Seven doctors, all with children, were contacted through the Doctors' Retainer Scheme in Edinburgh (13). I wrote 17 introductory letters (see appendix 3) which were distributed through these organisations. I received 14 responses in all, 12 from women who were willing to be - and subsequently were - interviewed, and 2 from women who declined to be interviewed. I did not ask for reasons for refusing to participate in the research and have no way of knowing why these women did not wish to be interviewed. There was no response in 3 cases. One of these letters was returned by the GPO: address unknown.

By advertising. Six of the social workers who were interviewed (three with children, three childfree women) were selected according to my criteria from those who responded to an advertisement put in a
newsletter published by the Department of Social Work, Lothian Regional Council. I received several additional enquiries in response to the advert. However, this came at the end of my period of fieldwork and I had to limit the numbers who were interviewed due to time pressure. Using this method of contact I had to select out women who did not fit my criteria.

Snowballing. Twenty respondents were contacted by the method known as 'snowballing'. Eleven of these respondents were contacted through people known to me personally in medicine or social work. This was a successful form of contacting respondents in terms of getting women who fitted my criteria for selection. There were no refusals from this form of contact. The fact that the initial contact was made by someone known to them may have decreased the respondents' worry or reluctance which they may otherwise have experienced. This method of contact was less time consuming than other methods in terms of checking the extent to which people fitted the criteria for selection and possible rejecting people who were willing to participate on these grounds. I heartily disliked having to turn down potential respondents on the grounds that they did not fit my criteria for selection. It felt like refusing an offer of help, or a gift.

Nine of the respondents were contacted through women who had already been interviewed. This was as satisfactory a method of contact as 'snowballing' through acquaintances. With this method I also had the benefit of assuring in advance that I got people who fitted my criteria for selection. As my source people had all been interviewed
themselves, they could give assurances about the project.

Contamination, validity, reliability and generalisability of sample.

I have already referred to some of the advantages and disadvantages of the three methods of contacting respondents (by letter, advertising and snowballing). A more general problem with all three methods, but particularly with snowballing, was that I moved into a fairly limited social circle. In some research contexts this would raise worries about contamination of the material. Often snowballing also raises questions about how representative the sample is, and as a consequence, to what extent general conclusions can be drawn from the material.

By contamination, one usually thinks of processes whereby research material is significantly altered by the process of material collection. This might, for example, occur if respondents are in contact with and influence each other's responses, or if the situation in which material is collected is such that respondents act differently from how they would normally act. Some of my respondents belonged to the same social circles, and knew others who were participating in the research. They will have had ample opportunity to talk about the interview and thus influence each other. All the same, for a number of reasons contamination did not pose a problem in the conventional sense in connection with the material collection, nor do I regard it as a relevant concern given the nature of my research enterprise.
There were some instances where I noticed a certain degree of similarity in responses. This was in relation to questions about discrimination. The respondents were asked if they knew of anyone in their profession who had experienced sexual discrimination (question 1.30, appendix 1). It became clear that there are certain 'horror' stories which circulate within occupational groups, and of which several respondents gave their own, rather similar, versions. At the opposite end of the scale, there are 'stars' - women who have done exceedingly well in their area and who become well known. I had some instances of several respondents telling me about the same 'stars'. However, this does not constitute contamination, but is a result of the fact that the respondents belonged to the same social circles.

The mostly university trained respondents were well versed in research practices and had an understanding of the problems of contamination. I asked them not to talk in detail about the interviews to other respondents, and I got the impression that this was scrupulously adhered to. I have already referred to the fact that the interview techniques employed reduced the danger that the respondents would have felt threatened or coerced into saying things. As I did not set out with clear ideas of what the respondents might tell me I had no theory or hypothesis to prove. I am therefore unlikely to have influenced responses in any particular direction. However, I did ask the respondents questions which they may not have thought through before the interview (14). Had I been a skilled manipulator with an axe to grind - or an hypothesis to prove - I
might have been able to influence responses. However, I had no reason to do so, nor had I chosen the right groups of respondents if this was my intention. These women were clearly my equals or superiors in terms of intellectual abilities, verbal capacity, insight and powers of deduction. They would not be easily manipulated or influenced.

Although the practical aspects referred to above are of importance in relation to the question of contamination and validity in many studies, the kind of material in which I was interested requires that one approaches the questions from a different angle. I was interested in the respondents' perceptions of their own situation, not in an objective reality or 'truth'. This was made clear earlier in this chapter when referring to the 'legitimate history' that women assign to their career outcomes.

My position is close to that taken by Stanley and Wise (1983). Stanley and Wise avoid a discussion of contamination and validity by rejecting what they define as a positivist view of reality. Positivists, they say, accept the existence of an 'objective' social reality. Stanley and Wise's position is that there are many (often competing) versions of the truth and that we must take other people's truths seriously by examining and learning how they 'do' the truth - how people enact the 'objective reality' that we all inhabit.

In quantitative research 'reliability' is used about the extent to
which the measurements employed are accurate. Silvey (1975) uses a
clock as an example; this is a reliable measurement of time if the
observers agree on what time it tells (inter-observer reliability).

In terms of my research one would have to look at the extent to which
the interviews were a reliable way of discovering the respondents'
perceptions and everyday rationalisations of their own situation.

Would other people reading the interviews or interviewing the same
respondents come up with the same results as I have? Not
necessarily. I have brought to the research my own interview
techniques, feelings, attitudes and views. This will have influenced
my perceptions and coloured the findings. I believe this to be the
case in all research. However, the fact that I have ended up with
findings which differ from what I expected indicates that the
respondents and the material have been the strongest influence on the
results.

Burgess (1984) proposes the use of multiple strategies of field
research "in order to overcome the problems that stem from studies
relying upon a single theory, single method, single set of data and
single investigator" (Burgess 1984:144). In this way one might
improve the possibility of obtaining reliable material. However,
improving reliability presupposes that somewhere there is an
objective reality which will be discovered if one looks long and hard
enough. I have already stated that I do not believe this to be the
case in my type of research.

The question of generalisability or representativeness of sample is
often linked to validity and reliability. It was not my intention when I selected topic and respondents to come up with a 'representative' sample or be able to draw conclusions which are technically generalisable to a specific population. My most solid defense for the soundness of the sample lies in the possibility of making interesting observations which will add to our knowledge and understanding of the conflicts in contemporary women's lives.

**Ethics and confidentiality.**

Qualitative research deals with the lives of individuals and groups in a very direct way. This raises questions of ethics and confidentiality which differ from those encountered in quantitative research. In my research three areas in particular stand out as potentially problematic. One was the extent to which I should make the respondents aware in advance of the topics to be covered during the interview. The second is linked to my interpretation of the material and the uses to which these are put. The third is the need to protect the respondents from being identified. I shall discuss these in turn, and look at how other writers suggest dealing with such problems and describe how I have addressed these issues.

**Confidentiality.**

As some of my material is of a highly confidential nature, I am left with the problem of how to present the material and at the same time protect the respondents from being recognised. The groups from which
I have drawn the sample are small enough for this to be a problem. I have, at times, had to exclude interesting material which could have added to the poignancy of the conclusions. I have not been able to combine different types of information about individual respondents as often as I might have wished. This could, in some cases, have given a fuller picture of the respondents' situation. I have, for example, had to leave out information on medical speciality and husbands' occupation in order to ensure that individuals cannot be recognised. All names used in the text are, of course, pseudonyms.

Finch (1984) is particularly worried about problems of confidentiality when women interview other women. She refers to the "extreme ease with which ... a woman researcher can elicit material from other women" (Finch 1984:71). Finch maintains that she has emerged from interviews with the feeling that her respondents needed to know how to protect themselves from people like her; that "there is .... a real exploitative potential in the easily established trust between women, which makes women especially vulnerable as subjects of research" (Finch 1984:81). Her worry is that women will be betrayed in an indirect and collective sense; that the material given to her by her interviewees could be used to undermine the interests of women in general.

It is my experience that men too may be prepared to give very intimate details of their private lives to a sympathetic listener (15). If used carelessly, almost all research material may undermine the interests respondents, irrespective of gender. If we are to do
research involving individuals we cannot totally avoid this risk, and it is up to researchers to show responsibility in how material is used.

**Ethics.**

Most writers on methodology refer to questions of ethics: the process of gaining access, overt vs. covert field research, what to tell and not tell the respondents (truth-telling and lying) and the effect which the research findings may have on the groups/individuals researched (Lofland and Lofland 1984). Burgess concludes that there is no 'answer' to the problems of ethics and confidentiality. He suggest that in some cases pseudonyms will be used to hide respondents' true identity; in some investigations informants will be invited to comment on drafts of the study (Stanley and Wise (1983) recommend a similar approach). But according to Burgess "None of these approaches either used together or alone will ever satisfy all of those who participate in or receive field studies. The task is to continue to reflect on the issues involved so that we are sensitive to the problems and to the wishes of our informants" (Burgess 1984:207). Burgess goes on to quote Bronfenbrenner: "The only safe way to avoid violating principles of professional ethics is to refrain from doing social research altogether".

I did not conceal the topic of the research or the areas to be discussed during the interview from potential respondents. As I was asking questions about things which some might find difficult and
painful to talk about, it seemed appropriate that they should be forewarned. I have no doubt that ethically this was the right thing to do. This made it possible for those who would find such topics painful to withdraw at an early stage. No-one did. I also made it clear early in the interview that if there were specific questions which the respondents did not wish to answer they were free to refuse to do so. Two respondents made use of this. In one case, the respondent gave more details after the tape-recorder had been switched off so that I got a very full picture of her difficulties. The other respondent did not wish to discuss details of a broken relationship. This had little bearing on the topics which were my central interest, and so did not cause problems.

The interview.

I collected the material by semi-structured interviews (16). I used an interview schedule (see appendix 1) which was developed and piloted (17) before I began the field-work proper. The interview schedule consisted of six sections; four of which were used for all respondents while sections 3 and 4 were geared towards the childfree respondents and the mothers respectively.

Before beginning the interviews I explained to the respondents how the interview was to be structured, by giving them a short run-down of the interview sections.
Section I: Biographical details. The aim of this section was to collect relevant biographical details in an easily accessible way.

Section II: Work was mainly focused on education and work, although some of the questions were linked to later sections.

Section III: Family life - single and married childfree women explored the respondents' fertility plans and intentions, as well as their feelings and attitudes in relation to the possible dilemma between women's work role and caring role in the family.

Section IV: Family life - mothers covered much the same ground as section III. However, as it was aimed at the mothers, the emphasis was more on the practical experiences of mothering and the respondents' experiences of the dilemma between their work and domestic roles.

Section V: Life-style. The intention was to explore the extent to which other factors such as interests, hobbies, political or ideological convictions etc. had been of importance in the respondents' lives and whether such 'other factors' might influence, or even be seen as alternatives to, the work role or the family role. This proved to be the least structured section in the
interview as the respondents' experiences varied considerable.

Section VI: Husbands/sexual partners. The aim of this was to explore husbands'/sexual partners' effect on how the respondents made decisions about and adapted to roles, especially in relation to work and the domestic sphere. Although aimed primarily at married and cohabiting respondents, single respondents were also given the opportunity to go through this section if they thought it relevant to their situation.

It should be pointed out that although the interview schedule, as presented in Appendix 1, looks structured, the actual interviews were semi-structured. I used the interview schedule mainly to make certain that general areas were covered adequately. Although I tried to use much the same formulation in the questions, some questions were dropped and others added in order to respond appropriately to the information given me by the respondents. I also altered the order of the questions when this seemed appropriate. Thus the interviews usually had the form of conversations rather than formal interviews.

Most of the interviews lasted around two hours, although I often spent longer than this with the respondents as many of them appeared eager to talk informally after the interview. The interviews were recorded, using a small, portable tape-recorder and microphone. In
most cases the recordings were of high quality and it was possible to transcribe the interviews verbatim (18). Using recording equipment posed no problems in the interview situations. The respondents were familiar with the type of equipment used, and they were used to hearing recordings of their own voices. I often got the impression that the respondents 'forgot' about the fact that the interview was being recorded. They frequently talked on while I changed or turned the cassettes and I occasionally had to ask them to stop talking or repeat things in order not to miss important information.

The interviews were conducted at a time and venue to suit the respondents. Thirteen interviews were done in the morning, 14 in the afternoon and 11 in the evening. There were no differences between the groups in the time of day when they chose to be interviewed.

Twentyone of the respondents chose to be interviewed in their own homes, 13 in my room at university, and four at their own place of work. Again, there were no group differences in this respect. I pointed out to the respondents that it was preferable if we could be reasonably undisturbed during the interview, and in the majority of cases there were few disturbances. However, in two cases small children demanding attention caused frequent interruptions. This made it difficult for me to concentrate. But the end product, in this case the transcribed interviews, do not appear to differ from the rest. It may be that I found the interruptions from small children far more difficult than did the respondents, who appeared to be quite used to dealing with demanding toddlers while doing other
I have already referred to the interview technique used and my reasons for choosing this form of material collection. The fact that the stated aim of the interview was to collect material for research meant that I could ask questions which one could not easily ask in other situations. However, there are norms for what is acceptable in an interview situation, many of which were taken for granted by both the respondents and myself. I could question the 'taken-for-granted' world to a certain extent. However, I had to do this fairly carefully in order not to threaten the basic engagement (Berger and Luckmann 1966:33). This was especially so as I chose to present myself as fairly similar to the respondents and someone who shared their view of reality (19). It worked very well. The disadvantage of this approach is that there are certain things one is supposed to know and thus cannot easily question. However, the fact that I was born and brought up in another country has made it easier for me to question the 'taken-for-granted' than it would be for a British person to do so. Greater allowances are made for some foreigners in certain situations. Lofland and Lofland (1984) refer to this phenomena as 'acceptable incompetence'. Used appropriately in the setting of the research interview, I think such a formal distancing factor, as long as it is not seen as threatening to either of the parties, can be a useful tool.

When presenting myself to the respondents I was carefully balancing between being like them, and therefore non-threatening and unlikely
to be critical, and yet being different enough to be given excuse to ask questions which might otherwise have been regarded as inappropriate.

I experienced few if any of the problems which Lofland and Lofland (1984) describe as potential hazards in fieldwork. By being a known investigator and open about the topics to be covered in the interview, I avoided many problems. The only factor which might have proved difficult to handle was the fact that some of the respondents had lived through extremely difficult periods which they described to me. I sometimes experienced strong feelings of sympathy or anger at the situations in which they had found themselves. I had to control such feelings carefully in order that they should not interfere with the processes of material collection. However, it is precisely this aspect which makes the material so valuable; it captures the pains as well as the pleasures of the respondents' lives.

Interviewing women.

Some interest has been taken in the effect of gender on the research process. I have already referred to Stanley and Wise (1983) and Finch (1984) in this connection. Oakley (1981) also looks at the effect of gender on the research situation. She is highly critical of 'detached', 'unbiased' text-book interviewing, which she refers to as 'prescribed interviewing practice' and which creates an artificial form of interaction that is not conducive to the easy flow of information. She maintains that "... when a feminist interviews
women: 1) the use of prescribed interviewing practice is morally indefensible; 2) general and irreconcilable contradictions at the heart of the textbook paradigm are exposed; and 3) it becomes clear that, in most cases, the goal of finding out about people through interviewing is best achieved when the relationship of interviewer and interviewee is non-hierarchical and when the interviewer is prepared to invest his or her own personal identity in the relationship" (Oakley 1981:41).

Jenkins reports on the problems which he, as a man, had in interviewing girls as opposed to boys. 'Girl talk', he says, "...usually closes down at the approach of a man, whether he be a researcher or a local" (Jenkins 1984:158). He further maintains that boys are more publically available than are girls. This may be so for a man. For a woman, other women are easy to approach and interview, and certainly the process of doing so seems less hazardous than that of a woman interviewing men, at least if the experiences of Scott (1984) are anything to go by. She describes some of the problems of being a young woman interviewing men in her paper "The personable and the powerful: gender and status in sociological research".

Analysis and categorisation.

Strauss finishes his book on qualitative analysis by the following quote from C.W. Mills: "Of method-and-theory-in-general, I do not here need to say any more. I am nowadays quickly made weary by it;
so much discussion of it interrupts our proper studies. I feel the need to say that I should much rather have one account by a working student of how he is going about his work than a dozen "codifications of procedure" by specialists who as often as not have never done much work of consequence. Better still: If sometimes in our professional forum we wish to discuss method and theory rather than the substance of our studies, let us ask each man whom we believe to be doing good or superior work to give us a detailed account of his ways of work." (Strauss 1987:epilogue).

Becker (1958) attempts to provide such an account of his ways of work by describing the analytic operations involved in analysing qualitative material. He recognises that qualitative material does not lend itself to such ready summary as quantitative or statistical data. He suggests that in order to present the conclusions in a way which enables the reader to assess the evidence for him or herself one should describe "the natural history of the conclusions, presenting the evidence as it came to the attention of the observer during the successive stages of his conceptualization of the problem." (Denzin 1970:411). In the following paragraphs I shall attempt to do just this.

Having carried out and transcribed the interviews, I was left with the awesome task of analysing some 1100 pages of material. A certain amount of analysis had gone on during the process of material collection in the sense that I had gained some understanding of the respondents' preoccupations through talking to them. The process of
transcribing the interviews had given me a fairly detailed knowledge of the material in terms of who said what. This proved invaluable in the process of developing categories.

Earlier in this chapter I have described the shift in emphasis from concentrating on decision-making processes to looking at the importance of gender role expectations in the respondents' lives. Having made the decision to 'let the material speak for itself', I was left with the question of how to pull out the essence of the material and organise the findings into theoretically interesting and relevant categories. This process proved to be challenging, demanding, exciting and frustrating - all at the same time.

When I had made the decision to return to grounded theory, the two categories of conformers and non-conformers were fairly obvious and involved specifying what the respondents saw as constituting conventional gender roles. This was done by going through the material, pulling out the respondents' own taken-for-granted expectations of gender roles. I also paid some attention to external pressures to conform to certain types of role behaviour as described by the respondents. Although this involved a careful search through the material it was not a conceptually complicated process as there proved to be considerable consensus among the respondents on these issues.

Once the criteria for conventional gender roles were clear it proved a fairly straightforward task to categorise the respondents as
conformers or non-conformers. Although I paid some attention to the attitudes and values which the respondents expressed, main emphasis was given to actual behaviour as described by the respondents. Thus it is what the respondents actually did in terms of combining work and family responsibilities which determined how they were categorised.

While exploring the criteria which form the basis for conventional gender roles, I became aware that there were processes going on which lead to couples coming to hold shared views of appropriate gender roles. This led me to develop the theme of the marriage contract, which I describe in chapter 4.

I have ended up with four categories of conformity: the two main categories described above of conformers and non-conformers, which are subdivided into four categories. It was the subdivision of the conformers into intended and unintended conformers, and the non-conformers into respondents who paid lip-service to conventional gender roles and respondents who attempted to develop alternative lifestyles, which proved to be the real challenge of analysis. The respondents who have been categorised as paying lip-service to conventional gender roles, for example, were clearly non-conformers in action. And yet, in some situations and relationships, they made strenuous attempts to pass as conformers. How could I capture their dilemma and describe it in a theoretically interesting way? They were clearly different from those respondents who, often after a period of conforming to conventional gender roles, became
dissatisfied and made a conscious decision to develop alternative life-styles while being fairly open about their lack of conformity. And yet both groups were non-conformers in the way that they organised their lives.

The categories of intended and unintended conformers were conceptually somewhat easier to come by than the subdivision of the non-conformers into respondents who paid lip-service to conventional gender roles and those who attempted to develop alternative life-styles. Although both the intended and the unintended conformers regarded themselves as conforming to conventional gender roles, the processes through which they had gone to become conformers were clearly very different. The terms with which to describe these respondents took some time to develop. As I have pointed out elsewhere in the thesis, in order to make my work accessible to a wider audience, I regard it as important to use terms which are easily understood by most people.

During this period of analysis and writing I felt, at times, as if I were living with the respondents - they were on my mind almost constantly and their lives became part of my everyday existence. Doing other things, a remark made by a respondents would come to mind and make sense in a new and different way. I did a lot of thinking - returning again and again to the material to check what a particular respondent had actually said, comparing it with quotes from other respondents. This is similar to the processes described by Strauss: "This reexamination of all data throughout the life of the research
project is a procedure probably engaged in by most qualitative researchers. But they do not usually double back-and-forth between collecting data, coding them, memoing in terms of data collection, coding, and memoing. The more positivistic research traditions proscribe the use of old data for verifying hypotheses, and so drive the researcher forward in a more linear direction, thereby cutting out the potential dividends of this recommended doubling back-and-forth procedure." (Strauss 1987:19).

Discussions with my supervisors were helpful but unfortunately few and far between as by this time I was living in Norway. Being in full-time employment the hours available for work on the thesis were limited. However, this may not have been altogether a disadvantage. I often found that new ideas and a sense of greater clarity in relation to the research material would appear while doing other things. I was fortunate in that I found myself in a work situation where I could spend some of my time on issues which were not too distant from my research. This made it possible to try out some of my ideas in relation to women other than my respondents. This increased my confidence that I was indeed on the right track with the categories which I developed. The process of developing the categories, although time-consuming and at times frustrating, was inherently rewarding in the sense that I felt I was all the time moving closer to the core of the material and what the respondents were trying to say. I did not feel that I had to 'do damage' to the material in order to categorise the respondents.
Introducing the respondents.

The sample consists of 38 interviews, 19 of which are with childfree women, 19 with mothers. Half the respondents were qualified social workers, half doctors. The sample thus consists of:

9 social workers with children (hereafter referred to as social workers/mothers)
10 childfree social workers (social workers/childfree)
10 doctors with children (doctors/mothers)
9 childfree doctors (doctors/childfree)

Age: The youngest respondent was 28 years of age at the time of interview, the oldest 38. Mean age for all respondents was 32. The age distribution was as follows:

Table 2.2: Respondents' age last birthday.

<table>
<thead>
<tr>
<th></th>
<th>28-30</th>
<th>31-33</th>
<th>34-36</th>
<th>37-38</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drs./childfree</td>
<td>7</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>9</td>
</tr>
<tr>
<td>Soc.workers/childfree</td>
<td>3</td>
<td>1</td>
<td>6</td>
<td>-</td>
<td>10</td>
</tr>
<tr>
<td>Drs./mothers</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Soc.workers/childfree</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td>-</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>13</td>
<td>13</td>
<td>10</td>
<td>2</td>
<td>38</td>
</tr>
</tbody>
</table>

Family of origin.

The most usual way of categorising people in sociological literature is according to occupation. In the case of women and young people,
this is usually done in terms of father's or husband's occupation (20). In order to facilitate comparison with other work I have categorised my respondents according to their father's occupation, using the categories suggested by the Office of Population Census and Surveys: "Classification of occupations 1980".

According to this categorisation, 31 of the 38 respondents were originally social class I and II. Nine doctors and eight social workers were social class I, eight doctors and eight social workers were social class II.

Two doctors and two social workers were from social class III (non-manual) backgrounds, and two social workers were from social class IV and V respectively.

It is not unexpected to find that many of these well qualified respondents come from middle-class or professional backgrounds. As is well known, university entry and higher education in Great Britain and other Western countries are positively linked to the social class of family of origin (see Rindfuss, Bumpass and St. John 1980). For further details of respondents' family of origin, see appendix 2.

Education.

The majority of the respondents (35 out of 38) attended selective and/or fee-paying secondary schools (21). These respondents are atypical compared to the rest of the population in terms of privilege
- both as regards education (22) and father's social class position. Many of them were born with 'a silver spoon in their mouths'; most of them had the kinds of opportunities and resources which will have increased their chances of entering the professional classes. For further details of the respondents' educational background, see appendix 2.

Professional qualifications.

Nineteen of the 38 respondents were qualified as medical doctors. This involves training at a medical school approved by the General Medical Council.

Nineteen of the respondents were qualified social workers. They had obtained a CQSW (Certificate of Qualification in Social Work) or equivalent qualifications.

Employment.

When attempting to categorise the respondents' work involvement, I found it useful to employ four categories: full-time, part-time, minimal, not employed. A more conventional three-way categorisation (full-time, part-time, not employed) would not have adequately captured the range of the respondents' experiences.

By full-time work, I mean that people work a normal full-time week in their occupation. This is often approximately 40 hours, but the
actual number of hours worked may vary. Many of those who worked full-time in my sample, both social workers and doctors, worked considerably more than 40 hours per week. Junior doctors, for example, often worked extremely long hours.

By part-time work I mean approximately 50 per cent of the normal working week. The actual hours worked by those respondents who have been categorised as working part-time varied according to the actual position held. The respondents who were in part-time jobs usually had either permanent or fairly long-term contracts.

The respondents who have been classified as having minimal work involvement worked considerably less than part-time. In many cases this was no more than one or two sessions, or half days, per week, the aim of which was to keep professional skills up-to-date at a stage of their lives when the respondents did not feel it was practical to work more. Some of these working arrangements were short-term and informal.

Table 2.3: Respondents' work involvement at time of interview.

<table>
<thead>
<tr>
<th></th>
<th>Doctors/childfree</th>
<th>Soc.workers/childfree</th>
<th>Doctors/mothers</th>
<th>Soc.workers/mothers</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not employed</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Min. work involvement</td>
<td>-</td>
<td>-</td>
<td>5</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Part-time work</td>
<td>-</td>
<td>-</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Full-time work</td>
<td>9</td>
<td>10</td>
<td>-</td>
<td>-</td>
<td>19</td>
</tr>
</tbody>
</table>

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As can be seen from table 2.3 all the childfree respondents worked full-time at the time of interview.

None of the mothers in the sample worked full-time. One social worker worked 80 per cent of full-time. She has been categorised above as working part-time, as this was how she described her own position. Another social worker had worked full-time since qualifying until she was made redundant shortly before the interview. She is categorised above as not employed.

Five of the mothers (four doctors, one social worker) worked part-time at the time of interview. As already pointed out, the number of hours worked per week varied, but it was clearly more than for those respondents who have been categorised as having minimal work involvement. The kinds of positions held also differed from those with minimal work involvement. The part-time workers were in permanent or semi-permanent positions which in most cases would be regarded as useful in terms of gaining experience and advancing one's career.

Eight of the mothers had minimal work involvement, five of whom were doctors, three social workers. For the doctors, this often meant being on the 'Doctors' Retainer Scheme', working one or two sessions per week or doing a couple of sessions at a family planning clinic. There were a number of opportunities for women doctors to get such work. This was not the case for the social workers. One of the social workers with minimal work involvement worked 6 hours per week.
doing interviews for a research project. Another worked 4-5 hours per week for a voluntary organisation. Neither of these positions were particularly satisfying according to the respondents. A third social worker used professional qualifications in another field to do adoption reports.

As there were comparatively few opportunities for less than full-time work in social work, it cannot be claimed that working conditions were particularly well suited to women with family commitments. However, this is likely to have been affected by the recession and lack of employment opportunities generally in social work.

Civil status.

I have distinguished between married, cohabiting, divorced/separated and never married respondents. I also have some material on previous relationships and marriages.

**Table 2.4: Respondents' civil status at time of interview.**

<table>
<thead>
<tr>
<th>Civil Status</th>
<th>Doctors/childfree</th>
<th>Soc.workers/childfree</th>
<th>Doctors/mothers</th>
<th>Soc.workers/mothers</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>6</td>
<td>2</td>
<td>10</td>
<td>6</td>
<td>24</td>
</tr>
<tr>
<td>Cohabiting</td>
<td>1</td>
<td>3</td>
<td>-</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Divorced/separated</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Never married</td>
<td>1</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>9</td>
<td>10</td>
<td>10</td>
<td>9</td>
<td>38</td>
</tr>
</tbody>
</table>

Categorising respondents according to civil status proved somewhat
less straightforward than the above table indicates. There is often a transitional stage during which people live together but before they have formally decided and announced to the world that they define themselves as cohabiting. The same problem arises when a marriage or relationship is breaking up. In the following I shall refer to the respondents' civil status at the time of interview as they themselves defined it. I shall refer to previous marriages/relationships only if it is relevant to my argument.

**Husbands'/cohabitees' social class.**

Thirty of the respondents were married or cohabiting at the time of interview. All except one husband/cohabitee were social class I or II. The sole exception was the cohabitee of a social worker who was categorised as social class III (non-manual). The respondents tended to marry or live with men who belonged to the same social class as themselves.

Ten of the 17 married/cohabiting doctors had partners who were also doctors. It is fairly common for women doctors to marry men with the same occupational background.

Four of the 13 married/cohabiting social workers had partners who were social workers. Two of the social workers were married to doctors. (These two respondents were the daughters of doctors.)

Of the three respondents who came from social class IV and V
backgrounds, two were never married at the time of interview, one social worker was married to another social worker.

Children.

The respondents had between them 35 children of their own and two step-children. Four respondents were pregnant at the time of interview. None of the respondents' own children were older than 12 years of age, although the two step-children (husband's children by his first marriage, living with the respondent and their father) were 12 and 15 respectively. Most of the respondents' children were under 6 years of age, 16 were under three, 12 were between the ages of three and six. Thus most of the respondents' children were small enough to require considerable care and attention from their parents or other caregivers.
CHAPTER 3:

CONVENTIONAL GENDER ROLES. CONFORMERS AND NON-CONFORMERS

"An expression of the conflicts which modern women face is the lacking in realistic planning for the future that young girls reveal. Studies of young women's plans show that, whereas most of them expect to get married, very few see themselves as future housewives or desire this role." (Holter 1970).

Introduction

This chapter is about the extent to which my respondents thought they would adapt to conventional gender roles or not at a stage when it was not yet relevant for them to do so, i.e. before they were married or involved in a serious relationship. I shall refer to this as 'the pre-relationship stage' (1). It is also about how women learn not only what is expected of them as women, but learn to accept, even to want to take on these roles. I shall show that some women explored alternatives to conventional gender roles. The problems encountered by these women, whom I shall refer to as non-conformers, will be the topic of chapters 5 and 6.

Drawing on sociological and psychological work on gender socialisation, I illustrate and explain the differences between the doctors and social workers in the extent to which they expected to conform to conventional gender roles. Material on how the respondents made decisions about future occupation indicates how difficult it was for one group of respondents, the doctors, to anticipate the problems involved in combining the work role with the
family role. I shall illustrate the processes involved by showing
how three respondents came to conform to conventional gender roles.
In this chapter the examples are included at the end rather than
interspersing the text with quotes, which is the method used
elsewhere in the thesis.

In order to understand and put into perspective some of the confusion
and problems which many of the respondents had experienced in
relation to their work and caring roles, it is necessary to look at
what expectations they had of their future roles at a time when they
were not faced by pressure to conform to these roles. However,
before I explore this, I shall describe what I mean by the term
'conventional gender roles'.

Conventional gender roles.

The most common setting for the adoption of conventional gender
roles, as I use the term, is a marriage or heterosexual relationship
which the partners regard as stable. It is widely expected that in
such a setting, the following domestic arrangements will be made:

1. The couple will have children.

2. She will give priority to childcare and domestic
   responsibilities rather than to her work during certain stages,
   and she will carry main responsibility for these tasks.
3. His work will be seen as more important than hers; his income will be regarded as more important to the family's economy than hers (2).

Some of the practical implications of conventional gender roles are as follows:

- Geographical moves will be determined by his work.
- Marriage and parenting will have little effect on his work situation.
- She will adapt her work involvement to be able to take main responsibility for childrearing and to fit in with his work.
- At times of not working she will be economically dependent on him.

Other aspects of conventional gender roles could be mentioned, for example the way in which a couple share domestic labour. However, I have limited myself to those factors which were of importance in determining the respondents' work involvement, and which were referred to by the respondents. None of the respondents regarded housework or their husbands' participation in such work as an important factor in relation to their own work involvement outside the home (3). However, it was clear that most of the respondents regarded domestic work such as cleaning, shopping, cooking and laundry, as their - rather than their husbands' - responsibility (4). There were, of course, individual differences in this respect, but when the husbands'/partners' were involved in domestic work, they were generally regarded as 'helping' the respondents. Although
housework was not a deciding factor in relation to work involvement, childcare and childrearing were of great importance.

In the quote with which I introduce this chapter, Holter (1970) uses the term housewife. I have chosen not to use this term in spite of the fact that it is well known and frequently used and many would see it as summing up what is meant by women's conventional gender roles. However, the term is not specific enough for my purposes. For example, it includes no reference to childcare, which is a major aspect of conventional gender roles, and which was of great importance to my respondents. Nor does it refer to the economic role of the housewife. But most important, none of the respondents ever referred to themselves as housewives, and I therefore regard it as inappropriate to refer to them as such (5).

Conformity - or lack of same - with conventional gender roles is not static or permanent. The respondents moved between conformity and non-conformity. This will be explored further in subsequent chapters.

**Anticipating conformity.**

Table 3.1 shows the extent to which the respondents expected to conform to conventional gender roles later in life when they were in tertiary education. None of the respondents were involved in serious relationships at this stage. These results were obtained by looking at the respondents' expectations in terms of getting married, having
children and working full- or part-time during the early reproductive period.

Table 3.1: Respondents' expectations regarding conformity to conventional gender roles (C.G.R.) when they were in tertiary education.

<table>
<thead>
<tr>
<th></th>
<th>Doctors</th>
<th></th>
<th>Social workers</th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>childfree</td>
<td>mothers</td>
<td>T</td>
<td>childfree</td>
<td>mothers</td>
</tr>
<tr>
<td>Expecting to conform</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Not expecting to conform</td>
<td>8</td>
<td>9</td>
<td>17</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>10</td>
<td>19</td>
<td>10</td>
<td>9</td>
</tr>
</tbody>
</table>

The differences between the two occupational groups can be summed up as follows: Before getting engaged or married, or before they were involved in a serious relationship, the doctors in my sample thought about their future in terms of work. They knew what they wanted to do as doctors, but had little idea about how marriage or children might fit into their lives. Seventeen out of 19 did not expect that they would conform to conventional gender roles later in life. This applies both to the doctors who had children at the time of interview (the mothers) and the childfree doctors. Only one of the childfree doctors and one of the doctors with children indicated that they had expected to marry and have children and that when they did, they would adapt their work involvement to fit in with domestic demands. I shall refer to those respondents who did not expect to conform to conventional gender roles as 'non-conformers'.

Unlike the doctors, the social workers could be referred to as
'realistic planners' in Holter's terms (Holter 1970) in the sense that, at a fairly early stage, they were taking possible future family commitments and domestic responsibilities into consideration when thinking about their work role. More than half the social workers expected that family life would be a priority for them at some stage in the future. Again, this was the case both for the mothers and the childfree social workers. I shall refer to those respondents who expected to conform to conventional gender roles as 'conformers'.

My respondents, especially the doctors, differ from other groups studied in the sense that the majority did not expect to conform to conventional gender roles. Sharpe (1976), for example, found that the school-girls she studied tended to hold fairly conformist views about future roles. The majority of the girls would give priority to staying with a husband or boyfriend, rather than taking a training course which would further their careers. In terms of conventional gender roles as I have defined them, these girls would be categorised as conformers because they saw their future partners' work as more important than their own, and they were willing to adapt their work involvement to be able to fit in with this.

As I shall show in the next chapter, there are exceedingly strong pressures on young people to conform, or plan to conform, to conventional gender roles well into the early reproductive stage. Newson, Newson, Richardson and Scaife discuss cultural restraints operating on children and young people to maintain conformity to
sex-associated attitudes and behaviour. They conclude that such cultural restraints on young people are extremely powerful and "Marriage and parenthood are seen by both sexes as offering the main route towards acceptability as a fully normal adult in society, and those girls and boys who prematurely adopt unconventional sex roles are seen as potentially 'at risk' of not achieving this aim."

(Newson, Newson, Richardson and Scaife 1977:47). They found that there was no evidence at all of radical innovation in sex roles in the young people they studied. It was in the young people's middle-aged mothers that they found a more open attitude towards possible changes in sex roles and sex-linked expectations. These were women who were no longer preoccupied with the care of young children, and who were seeking out new identities for themselves. This is of interest in relation to my finding that respondents who had been conformers before and during the early reproductive stage sometimes became non-conformers at a later stage. I shall come back to this in chapter 5.

Aneshensel and Rosen (1980) explored domestic roles and sex differences in occupational expectations in white, New York adolescent school children. Many of the girls in this study expected their domestic roles to take them out of the labour force for some time. Although a high proportion (82 per cent) of those interviewed expected to work and to have a family simultaneously, they were more divided on whether they would work when their children were young. The majority of girls did not expect to adopt the traditional role of permanent, full-time wife and mother, but they were less certain as
to what other options to pursue. Adolescent girls who expected to work when their children were young did, however, plan to restrict domestic roles in ways that would minimise conflict with future occupational roles. For example, they planned to have fewer children than girls who expected to work only later or not at all. The girls in this study who planned to remain at home with a relatively large number of children were found to have lower occupational expectations than the girls who expected to work continuously. Aneshensel and Rosen conclude that occupations into which later entry, or re-entry are not feasible options (they refer to these as typically 'male' occupations) are eliminated early in the occupational selection process by those girls who have a traditional view of their sex roles. But some young women take a less orthodox view and plan to work while they have young children. These girls do not view having a family and working as mutually exclusive. In this respect they resemble the males in Aneshensel and Rosen's sample. It seems, then, as if the girls in this study did in fact, plan their future, and that they were fairly realistic about the problems of combining domestic and work roles.

Most of the doctors in my sample differed from the girls studied by Aneshensel and Rosen in that they were largely unaware of the problems involved in combining work and family roles. Being unaware of such problems at the stage of choosing occupations, they could not take these into consideration when deciding on what Aneshensel and Rosen would describe as a 'male' occupation.
It is interesting to note that the differences in responses in my sample are not between the mothers and the childfree respondents, but between the two occupational groups. This can be taken to mean that the respondents are accurate in their memories and less influenced by subsequent experiences such as, for example, having children of their own, than one might expect. Such an explanation presupposes that there were differences between the doctors' and social workers' attitudes to conventional gender roles at the pre-relationship stage. However, another factor may have influenced responses, namely professional socialisation. As mentioned in chapter 2, vocabularies of motives are learnt, and depend on, among other things, anticipated audience reaction. In this particular case the actual audience was the same for both groups - the interviewer. However, it is likely that the respondents will have formulated their vocabularies of motives with reference to groups which were of importance to them. This is where professional socialisation is likely to have played a part. Professional socialisation also explains inter-group differences in relation to anticipated conventional gender roles.

Gender socialisation. Learning to embrace conventional gender roles.

In exploring how people are socialised into, or learn gender roles, I have selected some writers that I deem to be relevant to my work. I shall not attempt to provide a summary of the very extensive socialisation literature.

There are a number of ways of conceptualising the processes through
which people learn social roles. Two of the better known ones are 'learning by using role models' and 'learning by experience'. By 'role model learning' I mean the process of learning by imitating the behaviour of others or 'taking on the role of the other'. Learning by experience involves making use of past experience or knowledge and adapting present or future behaviour accordingly. Learning by praise or blame, or by having sanctions applied, is learning by experience.

Many writers on socialisation do not make it clear that they operate with one or other model of learning. Some writers use a combination of several models. Writers also vary in their willingness to treat learning as if it becomes an attribute of the individual predisposing her/him to behave in particular ways across a variety of contexts. In contradiction to this some authors treat actors as more context sensitive and ever able to select from and revise their stock of knowledge according to the context.

I do not regard one way of conceptualising learning processes as superior to the other, but see them as more or less useful tools for understanding how people come to adopt male and female gender roles. For example, below I suggest that young women who are training as doctors do not select what they have learned about conventional gender roles for attention while orienting to the context of 'male careers'.

I acknowledge that the respondents carry a certain amount of learned 'baggage' with them, for example in terms of their ideas of
appropriate gender role behaviour. On the other hand, they are able to reorient themselves according to circumstances, as demonstrated by the medical respondents' adaptation to a 'male' environment and value system at medical school.

Byrne (1978) uses 'experience learning' to illustrate how children "learn to behave following the praise or criticism of parent, teacher, other children. Girls are praised for being quiet, clean, tidy, helpful; and criticized for being muddy, rough, noisy, lazy, untidy .... On the other hand, boys are praised for toughness, for strength, for leadership, for organisation, for adult behaviour, for initiative and originality. They are criticized for weakness, for 'cizzy' behaviour, for rudeness, but not for noise as such" (Byrne 1978:83-84).

It is easy to see how children can be manipulated into taking on certain roles by the use of praise or blame, or sanctions. However, the processes are often more subtle than those described above. The use of sanctions can occur on a level which means that they are not easily accessible. They become part of the taken-for-granted reality which is not open to questioning, either by those who apply the sanctions or the recipients (6).

Epstein maintains that "One of the agencies of socialisation is the presence of adequate role models. In stable societies it is normal for boys and girls to learn their future roles by imitating their parents or other adult members of their community. The youngsters
learn not only how to become farmers and doctors but they also learn to find these occupations attractive." (Epstein 1970:53).

Holter (1970) sees sex roles as learnt largely through experience; she regards a role as the sum of norms directed towards a person occupying a given position. Normative behaviour is ultimately backed up by sanctions.

Oakley, on the other hand, describes gender socialisation as based largely on model learning. She regards learning to be a housewife as closely linked to the processes of learning to be a woman: "Their roots lie in the lessons of childhood, when girls learn to equate their femaleness with domesticity and female identities are moulded round the housewife image" (Oakley 1974a:113). Thus when she describes how the women in her housework study come to adhere to certain standards or ways of doing housework, she is, in fact, also describing their socialisation into female gender roles.

Oakley's respondents frequently referred to their own mothers and how mother carried out domestic tasks. She describes how this process came about: "To the extent that these ways of behaving are inherited from the mother, it can be hypothesized that they are not directly taught from mother to daughter; rather they are indirectly and unconsciously assimilated" (Oakley 1974a:121).

Another way of describing this process is to say that a norm is 'internalised'. Oakley maintains that when a norm is internalised it
comes to be part of a person rather than an external rule. She refers to feelings of guilt if behaving in a way which conflicts with internalised norms, rather than the fear of external blame or the use of sanctions by others.

Sharpe demonstrates how the different ways of learning social roles are combined: "The basic distinctions between male and female are therefore laid down within the family, and children learn these in a number of ways. The initial unconscious process of identification and assimilation is built on by the operations of social learning or conditioning, in which the 'right' behaviour is reinforced through a system of rewards and punishments and becomes 'generalised' out on to many other situations. This may be done consciously or unconsciously by parents and other adults and children. Once children are old enough to recognize themselves as boys and girls, they take a more active part in the process, seeking to discover what boys and girls do, and what they are like. Out of this, they observe, imitate and identify with people, often parents, and usually those of the same sex as themselves." (Sharpe 1976:85).

Sharpe sees individuals as taking an active role in the socialisation process. Other writers have introduced the concepts of choice into the socialisation dialogue. Prendergast and Prout, for example, see girls being socialised into accepting motherhood as "a complex process in which the girls using the cultural, conceptual and experiential resources available to them are active agents in the social construction of motherhood ...." (Prendergast and Prout
Prendergast and Prout (1980) point to aspects of socialisation theory and role theory which have been criticised by some writers. Connell maintains that "role theory cannot grasp social change as history ... Change is always something that happens to sex roles, that impinges on them" (Connell 1985:263) (7). Stanley and Wise (1983) criticise the socialisation model as being overly deterministic and unable to take proper account of people who do not fit the expected and accepted patterns of behaviour.

Learning sex roles by modelling one's behaviour on that of others, especially those of the previous generation, does suggest that such roles are liable to change little from one generation to the next. This would also be the case with learning by experience if those who 'teach' sex roles or apply sanctions have a static view of acceptable role behaviour.

Attempts to explain changes in role patterns are a valuable and necessary addition to theories on socialisation. However, it would be a pity to ignore theories of how people come to be socialised into gender roles in order to incorporate the concept of change. Authors such as Holter, Oakley, Byrne and Sharpe seem useful when it comes to understanding why the social workers in my study anticipated adopting conventional gender roles. But they seem less useful in explaining why the doctors appear to be different. Some discussion is necessary of how different gender role patterns (which can be compared to
Holloway's concept of 'discourses') (8) may coexist. The notion of change is also important in explaining how the respondents, doctors and social workers alike, moved in and out of conventional gender roles.

Holloway (1984) sees individuals as having 'investments' (9) in taking up particular positions. However, she does not fully explain how people choose between different 'investments', or how different 'discourses' come to exist. Individuals could have investments in or derive benefits from more than one discourse or way of acting. One then has to explain why they choose one discourse over another. If one regards conventional gender roles as a discourse, socialisation theory goes some way towards explaining how the social workers came to choose this discourse, and one can show that they derived benefits from doing so. It does not, however, explain why the doctors gave the impression that they intended to choose a different discourse. But by recognising that different groups have different discourses available to them, one approaches an explanation for the difference in the doctors' and social workers' responses. Could it be that the doctors had available to them a discourse, or role pattern, which the social workers did not have, and which it was beneficial for the doctors to adopt? One could call this 'the career oriented' discourse. If one accepts that this discourse was ideologically predominant at medical school, and that women's need or wish for an alternative discourse (for example a combination of conventional gender roles and the career oriented discourse) was ignored, one can see how my medical respondents gained from taking up the dominant
discourse. In fact, there may have been few if any options available to them if they wished to avoid sanction. By taking up the dominant and accepted discourse, they were socialised into the role of doctors without the handicap of being seen as outsiders.

There is ample evidence that the doctors were, in fact, a minority group, both in terms of numbers and ideologically. At the time when my respondents trained, women applicants to medical school had to have better exam results to obtain a place than did male applicants. Most of the doctors they met and almost all the staff at medical school were men. Thus, while training, they had few female role models. Learning roles which were acceptable in that environment will largely have been the result of learning by 'trial and error' - by the 'experience' method. They had to fit into and cope with a highly competitive academic environment. As a minority group they will have had to cope with the stresses involved in this.

The doctors made it clear that the domestic and caring roles of women were not a topic at medical school. They were neither part of the official, nor the unofficial curriculum, nor something which they, as young women, discussed among themselves. In this sense the claims made by Becker, Geer, Hughes and Strauss in their 'classic' study of student culture in medical school held for my respondents: "... medicine is a man's world. .... in this country, although an increasing proportion of the people who have part in the medical system are women, the medical profession itself remains overwhelmingly male." (Becker, Geer, Hughes and Strauss 1961:3).
One could say that women's experiences were marginalised in medical school. This was the case both when Becker et al were carrying out their fieldwork in the USA and when my respondents were training in the UK. The marginalisation of women's experiences has been explored by feminist writers, for example de Beauvoir (1949) and Homans (1987).

The social workers, on the other hand, entered a predominantly female environment where a number of the practitioners and teachers were women. There was no shortage of female role models, and the value system in social work reflects this. The social workers made it clear that the dilemma between the work role on the one hand and the domestic/caring role of women on the other was something of which they were aware as social work students. The importance of 'good mothering' is part of the official social work curriculum. It is also very much part of the unofficial curriculum which stresses caring for others as important.

By not planning to conform to conventional gender roles the doctors took on roles which were beneficial to them in the medical school setting, roles which may not have been available or acceptable to the social workers.

I shall return to gender socialisation for a moment in order to review literature which suggests male and female role patterns are supported by psychological differences. A number of writers have focussed on the difference between girls and boys in how they are
brought up to view personal relationships and intimacy, and the
effect that this has on how men and women react to situations and
form relationships later in life.

Chodorow (1978) has described how early socialisation leads to
differences in the identity formation of girls and boys. The fact
that, in our society, women are the main caregivers in relation to
young children, plays an important part in this. It means that
little girls develop their identity, their view of who and what they
are, in close contact with someone of the same sex. Boys, on the
other hand, form their early identity in relation to someone of the
opposite sex. Thus boys must develop clear limits and differences
between themselves and the main caregiver from an early stage. They
cannot, if they are to develop male role patterns, identify closely
with the mother and model their behaviour on her. They have to
distance themselves from the person who is closest to them. Girls,
on the other hand, can model their behaviour on that of mother. They
can develop their identity without having to create a clear boundary
between themselves and the mother. Returning to the two methods of
learning gender roles, one can say that girls depend on model
learning to a greater extent than boys, who learn their male roles in
a variety of ways, including experience learning.

Chodorow's ideas have been quoted and developed by other writers.
Gilligan, for example, uses Chodorow's work to show that in relation
to intimacy and closeness in human relationships men and women differ
in their outlooks. Closeness is seen as safe and desirable to women,
while men perceive "the world of intimacy" as "mysterious and dangerous" (Gilligan 1982:43). Gilligan shows the effect of this on women's achievement. In her own fieldwork, the respondents, whom she describes as highly successful and achieving, tend not to mention their academic and professional distinction in the context of describing themselves. Instead they appear to have seen their professional activities as endangering their sense of themselves. The conflict which they encounter between professional achievement on the one hand and their caring role on the other leaves them feeling either "divided in judgment or feeling betrayed" (Gilligan 1982:159).

In a later chapter I shall show how some of my respondents reacted in similar ways (see chapter 5).

Nielsen (1981) uses a psychoanalytic explanatory model rather than a model based on the use of norms and sanctions to explain how girls and boys come to take on different roles. She regards socialisation processes as much more than a straightforward internalisation of norms. She sees society as entering the process at the stage when fundamental needs are formed, needs which subsequently come to be the driving force behind the process of internalising norms. Where a model based on the internalisation of norms simply presumes the existence of fundamental needs such as the need for social acceptability, meaning, positive reinforcement etc., psychoanalytic theory poses the question of how such needs come about and at what cost to the individual. Nielsen uses an analytic model which diverges somewhat from a Freudian model. For example, she regards penis envy as a symbolic wish for another wish. According to Nielsen
women do not wish to be like men, but they desire the ability to become autonomous in relation to the mother.

In a later paper Nielsen makes interesting use of Chodorow's theories (Nielsen 1986). By combining the element of subjectivity into the process of identity formation she attempts to show how women are made to want to take on conventional gender roles: "It is the elaborate interplay between our wishes on the one hand and our opportunities on the other which makes it seem as if social reproduction takes place without compulsion or constraint." (Nielsen 1986:8 – my translation). This is relevant in relation to the problems encountered by the respondents who became non-conformers in practical terms, a topic which will be explored in chapters 5 and 6.

How much choice did my respondents have in relation to the roles which they adopted? I shall attempt to show that at certain stages they appear to have had very little choice indeed. As I have already indicated, this includes the doctors who, although they appeared to have 'chosen' an alternative model to conventional gender roles while at medical school, are likely to have been influenced in their seemingly alternative choice by the role models which were acceptable and dominant in that setting.

Having explored how girls are socialised into or learn gender roles, and the fact that different role patterns are available and predominant in different social settings, I shall go on to explore some of the factors influencing the respondents' choice of occupation.
and the effect of this on subsequent conformity and non-conformity with conventional gender roles.

Factors influencing occupational choice.

Williams maintains that "external social influences and institutions play a crucial role in canalizing people toward one occupational stream or another and therefore in affecting the overall distribution of persons between occupations" (Williams 1974:13). The fact that the time at which occupational choices are made is affected by the ways in which professional training is organised may not be as well recognised.

In the following I shall look at the timing of the respondents' occupational decision-making and how this is influenced by the way in which social work and medical training are organised. The reason for concentrating on the time factor is that it goes some way towards explaining the difference between the two occupational groups and the extent to which they were prepared for the realities of working life as doctors and social workers respectively.

Medicine: In Great Britain most medical students enter training straight from secondary school. Entry is determined largely by exam results and competition for entry is fierce. My respondents knew that in order to fulfill their ambitions they would have to obtain high marks in subjects which have been shown by several studies to be atypical subjects for girls to choose (10).
In order to become fully registered as a doctor in Great Britain one has to undergo training which is recognised by the General Medical Council. In British universities this involves two or three years of pre-clinical medicine at an approved medical school, followed by three years of clinical medicine. At the end of this five or six year period, providing one has passed all the necessary exams, one can obtain a provisional licence allowing one to practice for one year as a House Officer, after which one can apply for full registration.

Social work: A Certificate of Qualification in Social Work (CQSW) can be obtained at a college of further education or as a post-graduate qualification at university. Thirteen of the 19 social workers in my sample had a university degree prior to obtaining their social work qualifications. The post-graduate social work course is usually one or two years (depending on previous degree), the non-graduate course somewhat longer. It is usually required that those who are admitted to non-graduate social work courses have some relevant work experience prior to entry.

The way in which training for medicine is organised makes it necessary for people intending to be doctors to decide on their future occupation by the time they are leaving secondary school. It is unusual in Great Britain to gain entry to medical school as a mature student. It is an advantage for people who want to become doctors to have decided by the stage they have to choose subjects at
secondary school (this is usually around the age of 13-14) in order that they may choose the right combination of subjects to facilitate entry (11).

Timing of occupational choice.

There were clear differences between the doctors and social workers in the timing of their occupational choice. Four of the doctors but none of the social workers had decided on their future occupation before entering secondary school. These respondents said that they had "always wanted to be a doctor" since they were very young or "ever since I can remember". The rest of the doctors in the sample (N=15) had decided on future occupation while they were at secondary school. Only five of the social workers had decided that they wanted to be social workers as early as this.

For the majority of the social workers (14 out of 19) the decision to become social workers was made after leaving school. Half of these women made the decision while at university or some other form of further education. The remaining seven chose social work as a result of working in social work related fields or coming into contact with social work through other types of jobs or by doing voluntary work. Thus most of the social workers were not only older than the doctors when they chose their future occupation but for many of them the decision was based on experience and knowledge of the field. Hardly any of the social workers indicated that the work proved to be very different from what they had expected. In this respect too they
differed from the doctors, many of whom said that they had not known what they were letting themselves in for. For many of them, their image of the work of doctors was based on their experiences as patients, or the popular, romantic image of doctors' work portrayed by the media, in literature etc. Even those of the medical respondents who were the daughters of doctors did not have a realistic understanding of the work. The popular image and the public role of doctors, it seems, contrasts sharply with the reality experienced by the respondents as medical students and junior doctors. This is what one doctor's daughter said about her understanding of the role of doctors:

"My model for that (being a doctor) was of a consultant surgeon. And I didn't have much concept of anything else, other than that. I didn't know much about junior hospital doctors or anything."

The difficulties which the lack of practical understanding of the realities of doctors' working lives created for the medical respondents, will be explored further in later chapters.

Judging from other studies it is the doctors in my sample rather than the social workers who are unusual in the timing of occupational choice (12). Kelsall, Poole and Kuhn (1972) found that almost half the men in their large national sample of 1960 university graduates (13) had no particular career in mind on entering university. According to the authors this was scarcely surprising since young people frequently delay making a firm commitment to a job for as long as possible.
Ryrie's Scottish study, involving 1186 individuals from two different areas of the country, showed that, of those who were planning to go to university or college, "a considerable number .... had only a general idea, or none at all, about what they would do after that. In many cases the intention to continue their education was independent of any particular job intention...." (Ryrie 1983:119).

Other factors influencing choice of occupation.

When asking the respondents about factors which they had taken into consideration when choosing their respective occupations, there were similarities between the two groups. It was clear that almost all of them had been influenced by significant others, either through direct advice or by using others as role models (14). Job content, or humanitarian factors was very important to both groups (15). By this I mean that both the doctors and social workers regarded the fact that they would be able to help others through their work and that they expected to feel that they were doing something useful and worth while, as important reasons for choosing medicine and social work respectively.

These sorts of arguments are not uncommon. In an American study, Block, Denker and Tittle (1983) found that whereas girls were more likely than boys to mention reasons of altruistic or personal accomplishment for their choice of occupation, boys were more likely to refer to practical, social status or financial considerations.
Although my respondents clearly felt that the 'humanitarian' aspect of their respective occupations was of importance, it is relevant to remember that girls are socialised into a caring, rather than competitive role. It is therefore quite natural for women to use such reasons when justifying choice of occupation. This is in line with the socialisation theories of Chodorow (1978), Gilligan (1982) and Nielsen (1986). The respondents had been socialised into thinking in terms of other people's needs. They had also been taught that doing something because it is inherently worth while, is in itself acceptable. In this respect both the doctors and social workers had learnt their lessons as women very well.

Humanitarian types of reasons for occupational choice were mentioned by an equal number of doctors and social workers. However, twice as many doctors as social workers referred to the economic and/or status benefits of their chosen occupation. The social workers tended not to comment on such aspects at all. It may be more acceptable among doctors to refer to the economic aspects of their occupation than it is for social workers to do so, and it is another indication that the doctors had adopted different (male?) roles and values during their medical training. It may also reflect the actual differences in the doctors and social workers status and level of income - once the doctors were established in their profession.
Case illustrations.

In order to illustrate the differences between the social workers and the doctors I shall present how three of my respondents visualised their future while in tertiary education.

Marion - social worker with two children.

Marion was 31 years old at the time of interview. Her two children were aged four and two. She had married soon after taking an Honours Degree in Sociology. During her last year at school she had considered social work as a possible career, but discarded the idea as a result of being influenced by teachers and her parents who encouraged her to go to university.

"I remember I had written to Moray House, and they sent information about their 3 year (social work) course. But I was encouraged to go to university rather than go and do a three year course at Moray House."

Was it your teachers who encouraged you to go to university or did your parents encourage you too?

"I'd say partly my parents as well. And my brother had gone. I suppose there was pressure from all sides. And I also quite liked the idea as well. I saw it as a step away from home, a sort of legitimate step out of the house."

At the end of her time as an undergraduate, Marion came back to the idea of becoming a social worker. She took Social Administration for one year at university before becoming a trainee social worker with a local authority team, and then qualifying with a one year Diploma Course in Social Work. Afterwards she worked in the area team with
which she had been a trainee for two years. She did this for two years, up until the time when she was having her first child.

'Humanitarian factors' were an influence in Marion's decision to become a social worker:

"I suppose it was ... a feeling of wanting to help and to be in some kind of meaningful work. ... I did toy with the idea of personnel management and things like that, but again, I wanted to do something I could feel was useful. And I didn't really want to throw myself into something unless I felt it was fairly meaningful to me."

Getting married had not affected how she thought about her future work, largely because she had been aware of the difficulties of combining paid work with the caring role and had planned to conform to conventional gender roles.

"I suppose not a lot. At least I didn't feel it. I'd always felt that it was a job that I could combine with having a family - later on, when they were older. It seemed a job that you could fit into; have a gap and sort of fit into it."

I Was that partly the reason for wanting to do social work?

"I think it might have been a small part. I wouldn't say it was a big part. I think it might have been - something that would add to its appeal."

I When you were training, if anybody had asked you what you would be doing in 10 years, what do you think you'd have answered?

"I think I would have thought I would have been married by that time, and I would have children .... I saw myself as stopping work when having children. I couldn't imagine combining the two and trying to sort out priorities."
Marion saw herself as following the bi-modal pattern which has become common among middle-class British women: finish higher education, work for a few years, give up work to bring up children, then return to work when she thought the children old enough not to need full-time mothering. At the time of interview she thought she might look for a part-time job when her youngest child started school. However, she would not return to a full-time job until her children were in their teens:

"I think that for a long time they are there and need you. Having said that, once they are, you know, in their teens and not quite so dependent, I would like to have something for myself. Something fairly meaningful for myself. There is still quite a bit of my life."

I. Do you see that 'meaning' coming from work?

"Yes, a large part of it coming from my work."

Lynn - doctor with two children.

Lynn was 33 years old at the time of interview. Her children were five and three. She had chosen medicine because she saw it as a caring profession, and she came from a family "with a large number of doctors in the dim and distant past". She decided to do medicine fairly late compared to the other medical respondents; she made the decision in her last term of school, although she remembered having wanted to become a doctor when she was a small child.

Lynn married the year before she qualified. Her husband was also a doctor. At first marriage made no difference to the way she thought
about work. When asked how she thought her future life would be while she was still training, she answered:

"I probably would have said I'd have done my paediatrics training. I would have got married, had my children and somehow or other be doing full-time work and coping with children, running my home. And, you know, I would have assumed that you could do all that with the greatest of ease."

When Lynn decided to train as a paediatrician, she had not realised how difficult it would be to combine a competitive hospital speciality with family life. She adjusted her plans, giving up the speciality in which she was interested, in order to conform to conventional gender roles. At the time when I interviewed her she worked two mornings per week in a family planning clinic. The rest of the time she was at home with the children. Her husband had not put any pressure on her to give up paediatrics, but he was quite happy that she did so:

"When it came to the time, he agreed that was right. And he thought general practice was probably quite well suited to my talents, as it were. .... I wasn't interested in pursuing my career to the extent that his would suffer. It just seemed right that I should do the lesser thing. Because I think personally I was less capable or less interested anyway. So I was quite happy to accept that his career should be the full-time one, and the full commitment."

Thus from a position of anticipated non-conformity with conventional gender roles Lynn changed into a conformer, accepting that she should care for the children and her husband's career should take precedence. However, the argument was never put in these terms; it
was her 'inability' to cope with the stresses of training in paediatrics, her 'desire' to stay at home and the fact that it 'just seemed right' which made her decide to conform to conventional gender roles. Lynn seems to be a good example of Nielsen's point, that women are made to want to take on conventional gender roles (Nielsen 1986).

**Patricia - doctor with two children.**

Patricia was 33 years old at the time of interview. She had two children aged three and two. Patricia had wanted to be a doctor since she was a small child. She had gone through school with this in mind; choosing subjects which would improve her chances of getting a place at medical school. She was unclear about her reasons for wanting to do medicine, although she indicated that the fact that it was an occupation in which one would be helping other people may have influenced her, as did the fact that it was a good, professional career with a touch of 'glamour'. However, she described herself as having been 'clueless' about the realities of a doctor's working life; she had not considered the practicalities involved in combining work with family life. She described how she had been surprised to hear from another student that she intended to choose a speciality to fit in with family life:

"One thing I do remember from university, but I didn't pay any heed to it then. And I wished that I had. When I was doing a paediatric job, as a sort of lower grade student, there was a 4th year or 5th year student there, or she was an H.O. (house officer - junior doctor) or something. And I remember being on call with her one night. And I said
'What are you going to do when you qualify?' So she said, 'I am going to do anaesthetics.' And my eyebrows went up, I thought 'Horror - how could anybody want to do anaesthetics.' And I remember vividly to this day her saying to me: 'Because it is a very good career for a woman in medicine.' And I didn't envisage anybody having - I mean, people did what they wanted to do. To me, people didn't think about getting married and choosing a career to fit in with marriage. They did what they wanted to do. I wanted at that point to do surgery or something. And I was going to do what I wanted to do. I hadn't got any concept of getting married and fitting my career in with my marriage."

Patricia began to train in general medicine, but gave this up in order to go abroad with her husband. She started to work in general medicine when they returned to the U.K. but had to give it up when she had her first child. She had a second child within a year of the first, and at the time of interview was working in locum jobs which she took whenever she could get them, and if she could arrange childcare. When asked if she saw herself returning to general medicine, she said:

"No. I've abandoned general medicine now. The reason being that, having not completed my membership exam, it is likely that in order to do it, I would have to completely go back to the beginning again. In order to get it I would have to have a registrar job which people are not likely to give me after a four or five year gap. I don't feel that I could really sit down and study to that extent again. So I don't see me ever getting that membership. The other thing is that even if somebody was generous enough to give me a job in general medicine, I couldn't honestly accept it, or practically accept, because of domestic commitments. I couldn't go dashing out in the middle of the night to cardiac arrests and all the rest of it. So it is certainly not a practical proposition."

From her early determination to "do what she wanted" Patricia had had
to adapt her work to fit in with her husband and children. She was not particularly optimistic about her future in medicine. She thought she might continue to work in some capacity, but she did not think she would obtain any further qualifications.

**Summary.**

In this chapter I have described how people learn to accept or are socialised into conventional gender roles. At the pre-relationship stage there were differences between the two occupational groups in my sample in terms of anticipated conformity to conventional gender roles. The social workers saw themselves as conforming to conventional gender roles which involves downgrading the importance of work in favour of family commitments at certain stages of life. The doctors, on the other hand, visualised their future largely in terms of work and had rarely made realistic plans about combining work and family commitments.

I have suggested that the difference between the two groups of respondents in terms of anticipated conformity to conventional gender roles was influenced by the setting in which they trained. Although conformity to conventional gender roles as described earlier in this chapter is widespread, there are some settings in which these are suppressed and other norms take precedence. This was the case for the medical respondents, who trained in a male dominated environment where women's caring roles, and the effect that these might have on future work roles, were largely ignored. There proved to be a direct
conflict between their socialisation as doctors and the predominant value system in medical school, and their female roles, i.e. their roles as potential wives and mothers. This will be discussed further in subsequent chapters. Social work, on the other hand, is female dominated; concepts such as 'caring' and 'good mothering' are seen as important. There was little conflict between the social workers' professional socialisation and roles on the one hand and their roles as potential wives and mothers on the other. This made it much easier for the social workers to adopt conventional gender roles than it was for the doctors; it was seen as acceptable and appropriate for them to do so.

Medicine is highly competitive and the training is so organised that it requires an early commitment if one is to succeed in gaining entry to medical school. As a result those respondents who wanted to become doctors had to be determined and single-minded about their goal from an early age. This is likely to have played a part in making them feel that they had little understanding of the realities of working as doctors; not only had they made their occupational choices at an early age, but they did so on the basis of very limited information (the popular or 'media' image of doctors' work). Unlike the social workers, they did not anticipate the practical problems involved in combining family life and a demanding job.
"Dissent always requires forceful legitimations, without which the dissenting individual lacks the self-assurance and courage to defy the existing structures." (Berger and Berger 1983).

It looks from the last chapter as if I have two very different types of women in my sample. On the one hand are the social workers who, although interested in and committed to their future occupation, nevertheless expect to give priority to family commitments during the stages of their lives when they have young children. In short, they expect to conform to conventional gender roles, to the intermittent or bi-modal work pattern which is common among middle-class women in Great Britain (1). On the other hand are the doctors who are highly committed to their studies and work, to the exclusion of almost all else. As far as conventional gender roles are concerned, the doctors appear to be non-conformers.

In this chapter I shall show that the difference between the two groups in terms of what they actually did when they got married and had children is not as great as might be expected. In practical terms most of the mothers in the sample, whether social workers or doctors, conformed to conventional gender roles by giving higher priority and thus more time to family commitments than to work at some stages. However, this came about in different ways for the two groups. The social workers were aware of their own commitment to conventional gender roles. It was their intention to give high
priority to these while their children were small. I shall refer to the social workers as 'intended conformers'. The doctors, on the other hand, could be said to be 'unintended conformers' because they had not intended or planned to give priority to family life and domestic commitments. Their conformity was often marked by uncertainty and lack of planning - as if their own actions took them by surprise.

In this chapter I shall focus mainly on the mothers and their work involvement after marriage and childbearing. However, I shall make use of material on the childfree respondents to illustrate the points made. As is indicated in the chapter heading, pressure to conform to conventional gender roles proved to be exceedingly powerful in shaping the respondents' lives, especially before and during the early reproductive stage. In order to illustrate how conformity with conventional gender roles is agreed upon by a couple, I shall describe how people come to hold more or less congruent views of acceptable role behaviour in a relationship or marriage. I shall refer to this as 'the marriage contract'.

The marriage contract.

Issues which concern conventional gender roles and fertility appear to be settled very early in a relationship. I shall therefore discuss the processes by which people are attracted to each other and decide that a relationship is 'strong' or 'serious'. A number of
important issues appear to be settled during the period when people fall in love and choose a partner. This process is similar to that of entering into a contract, and this is why I have chosen to use the term 'marriage contract' (2). However, the terms of the contract are rarely verbalised or written down, although there are exceptions to this.

Included in the marriage contract will be an acceptance of a particular lifestyle and gender roles, usually including aspects such as the domestic division of labour, fertility and the relative importance of the partners' economic contributions to the marriage. There will also be a tacit recognition that such a contract exists and that the individuals involved will not challenge the appropriateness of the agreed roles and division of labour.

The marriage contract reduces the need to make major decisions later in the relationship. This is because both partners know the terms of the contract and consequently their roles in the marriage, as well as the expectations of their spouse. I shall not claim that no-one ever discusses such issues openly, nor that this is a process which never goes wrong. There is evidence in my material showing that occasionally the marriage contract is indeed verbalised, and in chapter 5 I shall show that people do disagree on the terms, especially at later stages in the marriage. I would contend that at times when gender role expectations are changing it will be more difficult to negotiate satisfactory marriage contracts than if such roles are relatively stable.
Other writers have referred to concepts or approaches similar to the marriage contract. Veevers uses the terms marriage contract in her book on voluntary childlessness. She shows that more than a third of the people she interviewed "entered into their marriages with a childlessness clause clearly stated in their marriage 'contract'." (Veevers 1980:18) (3). Gittens (1985) states that "domestic labour is an integral and implicit part of the marriage contract" (Gittens 1985:131) and that this is by definition women's work. A man may participate in domestic work, but for him such participation is voluntary. However, a husband who "fails to provide adequately for his dependents is seen as failing to keep a contract in the same way as a wife who fails to take adequate care of husband, home and children" (Gittens 1985:77).

Holter (1970) maintains that egalitarianism and traditionalism - with regard to sex roles - seem to run in families. Thus the dissent between men and women with respect to such roles may not create the tension between marital partners that might be the case if husbands and wives differed markedly in their opinions. This indicates a selection process along the lines of egalitarianism vs. traditionalism. However, Holter does not state whether she sees this lack of dissent as due to a selection process prior to marriage or adjustment after marriage.

Judging from my material, it seems as if marriage contracts are part of the process of finding and choosing a spouse and falling in love,
the process which is sometimes referred to as 'finding the right person'. People have various techniques for recognising those who come from similar backgrounds and have similar value systems to themselves. We employ such techniques all the time in our interaction with other people. It may be that we carry with us an internal image of a suitable partner. On encountering potential partners we attempt to assess their suitability by various measures such as how similar their value system is to our own, whether according to personal yardsticks they will make good partners and good parents etc. (4). The 'right' person is likely to be someone whose ideas about lifestyle, gender roles, the domestic division of labour and childrearing are not in conflict with one's own. A woman who wishes to conform to conventional gender roles is likely to express this and look for a partner who will support her in these roles. And the topic may never be referred to by either, nor will it become an issue until such time as one of the partners wishes to alter the terms of the contract, or it becomes apparent that there has been a misunderstanding over the terms.

There may be a certain amount of redefinition of the self going on alongside the processes which I have described above of recognising and choosing a suitable spouse. In a dialogue between potential spouses individuals will present themselves, observe and assess the other, and reach agreement or compromise on contentious issues. In societies such as ours, where people are free to choose their spouses, this process takes place mostly before marriage. Berger and Kellner describe marriage as "a dramatic act in which two
strangers come together and redefine themselves" (Berger and Kellner 1974:160). They attempt to show how individuals redefine their own perceptions to fit in with those of their spouses. Berger and Kellner see this process as taking place after marriage, and that it is done through conversation - a kind of recreation of one's view of reality through interaction with the new spouse.

It is my contention that Berger and Kellner have not only exaggerated the need for redefinition of the self, but have also miscalculated the stage at which such redefinition may occur. The evidence from my material is that the very process of choosing a partner excludes the need for dramatic redefinitions after marriage. My respondents, especially the intended conformers, had fairly clear ideas of what kind of married life they wanted and they looked for a partner who shared their wishes in this respect. Thus they largely avoided the need for redefinition which Berger and Kellner point to. According to my findings Berger and Kellner have overemphasised the verbalisation that takes place within marriage. The majority of the respondents appear not to have verbalised the marriage contract before marriage, nor did they do so after marriage. Important issues to do with the marriage, such as the economic role of individuals, the domestic division of labour, responsibility for childrearing etc. were only verbalised after conflict had developed, i.e. in an attempt to clear up misunderstandings over or redefine the terms of the marriage contract (5).

What I have described above is a simplification of the processes
which take place when people look for and find a partner. These processes are of great importance in how a couple organise their married life, indeed, how the potentially conflicting demands of paid employment and childrearing will be resolved appear to have been agreed upon at this early stage. Although I shall argue that the majority of the mothers in my sample conformed to conventional gender roles while their children were small, there was a certain amount of variety in the marriage contracts. It was clear, for example, that many of the doctors had contracts which delayed childbearing until the wife had reached a certain level in her training. This was virtually unknown for the social workers. It was also clear that the domestic division of labour varied a great deal in the respondents' families, and that, in most cases, this had been settled early on in the relationship, i.e. when the marriage contract was made. Most of the respondents and their spouses knew that they would have children and that, when they did, she would give up her job to stay at home and care for the children. During this period he would maintain the family economically, and the process of having and rearing children would have little or no direct impact on his work situation. Only Anne, a childfree social worker and her cohabitee, had considered the possibility of her partner adjusting his work involvement to care for children. In a few other cases the topic had been mentioned but discarded as a possible solution. I shall return to this in some more detail in chapter 7.

Only a minority of the respondents who were categorised as conformers indicated that they had spoken with their husbands about such things
before getting married. One of these women was Jennifer, a doctor with one small child about to have her second child at the time of interview. Before marriage she had discussed topics such as fertility and his and her work involvement during the early reproductive stage. She stated quite categorically:

"I would never have got married without discussing it."

Jill, a social worker with three children, indicated that she and her husband may have verbalised the marriage contract - at least as far as fertility was concerned.

"I think we must have (talked about having children). I cannot actually think of an occasion, but I think it was always - yes, I am sure we must have. Yes. I am pretty sure. Because I can remember, on deciding to marry Alisdair, that I was very clear in my mind that one of the reasons I was marrying him was because he was going to be the father of my children. That I actually visualised him in that role."

But Sarah summed up best of all how the decision to have children was made by most of the intended conformers:

"We just assumed that we would have children."

This is typical - not just of how the conformers made fertility decisions - but of a number of other vital intra-marital decisions; it was just assumed they would do it in a certain way.

On the other hand, Connie, a single, childfree social worker had
rejected the terms of such a contract. Her rejection of the contract meant that the relationship did not continue. This is how Connie described the attitudes and expectations of her boyfriend, and her reactions to these:

"Marriage was kind of around when I was at college. But the guy that I was going with at that time was really keen to be married. But he was also into, not just getting married, but the children came, like, a year or another two years later on. And that didn't fit my picture. Maybe it was something that would happen in the future, but it was certainly not something I wanted happening then.....

It was presented like a package. ... His idea was very much that one got married and that a child was born within a fairly short space of time. And that you would probably stop work, although you would keep up interests. I mean, he had the whole thing mapped out, and it didn't fit in at all...."

What it didn't fit in with was her ideas about becoming a good social worker. She was very inspired by the course and highly committed to her chosen career.

"I felt that I had done quite a lot to get to where I had got to. And I was really very excited. Looking back on the course, we did so much talking, and it was really very exciting. And I was still on the white horse bit ... I wanted to become better rather than to become a manager. At that stage at college, it was kind of waiting for the next 5 years, at the end of which I was really going to be, you know, super-duper. You know, you'd have got it all together. I think that was what it was all about."

So Connie rejected the 'package', and the relationship ended as a result. She would have liked to continue the relationship and to get married. But she was not ready to conform to conventional gender roles, she did not accept his terms of the marriage contract. She
rejected the first two aspects of conventional gender roles by being uncertain about wanting children and unwilling to give priority to domestic responsibilities.

**Intended conformers.**

The intended conformers have been categorised either according to actual behaviour (the mothers) or according to what they said they were going to do (the childfree respondents). The majority of the women who have been categorised as intended conformers are social workers, but two of the doctors have also been categorised in this way (6).

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As I have already indicated, intended conformers accepted and conformed to conventional gender roles, having planned and expected to do so. The majority of the intended conformers said that they had 'always' expected to adapt their work involvement to domestic commitments, or that they had planned to do so since meeting their husbands/cohabitees.

Conformity to conventional gender roles was most common around the time of having the first child. I shall refer to this as the 'early
reproductive stage'. The majority of the intended conformers gave up work altogether for a lengthy period at this stage. For some of the respondents this period lasted several years. Some of the social workers said that they would not consider going back to work until their youngest child was at school.

There were exceptions to this. Two of the intended conformers continued to work after having their first child. However, their work involvement at this stage was minimal and must be regarded as peripheral compared to their domestic role. Joan was a doctor who had given up her speciality after meeting her husband. She obtained a family planning certificate and continued with very minimal work involvement (two sessions per week) after having children. This work was done in the evenings after the children were in bed. She made it clear that work was something which she did out of interest and because she enjoyed it, rather like a hobby or leisure time activity. Her main commitment in life was to bring up her children and be her husband's wife.


Jill, the other intended conformer who did not give up work altogether, was a social worker. She had followed her husband abroad and had worked as a social worker in a general practice clinic before having her first child. This appears to have been an informal arrangement and she continued to see some patients after the birth of the child. However, she never considered taking a regular job and
gave up work altogether when her son was one year old, at which time they returned to Great Britain.

The majority of the intended conformers worked full-time before having their first child. However, two respondents had reduced their work involvement before this in anticipation of motherhood, or in order to fit in with their husbands' needs. One of these respondents was Joan, the doctor referred to above. The other was Pauline, a social worker who worked a four-day week for 18 months before giving up work at the time of having her first child. This was on the advice of her boss whose wife had found such a working arrangement satisfactory. The underlying assumption was that it would give her more time to devote herself to domestic tasks and to looking after her husband.

"...there was quite a lot to do when we moved in here.... The person who interviewed me, his wife used to work four days before they had their child, and I think that he felt that was very good for her, so he was quite encouraging."

The intended conformers were committed to and enjoyed work. They saw medicine and social work respectively as worthwhile and important occupations. In spite of this, giving up work did not appear to have been the object of much deliberation. Possible alternatives were rarely discussed or seriously considered by the couples involved. It was simply taken for granted that she would give up work when having children.

"I myself accepted fully that I couldn't have children without stopping work. ... I think I could have carried on. I think the social climate was less in favour then
than it is now of a decision like that. But I do remember being asked by my senior in the job that I was in, when I was pregnant, 'Was I planning to come back?' And I was horrified. I said 'Oh no, I have to stay at home with the children'. It is just awful to think that I was being so pious at 22 or 23." (Judy, social worker).

Marion indicated that it had always been taken for granted that when she and her husband had children, she would be the one to stop work. When asked if they had discussed this, she said:

"I think we talked about it. Certainly he always said that he would like to give up his work, for so many years, if I was earning an equivalent amount. Or if I had sort of strongly felt that I wanted to remain at work and could support us all. You know, he always expressed a willingness ... Whether actually in reality - whether he would - I don't know. It is sort of safe to say because there was no possibility of it (laughing). But I think it was always accepted that I would be the one who would stay at home."

Rather than seriously considering alternatives to conventional gender roles, Marion and her husband appear to have used their apparent consideration of alternatives to legitimise their acceptance of conventional gender roles. They could justifiably argue that they did not take her role as prime childrearer for granted. And yet they both knew and accepted that this, in fact, was what she was.

How, then, can one understand what happened to the women that I refer to as intended conformers? They had invested a lot of time and effort in their training and claimed, convincingly so, to be highly committed, even dedicated, to their work. Yet they gave up or cut down on their work involvement almost without a backward glance. Had
their socialisation into roles as wives and mothers been so powerful that they perceived no alternatives? Is such socialisation so effective that possible alternatives are rejected without serious consideration?

In the next chapter I shall show that although some of these women did indeed give up work at the time when they had their first child without a backward glance to their work role, a number of them came to regret this and reconsider their actions in the light of later experiences. Some of the intended conformers later turned into non-conformers.

The women in my sample were, as I have shown in chapter 3, socialised into conventional gender roles, as wives and mothers. This applies not only to the intended conformers, although they were the ones among my respondents who accepted these roles with the greatest of ease — at least for a time. As Marion (see quote above) and others indicated, they were aware of alternatives to these roles, and they gave the appearance of having chosen conventional roles over the alternatives. However, it is my contention that they did not consider alternatives seriously. I am basing this on what the respondents said on the one hand, and the time at which the decision — if it can be called a decision — was made on the other.

In order to understand the processes going on, it is important to look at the stage at which the decision to conform to conventional gender roles was made. I have already indicated that important
decisions about role divisions in marriage are made at the stage of spouse selection. However, key clauses in the marriage contract do not become operable until the early reproductive stage. At both these stages, the stage of spouse selection and the early reproductive stage, young women are proving their femininity. At the stage of spouse selection they are doing so in relation to men — proving their attractiveness and suitability as wives — as well as showing others that they are the kind of women who get chosen as wives and sexual partners. At the early reproductive stage they are proving their fertility and ability as mothers. Perhaps one should not be surprised that at precisely these stages women are loath to question accepted norms and pursue alternative forms of behaviour; actions which might cause others to question their femininity.

In a study by Prendergast and Prout (1980) on teenage girls and the construction of motherhood, it was found that many of the children who were interviewed were aware of negative aspects of motherhood such as isolation, boredom and depression. Prendergast and Prout refer to this as 'illegitimate knowledge', which they claim exists in a parallel but repressed relationship to what they term 'stereotypical knowledge'. However, although knowledge about the negative aspects of motherhood exists, the girls were unable to make use of such knowledge because of the lack of available alternative modes of acting and thinking about motherhood. According to Prendergast and Prout such alternatives "were simply not available to the children, and so we see the next generation of mothers and fathers reproducing and projecting into the future some of the

Weinreich (1977) claims that there are discontinuities in the sex role socialisation of both girls and boys. For girls, she claims, there is discontinuity around the time of puberty as a consequence of the sharp reduction in the extent to which tomboyish behaviour is tolerated. For boys, the discontinuity comes when they take on a family role. This means that by the time young people in our society come to choose spouses, the women are already acutely aware of the demands made of them as women, that they must conform to conventional expectations of femininity. Weinreich goes on to claim that in the case of girls the traits required for their work role outside the home may be in conflict with traits and behaviour which girls learn are 'feminine'.

Scanzoni and Litton Fox (1980) refer to similar conflicts when they claim that egalitarian adolescents and young adults face a lack of fit between modern sex role preferences and traditional heterosexual dating structures. They refer to the dissonance experienced by women between being competent and acting helpless; between actively pursuing one's career interests while waiting passively for Mr. Right; between wanting to be responsible for one's own future and anticipating significant compromises if the future is also to include long-lasting intimate relationships.

In chapter 3 I referred to the work of Newson, Newson, Richardson and Scaife (1977) who claim that they found no evidence at all of radical
innovation in sex roles in the young people they studied. It was in
the children's middle-aged mothers that they found a more open
attitude towards possible changes in sex roles and sex-linked
expectations. As I shall show later, some of the conformers became
non-conformers later in life. This fits with Newson, Newson,
Richardson and Scaife's findings that it is not the young who
experiment with alternative sex roles, but women who are past the
early reproductive and child-rearing stage.

There is ample evidence, then, that during adolescence and early
adulthood it is difficult for people to behave in ways which indicate
lack of conformity with conventional gender roles. This is a crucial
stage as far as establishing gender role behaviour during the early
reproductive phase is concerned. At a time when young people are
preparing and entering into the marriage contract, they are under
considerable pressure to conform to conventional gender roles.

Employers have helped to institutionalise such expectations. When
exploring the attitudes of bank employees (male and female) to
working women, Llewellyn (1981) found that there was general
agreement that a young married woman of 25-30 with children at school
could not possibly have a full-time job. Llewellyn claims that a
self-fulfilling prophecy was evident. Women were expected, and often
expect, to confine their energies to their role in the family. This
had serious implications for the careers of the women: "... the
career girl must wait until she has satisfied her employer that her
intentions are honourable before her occupational commitment is taken
seriously. Thus an age-specific policy was assumed in the bank towards single women and promotion. We must conclude, then, that the inequalities that exist within banking stem from universally held expectations as to the career performance of the majority of females and these are normatively defined and, to some extent, normatively sanctioned." (Llewellyn 1981:156).

Coming back to the question of how one can understand the actions of the intended conformers who claimed to be dedicated to work and yet gave it up without much apparent regret, it does indeed look as if the socialisation of these young women into wives and mothers has been exceedingly powerful: It may have been so powerful that although they were aware that alternatives existed, they did not regard these as viable. Did they make a decision not to pursue alternatives? It becomes difficult to describe it as such because the processes which eventually determined the respondents' actions at the early reproductive stage had begun a long time previously and were not always conscious and/or verbalised (7).

All the respondents, both those with children and the childfree, made it clear that having a child was relationship specific. As far as the married respondents were concerned, this meant that at an early stage of the relationship, it had been taken for granted that they would have children. In chapter 5 I shall show that it caused considerable conflict if one of the partners of a marriage or steady relationship did not wish to have children. Comments such as "We just assumed that we would" and "I see children as very much part of
a strong relationship" were quite common.

Some of the childfree respondents who were not in relationships at the time of interview also provided evidence of the fact that the decision to have a child is relationship specific. In spite of wanting children, none of them were willing to consider single parenthood. The reasons were often linked to consideration for the unborn child and the fact that bringing up a child singlehandedly is thought to be extremely taxing. However, the respondents' individual motives are of less interest than the fact that they were unwilling to consider single parenthood, in spite of the fact that theoretically these women had both the personal and economic resources to cope with such a situation. The norm that places parenthood in the context of a stable, heterosexual dyad is extremely powerful; to break it would require forceful legitimations. The question of whether to stay at home and care for their children when they were small was not made by the intended conformers and their partners at the relevant time, but was taken for granted from early on in the relationship. This was also the case as regards questions of fertility. What seems to have happened in practical terms is that both questions were settled as part of the marriage contract.

Unintended conformers.

Unlike the social workers, most of the doctors with children appeared to have been singularly unprepared for marriage and motherhood. As I showed in chapter 3 they thought about their future mostly in terms
of work, although many of them also said that they had expected to or would like to marry and have a family. However, they had thought little of how they would combine work with family commitments and, if they had any such ideas, these often proved to be unrealistic because they had underestimated the difficulties involved.

When the doctors embarked on their careers they could be described as non-conformers in that most of them did not expect or plan to conform to conventional gender roles. However, there was often a sudden turnabout at the time of marriage or early in a serious relationship, and the doctors, like the social workers, became conformers in practical terms and began to consider how they could combine work and family roles, and how they could best organise what they came to see as their prime role - that of caring for their children. But unlike the intended conformers they had not anticipated that their caring role would be so important. I have therefore categorised them as 'unintended conformers'.

**Unintended conformers.**

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<td>Doctors/childfree</td>
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<td>Doctors/mothers</td>
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All the nine respondents that I have classified as unintended conformers were doctors (8). Seven of them had children. The two childfree respondents were married and planning to have a family.
Like the social workers, most of the doctors worked full-time from the time of qualifying until they had their first child. Those who had not done so had married soon after qualifying. The two childfree respondents both worked full-time at the time of interview.

Claire married a widower with two young children soon after qualifying. She went on to train as a general practitioner and then worked as a part-time G.P. until she had her first child. She said she had chosen part-time work in order to have more time at home with her step-children. At the time of interview Claire was working part-time in school health as well as doing odd sessions in other areas of medicine. She had chosen to work on a sessional rather than a contractual basis as this left her free to go abroad with her husband at their convenience. Claire had clearly given work a low priority compared not just to domestic and family commitments, but in order to be able to do other things that she enjoyed.

Patricia also married early, i.e. before or very shortly after graduating. Her situation is described at the end of chapter 3. She had married and gone abroad before completing housejobs and becoming fully registered. The marriage broke up, she returned to Britain and after obtaining full registration, she began to train in a demanding hospital speciality. She then married again and went abroad with her husband. She did not work while abroad. When they returned to Great Britain she worked for a few months before having her first child. She had not been employed full-time since. At the time of interview, she had joined the Doctors' Retainer Scheme as
well as doing odd sessions in a local hospital - in a speciality which she did not much enjoy - and locums for a general practitioner. She did not think there was much chance of qualifying in the highly competitive hospital speciality which she had enjoyed before moving abroad the second time, and she felt a certain resentment at this.

Early marriage had clearly affected the careers of both Claire and Patricia.

The other unintended conformers, although not marrying as early as Claire and Patricia, were also influenced in their career plans by husbands or men with whom they had a close relationship. However, this tended to have the effect of causing a change of direction rather than limit work involvement before having children. A close relationship with a view to marriage or cohabitation would often cause women to re-examine their lives in terms of priorities, which usually resulted in a down-grading of the importance of work.

A practical effect of such reassessment was often that the respondents changed speciality. Some doctors said that the speciality which they had chosen could not be easily combined with the kind of home-life that they wanted. This is how Jennifer explained her reasons for giving up paediatrics.

"I decided that it was very difficult to combine hospital paediatrics with a normal family life. Even for a man. But more so for a woman. And so I changed my options and decided to train for general practice. .... The only way I could see me doing it was to never get married and have a family. Which didn't coincide with my particular wishes."
Jennifer found paediatrics much harder than she had anticipated. She was not alone in this. A number of the doctors appear to have been unrealistic or poorly informed about their first choice of speciality. They appear to have been unaware of how strenuous and demanding a particular speciality was until they tried it. In addition to this, like Jennifer, few of them had considered seriously whether a speciality could be combined with family commitments until marriage became a viable proposition. Louisa described how she had cut off from this problem when thinking about her working life as a doctor:

"I had a lot of difficulty in matching that up with any kind of a career. I think that is very common ... that you can't see yourself following a career and having kids and a family. And, in fact, it is pretty near impossible. So I think I just tended not to try and combine them, not to think about it. And mapped out my career in terms of I was going to go to the Maudsley and become a consultant psychiatrist eventually. And because there were difficulties in matching up family life with that, I think I cut off from it quite a lot. I didn't really think about it."

In chapter 3 I showed how the doctors had a less realistic picture of their future occupation than the social workers had of theirs, and how this appeared to be linked to factors such as age of occupational decision-making and the way in which the training for the two occupations is organised. It may be more difficult to understand why the doctors seemed to be unprepared when it came to choosing speciality. After all, they had some insight into the practical aspects of doctors' work from the clinical years of their training.
Few of the women doctors had planned their careers in medicine before graduating, but rather chosen speciality by trying out different areas of work. One might have thought that this would give them the possibility of developing a realistic picture of different specialities. And yet a number of the unintended conformers claimed that they had gone into speciality training with an unrealistic view of the stresses involved. However, this problem was referred to only by the married doctors. The problem may not have been so much that they were unprepared for the stresses and strains of the speciality, but rather that they had not anticipated the effect that marriage or family commitments would have on their ability to cope with work. It was marriage, or a close relationship with a view to marriage, which caused them to reconsider their priorities and, as a result, some of them decided to change speciality (9). This was linked to the turnabout from being non-conformers to conforming to conventional gender roles.

Why were the women doctors so slow in recognising the dilemma between work and family commitments compared, for example, to the social workers? I have already suggested that medical training does not recognise that male and female students are likely to have different roles outside work and that these roles will affect women's work situation. Problems which are particular to women do not appear in either the official or the unofficial curriculum. The doctors said that issues to do with the conflict between work and family commitments were not discussed at university.
The unintended conformers and their husbands took it for granted that they would have children. In this they were similar to the intended conformers who, as I showed in the previous section, included fertility decision-making in the marriage contract. However, the unintended conformers planned the birth of children to fit with their careers to a greater extent than did the intended conformers.

Jennifer:

"We planned it so that I would be 28 weeks pregnant by the time I finished my training. Except we didn't conceive the first month. So I was four weeks out. But the practice I was with wanted a locum for a month, so I in fact made it till the 28 weeks."

Several of the doctors said that they had wanted to finish their training or get to a certain stage in their training before having children. Shona, for example, said she had wanted to wait until she was at a stage where it would be possible to finish her training on a part-time basis. This meant waiting until she was ready to apply for senior registrar positions in her speciality. Many of the respondents who trained in general practice stressed the benefits of finishing their training before having children (10).

Like the intended conformers, the unintended conformers gave up their full-time jobs about the time that they were having their first child. However, they differed from the intended conformers in two respects. The intended conformers had expected and planned to give priority to family commitments while they had young children, whereas the unintended conformers had, as I have shown, planned their future
in terms of work. Very few of the intended conformers had any work involvement at all during the first few years of their children's lives. Several of the doctors, on the other hand, had some kind of work involvement within a year of having their first child.

The difference in work involvement between the intended and unintended conformers is likely to be due partly to the difference in part-time work opportunities for the two groups. As I pointed out in chapter 2, the employment situation for social workers was deteriorating during the time that I carried out the field work. There were few opportunities for part-time or sessional work involvement. The doctors' situation, although it was said to be getting more difficult, appeared to offer a number of opportunities for part-time or sessional work. Three types of jobs in particular appeared to be easily accessible to my respondents.

1. The Doctors' Retainer Scheme (11) enables doctors who wish to maintain some contact with medical practice to work one or a few sessions per week and attend regular lectures while paying a much reduced medical insurance contribution and membership to the British Medical Association. The scheme is aimed at women doctors with domestic commitments and is almost solely used by this group.

2. Family Planning Clinics and Brook Clinics offer sessional work to doctors who have obtained the Certificate in Family Planning. Most general practitioners have this training; courses are
regularly run by the Family Planning Association for doctors who wish to obtain such qualifications.

3. School Health can be done on a contractual or sessional basis. The work is popular with women doctors as the hours are regular and there is little work outwith school terms.

There were some other part-time work options of which the doctors made use, for example in research, doing locums for general practitioners etc. (12).

Although all the unintended conformers had some work involvement at the time of interview, this was on a minimal basis. They did not work many sessions per week, and it was clear that family commitments were given priority by these respondents while their children were small (13).

The question of who should take main responsibility for child rearing was no more an issue for the unintended conformers than it was for the intended conformers. With one exception (14) it was simply taken for granted that she would take the main responsibility for childrearing.

Major intra-marital decisions such as fertility and responsibility for childcare were rarely discussed by the unintended conformers and their husbands. I take this as an indication that in these marriages, as in those of the intended conformers, there was an
unspoken contract or agreement between the partners accepting
conventional gender roles. There tended to be some discussion about
the timing of children - largely taking her training and employment
into consideration.

The majority of the respondents that I have categorised as unintended
conformers seemed to have cut down considerably on their work
involvement, conforming to conventional gender roles without much
soul searching. However, two of these women indicated that it had
been a difficult decision. This is how Margaret described making the
decision:

"I suppose my decision to stop working when I had the
children was one of the biggest decisions that I've had to
make. In some ways I felt guilty at the time for not using
my training more fully than I am at the moment. I think
anyone who has done long years at university always must
feel that they are wasting their training and the money
that has been spent going through university. But I intend
to go back into medicine more fully than I am at the
moment, certainly, at some point. I think I feel even more
strongly now than I did then that it is important to be at
home with the children when they are small. And they seem
to be growing up so quickly that I realise now that it is a
relatively short space of time that you are at home."

Jennifer said that she felt women who are training in general
practice have two options open to them if they want a family; to
carry on working full time and leave the child with someone else, or
to give up work or work very reduced hours (i.e. not as a partner in
a practice) for a period while taking responsibility for
childrearing. Jennifer chose the second option. She said she had
weighed up the pros and cons of the two options very carefully, but
"... you still feel torn. Heavens, you know, I've trained now for 10 years as an undergraduate and a post-graduate to get to the stage of being fully trained for general practice. Am I not just wasting it all? But I don't think I am. I think that if I can just keep in touch for a few more years and then come back that it'll be all right. Even say I come back at the age of 35, I am still going to have quite a lot of working life ahead of me."

Summary and conclusions.

I introduced this chapter with a quote from Berger and Berger on the difficulties of dissenting from existing structures without forceful legitimations. The conformers, both the intended and the unintended ones, illustrate this point. The respondents gave the impression of having been brought up to see conventional gender roles as normative. This means that they were socialised into regarding it as normal and right for the mothers of young children to take main responsibility for childrearing, not having a heavy commitment to employment outside the home while doing so, to be maintained economically by their husband and not to challenge his position as main breadwinner by their own work involvement.

That conventional gender roles are adhered to more strictly during the early reproductive phase is given support by Yeandle's study "Working Women's Lives". Yeandle operates with a model of patriarchy (tradition) vs. household's economic interest (rationality). She claims that prior to the birth of children the young couple are "likely to be in agreement about the importance of both spouses engaging in paid work in order to maximise the household income."
With the presence of young children this factor may decline, and there may be a resurgence of the patriarchal model in which women care for their children at home on a full-time basis. As children grow older and start school the position will again be subject to change." (Yeandle 1984:170). Yeandle shows that even when the wife's income is important to the family economy, conventional gender roles may take precedence during the early reproductive stage.

For my respondents the economic considerations appear not to have been as important as in Yeandle's study, due perhaps to the fact that both my respondents and their husbands were in high income brackets. Nor was the fact that they were economically dependent on their husbands something to which the conformers gave much thought. They talked in terms of joint bank accounts and 'our money'. However, as I shall show later, several of the non-conformers indicated that they were worried about losing their economic independence. These women were as comfortably off as the conformers. Thus factors such as life-style or potential loss of independence rather than economic need appear to have been of importance to my respondents. For the conformers, their economic dependence was a taken-for-granted aspect of their lives, an issue which had been settled as part of the marriage contract, and which they could not question without threatening the relationship.

Conforming to conventional gender roles was more problematic for the unintended conformers - the doctors - than for the intended conformers. At an early stage the unintended conformers were highly
committed to their future employment. Their professional socialisation at university re-inforced this commitment while ignoring the future importance of family commitments. They had difficulties visualising how they could combine work and family life. As I showed in chapter 3 they said they had dealt with this in different ways - some by distancing themselves from the problem, others by making plans which proved to be unrealistic.

Judging by their behaviour at the time of marriage or serious relationship, it appears as if all the conformers - both the intended and the unintended - had internalised conventional gender roles at some level. I draw this conclusion from the apparent ease with which they took on these roles when they married or got involved in a serious relationship and from my reading of sections of the interviews not fully analysed and reported in this thesis.

I have already indicated that there is little variety in the 'mother' and 'wife' role models which were available to my respondents. In fact, there was a high degree of congruence between the respondents' interpretation of conventional gender roles at the stage of entry into the early reproductive phase. Few of the respondents perceived alternatives to conventional gender roles, and even fewer attempted to practise alternatives. I conclude from this that the effect of conventional gender role socialisation is exceedingly powerful at certain stages of the life cycle, and perhaps never more so than at the early reproductive stage. Dissension from such roles requires not just forceful legitimations but high levels of motivation, the
support of significant others such as husbands, friends and colleagues, as well as worthwhile rewards. In chapter 5 I shall explore factors which enabled some respondents to become non-conformers.
CHAPTER 5:

THE NON-CONFORMERS: PAYING LIP-SERVICE TO CONVENTIONAL GENDER ROLES,

THE SUPERWOMAN SCENARIO.

"....if she tried to honour her expansive needs too, she may have to act and think like a man in the professional world, while bound to sympathy, consideration and care at home. She is like a double-visioned creature in a tunnel-visioned world."

(Apter 1985).

Introduction.

There are three main aspects to conventional gender roles as described in chapter 3. I have also outlined some of the practical implications of these. The respondents who rejected conventional gender roles did so by:

- not wanting to have children, or
- not giving priority to domestic commitments by continuing to regard their employment as important after marrying and having children, or
- by threatening their husband/partner's position as main breadwinner in the family by their work involvement.

Seventeen respondents have been categorised as non-conformers. They are distributed as follows:
Non-conformers:

Doctors/childfree       6
Doctors/mothers         2
Social workers/childfree 5
Social workers/mothers   4
Total                    17

As mentioned previously, respondents moved between categories of conformity, being conformes at one stage and non-conformers at another. A few of the mothers listed as non-conformers above had previously been conformers. The most usual pattern was for the respondents to conform to conventional gender roles during the early reproductive phase, moving towards non-conformity later in life. The change often came about as a result of dissatisfaction and frustration with a predominantly domestic life-style.

Four of the non-conformers did not reject conventional gender roles openly but paid lip-service to such roles while developing alternative ways of organising their work and domestic lives. They are the topic of this chapter. Others openly rejected conventional gender roles - sometimes on an ideological level - and developed alternative lifestyles. These respondents will be discussed in chapter 6.

In this chapter I shall explore why some respondents chose to pay lip-service to conventional gender roles. I shall describe the
situation of these respondents in some detail, concentrating on the
rewards and frustrations of their life-style. In the chapter summary
I shall attempt to draw conclusions about the ways in which these
respondents differ from the rest of the sample.

Paying lip-service to conventional gender roles.

The term 'paying lip-service' is usually taken to mean 'insincere
professions or worship'. It implies a degree of tokenism or pretence
in the actors' intentions. What characterised the respondents who
were categorised in this way was their major commitment to work and
their strong sense of work identity. However, they also recognised
that to publicise their lack of conformity by openly stating that
they were giving high priority to the work role carried with it the
risk of repercussions. They attempted to avoid such repercussions by
seemingly conforming to conventional gender roles in the domestic
arena. They did so by consciously playing down the importance of
work while at the same time attempting to fulfill the caring/domestic
role as well as possible. But because they were highly committed to
work and gave high priority to the work role, their conformity in the
domestic sphere was an 'insincere' or 'token' one. They could be
viewed as 'partial' or 'part-time' conformers. However, referring to
them in this way would partly obliterate the importance of their
commitment to the work role and thus their non-conformity. These
respondents were non-conformers because they were aware of and had
made a conscious decision not to conform to one aspect of
conventional gender roles.
Byrne has described the on-going dilemma of women who choose not to conform to conventional gender roles (Byrne does not use this term). Taking on a 'man's job', staying single, asserting leadership rather than bypass a promotion, she argues, does not mean that a girl will welcome the constant implicit criticism of unfemininity or of non-conformism in doing so. According to Byrne life then becomes "a constant bargain of balance - a choice of which issues of conformity to concede, like traditional modes of dress, speech, manners, in order to keep the individuality of more important or radical differences in character, work, role" (Byrne 1978:51).

Eisenstein (1984) identifies different stages in feminist thinking since the early '70s (1). The first, which uses as its starting point de Beauvoir and Friedan's work, sees women's difference from men as the chief mechanism of their oppression. To remedy this, women must try to overcome such differences and compete with men, seeking to enter areas of public life previously closed to them. This is what the non-conformers who pay lip-service to conventional gender roles attempt to do. They compete with men on men's premises in the professional arena, while privately proclaiming that they are conforming to conventional gender roles.

A major aim of paying lip-service to conventional gender roles is to ward off possible repercussions or sanctions. The fact that a number of the respondents found it necessary to develop such strategies is an indication of how difficult it is to deviate from conventional
gender roles. One aspect of such deviance is that it affects not only the deviant herself but also significant others - especially her husband/partner. By her lack of conformity with the first aspect of conventional gender roles she threatens her husband's/partner's position as head of the household and main breadwinner. This is the third aspect of conventional gender roles. However, for my respondents this was an unintended and undesired effect of their non-conformity and paying lip-service to conventional gender roles was often an attempt to avoid threatening their partner's position.

As I shall show in the next chapter, any form of outright non-conformity tended to affect marital relations. This gives a powerful incentive to those women who do not wish to conform to conventional gender roles to hide or cover up their non-conformity by paying lip-service to such roles.

The practical implications of the choices that these women made were that they had an exceptionally heavy work load, carrying main responsibility for domestic tasks and childrearing in addition to their jobs. Although most of them said that their husbands 'helped' with domestic tasks, it was clear that it was the women who were responsible for running the household with all that this entails. As Oakley points out "The significance of married women's increasing employment outside the home must, for example, be seen in the context of women's role in marriage generally; if husbands do not in fact share domestic work equally with their wives then all that has happened is that women have acquired a new work role - employment -
in addition to their traditional domestic one" (Oakley 1974a:148. See also Backett 1982 and Edgell 1980). She found that in her own study only a few of the husbands were notably domesticated, and even in these few cases home and children were regarded as the woman's responsibility.

Vocabularies of motives played an important part in the lives of the women who have been categorised as paying lip-service to conventional gender roles. They tended to have clearly formulated reasons for what they did. In order to deal with what could otherwise be interpreted as a disjunction in their lives, they justified their actions in terms of conformity with conventional gender roles.

A number of the respondents had developed strategies to deal with criticism. Not all of these, however, have been classified as paying lip-service to conventional gender roles. Developing such strategies is common and may amount to little more than obeying rules of politeness by not forcing one's own opinions or attitudes on other people. However, keeping quiet about one's real attitudes could, in some instances, be interpreted as paying lip-service to conventional gender roles. I have included in this category only those respondents for whom paying lip-service to conventional gender roles was a significant part of their life-style.

Four respondents, of whom two were childfree doctors, one a doctor with children and one a social worker with a child, have been categorised as paying lip-service to conventional gender roles. As
far as the two childfree doctors are concerned it is, of course, uncertain whether they would continue as non-conformers in the early reproductive phase (both were married at the time of interview and said that they intended to have children); or if they would do as so many of the doctors with children had done and change their plans, becoming conformers during the early reproductive phase, i.e. around the time of having their first child. However, these two respondents differed from the conformers who followed such a pattern (described in chapter 4) in that they were both well on in their chosen specialities and they appeared to be more realistic about the problems involved in combining family life and work. And, perhaps most important, they had discussed their plans with significant others and had been given encouragement and promises of support. Thus the marriage contract had been made explicit on this point, and it included an agreement that she should continue to work.

Barbara - childfree doctor.

One of these respondents was Barbara, a 29 year old general practitioner. At the time of interview Barbara was in the process of organising her practice, having obtained a partnership only a few months previously (2). Barbara was full of enthusiasm for her work. She would like to have children when she was about 32-33 years old, and she intended to continue to work full-time when she had children.

"There is no way that I am not going to work. And I hope in this practice it can be done. Because it is not terribly busy, it is not that big. It depends on your motivation as well. It depends how much you want to be
with your child, I suppose. And maybe you just cut your losses either way and just say you can't have everything. But it is just one of these things. You have to decide what is important to you, I suppose. ... I feel quite determined to make a damned good go of it with a family. Because I don't see why not. I think if there were a bit more like that, it (medicine) would not be such a male dominated thing...."

Barbara described how she intended to organise child-care. This would involve her husband doing his share of child-minding in the evenings and at week-ends, as well as during the night when she was on call. In addition she would get a nanny/housekeeper to come in during the day.

"... the night-times would be no problem, because Philip will be there. It is really the daytime. And so it is a case of getting - I think the difficulty will be to get somebody that is reliable. Because you'd want somebody who'd come into the house. And they'd be there 9 to 5 - 9 to 6. ... And if the worst came to the worst, baby would come in the cot. I mean, if somebody is ill they don't care if a baby is there as well. Too glad to be seen by a doctor, I would think."

Barbara described herself as 'lucky' (3) in that she had got a partnership, and that her husband was settled in Edinburgh. She described the marriage as egalitarian, more so than many of the other respondents. In spite of this, and in spite of her determination to continue to work when having children and having made sensible plans for how she could do so, in spite of her horror at the thought of not having an independent income, Barbara maintained that she regarded her husband as 'the breadwinner' and she thought that women should adapt to their husbands rather than the other way round.
"... at the end of the day I think you've got to decide what you want. If you've decided to have children, then you should adapt probably to your husband, because probably at the end of the day you are going to be dependent, if you like. You are maybe going to have some time off work because of the children. I mean, it has worked out nicely for us. But I think that Philip's work must come first, because I'll have to maybe opt out. You know, that you're bound to be sort of a wee bit time off (with childbirth). So therefore, you know, he's got to be the main breadwinner in that respect. But it just depends really on how the marriage works. We've always worked round each other ...".

There was a mismatch between what Barbara wanted to do and what she thought was 'right'. This mismatch was a result of the conflicting demands made on women by conventional gender roles on the one hand and a highly competitive occupation on the other. It is this mismatch which led Barbara to pay lip-service to conventional gender roles - at least in terms of her vocabulary of motives.

Barbara saw it as important for women - for herself - to have an income. She did not intend to give up work. In spite of this she defined her husband as the main breadwinner, and herself as potentially 'dependent'. However, by paying lip-service to conventional gender roles, she avoided possible repercussions of non-conformity such as criticism from significant others.

Linda - childfree doctor.

The other childfree doctor who was categorised as paying lip-service to conventional gender roles was Linda, a 29-year old Registrar in a highly competitive medical speciality. Linda described herself as very ambitious. She was well regarded by her superiors and a senior
registrar position was virtually earmarked for her (4). She was married to a doctor and both she and her husband wanted to have children. Linda did not see it as viable for her to cut down on her work involvement in the future:

"I think it would probably be easier if I could arrange a part-time contract, but I don't think that is possible. It would have to be full-time in my speciality. It is not really a job you can do part-time."

Nor did she see it as possible to take a few years out from work:

"It would be impossible for me to get back into my speciality. Because you are continually advancing. And there are continually people who are a year or two younger than you in the career structure who are coming up and getting the jobs. And there is a lot of competition. And nobody would be interested in you if you've been out for a few years ... I don't think it is possible at consultant level. No, I don't think you would. Because if you were doing that you'd have to resign from your consultant post. And that is not a good thing to do if you want another consultant post. I think it would be impossible."

Linda had worked out that the optimal time for her to have a child would be fairly soon after she had got a Senior Registrar post:

"I think the time for me to do it is when I'm in a senior registrar job. Take maternity leave then. Because once you're in a senior registrar job you're much more established. Whoever employed you is much more committed to you becoming a consultant than at registrar level. And so it would be tolerated, I think, if I were to do that. If I did it at this stage, I doubt if I'd get - I think I would have great trouble in getting a senior registrar job."

Linda's presumptions about the optimal time for her to have a family
were based on more than guesswork. She had received 'nods and winks' to this effect from a consultant at the Department where she worked.

"I went to speak to this chap about a patient of his. And I then started to tell him that I would be taking a month off to go on holiday next year. Just to let him know in advance I'd be away for a whole month. And he said 'Oh, I thought you were going to have a family, Linda. I thought you were going to tell me you were going to start a family'. He was obviously wanting to ask, had obviously been making inquiries about it, you see. And I said 'No, not at the moment'. I was not going to let anything away because as far as I can understand, that is my business. And he said "Well, you know, if you waited till senior registrar level, we could make it that for a while you didn't have any on call commitments and so on'. Which was quite encouraging."

Linda planned that when she had children she would have a live-in nanny. She thought that her husband would be willing to share some of the work involved in childcare, just as he was willing to do some of the housework at the time of interview. However, she clearly regarded both housework and childcare as her responsibility. She also stated that if her husband got a job out of Edinburgh she would move with him, irrespective of whether she could get work. She did not expect him to do the same for her.

"He knows that if he moves away to a job, out of Edinburgh, then I'll go with him. He does know that."

I Have you ever discussed whether he would follow you if you got ...?

"No. We've never talked about that. I don't think I'd ask him to. Because I am committed to a career, maybe it is just inbuilt into me, but I don't think that the best thing is to have the man at home. I don't think he would feel right at that, if I were out working, earning the money. It's the old sort of hunting principle - he's got to go out hunting to get the money. My salary is not financially
necessary. A salary is financially necessary, and I don't think that he would be happy being at home with me out working. So you have to carry on from that he is not likely to follow me, because he has to get the jobs that he feels are best for his career."

In spite of her ambition and the high priority which she gave to work, Linda expressed conventional attitudes to the relative importance of her and her husband's employment. Although there was no way of knowing what Linda would do in the future if she did have children, it seems likely that she would try very hard to keep a high level of occupational involvement. She was more than usually attached to her work, and she had, at the time of interview, done exceedingly well in her chosen speciality. In many ways she seemed rather like a childfree and younger version of Helen, the only doctor with children who was categorised as a non-conformer paying lip-service to conventional gender roles.

Helen - doctor with two children.

At the time of interview Helen was 34 years old. She was married to a doctor. Helen was working part-time as a senior registrar in a competitive hospital speciality. She had two children under school age. Helen gave the impression that at the time of marriage she had not considered the full implications of marriage and motherhood on her work involvement. Only when she was pregnant with her first child did Helen realise how difficult it was going to be for her to continue to work in her chosen speciality. She had finished the registrar training and had attained membership of the relevant Royal
"... the next step for me really was senior registrar. And I was really marking time here as a registrar. And at that stage, knowing that I was pregnant, not that that hadn't been planned, it wasn't that it happened against my wishes, I mean, I had planned to get pregnant. But at that stage it kind of seemed a bit hopeless to be able to continue in an active speciality like mine. And also to have a family. And I really just didn't see how that was going to work at all. And I had thought at that stage whether or not I would go into general practice - something which I could possibly do part-time. And I spoke to the Professor and he said, really, that I was stupid to go into another speciality, having got so far in one. And he gave me a part-time research job, really to think about it while I was pregnant."

In between giving up the registrar job and getting the research job, Helen had 3 months at home. This made her quite determined that she wanted to be employed.

"...I certainly hated being at home. I just hated it. And it kind of became very clear to me then that I couldn't just be a housewife. That was the time when it really hit me. That I would have to work. That I would have to have a career."

Helen thought that if her husband had been asked about his preferences when they had got married, he would have preferred her to stay at home while the children were small. However, he recognised how unhappy she had been during the 3 months at home. It became clear to them both that her well-being depended on her being employed.

Helen was not unusual in the way she felt about not working. Other
respondents reported similar feelings, but in most cases such reactions took rather longer to set in than in Helen's case. Several respondents said that they began to miss work once the newness of the situation of being at home with a young child began to wear off. The actual time varied, although it was usual for my respondents to indicate that they wanted to return to work after 1 or 2 years at home.

Helen could not justify her non-conformity in terms of economic necessity, single parenthood, or any of the other reasons that are generally regarded as acceptable and which are unlikely to be questioned. However, she did worry about her lack of conformity and tried to make up for it by attempting to do everything at least as well as anyone else. She resisted having a living-in nanny because she did not want to be seen to give over the mother role to someone else and consequently risk being accused of giving low priority to mothering. She also maintained that she regarded her husband's career as the main one. The argument which several of the doctors in the sample used for choosing general practice - that it made them more flexible in terms of moving where their husband's career took them - was turned on its head by Helen. She said she could not move because her husband was based in Edinburgh with his general practice; he was therefore less mobile than she was. Such arguments, which appear to bear little relation to the actual practical constraints of a given situation, are an indication that many respondents saw it as essential not to threaten their husband's position as main breadwinner by regarding their own work as on a par with or more
important than his work, thus challenging the third aspect of conventional gender roles. It is also an example of how vocabularies of motives are formulated to "strengthen the act of the actor" (Mills 1940), in this case Helen's apparent conformity to conventional gender roles.

Helen made certain that her husband's income was regarded as more important to the family's economy than hers. Because she worked part-time at the time of interview, her husband earned more than she did. However, she may earn as much or more than him when becoming a full-time consultant, which is what she planned to be. To compensate for this, she mentally deducted the money spent on child-care from her pay, based on the unstated assumption that child-care was her responsibility. In this way she could decrease the symbolic importance and amount of her own earnings.

Helen was very aware of the dilemma between work and family life and described her feelings about it:

"I see a very quick way to a breakdown of a marriage if the woman becomes terribly, you know, her career becomes completely the first thing. And if she is prepared to move away, or make her husband change his job - I wouldn't do that."

I Have you sometimes wondered if being too successful would make you less of a woman?

"Yes. Yes. Less of a mother as well. I think that is what probably bothers me, you know. It bothers me what kind of a mother I am. I try to play down my job, I think. I mean, I very much enjoy my job, and when I am at my job, I enjoy it and I make the most of it. But I suppose that I play it down. I never call myself doctor at home or anything like that. I don't know why, but I am Mrs.
Does it ever niggle you that - because you are a woman - you wonder about whether you are a good mother, whether you are this or that. And presumably men don't?

"Yes, it does niggle me. It niggles me that, certainly I feel that if you take my husband and I sort of going along parallel in school, university. And I think it is probably no secret that I have had to work a lot harder to get where I have, than he has to get where he has. And it does niggle me, that really it is a battle for me all the way in that I've got to do the washing and ironing and cooking and bring up the children. He is very helpful. But it niggles me that the outside world considers the domestic side my job. And if he helps they all think what a wonderful husband he is. That niggles me in a little way. Not too major a way in that I don't really think it upsets me. I suppose if I wasn't getting on very well it might niggle me. And I don't argue the toss too much. Again, I have a mother and a mother-in-law who really rather think I should be at home, bringing up my children. They don't actually spell it out. But I know they do, in that if any - if the children are bad or anything, it tends to get blamed on the fact that they are missing me, or I am not there, or they are seeing too many different people."

There are a number of issues which are brought up by Helen in this quote. She indicates that she thinks there are limits to how far one should go in altering conventional gender roles. One reason for this is that it could threaten the marriage. At the same time she showed irritation at having to conform to societal expectations of her as a mother and wife; she thought it unjust that she should have a much heavier domestic burden than her husband. However, she chose not to challenge this openly. Helen coped with the situation by being a good doctor, a good wife and a good mother:

"The only way out for me was if there was 48 hours in the day instead of 24, in that I very much want to do everything well. And it is a constant struggle in that I don't want to give my children up to nannies. I want to bring them up myself."
Helen was very open about her fears if she did not succeed in being seen to conform to conventional gender roles. She thought her marriage might break down if she put her career first and she feared that success at work might make her seem less of a woman and a poor mother. Saying that a woman is a poor mother is a severe accusation indeed and one which would hurt most women very deeply. Helen worked extremely hard to manage the balancing act between work and domestic commitments. She was as careful not to let her domestic commitments spill over into work as she was to protect her domestic life from her professional identity:

"I believe that you have to not use being a woman as an excuse for anything. And I think probably I overcompensate in that I wouldn't dream of having a day off if I was ill or something like that. In that I think I overcompensate. I won't have them say it is because I'm a woman ..."

Helen described how she had planned her children to be born during the summer which is the quietest time at the hospital. She did this consciously so that her maternity leave would cause the least possible disruption.

Much of Helen's existence was geared towards coping with her two major roles and not being seen to drop standards in either. She vividly described the frustrations and rewards of her existence, but made it clear that the rewards, in her opinion, by far outweighed the frustrations and disadvantages. In this she resembled other respondents who had a high level of work involvement.
Superwoman - a way of coping?

The thing that characterises the three non-conformers described so far is the fact that they were ambitious and keen to do well at work. They were able and energetic women who were moving towards high recognition in their respective occupational spheres. At the same time they tried to cope with their domestic roles at least as well - and preferably somewhat better - than women with a less demanding work situation.

Helen mentioned the term 'Superwoman'. This was used by a number of the respondents to describe someone who coped with both work and family commitments and managed to do everything well. The term had become jargon at the time when I did the fieldwork. Some respondents referred to Shirley Conran's book of the same name which was published in 1975. The book contains advice on how to be a perfect housewife and hostess, but less on the problems of being a working woman. Another source of the term may have been the popular 'Superman' films which were shown in British cinemas around the time when I was doing the fieldwork. The hero of these films does indeed have superhuman powers and does perhaps better than Shirley Conran's efficient housewives describe what it takes to cope with the dual roles of being a working woman as well as a wife and mother.

Gerber refers to the fact that married women medical students in his sample were expected to be more involved in housework and child care
tasks than were married male medical students. "The married woman student or resident is expected to be a kind of 'wonder woman' who is ultimately responsible for children and home as well as her medical work" (Gerber 1983:97).

Helen and to a certain extent Linda in my sample resemble the lawyers described by Spencer and Podmore (1982). These lawyers did most of the housework although they tended to say that they shared domestic responsibilities equally with their husbands. They, like Helen, tended to undergo a change from professional person to housewife on arriving home; a change which the authors maintain the women were prepared to undergo in order to ensure that they remained feminine. Another powerful reason might be the wish not to threaten their husbands' role and consequently their marriages - a factor which was referred to by Helen (see above).

Angela - social worker with one child.

Angela's domestic situation was different from that of the other three respondents who have been described as paying lip-service to conventional gender roles. She was a single parent. She had left her first husband when her son Andrew was six weeks old. At the time of interview Andrew was three. For the six months preceding the interview Angela had been living with a man that she referred to as her fiancee. They had bought a house together and were planning to marry. However, for two and a half years after she had Andrew, Angela had been on her own with her child. After having the baby she
had gone back to work on a part-time basis with the social work team to which she had been attached before she had the child. She had worked part-time since and was still doing so when I interviewed her. She said she intended to do so until Andrew went to school, at which time she hoped to go back to full-time work. Angela had very definite ideas on what she regarded as good and appropriate mothering. However, she found it difficult to combine these ideas with her own wish to work.

"I think I would really miss having my own income. Having to say to somebody 'Can I have a pound for some tights' or whatever. I think the financial freedom is quite important to me ... I would feel - not demoralised - not as - this is awful - important if I wasn't working. If I didn't have some kind of work status. ... I don't at all feel that women who don't work are not of value. I see women doing the role of bringing up children as a very essential role. And I think because a lot of women don't do that properly we have a lot of screwed up children and adults. If they don't give enough of their time to their family."

The dilemma between what she herself wanted to do and conventional gender roles, including what she regarded as 'good mothering' caused Angela to pay lip-service to conventional gender roles. She had found it necessary to justify working and did this by referring to her status as a single parent who had to work to maintain herself and her child.

"I think because of the kind of job I do - social work - which is very much to do with - one area is child practice and how children are looked after etc. And I think some people thought, you know, here is somebody preaching to people to look after their children properly, and yet coming back to work with a small baby. But I think when people knew what the position was, understood what that was all about. But yes. I think people can be quite judgmental
Although Angela presented her situation to people who might be critical of her in such a way that it appeared she had no choice but to work, she indicated that she did, in fact, have other options.

"Some people said to me - the whole thing about working - why rush around the whole place trying to work and look after Andrew and everything? Why not just give up work, you know? And either let your husband maintain you, you know, have it done legally, or on social security. But I didn't want to do that. I didn't want to feel that I was squeezing my husband for money."

Angela, like Helen, had chosen to work and bring up her child. Angela had had a more difficult domestic and economic situation than Helen. But like Helen she expressed satisfaction with her choices. Although she occasionally felt guilty about not being at home more, she felt that the balance between work and domestic commitments was right.

"Basically I feel it is quite a happy medium."

Summary and conclusions.

The respondents who have been categorised as paying lip-service to conventional gender roles are characterised by high commitment to and enjoyment of work combined with a dislike of not being in paid employment. The knowledge that they had an independent income, professional and intellectual challenge and the feeling of being useful to other people were considerations which these respondents
said were important to them. They tended to fear being isolated and bored at home.

The three doctors who paid lip-service to conventional gender roles appeared to be more ambitious workwise than the doctors who conformed to conventional gender roles. It is difficult to judge from the information available to me whether this was a factor which motivated these respondents to keep on with a high level of work involvement during the early reproductive stage, or if they were, in fact, no more ambitious than the rest but had found ways to express and develop such ambition because of their high level of work involvement.

The respondents who paid lip-service to conventional gender roles wished to be perceived by others as conformists. In this way they hoped to avoid the repercussions of non-conformity. The three who were married indicated that they were motivated by a wish not to threaten their husbands roles and, as a consequence, their marriages. Angela, who had not been in a relationship for much of the time since she had her child, was influenced by fairly rigid social work norms of what constituted 'good mothering'. Her own mother had worked for much of her childhood and she felt this had been fine. There was consequently a conflict between the norms with which she was brought up and her later socialisation as a social worker. Angela herself wanted to work. She dealt with the dilemma by paying lip-service to conventional gender roles, justifying her actions by saying that she had to work for economic reasons.
The respondents who paid lip-service to conventional gender roles appeared, on the whole, to be satisfied with the choices that they had made. They seemed to feel that they were in charge of their lives to a much greater extent than, for example, the unintended conformers. They wanted a non-conformist life-style and they got this without threatening relations with their husbands or attracting much criticism. However, there was a price to pay. It took an enormous effort to keep up a good performance both at work and at home.

It is doubtful whether the majority of women would either want to or be able to imitate such performances. Apter (1985) claims that women must learn to balance their lives and learn "how not to do it as superwomen, because .... the next generation is not interested in the superwoman scenario. Very sensibly, they see it as the ridiculous stunt it is, and they want something else." (Apter 1985:145/6).

Those of my respondents who were aiming to compete on men's premises at work while, at the same time, attempting to convince others that they were really conforming to conventional gender roles, did have their work cut out. It is doubtful whether this is the answer to the dilemma for the majority of women. Another solution may lie in developing alternative life-styles. This is the topic of the next chapter.
CHAPTER 6:  
THE NON-CONFORMERS: DEVELOPING ALTERNATIVE LIFE-STYLES

Introduction

The respondents who openly rejected conventional gender roles have been categorised as developing alternative life-styles. Unlike the respondents who paid lip-service to conventional gender roles, the alternative life-stylers did not normally attempt to disguise their lack of conformity. In most cases they rejected only one or two of the conventional gender roles as outlined in chapter 3. However, there were degrees of non-conformity among the respondents who have been categorised as developing alternative life-styles; some respondents rejected several aspects of conventional gender roles outright and in almost all situations, whilst others were more selective about the situations in which they expressed their non-conformity. Thus the distinction between the two groups of non-conformers, i.e. those who paid lip-service to conventional gender roles and those who developed alternative life-styles is not absolute. There were times and situations in which those who normally paid lip-service to conventional gender roles were open about their non-conformity, and there were times when the alternative life-stylers chose to be discreet about their lack of conformity.

Thirteen respondents have been categorised as developing alternative life-styles. Of these, one doctor and three social workers had children. Nine childfree respondents were categorised in this way,
of these four were doctors and five social workers.

In this chapter I shall describe how some non-conformers developed their alternative life-styles. The material has been ordered according to the conventional gender roles which were rejected by the respondents in question, starting with the first: the couple will have children. I shall refer back to chapter 5 and outline some differences between the respondents who attempted to develop alternative life-styles and those who paid lip-service to conventional gender roles.

**Becoming voluntarily childfree.**

According to Campbell "the parent and the youthful non-conformist share one thing in common: neither are required to justify their reproductive intentions. Legitimate parenthood and single childlessness go unchallenged." (Campbell 1985:36).

Up to a certain age alternative life-styles, including being voluntarily childfree, may be explained away as youthful rebellion and thus not cause pressures from significant others. This period of comparative freedom to reject conventional gender roles, however, seems to be over for a woman when she reaches the late twenties or early thirties or when she has been married for some years. Once a woman reaches the stage in her life-cycle when she is expected to reproduce, the period of freedom to reject conventional gender roles by remaining childfree is over. She is likely to experience pressure
from her family and friends to conform by having children.

According to Veevers (1980) it is women who have been married for some years and who are debating whether or not to have a child, who are most vulnerable to such pressures. Approaching her 30th birthday is another factor which may cause pressure from significant others. Choosing not to have children at all if one is married is breaking with conventional gender roles. Those of my respondents who were above a certain age, married and childfree, all experienced a degree of pressure to conform and have a family.

The pressure on women and couples to have children is based on the widely held assumption that for a woman, having children is natural and normal. On the other hand, those who do not want children are often castigated as being selfish.

MacIntyre points out the illogicality of defining voluntarily childfree individuals as 'selfish' if "childbearing is normal, a natural instinct, and the ultimate fulfillment for every woman and couple" (MacIntyre 1976:158). MacIntyre maintains that the attribution of selfishness implicitly recognises that motherhood may not be a universal instinct. The existence of normative pressures towards childbearing indicates that the maternal instinct is a social construction which is used as motivation in certain social contexts.

A number of other writers have shown that pronatalistic pressures are strong. Blake (1974) for example, stressed the fact that it is the
norm for couples to have children: "... at present reproductive behaviour is under stringent institutional control and ... this control constitutes, in many respects, a coercive pronatalist policy. ... people make their 'voluntary' reproductive choices in an institutional context that severely constrains them not to choose non-marriage, not to choose childlessness, not to choose only one child, and even not to limit themselves solely to two children." (Blake 1974:277). Blake was describing the situation in the USA in the early 1970s.

Gavron, in a study carried out in the U.K., found it to be a widely held opinion that "... for a woman to remain childless is for a woman to offend against her basic nature, and thus to do herself harm. However, we do not know to what extent being childless causes a woman harm, thought obviously in a society which equates being a woman with motherhood there must be some effect. Yet, even in this sort of society, nuns are not accused of doing themselves harm, because devoting oneself to God is socially acceptable" (Gavron 1966:129).

Oakley (1974b) has attempted to explain why the pressures on women to have children are so strong. She maintains that 'the myth of motherhood' contains three popular assertions: that children need mothers, that mothers need their children and that for a woman motherhood represents the greatest achievement of her life. The myth of motherhood is powerful, according to Oakley, because our social organisation is such that on one level it is true. Children do need
their mothers and vice versa because there are few viable alternatives. Motherhood has come to be an achievement for many women because of the lack of other avenues of expression.

According to Veevers (1980) "the parenthood mystique in our society is so pervasive that it is doubtful if most married couples even consider the possibility of deliberately remaining childless. They become parents because it never occurred to them that they could or should do anything else" (Veevers 1980:40).

According to these writers it is widely held to be normal and natural for couples to have children. How common, then, is it to be voluntarily childfree? According to Baum and Cope (1980) it is not very common in Britain. They suggest that 5-10 per cent of married couples choose not to have children.

Who, then, at present are the voluntarily childfree? According to Campbell (1985) anyone - given the right situation. Voluntary childlessness (1), she says, "is not a pathological condition, but a process, the nature and purpose of which may vary as the situations out of which it emerges change." (Campbell 1985:137). Campbell argues that the decision to remain childless stems from one of two basic positions: a motive to avoid the penalties of parenthood or a motive to protect the rewards of childlessness - or a combination of the two (2).

Much recent work on the voluntarily childfree shows that older
studies, which suggested that childfree women show undesirable personality traits, can no longer be validated (Silka and Kiesler 1977). Whereas stated reasons for the choice to remain childfree differ, several writers indicate a link between high status employment and being voluntarily childfree (Veevers 1980, Silka and Kiesler 1977). Fortney (1971) suggests that creative and demanding employment may serve to reduce fertility, and substitute for a larger family.

Hoffman (1975) suggests that for women the pursuit of careers has been difficult and with uncertain goals, while at the same time, dropping out has been socially sanctioned - even applauded if it has been for the purpose of having children. Maternity has provided women with the proof they need to establish their femininity. Hoffman suggests that as the barriers to career commitment are lifted and the rewards are increased for women, the temptation to drop out will be less. She also suggests that as careers for women become more common, the stereotype that this is not a feminine role will be weakened. As a result voluntary childlessness may become more acceptable.

In her study of childless couples Veevers (1980) found that two thirds of the couples she interviewed had remained childless not as a result of an early decision to do so, but as a result of a series of decisions to postpone having children until some future time, a time which, for these couples, never came. She also found that many of her respondents had considered adoption as an alternative to
biological parenthood. However, Veevers doubts whether adoption was a pragmatic option for these voluntary childless couples, but sees it as having "considerable symbolic importance in that it allows postponers to remain indefinitely at the ... stage of debating endlessly the pros and cons of parenthood." (Veevers 1980:32) (3).

Four of my respondents have been categorised as voluntarily childfree, two doctors and two social workers. Only one of these respondents described herself as voluntarily childfree. I shall describe these respondents and their reasons for not wanting to have children. I shall also describe the extent to which they were put under pressure to conform to conventional gender roles by having children, and compare my findings with those of other writers.

**Stella - childfree social worker.**

Stella was the only respondent who described herself as voluntarily childfree. She was a social worker, 35 years old at the time of interview. Four years previously she had married a divorced man with grown-up children. She had no children of her own and had been sterilised a year before the interview.

The decision to be sterilised had not been difficult for Stella, but it had caused her husband a lot of worry. It had taken her a long time to convince him that it was the right thing to do.

Stella mentioned a number of factors which had influenced her
decision not to have children. Like other social workers, she said her attitudes to mothering had been affected by seeing poor mothering among her clients and realising that rearing children was not unproblematic. She had also seen her own sister struggle with the mothering role, and, in Stella's opinion, neither coping well nor enjoying it much. This strengthened Stella's view that the role of mother was not necessarily a desirable one. Like many other voluntarily childfree people she had regarded adoption as a possible alternative to biological parenthood:

"There are enough children in this world and if I want to parent a child there are other people's children that I could parent, who need to be parented. I don't have any overwhelming desire to recreate myself or, you know, I don't think there is something wonderful that is going to be passed on in a child."

Although this had been a firmly held attitude before marrying, she had felt that as a single woman, it was difficult to make a final decision about sterilisation.

"As the twenties went on I more and more began to feel that I didn't want to have children, although I always accepted that it is very difficult to make that decision in isolation. .... I knew that if I did get married it might be very different. And I might then want to have a child which I shared with somebody else. But I never thought of myself as somebody who could raise a child on my own."

One and a half years after marrying Stella felt that she was ready to make a final decision, and she was convinced that she did not want children. In addition to the reasons mentioned above, she was beginning to doubt whether she liked children. Stella disliked
taking the contraceptive pill, regarded other forms of contraception as unreliable and unpleasant to use, and she decided that sterilisation would be the best solution to the contraceptive problem. This caused a considerable amount of conflict between her and her husband.

"My husband has two children from a previous marriage and I think that he was very concerned that I should not be denied the opportunity of parenthood. Because he thinks that is the most marvellous thing in the world. And I think he was very sad when I said 'I don't want children'. What he said at that stage was that if I were sterilised, that would be the end of our sex life. That in some kind of - contorted logic - he had this feeling that unless sex was geared towards potential pregnancy, that it wasn't valid or appropriate or something like this. It was complete nonsense, because he didn't object to me taking the pill, and he didn't indicate in any way that when I was post-menopausal that our sex-life would end or anything like that. But it was a psychological block thing. And there was a lot of conflict and feeling at this stage because I was taking the pill and I didn't want to do it and so on. It took the best part of a year to resolve the issue to where he gradually came round to saying 'Well, if that's what you really want, OK, I won't stand in your way'.'"

Stella did not come under pressure from her parents or her sister over her decision not to have children. Without specifying the reasons for this she indicated that her parents did not think she was particularly well suited to motherhood.

Stella chose to be quite open about her decision with some of her colleagues and other people with whom she worked. However, she did not feel able to tell everyone:
"Most of the families that I work with tend to be adoption and fostering, and some of those I told about my decision. One I specifically didn't, it was a very staunch Catholic family, I must admit I felt rather inhibited in saying to this rather elderly Catholic lady that I had taken this decision. Her daughter had got married about two weeks before we had and she had her first baby and there was almost a sort of question mark around - was I going to have a baby. I wouldn't mind this lady knowing. I just found it quite difficult to tell her."

Stella had developed an alternative life-style and in most situations she was very open in her non-conformity. However, in the above quote she demonstrates how even those who were usually open about their non-conformity found that there were situations in which openness was not appropriate.

The pressures and expectations that are often brought to bear on married couples to have children were not particularly strong in Stella's case. Her comparatively high age at the time of marriage (she was over 30, her husband over 50 when they married), and the fact that her husband already had two grown-up children from a previous marriage, may go some way towards explaining this. They were an unusual couple in terms of their age at time of marriage, the difference in their ages and his marital and reproductive history.

As I have already pointed out, Stella was the only respondent who openly defined herself as voluntarily childfree. As fertility decisions are relationship specific (see chapter 4) it was more difficult for respondents who were not married or in stable relationships to define themselves in this way. However, one unattached respondent chose to be childfree at an early stage and
remained so. This was Connie.

Connie - childfree social worker.

Connie's decision not to marry her boyfriend because he wanted to have a family soon after marrying was described in the section on the marriage contract in chapter 4. At the time of interview Connie was 35 years old. She had gone through a phase of feeling that life was passing her by when she was around 30 years of age, and this had included thoughts of children. But she had never felt strongly that she wanted to be a mother. As fertility decisions tend to be relationship specific and she had not been in a relationship where this was a viable proposition since her student days, she cannot be described as having made a decision to remain voluntarily childfree in the same way as for example Stella. However, one may speculate whether she had chosen to remain unattached in order to avoid the kind of dilemma in which she had found herself as a student.

Aileen - childfree doctor.

Aileen was in her early thirties at the time of interview. She was a successful doctor who had achieved consultancy status comparatively early. She had been married since she was a student. The fertility question may not have been part of the marriage contract in the same way as for some of the other married respondents because she was young when she married and it was accepted that she wished to finish her studies (4).
While working as a senior housedoctor in obstetrics, Aileen had considered having a family:

"It was perhaps the fact that I was working in an obstetrics unit and seeing small babes and they're very appealing, and also I was out every other night. I was in a state of sort of chronic tiredness. And certainly, whenever I've done jobs that have involved a lot of night work, which I don't enjoy - I don't think many people do - I sort of think longingly of a more home-like sort of domestic life-style." (5).

However, she did not act on this desire for a quieter life; she and her husband continued to lead very active lives pursuing their respective careers and indulging in out-door leisure-time activities; a life-style which would have been seriously disrupted by young children. It was not until the marriage was in danger because Aileen had become deeply involved emotionally with another man that the question of children was considered seriously. It was brought up by her doctor to whom she and her husband went for counselling:

"My doctor found it amazing that this wasn't really something that we talked about in any great depth. But that's partly because I've always been going on from job to job, and because of the career thing. I am still not absolutely sure in my own mind whether it is that my husband, who has always bent over backwards to be very fair to me, to give me what I wanted, whether he genuinely isn't bothered. I do sometimes look at him - he is quite good with nieces and nephews - and I have pangs of guilt. .... I am still extremely ambivalent about it. At the moment I say - I've always got some excuse - I say 'Well, I'll wait and see. I'll get the job sorted out'. Because I am busy at the moment. I suspect that if I want to be, I can always be too busy."
Aileen's ambivalence to having children had little to do with a negative attitude to motherhood and children as in Connie and Stella's case. It was rather a case of there being so much to her life that she needed nothing else in order to feel fulfilled.

"... there is a lot more to my life. But I am very, very fortunate. And I have the sort of job which gives me an awful lot. If I was told now 'You're not going to have any children' I'd say 'So what?' And I'd just get on with my job and get as much out of that, and out of life in general - things that I do and I enjoy. But that's because of my education, my up-bringing, my intelligence, my relatively well-off background. You know, a lot of things."

Aileen's complacency had been given a severe knock by the experience of her love-affaire. She realised that she had been very near to giving up her job, her marriage, her whole life-style for a man - without knowing if the relationship would last. Her lover was unable to have children, but Aileen said that had he been fertile, and had he asked her to bear his child, she would have done so willingly.

Aileen's state of being childfree can be explained partly from her situation - an egalitarian marriage in which few demands were made on her to conform to conventional gender roles. The extent to which fertility decisions are relationship specific was demonstrated by Aileen in a somewhat unusual way. The factors which stopped her wanting children with her husband - her job, their very free, affluent life-style, her ambition - lost their importance in a relationship where she was more deeply involved emotionally. The lack of a deep emotional involvement with her husband may in itself have been factor which stopped her from wanting to have a child with
him. All of this had, however, been unknown to her until she was made to face her emotional vulnerability in an extra-marital relationship.

Sonia - childfree doctor.

The question of whether or not to have children was particularly painful and difficult for Sonia. At the time of interview she was 30 years old. She had married a fellow student just after graduating in medicine and had spent her married life following him around. This affected her own opportunities to specialise. She had left a job in a speciality which interested her a great deal after only six months. She was unable to find another job in this speciality for some time, and she was unemployed for a period. She did some locums and a G.P. trainee job during this period. Although she had enjoyed the G.P. training this made her more committed to and determined to get back to the speciality in which she had worked previously.

During this period of uncertain employment opportunities, Sonia took up music which had been an absorbing interest until she went to university and found herself too busy with her studies to play. At the time of interview she spent a great deal of time on music - playing with other people, performing and practising.

She had eventually managed to obtain a part-time position in her chosen speciality. This was not part of the regular career structure but a position which had been created for an older woman who wished
to return to medicine; Sonia more or less inherited the job from her. Sonia could have returned to the regular career structure had she wished to do so. However, this would have involved working full-time and sitting the membership of the relevant Royal College. She had decided against this, largely because she was enjoying the more relaxed life-style which enabled her to pursue her musical interests.

At the time of interview Sonia expressed satisfaction with her life-style. She worked 9 to 5 every day and had no on-call duties, no evening or weekend work. She enjoyed work very much and the fact that she had time and energy to devote to music.

One issue, though, seemed to worry Sonia. Unlike most of the other respondents, she found it difficult to talk about having children. So much so that she had been reluctant to be interviewed at all. She said that it was only because a friend (another respondent) had told her that 'it would do her good to talk about it all' that she had agreed to the interview. Sonia became uneasy when I began to ask about her attitude to children. When asked if she and her husband had ever discussed having children, she at first avoided the question:

"Well, in a modest sort of way. But - ach, that's a silly sort of word to use, but you know what I mean. He also is incredibly busy. Infinitely more so than I am. And, as you well know, you are not secure till you have a consultant job. And all hours of the day he is away and - you know. It is very difficult when you work all day and you come back at night and you get on with your research. To be honest, I think I had better give him a fair say. I think if I were to say 'Yes, I'd very much like a family', he'd absolutely - I think in many ways he has respected my desire to have a career and has not pushed it. Perhaps that is the honest assessment of the situation."
So you think that he would like a family?

"Oh yes. I am sure he would."

Would you?

"I am not so sure I would."

Sonia was coming under pressure both from her family of origin and her in-laws to have children. When asked how she coped with this, she said:

"I think outwardly I joke with them about it. Inwardly I would like to say 'No more. Just accept ....'."

But the most difficult aspect of her uncertainty was its effect on the marriage. She was reluctant to talk about this but indicated after the end of the interview (when the tape recorder had been packed away) that the conflict between her and her husband over the issue of children was greater than she had been prepared to say during the interview. It was my impression that Sonia feared that her husband might leave her unless she was prepared to have children. She was clearly very attached to him and had been prepared to delay and possibly sacrifice her own career in order to follow him around. Her reluctance to have children seemed to be linked to a fear that a child might seriously disrupt the lifestyle which she had struggled to develop - with time for work and for her beloved music. Sonia was clearly worried about what the future would bring. She saw the options that were being forced on her by others - especially her husband - as unacceptable, yet she could visualise no acceptable
alternatives. Perhaps more than any other respondent Sonia was caught in an impossible situation by conventional gender roles. By conforming to these early in her married life she had seriously affected her own employment opportunities. Her job, although it suited her well, was not a secure one and without membership of the relevant Royal College she was barred from the conventional career ladder. In order to protect the life-style which she had developed as an alternative to a career in her chosen speciality, she was in the process of becoming a non-conformer by not wanting to have children. This again threatened her marriage and her relationship with her husband which had been the reason why she had jeopardised her career in the first place.

* * *

The four childfree women who have been described above illustrate some of the points that have been made by writers on the voluntarily childfree. Veevers (1980) pointed out that many married women around the age of 30 would come under pronatalistic pressure from significant others. Both Aileen and Sonia were in this position (they were 32 and 30 years of age respectively) and both experienced a certain amount of pressure. Connie was unmarried and did not experience such pressure. Stella was older than many women at the time of marriage. This combined with the fact that her husband already had a family from a previous marriage may have been the reason why she came under little or no pressure.
All four women could be said to demonstrate a link between creative and demanding employment and being voluntarily childfree. However, in most cases this was not a simple relationship. Although both Aileen and Sonia enjoyed their work very much and would be reluctant to give it up in order to care for children, this could in no way be said to be the sole, or even the major, reason why they had remained childfree. Connie had rejected marriage and motherhood at an early stage because she did not wish to give up or limit her work involvement, and could thus be said to be the one of these four who most clearly demonstrates that work may be an alternative to family life.

Both Sonia and Aileen were postponers in Veevers terms (Veevers 1980), in that neither of them had rejected motherhood or made a firm decision to remain childfree. Instead they kept putting off the decision as some women and couples do, until it is too late in biological terms to have a child. They thus avoid making a firm commitment one way or another.

For both Sonia and Aileen the decision of whether to have a child was linked to the survival of their marriages. Stella's late marriage was threatened by her decision to be sterilised. Connie's refusal to accept the terms of the marriage contract and have children led to the breakup of the relationship with her boyfriend. For these respondents, then, an unwillingness or reluctance to conform to conventional gender roles by having children were clearly a serious threat to their marriages or relationships. They also demonstrate
very clearly that fertility decision-making is relationship specific.

I shall now go on to describe the respondents who rejected the second aspect of conventional gender roles.

**Giving high priority to work.**

One of the terms of the marriage contract is that a woman will give priority to domestic responsibilities rather than to her work during the early reproductive stage, and she will take main responsibility for childrearing. A number of the childfree respondents indicated that they did not intend to conform to this. However, as I have shown, some of the mothers in my sample who had intended not to conform to conventional gender roles before they had children ended up doing so all the same. It is possible that some of the childfree non-conformers might also change their minds and end up conforming to conventional gender roles if they have children.

Two doctors and three social workers worked half-time or more with small children. Two of these women, Helen and Angela, a doctor and social worker respectively, paid lip-service to conventional gender roles. Their experiences have been described in chapter 5. In the following I shall describe how Brenda, a social worker, and Sally, a doctor, handled their non-conformity. I shall also look at how some of the childfree respondents viewed their future in this respect, as well as some respondents who had explored alternative gender roles in the past.
Brenda - social worker with two children.

Brenda had worked full-time in social work for three years after getting married and before having her first child. She had obtained a senior social work position. She gave this up in order to follow her husband abroad soon after her first daughter was born. However, there were problems in the marriage and Brenda returned to U.K. after a few months. She experienced no difficulty in finding another full-time senior position in social work. She lived on her own with her daughter, working full-time for about two years before she began to live with the man with whom she was cohabiting at the time of interview (referred to here as her second husband). They had a two and a half year old child together, and Brenda was 6 months pregnant at the time of interview. Apart from a short 'rest period' of a few months between jobs, Brenda had worked full-time in senior positions until she was made redundant some months before the interview. A few years before this Brenda had obtained a locum position in a hospital, confident that with her experience and qualifications she would have no problems in getting her contract extended or finding another job. Meanwhile the employment situation for social workers had altered drastically, and when I interviewed her she was unemployed and very uncertain about her future in terms of employment.

At the time when Brenda was planning to have her first child, she was determined to continue to work. The idea of giving up work and staying at home never occurred to her and neither of her husbands
seem to have expected her to do so. Her situation was of course altered somewhat by the fact that she became a single parent soon after the birth of her first child. However, she never considered giving up work after she began to live with her second husband and had a child to him, and she was not aware of anyone having put pressure on her to do so. She felt that at times she had had to battle against discrimination because she was a woman with ambitions, and also because she was an English person living in Scotland. She felt some people regarded her with suspicion when it came to holding senior positions - more so than they would have done had she been a man. However, such attitudes had not come from the people with whom she worked.

"No, I've never felt that, because what you end up doing is doing everything twice as well as everybody else and offering twice as much. Because you are so afraid of - well, I was - so afraid of failing" (6).

Giving up or cutting down on work appears not to have been part of the marriage contract for Brenda. It is, of course, uncertain what might have happened had her first marriage not broken up. However, once she was on her own with her child, she was somewhat less likely to be put under pressure to stay at home than if she had remained married. As Angela showed (see chapter 5), a single mother has a reason for working which in most cases will be accepted without question. Nor does she pose a threat to a man and his role as main family breadwinner by her lack of conformity. This appears not to have been an issue in Brenda's second marriage. By this time she was well established as a senior social worker with a lot of
administrative experience.

I do not have enough material to be able to draw firm conclusions about why it is possible in some relationships to tolerate a high level of non-conformity with conventional gender roles while other relationships suffer or collapse under such strain. What was clear, however, was that Brenda herself was comfortable with her identity as a working mother, and confident that this was an acceptable and proper way to organise her life. She expressed no ambivalence in this respect. I see it as likely that she will have stated her terms of the marriage contract - or in her case the cohabitation contract - very clearly. She was not at all willing to give up or cut down on work, and it never seems to have been an issue in either of the two relationships in which she was involved.

Sally - doctor with two children.

Giving up work at the early reproductive stage does not appear to have been an issue in Sally's case either. Sally was a doctor. She married young; she and her husband were still at university when they married. As with some other respondents who married young, Sally and her husband put off the fertility clause in the marriage contract until later:

"I knew that I wanted to do all the training I would need before I had any children, if possible. .... I think it was a sort of unwritten agreement that after I'd finished my training I'd be 28, and that then we'd try to have children."
Sally finished her training as a general practitioner before she and her husband tried to have children. The first baby took rather longer to arrive than they had expected. In the meantime Sally took on a partnership in a small general practice, then became pregnant within a very short period. She worked 38 weeks of her pregnancy, took eight weeks maternity leave before returning to full-time work. She found this quite easy with the help of a housekeeper/nanny who came to her house every day. Before her first baby was one year old she was pregnant with the second one. The second baby proved to be less easy to cope with than the first had been. When he was a year old Sally gave up the practice and joined the Doctors' Retainer Scheme.

Among the circumstances that made it easy for Sally to continue to work full-time after she had her first baby was the fact that the practice workload was fairly light. She had a good and trusting working relationship with the other doctor in the practice. Her first baby was said to be an easy child who slept a lot, and she had good, reliable child-care in the home. Her husband was supportive and keen that she should work. As she earned more than he did, her income was important to the family's economy. He appears not to have felt threatened by this, and although he did not object when she decided to give up work, she thought that for economic reasons he would have preferred her to continue to work. Sally mentioned several factors which influenced her decision to give up work. She found it much more difficult to cope with work and two children than
it had been when she had only one child. In addition, her second child turned out to be quite a handful, the kind of baby that woke every two hours and wanted to play at night. She was so taken up with duties at home and at work that she felt she never had any time for herself. However, the most important factor which finally made her decide to give up full-time work and join the Doctors' Retainer Scheme was pressure put on her by others. This is how she described making the decision:

"That was quite a big decision. I really did have difficulty in making up my mind. And I suppose I was influenced by this friend of mine who has two children. She was on the Doctors' Retainer Scheme, and she had done a locum for me when I had the first baby. And she felt I was doing too much. How did I manage. She couldn't do it, this sort of thing. And I began to wonder, you know, was it wrong or...? And I'd never thought before that there was anything wrong with the way I was carrying on work and so on. And various people, as more of my friends had children, asked me how on earth I managed. But I was quite determined that everything was going quite smoothly. And it is sort of now, when I look back, I wonder if I have done any damage sort of thing by rushing out in the morning and leaving young children."

In Sally's case it was the decision not to work which had been deliberated carefully rather than the decision to continue to work, as was the case with many of the other respondents.

* * *

Four childfree respondents, one doctor and three social workers, said that they did not intend to give priority to family commitments if or when they had children. Only one of these four, Camilla, was in a
relationship at the time of interview. Camilla was a doctor, like her cohabitee. Her cohabitee was not at all keen to have children and made this clear to her. However, she was determined to go ahead:

"I want children. And I am going to have them if I possibly can. I think I'd have to get the obstetrics job out of the way first. I don't know where they will fit in with my job or anything, but I think I'll have to carry on working ... Now, that doesn't mean to say that Colin wants children. He doesn't like children. 'Thought of having children makes me sick.' He is not keen, at all. But I'm going to have them, and stuff him. I'm going to have his as well."

At the time of interview Camilla was training to be a general practitioner. She was due to do six months in psychiatry and six months in obstetrics before being fully qualified. Camilla did have plans for the future, although there were clearly great uncertainties because she did not know how her cohabitee would react if she got pregnant, nor did she know if she was able to have children. But she was quite definite that if she did, she would want to carry on working.

Sophie was one of the three respondents who were not in a relationship at the time of interview, but who said that if they had children they would continue with a high level of work involvement. Sophie had previously been married to a social worker like herself. The marriage ended in divorce, largely because her ex-husband had insisted that if they were to have children she would have to stay at home full-time to look after them. She had been keen to have children, but she did not agree with her husband that it would be
desirable or necessary for her to give up work in order to care for children.

Sophie's ex-husband had expected her to conform to the second and third aspects of conventional gender roles. He had expected her to give priority to domestic responsibilities, especially childrearing, during the early reproductive stage. During this period she was expected to be economically dependent on him. Because a wife is economically dependent on her husband for certain periods, his work is more important than hers, his income more important to the family economy than hers.

The two mothers quoted above, Sally and Brenda, did not conform to these aspects of conventional gender roles. They continued to give high priority to work, and it was clear that in both cases their income was essential to the family economy. They both appear to have started out with the assumption that their work was important and to have felt little uncertainty or ambivalence in this respect. This changed in Sally's case when other women put pressure on her to conform to conventional gender roles.

It is clear that husbands can make it easy or difficult for a woman to carry on working during the early reproductive phase. Yeandle (1984) found that husbands held the balance of power in the marital bargaining over the question of wives' employment. This would appear to be the case for my respondents too. However, it does not explain why Brenda and Sally were able to continue to work during the early
reproductive phase without paying lip-service to conventional gender roles and thereby protecting their husbands' image as main breadwinner. Did their husbands have a more egalitarian outlook than the majority of men? I was unable to assess this as husbands were not included in the study. However, what seems clear is that Brenda and Sally were themselves convinced that they wanted to work and that this was the right thing to do (although Sally changed her mind on this later). They are likely to have indicated this early in the relationship and perhaps put off men who were unable to cope with a wife who did not conform to conventional gender roles. Determination to continue to work and a conviction that this is the right thing to do are crucial in enabling a woman to cope with her own lack of conformity with conventional gender roles. In Brenda and Sally's case this was supported by their important role in relation to the family economy; for Brenda as a single parent, for Sally because she had a better paid job than her husband.

Challenging husband's role as main breadwinner.

If a woman chooses not to give priority to domestic responsibilities but continues to regard her own employment as important, she may, inadvertently, challenge her husband's role as the main family breadwinner. In a society like ours where most tasks are divided along gender lines, changes in the roles performed by one half of the population will in all probability have some effect on the roles performed by the other half. There are two issues involved in this: one is the need to get the tasks which are deemed important and
necessary carried out, the other - perhaps more important one - is the symbolic importance of who does what.

Almost all tasks in our society have a gender label, i.e. people know what is women's and what is men's work. Yeandle states:
"Historically, it has been rare for a sex 'label' not to be attached to any given job by both workers and employers, and this has remained substantially true despite some significant changes in which label is attached to which jobs ...." (Yeandle 1984:4).

It is often stated that in order to achieve equality with men, women must not only challenge men's dominant role in the labour market, but hand over some of the caring and domestic tasks which women have mostly performed, to their menfolk. But this is not straightforward. Not all men are willing to perform tasks which have a female sex label, partly because the tasks may be uninteresting, dirty, difficult, time consuming and unpaid, but most importantly, because performing such work may threaten their male identity.

If a group of people who have carried out a task, which is seen as important or necessary, stop doing so, other ways must be found of getting the work done. Sometimes tasks are made easier and less time consuming through, for example, technical innovation (7). But one problem for working mothers is that they often do not stop doing those things which their mothers did, even if there are easier and less time-consuming ways of carrying out the work. As I showed in chapters 1 and 3, standards for domestic work go deeper than the
layer of dust on the sideboard which many women rationally feel that they ought to ignore. It effects ones views of good vs. bad housekeeping which again is related to one's pride and identity as a woman. Standards for good housekeeping were drummed into many of us by our mothers; these are dropped only after a battle with our conscience and at the peril of our peace of mind, if at all. The power of conventional gender roles can be observed in relation to domestic standards as well as in relation to who stays at home with the children.

To share domestic tasks with a man will not necessarily solve such problems. Few men have been socialised into feeling responsible for domestic tasks. Therefore they tend not to notice if things need doing on the home arena (8). One often ends up with a situation where women are in control and responsible for the work. Men have to be asked to do things - more or less as a favour to women. Some do it cheerfully, others grudgingly. Men's attitude to 'doing women's work' depend on their view of male and female roles. The end result is that many women end up doing double work, as did my respondents who paid lip-service to conventional gender roles, while many men are only marginally involved with domestic tasks.

As was pointed out in chapter 3, one aspect of conventional gender roles is that men's employment is seen by the couple as more important than women's; his income is regarded as more important to the family's economy than hers. To question this, for example by making the family economically dependent on her income, seems to have
more serious implications for the relationship between men and women than if a woman tries to break out of the conventional female role pattern without threatening men's roles (9). Many men express no objection to women becoming educated or fulfilling themselves in a variety of ways. But such acceptance may soon disappear if men feel that their own position is challenged by what women do. The respondents in my sample who paid lip-service to conventional gender roles recognised this and tried to avoid challenging men. They invested a lot of time and effort in their work. At the same time they carried out most of the domestic tasks and, perhaps most important, took on the role of a conventional wife and mother in the home setting.

The respondents who paid lip-service to conventional gender roles were aware that, if they were to succeed in their efforts to cope with both the work role and the domestic role without causing marital conflict, they had to adapt their behaviour in such a way that their husbands were willing to support them in their efforts. At the very least, their husbands must not actively oppose what they were trying to do. Not all the respondents had found it easy to get their husband's support. A number of the mothers who have been categorised as conforming to conventional gender roles indicated that it was highly unlikely that they could have altered the marriage contract and given higher priority to work during the early reproductive phase without causing considerable conflict in the marriage. Sarah, a 33 year old social worker with two young children, had experienced some problems in connection with her wish
to work. Her husband was a doctor. They had two young children, aged four and one. At the time of interview Sarah was doing a few hours work outside the home each week. Her husband was not happy about this.

"Paul has taken a long time to accept it, and isn't still convinced that I should. I think he realised that it makes me happy and that it is important. But I think he feels that I should be with the children. .... He feels the house can only run properly when I am here. And if we run out of bread, it is just another indication that things are suffering. He is not in any way tyrannical or critical - he is very reasonable about it. Because he wants to give it a chance. But I feel under pressure to make it work."

Another respondent maintained that her marriage had broken down largely as a result of her wish to return to work. Judy was a social worker. When I interviewed her she was 34 years old, divorced and living with one of her two children. During the early years of her marriage she had conformed to conventional gender roles. She had children rather earlier than she herself wished, giving in to pressure from her husband, her parents-in-law and her own mother. This is how she described the subsequent situation:

".... the choice was made and I had the children. But I didn't like being at home full-time. We were both fairly accepting for a while anyway, of role models. And you know, he did kind of men's things, and I did women's things, which meant I did all the housework and the cooking and childcare. And I resented that after a while. And I saw the only way out of it as going back to work."

Her husband, however, was not at all in agreement that she should do so.
"The compromise that we came to, again I felt very cornered, was that I could go back to work, I would be allowed to go back to work, as long as I chose a job which did not conflict with children's school holidays, illnesses, half terms, you name it. I was very angry about that. I saw that as completely devaluing what I had trained for and what I was interested in. But I didn't know what argument to come up with in face of 'I can earn more money than you. My job is therefore more important' from him."

The family went abroad for a year because of his work, and she did some voluntary work - partly in order to reestablish herself as someone who was not just a wife and mother:

"It was during that year that my marriage finally broke up. So when I came back, I was on my own and had to go back to work. But actually, one of the things that we broke up about, was my desire to go back to work and to value that."

Judy and Sarah both tried to alter the marriage contract, having conformed to conventional gender roles early in the marriage. This seemed to pose far more problems than, for example, starting off married life with a non-conforming clause in the marriage contract like Brenda had done (see above). There may also be individual differences in the extent to which men can cope with women's lack of conformity to conventional gender roles without feeling that their own role identity is threatened.

Yeadle reports that some of her 64 employed women respondents had experienced considerable resentment on their husbands' part against their work. "These men either disliked the idea of their wives
earning money, and felt that men ought to be the family breadwinners, or were hostile to their wives having jobs because they saw the arrangement as a challenge to their authority" (Yeandle 1984:146). Although the majority of the women in her study had not experienced strong opposition from their husbands or cohabitees, the overwhelming impression was that husbands held the balance of power (10). Wives sought their husband's permission or approval before taking a job. This was granted in most cases, especially "when the material reward in the form of the wife's wages could be seen to be of benefit to the family, and in some cases to the husband himself, or when the husband recognised that a more contented wife would be a pleasanter companion, and one better able to make his home, to borrow Lasch's compelling phrase, 'a heaven in a heartless world'." (Yeandle 1984:148).

It was not only the husbands of my respondents, however, who were ambivalent about veering from the well-trodden path of conventional gender roles. Some of the respondents themselves indicated that they did not wish to challenge their husband's role as breadwinner. Diane was an example of this. She was a doctor, married to a social worker. They did not have children at the time of interview, but hoped to do so in the future. Diane said that she expected to adapt her work in order to be able to take main responsibility for childcare, thus conforming to conventional gender roles. This in spite of the fact that her income potential was far better than that of her husband, and that her husband did not put pressure on her to do so.
"He has always considered it seriously as an option that he might take time off work and look after the children. And I think he is quite serious about that. But I don't think I'd like it."

She justified this partly in terms of the possible implications for his future opportunities in social work, partly in terms of the importance which it would give her career:

"... that really makes work so very important all of a sudden. And it is important, but it's never felt like it has got to the point where it has been the most important thing. I'm not really very sure about it. I think that if I were to have children and we were both to carry on working, that somehow that's just me working part time, in a sense, even if I was working full-time. But if we were to make the decision that he would stop working and I would carry on with my career, then it becomes a career."

Diane stressed that this was not an indication of indifference or ambivalence to work. But she did not wish her life to be defined in terms of her career, as many men's lives are. In this respect Diane, and some other married respondents, had options which are denied the majority of men; i.e. they have some choice as to the importance which they give to work. Diane felt uncomfortable at the thought of a marriage which differed too much from conventional norms. This may have influenced her decision to take a conventional role in relation to child-rearing. The price of non-conformity was unacceptably high when compared to the rewards in the opinion of some of my respondents.
Summary and conclusions.

None of the mothers in my sample who have been classified as developing alternative life-styles set out with a conscious intention of doing so. Their non-conformity was either in response to an unsatisfactory situation or in order to protect something which they valued. This might be their childfree existence, their work involvement or a combination of several different factors.

Some childfree respondents planned not to conform to conventional gender roles if or when they had children. In most cases this was in order to continue to have a high level of work involvement.

The literature on the voluntarily childfree shows that there are a variety of stated motives for not wanting to have children. Those of my respondents who were voluntarily childfree or who expressed great ambivalence about having children gave a number of different reasons for their childfree state. However, most of them demonstrate a link between creative and demanding employment and being voluntarily childfree, although this is not a simple relationship. They also demonstrate that fertility decisions, both the decision to have and the decision not to have or to postpone having children, are relationship specific.

A wish to give high priority to work was one motive for wanting to remain childfree. However, in the sample there were also mothers who wished to continue to have a high level of work involvement during
the early reproductive phase. Factors such as economic independence, high commitment to work and a fear of being bored with a domestic life-style played a part in the decision-making process for these respondents. Some marriage contracts may include an agreement that the wife should continue with a high level of work involvement during the early reproductive phase, or, less specific, an acceptance that her work is of importance and should be continuous. In such marriages these issues cause little or no conflict. However, for those respondents who did not have such an agreement - where the expectation was that she should cut down her work involvement during the early reproductive phase - it proved difficult for the women involved to establish a situation in the marriage which made it possible for them to remain in employment.

If Yeandle is correct in her theory that the household's economic interest is an important issue in the marital negotiations over women's wage labour, the fact that my respondents were in high income families may have worked to their disadvantage. Few of them could argue that their income was necessary to maintain the family. Some respondents experienced that their husbands used the economic argument against them (see for example Judy above, whose husband used his higher earning potential as an argument not to participate in child-care).

In some instances non-conformity with conventional gender roles threatened husband's gender roles - especially his role as main family bread-winner - and, as a consequence, the stability of the
relationship. As I showed in chapter 5, the respondents who paid lip-service to conventional gender roles avoided doing this. None of the respondents set out to challenge their husbands in this respect; this was an unintended effect of their lack of conformity. As such it can be seen as a price which respondents had to pay for their non-conformity. This is the topic of the last chapter.
When introducing the respondents in chapter 2, I showed that the majority of them can be described as privileged both in terms of the socio-economic position of their family of origin and in terms of education and professional qualifications. These are, of course, not unconnected. Those respondents who were married had tended to choose spouses who were professionally qualified and who came from similar backgrounds to their own. The respondents were, in terms of position of privilege, not dissimilar to the group of graduates described by Woodward and Chisholm as women who were "... privileged in relation to others; their education, work experience and family incomes enable them to exercise their own discretion in various areas of their lives to a greater extent than can most women." (Woodward and Chisholm 1981:181). Woodward and Chisholm go on to mention areas of life over which their respondents had a considerable amount of control, such as fertility, employment, their children's education and their leisure activities. And yet, as Woodward and Chisholm make clear in the quote with which I introduce this chapter, these were constraints in the lives of their respondents.

I set out to explore privileged women's perception of their situation at a time when women could be said to have increased occupational and
educational opportunities compared to previous generations. Employing grounded theory in the analysis of the material, it became clear that the question which preoccupied my respondents was the conflicting demands of the work role on the one hand and conventional female roles of caring for their families on the other.

I found that the respondents experience conventional gender roles as constraints. They either have to accept these and adapt their employment situation in such a way that they can give priority to conventional gender roles during certain phases of their lives (the conformers). If they do not conform they have to pay a high price for their non-conformity in terms of pressure and disapproval from other people. Some respondents who attempted not to conform to conventional gender roles and avoid the disapproval of others by paying lip-service to conventional gender roles were found to have to pay a price of exceedingly heavy work loads. Non-conformers could justify their lack of conformity, but such justification had to be socially acceptable and convincing to the relevant audience. Being a single parent appears to be an acceptable justification in many circumstances. In this chapter I suggest that neither approach - paying lip-service to conventional gender roles or conforming fully to conventional gender roles - will solve modern women's dilemma. The solution in my opinion lies in finding new ways of organising our lives, ways which to a greater extent allow women - and men - to combine caring and domestic roles with work roles. Before exploring this further I shall describe how my findings fit into existing literature.
In chapter 1 I divided relevant literature into three categories. The first category looks at women's employment and the effect of this on other family members, especially children. This type of literature has both expressed and added to the dilemma facing women who choose to work and have a family (Bowlby 1951): are they harming their children by not being full-time mothers? Will their children do poorly at school or become delinquent because they work? From society's point of view: will birth rates drop to unacceptably low levels because women choose to work rather than have children? Literature which shows a more varied picture of the effects of mothers' employment have not received wide publicity (Apter 1985).

My work is close to the second category of literature which looks at the effect that family life/children have on women's labour force participation. Thus it tackles the dilemma from the women's point of view, and this is the approach which I have taken.

The third category of literature to which I referred in chapter 1 is that which looks at problems and contradictions in women's lives, especially with regard to their roles as workers and mothers. This literature is also known as 'feminist literature'. Although I set out to look at the effect of increased educational and employment options, I became more aware through doing the research of the ways in which conventional gender roles limit women's options. In that sense I have moved closer to this type of literature. It is, for example, clear that many of my respondents carried main
responsibility for domestic tasks in addition to their work responsibilities. Similar findings appear in Lowry (1980) and British Sociological Association (1974a and 1974b).

I shall now look at some literature which more specifically has covered the kinds of questions that have come up in relation to my research.

Ann Dally (1982) asks how women can give of their best to their children while at the same time retain those things in themselves that make them what they are. By this she means that women, although they do wish to care for their children, want to combine this with other things, for example paid employment outside the home for which they are trained and which gives them a degree of independence and satisfaction. This, according to Dally, creates a dilemma for modern women. My respondents asked similar questions. Being professionally qualified, many of them wished to make use of their qualifications, some talked about feeling a responsibility to make the best possible use of their education. Lowry (1980) describe the conflict experienced by young middle-class girls who are told that they can do anything and be anything - until they are suddenly faced by pressure to conform to conventional gender roles and become full-time housewives. According to Lowry this happens at 21. My respondents experienced similar pressures, but these seem to be strongest at what I have termed the early reproductive stage.

Tilly and Scott (1978) look at different reasons for women working
outside the home. At times they have done so largely in order to improve their families' standard of living. Quite clearly many women have had little or no choice in the matter; it has been a question of survival or economic necessity for them to take paid employment. But according to Tilly and Scott women now choose to work to an increasing extent. Those of my respondents who were married were not forced by economic circumstances to work, for them it was very much a case of individual choice.

Yeandle (1984) points out that choosing to work in the absence of economic necessity is not a straightforward issue of individual choice - at least not for married women. Many of her respondents depended on permission or approval from their husbands in order to be able to work. It was clear from some of my respondents that if husband disapproved it became very difficult for women to pursue a career. Those respondents who had their partner's full approval and cooperation could give much more time and attention to their work role than those who had to carry full responsibility for domestic tasks and deal with a disapproving husband as well.

Apter (1985) suggests that conventional gender roles are a result of gender adaptation over a very long period and that women are genetically better suited to care for children than men. This is the - usually unstated - presumption behind conventional gender roles. I have not entered this discussion as I think it unlikely that we will be able to come up with a definite answer. But even if women in general should prove to be somewhat better suited to childrearing
than are men, there must clearly be great individual differences. And if we wish to give women equal educational and occupational opportunities with men it seems illogical and a waste of resources to pull well qualified women out of the labour market for a number of years. Myrdal and Klein (1956) take it for granted that it is women who should care for small children. But they also point out that this stage is only a small part of women's working lives.

Another side to this discussion is that taken in some recent literature on leadership. Carlzon (1985) points out that the personality traits which have traditionally been regarded as female are precisely what modern leaders need in order to respond to changing expectations.

If women are to be able to fulfill work roles alongside men, the question of how practical issues in the home are dealt with crops up. Oakley (1974a), Edgell (1980) and Backett (1982) among others have tackled this question. Whitehead (1976) points out that social relations between women and men are not reducible to 'shopping lists' of who does what in the home. However, it is important that traditional women's tasks are more equally distributed. This was clearly demonstrated by those of my respondents who attempted to cope with both the domestic and the work role and ended up with an unacceptably heavy work load as well as feeling somewhat resentful because they had to do twice as well as men in order to succeed.

The main focus of my research has been women's perception of their
own situation. This is also where the main strength of my work lies in comparison with other literature. By taking an interactionist approach to the topic of the conflicts facing modern women, I have been able to show that there is indeed a direct conflict between the options given to young women and the demands which are made of them during the early reproductive stage. And my respondents made it abundantly clear that they perceive this as conflict. I have also been able to illustrate the different strategies that the respondents employ to deal with the conflict. In the rest of this chapter I shall discuss these topics more thoroughly, as well as make suggestions for other - and better - ways of tackling the dilemma.

Options vs. constraints.

As I point out above, I set out to explore how two groups of privileged women make plans and decisions with regard to employment and family commitments. I thought of my respondents as women with options. However, when analysing the material it became clear that it was more often constraints than options which determined the direction of their lives.

I have focused on conventional gender roles as the main source of constraints in my respondents' lives. Clearly conventional gender roles have their basis in social structure and ideology, but their roots are not necessarily accessible to actors themselves. The use of the concept of conventional gender roles has validity and plausibility in terms of my respondents' own interpretations and
negotiation of the social reality of their own lives. Its use is pragmatically justified in that it relates readily to clearly recognisable modes of behaviour. This makes sense both in terms of my theoretical orientation (interactionist) and the methodology employed in the study (grounded theory).

An example of this can be found in statements made by respondents that it was taken for granted that they would conform to conventional gender roles if they got married. Irrespective of what plans or wishes they may have had for their lives, the conformers changed these in order to conform to conventional gender roles. An example of this was Margaret, a doctor with two children who is quoted in chapter 4. Before meeting her husband, Margaret had wanted to work abroad.

"The only thing that I sometimes wish I had done .... is go abroad and do VSO or work with Save the Children Fund or something like that. It is something that we'd both like to do at some point in the years ahead. I don't know. I very much wanted to do that at one point. But then I got married and all the rest of it ...."

The respondents who gave up work or changed medical speciality during the early reproductive phase in order to give priority to childcare and domestic responsibilities also demonstrate how conventional gender roles functioned as constraints in these women's lives.

Conventional gender roles were a constraint in the lives of my respondents both because others expected them to behave according to these roles, and because they themselves saw such roles as normal,
acceptable and appropriate. They had been socialised into conventional gender roles and had internalised a view of what women do and how they should live their lives. In chapter 3 I describe how I see these processes taking place.

It is important to recognise the element of apparent choice in the respondents' behaviour. Those who conformed to conventional gender roles did not do so only as a result of pressure from others or under threat of sanctions, although this did play a part. To a large extent they saw themselves as having chosen such roles. Many of the mothers in my sample, for example, saw themselves as having chosen to give up or cut down on work involvement during the early reproductive stage in order to devote most of their energies to domestic and caring tasks.

I have posed the question why women who declared themselves to be interested in, even dedicated to, their work gave it up or cut down significantly on their work involvement without a backward glance. One reason is the lack of acceptable alternatives. For these privileged women the lack of alternatives did not to a very great extent involve practical and economic issues such as, for example, the lack of alternative childcare. They were in a position where they could afford to 'buy' childcare had they chosen to do so. It was rather the paucity of alternative role models which affected their lives. They simply did not see continuing to work full-time and paying someone else to do housework and look after their children as a viable option. They knew of few or no women from their own
socio-economic background who did so. Few of them had mothers who were employed during the early reproductive stage. They lived in a society where it was regarded as right and proper that women, rather than men, stayed at home and cared for young children.

The respondents made it clear that husband or partner taking over the child-care role was not regarded as a viable option. I asked all respondents who were married or in a stable relationship if their partner's work involvement had been considered in relation to fertility decision-making (see appendix 1, questions 2.4 and 3.7). The majority said that it had not been considered. This is reflected in one of the practical implications of conventional gender roles as outlined in chapter 3: marriage and parenting will have little effect on his work situation. Issues to do with his work role as a parent are likely to have been settled as part of the marriage contract.

Only three respondents had considered the possibility that their husband/partner might take a greater share of childcare. One of these was Marion, a social worker with two children who was quoted on this issue in chapter 4. Although her husband had indicated a willingness to give up work and care for children if she was earning an equivalent amount, neither Marion nor her husband appear to have regarded this as a viable alternative.

The economic argument was frequently used to rationalise conformity with conventional gender roles. In most cases the husbands/partners earned as much or more than the respondents. One respondents, who
may have earned as much or more than her husband deducted the cost of child-care from her income, thus making certain that her husband could be seen as earning more than she did.

There were some cases where the respondents earned more than their husband/partner. This was the situation for Anne, a childfree social worker, Sally, a doctor with two children, and Diane, a childfree doctor. Diane, to whom I have referred in chapter 6, discarded the idea of her husband giving up or cutting down on work to care for a child because she thought it would be bad for his career, and because it would make her career very important. This would break with the third aspect of conventional gender roles: his work will be seen as more important than hers; his income will be regarded as more important to the family's economy than hers.

In chapter 6 I referred to Sally, a doctor with two children who gave up full-time work as a general practitioner when her second child was a year old. This was partly the result of pressure from other women with children. Sally's husband was keen for her to work. She earned more than he did and her income was important to the family's economy. In spite of this they had always taken for granted that his work would not be affected by having children.

Anne and her partner appeared to be more open to the possibility of role reversal in relation to childcare than any of the other respondents were:
"... One of the things we have thought about, if we have children, would I keep working and he give up work?"

Later in the interview she qualified this somewhat by saying that it would depend on the economic situation, whether he could get a part-time job. He had made it clear that he would not give up work completely to care for children but would continue to work part-time.

Apart from Anne and her partner, none of the respondents had seriously questioned the third aspect of conventional gender roles, but accepted that his work should be regarded as more important than hers, and his income be regarded as more important to the family's economy than hers. Thus the potential option of role reversal was not regarded as a viable option for the majority of the respondents.

Conventional gender roles as constraints.

While in tertiary education 24 of the 38 respondents did not expect that they would conform to conventional gender roles by giving priority to domestic and caring commitments later in life. Fourteen of the respondents anticipated that they would do so. When I interviewed them, this had changed. By this time half the respondents had children, and a number of the others were married or in stable relationships and planned or hoped to have children. The majority of the respondents, 25 in all, had ended up conforming or expecting to conform to conventional gender roles during the early reproductive stage. The majority of those who had changed their
minds were doctors, two were social workers.

Conventional gender roles proved to be a more powerful influence in the lives of the respondents than I had anticipated when I set out to explore how women make plans and decisions. The group of respondents that I have referred to as unintentional conformers gave a powerful illustration of how important conventional gender roles are in shaping women's lives. These were women (all doctors) who, while they were training to become doctors, did not expect that they would conform to conventional gender roles later in life but had visualised their future largely in terms of work. However, the majority of them ended up conforming to conventional gender roles during the early reproductive stage. The change in plans often came about as a direct result of meeting and falling in love with their husbands. Only when family life became a realistic possibility which they could no longer avoid did they begin to think seriously of how they could combine work and family life. And for a great many of them the answer to this was that the two could not easily be combined - at least not if work was equivalent to a demanding hospital speciality. The majority of them, when faced with the dilemma between work and family life, conformed to the model of female behaviour into which they had been socialised and by which they were surrounded.

For these women seeking out alternatives to conventional gender roles would have meant coping with the possible repercussions of non-conformity. As I have pointed out in chapter 3 and 4, there are strong pressures on women to conform to conventional gender roles
during the stage of spouse selection (entering the marriage contract) and the early reproductive stage. During this time women are 'proving their femininity' and it is a difficult time to seek out and adopt alternative roles.

The majority of the social workers thought, while in tertiary education, that they would conform to conventional gender roles later in life, and indeed ended up doing so. These were women who had invested a lot in their training and who claimed to be committed to work. And yet they appeared not seriously to have questioned the appropriateness of giving priority to domestic and caring commitments. For them, there was no conflict between the predominant professional values and conventional gender roles. Their acceptance of conventional gender roles was a smoother, less disruptive process than it was for the doctors. The doctors entered a male dominated environment when they went to medical school. Social work training is, to a much greater extent, based on a value system which is familiar to most women in our society, the kinds of values with which we are brought up, such as the values of 'good' mothering, caring, the acceptability of giving priority to family commitments etc. There was greater coherence and continuity between the pre-professional and professional socialisation of the social workers compared to those of the doctors.

Although my information is solely through my respondent's self report, my understanding (based also on section of the interviews not fully analysed and reported in this thesis) is that all the
respondents, both the doctors and the social workers, were socialised into conventional gender roles. They demonstrate, in their different ways, how powerful these processes are. They do so by adopting such roles in adult life, sometimes in spite of wishes or plans to do different things (see for example Margaret above). Another reason why so many ended up conforming to conventional gender roles was, as I have pointed out, the paucity of alternative role models while they were growing up and training as doctors and social workers. Few of the respondents knew of women who had successfully combined family life and work, and with whom they could identify (see appendix 1, question 1.32).

However, there is more to conformity to social roles than the process of socialisation and the lack of alternative models. The threat of sanctions is the iron fist within the velvet glove of socialisation. Those of my respondents who chose not to conform to conventional gender roles at some stage discovered that there was a price to pay for non-conformity. What, then, was the price of non-conformity?

The price of non-conformity.

Those of my respondents who had been put under pressure to conform to conventional gender roles described such pressure as informal and often underhand. It might involve loss of acceptance, approval, status etc. The sanctions which can be legitimately used against individuals who do not conform to conventional gender roles are restricted by a complex legal apparatus. Non-conformers are not
fined, imprisoned or punished by other formal means (unless their non-conformity includes acts which are defined as criminal) (1).

Fear of public sanctions was not reported by my respondents (except for the case referred to in footnote 1). They did, however, make it clear that the opinions of friends, family and colleagues were important influences. Apart from recognising that such pressure may be an influence, it is difficult to ascertain the actual effect on individuals' actions of pressure from others to conform to conventional gender roles.

An important aspect of conventional gender roles is that a couple will have children. As I have shown in chapter 6 it is widely held to be normal and natural for women to have children (Gavron 1966, Blake 1974, Oakely 1974 b, Campbell 1985). Those of my respondents who were childfree and around or above the age of 30 were often made to feel that they were in danger of running out of time as far as having children was concerned. This was especially the case for the married respondents, although at least one single respondent, Joyce, reported that her mother would blatantly point out to her that she ought to get married soon so that she could have children before she got too old. Pressure to have children caused some respondents a great deal of unhappiness (see, for example, Sonia, chapter 6), while others were able to treat it more or less as a joke. This was the case for Barbara, a married, childfree doctor aged 29, whose father-in-law would regularly tell her to "go ahead and produce grandchildren". Barbara intended to do so, but wanted to get her
general practice, which she had just taken over, running smoothly before she had children.

The effect of pro-natalistic pressure depended on individual women's situations, plans and whether they wanted and intended to have children. Sonia was very hurt by such comments because the issue of whether to have children was a thorny dilemma for her and her husband. Joyce was also hurt by her mother's remarks because she badly wanted to marry, but found it difficult to meet eligible men. But Barbara, who intended to conform to this aspect of conventional gender roles, was not threatened by the remarks of her father-in-law and could safely laugh at them or ignore them.

Pressure was also put on respondents who continued with some degree of work involvement during the early reproductive stage. Helen, a doctor with two children who worked part-time in a competitive hospital speciality, found that both her own mother and her mother-in-law tended to blame any misbehaviour in her children on the fact that she was away so much. Helen was one of the respondents who attempted to avoid criticism or pressure by paying lip-service to conventional gender roles and adjusting her behaviour to what she thought others expected. This was done with a degree of resignation and acceptance of an imperfect reality which typified these non-conformers.

Sally, another doctor with children, also experienced pressure from others in relation to her decision to continue with a high level of
work involvement during the early reproductive stage. In her case it was her contemporaries, other women doctors with young children, who put pressure on her by indicating that she might have been 'doing too much' and thereby risk harming her children. Sally's decision to give up full-time work a year after her second child was born was due to a combination of factors. It was quite clear that the kind of pressure referred to above had played an important part in this decision, as well as causing her discomfort and worry. The discomfort had its origin in a fear of being regarded as 'odd' or different from other women because she did not conform to conventional gender roles. The worry was linked to her role as a mother and her fear of damaging or harming her children by her actions.

It was not uncommon for the mothers in the study to refer to such fears. This was particularly prominent among the social workers - perhaps because parenting is an important concern in social work. Social workers are directly involved in the process of interpreting and executing society's definitions of 'good' and 'bad' or 'inadequate' parenting. As a result, they are acutely aware of current norms for parenting, as well as the sanctions which are used against parents who deviate from these norms. Many of the social workers in my sample maintained that the effect of seeing what was regarded as inadequate mothering affected their desire to have children (see, for example, Stella - voluntarily childfree social worker, chapter 6) or made them adjust their behaviour in other ways. Three of the childfree social workers said that they might have
considered having children outside marriage if they had not been made acutely aware of the problems encountered by such children through their work. But as Sally (see above) showed, the doctors also feared being labelled 'poor' mothers. According to Dally (1982) the fact that a woman can choose, at least in theory, whether or not she has children, has meant that acceptable norms for parenting have changed. At present it is widely accepted that one should only have children "if one is able to care for them properly, physically, economically and emotionally, according to today's high standards" (Dally 1982:43).

In order to understand why many women fear the label of 'poor' mother one must try to understand what being a mother means in terms of social status. In her book "Taking Chances. Abortion and the Decision Not to Contracept" Luker describes the benefits of pregnancy. Pregnancy, she says, "... is more than a biological occurrence; it is an event of immense social significance. It connotes fertility, femininity, adulthood, independence, and a wide variety of other meanings" (Luker 1975:65). Being pregnant and becoming a mother proves a woman's femininity and as such is of importance both in defining her social position and self perception. An attack on a woman's ability to care for her child is an attack on one of her most important roles in life, and will significantly threaten both her social position and her self perception. This was demonstrated very clearly by the respondents, especially those who paid lip-service to conventional gender roles. Angela, for example, was acutely aware of the fact that others might criticise her for
working part-time as a social worker when her son was very small. She found it necessary to justify her work involvement in terms of economic need. She argued that as a single parent she needed to work to maintain her child. She could therefore demonstrate that she was a 'good' mother who put her child's needs first.

Angela demonstrated the importance of choosing socially acceptable ways of articulating motives, especially if one is defending lack of conformity with conventional gender roles. Few people would question Angela's motives for working. Those who did so, a few very close friends, knew her situation intimately. They pointed out that she could let her ex-husband support her or live on social security. However, as Angela made clear during the interview, she wished to continue to work. She enjoyed the status and identity of being a working woman, and she was exceedingly reluctant to give up her economic independence. She managed to do so and be seen as a 'good' mother by justifying her lack of conformity with conventional gender roles in terms of economic need. Thus she also avoided the kinds of sanctions which might have come her way had she not had such an 'acceptable' motive for working.

Socially acceptable motives, i.e. motives which were likely to have the intended effect of avoiding repercussions of non-conformity, were often altruistic in character. In chapter 1, when looking at the literature which is of relevance to my work, I showed how women are expected to orient themselves to other people's needs, especially those of their husband and children. This is reinforced through
socialisation processes and is reflected in the vocabularies of motives used by the respondents - especially in connection with their desire to maintain a high level of work involvement during the early reproductive stage.

Some of the respondents who chose to work during the early reproductive stage came under pressure from their spouse because they did not conform to the third aspect of conventional gender roles: his work will be seen as more important than hers; his income will be regarded as more important to the family's economy than hers. Such pressure was always linked to marital conflict.

The danger of marital conflict and break-up is one of the possible prices which a woman may have to pay for lack of conformity with conventional gender roles (see Booth, Johnson and White 1984). The three married respondents who have been classified as paying lip-service to conventional gender roles (Helen, doctor with two children, Barbara and Linda, both childfree doctors) were all aware of this. One of the reasons for paying lip-service to conventional gender roles was to avoid threatening their husband's position as main breadwinner. Helen said that if a woman put her career first this was a very quick way to a breakdown of a marriage. Helen was one of the most work orientated of the mothers in my sample. Her job and her professional status meant a great deal to her. She thoroughly enjoyed work, even being on-call which many other respondents regarded as a burden.
"I enjoyed that very much. And in a sort of speciality where there is a lot of on call, then there is a great sort of 'mess' life and I thoroughly enjoyed being here, and the work."

She was much more ambivalent about domestic tasks and stated quite categorically that she hated housework. She defined herself as "not a desperately maternal type" and said that she had been in two minds as to whether she wanted children. In spite of this she chose to pay lip-service to conventional gender roles. She stated that in the marriage her husband was the main breadwinner, and his work was more important than hers. Helen was aware of the price of outright non-conformity, and she was not willing to pay. Nor did she have any intention of conforming by giving up work. The alternative for her was to go along with conventional gender roles as far as was necessary in order to avoid the repercussions of non-conformity. However, as I have pointed out in chapter 5, there was a price to pay for women like Helen. The price was the extraordinary amount of work required to keep up the performance. They had to be 'superwomen' both at work and at home.

The fact that lack of conformity with conventional gender roles may lead to marital conflict and/or the break-up of a marriage or relationship was demonstrated by several respondents. Sarah, a social worker with two young children, found that her husband was very reluctant to accept her work involvement, in spite of the fact that this could only be described as minimal (less than a normal full day per week). She continued to be in charge of all household duties and she arranged childcare. She said that if anything in the house
was not perfect, this would get blamed on the fact that she was working. As she had unquestioningly followed her husband around wherever his work took him for a number of years, she felt resentful that he objected to her work involvement. As I have pointed out previously, the reason for the difficulty may have had less to do with the practical aspects of running the household than with the fact that Sarah had introduced a change in the marriage contract. Her husband had clearly expected a wife who would devote herself to domestic tasks, following a conventional pattern. She had done so for many years. The fact that she was beginning to want to establish a life for herself outwith the family meant that she was raising questions which were of fundamental importance in the marriage - she was attempting to change the marriage contract.

For Judy, a social worker with two children, conflict over the issue of whether she should work or not, had been the major cause of the breakup of the marriage. This is described in chapter 6. Connie's relationship during her student days finished as a result of her unwillingness to conform to conventional gender roles. This is described in connection with the marriage contract, chapter 4. Sophie, a childfree, divorced social worker, had come into conflict with her then husband over the question of child-care.

"... the thing we didn't agree on was that if I had a child, he would expect me not to work. And whilst I could see that I might actually make that choice when the reality faced me, if we'd had a child, I wanted to keep my options open."
This conflict was one of the reasons for the break-up of Sophie's marriage.

* * * *

All the respondents who did not conform to conventional gender roles paid a price of sorts for their non-conformity. The respondents who have been categorised as paying lip-service to conventional gender roles worked extremely hard both at home and at work in order to avoid being recognised as non-conformers and, as a result, have to face the repercussions of non-conformity. There was some indication that they suffered from the strain of this, but in general they seemed reasonably satisfied with their decision. The alternatives of giving up work or coping with the potential repercussions of outright non-conformity were unacceptable to them. They gained a lot of personal satisfaction from work and felt that this compensated for the disadvantages of their situation. In a sense, they seemed to have come to terms with an imperfect society where women are caught in a dilemma between domestic and work roles, and they tried to make the best of the situation in which they found themselves.

The respondents who attempted to develop alternative life-styles paid for their non-conformity in a variety of ways. Pressure to conform, or expressed disapproval from others were common and in some cases this was a contributory factor in the change from non-conformity to conformity. Another result of open non-conformity was, as I have shown, marital conflict which in some cases ended in divorce.
The search for a new way.

It seems, then, as if these women were caught in a double bind situation. They were encouraged to demand and make use of equal educational and occupational opportunities with men. At the same time, they were expected to conform to conventional gender roles, to rear a family and be good wives and mothers. As my respondents have shown, it can be exceedingly difficult to do both. Those of the respondents who tried to do so found that there was a price to pay. However, it is important to point out that those respondents who chose to work and rear a family were, generally speaking, more satisfied with their decision than the respondents who had chosen a more conventional life-style. The non-conformers expressed little doubt that they had made the right choice for them. The respondents who had given up work for a period also generally felt that they had made the right choice, but they tended to justify their decision in terms of the well-being of others, especially their children, rather than in terms of what they themselves had wanted to do. Many of them said that they missed working.

The respondents who were non-conformers as a result of their wish to remain childfree, and who were married, all faced pressure to conform by having children. As I have shown in chapter 6, becoming voluntarily childfree was the result of a process involving a variety of factors. It was often the result not of a deliberate choice or decision, but of the alternatives, i.e. having children and
conforming to conventional gender roles, being regarded as unacceptable. The type and degree of pressure to which they were subjected depended on individual circumstances. For some of them the price of non-conformity was very high. All of them, including Connie, who was single, had had to face serious conflict in their marriage or relationship.

It may be safe to assume that a domestic life-style will not satisfy or suit all women. Several of my respondents indicated that they would find - or had found - such a life-style unacceptable (2). However, it was equally clear that others felt it was right and appropriate for them to be at home while their children were small. In an ideal world it should be possible for people to choose the life-style which most suits them. In practical terms this comes down to creating a society where it is possible and acceptable to interpret gender roles in a variety of ways, a society with adequate provisions for working parents and where no-one would be put under pressure to 'prove their femininity' by adopting a particular life-style. However, we do not live in an ideal world: women like Helen have to lead a double existence in order to be able to continue with paid work and have a normal family life; a fully qualified and experienced social worker, Sarah, has to spend time justifying her right to work six hours per week in order not to cause serious disruption in her marriage. Some women end up as non-conformers, with the strains which this involves, not as a result of deliberate choice, but because the alternatives are unacceptable. This was the case for some of the voluntarily childfree respondents.
Eisenstein (1984) suggests that there are three alternative options open to feminists in the late 1980s. First, there is the option of competing with men on men's terms. Secondly, there is the option of withdrawing from that world "... out of pessimism as to its essentially patriarchal nature, creating instead an otherworld of female retreat." Thirdly, there is the option of entering men's world and attempting to change it, introducing into it "woman-centered values at the core of feminism" (Eisenstein 1984:144).

Eisenstein is referring to the ideological or political options which feminists may choose. However, her categories can also be used empirically in order to illustrate the ways in which my respondents organised their lives. For example, the women who have been categorised as paying lip-service to conventional gender roles could be seen as having chosen the first option; they attempted to compete with men on men's terms at work. Most of the doctors had had to adopt this option during medical school where they competed with male students in a male dominated environment.

Some of the more radical among the respondents could be seen as veering towards the second option - withdrawing from the world and its patriarchal values. One social worker, for example, became a lesbian and lived in a lesbian commune after the break-up of her marriage. She said that she did so for ideological reasons rather than because of sexual preferences (she defined herself as bisexual).
Eisenstein's third option includes entering men's world and attempting to change it. This is an approach favoured by many contemporary writers on leadership, many of whom have a pragmatic rather than a theoretical approach to the topic. The much quoted leader of Scandinavian Airlines Systems, Jan Carlzon, maintains that the qualities that are needed in modern leadership are often found in women:

"The new leader, on the other hand, the kind of person I think we need in the decentralised organisation, is very much an educator, an emotionally warm and inspiring person who has the ability to create a good environment; i.e. a person with many of the characteristics which closely resemble what we usually call feminine characteristics. This should open up new opportunities for women - and for men with feminine qualities. Up until now women have had to copy men's behaviour in order to rise in the hierarchy - and this has been wrong." (Carlzon 1985:112. My translation).

Some of the respondents who have been categorised as developing alternative life-styles came closest to Eisenstein's third option. They have not withdrawn from men's world, nor have they entered it totally on men's terms. Instead they have attempted to combine the worlds of work and family life in a way which they have found acceptable and to introduce new values, new ways of doing things into the work environment. An example of this was Brenda. Brenda was a social worker with two children. Her situation is described in
chapter 6. After leaving her first husband when her eldest daughter was a few months old, she worked full-time as a senior social worker, maintaining herself and her daughter. She then met and set up house with the man with whom she was living at the time of interview. They had a child together, and Brenda was pregnant when I interviewed her. Brenda had worked full-time until she was made redundant shortly before the interview. She described the delights and frustrations of her busy life with humour and insight. She was in no doubt, and left me in no doubt, that she had made choices which were appropriate for her. She was not aware of pressure on her to conform to conventional gender roles. Her confidence in herself both as a mother and as a professional social worker would make it difficult for anyone to question what she was doing. Brenda had what Berger and Berger (1983) have called "... the self assurance and courage to defy the existing structure" (see quote at the beginning of chapter 4).

Brenda had chosen Eisenstein’s third option. She had moved up the grades in social work, achieving an administrative position. Doing so, she had attempted to keep a balance between work demands and her family commitments. She described how this had affected her style of working:

"I ... think that it has made me have a theme of work which is that short intervention is often better. And as another idea for my own working life is of, well it is probably quite good to have to go at 5.30 or something. And I really don’t know how much that relates to independent thinking or circumstantial, because I have had to go at 5.30."
Brenda also stressed the value of being a mother to her understanding and ability to work as a social worker.

"Some people have said that to me - that they didn't know how they ever did social work before they had children, because they were so limited in their understanding, it was all theoretical, until they actually had their own children. Particularly if they were working in childcare .... As soon as I had my first child I became very panicky about some of the jobs I was doing. Removal of children from home, that kind of thing. It can't but help change your views."

Brenda's home life has also been affected by her comparatively high level of work involvement:

"If it has been planned well, it has worked well. It has given me a lot of anxiety, but it has basically been OK. Except, there is a continual organisational feature to ones life...."

I What happens if the children are ill, during holidays, that kind of thing?

"There is a sort of early morning freak-out. And then, well, when I was on my own, it was very, very difficult. When we've been together, one of us - we have somehow managed the day between us. Or we've taken time off or we've prevailed upon a childminder to take a sick child. Or if they've been very sick, one says 'Right, they come first'. But at other times, they have to be very sick not to go out the door, basically." (3).

In this quote Brenda demonstrated how it is possible to combine the caring role with a high level of work involvement. She did not see life in terms of either/or situations. She showed that it is possible to find ways of coping if one is trying to combine the two roles of being a working woman and a parent.
Brenda used the options that were open to her to a greater extent than did many of the other respondents. She was able to liberate herself from some of the demands of conventional gender roles and begin to work towards a new way. There was a dimension of liberty in her behaviour - a dimension to which de Beauvoir refers in the quote with which I introduced chapter 1.

Brenda, however, was unusual among my respondents in this respect. An important and to me somewhat surprising finding of this study is the extent to which conventional gender roles shaped the lives of my respondents. This was the case both for those women who had expected and planned to conform to conventional roles, and for respondents who had planned to do other things.

Another finding of this study is that there is indeed a direct conflict between women’s caring role in the family and their work role. Well-qualified women are caught in a double-bind situation. They have been encouraged to make use of educational opportunities, and have been led to believe that they will be able to devote themselves to demanding work roles in the same way as men have done. However, when they enter the early reproductive stage, if not before, they find that they are expected to conform to conventional gender roles. To some respondents the conflict between their family roles and work roles were unexpected, and the process of adapting their plans and expectations was more complicated than for those respondents who had anticipated this dilemma.
The respondents encountered problems on several levels in relation to the conflict between their caring and work roles. On the practical level there is the problem of finding suitable child-care, how to allocate one's time, and how to find satisfactory arrangements for the domestic division of labour and so ensure that necessary housework is done. The ways in which respondents dealt with such practical issues was related to how they coped with problems on another level — pressure from others to conform to conventional gender roles. An important finding of this study is that such pressure is exceedingly strong. Few of the respondents were willing openly to reject conventional gender roles and develop alternative life-styles. Some of those who became non-conformers did so reluctantly and clearly found it difficult to cope with the ensuing criticism and pressure. This was particularly the case for some of the voluntarily childfree women in the study. Some of the non-conformers chose to pay lip-service to conventional gender roles in order to avoid or reduce the repercussions of non-conformity.

An important factor leading women to pay lip-service to conventional gender roles was the third aspect of conventional gender roles: his work will be seen as more important than hers; his income will be regarded as more important to the family's economy than hers. The respondents were reluctant to challenge their husband's/partner's roles with good reason. In a number of cases respondents had experienced conflict, which in some cases had led to the breakup of a marriage or relationship, because of their unwillingness to conform to conventional gender roles, or because a husband or partner had
felt that his role was threatened as a result of her lack of conformity. However, some husbands/partners were able to accept non-conformity with conventional gender roles in their wives, which again affected the third aspect of conventional gender roles and consequently his role in the marriage/relationship. My research did not include questions which might throw light on why some men were more prepared than others to accept changes in conventional gender roles. This is an important and interesting area for further research. It is important both because it affects how women adapt to the conflicting demands of home and work roles and because a greater understanding of men's perceptions of their roles would increase our understanding of the problems faced by contemporary men in relation to changing roles. There are indications in my material that some men do struggle with problems in this respect, and that this affects marital stability.

In chapter 1 I explored some areas of literature which I deemed to be of relevance to my work. When looking at literature on how women's employment affects other family members I showed that some of the literature which suggests that children may benefit from having working mothers is not well known, and has been given less publicity and attention than literature showing the opposite. There are at least two important questions linked to this, both of which should be the subject of further research. Firstly, one ought to look much more carefully at the effect of maternal work on children's academic achievement and general adaptation to adult life. One would need to do longitudinal studies, as the long-term effects may prove to be
very different from the short term effects. One would also need to
select groups for study carefully, and not presume that findings
which are valid for one group, for example white, middle-class
children, will hold for another group, such as coloured, working-
class children. It is, of course, essential to control for gender
when exploring such issues. Secondly, one should look at existing
material in this area. If Apter (1985) is correct that material
which indicates benefits to some children of having working mothers
has been given less attention than studies showing the opposite, this
is an interesting finding in itself. One must then begin to ask
questions about why this situation has come about, whose interests
have been served by emphasising findings which may be biased in a
particular direction.

I have referred at times to the guilt which women feel in relation to
the dilemma between work and family commitments. An important effect
of exploring biases in research (including possible biases in
research on the effect of maternal employment on other family
members) would hopefully be to give everyone, including mothers, a
more realistic view of what are the real implications on children.
One should not limit a debate on possible biases in research to the
effect of maternal employment on children's academic achievement, but
look at wider implications of women's employment. For example, there
is some indication, both in my research and in that of Wilkinson
(1984) that the children of employed mothers are ill less often and
have fewer absences from school and play-group than do other
children. Other benefits of maternal employment may be hidden in
existing material. If so, they should be brought out and included in the debate. Hopefully this could reduce or remove much of the guilt with which many working (and non-working) women struggle.

And perhaps it is time we started to ask more questions about the effect of paternal employment patterns on children?
APPENDIX 1
INTERVIEW SCHEDULE

Introduction
- My main areas of interest are family life and work. I shall be asking questions about how you make plans and decisions in these two areas of your life. I am, however, also interested in other aspects of your life, and I shall be interested in those things which you feel have been and are of importance in shaping your life.

The interview is in five sections. The first section is fairly short and concerned with biographical details. The aim of this is to give a rough outline of your life.

The second section is mostly about work, although it touches on other aspects as well.

The third section is mostly about family life, although it contains some questions about work.

Section four is rather less structured than the previous sections. It deals with things other than family life and work which may be of importance to you.

Section five contains questions about the way in which your husband/partner may have affected your plans and attitudes.

Is there anything you want to ask me before we start?

Section 1. Biographical details.

Name: Age:
Occupation: Time of interview: Venue:

Family of origin:
Father's occupation:
Mother's education after school:
Mother's occupation after birth of children:
Siblings: Respondent's place in family:
Siblings occupation: Contact with siblings:

Respondent's education:
Type of secondary school attended:
Age when leaving school: Qualifications:
Training and qualifications since leaving school:

Employment:
Currently employed: Yes/No Current/last job:
Marital history:
Current marital status: Married/single/divorced/ separated/widowed/cohabiting.
Respondent's age at marriage: 
Husband's age at marriage: 
Previous marriages:
Children: Yes/No
Number of children: 
Age and sex of child(ren):

Present domestic situation:

Section II. Work.

- As I have mentioned already, this section is mostly about work.
When I talk about work in this context, I mean paid employment, 
although I do, of course, accept that work is much else besides this.

In order to get as clear a picture as possible about how you have 
made decisions and plans in relation to work, I shall ask you 
questions about your home background and schooling, how you made 
decisions about further education and future employment, the time 
when you were training to become a social worker/doctor, the period 
since you qualified and your current employment situation, as well as 
some more general questions about your attitude to certain things 
related to work.

Perhaps we could start by talking about your education and family 
background.

1.1 When you were in your teens, before you left school, what did 
you think you would be doing workwise later in life?

1.2 Can you tell me how you chose subjects at secondary school?

1.3 Would you say that, about the time when you were leaving school, 
you were making plans for the future? 
If yes: Can you tell me about your plans? 
If no: Did you have fantasies, or dream about being something 
special when you grew up?

1.4 At this early stage, did you expect that you would be working 
for most of your adult life or not? 
If relevant: Did you have any thought about how marriage and 
children might fit into your life?

1.5 Can you describe to me how you came to do social work/medicine?

1.6 Which factors did you take into consideration when you made the 
decision?
1.7 Did anybody in particular have an influence on this decision?

1.8 Was there anything else which you would have liked to do but could not do for some reason or other?
If relevant: What was it? Why could you not do that?

1.9 Are there any other factors which you see as having been important in relation to your choice of further education and career?

1.10 What was your parents' attitude as regards further education and future employment for you?
If relevant: How important was their attitude in this respect? Your parents' economic situation - was that important?

1.11 You said that your mother did/did not work outside the home. Do you think that she was happy with her situation in this respect?
If mother worked: Can you tell me how your mother coped with work and family life?

- I would like to talk to you about the time during which your were training as a doctor/social worker.

1.12 Did you have any ideas about what you wanted to do after qualifying?

1.13 Did anything happen during your training to change your plans?

1.14 If anyone had asked you when you were at university what you thought you would be doing ten years hence, what do you think you would have said?

1.15 When you were training, did you think you might get married and have children some time in the future? Did this influence the way in which you thought about your future work?

1.16 Did you ever doubt whether social work/medicine was the right profession for you?
If relevant: Would you say that your training affected your attitude to medicine/social work?

1.17 Were you ever tempted to give up the whole thing?
If relevant: Can you tell me about it?

1.18 Did anyone or anything in particular influence you during this period of your life?
If relevant: Can you tell me about it?

- I would like you to tell me about the period since you qualified as a social worker/since your registration (as a doctor).

1.19 Can you tell me about the different jobs you have had since you qualified?
Did you stop work for any period?

1.20 Is this more or less what you wanted to do, or would you have preferred to do other things?
If yes: Can you tell me what these were and why you would rather have done that?

1.21 You will have had to make a number of decisions about the role of work in your life since you qualified as a doctor/social worker. Can you think of such a decision and tell me how you made it?

1.22 What sorts of factors did you take into consideration? Would you say that this is typical of how you make such decisions?

1.23 Has anyone tended to influence such decisions? Who is that? Can you tell me in what way he/she/they have influenced you?

- Now I would like to talk to you about how you see work at this stage of your life, and how well you think women do in your profession.

1.24 Generally speaking, how important would you say that work is in your life?

1.25 Would you say that you are ambitious? What position would you like to achieve before you retire?

1.26 Would you say that your present position is more or less what you would like it to be or not?

1.27 Is there anything else you would have liked to do workwise but could not do for some reason or other?

1.28 **Mothers only:** What would you be doing workwise now if you were not a married woman with children?

**Childfree women:** What would you be doing workwise now if you had (got married and) had a family?

1.29 Thinking about your present situation with regard to work, would you say that you are where you are now because of the plans and decisions you have made, or have other factors been of importance/influenced you?
If relevant: Can you tell me what these factors are?

1.30 Have you ever felt discriminated against in the work situation because you are a woman? Do you know of anyone else in your profession who has experienced such discrimination?

1.31 In general, how well do women do in your profession?

1.32 Do you know any women who have managed to have a career and
combine this with family life/bringing up a family - without taking several years out?

1.33 Doctors only: It is sometimes said that medicine is a 'male' profession and that it is difficult for women to compete on an equal level with men. Do you agree that this is the case?

Social workers only: Although there are more women than men in social work, it seems as if men do better in the sense that they often hold the top positions. Why do you think this is the case?

Questions for respondents who are currently not working or who gave up work at some stage in the past:
(Respondents who have worked continuously: 1.39.)

1.34 Do you/did you miss working or not?
If yes: What is it about it that you miss?

1.35 Can you tell me how you came to stop work?
Which factors influenced your decision?
Did anybody in particular influence you in this respect?

1.36 Have you ever felt/did you ever feel under pressure to go back to work?
If yes: Can you tell me about it?
How did you cope with it?

1.37 Do you/did you find it difficult to manage economically without your income?

1.38 Currently not employed respondents only: Do you anticipate going back to paid employment later?
Do you expect to go back to social work/medicine?
Do you expect to be able to get a job quite easily or not?
Are you trying to keep up with new developments in medicine/social work?

Currently employed respondents who took time out from work in the past:
When you were not working, did you expect to be going back to work later?
At what stage did you expect to go back?
Did you think it would be quite easy to get another job?
Did you, in fact, experience any difficulties in this respect?
When you were not working, did you try to keep up with new developments in medicine/social work?

Respondents who have always worked:

1.39 Have you ever considered giving up work and staying at home full-time?
If relevant: Can you tell me about it?

1.40 Have you ever felt under pressure to stay at home full-time?
If relevant: Can you tell me about it?
How did you cope with it?

1.41 Can you imagine a situation in which you would give up work?

1.42 If you were to stop work, do you think you would miss working or not?
If relevant: What is it about it that you think you might miss?

1.43 If you did stop work for a time, do you think it would be difficult for you to get back to work?

All respondents:

- I would like to ask you some general question about your attitude to certain things, but I am also interested in whether you see these things as applying to you.

1.44 Some people say that professional status is very important in relation to self esteem. Do you agree with this or not? How important is being a doctor/social worker to you?

1.45 How important is it for a woman to have her own income? Is it important to you?

1.46 Do you think that the roles of being a wife and mother on the one hand and being a doctor/social worker on the other are in conflict or not?

1.47 Some people say that with an educational system which is open to all and legislation against sexual discrimination at work, women have all the opportunities they could wish for. Do you agree that this is true or not?

1.48 Some people argue that married women cannot make long term career plans because they depend on their husband and his career plans. Do you think this is true or not?
If relevant: Is it the case for you?

- We have now finished the work section of the interview, although we will touch on things to do with work later on as well. Is there anything else which you think should be covered at this stage?

Section III. Family life - single and married childfree women.

- So far we have spoken mostly about things to do with work, although we have mentioned other things too. As you know I am interested also in family life and how you see that in relation to your own life. I know that you have no children of your own living with you at the moment.

2.1 If relevant: You said early in the interview that when you
were younger you thought you would eventually get married and have children. How important was that to you then?

2.2 Do you mind telling me if you have had any pregnancies in the past?
   If yes: Can you tell me what happened?
   Would you say that that has had a significant effect on your life or not?
   If relevant: How has it affected you?

2.3 Have you thought seriously about having children at any stage of your life?
   If yes: Do you mind telling me about it?

   If yes to 2.3; (If no: 2.8)

2.4 When you were thinking about having a child, did you talk to x (husband/partner) about it?

   If in current relationship: Do you ever talk to x (husband/partner) about it?

2.5 Do you/did you ever consider your work involvement in this context?

2.6 What about his work involvement, was/is that ever considered in this context?

2.7 If respondent is describing past relationship: Do you mind telling me what happened to you and x?

2.8 Would you like to have children some time in the future?

2.9 Do you think you will have children in the future?

   If yes to 2.8/2.9: (If no: 2.13)

2.10 If you do, do you think you will carry on working?

2.11 If yes: Can you tell me what sorts of arrangements you think you might make for childcare?

2.12 How do you think having children might affect your work plans?

   If no to 2.8/2.9:

2.13 Would you say that you have reached a decision to remain childfree?

2.14 Do you mind telling me how you came to that decision?

2.15 What sorts of factors did you take into consideration when you made the decision?
2.16 **If relevant:** Was your work a factor in this respect or not?

2.17 Have you ever experienced problems in relation to your decision?

All childfree respondents:

- You are now ... years of age. It is sometimes suggested that it is better to have ones children before or around the age of 30.

2.18 Do you ever feel that you may be 'running out of time' as far as having children is concerned?

2.19 Has it ever been suggested to you by anyone that you ought to get a move-on and have children before it is too late? *If yes:* Can you tell me about it?

2.20 Have you ever felt under pressure from anyone, such as parents, in-laws or anyone else, to have children? *If yes:* How do you/did you cope with that?

2.21 What do you think your life would be like now if you had children? Do you think you would be working? Do you think you would like that sort of life?

- I would like to ask you some general questions about your attitude to some aspects of family life. Although these questions are of a general type I am interested in the extent to which you feel that these things are of relevance in your life.

2.23 Some people say that having children cuts down drastically on other options. Do you think that is true or not?

2.24 Some people say that having children is the most important thing in a woman's life. Do you agree with that or not?

2.25 How important do you see having children compared to work? Do you think most women see it that way? *If no:* Why do you think you differ from other women in this respect?

2.26 Some people say that when it comes down to it, women have to make a choice: children or career. Do you think this is true or not?

- We have come to the end of the section on family life. Is there anything else which you think should be covered in this context?

Section IV. Family life - mothers.

- So far we have spoken mostly about things to do with work, although
we have mentioned children. But, as you know, I am interested in family life and your attitudes to that as well, and I would like to concentrate on that for a while.

3.1 If relevant: You said early in the interview that when you were in your teens you thought you would get married and have children. How important was that to you then?

3.2 You have .... children now. Do you mind telling me if you have had any other pregnancies?
If yes: Can you tell me what happened?
Would you say that that has had a significant effect on your life or not?
If relevant: How has it affected you?

- I would like to talk to you about the decision to have children.

3.3 Would you say that you planned to have children when you did, or did they 'just happen'?

3.4 If planned: Can you tell me how you made the decision to have children?
Which factors did you take into consideration?

3.5 Did you and your husband discuss having children before you got pregnant?
Before you got married?
If relevant: Did you agree about the timing and size of your family?

3.6 Did you consider your work involvement and career prospects in connection with family planning?

3.7 What about your husband's work involvement, was that ever considered in this context?

3.8 Did you ever want to or plan to have children at any other stage in your life?
If relevant: Can you tell me about it?

- It is sometimes suggested that it is better to have ones children before or around the age of 30.

3.9 Before you had children, did you ever worry in case you might 'run out of time' as far as having children was concerned?

3.10 Did anyone ever suggest to you that you ought to get a move-on and have children before it got too late?
If yes: Can you tell me about it?

3.11 Have your parents, in-laws or your husband ever put pressure on you in this respect?

3.12 If yes to 3.10/3.11: How did you/do you cope with that?
3.14 Do you expect your work involvement to change as your children get older?
If relevant: Can you tell me how and when you expect this to happen?

Currently employed respondents only: (Currently not employed: 3.20)

- I would like to talk to you about problems in combining work and family commitments.

3.15 How do you cope with the day-to-day problems of holding down a job and child-care?
What happens, for example, if the children are ill?

3.16 Would you say that having children has affected your work plans in any way?
If yes: Can you tell me about it?

3.17 Do you ever feel that people at work disapprove of what you are doing - that you are not pulling your weight because of domestic responsibilities?
If yes: How do you cope with that?

3.18 What about people at home - do they think that you are away too much?
If yes: How do you cope with that?

3.19 Would you like to be at home full-time?
If yes: What is preventing you from doing that?

Respondents who are currently not employed:

- I would like to ask you some questions about combining work and family commitments.

3.20 If you had what you would regard as adequate alternative child-care facilities available to you, would you be working now?

3.21 Do you feel that having children has affected your work plans?
If yes: Can you tell me some more about that?

All respondents with children:

- I would like to ask you some general questions about your attitude to some aspects of family life. Although these questions are of a general type, I am interested in the extent to which you feel that these things are of relevance in your life.

3.22a Some people say that their attitude to work changes when they have children. Do you think that is true or not? Was it true for you?
If relevant: Can you tell me in what way your attitude to work
changed when you had children?

3.22 b Many women find that being a mother is very different from what they expected. Would you say that this is true as far as you are concerned?
Can you tell me in what way it has differed from your expectations?

3.23 Some people say that having children cuts down drastically on other options. Do you think that is true or not?
Is it true in your case?
If relevant: Can you tell me about it?

3.24 Some people say that being a mother/having children is the most important thing in a woman's life. Do you agree with that or not?
How important is it to you?

3.25 How important do you see having children compared to work?
Do you think most women see it that way?
If no: Why do you think you differ from other women in this respect?

3.26 Some people say that, when it comes down to it, women have to make a choice: children or career. Do you think this is true generally or not? Has it been true in your case?

- We have come to the end of the section on family life. Is there anything else which you think should be covered in this context?

Section V. Life style.
- So far we have spoken mostly about the importance to you of work and family life. I am, however, aware that there may be other aspects of your life which you feel are very important - perhaps more important than the things which we have spoken about so far. Some people, for example, have strong religious beliefs. Others may be deeply committed politically, or to some specific cause. Others again may have special interests, like hobbies, or just like doing something a great deal. It is things like that which I would like to talk to you about now.

4.1 Can you tell me if there is anything outside work and family life which is very important to you?

4.2 If no to 4.1: Can you tell me what sorts of things you tend to do in your spare time?
What sorts of things do you spend money on - apart from things for the family, housekeeping and so on?

4.3 I would like you to try to tell me how you see things fitting into your life. If you had to grade the different aspects of life that are important to you, including work and family life, which would come first? Do you see the different aspects of your life as
being in conflict with each other?

4.4 If you had free time to allocate as you wish, how would you spend it?

4.5 If relevant: What about your husband/partner, does he share your interests?
   If not: Does this tend to cause conflict between you?
   If yes: How do you cope with that?

4.6 Can you tell me how you developed your interest in .....?

4.7 Does anyone you know share your interest?

4.8 Do you feel that you have the option to participate in/do ..... as much as you want?

4.9 Would you say that anyone influenced you to take an interest in .....?

4.10 Have you ever felt that anyone disapproves or is critical of you in this respect?
   If yes: How do you cope with that?

4.11 How do you see the future with respect to .....?

4.12 If not already mentioned by respondent: Would you say that friendships are important to you?
   If yes: (Explore further if relevant.)

4.13 Many of the women that I have interviewed have mentioned friendships with other women as something which is of great importance to them. Why do you think this should be so?

- Is there anything else that you think we should talk about before going on to the next section?

Section VI. Husbands/partners.

Married/cohabiting women: - I would like to talk to you about the way in which your husband/cohabitee affects your planning and decision-making.

Single women: - I know you are not married. However, I have a number of questions referring to the way in which men, especially husbands, affect one's attitudes. I would also like to ask these questions of single women, if they have had close relationships which have affected their attitudes and plans. Do you think that that applies to you?
   If relevant: Do you mind telling me about that relationship?

5.1 Looking back to the time just before you met your
husband/partner, can you remember what your plans were for the future?

5.2 Did you change these plans in any way as a result of meeting him?

5.3 If yes to 5.2: Can you describe how and why you changed your plans?

5.4 When you met, did your husband/partner have plans for the future?

5.5 If relevant: Did he change these in any way after you met?

5.6 At the moment, do you have plans for the future?

5.7 What about your husband/partner, does he have plans?

5.8 Do you discuss the future?
Do you agree on what you want to do?

- I would like to talk to you about the way in which you make decisions now, and how your husband/partner affects your decision-making.

5.9 Can you think of a decision which you have had to make since you got married/met your partner and which affected both of you? Can you describe how you made that decision?

5.10 Which factors did you take into consideration?

5.11 Did you and your husband/partner agree?

If yes to 5.11: (If no: 5.14)

5.12 What would have happened if you had disagreed?

5.13 Have you ever disagreed about fairly important family decisions?
If yes: Do you mind telling me what happened/what tends to happen in situations like that?

If no to 5.11:

5.14 Can you tell me what happened?

All respondents:

5.15 Would you say that this is typical of how you make such decisions?
If no: Can you tell me what usually happens?

If topic has not been covered already, for example for some childfree women:
5.16 Do you/did you discuss the possibility of having children? Do you/did you agree in this respect?

5.17 Do you/did you talk about how the child would be cared for? Do you/did you agree in this respect? Is/was your work considered in this context?

5.18 If your husband/partner was offered a good job in another part of the country - a place where you would be most unlikely to be able to find work, what would happen?

- To finish, could you tell me where you think you will be and what you think you will be doing 10 years from now? Is that what you would like to happen?
APPENDIX 2
THE RESPONDENTS - BIOGRAPHICAL DETAILS

Respondents' age.

The youngest group of respondents are the childfree doctors, the oldest the childfree social workers. However, the age difference is no more than 4 to 8 years. In such a small sample where the emphasis is clearly on individual experiences this is unlikely to have had any effect on the findings. In practical terms it may be that the childfree social workers are somewhat more established in their lifestyle than the childfree doctors, who may be more likely still to be in a transitional stage and may get married and have children later. There was some indication of this from the childfree doctors; several of them saw themselves as having children later in their careers. However, several of the social workers also had such plans. The respondents, both doctors and social workers, made it clear that although they were aware that 30 is seen by many as a milestone as far as having children is concerned, they did not themselves accept this. The respondents thus confirmed the trend that highly qualified women often delay having children until they are well established in their work role, and that this may mean that they delay the first birth well beyond their 30th birthday (Wilkie, 1981).

Family of origin - parents' education/occupation.

14 of the respondents' mothers had no further education after leaving school, 24 had some kind of further education or qualifications. 8 of these were university graduates, 16 had other types of further education or training. 11 of the mothers had teaching qualifications; 5 of these were graduates. 6 of the respondents had mothers who were trained nurses, and 4 of the respondents' mothers had secretarial or commercial training.

All the respondents' fathers had worked full-time and had had the main responsibility for maintaining the family economically. 10 of the respondents' mothers had worked outside the home when they had children under 13 years of age. The majority of these mothers did not go out to work until their youngest child was at school. The exception to this was three mothers who worked full-time when they had children under school age. These three women were all teachers. One of the mothers who returned to work when her youngest child went to school proceeded to have an outstanding career in medicine.

Three of the social workers and four of the doctors had fathers who were doctors, one of these respondents also had a medically qualified mother. Five of the social workers and one of the doctors had mothers who were qualified nurses.

There were no social workers among the parents of my respondents, although one of the social workers' mothers retrained to become a social worker (she was previously a qualified nurse) after her children left home.
Respondents' education - type of secondary school attended.

I have distinguished between 4 types of schools: fee-paying and non fee-paying, selective and non selective. Attendance at a fee-paying school could be an indication of privilege, both in terms of economy and parental concern and interest. Attendance at a selective as opposed to non-selective school may indicate much the same, although in theory it is possible for children from less affluent backgrounds to gain admission to selective, non fee-paying schools. 'Direct grant' schools are included as a separate category. These schools were well established in Scotland at the time when my respondents attended secondary school. These schools were selective and fee-paying, although the fees were fairly low.

Type of secondary school attended.

<table>
<thead>
<tr>
<th></th>
<th>Doctors/ childfree</th>
<th>Soc.w./ childfree</th>
<th>Doctors/ mothers</th>
<th>Soc.w./ mothers</th>
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<td>5</td>
<td>6</td>
<td>3</td>
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<tr>
<td>Direct grant</td>
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<td>1</td>
<td>-</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Selective/ non fee-paying</td>
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<td>3</td>
<td>3</td>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td>Non-selective/ non fee-paying</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>9</td>
<td>10</td>
<td>10</td>
<td>9</td>
<td>38</td>
</tr>
</tbody>
</table>

Number of children.

The 10 doctors/mothers in the sample had 22 children between them. This gives an average of 2.2 child per doctor. However, two of these children were not the respondent's biological children. If one excludes these two children, the doctors had an average of two children each.

The nine social workers/mothers had 15 children between them. This gives an average of 1.6 child per social worker. It thus looks as if the doctors had more children than the social workers. However, if one includes pregnancies, the difference between the two occupational groups is smaller. One of the doctors was pregnant at the time of interview, three of the social workers. Including these one gets an average of 2.1 child/pregnancy per doctor/mother, 2.0 child/pregnancy per social worker/mother.
Dear Dr./Ms./Mrs.

I am a post-graduate student at the University of Edinburgh. I am currently working on my PhD, and it is in this context that I am writing to you. My thesis is going to be about how some professional women structure their lives, how they see family life and work. In this connection I shall want to interview a number of women, and I should be most grateful if you would be willing to give up some time to talk to me.

The interview itself is likely to take a couple of hours. It could be carried out at any time that would suit you. Any information that is given to me will, as a matter of course, be treated in the strictest confidentiality at all times. I would take the utmost care that the people who agree to participate in the study cannot be recognised in the written thesis, nor in any material which may be published in connection with my work.

I hope that my work will be of use to professional women in that it will give us a greater understanding of how women structure their lives and the constraints impinging on professional women.

I hope that you will be able to participate in the study. I would be grateful if you would fill in the form below and return it to me in the enclosed S.A.E.

My research is supervised by Rosemary Johnson and Lynn Jamieson, both of whom can be contacted at the above department. If you would like further information about the project, I can be contacted at the department or at home (home telephone number).

Hoping to hear from you, I am,

Yours sincerely,

Ragnhild Bendiksby (Ms.)

My ref.: Date/no.

I am/am not willing to participate in your study.
Name:..........................................
Address:........................................
........................................... Tel.no:.........
FOOTNOTES, CHAPTER 1

(1) Oakley states that many of her respondents defined their own housework behaviour with reference to that of their mothers. Thus they may be "bound up in the replication of previously set standards and routines which may actually frustrate the straightforward goal of simply getting housework done" (Oakley 1974a:121).

(2) In an interview on women and power, where she looks at power in terms of influence and participation in decision-making processes on the one hand and the possibility of being in charge of one's own life on the other, Hernes states that power is not an unfeminine trait. She links the second aspect of power (being in charge of one's own life) to concepts such as self realization and self esteem and points out that the women's movement (in Norway) has been very concerned with this (Hernes, H. 1986, Nettverk - Erfaringspublikasjon for kvinner. J.W. Cappelens Forlag AS 1985, no. 2:2-4).

(3) Hoffman and Hoffman state that "There is considerable evidence that American women fear their own academic and career success and see it as a threat to their femininity" (Hoffman and Hoffman 1973:66).

(4) Kanter (1976 and 1977) has explored some of these issues.

(5) For an example of this see Apter (1985:8).

(6) The question of status and remuneration is not an aspect which depends solely on the task itself, but is also influenced by the relative power of those who carry it out. As far as wages are concerned, this is influenced by the status and power of the majority of people employed in an occupation. Occupations in which a high proportion of women are employed tend to be less well paid than those with a high proportion of men (Department of Employment/Office of Population Censuses and Surveys 1980).

(7) An example of this could be observed in the spring of 1986 in Norway when the social democratic Labour Party took over power from the coalition right-wing government after a vote of no confidence in the Storting (Parliament). During the election campaign the previous autumn Labour had promised to introduce longer paid maternity leave. However, they came into power during a period of comparatively low oil prices, a fact said to have serious impact on the Norwegian economy. Within a matter of days the new government, headed by a woman Prime Minister, made it clear that increased maternity leave would have to be dropped from the agenda. It was said that the country could not afford it in the current economic climate. However, other forms of increased expenditure, such as providing more facilities for heart surgery (a facility required mostly be ageing men ...), were not dropped. It was clear that priorities were made and increased maternity leave was not regarded as a priority. (This decision was later reversed and a two-week extension to the previously 18 weeks paid maternity leave was introduced with effect from May 1987.)
Oakley describes John Bowlby as the person who "more than any other single person, has been responsible for promulgating the myth that children need their mothers" (Oakley 1974b:207).

See for example Clifford and Tobin (1977), Waite and Stolzenberg (1976), Westoff and Ryder (1977) and Cramer (1980).

Another writer on dual-career couples is Rueschemeyer (1981) who compares dual-career couples in the USA and Eastern Europe. For a criticism of the dual career literature, see Benenson (1984).

I shall use the term 'childfree' to describe those respondents who did not have children at the time of interview. As I shall show later, some of these respondents were voluntarily childfree. For others it was more a consequence of the stage they were at, or coincidence. Some of the childfree respondents planned or hoped to have children later. I opted for the term 'childfree' because it indicates a greater degree of choice than does the more commonly used term 'childless'. To be childless indicates that something is missing in the lives of the women who are so described.

The term 'mother' is used to describe the social role of childrearing. In my sample all the childrearing women had also born the children they were rearing, with the exception of one woman who, in addition to her two biological children was rearing two children from her husband's first marriage.

As a parent I obviously have an opinion on these matters, and have taken a stand by going out to work while my children were quite young. What I did in practical terms, however, was influenced by a combination of what I thought was right and appropriate and what I wanted to do on the one hand, and by external factors over which I had little control on the other (for example the availability of suitable work, childcare facilities etc.) Feeling convinced that it did my children no harm to be cared for by others for part of the day made it easier for me to accept opportunities for commitments outside the home when these arose, and to actively go out and seek such opportunities at a later stage. But I was always aware of implicit and explicit criticism of what I was doing, and the need to find acceptable reasons to present to those who appeared critical. This will be of relevance in that my attitudes to childcare and children's needs on the one hand and women's right to work on the other may have influenced my attitude both to what the respondents told me, and to the way in which I present the material.
(1) Burgess is aware that the "neat, tidy accounts of the conduct of research are nothing short of misleading" when it is presented "as a linear model with a beginning, a middle and an end" (Burgess 1984:31). The reality of doing research, he claims, is very different and infinitely more complex. He goes on to describe research as a social process whereby interaction between researcher and researched directly influences the course of the research. Although Burgess is referring to the whole research process from initiation to completion, this is also the case as far as parts of the whole process is concerned, such as choosing and defining the topic and choosing research methodology.

(2) Rose (1962) gives an introduction to interactionist theory. A more critical view is taken in Open University (D283, Unit 5).

(3) These ideas are elaborated in chapter five of Gerth and Mills (1954): "Character and Social Structure".

(4) Taylor (1972) claims that if one is unable to articulate motives, this in itself may stop us from acting. He sees our vocabulary of motives as an important internalised mechanism of social control.

(5) Lofland (1972) distinguishes between 'data' and 'material'. 'Data' is the typical designation for gatherings from the empirical world. Lofland claims that the gatherings of qualitative researchers have different properties from quantitative data, and he sees it as inappropriate to use the term data in qualitative research. He suggests the use of the term 'material' instead, and I shall make use of this term in the following.

(6) The typology of decision-making processes relates categories derived from two major theoretical sources to my findings in the pre-pilot study: Max Weber's categories of 'action orientation' as well as his ideas on instrumental and value rationality (Weber 1968), and Herbert Simon's theories on 'satisficing' and 'maximizing' as set out in "Administrative Behaviour" (Simon 1975).

The typology was developed in order to be able to categorise individual decisions. I did not expect the respondents to fit into one or other category in the sense that all or most of their decisions were of one type. However, I intended to explore the extent to which individual respondents would tend to veer more towards one type of decision-making than another.

In order to explore decision-making patterns I concentrated on certain 'watersheds' or 'points of decision-making' in the respondents' lives, such as choosing subjects at school, choice of occupation/further education, specialisation, first jobs, subsequent job changes, etc., as well as decisions to get married or live with someone and have children - for those of my respondents for whom this had been relevant - and the points at which the two areas of work and
family commitments created a conflict or dilemma in the lives of the respondents.

The following three categories seemed to cover the types of decisions which I had come across in the pre-pilot study:

1. **Calculative decision-making.** This implies a Weberian instrumentally rational approach: a utilitarian weighing up of pros and cons. It involves formulating clear goals. This is done by weighing up the costs and benefits of various options, and choosing the one which seems preferable. The next step in the process is to decide on the optimal way of achieving this goal. These stages may be less clearly divided in practice. An option which is easily achieved may be chosen for that reason over one which is inherently preferable.

2. **Contingent decision-making.** The factors which are taken into consideration are likely to depend on personal value judgment, i.e. factors which the individual deems to be important in her life at any particular time. The gathering of information, weighing up of pros and cons and aiming for a specific goal, which is the hallmark of calculative decision-making, is limited in favour of more immediate considerations. Decisions are sometimes made on the spur of the moment. The short term implications of a decision may be more prominent in the decision-making process than longer-term implications. To use Herbert Simon's terms: in real life people 'satisfice' rather than 'maximize'.

3. **Decision avoidance.** Although this is, strictly speaking, not a form of decision making, it is a way of responding to the perceived need to make a decision. It is not unusual for individuals to respond in this way when faced with a situation where a decision is called for but any likely outcome is seen as unacceptable. I have therefore found it useful to include decision avoidance as a separate category.

The first of these categories, calculative decision-making, is an 'ideal' type in the Weberian sense. It was also an ideal type in the minds of my respondents in the sense that they thought this was an appropriate way to make decisions - an ideal towards which one ought to strive, but which few, if any, ever achieved. It is difficult, if not impossible, to make calculative decisions in real life, partly because one can never know all the factors impinging on a decision. The categories of decision-making should therefore be seen as indicating degrees of being 'calculative' or 'contingent' rather than as mutually exclusive categories.

Several of the women in the pre-pilot project referred to 'keeping their options open'. This was occasionally presented as a motive or justification - especially in connection with contingent decision-making. It cannot, if taken out of context, be allocated to one or other of the categories of decision-making. However, as it appeared so frequently, both in the pre-pilot project and in the main research project, one needs to be aware that in the context of important life
decisions, it is regarded as appropriate and sensible to keep options open. It has come to be seen as an acceptable motive in itself which, in many situations, will be taken at face value (see Mills 1940).

I do not, and did not, regard any of the three types of decision-making as superior to any of the others. External factors over which the individual respondent has little or no control will often determine how a decision must be made. I expected certain decision situations to be more likely to encourage specific types of approaches; career decisions in fields which require long-term, on-going commitment, such as medicine might, for example, tend to steer one in the direction of a calculative approach.

Having constructed these categories of decision-making processes, I felt I had a reasonable framework for proceeding with the field-work. The interview schedule was constructed in order to explore decision-making processes. As already pointed out, I felt that the best way of doing so was to concentrate on specific points of decision-making which were relevant to the main topic of interest. In practical terms this meant asking in some detail about decisions related to the work role and the family role, such as choice of occupation, further education, first and subsequent jobs, working full- or part-time etc. For details about questions asked see interview schedule, appendix I.

There are a number of other ways to categorise decision-making processes. See for example Gallhofer and Saris (1970) or Raiffa (1968) on the use of 'decision trees'. Raiffa uses two kinds of 'forks' in his 'decision trees': decision forks and chance forks, which bear some relation to my calculative and contingent decision-making categories.

(7) It may well be that these categories of decision-making processes have a wider applicability. However, their usefulness would have to be tested more thoroughly before such claims can justifiably be made.

(8) Sharpe describes a similar shift of emphasis in her work in the preface to her book "Just Like a Girl. How Girls Learn to Be Women": "By the time I had completed the research and was getting into complex data analysis I had become increasingly alienated from the work. The warm and living nature of the feelings, ideas and hopes of the girls who had participated had been frozen somehow and lost within long computer sheets covered with endless statistics and calculations." (Sharpe 1976:7).

(9) Unemployment has created great difficulties and hardships for the people who have been affected by it. The following comments are in no way meant to belittle their problems.

(10) This is how Lofland and Lofland (1964) describe the researcher who openly declares his or her intentions to carry out an investigation. As I was going to be interviewing the respondents, I
had no choice but to make my intentions known to the respondents.

(11) In 1983 20 per cent of hospital registrars were women. At senior registrar level, the figure was 18 per cent, and at consultant level a mere 10 per cent, corresponding to 199 female consultants (The Scotsman, 18th April 1983).

(12) The Social Worker Mothers' Group is organised under the auspices of the Scottish Institute of Human Relations. The Institute is a non-profit making charity which was founded in 1969 by a group of senior members of the caring professions in order to undertake advanced professional studies in human relationships. The overall task of the Social Worker Mothers' Group is the study of the maternal experience, in the context of the relationship between maternal and professional identity. Although the group is willing to work with mothers from other professional backgrounds, the majority of members are social workers with small children who are not in full-time paid employment.

(13) The Doctors' Retainer Scheme is open to doctors under the age of 55 who are working no more than one day per week, but who are intending to undertake more substantial NHS work when domestic circumstances permit. For an annual fee (in 1983 this was £130 p.a.) the members are registered with the General Medical Council and are members of a medical malpractice insurance organisation. They must attend at least 7 educational sessions per year, take a recognised professional journal and work a maximum of 1 day per week. There is substantial regional variation in the implementation of the scheme; Edinburgh has a fairly active and well-attended scheme. It is popularly regarded as a way of 'keeping one's hand in' and not losing touch with professional skills and networks while giving priority to other (domestic) commitments.

(14) Payne (1951) points out, in relation to the survey method of research, that an opinion survey does not necessarily report what the public is thinking. More often it reports what the public would think if asked the question. This may apply to a lot of the questions which researchers ask respondents, even when the methods employed differ a great deal from the survey method.

(15) I interviewed men in social classes I and II for an undergraduate project. I found no difficulty at all in establishing 'rapport' and was surprised by the amount of highly personal information they were prepared to divulge. The topic in which I was interested was the domestic division of labour. In a number of the interviews I had to manoeuvre carefully to avoid getting detailed information on income, who spent money on what, and the couple's sex life. The latter was never an attempt to embarrass me or to turn the interview into a sexual encounter; it was simply something which preoccupied these men a great deal, and which they clearly had little or no opportunity to discuss with a sympathetic listener.

(16) Graham maintains that "the use of semi-structured interviews has become the principal means by which feminists have
sought to achieve the active involvement of their respondents in the construction of data about their lives" (Graham 1984:114/5).

(17) When piloting the interview schedule, I used women who would fit the criteria for respondents (see section on choice of respondents, this chapter).

(18) Transcribing the interviews was an exhausting and time-consuming task. I used approximately 12-14 hours per interview. However, this was time well spent. In transcribed form, the material is easily accessible. Through the process of transcription, I became very familiar with the material.

(19) In many ways my presentation of self in the interview situation can be compared to that which Collins (1984) describes as 'participant comprehension'. Collins distinguishes between 'unobtrusive observation' which he claims is in the positivist tradition, and 'participant comprehension' which is in the interpretivist tradition. It is of interest that whereas any 'competent professional' should be able to replicate findings in 'unobtrusive observation', only 'competent natives' can replicate the findings of 'participant comprehension'.


(21) This is similar to Johnson's findings from a much larger sample of 497 doctors (Johnson 1983). Nearly half his respondents had attended schools where some sort of fee (nominal or other) had to be paid. Most of the rest went to grammar schools, which were selective (entry being dependent results at the 'Eleven plus' examination).

(22) According to Byrne only between 5 - 10 per cent of children are educated privately, and in Scotland fewer are educated privately than in England. Of these, she says, "most are either middle and upper class, or intellectually gifted, or financially secure, or all three" (Byrne 1978:17).

FOOTNOTES, CHAPTER 3

(1) In many cases the pre-relationship stage would have been a time when the respondents were training to be doctors or social workers. In question 1.14 I asked specifically about future expectations as regards family life and work when the respondents were training. See appendix 1.

(2) The second and third aspects of conventional gender roles are
supported by law: a husband is legally entitled to unpaid domestic service from his wife; national insurance and social security systems are based on the presumption that married women are financially dependent housewives, and income tax regulations take the same view.

(3) Housework did occasionally become an issue to the respondents in the sense that they felt under pressure to live up to standards set by other women, especially women of the previous generation. I have referred to this in chapter 1, when describing the dilemma.

(4) Oakley (1974a) lists six tasks in relation to housework: ironing, washing up, cleaning, washing, shopping and cooking. These were tasks normally carried out by the women in her housework study. She found that only a minority of husbands gave the kind of help that assertions of equality in modern marriage might imply. Patterns of husbands' participation are class differentiated with middle-class husbands participating more than working-class husbands. She also found that there was a greater tendency for men to take part in child-care than in housework.

Edgell shows that although there is some variety in the extent to which middle-class husbands participate in domestic tasks, there is "a marked lack of conjugal role jointness in domestic task behaviour and .... only a minority of couples are characterised by conjugal role jointness in child-care behaviour" (Edgell 1980:35). Backett (1982) reached similar conclusions, but shows how couples, in spite of this, attempt to create a feeling of fairness and equality in the marriage, attempts which occasionally break down.

Backett found that even among the couples who claimed that the husband took a considerable share of tasks "involved in the basic routine aspects of everyday living" (Backett 1982:77), the wife was still viewed as having the overall responsibility.

(5) One reason why the respondents did not choose to regard themselves as housewives, may be that the social status of housewives is not high, and many women dislike being called housewives. Twentyone of the 40 respondents in Oakley's housework study disliked being referred to as housewives (Oakley 1974b). They felt it was a menial job. Housewives were regarded as 'cabbages' - someone immersed in domestic affairs, colourless personalities, drab and uninteresting. An indication of the status of housewives can be drawn from the fact that the term is often preceded by the adverbs 'only' or 'just'. These are belittling terms, indicating their low social standing.

(6) Some women's consciousness raising groups have attempted to bring such processes into the open in order to enable women to see how they come to accept certain roles and understand what this means in terms of oppression.

(7) Connell suggest that a new theoretical approach to gender is necessary in order to overcome the shortcomings of existing theories. Connell divides these shortcomings into two main groups: one
emphasising attitudes and social expectations, centering on the idea of 'sex roles'; the other presupposing the categories of 'women' and 'men' and focussing on power relations between them. What is needed according to Connell is "a way of thinking about sexual politics which develops the understanding of power by giving full weight to the politics ... how to build this kind of social theory is known. In principle, categoricalism can be resolved by a theory of practice, focussing on what people do by way of shaping the social relations they live in. Voluntarism can be overcome by an attention to the structure of relations as a condition of all practice." (Connell 1985:267). Connell sees voluntarism as one of the main problems with sex-role theory, and relates voluntarism to the use of sanctions - that ultimately people choose to apply sanctions to uphold norms. Thus the use of sanctions depends on individuals' willingness to do so. This, Connell claims, is not a satisfactory explanation for the use of sanctions.

(9) Holloway (1984) analyses the construction of subjectivity in a specific area: heterosexual relations. She operates with three different discourses of sexual behaviour: the male sexual drive discourse, the have/hold discourse and the permissive discourse.

(9) Holloway (1984) explains her use of the term 'investments' by linking it to Freud's use of 'Besetzung'. However, this is based on a misunderstanding or mistranslation of the German phrase, which is closer in meaning to the English 'obsession', 'preoccupation' or 'possession' (as in possession by evil spirits). Although Holloway's use of 'investment' in this context is logical and appropriate, it should not be linked to the German 'Besetzung'. In this particular case her attempt to link her ideas to Freudian theories is misplaced.

(10) For a discussion of this, see Sutherland (1981), which includes international comparisons of the subject, and Alexander and Eckland (1974).

Griffiths and Saraga (1979) explore the problems involved in assessing the impact of possible sex differences in cognitive abilities in a society which, in their view, is predicated on the existence of such differences. In a society not premised on the existence of such differences, they argue that it is unlikely that these issues would be a major concern.

(11) One of the respondents who did not decide she wanted to study medicine until her last year of school, found that she did not fulfill the entry requirements. She spent an extra year at a 'cramming college', working exceedingly hard to obtain sufficiently high marks in the relevant subjects.

(12) Many children entertain ideas about what they want to be when they grow up. It is unusual, however, for them to stick to these ideas. According to Musgrave (1974) the visibility of certain occupations is of importance as to whether children will be aware of an occupation and include it in their play. Medicine is a visible occupation, and is frequently included in children's games.
According to Wilkinson (1984) the role of 'doctor' is the most popular one in the game of 'doctors and nurses', and it has higher status than that of nurse. The visibility of the role of doctors, and the fact that children recognise it as a high status position, may be a contributory explanation for why the doctors in my sample made occupational choice at an earlier stage than did the social workers. However, this does not explain why the doctors stuck to their early decision.

(13) Kelsall, Poole and Kuhn's sample did not include graduates in medicine, dentistry and veterinary science, graduates from Bristol and a few of the smaller London colleges and foreign students.

(14) The importance of significant others in occupational decision-making is well known from other studies. See for example Ryrie's (1983) study of Scottish school leavers, Tangri (1972) and Altman and Grossman (1977) on the effect that mothers have on daughters' occupational choice.

(15) In a project exploring why able women in Scotland tend to apply to colleges of education rather than to university, it was found that low academic achievement in the fifth year, dropping mathematics and having nurturant, people oriented values were all inter-correlated to such an extent as to suggest the existence of a syndrome (Edinburgh University, Department of Sociology. After Highers Project. Research Paper no.1. 1972). This does not fit with my findings in the sense that all my respondents, the majority of whom were university trained and could in no way be described as low achievers, expressed nurturant, people oriented values.

FOOTNOTES, CHAPTER 4

(1) See Silverstone and Ward 1980: "Careers of Professional Women".

(2) Some of the respondents who were in stable, long-term relationships had entered into similar contractual arrangements with their partners, although they had not gone through a marriage ceremony.

(3) None of my childfree respondents had a childlessness clause in their marriage contracts. I shall discuss voluntary childlessness further in chapter 6.

(4) These are not the only factors which are taken into consideration when choosing a partner, nor do I suggest that this is the only process by which such choice is made. Individuals have very different needs and desires and their methods for choice of partners will reflect this. At times unhappy experiences will cause individuals to make unfortunate choices. What I wish to suggest here is that the process of choosing a partner settles some issues, at
least for the time being. But it is not a perfectly functioning process which guarantees lasting marriages.

(5) It is not my intention to indicate complete disagreement with Berger and Kellner's findings. They were concerned with the way in which spouses define the external world to create a united picture of it within the marriage, whereas my main concern in this context is with the way in which intra-marital issues are settled. This may account for some of the differences in our perceptions of the processes.

(6) As I shall describe in a later chapter, this did not mean that the respondents remained 'intended conformers'. The respondents moved in and out of different gender roles at different stages of their lives. In chapter 3 and elsewhere I describe how the doctors adopted different roles from the social workers during professional training.

(7) If the processes which go on at the spouse selection stage (i.e. entering into the marriage contract) were to be classified according to my decision-making categories (described in footnote 6, chapter 2), it is likely that many would fit the category of 'contingent decision-making'. Because of the give-and-take dialogue which is likely to take place between the parties involved, and because personal value judgements will be of great importance, both parties are likely to 'satisfice', rather than 'maximize'.

(8) As far as the mothers are concerned, the classification refers to the time when they were married and had their first child. Some of these respondents went on to become non-conformers later in their lives. One non-conformer became a conformer after her second child. The childfree respondents were categorised according to what they said they would do during the early reproductive stage.

(9) Johnson (1983) carried out a study in which questionnaires were posted to classes of five English medical schools, 10 years apart, 700 people in all. Some of the respondents were also interviewed. Johnson found that marriage was a significant event influencing choice of speciality for the men in his sample. As I had no men in my sample, I cannot comment on or make comparisons with Johnson's findings in this respect. Johnson does not specify in what way marriage influenced the speciality choice of his male respondents. However, if my claims about the importance of conventional gender roles are correct, marriage would not have the effect of causing the men to choose less demanding, lower status specialities, but rather the opposite. The women in Johnson's sample claimed that it was the arrival of children rather than marriage which had a significant effect on their choice of speciality. There may be no conflict with my findings if one accepts that the question of fertility is settled in the marriage contract. Thus the question of children will have become poignant for many of my respondents at the time of entering into a serious relationship or getting married, and this affected their choice of speciality.
(10) The regulations for General Practice training require two years post-registration hospital experience in approved posts, and one year full-time or two years part-time as a trainee with a G.P. teacher. The hospital experience can be done part-time but this and the G.P. trainee post must be completed in seven years. (From "Women in Medicine - Planning and Pitfalls" published by Women in Medicine, 23 Clifton Avenue, London N3).

(11) The Doctors' Retainer Scheme is particularly interesting because it is set up especially for women doctors; enabling those with domestic commitments to keep their skills up to date during periods when they do not wish to have a regular job. There are no similar arrangements for any other occupational groups that I know. Some other efforts are made to make use of women doctors with domestic commitments. The NHS Act '77 stipulates that "training need not be undertaken full-time". However, obtaining a part-time training position depends on approval from the Central Manpower Training Committee of the DHSS and finding a sympathetic consultant/department. Funding has to be met by the employing authority out of the normal budget.

(12) It should be noted that none of these part-time work opportunities are part of a career structure or are likely to be regarded as beneficial when applying for promoted posts. Lorber (1984) shows that comparatively fewer women than men physicians attain top positions in the medical hierarchy, but that women often get stuck further down the scale. She puts this down to a combination of factors, one of which is women's greater domestic responsibilities which she claims both present women with a real problem in terms of how they allocate their time, as well as causing others to have lower expectations of their work performance.

(13) I am using this rather vague term in the same way as my respondents did. Their opinion of what constitutes 'small children' is likely to vary. Some of the social workers clearly referred to children under school age when they said 'small children'. Some of the doctors seemed to think of the under-threes, others again may have thought in terms of the first one year of a child's life. Although it is interesting that different people have different opinions about children's needs for full-time mothering, it is not the topic of this thesis. I shall therefore limit myself to state the fact that some respondents thought priority should be given to family commitments for a certain period, and that this was linked to ideas about childrearing and justified in terms of children's needs.

(14) Diane's husband had indicated that he was prepared to limit his work involvement in order to care for children if or when they had a family. However, Diane was uncertain about whether this would be a satisfactory arrangement. Her reasons for this are quoted in chapter 4.
FOOTNOTES, CHAPTER 5

(1) Eisenstein (1984) focusses on the development of feminist thinking in USA. However, because of the close linguistic and cultural links between USA and Great Britain, much of what she writes is applicable to feminism in Great Britain.

(2) Barbara had experienced problems in finding a practice. She put this down to the fact that she was a married woman of childbearing age. Other doctors in the sample reported having experienced or hearing about other women doctors who had experienced similar difficulties. Some respondents, like Jennifer, had decided to have a family first and look for a partnership afterwards. Jennifer told me that women doctors are sometimes referred to by their male colleagues as being 'pre-' or 'post-pram pushing'. The 'pre-pram pushing' ones should be avoided according to these men, the argument being that they are 'unreliable' as employees and colleagues because one can never know when they will start having children and withdraw from work. A woman who has had her children, on the other hand, and 'got it out of her system', is thought to be more reliable in the work situation. Such beliefs about women's 'natural inclinations', if they are widespread, will clearly affect women's employment opportunities. Evidence that such assumptions are incorrect is put forward by Homans (1987) in a study of women scientists in the NHS. She uses material on women and men's comparative length of stay in jobs to show that men leave after less than five years of service more frequently than do women. Promotion or change of career are the most frequent reasons for leaving. These are the stated reasons in nearly half the cases of people changing jobs. Only 17.3 per cent of employees left due to pregnancy. Woman's sample consisted of 117 women and 74 men.

(3) Many of the respondents described themselves as 'lucky' if they had achieved something. This seemed to be a way both of playing down their own ability and thus avoid boasting, and a way of avoiding being in control of their lives. Lorber (1984) found that the male physicians in her study believed that they had mostly been in charge of their careers, whereas the women physicians, if things had turned out well, were relieved. Lorber argues that one reason for this is that women know their career options are limited as compared to those of men. I think the issue of control for women may be more complex and related to the fact that women have had little control over important life events, such as marriage and childbirth, the life and death of their children, the danger of sudden and untimely death in childbirth. These were all things which happened - or did not happen - to women. Although women have attempted to gain control over such areas of their lives - with some success - the results of their actions have often been uneven and haphazard. Thus if things went well, it was often interpreted as due to 'luck'. Another aspect may be that many women regard control, especially of other people, as 'bad' and thus seek to avoid it, aiming rather to be of service and to please (see references to Chodorow (1978) and Gilligan (1982) in chapter 3).
(4) Linda was an example of what Elston and Johnson have referred to as 'sponsorship in medical careers' (Elston and Johnson, BSA Medical Sociology Conference 1981).

FOOTNOTES, CHAPTER 6

(1) Although I have opted to use the term 'childfree' to describe those respondents who did not have children at the time of interview (see footnote 11, chapter 1), I shall use the term 'childless' when referring to the works of other people if this is the term which they have employed. This in order not to alter or misrepresent other people's work.

(2) Veevers (1980) employs similar concepts but uses the terms 'rejectors' and 'aficionados'. The rejectors, she says, are primarily motivated by reaction against the disadvantage of having children. The aficionados, on the other hand, appreciate the advantages of being childfree, rather than the disadvantages of parenthood.

(3) Gustavus and Henley (1971), Veevers (1972), Veevers (1973), Poston (1976), Renne (1976), Welds (1976), Poston and Gotard (1977), Blake (1979), Houseknecht (1979) and Baum (1983) have also written on the voluntarily childfree.

(4) It was not unusual for those respondents who married while still at university to delay making fertility decisions until such a time as it appeared relevant. In such cases the marriage contract appears to have contained a 'delay' clause rather than a more specific fertility clause.

(5) Aileen was not the only respondent to be influenced by her work in this way. Stella, another doctor, did obstetrics as part of the GP training scheme. She reported becoming "very maternal at that time". But, like Aileen, she curbed her maternal feelings in order to finish her training.

(6) This is a common theme for working women. It is frequently stated that a woman has to be much better than a man to get recognition in a job. It is also said that women lack confidence in their own ability and as a result do not apply for promotion until they are convinced that they fulfill all the criteria (and preferably a bit extra). This fits with my experience of appointing leaders in a section of the Norwegian civil service. Although it is a female dominated field (in 1976 more than 70 per cent of the employees were women) a mere 14 per cent of the leaders were women. Although the proportion of women applying for higher positions is increasing (it is an explicit policy to promote women), the bulk of the applicants are still male. There is a tendency for female applicants to be
somewhat better qualified than male applicants. In spite of this it is the women, rather than the men, who express misgivings about their ability to cope with jobs. It is fairly well recognised that women leaders do well once appointed. Like Brenda, they tend 'to try to do everything twice as well and offering twice as much' for fear of failing.

(7) According to Macarov (1985) industrial productivity has at least quintupled in the industrialised world during this century alone. The underlying reason for this growth in per person productivity, he maintains, is increasing use of advanced technology. This has affected domestic work as well. However, some of the benefits of technology in the home has been eaten up by an increase in standards of living and consumption. We wash more, change clothes more frequently, eat a more varied diet etc., all of which has increased the amount of domestic work. Thus, although much of the work itself and many of the routines are easier, the actual amount of work may not be much reduced. As it is mostly women who do such work this affects women more than men.

(8) Backett quotes some of her respondents as saying that their husbands simply do not notice things which need to be done in the house (Backett 1982:80). As shown previously, Oakley (1974a) and Edgell (1980) also show that women have main responsibility for domestic tasks.

(9) Silverstone and Ward (1980) claim that the return to work for women in the professions and 'semi-proessions' is more complex than for most employed women. One reason for this is that if a 'masculine' work pattern is followed her earnings could outstrip those of her husband with consequent problems of marital adjustment.

(10) Yeandle (1984) maintains that in marital negotiations over whether female labour should be exchanged for wages or not women typically start from a position of relative powerlessness, men from a position of relative powerfulness. This, she says, is to be expected in patriarchal families where marriage involves the state-sanctioned economic dependence of women on men. She goes on, however, to show that a pure model of patriarchy is inadequate to explain the nature of intra-familial negotiations of this type. She argues that the household's economic interest must also be taken into consideration and outlines a model which includes patriarchy (tradition) and the household's economic interest (rationality).

FOOTNOTES, CHAPTER 7

(1) This was not the case for any of my respondents, although one woman decided not to take a custody case to court. She feared that because she was living in a lesbian relationship she would lose the case. At the time judges tended not to award custody of children to
homosexual parents.

(2) There is some evidence that women who are isolated at home with several young children have a higher incidence of mental illness than women who go out to work. See Brown, Harris and Copeland (1977).

When comparing three groups of women with university degrees, 'homemakers', 'married professionals with children' and 'single professionals', Birnbaum (1975) found that the homemakers were the ones with the lowest self-esteem and the lowest sense of personal competence.

(3) Childcare when children are ill or on holiday seems to be an ongoing problem for working parents. One of the single mothers in my study, Angela, described how she had to use two weeks of her annual leave to stay at home and care for her son when he caught measles. There was no provision at all for parents to take time off to care for a sick child. As a comparison, the Norwegian civil service allows parents ten working days paid leave per year to care for sick children below the age of 14. Single parents may take 20 working days per year for this purpose.
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