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Stress, Coping, and Social Support in Women

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The relationships among stress, coping and social support are complex, and the findings are widely dispersed in the psychological and sociological literatures. Buried within these literatures are analyses of gender differences in stress and coping. The purpose of this article is to summarize these gender differences and to highlight the results of studies that have focused on women's functioning.

This article is divided into four content areas: (1) women and stress; (2) stress and women's roles: (3) women and coping; and (4) women and social support. Our purpose in reviewing these literatures is to pull together the results from diverse sources to obtain an understanding of how women resolve daily and major stressors in their lives. This article is not a methodological critique of research in the area of stress and coping. Rather, it will present a brief overview of the results of this research for behavior therapists working with women.

I. *Women and Stress*

Women and men tend to experience different types of psychological problems; thus, there are gender differences in the prevalence rates of various categories of psychopathology. From childhood into adulthood, more females than males display "overcontrolled" disorders—that is, problems that create more distress for themselves than for others. Examples of these include depression, school phobia, agoraphobia, anxiety states, sexual dysfunction, and somatization disorder (Dohrenwend & Dohrenwend, 1969; Fodor & Rothblum, 1984; Webb & Allen, 1979). In contrast, males throughout the life cycle are more likely to demonstrate "undercontrolled" disorders such as hyperactivity, drug and alcohol abuse, antisocial behavior, and sexual deviation. These disorders create greater disruption for those around them. The types of disorders in which there are gender differences suggest that women tend to harm themselves whereas men tend to harm others (Rothblum & Franks, in press).

Not only do women predominate in the traditional "overcontrolled" diagnostic categories, but also women tend to report more distress than do men. Women compared to men are more likely to report symptoms of unhappiness such as worries and feelings of inadequacy as parents, to endorse slightly lower self-evaluation and self-efficacy statements (Russo, 1985; Veroff, Kulka, & Douvan, 1981), and to report more symptoms of extreme distress, such as an impending nervous breakdown (Kessler, 1979). These results raise the possibility that women may be exposed to more stressful life events; however, data from life events checklists do not support this conclusion (Kessler, 1979). Instead, women and men report comparable levels of total exposure to events traditionally measured on these scales.[1]

Although women and men report similar rates of total exposure to life events, there is evidence that women are more negatively affected by these stressors (Kessler, 1979). Thus, the same stressors may have differential impacts on women and men. A number of authors have focused on the possible origins of this gender difference. Belle (1982) noted that fewer of the social relationships to which women are exposed provide the kind of support that could aid them in reducing the impact of life crises. Billings and Moos (1981) suggest that women compared to men cope with stressful events in less effective ways, by using more avoidance as opposed to problem-focused coping strategies. (This will be discussed more fully in a succeeding section.) Kessler (1979) speculated that "structural conditions" serve to intensify the subjective stressfulness of life events for women. Although he does not elaborate on the nature of these structural conditions, they might include women's relative lack of social and economic resources.

A closer examination of the kinds of recent stressful events reported by women and men reveals that women more often then men mention exposure to events within the marriage, family, and interpersonal relationship domains, whereas men more frequently report impersonal (e.g., legal) events (Chiriboga & Dean, 1978). However, the greatest gender difference in life events categories is found among "network events," or life events that impact on an individual but happen to someone else. Women report more exposure to these network events and also feel more distressed as the result of network events than do men (Kessler & McLeod, 1984). The phenomenon of being burdened by network events has been termed the "contagion of stress" (Belle, 1982) and the "cost of caring" (Kessler, McLeod & Wethington, in press).

Two possible reasons may account for women feeling more burdened by the life events of others. First, as Kessler et al. (in press) have suggested, women may be overloaded with demands for nurturance from others as a result of being sought out during

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[1]Most of the widely used life events checklists fail to include events that uniquely affect women, such as abortion, rape, battering, and miscarriage (Kessler, 1979).

times of crisis. There is evidence that women do have more support demands placed on them by their social networks than do men (Fischer, 1982; Gove & Hughes, 1984). Thus, the nurturing role is placing more demands on women, potentially resulting in greater distress.

Secondly, women may be more emotionally involved in the lives of their loved ones. Population surveys indicate that women are more likely than are men to cite the well-being of their spouses (Campbell, Converse, & Rogers, 1976), parents (Brody, 1981), and children (Menaghan, 1978) as important sources of concern. The gender difference in emotional involvement is even more striking when relationships more distant than family members are included, such as less intimate friends (Kessler, et al., in press). Thus, women are more distressed than are men by crises happening to a wider range of network members.

In summary, women and men do not differ in total exposure to life events, although women are more affected by interpersonal events and men by impersonal events. Specifically, women are more exposed to network events than are men and more affected by those exposures. The tendency for women's networks to become a burden may result from women's socialization to be nurturant and emotionally involved in the lives of loved ones.

II. *Stress and Women's Roles*

Studies examining the effects of women's occupational status on stress reveal mixed results. In general, women who are homemakers do not fare as well as employed women on either psychological or physical measures of health (Chambers, 1972; Parry, Balter, & Mellinger, 1973). Cross-sectional studies indicate that women who are employed full-time for more than one year are healthier than women who are employed for less than one year or who are homemakers (Brown, Bhrolchain, & Harris, 1975; Gove & Geerken, 1977; Welch & Booth, 1977). Without longitudinal research, however, it is impossible to determine whether the homemaker category is confounded by the inclusion of women who are unable to participate in the labor force because of health problems. The health of employed women who have been in the labor force for less than one year does not differ from that of homemakers, regardless of socioeconomic status.

Given the marked increase over the past few decades of married women in the labor force, many women now work outside the home and continue to have primary responsibility for the housework and child care within the home. A number of researchers have begun to focus on the effects of these dual-job responsibilities on women's health and well-being. Generally, the results indicate that women in these roles are healthy, active, and happy with their lifestyles. Dual-job women appear more self-actualized and flexible on self-report scales than are women who do not work outside the home (Huser & Grant, 1978). Dual-job women do not differ from homemakers on self-reported marital adjustment (Staines, Pleck, Shepard, & O'Connor, 1978). Nevertheless, employed married women often experience work overload, and over time, these women tend to have fewer ties to their families of origin and their peers (St. John-Parsons, 1978). Regardless of income, dual-job women continue to have the primary responsibility for household work (Holmstrom, 1972) and child care (Robinson, 1977; Walker, 1970; Weingarten, 1978).

A major stressor for women is the rearing of young children. The health advantage of employed women compared to homemakers disappears when the employed women have young children (Welch & Booth, 1977). Women who are employed for more than half of their adult lives and who had three or more children had a significantly higher incidence of coronary heart disease than did childless employed women or homemakers with three or more children (Haynes & Feinleib, 1980). Rates of coronary heart diseases were particularly high among women who had children and low-paying jobs, such as clerical and sales occupations.

Women's increased entry into the labor force has prompted research on the prevalence of the coronary-prone behavior pattern or Type A behavior among women. The Type A behavior pattern is characterized by a competitive drive for achievement, time urgency, and hostility towards others (Glass, 1977). Groups demonstrating the Type A behavior pattern are twice as likely to experience coronary heart disease compared to groups who do not display the behavior pattern (Rosenman, Brand, Jenkins, Friedman, Strauss, & Wurm, 1975). Although employed women are slightly less likely to demonstrate the coronary-prone behavior pattern than are men, employed women display the behavior pattern significantly more often then do homemakers (Waldron, Zyzanski, Shekelle, Jenkins, & Tannenbaum, 1977). If the Type A behavior pattern becomes valued among more women as a means of getting ahead in traditionally male occupations, we can expect negative health consequences for women. In fact, as Waldron (1976) points out, the ratio of male to female deaths is declining due to an increase in female death rates. Waldron attributes this trend to women's increasing adoption of life-endangering habits, such as cigarette smoking and Type A behavior among employed women, that were previously more common among men. She also suggests that the increased frequency of arteriosclerotic heart disease among women may be in part the result of the time pressures and role conflicts experienced by women who are both employed and who have primary responsibility for housework and child care.

In summary, employed women, as a group, are physically and psychologically healthier than are homemakers. Nevertheless, employed women continue to bear the primary responsibility for housework and child care, resulting in increased work and fewer social ties over time. Women who are employed (especially in low-paying jobs) and who also have young children are at increased risk for coronary heart disease. Employment for women is also related to Type A behavior and consequently to certain health risks.

III. *Women and Coping*

Coping is defined as the way in which individuals respond to stressful events. More specifically, coping includes "those behaviors and thoughts which are consciously used by an individual to handle or control the effects of anticipating or experiencing a stressful situation" (Stone & Neale, 1984, p. 893). Folkman and Lazarus (1980) developed a checklist to measure two principle categories of coping. The first category, problem-focused coping, refers to cognitive and behavioral strategies that involve altering or managing the source of stress (e.g., "made a plan of action and followed it"; "got the person responsible to change his or her mind"). The second category, emotion-focused coping, consists of cognitive and behavioral strategies to reduce or manage emotional distress (e.g., "tried to look on the bright side of things"; "accepted sympathy and understanding from someone"). Their research indicates that both problem-focused and emotion-focused coping are used in response to nearly every type of stressful event. Thus, the type of stressor does not entirely define the type of coping. In general, however, their subjects used problem-focused coping in response to work stressors and emotion-focused coping in response to health problems, possibly because the former are appraised more frequently as controllable or changeable while the latter often need to be accepted (Folkman & Lazarus, 1980).

When Folkman and Lazarus interviewed people about sources of stress, men reported more work-related stressful episodes while women reported more health-related stressful events. There were also gender differences in coping styles; men used more problem-

focused coping than did women in the occupational setting. According to the authors, this might reflect gender differences in occupations, with women having less control over stressful situations at work by virtue of their lower level in the occupational hierarchy. There were no gender differences in the use of emotion-focused coping.

Stone and Neale (1984) developed a self-report measure to assess coping with stressful daily events. After subjects were asked to record their methods of coping with daily events in an open-ended format, a checklist was developed that consisted of frequent coping responses to daily stressors. Eight major types of coping strategies were identified by the authors. These coping strategies included distraction (diverting attention away from the problem), situation redefinition (seeing the problem in a different light), direct action (gathering information or doing something about the problem), catharsis (expressing emotions to reduce anxiety or tension), acceptance (realizing that nothing could be done about the problem), seeking social support (finding emotional support from others), relaxation (doing something to relax) and religion (seeking spiritual guidance). Analyses of gender differences in ways of coping with a variety of daily stressors revealed that men were significantly more likely than women to use direct action, whereas women were significantly more likely than men to use distraction, catharsis, seeking social support, relaxation, and religion in response to daily stressors. These results are partly consistent with those of Folkman and Lazarus (1980), where men were more likely than women to use problem-focused coping in response to occupational stress.

Pearlin and Schooler (1978) examined the relationships among stress, personal resources, and coping responses. Stressors were assessed in the four domains of marriage, parenting, household economics, and occupation. Personal resources were defined as personality characteristics which help people to withstand environmental threats and resist the stressful effects of life events. The three personal resources included in this study were low self-denigration, high mastery, and high self-esteem. Finally, coping responses were defined as "the behaviors, cognitions, and perceptions in which people engage when actually contending with their life-problems" (p. 5). Three types of coping responses were identified by Pearlin and Schooler: (1) responses that modify the situation (e.g., direct action, negotiation, advice seeking); (2) responses that function to control the meaning of the problem (e.g., positive comparisons, selective ignoring); and (3) responses that function to control stress after it has occurred (e.g., avoiding confrontation, relaxation, denial, withdrawal, hopefulness).

The results of this study indicated that there is a relationship between the type of coping response people use and the degree to which stressors are associated with emotional distress. That is, effective coping responses prevent environmental threats from resulting in emotional distress. This relationship between type of coping and reduced stress is particularly strong in the marriage domain, and to lesser degrees in the domains of parenting and household economics. Coping responses seem to make no difference in the occupational domain. Pearlin and Schooler conclude that the type of coping response makes little difference in terms of distress in areas in which people have little control (such as their jobs) and in areas in which the environment is more impersonal (such as the work setting). The authors suggest that the choice of coping response would be most critical in influencing distress in the interpersonal domains (e.g., marriage and parenting) where individuals presumably have more control.

Pearlin and Schooler examined each general coping response for more specific patterns. Among coping responses that modify the situation, self-reliance (e.g., reflective probing of problems, exerting influence over one's children) was found to be a more effective coping strategy in reducing stress than was the seeking of help and support from others. This was true in the two domains of marriage and parenthood (Pearlin & Schooler, 1978). Among coping responses that function to control the meaning of the problem, the most effective coping strategies involved changing values and goals (e.g., devaluing the importance of money). These strategies were useful in the occupational and economic domains. The authors concluded that in the domains of finances and work, stress is least likely to result when "people disengage themselves from involvement" (p. 11). Given the relative lack of control that people often have over their work setting and income, it is useful to change the meaning of the stressful event (e.g., the value of money or the occupational goal). In contrast, stressors arising in close interpersonal relationships are least likely to result in distress when people use strategies to alter the stressful circumstances.

When comparing the relative value of coping responses and personal resources in minimizing stress, Pearlin and Schooler found that it is better to have high levels of both responses and resources than either alone. However, regression coefficients revealed that in marriage, the type of coping response is considerably more important than possession of personal resources (Pearlin & Schooler, 1978). In parenting, the two are of equal importance, whereas in household finances, resources are somewhat more important in reducing stress. In the occupational domain, personal resources are much more important than type of coping response. Thus, in the impersonal domains of finances and occupation, stressors seem less affected by the type of coping response selected. In the personal domain of marriage, however, where one might be expected to have more control, the type of coping makes a difference. In most domains (except in the occupational sphere), the more coping responses people used and the more resources they had, the less likely it was that stressors resulted in emotional distress (Pearlin & Schooler, 1978).

When examining gender differences among the eight coping responses in the different domains, Pearlin and Schooler found that women were more likely than men to use selective ignoring, a coping response that serves to control the meaning of the problem, in the domains of marriage, parenting, and occupation (Pearlin & Schooler, 1978). Interestingly, use of this coping response actually exacerbated stress in the domains of marriage and parenting. Men more often than women used coping responses that reduce stress in the interpersonal spheres. Thus, there was a difference between men and women in their use of adaptive coping responses.

Billings and Moos (1981) examined the cognitive and behavioral reactions of individuals in response to recent stressful events. They identified three types of coping: active-cognitive coping (attempts to manage one's perceptions or appraisal of the problem), active-behavioral coping (overt attempts to deal directly with the problem), and avoidance coping (avoidance of the problem). They also examined whether the focus of coping was on modifying behavior (problem-focused coping) or on maintaining emotional stability (emotion-focused coping). In general, subjects frequently used active-behavioral and active-cognitive methods of coping, and were less likely to use avoidance coping. Subjects were somewhat more likely to use problem-focused than emotion-focused coping.

Analyses of gender differences indicated a small but significant difference in type of coping. Men were more likely than women to use active-cognitive coping and problem-focused coping, whereas women reported greater use of active-behavioral, avoidance, and emotion-focused coping (Billings & Moos, 1981). Women's greater use of avoidance coping was associated with greater impairment in functioning. This parallels the results of Pearlin and Schooler (1978), who found women more likely to use a passive strategy (e.g., selective ignoring) which resulted in greater distress.

Billings and Moos entered type of coping as well as social resources (number and quality of social relationships) into a regression equation. For women, coping and social support were equally helpful in reducing the impact of negative life events on stress. The quality of women's social support was more important than the number of social relationships. For men, coping responses were somewhat more helpful than was social support in reducing the harmful effects of negative life events.

In summary, the research on coping strategies indicates the importance of active coping in alleviating the effects of negative events. Women generally use more passive or avoidance coping while men use more direct action. However, use of active-coping strategies may be critical only in situations in which individuals have some control over their environment (such as interpersonal relationships). In more impersonal situations (such as the workplace), high levels of personal resources may be more important in reducing stress than is the type of coping strategy employed.

IV. *Women and Social Support*

Cobb (1976) considered social support to include the exchange of information leading a person to believe that she/he was cared for and loved, esteemed and valued, or part of a network having mutual obligations. A low level of social support is associated with psychological distress (Andrews, Tennant, Hewson, & Vaillant, 1978; Dean & Lin, 1977; Eaton, 1978; Lin, Simeone, Ensel, & Kuo, 1979), psychosomatic complaints (Theorell, 1976), and physiological indices of stress (Gore, 1978). Most of these studies focused on the quantity of social supports (e.g., number of friends, membership in clubs and organizations); however, a few studies examined the quality of social support (e.g., satisfaction with friendships, perceived assistance from others) and have found quality of support to be positively correlated with adequacy of psychological functioning (Chan, 1977; Henderson, 1977; Holahan & Moos, 1981).

Booth (1972) examined gender differences in interpersonal involvement through the use of intensive interviews about friends, relatives, and participation in social organizations. In general, males and females had comparable numbers of friends, and each tended to have friends of the same gender. Female friendships included greater spontaneity and self-disclosure than did male friendships. Females compared to males tended to have friends closer to their own age, and females saw their friends more often than did males. Women, even when employed, contacted 28% of their friends on a weekly basis, while men contacted only 13% of their friends weekly. Among lower SES subjects, men and women did not differ in how often they visited their friends.

In general, adult females are more active in their social networks than are males. Women under age 65, regardless of marital status, report more close kin than do men (Booth, 1972). With advancing age, the kinship resources of women begin to approach those of men, which do not change with age. Even among the elderly, however, women are more likely to have a close, confiding relationship than are men (Lowenthal & Haven, 1968). Among married couples, husbands most often mention their wives as confidantes; however, wives less frequently mention husbands in this capacity (Lowenthal & Haven, 1968). Women maintain intimate relationships with parents and siblings as well as their families of procreation; however, men tend to restrict kinship relations primarily to their families of procreation (Babchuk & Ballweg, 1971).

Among college students, women report having larger social networks than do men (Burda, Vaux, & Schill, 1984). College women compared to men perceive their social networks as more supportive, more reciprocal, and more inclusive of members similar to themselves. The college women reported that they received more emotional support than did the men; however, there were no significant gender differences on other forms of social support, including cognitive guidance (e.g., giving advice), material aid (e.g., lending money), and socializing (e.g., spending time with friends).

Cronkite and Moos (1984) examined the relationships among stress, illness, and support from family members. These researchers found that when women report the presence of support from their families, they were less likely to use avoidance-coping strategies to manage stress. Women with family support also exhibited less depressed mood and fewer physical symptoms than did men who reported having family support. Avoidance coping among men was related to fewer personal resources (lower self-esteem), whereas avoidance coping among women was associated with environmental factors (more undesirable life events and less family support).

Turner and Noh (1983) investigated the impact of social support and personal control in reducing the vulnerability to stress. Their subjects were women of differing socioeconomic status (SES) levels who were adapting to the parenting role during the postpartum period. Turner and Noh hypothesized that social support resources might account for SES differences in impairment following exposure to a particular stressor. Social support was assessed by asking subjects to read vignettes describing various levels of support, and to rate the degree to which they identified with the vignettes. Their results indicate that lower SES women were more responsive to stress; that is, they found the same stressor to be more distressing than did middle and higher SES women. Furthermore, the importance of social support appeared to vary with both SES and stress level. For middle SES women, social support was beneficial regardless of stress level. For lower SES women, social support was important only for women experiencing a high level of stress. That is, for lower SES women under high stress, a high level of social support "buffered" them against psychological distress.[2]

Hirsch (1980) found that less enmeshed natural support systems and more multidimensional friendships (relationships in which multiple activities were shared) were significantly correlated with better psychological functioning in recently widowed young women and in mature women returning to college. In this study, social support was assessed in multiple ways, including size of the social network, amount of daily interaction with other people, density of the network, and perceived support from others. Women who had more enmeshed family or nonfamily networks had more symptomatology, more depressed affect, lower self-esteem, and less satisfaction with socializing, social reinforcement, and tangible assistance. Women with more multidimensional friendships had higher self-esteem, more satisfaction with socializing, and more satisfying tangible assistance. Hirsch suggests that these findings may be specific to women who are undergoing a reorganization of their lives which requires them to become more involved outside the family. In such circumstances, women are advantaged by having less enmeshed networks of family or friends and by having friendships that include diverse interests and activities. Further results indicated that having social supports which provide cognitive guidance (e.g., providing advice, information, or explanations) was significantly correlated with less symptomatology and with better mood (Hirsch, 1980). Satisfaction with socializing was associated with higher self-esteem in these women. Other functions of social support (e.g., social reinforcement, tangible as-

[2]In this study, personal control (as measured by Rotter's Internality-Externality Scale) appeared to act as a "buffer" against the negative consequences of stress for middle SES women, but less so for lower and higher SES women.

sistance, and emotional support) did not correlate with mental health measures.

Kessler, McLeod, and Wethington (in press) discuss the relationships among gender, psychological distress, and social support. These researchers report that much of the variance in the association between gender and distress is accounted for by gender differences in how people are affected by events happening to others. Women report having greater concerns for a larger network of people and are more likely to involve themselves in help-giving activities than are men. Thus, women become more emotionally involved in the lives of their friends and family, and are more likely to experience the distress that others feel. In this regard, women's social supports may become sources of stress in themselves.

Kessler et al. (in press) report national survey data that indicate that women are 30% more likely than are men to give support to a loved one. The kinds of support men and women give to people in a crisis are very similar. But indications are that women spend more time assisting others. Thus, women are more vulnerable than are men to life events occurring to their loved ones, possibly because women are more likely to be involved as supporters (e.g., receive more personal disclosures) than are men. However, the authors point out that although men are not as likely to become involved in network events as are women, men do provide important amounts of support to the people they know. Yet somehow men are not as affected or distressed by providing such support. Kessler et al. suggest that this may be because men care about fewer people beyond their loved ones.

When Kessler et al. analyzed gender differences in susceptibility to distress as the result of events occurring to close and to more distant friends, they found that the gender difference was greatest for more distant relationships (e.g., less intimate friends). Thus, women "cast a wider net of concern" (Kessler et al., in press, p. 13), whereas men are only affected by experiences happening to close loved ones (such as a child or spouse).

Even though women bear much of the burden of caring, the amount of caring for others that people engage in may have some benefits. Kessler et al. point out that the national survey data indicated that the amount of time spent "doing things to help or please other people" was correlated with lack of distress. However, it seems that for women, the costs of caring may outweigh the rewards.

In summary, social support is related to psychological health, although the importance of this relationship may be affected by socioeconomic status. Women and men have similar numbers of friends, but women's friendships are more active, intimate, and emotionally supportive. Women are more emotionally involved in the lives of others and serve a nurturing role for a wider network of people than do men. Consequently, social support has costs as well as benefits for women, and this may help account for their greater distress.

V. *Conclusion*

There is little doubt in the literature that women experience more distress than do men. Why this is the case is less clear. Much of the research has focused on gender differences in coping. Among the four principle studies looking at gender differences, two studies (Folkman & Lazarus, 1980; Stone & Neale, 1984) found that women used less active coping strategies than did men. The other two studies (Billings & Moos, 1981; Pearlin & Schooler, 1978) found that women compared to men used more palliative coping strategies (e.g., avoiding; selective ignoring). Combined, these findings suggest that women are coping in more passive ways, which may be associated with more psychological distress.

A logical implication of this association is to assume that women should be taught to use more active coping. Before drawing this conclusion, however, it is worthwhile to investigate why women may be using palliative strategies more often than are men. The following research questions should be addressed:

1. Do women encounter more stressful life events that cannot be managed with active coping (e.g., battering, miscarriage)?
2. Do individuals use more palliative coping strategies in relationships in which they have less power?
3. Are there gender differences in perceptions of control over stressors in different domains?
4. Would teaching women more active coping strategies without consideration of the larger social context result in harmful consequences to them in certain situations (e.g., assertion training for battered women)?

Some of these concerns are alluded to by Pearlin and Schooler (1978) when they state (p. 18):

> Coping . . . may require interventions by collectivities rather than by individuals. Many of the problems stemming from arrangements deeply rooted in social and economic organization may exert a powerful effect on personal life but be impervious to personal efforts to change them. This perhaps is the reason that much of our coping functions only to help us endure that which we cannot avoid. Such coping at best provides but a thin cushion to absorb the impact of imperfect social organization. Coping failures, therefore, do not necessarily reflect the shortcomings of individuals; in a real sense they may represent the failure of social systems in which the individuals are enmeshed.

In this regard, behavior therapists need to recognize institutional factors affecting women and their ability to cope.

Finally, women are more negatively impacted by events that take place in the interpersonal domain. Women take on the burdens and crises not only of family and friends, but even those of more distant friends and acquaintances. This translates into more distress for women as they experience the dilemmas that others feel. Although the quality and intimacy of women's friendships are high, women pay a cost in terms of emotional distress. Thus, social support presents a dilemma for women. On the one hand, social support is an important means of coping with stress, and one that women use with high frequency. On the other hand, caring has negative consequences for women.

We are not implying that women should care less for other people. Rather, it is important to examine why women are socialized to have primary responsibilities as caretakers of children, spouses, and friends at the same time that our society places little value on such service-providing roles. If women continue to shoulder a disproportionate and excessive share of the responsibility of nurturance, then men are likely to benefit at the expense of women's mental health.

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