

# Home to Work Spillover and Psychological Distress in Middle-Aged Women

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**ABSTRACT.** Our primary aim was to evaluate the interactive nature of positive and negative spillover from home to work in predicting depressive symptomatology in a middle-aged sample of employed women ( $N = 3,511$  and mean age = 54). Using data from the Wisconsin Longitudinal Study (Hauser & Sewell, 1957-2005), we ran a hierarchical linear regression to test our hypotheses that positive spillover would be negatively associated and negative spillover positively associated with depressive symptoms and that positive and negative spillover would interact in predicting psychological distress. Our hypotheses were largely supported. Our findings demonstrate the potential for positive spillover to buffer against the detrimental effects of negative spillover on mental health in a population of women typically overlooked in the literature on home-work spillover (i.e., middle-aged employed women likely caring for adult children and/or aging parents).

Statistics from the Current Population Survey (CPS) indicate that 70.6% of women between the ages of 45 and 54 were employed in the civilian labor force in 2010 (U.S. Department of Labor, 2010). Over half (56.4%) of women between the ages of 55 and 64 were also employed as of 2010. These percentages may partially reflect changes in national policy regarding social security, the increasing age of retirement, and the current economic climate of the United States. Given the large proportion of women working well into their fifties and even sixties, it is important to evaluate how employment impacts the psychological well-being of women at later ages. One way in which research has studied female employment and psychological distress is through the evaluation of positive and negative spillover between home and work environments (Frone, Russell, & Cooper, 1992; Hanson, Hammer, & Colton, 2006; Pedersen, Minnotte, Kiger, & Mannon, 2009; Stevens, Minnotte, Mannon, & Kiger, 2007). Clearly, employed women often have important caregiving roles in the home in addition to their responsibilities at work. However, past research has typically evaluated positive and negative spillover independently (e.g., Kinnunen, Feldt, Geurts, &

Pulkkinen, 2006; Pedersen et al., 2009). In this study, we examined positive and negative spillover simultaneously in order to determine whether these effects might interact in predicting mental health. The existing literature has also focused on women with young children because of the assumption that this population would be most vulnerable to stress from dual roles in the home and at work (e.g., Goodman & Crouter, 2009; Stevens et al., 2007). In the present study we acknowledge the unique caregiving responsibilities of older middle-aged women, some of whom are caring for both elderly parents and adult children (Grundy & Henretta, 2006).

## Overview of Past Research and Theory

Empirical studies of work-family spillover typically distinguish between the type of spillover (positive or negative) and/or the direction of the spillover (home to work vs. work to home). Negative and positive spillover have not been found to be highly correlated. For example, Greenhaus and Powell (2006) reviewed 15 studies that measured work-family conflict (WFC) and work-family enrichment (WFE) across gender and found relatively low correlations between the two (a mean of 0.02 across

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21 correlations). Such findings have promoted the theoretical segregation of positive and negative spillover in the literature. Perhaps as a result, researchers have typically studied the effects of positive and negative spillover on mental health separately. Researchers have typically examined the different directions of spillover (home to work vs. work to home) separately. However, understanding the interactions among these relatively independent directions and types of spillover by examining them simultaneously may offer unique insights about employed women and psychological distress.

**Work to home spillover.** Goodman and Crouter (2009) found, in a sample of 414 employed mothers (*M* age = 28) with young children (6 months) from the Eastern United States, that the perception of negative work to family spillover mediated the relation between less flexible work environments, greater work pressure, and depressive symptoms. In this study, negative work to family spillover was defined as the extent to which demands at work reduced one's ability to tend to family and/or personal needs at home. Other researchers have found that some aspects of work (e.g., challenge and helping others) were related to lower levels of distress for mothers and that the presence of challenging work in particular moderated the relation between work to home positive spillover and stress (Barnett, Marshall, & Sayer, 1992). Such findings illustrate how the association between work to home spillover and psychological well-being is contingent on a number of job-related factors. For this reason, as well as our interest in the unique caregiving responsibilities of older middle-aged women, in the present study we chose to focus only on home to work spillover.

**Home to work spillover.** Spillover in the home to work direction has also been assessed in terms of both positive and negative effects. Researchers typically use role strain theory to explain the presence of negative spillover. Role strain theory (sometimes referred to as role stress theory) suggests that the pressures from work and home roles are not compatible (Kinnunen et al., 2006). Greenhaus and Beutell (1985) asserted that time devoted to one requirement naturally takes away from time devoted to another; that strain due to one role in the form of tension, anxiety, or even fatigue has a negative effect on the individual's other commitments; and that specific patterns of role behavior necessary for one role may be incompatible with the expectations of another. Greenhaus and Beutell found that work-family conflict existed when

time-based, strain-based, or behavior-based conflict arose between roles. All three of these conflicts fall under the theoretical assumption that work-family conflict can be explained by a theory of role strain in which participation in one role negatively impacts participation in another. Relatedly, the scarcity hypothesis suggests that an individual has a limited amount of time and energy available to engage in roles (Hanson et al., 2006). Schlenker (1987) similarly viewed negative spillover from family to work as a consequence of participation in two roles. The demands of home life interfere with one's ability to maintain a desirable work-related identity. Schlenker asserted that the failure to maintain such an important identity is a potential threat to psychological well-being. Previous empirical studies have validated such theories (Frone et al., 1992; Schlenker, 1987; Stevens et al., 2007). Although Frone et al. (1992) found that both directions of spillover (home to work and work to home) were strongly associated with domain distress measures correlated with depression in a sample of men and women, negative spillover from home to work was specifically associated with job distress, which was in turn associated with depression.

The existence of positive spillover in the home to work direction is often explained with role enhancement theory. Role enhancement theory states that multiple roles have the potential to be rewarding rather than hazardous to the mental and physical health of both men and women (Barnett & Hyde, 2001). Barnett and Hyde (2001) further hypothesized that certain processes, such as social support, opportunities to experience success, and added income, contribute to the beneficial effects of participating in multiple roles as an adult. Looking at these processes as potential mediators of the relation between spillover and psychological well-being is a widely accepted means of assessing role enhancement (Thoits, 1983). Similar to role enhancement theory, Thoits (1983) hypothesized the existence of "identity accumulation." This hypothesis suggests that multiple identities are interdependent of one another and actually allow an individual to form overlapping ties to others. Supporting this hypothesis, Thoits found that individuals who possess numerous social positions (e.g., spouse, parent, employee, student, church member) are less distressed than those individuals who are in social isolation.

Empirical research assessing positive spillover has made use of role enhancement theory (Grzywacz & Marks, 2000; Protas & Hyland, 2011).

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Grzywacz and Marks (2000) found that lower positive spillover from family to work was related to less support from spouse and other family members among both men and women. Similarly, Pederson et al. (2009) found that workplace culture and the ability for a woman's partner to leave work early and care for children was associated with positive home to work spillover. In reviewing the literature it becomes clear that a variety of family-level factors are important determinants of positive home to work spillover (e.g., social support from a spouse) for employed women.

Although negative and positive home to work spillover have typically been evaluated separately and are explained with contrasting theories, it is clearly premature to conclude that individuals experience only one or the other. However, little research has evaluated the coexistence of both in the individual. Research from Hammer, Cullen, Neal, Sinclair, and Shafiro (2005) is one exception. These researchers assessed the simultaneous presence of work-family conflict and positive spillover on depression in a sample of dual-earner couples. They found that positive spillover had a stronger influence on depression than did work-family conflict. However, the question still remains as to whether positive spillover may buffer against the adverse effects of negative spillover on mental health. Hanson et al. (2006) hypothesized that positive spillover may act as a buffer against negative events, implying that positive spillover may buffer against negative spillover. We tested that hypothesis in the present study.

**The "sandwich generation."** The phrase "sandwich generation" refers to a cohort of middle-aged adults who serve as "multigenerational caregivers." Grundy and Henretta (2006) described this population as midlife adults who have at least one parent who is still alive and older children who are possibly still dependent on the adult. Approximately one-third of Grundy and Henretta's sample ( $N = 3,543$ ) of middle-aged adults (55–69 years old) reported providing care to both a parent and an older child. In addition, they found that providing care to one or more adult children increased the probability of also giving help to an elderly parent or parent-in-law and vice versa. These probabilities highlight the importance of examining home/family to work spillover and psychological distress in a sample of older middle-aged women who may be caring for multiple generations. Interestingly, Loomis and Booth (1995) did not find a significant association

between such caregiving and well-being after controlling for number of hours worked each week. In contrast, Chassin, Macy, Seo, Presson, and Sherman (2010) found that multigenerational caregivers smoked more cigarettes and were less likely to wear a seatbelt and/or buy foods based on their nutritional value in comparison to those who cared for only children or nobody at all. Taken together, these findings imply that the effects of caregiving on well-being may be at least partially dependent on whether (and how much) the caregivers work. The "sandwich generation" is understudied in the current literature on home-work spillover, although they clearly may be particularly vulnerable to experiencing the negative effects of this type of spillover.

### The Present Study

Our primary aim was to evaluate the association between positive and negative spillover from home to work in a sample of middle-aged employed women, many of whom were providing multigenerational care. Although the low correlation between positive and negative spillover has promoted their separate examination in the majority of existing research, it is unlikely that an individual experiences only one type of spillover and not the other (Grzywacz & Marks, 2000). It is more likely that some individuals experience both positive and negative spillover on a regular basis. Therefore, we assessed positive and negative spillover simultaneously in the present study. We hypothesized that high positive spillover would be negatively associated with depressive symptoms, whereas high negative spillover would be positively associated with depressive symptoms. We also predicted a significant interaction between positive and negative spillover in which high levels of positive spillover would buffer the adverse effects of negative spillover on psychological distress. Before testing our primary hypotheses, we evaluated descriptive statistics on several caregiving variables to determine if the women in our sample were indeed part of the "sandwich generation," caring for both aging parents and adult children or were at least providing care to one or the other (and thus providing evidence for the potential explanatory value of role strain theory).

## Method

### Participants

Data for the present study were taken from the Wisconsin Longitudinal Study (WLS; Hauser

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& Sewell, 1957–2005). The WLS is a long-term study of 10,317 men and women who graduated from Wisconsin high schools in 1957. Survey data were collected from the original respondents or their parents in 1957, 1964, 1975, 1992, and 2004. The WLS includes data on topics ranging from intergenerational transfers and relationships and family functioning to physical and mental health and well-being. Our study focused on survey data collected from the original graduates in 1992–1993. We further limited our analysis sample to include only employed women ( $N = 3,511$  and  $M_{age} = 54$ ). On average, women in our sample reported having completed 13 years of education ( $M = 13.37$ ). For approximately 50% of our sample, the highest level of education completed was high school. The average income for women in our sample was \$19,008 ( $SD = \$18,777$ ).

### Measures

In order to create the “positive” and “negative” home to work spillover scales, we used a series of variables representing positive and negative home to work spillover. We first recoded variables as necessary such that higher scores indicated more spillover from home to work. The “positive” mean scale that we originally created had an extremely low internal consistency (Cronbach’s  $\alpha = .28$ ). By removing an item from the scale we were able to maximize the scale’s internal consistency (Cronbach’s  $\alpha = .55$ ) given the available data. The final “positive” mean scale included two positive spillover items measured on a Likert scale from 1 (*strongly disagree*) to 5 (*strongly agree*): “To what extent do you agree that you can do good work on the job because you are so happy at home?” and “To what extent do you agree that you can devote a lot of time to your job because of the support you get on the home front?”

We created the “negative” mean scale (Cronbach’s  $\alpha = .62$ ) from three negative spillover items addressing home to work spillover (e.g., “To what extent do you agree that family worries or problems distract you from your work?”). The “negative” mean scale items were also measured on a Likert scale from 1 (*strongly disagree*) to 5 (*strongly agree*). Higher numbers indicated more negative spillover.

These spillover scales served as our primary independent variables of interest. Our dependent variable was depressive symptomatology, which we operationally defined using a modified version of the Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977). The questions are

the same used for the standard CES-D, but the scoring method differs. The standard method collapses (for each of the 20 items) the number of days respondents experienced a particular event in the past week into < 1, 1–2, 3–4, and 5–7, then codes those categories as 0–3 (respectively) and sums them into a total score from 0–60. In the WLS, respondents indicated (for each of the 20 CES-D items) the *actual number* of days they experienced the particular event in the past week (0–7 days; e.g., “On how many days during the past week did you feel bothered by things that usually don’t bother you?”). Therefore, the final sum score used in this study ranged from 0 to 140. This modified version of the CES-D had a Cronbach’s  $\alpha$  of .78. We controlled for age, education (in years), and household income by including them as covariates in our final analyses.

For descriptive purposes, we examined whether the participants were providing “instrumental” and “emotional” care separately to parents and adult children. We defined instrumental care as giving help with one, both, or all of the following during the past month: (a) babysitting or childcare; (b) housework, yard work, repairs, or other work around the house; (c) transportation, errands, or shopping. Emotional care was defined by giving help with “advice, encouragement, moral or emotional support” in the past month. After collapsing across the instrumental support categories, we then created the following four dichotomous variables, such that 0 indicated “no care was provided” or “nobody needed care,” and 1 indicated “yes, I provided such care”: (a) provided parent instrumental care; (b) provided child instrumental care; (c) provided parent emotional care; (d) provided child emotional care.

## Results

### Descriptive Statistics

We assessed the caregiving responsibilities of the women in our sample in order to determine whether they could be considered part of the sandwich generation and/or whether role strain could offer a valid theoretical argument for our predictions. About 91% of the women in our sample indicated that they had one or more children. A quarter (25.5%) of the women in our sample indicated that their father was still alive and more than half (55.8%) indicated that their mother was still alive at the time of data collection. Descriptive statistics revealed that 21.7% ( $N = 619$ ) of women in our sample reported providing “instrumental” care

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to both a parent and a child over 19 years of age. Approximately 62% of those women who reported providing a parent with instrumental care were also giving an adult child instrumental care. Similarly, 21.5% ( $N = 612$ ) of women in our sample reported providing “emotional” care to both a parent and an adult child. Almost 70% (69.5) of those women who reported providing a parent with emotional care were also giving an older child emotional care. These statistics indicate that the majority of women in the sample were providing some kind of care and many were providing it to both parents and adult children. This finding implies that there was the potential for caregiving burden in our sample, such that this sample of middle-aged employed females may have been particularly vulnerable to home to work spillover. However, because the inclusion of these variables did not alter the results of our analyses, for reasons of parsimony we did not include them as controls.

Table 1 presents additional descriptive statistics. As shown in the table, there were some significant correlations among study variables. Parent instrumental care,  $r(2726) = .09, p < .01$ ,

and parent emotional care,  $r(2726) = .10, p < .01$ , were both positively associated with negative home to work spillover. There were also positive correlations between parent and child instrumental care,  $r(2847) = .08, p < .01$ , as well as parent and child emotional care,  $r(2847) = .12, p < .01$ , providing further evidence that when a participant in our sample is giving care, she is likely doing so for both a parent and an adult child. Positive home to work spillover was negatively associated with depressive symptoms,  $r(2749) = -.37, p < .01$ , whereas negative home to work spillover was positively associated with depressive symptoms,  $r(2754) = .26, p < .01$ .

**Hierarchical Regression Analyses**

In order to test our primary hypotheses, we followed generally established procedures (Aiken & West, 1991) and conducted a 2-step hierarchical linear regression, with background variables (age, income, and education) and our home to work spillover (positive and negative) independent variables in the first step and the interaction between the two entered in Step 2 (the spillover variables were centered prior to creating the interaction

**TABLE 1**  
**Pearson Correlations among All Study Variables, and Means and Standard Deviations ( $N = 3511$ )**

Variable	M/%	SD	1	2	3	4	5	6	7	8	9	10
1. Provide Child Inst. Care <sup>a</sup>	56.5	–	–									
2. Provide Parent Inst. Care <sup>a</sup>	34.9	–	0.09**	–								
3. Provide Child Emo. Care <sup>a</sup>	49	–	0.37**	0.02	–							
4. Provide Parent Emo. Care <sup>a</sup>	25.1	–	0.04*	0.47**	0.12**	–						
5. Positive <sup>b</sup> Spillover	3.68	0.76	0.01	-0.03	0.07**	0.03	–					
6. Negative <sup>b</sup> Spillover	2.35	0.79	0.06**	0.09**	0	0.10**	-0.27**	–				
7. Income (in \$K)	19.01	18.78	-0.10**	-0.01	-0.04*	0.07**	0.01	-0.01	–			
8. Age (years)	54.1	0.84	-0.02	-0.02	-0.06**	-0.03	-0.01	0.02	-0.06**	–		
9. Education (years)	13.37	2.04	-0.14**	0.01	0.06**	0.13**	0.06**	0.03	0.33**	-0.08**	–	
10. Depressive <sup>c</sup> Symptomatology	17.17	16.5	0	-0.02	-0.05**	-0.06**	-0.37**	0.26**	-0.06**	0.07**	-0.09**	–

\* $p < .05$ ; \*\* $p < .01$

Note. <sup>a</sup>Percentage is out of valid nonmissing data; <sup>b</sup>Spillover measured from the home to work direction and ranged from 1 (lowest spillover)–5 (highest spillover); <sup>c</sup>Depressive Symptomatology ranged from 0 (fewest depressive symptoms)–140 (greatest number of depressive symptoms)

term). Table 2 presents our findings from this regression. Analyses indicated both a positive main effect of negative spillover,  $\alpha = .17$ ,  $p < .001$ , and a negative main effect of positive spillover,  $\alpha = -.32$ ,  $p < .001$ , on depressive symptomatology (CES-D), as predicted. The change in  $R^2$  from Step 1 to Step 2 in our regression was significant,  $\Delta R^2 = .165$ ,  $p < .001$ , implying that the addition of the interaction term added a significant amount of variance to the model. As such, the interaction between positive and negative home to work spillover on depressive symptomatology was significant,  $\alpha = -.11$ ,  $p < .001$ . As seen in Figure 1, for individuals “high” on positive spillover (using a median split for illustrative purposes), the detrimental effects of negative spillover on well-being (i.e., increasing depressive symptoms) were not as great as for those individuals “low” on positive spillover. In other words, employed women with high positive, as well as high negative, spillover showed lower levels of depressive symptoms than those individuals with low positive and high negative spillover, as predicted.

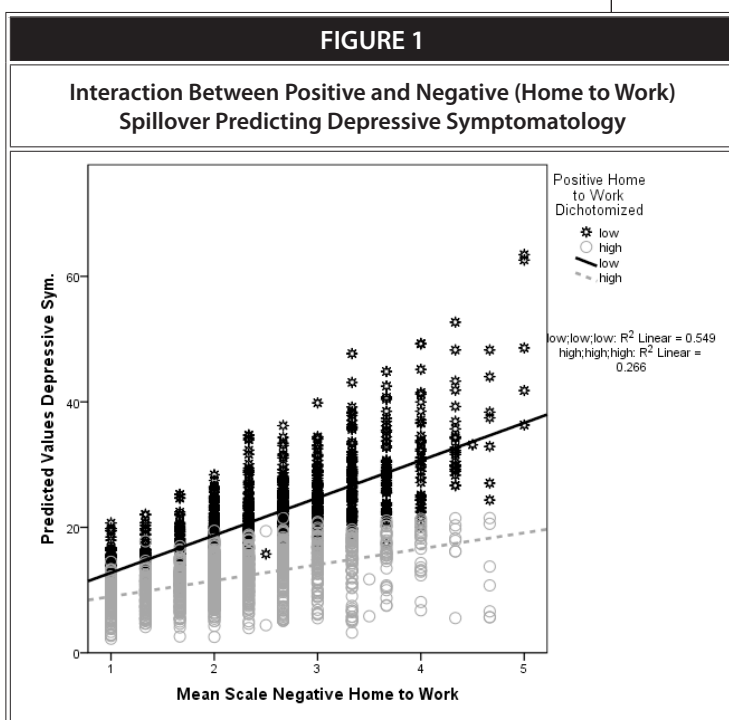
## Discussion

Consistent with our hypotheses, our analysis indicated that positive home to work spillover was associated with lower levels of depressive symptoms, whereas negative home to work spillover was associated with higher levels of depressive symptoms. Also, by examining both positive and negative spillover simultaneously, we were able to uncover a significant interaction between positive and negative home to work spillover predicting depressive symptomatology. Specifically, we found that positive spillover may buffer the detrimental mental health effects of negative spillover. In other words, employed women high on positive spillover were less negatively affected by negative spillover (in terms of depressive symptoms) than women low on positive spillover.

Our findings are in line with both existing theory and research. For instance, as role theory might predict, negative home to work spillover was positively associated with depressive symptoms. Women in our sample who demonstrated high negative spillover also demonstrated higher levels of depressive symptoms, *regardless* of the presence or absence of positive spillover, demonstrating that pressures from work and home roles may not be compatible with one another (Kinnunen et al., 2006). Furthermore, this finding is consistent with past research showing a correlation between

Predictor	Step 1			Step 2		
	B	SE B	$\beta$	B	SE B	$\beta$
Age	2	0.65	0.05*	2.18	0.65	0.06*
Education	-0.47	0.14	0.06*	-0.5	0.14	-0.06**
Income	0	-0.02	-0.02	0	0	-0.02
Positive Spillover	-6.93	0.39	-0.32**	-6.96	0.39	-0.32**
Negative Spillover	3.67	0.37	0.18**	3.57	0.37	0.17**
Positive Spillover x Negative Spillover	–	–	–	-2.68	0.41	-0.11**

\* $p < .01$ ; \*\* $p < .001$



work-family conflict and distress (e.g., Frone et al., 1992). In particular, research has shown that negative spillover from family to work is associated with job distress, which in turn is associated with depression (Frone et al., 1992). Although we did not examine job distress in the present study, examining this variable and other mediators of the link between home to work spillover and mental health is an important avenue for future research.

Our finding that positive home to work spillover was negatively associated with depressive symptoms is consistent with role enhancement

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theory. That is, multiple roles have the potential to be rewarding rather than hazardous to the mental, physical, and relationship health of individuals (Barnett & Hyde, 2001). This situation may be especially true for individuals with family members who support their careers, making positive home to work spillover more likely. Clearly, holding numerous identities does not always lead to conflict or strain (Prottas & Hyland, 2011; Thoits, 1983). Do such results indicate that the effects of positive and negative home to work spillover “cancel each other out”?

Our interaction results point to “no” as the answer to this question. That is, we found an interaction between positive and negative home to work spillover such that employed women high on positive spillover were less negatively affected by negative spillover (in terms of depressive symptoms) than women low on positive spillover. It may be that positive spillover acts as a buffer against negative events (Hanson et al., 2006), and that negative spillover is one such negative event. For instance, stressful interactions with adult children could be mitigated by a supportive spouse, such that the individual is better able to cope with daily stressors in the workplace.

Given that a percentage of women in our sample was caring for both a parent and an adult child, it is also possible that a feeling of “still being needed” gives older middle-aged women a sense of purpose and control that is positively linked with well-being despite the increased stressors and role strain associated with multigenerational caregiving. In fact, providing a child or parent with instrumental care were both positively correlated with negative home to work spillover but not with depressive symptoms (see Table 1). Providing a child and/or parent with emotional care, however, were both negatively associated with depressive symptoms. Taken together, these results imply that certain aspects of caregiving (e.g., emotional care) may provide a sense of closeness and family cohesion that buffers against the negative effects of role strain on depressive symptomatology.

#### Limitations and Future Research

The first major limitation of the present study is the inability to establish cause and effect. Although we controlled for demographic variables, an alternative explanation for our findings is of course possible. For example, it may be that depressed individuals simply report higher levels of negative spillover. The second limitation concerns our

inability to measure both directions of work-family spillover (i.e., home to work and work to home). Although the WLS included negative spillover items from work to home, it did not include any items measuring positive spillover from work to home. As such, we were unable to conduct a parallel analysis of work to home spillover in the present study. In addition, the “positive” mean scale we created to assess positive home to work spillover consisted of only two items and had only a moderately high internal consistency. However, in spite of the low reliability of this scale, we still found significant effects both overall and in the interaction.

The third limitation concerns the cohort of women in the present study. Our sample was considerably older than many (perhaps most) women who are employed full-time outside of the home (who may also have young children). The work-family spillover literature is primarily aimed at better understanding this younger population that is trying to balance dual roles in the home and at work. Although the current sample was also strength of the study in that it offered unique insights about an age group that is understudied in the literature (i.e., the sandwich generation), the findings from the present study cannot necessarily be generalized to a younger population.

Future research can improve upon the present study in several ways. One fundamental improvement would be to create “positive” and “negative” mean scales from a wider variety of items that assess both directions of work-family spillover. Although we maximized the internal consistencies for our scales given the existing items in the WLS, future studies would benefit from collecting specific data about positive and negative work-family spillover in both directions. Future researchers may also want to address the number of children or elderly relatives dependent on the individual in more detail. Although including whether our participants were giving care to an older child, parent, or both in our regression analysis did not change our results, it would be interesting to test caregiving as a possible moderator of the relation between work-family spillover and depressive symptomatology in future research.

#### Conclusion

The present study analyzed the association between positive and negative spillover from home to work and depressive symptomatology in employed females by looking at both types of spillover

simultaneously. Because it is extremely unlikely that an individual experiences only one type of spillover, we used a research approach that allowed us to assess spillover as a multifaceted entity that has complex implications for well-being. By studying the coexistence of negative and positive spillover in the individual, we were able to find that high levels of positive spillover may buffer against the detrimental effects of negative spillover when predicting depressive symptomatology. Our findings also highlight the importance of studying the association of work-family spillover with mental health in older employed women, who might be experiencing strain at home not only from caring for adult children, but also from caring for elderly parents.

## References

- Aiken, L. S., & West, S. G. (1991). *Multiple regression: Testing and interpreting interactions*. Thousand Oaks, CA: Sage.
- Barnett, R. C., & Hyde, J. S. (2001). Women, men, work and family: An expansionist theory. *American Psychologist, 56*, 781–796.
- Barnett, R. C., Marshall, N. L., & Sayer, A. (1992). Positive-spillover effects from job to home: A closer look. *Women & Health, 19*, 13–41.
- Chassin, L., Macy, J. T., Seo, D., Presson, C. C., & Sherman, S. J. (2010). The association between membership in the sandwich generation and health behaviors: A longitudinal study. *Journal of Applied Developmental Psychology, 31*, 38–46.
- Frone, M. R., Russell, M., & Cooper, M. L. (1992). Antecedents and outcomes of work-family conflict: Testing a model of the work-family interface. *Journal of Applied Psychology, 77*, 65–78.
- Goodman, W. B., & Crouter, A. C. (2009). Longitudinal associations between maternal work stress, negative work-family spillover, and depressive symptoms. *Family Relations, 58*, 245–258.
- Greenhaus, J. H., & Beutell, N. J. (1985). Sources of conflict between work and family roles. *Academy of Management Review, 10*, 76–88.
- Greenhaus, J. H., & Powell, G. N. (2006). When work and family are allies: A theory of work-family enrichment. *Academy of Management Review, 31*, 72–92.
- Grundy, E., & Henretta, J. C. (2006). Between elderly parents and adult children: A new look at the intergenerational care provided by the 'sandwich generation.' *Ageing & Society, 26*, 707–722.
- Grzywacz, J. G., & Marks, N. F. (2000). Reconceptualizing the work-family interface: An ecological perspective on the correlates of positive and negative spillover between work and family. *Journal of Occupational Health Psychology, 5*, 111–126.
- Hammer, L. B., Cullen, J. C., Neal, M. B., Sinclair, R. R., & Shafiro, M. V. (2005). The longitudinal effects of work-family conflict and positive spillover on depressive symptoms among dual-earner couples. *Journal of Occupational Health Psychology, 10*, 138–154.
- Hanson, G. C., Hammer, L. B., & Colton, C. L. (2006). Development and validation of a multidimensional scale of perceived work-family positive spillover. *Journal of Occupational Health Psychology, 11*, 249–265.
- Hauser, R. M., & Sewell, W. H. (1957–2005). Wisconsin longitudinal study (WLS; graduates, siblings, and spouses): 1957–2005 version 12.23 (official release data). Retrieved from <http://www.ssc.wisc.edu/wlsresearch/documentation/>
- Kinnunen, U., Feldt, T., Geurts, S., & Pulkkinen, L. (2006). Types of work-family interface: Well-being correlates of negative and positive spillover between work and family. *Scandinavian Journal of Psychology, 47*, 149–162.
- Loomis, L. S., & Booth, A. (1995). Multigenerational caregiving and well-being: The myth of the beleaguered sandwich generation. *Journal of Family Issues, 16*, 131–148.
- Pedersen, D. E., Minnotte, K. L., Kiger, G., & Mannon, S. E. (2009). Workplace policy and environment, family role quality, and positive family-to-work spillover. *Journal of Family and Economic Issues, 30*, 80–89.
- Prottas, D. J., & Hyland, M. M. (2011). Is high involvement at work and home so bad? Contrasting scarcity and expansionist perspectives. *The Psychologist-Manager Journal, 14*, 29–51.
- Radloff, L. S. (1977). The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement, 1*, 385–401.
- Schlenker, B. R. (1987). Threats to identity: Self-identification and social stress. In C. R. Snyder & C. E. Ford (Eds.), *Coping with negative life events: Clinical and social psychological perspectives* (pp. 273–321). New York, NY: Plenum Press.
- Stevens, D. P., Minnotte, K. L., Mannon, S. E., & Kiger, G. (2007). Examining the 'neglected side of the work-family interface': Antecedents of positive and negative family-to-work spillover. *Journal of Family Issues, 28*, 242–262.
- Thoits, P. A. (1983). Multiple identities and psychological well-being: A reformulation and test of the social isolation hypothesis. *American Sociological Review, 48*, 174–187.
- U.S. Department of Labor, Bureau of Labor Statistics. (2010). *Employment status of the civilian noninstitutional population by sex, age, and race*. Washington, DC: Government Printing Office.

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