

Université de Montréal

On the health and wellbeing of single working women without children:  
An analysis of scientific and lay discourse

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Thèse présentée à la Faculté des études supérieures  
en vue de l'obtention du grade de Philosophiae Doctor (Ph.D.)  
en Santé Publique, option Promotion de la Santé

Juin, 2011

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## IDENTIFICATION DU JURY

Université de Montréal

Faculté des études supérieures et postdoctorales

Cette thèse intitulée:

On the health and wellbeing of single working women without children:  
An analysis of scientific and lay discourse

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Thèse acceptée le : 13 juin, 2011

## SUMMARY

This thesis examines interpretations of the health and wellbeing of single working women without children (SWWWC) in two types of discourse: that of published research in periodicals (scientific) and that of qualitative interviews with members of this group (lay). Demographically, this group's numbers are significant (28% of employed Canadian women), however, its health and wellbeing is little visible in research. Within the social sciences, research is burgeoning on the challenging experience of being a single adult in couples-oriented cultures, emphasizing the stigma of this status and also how it may be unwittingly perpetuated through research practices. By defying normative expectations pertaining to coupled and family life, SWWWC appear a useful group from which to assess this claim. Drawing on both scientific and lay accounts allows an exploration of the tensions and convergences between them. Samples of 32 scientific articles and 22 interview transcripts were drawn on in the discourse analysis, guided by the concepts of *interpretative repertoire* (coherent ways of writing about a topic) and *subject positions* (identities). This research gave rise to three articles. The first analyzes common themes in the explanation of the health/wellbeing of this group in scientific research and identifies an interpretative repertoire termed *the family as reference*. This repertoire accounts for the frequent explanation of their health by referring to the states and characteristics of holding parental or partner roles. This could obscure their lives or cast them as relatively impoverished, reinforcing single woman stereotypes. Article 2 examines how members of this population construct their own wellbeing. It identifies notions of balance between various life spheres and a positioning as dynamic as central. These challenge understandings of singles/the childless as having lives lacking in breadth or fulfillment, or as untouched by issues of work-life balance. Article 3 brings the scientific and lay materials together over the topics of singleness and paid work in relation to health and wellbeing, highlighting their many similarities and differences. The possible functions of the various interpretations are theorized. I conclude that a more critical perspective on coupled/family status can offer public health research a point of added reflexivity.

**Keywords:** marital status, childlessness, employment, stigma, social roles, identity, qualitative methods, reflexivity and work-life.

## RÉSUMÉ

Cette thèse examine la façon dont on interprète la santé et le bien-être des travailleuses célibataires et sans enfant au sein de deux types de récits : ceux provenant d'études publiées dans des périodiques (récits scientifiques) et ceux provenant d'entrevues qualitatives avec des membres de ce groupe (récits profanes). Sur le plan démographique, leur nombre est significatif; elles représentent 28% des employées canadiennes. Par contre, leur santé/bien-être est peu visible dans les écrits de recherche. Dans les sciences sociales, plusieurs études portent sur l'expérience parfois éprouvante d'être un adulte célibataire vivant dans une culture orientée sur le couple et la famille. Elles mettent l'accent sur le stigma associé à ce statut. Certains suggèrent même que les pratiques de recherche peuvent contribuer à la perpétuation de représentations négatives à l'égard des célibataires. En ayant un profil qui pourrait être symbolique d'une déviation vis-à-vis des attentes normatives entourant la vie de couple ou de famille, les travailleuses célibataires et sans enfant semblent un point de repère utile pour évaluer cette dernière possibilité. S'attarder autant aux récits scientifiques que profanes permettrait d'explorer les tensions et convergences entre eux. Suivant cet objectif, un échantillon de 32 articles scientifiques et de 22 retranscriptions d'entrevues ont été analysés selon une approche d'analyse de discours guidée par les concepts de *répertoire interprétatif* (une façon cohérente d'aborder un sujet donné) et de *position du sujet* (une identité mise en évidence par une façon de parler ou d'écrire). Trois articles ont émergé de cette recherche. Suite à une analyse des thèmes communs utilisés dans l'interprétation de la santé/du bien-être du groupe en question, un répertoire interprétatif surnommé *la famille comme référence* a été identifié. Ce répertoire expliquerait notamment la tendance observée d'expliquer leur santé/bien-être en référant aux états et aux caractéristiques d'être parent ou partenaire. Cette pratique peut avoir l'effet de voiler leur vie privée ou de la construire comme étant relativement appauvrie. L'article 2 examine comment les membres de ce groupe construisent leur propre bien-être. Il identifie la notion d'équilibre entre plusieurs sphères de vie et une identité de femme dynamique comme éléments centraux aux récits sur leur bien-être. Ces derniers vont à l'encontre de la perception des célibataires ou des personnes sans enfant comme ayant

des vies moins épanouies ou enrichies et qui ne sont pas touchées par des questions de conciliation travail-vie personnelle. Le troisième article rassemble les deux types de récits autour des sujets de l'emploi et du statut de célibataire en lien avec le bien-être. Il met en évidence de nombreuses similarités et divergences, et théorise la fonction de ces diverses constructions. En conclusion, j'avance qu'une perspective plus critique face au statut de couple ou familial et de ses aspects normatifs pourrait offrir à la recherche en santé publique un point de réflexivité à développer davantage.

**Mots clés:** statut marital, emploi, stigma, rôles sociaux, identité, méthodes qualitatives, réflexivité, conciliation travail-vie personnelle.

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## ACKNOWLEDGEMENTS

As I sit here in my home office facing my laptop, as I have found myself countless times over the years leading up to the completing of my PhD, it is finally time to take stock of how others have helped make this feat possible and commit it to the page. Doing so, I cannot help but be filled with gratitude and joy. What follows is in no way an exhaustive account as it does not mention the cumulative contributions of professors, classmates, colleagues, reviewers, friends or others. With their understanding, I hope, I will acknowledge here but a few individuals.

I am greatly indebted to Kate Frohlich, my supervisor, on whom I could always count for honest appraisal of my work, raising challenging, if not, haunting (!) questions, consistent supervision, encouragement, and an open-book policy on her academic experience. I am truly fortunate to have benefited from her well-rounded direction.

Francine Descarries, my co-supervisor, was an invaluable resource on many fronts and I thank her warmly. She was key in assuring some rogue elements of the thesis' tone were reined in and in teaching me the importance of owning and having faith in your work. I also received from her insight into the broader pertinence of my work for feminism and drew inspiration from her enthusiasm.

To the team of researchers with whom I worked at the Department of Sexology (Université du Québec à Montréal), Joseph J. Lévy, Mylène Fernet and Jocelyne Thériault, I extend deep thanks, notably, for entrusting me with the coordination of their project and according me the intellectual freedom to follow my interests in analyzing their interview material.

I am also grateful to the project participants for so generously sharing their time and life experiences. Without them, this thesis would not be.

To the Social Science and Humanities Research Council of Canada I extend my profound thanks as without their funding I would likely not have embarked on this endeavor.

I am very thankful for my parents, Gaëtane and Sid, for their support and for instilling in me the value of education and of pursuing your interests even if they take you off the beaten path!

Finally, I thank Hugues for unwavering faith in my abilities in times of doubt, helping me to persevere, and for simply being there every happy or trying step of the way.

## **INTRODUCTION**



This thesis introduces single working women without children as a population of interest to public health. Taking this group as a vantage point, I propose, helps to raise questions about how normative assumptions about marital/couple status and family life may be shaping theorizations of health and wellbeing in ways that reinforce these norms to the detriment of outlying groups. Single working women without children represent one such group. Indeed, in the past decade, much qualitative investigation of the experience of singlehood in several western societies has emphasized the stigma attached to singleness and the unmarried's struggle to maintain a positive identity in this regard (e.g., Macvarish, 2006; Reynolds and Wetherell, 2003; Zajicek and Koski, 2003). I pursue the notion that it is not only in society at large but in health/wellbeing-oriented science that there is reason for concern about the marginalization of singles and those without a family of creation (i.e. children and/or spouse) (e.g., Budgeon, 2008; DePaulo and Morris, 2005; Young, 1999). For my interest group, what is at stake is how relevant research addresses their health and wellbeing, and, on the ground, how the women themselves view this dimension of their lives, each ultimately impacting their wellbeing. For the field of public health, it is adequate reflexivity in regards to marginalizing assumptions about coupled or family life that may infiltrate theory and practice.

I will explore these elements in this thesis by examining and comparing discursive interpretations of the health and wellbeing of single working women without children in both the scientific literature and in interviews with a Montreal (Quebec) sample of these women. How this group theorizes its own wellbeing and its associated elements could offer an important counterpoint to or source of reflection for interpretations of their health/wellbeing in research. Interpretative repertoire discourse analysis (Potter and Wetherell, 1987), built as it is on reflexive practices and a critical perspective, offers a useful methodological tool in this endeavor.

## **AN ARGUMENT FOR ATTENDING TO THE HEALTH AND WELLBEING OF SINGLE WORKING WOMEN WITHOUT CHILDREN**

Singles now account for half of the Canadian population. Specifically, 28% of employed women in Canada and 29% in Quebec are single women with no children at home (Statistics Canada, 2006). In Quebec, single working women who either live alone or with non-relatives represented 11.6% of the female population aged 25 to 54 in 2008 (Institut de la Statistique du Québec, 2009a). Despite their numbers, however, uncoupled adults remain at odds with societal values and the stigmatization of single individuals, coined by DePaulo and Morris (2005) as “singlism”, has been an important theme of singleness studies (Macvarish, 2006). Indeed, concern about how single adults are treated in society, particularly single women, has emerged from psychology, sociology and women’s studies, and much qualitative work has emphasized the challenges in managing an identity as a single woman (e.g., Lewis and Moon, 1997; Reynolds and Wetherell, 2003) even if accomplished professionally (Berg-Cross, Scholz, Long, Grzeszyk and Roy, 2004; Byrne, 2000). Qualitative research also stresses how both female singleness and childlessness are experiences fraught with ambivalence (e.g., Gillespie, 2003; Morell, 2000). Hence, while there has been progress in women’s education, occupational attainment and a multiplication of their life options in past decades making singleness a more economically viable life path, it appears that social expectations and values privileging coupled or family life remain (Byrne, 2009; Carr, 2008).

The preoccupation dealt with here is that, if the favoring of coupledness and family life (and the operation of singlism) goes largely unrecognized or uncontested, as some suggest (e.g., Byrne and Carr, 2005; DePaulo, 2006), these values may be finding their way into health and wellbeing research to the disadvantage of singles and my interest group. I overview three somewhat overlapping areas of inquiry of pertinence to this group that offer examples of how singles may be potentially and unwittingly marginalized by investigative practices: research on conflict between paid work and activities beyond it; investigation of women’s social roles, and the study of marital/couple status.

Research into conflict between one's personal life and employment (or work-family/life conflict), associates this issue with negative repercussions on health (e.g., Allen, Herst, Bruck and Sutton, 2000; Duxbury, Higgins and Johnson, 2004), making it of relevance to the health and wellbeing of single working women without children. Here, some investigators have claimed that common assumptions about what life aspects compete with work (i.e. family), who experiences conflict (i.e. workers with children) (Young, 1996, 1999) as well as what constitutes family (i.e., spouse and children) (Casper, Eby et al., 2007) have tended to exclude single and childless workers from particular consideration in research, although work is beginning to accumulate on these populations. Studies with single working women without children have shown that on measures of conflict between the roles of work and *family* (or difficulty managing their combination), they tend to have lower scores than coupled working mothers or single working mothers (Brough and Kelling, 2002; Chandola, Martikainen, Bartley et al., 2004; Marlow, 1993). And these family-oriented interrole conflict measures have received the most empirical testing (Huffman, Youngcourt, Payne and Castro, 2008). Yet, when less narrow measures are used in regards to life outside of work (e.g., "non-work"; "life"; "home"), single working women without children have scored similarly to coupled working mothers (Hamilton, Gordon and Whelan-Berry, 2006). Such findings suggest not only that problems of conflict cross family-status boundaries (Hamilton et al., 2006; Young, 1999) and require attention on this level, but that research concepts, constructs and methodologies have not necessarily been sensitive to this notion (e.g., Casper, Weltman and Kwesiga, 2007; Chui and Ng, 2001; Huffman et al., 2008). In part for these reasons, the work-family/life issues of workers without spousal or parental roles are not well elaborated (e.g., Casper, Eby et al., 2007; Ransome, 2007).

The next area of investigation is that of women's roles and health. Traditionally, the scientific apprehension of women's health has emphasized their reproductive and caring functions (Barnett, 1997; Ehrenreich and English, 2005), contributing to their initial exclusion from research on employment or occupational health (Artazcoz, Borrell, Cortès, Escribà-Agüir and Cascant, 2007; Killien, 2001; Messing, 1997). This emphasis

arguably continues, however, in interest in the link between working women's roles and their health which has often been premised on concern with the *addition* or *combination* of employment with family roles and whether this is harmful to women and their families (Lewis and Cooper, 1999; Gilbert and Rader, 2001; Gjerdingen, McGovern, Bekker, Lundberg and Willemssen, 2000; Killien, 2001). The popular theoretical models guiding research on working women's health/wellbeing have followed suit drawing on notions of "role enhancement" and "role strain" tied to carrying both paid work and family roles<sup>1</sup> (Gjerdingen et al., 2000). With the heaviest focus on working mothers and coupled working women, working women without family roles are thus an atypical profile of specific interest in this line of research and, consequently, little is known about them and their health/wellbeing (Killien, 2001). Extant research, sampled for the discourse analysis conducted, appears most often comparative in nature and reveals them to have a variable health/wellbeing profile relative to working mothers, whether coupled or not, that calls for greater understanding.

The final area of investigation is health research on marital status. Marital status and family status are among several other standard demographic variables used in epidemiological research (age, sex, race/ethnicity, occupation, education; Merrill and Timmreck, 2006) and it is largely accepted that being married (or cohabitating) is generally associated with a health advantage (e.g., Coombs, 1991; Ikeda, Iso, Toyoshima et al., 2007; Liu and Umberson, 2008; Merrill and Timmreck, 2006). Indeed, the health of singles in several developed countries is currently being proposed in research as a matter of public health interest (e.g., Cheung, 2000; Ikeda, Iso, Toyoshima et al., 2007; Lui, 2009). Consistent with these perspectives, the two main concepts used to interpret differentials by marital status, social protection/causation and social/health selection both account for better health in the coupled/married (Merrill and Timmreck, 2006; Wyke and Ford, 1992). However, there has been some concern of late that the research agenda on marital status and the scientific interpretations elaborated might reinforce and exaggerate the link between marriage/couplehood and superior

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<sup>1</sup> Gjerdingen et al. (2000) characterize role enhancement as referring to the concept that "multiple roles augment a person's power, prestige, resources, and emotional gratification" (p. 8), and role strain as purporting "that some role combinations may be detrimental to one's well-being due to the competing demands on one's time, energy, and involvement" (p. 9).

health/wellbeing (DePaulo, 2006; DePaulo and Morris, 2005). In any case, there is much less development in research of how single adults may achieve good health and wellbeing (e.g., Anderson and Braito, 1981; Carr, 2008; Lewis and Borders, 1995) and the relative lack of regard to this aspect could arguably contribute to their stigmatization. A more critical perspective towards the use and interpretation of marital status variables may thus be needed.

If societal norms value coupled or family life without also validating the lives of adults who have no partner or children, science and thus health/wellbeing research may be playing a role in perpetuating this social context. In each of the three areas of research examined, the relative visibility and development of singles' health/wellbeing issues was in question. It is also clear from the above that research can have a hand in interrogating these norms for their effects on singles and those without a family of creation (e.g., DePaulo and Morris, 2005). In following, this thesis focuses on single working women without children for not only do they form a notable segment of the female workforce, if not, population, in several developed countries, they represent a profile of woman that departs markedly from more traditional conceptions of coupled/family life by not being wives/partners, mothers or economically dependent within a familial setting (Byrne, 2008). Investment in better understanding constructions of the health/wellbeing of this group appears a useful way of assessing how the said norms may be playing out.

## **THE IMPORT OF EXAMINING DISCOURSE ON HEALTH/WELLBEING FOR PUBLIC HEALTH**

In much health research, whether operationalized positively or negatively, health, including its associated behaviors and attitudes, is commonly approached as something factual or “real” that, if not directly assessed under ideal conditions, is approximated in some fashion (Broom and Willis, 2007). Adopting a different paradigm, this thesis takes a predominantly discursive view of health/wellbeing in its research and thus will especially be in the business of understanding, in relation to a specific population, *how* it is interpreted in text and talk (i.e. scientific articles and qualitative interviews) and

*what* might be some of its wider implications. Both health and wellbeing will be addressed here, in part, given their interrelationship in popular definitions of health within public health (e.g., WHO 1948, 1986) and recent work arguing for recognition of wellbeing as a target in this field (e.g., Crawshaw, 2008; Carlisle and Hanlon, 2008).

It is certainly an understatement to say that health is a central rallying point for health promotion and public health. Its epistemology, ontology as well as its discourse are mainstays of these fields (Lupton, 1995). But “health”, a deceptively terse term, as well as wellbeing, as matters of discourse, can be seen as a multilayered palimpsest, continually written and rewritten, with vestiges of earlier inscriptions remaining legible. The history of public health attests to the varied nature of health (e.g., Rosen, 1993), not to mention the continued debates around its definition throughout the course of the considerably shorter existence of health promotion. In this regard, Raeburn and Rootman (2007) have stated “concepts of health are largely determined by their context and who is expressing them” (p. 20). Similarly, Blaxter (2010) has emphasized how notions of health change over time and co-exist in multiple forms, both contemporary and ancient in origin, expert and lay, making impossible and undesirable a “single all-purpose definition” (p. 161).

To be sure, some ways of talking about health do gain ascendance (e.g., currently, health as normality, the biomedical model in western societies; Blaxter, 2010) and much is at stake in the process. In health promotion and public health, the way health is discussed and written about helps direct action, contributing to producing, delimiting and legitimating problems under their purview and their proposed solutions<sup>2</sup>. Similarly, its definition influences healer practices and how care is organized, and can help shape social policies that affect the population’s wellbeing (Blaxter, 2010). On the ground, in the modern “health society”<sup>3</sup>, health is deemed to have become “a core part of the

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<sup>2</sup> Health promotion provides a vivid case in point. To quote Rootman, Frankish and Kaszap (2007): “...the cluster of concepts introduced by the Lalonde Report into the field of health in 1974, including the concept of health promotion, significantly changed the way in which policy makers, practitioners, researchers, and the public looked at health and led to changes in policies and practices related to health. It also contributed to the development of the field of health promotion itself” (p. 61).

<sup>3</sup> Five characteristics underlie the notion of health society: “increasing life expectancy, expansive health and medical care systems, rapidly growing private health markets, prevalence of health as a dominant

construction of modern self identity” (Kickbusch, 2007, p. 146) and can be used as “a way of defining boundaries between Self and Other” and constructing “moral and social categories and binary oppositions”, notably, around gender, social class, sexuality, race and ethnicity (Lupton, 1995). In their possible links to identity, readily available constructions or theories of health can also impact on how people think, feel and talk about themselves (Edley, 2001), ultimately affecting their wellbeing. From this general perspective, then, health can be perceived as the site of tensions and power struggles (Cameron, Mathers and Parry, 2008; Eakin, Robertson, Poland, Coburn and Edwards, 1996; Kickbusch, 2007), notably among health professionals or interventionists and members of the public or between these groups.

Given the prominence of science in modernity as a foundation for organizing society (O’Neill and Stirling, 2007), both the fields of public health and health promotion as well as individuals of western populations draw more or less heavily on scientific accounts of health in the accomplishment of these diverse social processes. While multidisciplinary (McQueen, 2007), health promotion has relied heavily on epidemiology and psychology as primary “feeder disciplines” that have oriented its focus, practices and understandings of health in particular ways (Bunton and Macdonald, 2002). Epidemiology has played a large role in setting the agenda for health promotion, importantly, by identifying foci for prevention on which programs were built (Tannahill, 2002). The notion of health produced by classic epidemiology did not emphasize positive or subjective dimensions and geared health promotion towards the prevention of disease, often based on models of health education (Tannahill, 2002). Psychology made its most marked contribution to health promotion by providing theoretical bases for directing its initiatives, particularly those aimed at reducing health risk behaviours (Murphy and Bennett, 2002). Health or its associated behavior, in this

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theme in social and political discourse, and health as a major personal goal in life and as a right of citizenship” (Kickbusch, Magg, and Sann, 2005, p. 3). In the health society, individuals are exposed to a deluge of information “on health issues, promises, risks and warnings” which must be continually navigated (Kickbusch et al., 2005, p.2). Sources include the popular media, books, the Internet, the news media, friends and family, as well as the peer-reviewed literature (Kickbusch et al., 2005).

case, was largely conceived as the outcome of rational cognitive processes and thus efforts traditionally centered on individual decision-making with little concern for the social environment (Murphy and Bennett, 2002) or collective behavior (McQueen, 2007). Important ethical concerns raised by a focus on individual-level (responsibility) and simple approaches to health promotion emerging from these influences are that they can have the effect of blaming the victim or even exacerbating the targeted health issue (e.g., Crossley, 2002; O'Hara and Gregg, 2006).

These well-worn observations highlight the importance of critically attending to how the research literature bases on which health promotion and public health draw shape health, problems and responses to these. This, it seems, is part and parcel of fostering the reflexive stance that health promotion wants to nurture towards its practices (Boutilier and Mason, 2007). Reflexivity can mean “thoughtful, conscious self-awareness” and recognition of knowledge’s active construction throughout the research process (Finlay, 2002). From a critical social science perspective, reflexivity in health promotion also means questioning and making explicit major assumptions, ideologies, contradictions, aspects of the dialectical relationship between macro- and micro-level factors, and power dimensions underlying research (Eakin, et al., 1996). By pointing to alternative ways of constructing health-related “realities” informed by these contextual elements, levers for change and emancipation are created as well as a means of guarding against the perpetuation, via its practices, of those aspects of the status quo that health promotion vies to modify (Eakin et al., 1996). Such an approach fits within health promotion’s watchdog and health advocacy roles (Ashton and Seymour, 1988). It also would seem to be a necessary part of its attendance to structural processes impinging on people’s health (Macdonald and Bunton, 2002) or its “socio-ecological approach to health” (World Health Organization, 1986). Before engaging in actions geared towards changing conditions that impact on health (O’Neill and Stirling, 2007), health promotion must provide answers to such questions as “What are the health problems? What are the causes of these problems?” which depend on definitions or theories of health (Raphael, 2000, p. 356). And these can differ between the different stakeholders, for example, policy-makers, experts, public health practitioners, and



members of the public (Cameron et al., 2008). Hence, health promotion has a role to play in assessing how these different aspects are constructed in academic and professional work but also via other social processes (e.g., commercial) with attention to their social, cultural and historical locations, and how best to deal with them, if they are evaluated to potentially undermine the health of populations or lack fit with their conceptions. In general, such endeavors can provide important “interactive” (qualitative, constructivist) or “critical knowledge” with which to inform health promotion practice (Raphael, 2000) and in its preceding or preliminary stages. As put by Milburn (1996), it is relevant for health promotion “to address the building bricks before trying to build the house” (p. 42) and ask: whose health theory? One way of achieving this is through an analysis of discourses on health/wellbeing.

In sum, dominant constructions of health and wellbeing are of import to people’s identities and public health practice and thus have a bearing on population wellbeing. Attending to interpretations of the health/wellbeing of single working women without children in both scientific and lay accounts<sup>4</sup> could help bring to light their different understandings and the potential tensions between them, particularly around the social categories of and boundaries possibly created by couple/family status. Levers for changing and challenging the status quo, if needed, may be fostered by a detailed analysis of research discourse and drawing on alternative constructions provided by lay accounts that may offer more emancipating perspectives on their health/wellbeing. Overall, this project can be located as part of the reflexive practice of health promotion and public health towards its research sources and theories about health/wellbeing. This reflexivity also comprises questioning how some populations or groups come to be especially constituted as requiring resources aimed at enhancing or understanding their health and, conversely, others, like my interest group, do not (Eakin et al., 1996).

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<sup>4</sup> In this thesis, the notion of “accounts” is used in a broad sense and simply refers to a passage of talk or text (Potter and Wetherell, 1987).

## **DISCOURSE ANALYSIS AS AN APPROPRIATE METHODOLOGY FOR THIS THESIS**

Discourse analysis, as a methodology which may be simply defined as the close study of “text” (language in use) in context (Woods, 2006), seems ideally suited to empirically address the various concerns and questions outlined above. The version of discourse analysis employed in this thesis goes by the label “critical discursive social psychology” in the literature (e.g., Edley, 2001a; Wetherell, 1998, 2003) but in this thesis, it will go by the more precise denomination of “interpretative repertoire discourse analysis”. It is committed to language use as an object of study in its own right and fundamentally questions the “‘realistic’ model of language” (Potter and Wetherell, 1987, p. 34) –that talk and text mirror the events, beliefs, emotional states or other objects of which they speak. Instead, it is the functional, constructive and active roles of language use that are emphasized as well as its resultant variability. From this perspective, our culturally available and historically situated bank of linguistic resources (e.g., metaphors, social categories, clichés, figures of speech) is flexibly mobilized through talk and text, whether deliberate or not, to make certain things happen (e.g., persuade, justify, admonish, request) and to construct versions of lived reality of which many are possible. Language use is thus necessarily viewed as a collective phenomenon (Talja, 1999) without discounting its users’ agency; people are seen as both the masters (producers) and slaves (products) of language.

In this view, discursive actions become a part of social practices offering an avenue for developing interpretations of the societal implications and practical consequences of these actions and selective constructions of “reality.” Two phases are central to the analysis of texts: (1) searching for and describing patterns (i.e. variability and regularity), and (2) theorizing the functions and effects of language based on linguistic observations (Potter and Wetherell, 1987). Key concerns of the latter aim are identifying processes of normalization or naturalization in text or talk (e.g., what is taken for granted), reflecting on the beneficiaries of different discursive formulations (Edley, 2001a) and theorizing their ideological work (Wetherell and Potter, 1992). Analysis is also guided by the concepts of interpretative repertoires (coherent ways of

talking about objects and events that form the building blocks of conversations) and subject positions (identities brought about by ways of talking/writing) both of which are culturally familiar.

In sum, advantages of this approach include its inherent reflexivity and critical perspective. My interest in health/wellbeing constructions and their implications for the identities of single working women without children is well served by its guiding concepts of interpretative repertoire and subject position. As to its view on language use as a culturally located practice, this allows social analytical concepts to be brought into the analyses that may prove of relevance (e.g., the normative quality of coupled/family life). Finally, its recognition of agency in the user opens the door to the possibility of *reconstructions* of health/wellbeing and its associated identities, offering a basis for intervention, if needed.

## **STRUCTURE OF THE THESIS**

In the upcoming section, a literature review will briefly develop the material touched on in the introduction that argued in favor of a focus on single working women without children and the construction of their health/wellbeing. The methodology is then described, presenting interpretative repertoire discourse analysis along with its key concepts, analytic approach and meta-theoretical underpinnings. The constitution of the samples of research articles and interview participants, and procedural details are also provided. Following are three empirical articles. The first analyzes common themes in the interpretation of the health of single working women without children in research, identifying an interpretative repertoire termed the “family as reference”. It accounts notably for the frequent explanation of this group’s health by referring to the states and characteristics of holding parental or partner roles which could leave their own lives obscured or cast them as relatively impoverished. Article 2 examines how members of this population construct their own wellbeing, identifying notions of balance between various life spheres and a positioning as dynamic as central, challenging understandings of singles/the childless as having lives lacking in breadth or fulfillment, and untouched by issues of work-life balance. Article 3 brings the research and interview materials

together over the topics of singleness and paid work for purposes of comparison, highlighting their many similarities and differences and theorizing their possible functions. Afterwards, appear a concise general discussion and conclusion.

## **THE RESEARCH'S AFFILIATIONS AND THE ROLE OF EACH CO-AUTHOR**

In addition to receiving the guidance of two doctoral co-supervisors, Katherine Frohlich, with the Département de médecine sociale et préventive at the Université de Montréal and Francine Descarries with the Département de sociologie at the Université du Québec à Montréal, investigative work underlying this thesis was completed as a part of a research project funded by the Social Science and Humanities Research Council of Canada (SSHRC) (410-2005-1537; grant period: April 1, 2005 to March 31, 2008). The project, entitled *The social, sexual and psychological experience of single career women in Montreal: A qualitative analysis of a new phenomenon*, was headed by Joseph Josy Lévy, professor with the Department of sexology at the Université du Québec à Montréal (UQÀM). The co-investigators were professors Jocelyne Thériault and Mylène Fernet, also with the Department of sexology. The roles I occupied as a member of this team were those of employed research professional and coordinator. As a result, an analysis of qualitative interviews with single career women without children, the main approach chosen for the SSHRC project, formed the basis of two of my thesis articles. An additional thesis paper involving a discourse analysis of a sample of the health-related research literature on members of this population, however, extended beyond the original design and scope of the study. The SSHRC project investigators, beyond their implication in the interview-based portion of the research project by overseeing and supporting all related processes (e.g., defining participant inclusion criteria, recruiting, developing publicity material or tools, creating the interview schedule, arranging for a convivial interview locale, commenting on drafts of the analyses) also pursued distinct orientations more informed by sexological interests. These concentrated on an analysis of media representations of single women in the journalistic press (Lévy, Carignan, de Pierrepont, Engler, Fernet, and Thériault, 2009; Lévy, Carignan, Engler, de Pierrepont, Fernet, and Thériault, 2008) and in popular Quebecois television series (Lavigne, Auger, Engler, Fernet, Lévy and Thériault, 2009).

As a general rule, the SSHRC project investigators gave me great latitude to determine what direction my analyses of the qualitative interview material would take.

The dual affiliation of my thesis research as a part of a funded study based at UQÀM and a doctoral project of a Université de Montréal student required approval from both institutions' review boards. The Comité d'éthique de la recherche avec des êtres humains de l'UQÀM first accepted the SSHRC project in August of 2005 and all researchers and personnel involved signed a confidentiality agreement. The Comité d'éthique sur la recherche chez les êtres humains de la Faculté de médecine de l'Université de Montréal (CERFM) granted approval of the doctoral project in March of 2008. Both committees periodically renewed their approval. Overlap between the two projects' timeline was possible as that of the SSHRC was prolonged for a year (for a total of 4 years' duration) and allowed an extra 6 months before submitting the final report (which was due at the end of September 2009).

As regards the role of each co-author in the production of the thesis articles, as first author, I wrote each manuscript in full and based them on analyses that were my own. My co-supervisors offered repeated and in-depth critiques and matter for reflexion on all aspects of these texts (e.g., methodology, theory, structure, analyses), which typically evolved after several drafts, each one requiring a new revision. Researchers affiliated with the SSHRC project, Joseph J. Lévy and Mylène Fernet, commented final versions of the first and second articles respectively. Early versions of the first and second articles were commented by Jocelyne Thériault (articles 1 and 2) and Joseph J. Lévy (article 2).

## **LITERATURE REVIEW**

## **SOCIAL TRENDS AND THE PREVALENCE OF SINGLENESS AND CHILDLESSNESS**

The single, childless working woman is by no means a novelty of the 21<sup>st</sup> century. The classical “spinster”, a spinner of cotton and wool, first appeared in 13<sup>th</sup> century France as “femmes seules” and she has since had a multitude of incarnations across the centuries, from the “Shop Girls” of the mid 19<sup>th</sup> century to the “flappers” of the 1920s taking over male occupations during WWII (Israel, 2003). Indeed, the rise of employment in women in the latter part of the 20<sup>th</sup>, while pervasive, occurred disproportionately among women with children. In 1976, 61% of Canadian women without children (under age 16) were employed relative to 80% in 2006, while in women with children (under 16), employment increased more dramatically from 39% to 73% (Statistics Canada, 2007a). Rough indicators of the proportion of single working women without younger children (encompassing the childless) in developed countries over the course of the 1980s or 1990s can be found in published studies with national data. Those calculable within our sample of research articles are presented in Table 1 (page 17) and show a wide range, no doubt tied in part to such methodological factors as the criteria defining the parental and employment categories as well as the age limits of the sample. Nevertheless, the average proportion of female workers who is single and without children in these studies is 16.3%. This figure, however, is well below Canadian census data for 2006 which shows that never married, divorced or widowed women with no children at home account for 28% of Canada’s and 29% of Quebec’s employed women aged 15 or older (Statistics Canada, 2006). American data suggest an almost identical proportion for both sexes combined of adults not in a long-term relationship and without children under 18 years of age (30.3% in 1990; Young, 1996).

Table 1. Proportion of single working women without children (SWWWC) among women in paid work in national study samples

Study (Country)	Proportion of SWWWC	Definition of SWWWC
Bartley et al., 1999 (UK)	17.9% (1984) 19.8% (1993) -of employed aged 20-59	Not cohabitating or married No children < 16
Elstad, 1996 (Norway)	22.3% (late 1980s) -of full-time workers aged 31-60	Not cohabitating or married No children over 16
Janzen and Muhajarine, 2003 (Canada)	Age 20-38: 19.7% (1994-5) Age 39-60: 21.1% (1994-5) -of paid workers aged 20-60	Not living with a partner or spouse Not living with a child < 25
Khlat et al., 2000 (France)	6.6% (1991-2) -of working women aged 30-49	Not cohabitating or married No children at home
Mastekaasa, 2000 (Norway)	13.8% (1990) -of employed aged 18-59	Not cohabitating or married No child < 16
Roos et al., 2005 (Finland) (Sweden)	13.6% (1994) 15.6% (1994-5) -of employed aged 25-49	Not cohabitating or married No child of 17 to 18 or less living at home

Social trends in Canada and abroad unfolding over the past few decades suggest the experience of being a single worker without (dependent) children is likely to be common, if not, recurrent or enduring. Notably, life transitions to adulthood, that is, completing schooling, entering the workforce, leaving the parental home, cohabitating with a partner or spouse and having a first child, which were compressed in the 1960s, have not only become relatively delayed, but less standardized, stretched out, and follow a less linear course (Beaujot, 2004). A multitude of cultural and structural factors are understood as potentially contributing to these changes including the greater investment in education required of a skills-based economy, a “flexible” and insecure work context, less stable relational unions, less dependence between men and women, gains in gender equality, greater individualism as well as changes in the meanings and motives for intimate relationships and childbearing, which have become pathways to personal fulfillment (Beaujot, 2004).

Below replacement fertility rates observed across numerous developed countries are suggestive of growing childlessness. In Canada, this rate was 1.56 in 2006 (Statistics



Canada, 2008) and estimated for 2008 to be 1.66 in the UK, 1.67 in Sweden, and 1.22 in Japan (Central Intelligence Agency, 2009). In the U.S., the proportion of women aged 40 to 44 who were childless was 20% in 2006, representing a twofold increase from that observed three decades earlier (Lawler-Dye, 2008). Across developed European countries or affluent modern societies, rates of childlessness in women are also summarized at approximately 20% (Basten, 2009; Hakim, 2005). The novelty of present childlessness lies not in its rates, however, which were generally higher in cohorts born at the beginning of the 20<sup>th</sup> century (Rowland, 2007) and linked to the disrupting influences of two World Wars and the Depression (e.g., on health, on marriage; Dykstra and Hagestad, 2007). It lies in the context of its resurgence, notably, small family systems (Rowland, 2007), and occurrence among healthy women who are sexually active and relatively prosperous (Hakim, 2005). Indeed, the future childless will likely have developed a complex history of couple relationships that may have played a role in their not having children (e.g., the presence of step children, a breakup at a key point in the life course; Dykstra and Hagestad, 2007). Furthermore, its distribution across occupation grades, in absolute terms, reveals that childlessness in women is not numerically concentrated among those in professional or managerial occupations but in workers within middle or lower grade occupations, where most employed women are located (Hakim, 2005). Hence, while it has received popular attention in this guise, female childlessness is not predominantly found in high-achieving women (e.g., Hewlett, 2003).

As to shifts in marital status, the Canadian census reported for the first time a majority of single adults in the population in 2006 (51.5%; Statistics Canada, 2007b). It has also been reported that Americans currently spend most of their lives unmarried, making marriage the transitional state for many (DePaulo and Morris, 2005). In other research, among the 16 Anglo-American, Nordic or continental European countries examined by Harkness (2010), the U.S. had the highest proportion of household heads that were single working women at 14%. The next highest rate, 11%, was found in Canada, France, Germany and Sweden. Single working women accounted for 10% of all households in the U.K., Austria, Denmark and Norway, and 8 to 9% in Australia,

Ireland, Belgium, and Finland. The lowest proportions (5 to 7%) were found in the remaining countries located in continental Europe (i.e. Luxembourg, Italy, Netherlands).

Whether experiences of being single or childless in women in wealthy nations are the result of voluntary decisions or extraneous circumstances, they are common, and at least in some countries, increasingly so.

### **THE SINGLE STATUS AS STIGMATIZED**

With rising numbers of single adults and, no doubt, increased communication opportunities afforded by the Internet, organizations devoted to singles and their advocacy have burgeoned (e.g., Unmarried America<sup>5</sup>, Single Working Women's Affiliate Network, Alternatives to Marriage Project). Consistent with growing sensitization to issues pertaining to singles, within academia, a field of singleness studies is developing (Byrne, 2009). Many western researchers in this field agree, however, that despite the greater presence, visibility and acceptance of adult singles, negative connotations to singleness persist, if they do not predominate (e.g., Budgeon, 2008; DePaulo and Morris, 2005; Reynolds, Wetherell and Taylor, 2007; Zajicek and Roski, 2003). The list of unflattering qualities with which they are associated is long and includes "selfish, deviant, immature, irresponsible, lonely, unfulfilled, emotionally challenged, [and] lacking interpersonal ties and strong social bonds" (Budgeon, 2008, p. 309). In following, the "problem" of singleness in academic social science has often been framed in terms of their social construction, stigmatization, marginalization and gender stereotyping relative to "heterosexual, familial society" (Macvarish, 2006). DePaulo and Morris (2005) have specifically labeled this stigmatization "singlism", and deemed it an outgrowth of an "ideology of marriage and the family" which rests on a number of largely unrecognized and uncontested, although not necessarily unfounded, assumptions. Among these are the ideas that almost everyone wants a serious sexual partnership, it is the most important peer relationship, those who have one are better in

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<sup>5</sup> The organizations mentioned can be found online. Unmarried America: <http://www.unmarriedamerica.org/>; The Single Working Women's Affiliate Network: <http://www.swwan.com/>; Alternatives to Marriage Project: <http://www.unmarried.org/>;

many ways than those who do not, and almost everyone wants to be married and have children. While investigators of singleness recognize recent changes in the landscape of interpersonal relationships, whether in demographic trends like those mentioned earlier or in the form of theoretical contributions that suggest a “detraditionalization” of personal life and identity formation (e.g., Giddens, 1992), much qualitative work on individuals’ singleness underscores the challenges inherent in positioning oneself positively as a single individual. For instance, in the U.K., Zajicek and Koski (2003) explored “strategies of resistance” to cultural devaluation of singleness among single adults. The three strategies described were: (a) representing singleness in terms of socially acceptable attributes (e.g., self-fulfillment); (b) managing interactions to seek out company or avoid uncomfortable interactions; and (c) embracing singlehood. Such resistance, they claim, is fragmented, unstable and fleeting, however, due to the tensions and contradictions characterizing it (e.g., ambivalence) as well as a lack of social representation of “single and happy” on which to draw. Byrne’s (2000) work with Irish single women also focused on resistance and stigma management and proposed that “Women’s social identities either as ‘Career Women’, ‘Carers’ or ‘Partner-Seekers’ looking for ‘Mr Right’ are not sufficient to overcome single stigma”. Resistance to “dominant woman identities” tied to heterosexuality, marriage and motherhood was nevertheless evident in their explanations for singlehood (e.g., emotional independence). Lewis and Moon’s (1997) study highlighted how American women both internalized and externalized the primary “blame” for their single status, attributing it on the one hand to personal characteristics (e.g., shyness, overweight, being too choosy) and on the other, to available men. Reynolds and Wetherell (2003) found British single women drew on polarized interpretative repertoires (or routine ways of making sense) of singleness, with most women employing them all. Two repertoires were highly idealized and captured by the labels “independence and choice” and “self-actualization and achievement”. The remaining two, “personal deficit” and “social exclusion”, were strongly denigrated (p. 497). This “discursive climate” was reported as creating a number of negative dilemmas for women’s self-presentation. The authors explained, for example, that “Single women in effect stand always accused. Women have to establish

that they are not ‘one of those’ [associated with the deficit view of singleness] in order to formulate more positive senses of self” (pp. 504-5).

Together, these studies underline not only that individuals’ accounts of singleness are often characterized by contradiction, ambivalence and a necessity to provide an explanation for one’s single status but that current cultural and discursive resources make it difficult to pull off being a happy single person, not to mention one without children, for women. Even among single Canadians, in 2001, only 14% claimed that being part of a couple was *not* important to their personal happiness relative to 1% among the married (Crompton, 2005). As to their happiness depending on having children, only a third of singles (32%) and 11% of married people rejected this notion (Crompton, 2005). Skepticism towards the wellbeing of single adults is documented in research by DePaulo and Morris (2005). They find Americans not only perceive singles as less happy than the married but see their claims to happiness as more exaggerated. Furthermore, other social repercussions of singles stigma are also beginning to be explored in empirical work (e.g., DePaulo and Morris, 2005; DePaulo and Morris, 2006). For example, Byrne and Carr (2005), using Midlife Development in the United States (MIDUS) survey data, found significantly greater odds of experiencing discriminatory interpersonal events in single women relative to their married peers. Single women were more likely to report being treated with less respect than others, to receive poorer service than other people, to be called names or insulted, and to be threatened and harassed net of a variety of possible confounding factors<sup>6</sup>.

The unquestioned nature of the cultural ideal of coupling and family life and its perpetuation through scientific research is recently being raised as a concern (e.g., Byrne and Carr, 2005; Budgeon, 2008; DePaulo, 2006; DePaulo and Morris, 2005). For instance, Byrne and Carr (2005) write:

“Social science research often begins with the unacknowledged and uncontested assumption that a comparison between “married” versus “unmarried” persons is a meaningful and important contrast. Similarities

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<sup>6</sup> Analyses adjusted for age, race, cohabitating status, formerly married status, education, income, sexual orientation, body mass index, self-rated physical health, and depressive symptoms.

between the groups are often ignored, and differences (particularly those differences where the single fare worse than the married) are attributed to the less desirable aspects of singlehood or, worse yet, to personal deficiencies of the single persons themselves” (p. 84).

Providing examples, DePaulo and Morris (2005) have proposed that singlism in research occurs through exaggerated claims of the benefits of marriage for wellbeing, selective citing of studies, and orienting the research agenda in ways that support the ideology of marriage and the family such that certain questions do not get asked<sup>7</sup>. Pursuing this line of thought, three areas of health/wellbeing research relevant to single working women without children are overviewed with suggestive implications: those of work-life/family conflict, women’s roles and health, and marital status and health.

### **SINGLE AND CHILDLESS WORKERS IN THE WORK-LIFE/FAMILY DEBATE**

In the strain of research concerned with matters of work-life/family balance or conflict among workers, a small body of work has drawn attention to single and/or childless workers, addressing matters of their representation or visibility on this topic, the equity or adequate breadth of related organizational supports or policy, and their specific consideration in research, particularly that which is methodologically adapted to them. It not only endorses an expansion of current formulations of work-life/family problems and solutions, but highlights the general family-orientation of these issues.

According to Young (1999), “work-family” organizational approaches and academic investigation have proceeded from two assumptions, namely, “that employees are, by and large, married and raising children” (p. 33) and “that family –that is, spouse, children, and other relatives –is the primary force that pulls employees mentally, emotionally, or physically away from the workplace” and thus, is the principle explanation for their experience of conflict (p. 34). In following, it appears, media representations in the Canadian press of what is intended to be a more inclusive

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<sup>7</sup> Among the many posed are “What are the implications of intensive coupling for the nurturing of other relationships? How might relationship health differ if we maintained a more diversified relationship portfolio instead of investing so intensively in just one person? What are the implications of intensive coupling for health and well-being after the sexual partnership has ended?” (p. 80)

concept, “work-life balance,” focuses on “juggling” only a specific set of activities: career, family and vacation leave and, among other omissions, note the authors, excludes the experiences of childless workers (Reece, Davis and Polatajko, 2009). Others have critiqued the relative absence of single and/or childless workers in mainstream work-family or work-life academic research (e.g., Casper, Eby, et al., 2007; Hamilton et al., 2006). Notably, in their review of research on work-family conflict<sup>8</sup> (210 articles over the 1980-2003 period), Casper, Eby et al. (2007) found important sample characteristics were often not provided. Fully 23% of studies did not report their sample’s marital status, 34% offered no information on parental status and 64% did not mention family configuration. If it is assumed that all workers have families, such information may not be deemed essential. When this information was given, however, samples proved homogeneous: 83% were married or cohabitating and the average participant had 1.7 children. The authors also remark that no paper focused on singles without children. These last observations jive with the second assumption described by Young (1999), that spouse and children are the main personal life factors involved in conflict and, thus, selecting samples accordingly is justifiable. If demographic data pinning the proportion of employed who are single and without dependent children at approximately 30% in North America (Statistics Canada, 2006; Young, 1996), challenging the first of these assumptions, research is beginning to undermine the second. For instance, Hamilton et al. (2006) found comparable levels of “work-life conflict” in women without spousal or parental roles compared with coupled mothers. And given the emphasis on “work-family” conflict, both Hamilton et al. (2006) and Huffman, Youngcourt, Payne and Castro (2008) have stressed and empirically demonstrated the utility of using broader measures of conflict with single, childless employees that do not restrict personal life to the family domain.

As to matters of workplace policy and equity, several authors have proposed that single, childless workers are insufficiently served by organizational policies protective against conflict or overload (Cummins, 2005; Hamilton et al., 2006; Young, 1996, 1999). For

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<sup>8</sup> The less specific “work-life” and “work-nonwork” were also included among the search terms.

Young (1996), this is tied, in part, to negative stereotyping of singles and assumptions about what are the normative adult roles.

“One key reason why career issues are tough for singles, then, stems from cultural assumptions about the single person’s social status and particularly about the value of his or her various identities (for example, as friend, son or daughter, lover, volunteer) relative to the value of other people’s roles as parent or partner” (p. 201).

Specifically, expectations within the workplace that single/childless workers are available to do more (e.g., work longer hours, work evenings or weekends, cover for absent employees, travel, relocate) are noted as relevant in this regard (e.g., Cummins, 2005; Young, 1996). In a study further exploring this issue, single childless workers were found to rate their organizations as significantly less egalitarian along family status lines (to their disadvantage) in terms of work opportunities, access to employee benefits, respect for non-work roles, and work expectations –all dimensions of the authors’ newly developed “singles-friendly work culture” measure (Casper, Weltman et al., 2007, p. 478). Based on research with women workers without children or partners, specifically, investigators have also recommended considering the personal circumstance of workers when implementing “women-friendly” policies (Chui and Ng, 2001). More policies that were work-oriented (e.g., geared towards training and development opportunities) had an impact on organizational variables in this group than those that were family-oriented (Chui and Ng, 2001).

Conflict between one’s personal life and employment is found to have negative repercussions on health (e.g., Allen, Herst, Bruck and Sutton, 2000; Duxbury, Higgins and Johnson, 2004) and is an experience reported in our population of interest: single working women without children. The above overview, which included several papers focused on single/childless workers, suggests that assumptions about family life (and the single/childless) may be affecting how more mainstream research is conducted on this issue. As a result, how its problems are framed, who is sampled (e.g., glossing or targeting family status), what measures are used, etc., may limit its understanding in single/childless workers, ultimately shaping responses to work-life/family issues.

## MARITAL STATUS AND HEALTH

Another area of research in which assumptions related to couple/family ideology may shape interpretations of singles' health and wellbeing to their detriment is that of marital status and health. It is widely accepted and reported that the married or otherwise seriously coupled are, in general, better off mentally and physically than single individuals (e.g., Coombs, 1991; Koball, Moiduddin, Henderson, Goesling and Besculides, 2010; Rook and Zettel, 2005). In part for this reason, marital status is a staple demographic variable in health research along with others such as age, race/ethnicity, occupation and education (Merrill and Timmreck, 2006), and is often used as a control variable in statistical analyses (Arber, Davidson and Ginn, 2003). The association between marital status and health/wellbeing is, however, also of substantive interest and has been investigated in numerous fields including family studies, psychology, sociology, nursing, gerontology, as well as epidemiology. All manner of health and wellbeing indicators have been examined in relation to marital status, among which figure health behaviour, mental illness, self-rated health, recovery, alcoholism, suicide, morbidity, mortality and happiness (e.g., Coombs, 1991; Rook and Zettel, 2005). Marital status also figures in the investigation of social relations and health, notably within social epidemiology. Here it may form part of a measure of social integration or act alone as an indication of it (e.g., Berkman and Glass, 2000), which occurs widely (Holt-Lundstad, Smith and Layton, 2010). Some have suggested that within the area of social relations, marital status is possibly the most studied relationship (Umberson and Montez, 2010). Hence, in many fields, researchers of health and wellbeing have been invested in marital status as a meaningful object of focus, and a string of recent papers and studies underscore its continued importance (e.g., Ikeda et al., 2007; Kaplan and Kronick, 2006; Koball et al., 2010; Liu, 2009; Liu and Umberson, 2008). Indeed, high rates of singleness and its repeated association with poorer health in many of these works (including among women of all unmarried categories) has authors proposing it as a matter of public health interest (e.g., Cheung, 2000; Holt-Lunstad et al., 2010; Ikeda et al., 2007; Kaplan and Kronick, 2006; Liu, 2009).



Some research practices in the investigation of marital status and health/wellbeing may, however, negatively affect how singles are understood and, by extension, any related intervention that may be based on them. Some of these were previously discussed. DePaulo and Morris' (2005) assessment of research on marital status and wellbeing led them to conclude that social scientists, some distinguished, contributed to perpetuating an ideology of marriage and family through how they framed the issues, interpreted studies, and selected research for citation, for example. These authors advance that "Claims about the transformative power of marriage [...] seem to be grossly exaggerated or just plain wrong. Getting married does not make people lastingly happier or definitively healthier" (DePaulo and Morris, 2006, p. 253). Also worthy of mention is the practice of conferring characteristics to marital roles or speculating about intervening mechanisms, often *post hoc*, that are not actually tested. This is noted to be a regular occurrence in research on social roles (Janzen and Muhajarine, 2003; Klumb and Lampert, 2004). Consider in illustration the following passage in which marital status is treated as a stand-in for social connectedness.

"Marriage is a rough proxy for social connectedness. Among categories on being unmarried, we suggest that having never been married may be associated with more severe isolation because it is associated with greater isolation from children and other family. The data seem to support the hypothesis that the greater level of social isolation associated with having never married is associated with larger health consequences" (Kaplan and Kronick, 2006, p. 464-5).

This excerpt does a number of things above associating marriage (one tie) with social connectedness. It assumes marriage is accompanied by parenthood; it assumes that because they are not married, singles are isolated from other family (and children, for that matter); and it assumes social connectedness rests on relationships with "children and other family" which allows the interpretation of the unmarried as socially isolated. This can be read as essentially elevating family ties above other forms of social connectedness. As Macintyre (1992) observed following her review of two decades of research on the effects of family position/status on health, "much research uses structural variables such as marital status as proxies for roles or processes which are the true focus of interest. Yet sometimes the inferential link from structural position to

actual circumstances is extremely tenuous” (p. 461). Speaking to similar elements as those raised in the Kaplan and Kronick (2006) citation is a quote provided by Macintyre (1992) from Aneshensel, Frerichs and Clark: “assumptions about the lack of familial obligations and intimate relationships among the unmarried appear unwarranted. Among the unmarried, only 55.5% actually live alone; 35.2% live with relatives and 9.2% with non relatives” (In Macintyre, 1992, p. 462). Both citations concern the purported lack of family and relationships among singles and speak to questionable assumptions about them.

Another element to which we might draw attention that seems a similar point of tension in health/wellbeing research on marital status is the notion of the goodness of marriage for everyone. This can be conveyed, for instance, in researchers’ recommendations following their results. Coombs (1991) concludes his literature review on marital status and personal well-being by stating “...it is in *each person*’s own best interest to establish and maintain a durable relationship with an emotionally supportive spouse. A lack of this resource is a mental health deficit” (p. 101, italics added). More recently, among their policy recommendations in regards to reducing social isolation, Umberson and Montez (2010) offer the following: “fostering stable marriages and families for *all*” (p. S61, italics added). Addressing this perspective in the literature, some authors have conversely recommended its rejection: “Researchers should begin to question the assumptions that marriage is good for all individuals at all times and that all transitions out of marriage undermine health” (Williams and Umberson<sup>9</sup>, 2004, p. 95).

Reinforcing marriage’s association with good health are the main theoretical concepts used to interpret differentials by marital status. Both of these non-mutually exclusive explanations account for better health in the married or seriously coupled. In the case of social protection/causation, health can be seen to depend upon marital status (Wyke and Ford, 1992). From this perspective, marriage provides a number of resources and conditions conducive to health, such as financial benefits (e.g., a safety net, access to better foods, economies of scale), social support (e.g., when coping with illness, stress), symbolic rewards (e.g., source of status), and social control (e.g., favoring healthy

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<sup>9</sup> It is ironic but unintentional that these last two quotes share a same co-author.

behaviours) (Rook and Zettel, 2005). For its part, social/health selection suggests marital status depends upon health (Wyke and Ford, 1992). Here, it is thought healthy individuals may have characteristics (e.g., happiness, good mental health) that make them more desirable marriage partners or once married, to remain so (Koball et al., 2010).

As the predominance of these concepts would suggest, there is much less development and making explicit in research of how single adults may achieve health and wellbeing (e.g., Anderson and Braito, 1981; Carr, 2008; Lewis and Borders, 1995). DePaulo and Morris (2006) offer some suggestions, including maintaining a diversified relationship portfolio, pursuing passions, excelling at enjoyable work, and appreciating solitude as well as interpersonal engagement. This section was not intended to review research findings on the health/wellbeing of singles but rather to exemplify how assumptions about family/coupled life (e.g., marriage means social connectedness) and ways of addressing it can produce negative assumptions about singleness or singles in mainstream research (e.g., singles are isolated) and orient policies accordingly (e.g., everyone should be married). In shedding doubt on how the health/wellbeing of singles is constructed in research and, by extension, that of single working women without children, this hopefully contributes to arguing for its closer examination.

## **CONVENTIONAL RESEARCH APPROACHES TO WORKING WOMEN'S HEALTH**

The final area of investigation considered is that of working women's health which will be discussed by drawing especially on research reviews, theoretical papers and published commentaries that offer general characterizations of this vast area. To begin, it is worth mentioning that the scientific and medical apprehension of women's health has traditionally emphasized their reproductive and caring functions (Barnett, 1997; Ehrenreich and English, 2005; Weisman, 1997). Indeed, women's health activism, in the latter part of the 20<sup>th</sup> century, vied to expand understandings of women's health beyond the reproductive domain to reflect, among other elements, women's health throughout the lifespan as well as their expanded social and economic roles, integrating

social and cultural dimensions (Weisman, 1997). The accentuation of women's reproductive capacity nevertheless continues within the Western establishments of biomedicine and public health which dominate in the definition of women's health (Inhorn, 2006). This also occurs in other fields. For example, a recent review of 157 ethnographies on women's health, most of which were published since the new millennium, found that three-quarters centred on reproductive issues, such as motherhood and the use of reproductive technologies, while nearly 90% focused on them to some degree (Inhorn, 2006). Hence, for better or worse, they remain integral to definitions of women's health (Cook, 2009), positioning women as reproducers, to possible empowering but also constraining effects (Inhorn, 2006).

Influential theoretical traditions have contributed to this association of women with the private sphere, shaping conceptualizations of their health. These include works of Sigmund Freud and sociobiology, but also Talcott Parsons, whose view of the family was developed following WWII at a time of considerable sex segregation (Barnett and Hyde, 2001). In this model, men and women in families naturally enact complementary roles, with women ordained by biology to occupy expressive functions in the home (e.g., the socialization of children, tension management in the family) and men, observing instrumental functions in the public sphere, namely, in paid work (Barnett and Hyde, 2001). This divide is captured within what Barnett (1997) has referred to as the "Two-Spheres Model" of gender and health, a research "paradigm" in which "family conditions" (marriage, childbirth, and menopause, especially) are deemed critical to women's health (and not men's), and "job conditions" are determining in men's (but not in women's). In following, women have been excluded from research on employment or occupational health (Artazcoz, Borrell, Cortès, Escribà-Agüir and Cascant, 2007; Killien, 2001; Messing, 1997) with occupational health research continuing to show signs of gender blindness, by, for instance, not sex-disaggregating data, unquestioningly using research tools developed in largely male employment sectors, or investing little in understanding the risks of unpaid household work (Messing and Östlin, 2006).

With women's greater infiltration in the paid workforce over the second part of the 20<sup>th</sup> century, by the 1980s, theories on social roles emphasized adults' occupation of several roles (Riska, 2000). However, the notion that men and women were ideally suited to separate spheres shaped initial investigation of the link between working women's "multiple roles" and their health. This research was often premised on concern with the *addition* or *combination* of employment with pre-existing family roles and whether this was harmful to women and their families (Lewis and Cooper, 1999; Gilbert and Rader, 2001; Gjerdingen, McGovern, Bekker, Lundberg and Willemsen, 2000; Killien, 2001; Klumb and Lampert, 2004; Sorensen and Verbrugge, 1987). To quote Lewis and Cooper (1999):

"Questions such as what is the impact of women's employment on children, on husbands, on marital satisfaction, and on women's own wellbeing [...] belied the underlying assumption that women were deviating from their expected roles with possible negative consequences for all" (p. 382).

Within the ranks of feminist empiricism and beyond, the notion that simultaneously occupying paid work and family roles invariably leads to poorer health in women has since been contested (e.g., Barnett and Hyde, 2001; Crosby and Jaskar, 1993; Klumb and Lampert, 2004). Indeed, a variety of factors have been theorized to explain the health advantages of holding multiple roles, including buffering, added income, social support, opportunities to experience success, a broader frame of reference, increased self-complexity, and a similarity of experiences and interests between coupled individuals (Barnett and Hyde, 2001).

Nevertheless, both of these perspectives which stress either the difficulties or benefits of multiple roles, continue to be some of the dominant hypotheses guiding research on working women's health. These are variously labelled but are recognizable, for instance, as "role enhancement" or "role-expansion", on the one hand, and "role stress", "role overload" or "role strain", on the other (e.g., Gjerdingen et al., 2000; Im, 2000; Killien, 2001). Gjerdingen et al. (2000) succinctly characterize role enhancement as referring to the concept that "multiple roles augment a person's power, prestige, resources, and emotional gratification" (p. 8), and role strain as purporting "that some

role combinations may be detrimental to one's well-being due to the competing demands on one's time, energy, and involvement" (p. 9). The latter is often linked to the concept of sexual division of labour, referring, notably, to women's having disproportionate responsibility for household and childcare duties. In the literature reviews examined, these theories have been described as "typical theoretical frameworks explaining the relationship between women's work roles and their well-being" (Im, 2000, period reviewed 1966-1998; pp. 112-3) or as "the two main theoretical perspectives" in research "examining women, work, and health" (Killien, 2001, period reviewed 1990-2000; p. 89). Similarly, in their review of research on "women, work, and well-being" from 1950 to 2000, Klumb and Lampert (2004) state: "the majority of researchers has based their investigations on role theory and have chosen the variables of interest accordingly" (p. 1008).

Role related theories have thus had enormous appeal for studying the link between women's employment and health. One apparent outcome of this emphasis, however, is that there is considerably less understanding of what happens to working women's health when they have neither the family roles of partner or parent, and of the conditions through which they can achieve wellbeing. Characterizing the women who have been the object of research in her review of nursing-related research on women's employment, Killien (2001) concluded:

"The emphasis in the past decade has been on women during childbearing and midlife. As a result, we know little about the employment experiences of young women entering the workforce, single or women without children, or older women approaching retirement" (p. 111).

These cursory observations about health research with women and employed women, especially, highlight the prominence of domestic care work and motherhood in understandings and portrayals of their health and wellbeing. This seems to have had various effects over time in work-related health research, including both the invisibilization of their paid and unpaid work and the placing of these combined activities at the forefront. As concerns the conceptualization and visibility of the health

of working women without these family-based roles, it appears, however, to have created lacunae.

## **THE RELATIVE HEALTH AND WELLBEING OF SINGLE WORKING WOMEN WITHOUT CHILDREN: AN OVERVIEW OF FINDINGS**

The first article of this thesis, elaborating specifically on how, in scientific articles, the health/wellbeing of single working women without children is explained, evidently takes up this issue, as does the third. However, none of this thesis' articles covers in any detail findings on their relative health/wellbeing. This section offers some basic observations in this regard, drawing on the base of 32 studies included in the discourse analysis of the scientific articles. Given the great diversity between studies, notably, in methodology (e.g., in the groups being compared, the criteria for creating social role groups, the health outcomes measured, the statistical tests employed), for greater coherence, guidelines were set. Because we are interested in women involved in paid work, it is limited to findings relative to between-working women comparisons based on statistical tests (several studies offered only descriptive data to this effect). In addition, only the groups of coupled working mothers and single working mothers will be considered, as they are those most often compared with our interest group.

What is most apparent is the heterogeneity of the findings. With some exceptions, notably in the area of managing work and family, however, it can generally be said that single working women without children tend to have either better or similar health/wellbeing to that of single working mothers, and worse or similar health/wellbeing to that of coupled working mothers. This minimally informs the reader that interpretations of the health/wellbeing of single working women without children analyzed in the thesis articles to come will concern both similarities and differences between groups.

### ***Comparisons with Single Working Mothers***

We begin with the less frequent comparisons between single working women without children and single working mothers. Several studies are suggestive of lower levels of health/wellbeing in single working mothers. With a sample of professional or

managerial American women, Snapp (1992) found single mothers had significantly higher levels of depression than single working women without children. In Schoon, Hansson and Salmela-Aro (2005), divorced mothers in samples from the U.K. and Finland had lower life satisfaction than divorced women without children. Mastekaasa (2000) found among the never married, that single working mothers had significantly higher sickness absence of over 2 weeks (controlling for several variables including education, age, earnings, and part-time work). Concerning measures tied to combining paid work and family life, in their Japanese, Finnish and U.K. samples, Chandola et al. (2004) found significantly higher levels of work-family conflict and family-work conflict in single working mothers in the Finnish sample. This was also the case with a New Zealand sample in Brough and Kelling (2002) who found significantly lower means of work-family conflict and family-work conflict in single working women without children as compared with single working mothers. Furthermore, with an American sample of clerical workers, Marlow (1993) found difficulty “managing work and family responsibilities” (defined as coping) significantly differed between groups, with only 3% of single women reporting this as compared with 17% of single mothers.

As regards studies finding no differences between these groups, in Chandola, Martikainen, Bartley et al. (2004), whether using data from public sector employees in Japan, Finland or the U.K., in age-adjusted analyses, single working women without children and single working mothers did not differ in mental health. In addition, with American women working in academia, Fong and Amatea (1992) found levels of stress in single working women without children were no different from those of single working mothers. In Mastekaasa (2000), among previously married women, having a sickness absence of over 2 weeks differed not between these groups (controlling for several variables including education, age, earnings, and part-time work). Similarly, with Swedish data, Voss, Josephson, Stark et al. (2008) considered two separate measures of sickness absence (four or more times and absences of 28 days or more) and found the groups did not differ significantly in their relative risks of absence (in analyses adjusted for age, education, smoking, and physically demanding work). Finally, in the prevalence of heavy, binge or problem drinking, with a Finnish sample,



Roos, Lahelma and Rahkonen (2006) found no significant difference by “family structure”, including groups of single working women without children and single working mothers.

One study did, however, find single working women without children at a disadvantage. Research conducted in New Zealand found significantly greater psychological strain in single working women without children relative to single mothers (Brough and Kelling, 2002).

### ***Comparisons with Coupled Working Mothers***

While rare in the previous type of comparison, relative to coupled working mothers, several studies report significantly poorer health/wellbeing among single working women without children on such aspects as mental health, self-rated health, drinking, chronic conditions, and fatigue. Significantly higher levels of stress were observed in this group among American women working in academia (Fong and Amatea, 1992) as was greater psychological strain within a New Zealand sample (Brough and Kelling, 2002). Khlal et al. (2000) examined loneliness in high income French women, and found it had six times greater odds of occurring in single working women without children (a significant result). In self-rated health, Roos et al. (2005), found them to have significantly higher odds of less than good health in their Swedish national sample when controlling for both age and income (but not when only controlling for age). The prevalence of less than good health also significantly differed by family structure in a Finnish sample reaching 27% in single working women living alone as compared with 19% and 11% in coupled working mothers with one or at least two children, respectively (Winter, Roos, Rahkonen, Martikainen and Lahelma, 2006). Significantly greater odds of heavy volume drinking among drinkers were also found in Swiss and German samples (Kuntsche, Knibbe and Gmel, 2009). In a Canadian study, Janzen and Muhajarine (2003) found significantly higher odds of both a serious and less serious chronic condition (self-reported as diagnosed; controlling for life stage and income adequacy). On measures of fatigue and recovery among Australian nurses, while few significant differences between the groups were observed in general, single working women without dependents were found to have significantly higher chronic fatigue

scores relative to coupled working women with dependents under certain shift conditions (Winwood, Winefield and Lushington, 2006).

Many studies, however, find no significant difference between these groups also on a wide variety of measures. In mental health, among high income French women, Khlat, Sermet and Le Pape (2000) found odds of 10 different mental health issues or conditions did not differ. This was also the case with a Spanish sample, as concerned a combined measure of “severe depression, anxiety and insomnia, somatic symptoms and social dysfunction” (Matud, Hernandez and Marrero, 2002, p. 366). Four studies found no significant difference between these groups in self-rated health whether among high income French women (Khlat et al., 2000), among Finnish women, controlling for age and household income (Roos et al., 2005), Canadian women, controlling for life stage and income adequacy (Janzen and Muhajarine, 2003) or with U.K. data used to create a number of “ideal types” of women (Bartley et al., 1999). Regarding this last study, the age-adjusted odds of poor self-assessed health in the coupled working mother ideal type (with employed partner) did not differ from that of the “professional single women” (without children). On chronic conditions, in Norwegian women, Elstad (1996) found no difference in medically confirmed long-standing disease between either previously-married or never-married single working women without children and coupled working mothers with the author’s 1980s sample. In Khlat et al. (2000), no significant difference was found in odds of having a potentially disabling chronic disease or frequent pain. As regards drinking behaviour, in their French and U.S. samples of drinkers, Kuntsche et al. (2009) found no difference in odds of heavy volume drinking. In following, with a Finnish sample, Roos et al. (2006) found no significant difference in the prevalence of heavy, binge or problem drinking by family structure. Odds of smoking also did not differ in high income French women (Khlat et al., 2000). Finally, on conflict between work and personal life, using more inclusive measures than those focusing on family life (i.e., *work-life* conflict), on four out of five (the exception being life-to-work conflict) means did not differ significantly between single working women without children and coupled working mothers (Hamilton et al., 2006).

In a number of studies, however, single working women without children seemed advantaged and these tended to cluster around indicators of managing work and family. Relative to coupled working mothers, they had significantly lower levels of work-family conflict and family-work conflict in Chandola et al.'s (2004) Japanese, Finnish and U.K. samples. Among New Zealanders, Brough and Kelling (2002) found a significantly lower mean of family-work conflict (but not work-family conflict) in single working women without children as compared with coupled working mothers. With an American sample of clerical workers, Marlow (1993) found difficulty "managing work and family responsibilities" (defined as coping) significantly differed between their groups; only 3% of single working women without children reported this difficulty as compared with 30% of coupled working mothers. Furthermore, Clissold, Smith, Accutt and Milia (2002) found Australian single women nurses without children got approximately 1 hour more sleep per 24 hour period, on average, than coupled working mothers (a significant difference). An exception to this pattern was a study by Bartley et al. (1999) who created a number of "ideal types" of women with national samples of the U.K. population. Comparing their group of professional single women without children (the baseline group) to coupled working mothers with an unemployed partner revealed significantly greater age-adjusted odds of poor self-assessed health in the latter.

## **SUMMARY**

In this portion of the literature review, I have sought to make a number of main points in regards to general trends in the research of certain areas of pertinence to my interest group. These are that the benefits of marriage for health/wellbeing are more visible than those of singlehood in the investigation of marital status and health/wellbeing; that the health and wellbeing of women as mothers, in general, or working women with families of creation (children, spouses/partners) are a greater object of focus than those of working women without these roles in the investigation of women's social roles; and that the wellbeing of workers with these same roles as concerns matters of articulating their personal and professional lives (or work-life/family conflict) has received more research attention than that of single, childless workers. In regards to this situation, I

have suggested that it is reflected in prominent theoretical concepts guiding these works and how it may rest, in part, on negative assumptions about singles and the childless. Some of these practices may be contributing to the stigmatization of singles and those without a family of creation.

Combined with singles and my interest group, single working women without children, being a notable demographic presence as well as findings on the latter's health/wellbeing which show both similarity and differences with respect to groups of working women with families with whom they are often compared, it appears, matters of their health/wellbeing should not be overlooked. Scrutinizing how this group's health and wellbeing is interpreted in scientific research papers appears called for given the discursive climate on singles/the childless as portrayed above (e.g., assumptions, points of tension, absences). Since women's accounts of their health problems often differ from how they are understood by the biomedical community (Inhorn, 2006), examining this group's accounts of their wellbeing would seem to provide a valuable source for comparison and critical reflection in regards to scientific interpretations.

## **MORE ON THE NOTIONS OF HEALTH AND WELLBEING**

### *An Overview of Qualitative Research on Lay Meanings of Health*

Qualitative work conducted over the past few decades offers various takes on the ways lay people understand and construct health. It has employed a variety of theoretical and analytical approaches and focused on different populations. Part of this ground will be touched upon so as to better instantiate some of the claims made in the introduction in relation to the discursive approach on health and wellbeing taken in this thesis. This will also set the stage for comparisons of this material with my own analyses. Afterwards, ways that health and wellbeing were delimited in this thesis will be better described.

As previously suggested, studies have regularly shown that people accord multiple meanings to health and wellbeing but some do predominate. Research with youth or young adults, for example, has found that health is widely conceived in corporeal terms (e.g., Burrows, Wright and Jundersen-Smith, 2002; George and Rail, 2006; Rail,

Holmes and Murray, 2010; Wright, O'Flynn and Macdonald, 2006). Being physically active (e.g., exercising), eating well or the right food, not being overly fat (e.g., Rail et al., 2010), drinking a lot of water, keeping oneself clean (Burrows et al., 2002), and “looking good” (George and Rail, 2006) figure in this view. The behavioral “activity repertoire” describing a “healthy lifestyle” among older unemployed Finnish adults (Pajari, Jallinoya and Absetz, 2006) and Canadian baby boomers’ dominant definition of health as lifestyle (Murray, Pullman and Rodgers, 2003) certainly share this terrain, reflecting its wide appeal. In contrast, a review of research on “lay health worldviews” among members of the general public (e.g., not among the ill or at-risk specifically) found four definitions of health: health as the absence of illness, as functional ability (e.g., being able to undertake one’s daily responsibilities), as equilibrium, and as freedom to fully live life (Hughner and Kleine, 2004). An earlier review of qualitative research on both health and disease states overlaps somewhat, summarizing health synthetically in terms of “stability, balance, and integrity of function” (Jensen and Allen, 1994, p. 361).

Such variation in constructions or views of health as exemplified above have been tied to people’s social characteristics or situations, such as socioeconomic status, race and gender. For instance, some investigators have found functional understandings (e.g., being able to work) to be more marked in such groups as men (e.g., Murray et al., 2003; Sixsmith and Boneham, 2003), the working class, and the elderly (Hughner and Kleine, 2004). Furthermore, positive notions of health (e.g., as equilibrium, freedom; Hughner and Kleine, 2004) or identification with health as a moral duty of good citizenship (Murray et al., 2003) may be more common in higher socioeconomic classes, while among the working class, talk of health may give more space to justifications for difficulties experienced in seeking to meet health ideals (Murray et al., 2003).

The identities in which people are invested can also shape understandings or ways of talking about health. Notably, talking about health can risk feminizing males if they engage in it or display an interest in it, leading some to align themselves with a “don’t care” attitude in an effort to uphold a masculine identity (Robertson, 2006; Sixsmith and Boneham, 2003). For women, participating in health talk can reinforce their identity as

women or, conversely, in its absence, brand them as “cold” or “uncaring” (Boneham and Sixsmith, 2006). Health talk can also offer people opportunities to publicly present themselves as virtuous (e.g., as having self-control or willpower, as capable of self-denial; Pajari et al., 2006) or as good, moral citizens. However, in several studies, discussions about health also exemplify competing or “dialectical processes” (Pajari et al., 2006) as people negotiate deviations from ideals, different identities and conflicting discourses (e.g., of health, of masculinity/femininity).

Indeed, that individuals’ constructions or notions of health draw on wider societal discourses, values, and cultural norms and are socially embedded are important themes in many studies (e.g., Barnes, Buck, Williams and Aylward, 2008; Rail et al., 2010). Many emphasize dominant discourses of health and fitness, if not “healthism”, often articulated in public health and health promotion efforts, which tend to construe health as an individual and moral responsibility typically achievable through bodily activities (e.g., Burrows et al., 2002; Pajari et al., 2006; Rail et al., 2010; Wright, O’Flynn and Macdonald, 2006). The role of discourses of conventional (white) femininity and masculinity, heteronormativity, beauty, and consumption are also mentioned in this regard (e.g., George and Rail, 2006; Rail et al., 2010). The value base of a strong (Protestant) work ethic figures as well (Barnes et al., 2008; Cunningham-Burley, Backett-Milburn and Kemmer, 2006; Hughner and Kleine, 2004).

While lay people’s talk about health does show instances of resistance towards dominant viewpoints (e.g., George and Rail, 2006; Macdougall, 2003; Rail et al. 2010; Wright et al., 2006), authors have cautioned towards the potential deleterious effects of several of these discourses or the ways that they are being taken up. For example, some have proposed that the success of health promotion messages that emphasize diet, exercise and personal responsibility, judging by their heavy integration in lay talk of health, may come at the cost of promoting guilt, constant self-monitoring, life-threatening practices, and denial of pleasure (e.g., Burrows et al., 2002). They may also foster constructions of health that suggest it is boring, irrelevant and unattainable (Rail et al. 2010). Furthermore, dominant discourses, to the extent that they build on sexist, racist and ableist views, when drawn on to construct ideals of appearance aligned with

health, can especially set up the marginalized (e.g., the disabled, people of color) for failure, self-blame and other negative effects (Rail et al., 2010). Similarly, mainstream discourses of health, fitness and the body can stigmatize those who are not seen as conforming (e.g., as lazy, morally wanting; Wright et al., 2006). In addition, they can detract from recognizing the large role played by socio-cultural and environmental aspects in determining people's health (Rail et al. 2010).

### ***Ways That Health and Wellbeing Were Delimited in This Thesis***

As qualitative research on lay meanings of health has shown them to be regularly grounded in corporeal terms, including the absence of illness, a view associated with the biomedical model of health<sup>10</sup>, revisiting this terrain in depth was not the intention of this thesis as regards the qualitative interviews. Without excluding its discussion, a concept was chosen that might elicit a wider or more holistic perspective on the participants' lives (Camfield, Crivello and Woodhead, 2009) while remaining within the interest domain of public health. This seemed important in order to fit with the objectives of both the SSHRC project (concerned broadly with the "social, sexual and psychological experience" of my focal group) and the specialization of my doctoral program. "Wellbeing" is close to health promotion's comprehensive perspective on health (WHO, 1948, 1986) and thus the interview schedule concentrated on this notion<sup>11</sup>, its meanings for the women, and factors in their lives that could impede or contribute to it.

Influential definitions of health embraced by health promotion and public health draw on wellbeing, suggesting a close relationship between these terms (Carlisle and Hanlon, 2008), if not, in some cases, their interchangeability. For example, the World Health Organization's 1948 definition characterizes health as "a state of complete physical, mental and social *well-being* and not merely the absence of disease or infirmity" (italics added). This definition reappears almost forty years later in The Ottawa Charter for Health Promotion (WHO, 1986) when it states "Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach *a state*

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<sup>10</sup> The stereotypical biomedical model focuses on biological disease and ill health (Blaxter, 2010).

<sup>11</sup> Four pilot interviews used the expression "satisfaction" instead and were later integrated into the final sample. This will be further explained.

*of complete physical, mental and social well-being...*” (italics added). Two other references to wellbeing appear in this document. The following one informs that “health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being” and the final reference concerns one of the actions to which participants of the conference pledged, notably, “...to accept the community as the essential voice in matters of its health, living conditions and well-being”. Minimally, these citations underline population wellbeing as within the desired mandate of health promotion. Moreover, recent academic discussions suggest that, while a contested term (e.g., Cameron et al., 2008), it is emerging as a specific focus for public health (Crawshaw, 2008; Carlisle and Hanlon, 2008).

Wellbeing is also seen as a concept close to lay ideas about health and may be an equally, if not more, engaging one relative to health for some groups (Crawshaw, 2008; Carlisle and Hanlon, 2008). Lay views of wellbeing are found to include such dimensions as family, community, and other social relationships like friendships, lifestyle, confidence, self-respect, feeling good, offering mutual help, economic factors as well as a positive outlook, among others (Cameron et al., 2008). A focus on wellbeing can also serve to place greater emphasis on lay knowledge and expertise (Carlisle and Hanlon, 2008). In this respect, given some investigators’ claims that scientific writings had contributed to the stigmatization of single people, “wellbeing” seemed all the more appealing. It also appeared a less loaded topic from which to explore some of the same meanings as those of “health”. Orienting the interviews around the latter may have been more likely to imply to participants that something was seriously wrong with them or with the sociodemographic group to which they belonged.

In creating the sample of scientific articles analyzed for this thesis, an exclusive focus on matters of wellbeing (e.g., life satisfaction), in a strict sense, was less feasible given that so few studies including single working women without children focused on this concept. If the general purpose is to look at research articles of relevance to public health and health promotion that included my focal group of women, then issues touching either health or wellbeing would seem relevant. As to the analytical comparison between this material and the interviews (performed in the third article), if



wellbeing is minimally a part of health from a health promotion perspective, then the interviews, even if focused only on wellbeing, can still arguably offer a counterpoint to ways of understanding or interpreting their health/wellbeing in the research article sample. Hence, the health or wellbeing states or issues addressed by researchers in relation to our population of interest were allowed to vary widely. The database-literature search strategy concentrated on four different expressions deemed relevant to the health of workers: health, wellbeing, stress and conflict (see the Appendices for details). With this method, clearly some of the burden for defining “health” and “wellbeing” was diverted. What health and wellbeing articles were retrieved thus depended partly on features of the databases queried and of their management.

## **METHODOLOGY**

## LOCATING INTERPRETATIVE REPERTOIRE DISCOURSE ANALYSIS

Discourse analysis may be simply defined as the close study of “text<sup>12</sup>” (all forms of language in use whether written, spoken or signed) in context (Woods, 2006). However, it can be extended to researching the broader category of “human meaning-making activities” (Wetherell, 2001a, p. 27), allowing an expansion of the concept of “text” to include “Anything which can be ‘read’ for meaning” potentially encompassing “pictorial images, clothes, buildings, food, consumer goods and so on” within its analytic reach (Burr, 2003, p. 205). My research for this thesis, however, will only provide analyses of language in use.

Discourse analysis proposes a dizzying array of approaches varying, for example, in their attention to linguistic features, from micro to macro (e.g., grammar, pauses, intonation, topics)<sup>13</sup>, their particular understanding of “discourse” and, by extension, their interpretation of what constitutes relevant or even appropriate context for analysis (Wetherell, 2001b; see Wetherell, 1998, for a contribution to a related debate). Indeed, Potter and Wetherell (1987) famously wrote: “It is a field in which it is perfectly possible to have two books on discourse analysis with no overlap in content at all” (p. 6). Despite the range of traditions encompassed within this expression, many practitioners are united in their commitment to language use as an object of study in its own right.

The particular brand of discourse analysis used here goes by several labels, among which are combinations of the following terms, [critical] discursive [social] psychology (e.g., Edley, 2001a; Wetherell, 1998, 2003) and is identified as part of the Loughborough school of discourse analysis within social psychology in the United Kingdom (Ballinger and Payne, 2000). Its theoretical foundations are numerous, involving a meshing of elements of speech act theory, ethnomethodology, semiology, the sociology of scientific knowledge and conversation analysis (Potter and Wetherell,

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<sup>12</sup> Henceforth, unless they are referred to separately, I will include both written language use and talk under text.

<sup>13</sup> For example, in Potter and Hepburn’s (2005) analysis of crying episodes on a UK helpline for the prevention of cruelty to children, distinctions were drawn in transcription between such characteristics as sobbing, a wet sniff, a snorty sniff and a wobbly voice.

1987; Wetherell and Potter, 1988, 1992). Many of these roots were articulated in detail in a foundational book of this approach co-authored by Jonathan Potter and Margaret Wetherell (1987). Given developments within “discursive psychology” over the past two decades, however, Potter (2010) proposes a distinction between three main strands each of which has maintained momentum. These are focused on either 1) identifying “interpretative repertoires” that are drawn on discursively to build social action (in language use); 2) examining “the role that descriptions of the world and of psychological states play in action formation and the management of accountability” (p. 4); or 3) engaging more intensely with conversation analysis<sup>14</sup>, notably on topics such as epistemics (e.g., fact construction), categories, and institutional practices (e.g., counseling). I will be employing and, thus, elaborating on the first of these.

To further situate this form of discourse analysis, we can consider what are called “top-down” and “bottom-up” modes of studying text (Edley and Wetherell, 1997). As heuristic concepts, they have been used to distinguish between analyses which build on a theorization of the wider social context (top-down) and those that emphasize the linguistic level (bottom-up) (Woods, 2006). This binary division allows a contrasting, for example, of Foucauldian discourse analysis (which I do not draw upon), where notions such as power can *a priori* populate the context under consideration (top-down) and conversation analysis, where, according to some of its adherents, no social concept (e.g., gender) can be imported into the analysis by the researcher unless speakers directly orient to it in the course of the studied interaction (bottom-up)<sup>15</sup>. Authors who will be my methodological references argue for an eclectic approach that brings together elements of both camps (e.g., Edley, 2001b; Wetherell, 1998). In other words, the approach taken vies to combine “...the study of “small discourse” [...] with conclusions about “big discourses”” (Wetherell, 2003, p. 12). To clarify, this citation highlights two commonly used senses of the word discourse. It appears as a mass noun (like music and information) closer to definitions of discourse as “actual instances of

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<sup>14</sup> Conversation analysis can be considered the fine-grain study of “talk-in-interaction” as a means of seeing “how individuals’ contributions to conversations are designed and interpreted as responses to what is happening at the moment.” (Johnstone, 2008, p. 109)

<sup>15</sup> This desire to keep extraneous theory out of analysis in conversation analysis is summed up by Wooffitt (2001): “CA is data driven, not theory led” (p. 58).

communicative action in the medium of language” (Johnstone, 2008, p. 2) and as a count noun (hence, discourses), which has ties to Foucauldian understandings of discourse. In short, this form of discourse analysis assumes that by looking at patterns of language in use, with interpretative work, we can say something about the social world in which they were produced.

In winning favor of the chosen approach were its adaptability to and advantageous use with all forms of textual research materials or ‘data’, in this case, both semi-structured interview transcripts and a sample of scientific articles (i.e. “naturalistic<sup>16</sup>” data), its workability with relatively large amounts of text; its relative accessibility, and its macrosocial theoretical underpinnings aligned with its particular perspective on language (Talja, 1999). Arising from within social psychology, it aimed to recast popular topics of that discipline from the dominant cognitive paradigm. Its theoretical baggage, however, is multi- if not trans-disciplinary, making it useful to disciplines beyond psychology (Wood and Kroger, 2000). Henceforth, for simplicity and for greater precision, I will refer to my chosen approach as interpretative repertoire discourse analysis (IRDA).

IRDA fundamentally questions the representational validity of language or, as Potter and Wetherell (1987) put it, the “‘realistic’ model of language” (p. 34) –that talk and text authentically, neutrally and transparently reflect the events, beliefs, emotional states or other objects of which they speak. An alternative view is instead espoused which emphasizes the functional, constructive, and active roles of language use as well as its resultant great variability. The accent is on how our culturally available and historically situated bank of linguistic resources (e.g., metaphors, social categories, clichés, figures of speech) is flexibly mobilized through talk, whether deliberate or not, to make certain things happen and to construct versions of lived reality. Thus, talk of feelings, attitudes, memories, ideas, causal explanations, etc. become interesting not as means of accessing

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<sup>16</sup> Naturalistic data is data that the researcher had no hand in producing. For example, if it would have been generated and produced “in the form that it did, had the researcher not been born” (Potter 1996, p.135), then it can be considered naturalistic.

a source's cognitive states or actual experience, but as resources used in the service of discursive action and interaction.

IRDA views language use as a collective phenomenon (Talja, 1999) without discounting its users' agency. This duality is represented within understandings of its analytic units, the "interpretative repertoire", the "subject position" and the "ideological dilemma". The approach allows a focus on linguistic actions (e.g., employing interpretative repertoires, subject positions) as social practices. It also offers an avenue for broaching the possible societal implications and practical consequences of these actions and selective constructions of "reality" and seeks to theorize the discourse's ideological work (Wetherell and Potter, 1992). Let us flesh out the key ideas of this approach.

### **KEY CONCEPTS: ACTION, FUNCTION, VARIABILITY AND CONSTRUCTION IN LANGUAGE USE**

Action, function, variability and construction are interrelated concepts in IRDA. From speech act theory and ethnomethodology, IRDA acquired its focus on the idea that people use language to *do* things (Potter and Wetherell, 1987). Discourse is thus active, underscoring its sense as not only a count or a mass noun but a *verb*, in line with its conception as forming a part of social practices (Potter and Hepburn, 2008). For example, "A patient's description of pain may be used to justify a request for medication (action), which may be embedded in a broader diagnostic practice" (Potter and Hepburn, 2005, p.339). This accentuation of the active and practice-related dimensions of text (or talk) instead of its linguistic structure is behind its denomination as *discourse* analysis rather than *language* analysis (Potter and Hepburn, 2008).

Linked with the active quality of language use is function, another major component of IRDA's perspective. Indeed, its principal tenet is that "function involves the construction of versions [of the social world], and is demonstrated by language variation" (Potter and Wetherell, 1987, p. 33, italics added). Functions can be quite specific (e.g., requesting to borrow a pen), more general (e.g., wanting to present

oneself in a positive light) and not explicit (e.g., “It’s awfully cold in here” as a request for someone to close a window), their identification depending on the analyst’s reading of the context (Potter and Wetherell, 1987). Another way to think about functions is to situate them on a continuum depending on whether they occur at an interpersonal level (e.g., justifying, accusing) or reverberate at a higher level (e.g., legitimating inequitable relations in society; Wetherell and Potter, 1988). In either case, there is no necessary presumption that the functions we “read” in a text were intended by the author or speaker.

Variation, or differences in the content and form of text, as a feature of language use, acknowledges that a same phenomenon can be described in many different ways, for instance, by different people or the same individual in different contexts (e.g., formal or informal), and according to what they are in the process of doing with their talk or text. Again, this effect of discourse is not necessarily assumed to be deliberate. To quote Wetherell and Potter (1988):

“An event, a social group, a policy or a personality may be described in many different ways as function changes from excusing, for example, to blaming or from formulating a positive evaluation to constructing a negative one. Speakers give shifting, inconsistent and varied pictures of their social worlds” (p. 171).

Further, the concept of variation stresses that there is no foolproof way of differentiating between descriptions that are ‘accurate’ and those that might be constructed for rhetorical purposes (Potter and Wetherell, 1987). Variation is understood as a possible marker of different functions or actions, ways of manufacturing accounts (see the concept of interpretative repertoire) as well as of possible contradictions or dilemmas in the ideological field (see the concept of ideological dilemmas; Potter and Wetherell, 1995; Wetherell and Potter, 1988).

Construction, as referred to in IRDA, has links to social constructionism (Potter and Wetherell, 1995) which will be covered in more detail as the meta-theoretical positions of the thesis are broached. For now, let us attend to two of its meanings with this approach, that discourse is *constructed* and *constructive* (Potter and Hepburn, 2008).

The first highlights that from a bank of pre-existing linguistic resources, people actively select some while omitting others in building their accounts of events (Potter and Wetherell, 1987). The second emphasizes the interdependence of discourse to our sense of what is “real” or to our sense of a “world out there” (Potter and Wetherell, 1987, p. 181). As Potter and Hepburn (2008) put it, “assemblages of words, repertoires and so on put together and stabilize versions of the world, of actions and events, of mental life and furniture” (p. 5). This “effect of realism” can be achieved more specifically via the referential quality of words<sup>17</sup>, familiar ways of sense-making in talk and text, and the use of certain discursive features (Wetherell and Potter, 1992, p. 94). Wetherell and Potter (1988) drive this idea home further: “Much of our social lives depend on dealings with events and people which are experienced *only* in terms of specific linguistic versions. In a profound sense, then, discourse can be said to ‘construct’ our lived reality” (p. 172). Alternatively, that discourse is constructive is also meant to underscore the “potent, consequential nature” of discourse (Potter and Wetherell, 1987, p. 34), that it is productive and has practical effects. Indeed, Edley (2001a) argues against the utility of distinguishing between discursive and ‘material’ practices. He explains:

“...the fact that a perpetrator’s status as a ‘thief’ is constructed via a set of texts or discourses (e.g. the magistrate’s pronouncement and the resulting criminal ‘record’) does little to diminish the damaging material effects of being so described. Those texts alone could cost the offender a good deal of time and money. Likewise, a car is much more than a physical hunk of machinery [...] cars have a strong mythical quality; they are important symbols of status and power. Indeed it is precisely this quality of cars, as objects of desire, that renders them so vulnerable to being stolen in the first place” (p. 192).

Discourse is not understood, however, to have simple, mechanical causal powers. Features of texts are not seen as automatically having specific social effects. In IRDA, for instance, social life is understood as both normative and rhetorical, whereby norms (e.g., of returning a greeting when met with one) are seen as “orientated to” rather than governing action and deviations are expected (Potter, 1998). Likewise, rhetoric is

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<sup>17</sup> In talk, people tend to attend to the object “constructed” or implied by the word and not the word itself (Wetherell and Potter, 1992).



“orientated to” persuasion but no matter how well it is constructed, there is no guarantee that it will bring this about (Potter, 1998); Rhetoric can be countered by yet more rhetoric.

### **ANALYTIC UNITS: INTERPRETATIVE REPERTOIRES, SUBJECT POSITIONS AND IDEOLOGICAL DILEMMAS**

While the notion of variability helps alert the discourse analyst to patterns in texts, the analytic units of interpretative repertoires, subject positions and ideological dilemmas represent specific forms, all taken to have some basis in culture and, hence, collective practices. The concept of interpretative repertoire originates from within the sociology of scientific knowledge (Gilbert and Mulkay, 1984; Potter and Wetherell, 1987) and is likened to a Foucauldian understanding of discourse. Simply put, interpretative repertoires are relatively coherent ways of talking about objects and events in the world and provide a tool for understanding the content of text and its organization. Potter and Wetherell (1995) offer a particularly complete definition of interpretative repertoires in this passage:

“By interpretative repertoires we mean broadly discernible clusters of terms, descriptions and figures of speech often assembled around metaphors or vivid images<sup>18</sup>. In more structuralist language we can talk of these things as systems of signification and as the building-blocks used for manufacturing versions of actions, self and social structures in talk. They are available resources for making evaluations, constructing factual versions and performing particular actions” (p. 89).

For example, the analysis of accounts of theory choice among scientists by Gilbert and Mulkay (1983), to whom the concept is attributed, indicated that these fell within one of two classes, an “empiricist” or a “contingent” interpretative repertoire. In the former, “the adoption of a theory is described, explained, and justified exclusively by reference to experimental results. The production of these results is not treated as problematic and

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<sup>18</sup> The notion of interpretative repertoires as bounded linguistically has its critics (e.g., Cheek, 2004), for example, on grounds that it is not the specific words but how they are used that is important (e.g., the ideas that they articulate), but, for Potter, Wetherell, Gill and Edwards (1990), it is meant to convey the “conspicuous lack of variation” in language use on given topics observed in analytic practice (p. 213).

their theoretical implications are taken to be fairly unequivocal” (p. 9). In the latter, experimental results are “uncertain accomplishments, with variable theoretical implications” (p. 9). While the empiricist repertoire was typically used to justify theory choice, the contingent repertoire was often used to constitute scientists’ choice of theory as scientifically questionable.

As the above definitions and example suggest, an interpretative repertoire is “culturally familiar” (Wetherell, 1998). It is inextricably linked to a community’s common sense (Edley, 2001a). Its notion conveys that “In talking or writing we take on the discourses of our culture –we rehearse, elaborate and instantiate cultural modes of representation as we communicate” (Wetherell, 2001a, p. 24). The result is that “conversations are usually made up of a patchwork of ‘quotations’ from various interpretative repertoires,” like an improvised dance is composed of a series of pre-figured steps (Edley, 2001a, p. 198). Since some ways of understanding and thus talking about the world can become culturally dominant, looking at interpretative repertoires can shed light on limitations (i.e. what can be said and what cannot) that may exist for constructing objects, events, oneself and others (Edley, 2001a).

As mentioned, the interpretative repertoire shares certain features with “Foucauldian” discourse; both are understood as a “repository of meaning” and are associated with the notion of ideology, on which I’ll elaborate shortly (Edley, 2001a). Use of one term or the other, however, tends to indicate different methodological and conceptual approaches. Interpretative repertoires are generally seen as smaller, more fragmented and less monolithic than Foucauldian discourses (Edley, 2001a). In their study, more focus is directed to the situated use or instantiation of discourse (Wetherell and Potter, 1992). In addition, although with IRDA people are seen to actively and flexibly use discourse while taking account of its constraining and enabling properties (Potter et al., 1990<sup>19</sup>), use of the concept of interpretative repertoires tends to signal a theoretical

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<sup>19</sup> Indeed, for Potter et al. (1990), “discourse analysis studies how people use discourse and how discourse uses people” (p. 213).

position that gives greater recognition to human agency (over subjectification) in people's use of language (Edley, 2001a).

Using a given interpretative repertoire can also set the stage for drawing on related subject positions, the second analytic unit. Subject positions can be conceived as parts given to people in a story, ways of being, or identities and can take the form of known "roles" and cultural stereotypes (Davies and Harré, 1990). Formulated more succinctly, they are "'locations' within a conversation [or] identities made relevant by specific ways of talking" (Edley, 2001a, p. 210). As with interpretative repertoires, subject positions are culturally recognizable and useful for sense-making, taking such forms, for instance, as "the 'autonomous woman', the 'mad woman', the 'fragile victim' and so on" (Wetherell, 2001a, p. 24). As another example, in research on masculinity, the positions of "gigolo" or "Casanova" were consistent with the interpretative repertoire of "male sexuality as performance and achievement" (Wetherell, 1998, p. 400).

In the course of a stretch of talk or text, people may intentionally or unintentionally position themselves (reflexive positioning) or others (interactive positioning) and these positions can change, multiply and contradict with one another (Davies and Harré, 1990). Poignantly, Wetherell (2001a) has stated that "To speak at all is to speak from a position" (p. 23). Subject positions may, however, become "troubled" (acquiring a potentially negative evaluation) which can be oriented to by counter-formulations and resistance such as disagreement and rejection or a normalization of the position to "untrouble" it (Wetherell, 1998).

The concept of ideological dilemmas, developed by Billig (2001), adds depth to our understanding of subject positions and interpretative repertoires. It is concerned with *lived* ideology or the common sense and habits of belief of a society. For Billig (2001), "ideology comprises the ways of thinking and behaving within a given society which make the ways of that society seem 'natural' or unquestioned to its members" (p. 217). It provides the basis for what we take for granted as the way things are and it is conceptually similar to notions of culture in social theory (Edley, 2001a). In ideological dilemmas, ideologies are understood as containing contrary themes, providing the basis

for dialogic discussion much like opposing proverbs (e.g., “Absence makes the heart grow fonder” versus “Out of sight is out of mind”; “Too many cooks spoil the broth” versus “Many hands make light work”). And using one evokes the other, providing “the seeds of arguments” (Billig, Condor, Edwards, Gane, Middleton, and Radley, 1988, p. 17). Hence, lived ideologies are dilemmatic –a culture or society’s common sense is viewed as contradictory, fuelling deliberation and argumentation.

For the discourse analyst, this notion helps sensitise to their related aspects in text (e.g., contradictions, inconsistencies). Furthermore, as Edley (2001a), puts it, “...it implies that the different ways of talking about an object or event do not necessarily arise spontaneously and independently, but develop together as opposing positions in an unfolding, historical, argumentative exchange” (p. 204). In other words, in practice, “discourse is situated rhetorically. That is, constructions in talk are often built in a way that counters relevant alternatives” (Potter and Hepburn, 2008, p. 5). Returning to our first two analytic units, an interpretative repertoire can thus be seen as an “habitual line of argument” (Wetherell, 1998, p. 400) and subject positions, as discursive identities emphasized against opposing alternatives (e.g., a swinging single versus a lonely spinster), with each containing clues about their competing constructions.

Ideologies, however, also represent aspects of the world in ways that work towards establishing and maintaining power relations (Fairclough, 2003) thus serving to perpetuate and naturalize social inequalities (Radley and Billig, 1996). On a discursive level, for Wetherell (2003), ideology signifies “practical discursive action linked to power” (p. 14), emphasizing “how the effect of truth is created in discourse and in how certain discursive mobilizations become powerful – so powerful that they are the orthodoxy, almost entirely persuasive, beyond which we can barely think” (p. 14). Indeed, such ideological effects are at least partly behind discursive options in a culture not all being equal; some are more readily available or easier to draw upon, having a status as more “real”, truthful or factual. As previously discussed, through discourse, objects, people and the relations between them are “stabilized” for long periods of time (Wetherell, 1998). In this regard, “Power is recognizable in the formation of these articulations and nodal points. Indeed power seems to be the capacity to ‘articulate’ and

to make those articulations not only ‘stick’ but become hegemonic<sup>20</sup> and pervasive” (Wetherell, 1998, p. 393).

Notions of ideology are thus aids for the analyst to theorize function, variability and processes of normalization and naturalization in talk or texts in relation to a broader social context characterized by social inequalities. Ideologies, constructing partial versions of the world (Edley, 2001b), beg the question as to who benefits from or is advantaged by these selective formulations.

### **ANALYSIS PROPER: NOT A METHOD BUT AN APPROACH**

The sheer variety of approaches to discourse analysis, in general, means that “there cannot be “the” set of rules for [or only one “right” way of doing] discourse analysis” (Cheek, 2004, p.1148). According to Potter (1998), the version of discourse analysis adopted here is a craft requiring “the development of an analytic mentality which is sensitive to a range of features of discourse” (p. 239). Although hypotheses are articulated and verified against the text in the course of analysis (Potter and Wetherell, 1987), it is less invested in “hypothetico-deductivism” which means research in this area need not be directed by a specific research question or hypotheses for testing. General theoretical concerns and research themes as well as a spirit of exploration or observation are more likely backdrops for analysis (Potter, 1998).

Instead of a “recipe” or *de facto* method, IRDA proposes a number of overarching guiding principles. As to developing the right mindset, in line with its theoretical framework, one must attempt to suspend belief in what is normally taken for granted – discarding the idea that language reflects an unproblematic reality and questioning what is assumed by a given chunk of text (Potter and Wetherell, 1987). An analyst should continually question: why this particular discursive formulation at this specific point in the text or talk? (Wetherell, 1998). In addition, they must critically interrogate their own presuppositions and ways of making sense by constantly asking: “why am I reading this

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<sup>20</sup> To use Edley’s (2001b) theorizations, hegemony is a condition or state of ideology. Ideology “works by making what is partial or conditional seem as normal, natural and inevitable.” (p. 137). When a cultural practice or understanding approximates ideological status, when it becomes a part of common sense, it is hegemonic.

passage in this way? What features produce this reading?” (Potter and Wetherell, 1987, p. 168)

Another such principle is close and careful reading and re-reading of the text which includes attention to the choice of terminology (Wetherell and Potter, 1988). In fact, this intimate contact with the texts is where analysis is said to begin. The transcription of interviews and coding of texts (explained below), while no doubt contributing to the former if performed by the analyst, are seen as preparatory steps for analysis. Thirdly, analysis can be thought of as proceeding through two interrelated movements: searching for patterns of variability in the text, both consistencies (i.e. recurring elements) and differences, and theorizing these patterns in regards to their functions and consequences. Doing IRDA is time consuming and laborious, one reason being the recursive nature of its analyses. As Wetherell and Potter (1988) describe, “...it often involves following up hunches and the development of tentative interpretative schemes which may need to be abandoned and revised over and over again” (p. 177). When hypothesizing about and seeking to contextualize the more global patterns in the text, as discussed earlier, the researcher can bring social concepts such as ideology and power into the analyses (Wetherell, 2003). The endpoint is essentially a “reading” of a body of research material supported by citations illustrating the analytic work and possibly other literature.

As concerns the identification of the different analytic units we have covered, authors have offered various hints. According to research with interview participants, abstracting interpretative repertoires from text and differentiating between them can be facilitated by seeking out inconsistencies in the form of accounts that are evident to both the analyst and the participant (Wetherell and Potter, 1988, p. 178). Such inconsistencies are often present in different portions of the text and, in this case, are not problematic for the producer. When they are brought close together in an account, this will either be addressed or the participant will use each component (i.e. potential repertoire) for a different discursive purpose (Wetherell and Potter, 1988). Discerning subject positions, for Davies and Harré (1990), is realized in part by “extracting the autobiographic aspects of a conversation” (no page number in online document). Edley

(2001a) offers a more general strategy: “The trick, if there is one, is to try and stay aware of who is being implied by a particular discourse or interpretative repertoire. What does a given statement or set of statements say about the person who utters them”? (p. 210). As for ideological dilemmas, according to Edley (2001a), their presence is signaled by “oscillations”, when “people switch back and forth between two or more equally balanced but contradictory aspects of a culture’s common sense” (p. 223).

### **PERSPECTIVE ON THE RESEARCH MATERIALS AND THEIR ANALYSIS**

In the research for this thesis, analysis will proceed in a similar fashion for both types of materials, semi-structured interviews and published research papers. It will unfold based on the same understanding of language use and of the social world implied by the theoretical framework described above. In so doing, it stresses the similarities between these sources. Accounts, whether produced by social or health scientists or members of the lay public, are equally seen and treated as discursive constructions (Wetherell and Potter, 1992). Similarly, both are assumed to be influenced by the workings of ideology (Wetherell and Potter, 1992).

The perspective on language adopted in this thesis means not only that I will not be seeking to uncover and isolate the “veridical” information contained within the interviewees’ accounts, but also that I will not be attempting to be a better scientist than the epidemiologist, psychologist or other professional who penned the articles that will be analyzed, for example, by critiquing the authors’ choice of statistical tests on scientific grounds or by referring to some aspect of objective “reality” that they may have overlooked. In this regard, Potter and Hepburn (2008) clarify the focus of IRDA in their description of a discursive constructionist approach (DC).

“Just as sociologists of science need not know physics better than physicists to study physics, so DC researchers do not need to know the law, say, better than lawyers to study legal discourse. The domain of study is discourse practices and the constructive work embedded in those practices” (p. 8).

Hence, it is not “real” “facts” or “knowledge” that is of interest here but such things as what kind of accounts acquire a status as factual or plausible, what passes as knowledge, and how “facts” are interpreted (Potter and Wetherell, 1992), whether in the context of lay or scientific discourse. Although the rules and forms of this struggle over factuality and knowledge may differ between these social or cultural settings (Potter and Wetherell, 1992), in both cases, their accomplishment is at stake (Potter and Edwards, 1999).

There are, however, differences between the two sources of research material used. For instance, semi-structured interviews are partially contrived, guided by a set of topics or themes constructed and deemed important by the investigator (Potter, 1996). In contrast, research papers offer what is qualified as a more “naturalistic” form of data as they are produced independently from the discourse analyst. Interviews offer the chance to systematically, interactively and even conversationally explore the aforementioned range of topics and follow up interesting leads. In the case of scientific articles, no clarifications or development on certain viewpoints, for instance, are possible if one is limited to the text. Bringing together these two distinct sources of materials with their divergent contexts of production will provide a fuller and contrastive perspective on the linguistic practices and resources surrounding the health and wellbeing of single working women without children and give a sense of the fit between them.

## **PREPPING THE MATERIALS FOR ANALYSIS**

### ***Transcription***

Discourse analysis concentrated on broad themes in textual content, as in the case of my use of IRDA, does not require an elaborate system of transcription (Potter, 1996). For the interviews conducted, a basic scheme accounting for words and gross features was sufficient (Potter, 1996). Some sense of the emotional flavor or rhythm of the interview was preserved by recording in the transcriptions hesitations, stuttering, great emphasis, laughter, heavy exhaling, pauses, sounds made, as well as overlapping talk between the



interviewer and the interviewee. Given the level of analysis, however, these were not generally taken into account.

All interviews were transcribed by a research assistant who modified the nominal information within so as to eliminate any of the participant's identifying information (e.g., names of coworkers, friends, past boyfriends). I then verified each transcript against the audio tape, making any necessary corrections.

### ***Coding***

Coding here is not tantamount to analysis as it is in content analysis, for example (Potter, 1998); it merely simplifies the task of analysis by organizing material into themes, whether those associated with a study's a priori concerns or arising from contact with the text (Potter and Wetherell, 1995). It structures the material into more manageable portions (Potter and Wetherell, 1987) and is inclusive so as to not eliminate any potential instances before analysis takes place (Potter, 1998). For this thesis, the breadth and tools for coding varied in relation to the research material used. Interview content was coded in near totality with the software Atlas.ti version 5.2. This program allows the creation of a hermeneutic unit, in this case, a bank of individual textual files, and permits its systematic coding with a common list of user-defined and revisable codes in a drop-down menu. By selecting (or highlighting) a segment of text (i.e. a citation from an interview), one or more such codes can be attributed to it. Coded citations are allowed to overlap. In the right margin, parallel to the raw material (e.g., an interview transcript), appears a convenient record of the attributed codes. An important feature of this software is its ability to produce outputs of all citations per code, with each citation identified by its interview of origin as well as its location in the text (i.e. line numbers). Using this software with transcripts of the twenty-two interviews with single working women without children, I created 17 broad and non-mutually exclusive themes or codes modeled partially on the objectives of the SSHRC project to allow investigators easy access to outputs of citations relevant to their particular interests. These were labeled as follows:

- Actualization, stimulation and curiosity (e.g., learning)
- Career woman (e.g., definition of, self as)

- Children (e.g., contraception, meaning, abortion)
- Contribution (to society)
- Dosing and prioritization of work (e.g., burnout, balance)
- Gender and work
- Identification with men, masculinity
- Internet (as a resource for dating)
- Jobs held, real estate, and sources of income
- Past relationships
- Past relationships: Key phrases
- Potentially challenging or liberating work issues
- Professional help (e.g., psychotherapy)
- Relationships: values, criteria, ideals, family, etc.
- Singlehood (explanations, experience, social life, etc.)
- The search for a partner (e.g., challenges, men “out there”)
- Wellbeing

Analyses for the second and third papers of the dissertation were based on interview material belonging to those themes judged relevant to the topic at hand but returns to the complete transcripts were frequent. The second paper drew especially on content classified in the themes of wellbeing, the dosing and prioritization of work, potentially challenging or liberating work issues, and professional help. The third paper emphasized material from the themes of wellbeing and singlehood, but took into consideration those of potentially challenging or liberating work issues, dosing and prioritization of work, gender and work, professional help, actualization, and career woman.

For the reader’s information, the broad code of wellbeing was resubmitted to coding with Atlas.ti. In alphabetical order they are as follows. Those with the most content (40 or more citations) are identified with an asterisk.

- Amalgamation of elements (diversifying)\*
- Children and wellbeing
- Couplehood as essential, normal

- Couplehood not at any cost, an added bonus\*
- Equilibrium (dosing)\*
- Financial considerations
- Pursuit (evolving)\*
- Reading (learning)
- Solitude (incomplete -see couplehood)
- Sports (catharthis, relaxation, progressing)
- State of mind (be positive, freedom, not question)\*
- Travel
- Work and wellbeing\*

As regards the first paper which analyzed the discourse of scientific articles, coding was more selectively oriented to passages that interpreted the health/wellbeing of single working women without children. Microsoft word files were created to group pertinent extracts to facilitate analysis. The excerpts were either typed verbatim or copied and pasted from PDF files of the articles when available. Themes were created and subsequently linked to the concepts of interpretative repertoire and subject position.

### **A META-THEORETICAL STANCE UNDER CONSTRUCTION**

The theorizations about the nature of language outlined earlier raise questions about the (scientific) status and “reality” of work produced by discourse analysis. Can an adherent of such a perspective rightfully speak of her work in terms of “findings” or “results”? Might the texts generated instead belong to the realm of creative writing and story telling, offering but a version of things with no special significance (Wetherell, 2001b)? –Indeed, is not the endpoint of discourse analysis *but* “a discursive construction of a discursive construction” (Wetherell, 2001b, p. 397)? Can discourse analytic research form a credible basis for recommendations for action or decision-making? Does taking a view of language as constructive mean we must side with a radical relativism and deny the existence of an objective reality or a “real world” out there? Evidently, offering a response to these issues necessarily involves grappling with the epistemological and ontological assumptions that are compatible with this discourse

analytic approach and taking position. It means addressing conceptualizations of what is “valid” and “reliable” research. Importantly, perhaps it also involves clarifying some common misconceptions or unwarranted polarizations. These questions will be explored in this and the following two sections.

In this thesis, I take more of a “practical” stance to these complex issues, articulating a position, if partial, and leaving it open for future revision (Wetherell and Potter, 1992). It also seems sensible to treat epistemological and ontological positions as a matter of emphasis in the research project concerned and as depending on the question(s) guiding the investigation. With these caveats in mind, it will likely come as no surprise that I situate this research as belonging within the boundaries of social constructionism. In discussing this and some of its philosophical ramifications, I will especially draw on the work of scholars associated with the version of discourse analysis utilized here.

Social constructionism<sup>21</sup> is in no way a unitary paradigm (Edley, 2001c). While it is believed that no one feature is common to all social constructionist approaches, authors have noted a “family resemblance” (Burr, 2003; Potter, 1996). Drawing on Gergen, for Burr (2003), its key tenets are a “critical stance toward taken-for-granted knowledge”; a belief that all ways of understanding the world (e.g., categories, concepts) are historically and culturally specific or relative; a view that knowledge is sustained and fabricated by social processes, not objective observation; and a perspective that knowledge and social action are intertwined –different kinds of constructions invite certain patterns of action which inevitably exclude others, providing a foundation for power relations.

The social constructionism which guides the research of this thesis, however, is epistemic, not ontological (Edley, 2001c). This particular understanding emphasizes that talking and thinking about the world necessarily involves representation, construction and creation of stories or accounts. There is no way of comprehending or

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<sup>21</sup> The characterization of social constructionism developed here derives especially from how it has been taken-up in psychology, the discipline of the originators of my approach to discourse analysis. Indeed the term social constructionism is used almost exclusively by psychologists (Burr, 2003; Potter, 1996).

knowing it without language. In this sense, as Edley (2001c) explains, “...epistemologically speaking, reality cannot exist outside of discourse, waiting for fair representation. Instead it is the *product* of discourse, both the subject *and the result* of what talk is all about” (p. 437, italics in original). As put by Cheek (2004), “...discourse analytic approaches often refer to partial or situated reality, and view texts as constructed by and, in turn, constructing understandings of reality rather than describing *a or the* reality” (p. 1147, italics in original). This, of course, is radically different from advancing, for instance, that in the absence of words, the physical world would cease to exist. As Edley (2001c) points out, there is little evidence to suggest social constructionists deny the presence of a real world beyond talk –that they are *ontologically* constructionist. Hence, with respect to our own approach, we find, for example, Wetherell and Potter’s (1992) morbidly comical explanation of their position:

“...you still die if your plane crashes into a hill whether you think that the hill is the product of a volcanic eruption or the solidified form of a mythical whale. However, material reality is no less discursive for being able to get into the way of planes. How those deaths are understood [...] and what caused them is constituted through our systems of discourse” (p. 65).

Furthermore, as concerns IRDA, I have already stressed the “onto-formative” potentialities of discourse (Edley, 2001c) when broaching its constructive qualities and the interrelationship of the symbolic and material realms. Thus, in this thesis, while emphasis is placed on the location of its research within an epistemologically constructionist meta-theory, there is no assumption that language is the only reality bearing on my subject matter.

## **CONCERNING ISSUES OF RIGOR AND TRANSFERABILITY**

Concerns about rigor in this study are a preoccupation throughout the research process. Indeed, two forms of it are addressed –that concerned with method and that involving the interpretation of the research materials (Guba and Lincoln, 2005). As the section on analysis proper reveals, reflexivity (e.g., continually questioning one’s assessments of the material at hand) is an integral part of analysis which also involves recursively

checking the hypotheses elaborated against the original texts. Other common means for the investigator and the consumer of research to assess the quality of IRDA include assuring that the understandings expressed in the text (e.g., the citations provided) are respected in the analyses (Potter and Hepburn, 2005). In this regard, it is important that the discourse analyst attend to the texts' orientation –what matters is what the interview participants or authors of the research materials treat as consistent or different in their use of language (Potter and Wetherell, 1987). Deviant cases of the analytic scheme must also be accounted for (Potter and Hepburn, 2005). This means that the researcher must search for exceptions to the pattern observed in the material, adapting analyses in accordance, producing, in the end, a collection of analytic claims that together give a coherent account of a body of material (Potter and Wetherell, 1987). Furthermore, coherence can be sought in relation to the analyses of other studies (Potter and Hepburn, 2005). For example, developing an account of more global patterns in discourse and of their potential impacts for power relations commonly involves marshalling additional resources such as “historical arguments, reference to other lines of research, accumulation of examples from different contexts, and so on” (Wetherell, 2003, p. 25). Finally, analyses need to correspond with the empirical materials provided (Potter and Hepburn, 2005). Here, one of the advantages of IRDA is the presentation of numerous excerpts of the original research material in the final report in illustration of the investigator's interpretations. This allows readers to evaluate themselves the merits of the analyses (Potter, 1998).

In IRDA, analyses are not understood as “generalizable as descriptions of how things are, but as how a phenomenon can be seen or interpreted” (Talja, 1999, p. 472). As Wetherell (2003) explains, “When over a large corpus of data the same kinds of constructions are repeated, it becomes apparent [...] how the social (collective) practices are not outside, but infuse, the individual voices of the interview” (p. 25). Hence, as previously discussed, over certain periods, discursive practices do weave into a recognizable cloth. However, because the products of IRDA are seen as “always fitted to specific occasions and constructed out of the available interpretative resources” it is not suited to the development of “broad empirical laws” (Wetherell and Potter, 1988, p.

182). In other words, that they are cast as bound by time and culture means any theory or explanation arising from this work “cannot be taken as once-and-for-all descriptions of human nature” or social life (Burr, 2003, p. 4). Analyses or research “findings” are approached as localized, impermanent and partial.

## **SAMPLING**

IRDA diverges from other forms of research on the question of sample size (Potter and Wetherell, 1987). Because of its particular analytic focus, sample size is not necessarily associated with the successfulness or quality of a study based on this approach –a worthwhile study can be based on a few texts or even a single one<sup>22</sup> (Talja, 1999). When conducting IRDA, it is more appropriate to envision sampling as accumulating instances of language use or “specimens” of linguistic constructions on a given topic, rather than, in this case, individual papers or interviewees (Potter and Wetherell, 1987; Talja, 1999). Whether an interview transcript or scientific paper, each text is likely to contain numerous discursive patterns as well as multiple and contradictory versions of a topic under study. In this sense, a little material can go a long way and having too much, instead of adding to the analyses can weigh them down (Potter and Wetherell, 1987). In this sense, attempting to produce a sample large enough to be statistically representative would come with a considerable tradeoff in terms of the depth of analyses possible, essentially defeating the purpose of this approach as in other qualitative work (Yardley, 2000). In many cases, it is simply accepted that there is no point at which sampling can be considered complete, the indication being to give a clear and detailed description of the body of material analyzed and its origins (Potter and Wetherell, 1987).

Decisions about appropriate sample size, however, should flow from the nature of the research question orienting the investigation. Within the two separate sources of material considered in this thesis, I was particularly interested in examining broad patterns across texts (e.g., interpretative repertoires) in the construction of the health

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<sup>22</sup> For an example relevant to health promotion but based on a different approach, critical discourse analysis, see Porter’s (2006) comparative analyses of the Ottawa and Bangkok charters of health promotion.

and wellbeing of single working women without children. In line with the common guideline of 20 to 30 interviewees for qualitative health research (Low, 2007), modestly sized samples proved sufficient to allow the identification of such patterns in each source (i.e. 22 interviews and 32 scientific papers). In other words, the samples allowed data saturation (replication and redundancy; Bowen, 2008) within the themes, repertoires, and subject positions elaborated in the course of analysis. Indications of the number of units (research papers, participants) contributing material to these elements are regularly provided.

### ***The Sample of Scientific Articles***

#### *Criteria for inclusion*

A sample of scientific articles was created for the purpose of examining patterns in the way members of the scientific community interpret the health/wellbeing of single working women without children. The material considered was limited to English language research papers published in a periodical between 1990 and 2010, inclusively, and meeting the condition that, in the context of the authors' research, they specifically constitute single working women without children as a group and report in some direct fashion on their health or wellbeing. This might occur, for instance, in the presentation of original empirical descriptive data on the state of their health/wellbeing (if only in table form) or by forming this group for purposes of statistical or qualitative analysis. The objective was to increase chances of locating articles that could provide discursive material on this group.

As a means of ensuring a thread of socioeconomic and cultural cohesion both within the sample of articles and between it and the sample of Canadian interviewees, articles employing data from developed, high income countries with "very high" human development indexes and rankings within the top thirty in terms of gender-related development were used (United Nations Development Program, 2009; World Bank, 2010)<sup>23</sup>. The following 26 countries conform to the delimitations set: Australia, Austria,

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<sup>23</sup> Notions of "development" are multiple, highly complex and contested. For simplicity, membership in the OECD was used as a rough proxy for development (total: 33 countries). High income economies are those with a gross national income per capita of \$12,196 U.S. dollars or more, as calculated by the World



Belgium, Canada, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Israel, Italy, Japan, Republic of Korea, Luxembourg, the Netherlands, New Zealand, Norway, Portugal, Slovenia, Spain, Sweden, Switzerland, the United Kingdom and the United States. Because Hong Kong (China) met all criteria except for being a full member of the OECD (China has an “enhanced engagement” status with the organization), it was decided that research from this area would also be considered.

No restrictions were made relative to the scientific “quality” of the research articles (beyond their evident acceptance for publication in a periodical), a minimum level of which would be demanded, for instance, for inclusion in a systematic review (e.g., Khan, Kunz, Kleijnen, and Andes, 2003). With IRDA, the focus is on how language is used and thus the value of the “evidence” or the truthfulness of the research findings presented is not a concern. In addition, publication bias is not the issue it is with other approaches given this work’s constructivist epistemological stance and that the objective is not to generate an exhaustive sample of articles approximating the full evidence base. Irrespective of the particulars of the sample’s constitution, there is no denying that the articles comprising it capture ways that scientists put single working women without children into text. The search strategies used may have produced a sample composed of more accessible or visible material (e.g., by bypassing such possible steps as the consultation of specialists, hand searching periodicals) and thus one that is more representative of papers with a greater potential of circulation or diffusion. Likewise, a limitation to English publications, a language recognized by some as the global *lingua franca* of science, with approximately 80% per cent of the world’s written science expressed in English (Crystal, 2006, p. 21), can also be seen to create a focus on more mainstream content. As a result, it may be poised to have a wider impact. What this sample of texts “does” linguistically as regards single working women without children may therefore be of especial importance. As to the publication period

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Bank (World Bank, 2010). The indexes of human and gender-related development are composites, each considering average achievement along the following three dimensions: “a long and healthy life, access to knowledge and a decent standard of living” (United Nations Development Program, 2009, p. 210). For gender-related development, these dimensions are adjusted to account for gender inequalities. “Very high” human development is indicated by a score of 0.90 on its index.

of 1990 to 2010, it allows a concentration on more recent material while beginning the search at a time when research on women, paid work and health is reported to have escalated (Klumb and Lampert, 2004).

### *Search strategies*

Unsure of the relative ease with which relevant articles would be located, several measures were, nevertheless, taken, ensuring a level of heterogeneity in the articles retrieved and that a wide net was cast: multiple databases were queried (including a free database), different search strategies were used (e.g., varying terms and fields) and the references of included articles (from the first wave), checked. The search was organized into three waves: the first two drew on databases offered by the library services of the Université de Montréal. The final and shortest wave completed the sample with a search on Google Scholar. While it has been criticized for its rudimentary search features, lack of transparency as regards the contents of its database, and uneven coverage, Google Scholar's contents are nevertheless very broad and it is useful for topics that are not easily located with respect to a specific subject index, as in the case with mine (Vine, 2006). It is also useful as an adjunct resource as a part of a more in-depth search with databases that can be queried with more advanced features (Schultz, 2007). For the sake of transparency, an audit trail detailing the search process is provided below and in Appendix 6.

The first wave of literature searching was conducted from June 10<sup>th</sup> to June 15<sup>th</sup> 2010. Search terms were selected to reflect at least four conceptual domains, when possible and not redundant<sup>24</sup>: 1) women; 2) a single marital status and, occasionally, a childless parental status (i.e. a “family” status, as typically understood); 3) paid work, and 4) health. Multiple terms were used to characterize these domains, in part, since terminology was expected to vary according to the preference of the particular authors or their discipline. Similarly, as health research with single working women without children was expected to be multidisciplinary, database searches pursued four overlapping orientations to concentrate on: 1) women and gender studies; 2) social

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<sup>24</sup> For example, to limit the search to “women” when querying a database on women and gender studies would be redundant.

sciences; 3) psychology, health and medicine; and 4) general sciences. Faced with the challenges of the multidisciplinary nature of the research and the non-standardized terminology for the conceptual domains of interest, the search process involved a degree of trial and error. In Tables 2 and 5 in Appendix 6 (on pages xvi and xx), belonging to the first and second waves respectively, only those search strategies producing articles included in the final sample are presented, with the exception of unfruitful searches that illustrate the consistency with which the different conceptual domains were considered. Searches were adapted to the particular website interface and search options available, whether those of Informaworld, CSA-Illumina, OvisSP or ISI Web of Knowledge. In checking the results of the queries, titles, followed by abstracts and finally, the texts of articles were examined for possible inclusion. As pertinent research articles proved difficult to find, even the body of articles appearing only marginally relevant were perused.

In Table 2 (Appendix 6), across searches, we see that 13 different articles were first identified. Examining their reference lists and following up on promising leads added another 7 articles to the sample (see Appendix 6, Table 3, page xviii). A verification of the references of these last papers yielded no new additions to the sample. Information was also gathered as to the overlap of relevant articles in their respective references lists. In Table 3 (Appendix 6), we see for the first 13 articles retained, the overlap is far from extensive with only four papers referring to at least one of the other 13. As to the 7 articles subsequently discovered, overlap is limited to three papers (Bartley et al., 1999; Chandola et al., 2004; Mastekaasa, 2000) citing Martikainen (1995) and Winter et al. (2006) citing Chandola et al. (2004).

To guide the second wave of searching and in an effort to improve the accuracy of the searches, the titles and abstracts of the 20 articles (13 + 7) were examined for new search terms. The concept of social roles and their combination proved prominent. In Table 4 on page xix (Appendix 6), all references (in the titles and abstracts) to the terms “role” (when referring to a social role) and “combination” and their variations are provided. While for six articles neither of these expressions was present in these parts of the text, the greater majority of papers drew on one or both (over two-thirds). For four

articles, they co-occurred. Overall, 10 articles employed the term “role(s)” and 8, “combination” or its derivatives in their title or abstract. Thirteen of the articles contained in their abstract alone one or more of the following expressions: “family role(s)” ( $n = 5$ ), “multiple role(s)” ( $n = 3$ ), “social role(s)” ( $n = 2$ ), “life roles” ( $n = 1$ ), “work roles” ( $n = 2$ ), or “combination(s) of” ( $n = 4$ ). These expressions inspired the second wave of article searching. The four conceptual domains were modified accordingly; women, paid work, and health remained, while the family status concept was replaced by that of social roles. Furthermore, as 17 of the 20 articles contained in their title the word job, work, employ or professional (or their derivatives), when possible, these determined the search strategy for the paid work concept. The second wave searches (conducted over the period from June 24 to July 6, 2010) were modeled on the first, querying the same databases with the same interfaces and employing identical limits. For brevity, in Appendix 6, Table 5 (see page xx) omits these aspects in presenting the results. It shows that 8 new articles were retrieved in this fashion.

The sample, now composed of 28 articles, was assessed at this point. It became clear that very few articles (only four) centered primarily on single working women without children (Dalton, 1992; Hamilton et al., 2006; Lewis and Borders, 1995; Yeung and Tang, 2001). An effort was thus made with Google Scholar to locate more such articles. A series of ten expressions capturing characteristics of this group were used (e.g., “single working women”, “single professional women”). Up to the first five pages of each search were examined, meaning that a maximum of 50 references were verified for relevance. The full list of expressions employed and the results of this strategy appear in Table 6 on page xxi (Appendix 6). This approach added another 4 references to the sample, one of which was markedly concerned with single working women (Fong and Amatea, 1992).

#### *Description of the sample of articles*

A total of 32 articles will form the basis of the discourse analysis of scientific material. The features of the final sample point to diversity while reflecting the inclusion criteria. Overall, countries were represented 49 times in the article samples as research papers used data from up to 10 countries. Given the limitation to English-language work, it is

perhaps not surprising that the “Anglosphere” (or countries where English predominates as a native language) is most heavily represented (United States: 11; United Kingdom: 4; Australia: 4; New Zealand: 1; Canada: 1). It is followed by Scandinavia (Finland: 8; Norway: 4; Sweden: 3), other parts of Europe (France: 3; Germany: 2; Switzerland: 2; Spain: 1; Netherlands: 1; Estonia<sup>25</sup>: 1; Czech Republic: 1), and finally, Eastern Asia (Japan: 1; Hong Kong: 1). To simplify, the breakdown of representation can be characterized as follows: 42.9% for Anglo countries, 30.6% for Scandinavian countries, 22.4% for other parts of Europe and 4.1% for Eastern Asian countries. As to other characteristics of the study samples, a majority of papers drew only on samples that were all-female (21/32 or 65.6%) or composed of employed individuals (17/32 or 53.1%). Papers employing only a sample of our interest group, single working women without children, were rare (i.e. Dalton, 1992; Lewis and Borders, 1995; Yeung and Tang, 2001), illustrating that the focus of studies with this group is typically comparative relative to individuals with other social role configurations. Much of the above information is presented in detail in Table 7 on page xxii (Appendix 6).

The health issues addressed in the papers were quite varied, although mental health was a dominant theme. Over a third of studies ( $n = 12$ ) considered it in one form or another in its analyses (e.g., psychological distress, psychiatric disorder, depression). It was followed by measures of self-assessed general health ( $n = 6$ ) and indicators of (paid) work and family/life-related conflict, strain, stress or coping ( $n = 5$ ). Three studies each examined heavy drinking of alcohol and life satisfaction. Other health issues addressed include, stress, fatigue, chronic conditions, sickness absence from work, and health-related behaviors. A full listing of these can be found in Table 8 on page xxv (Appendix 6). This table also provides information on the specific periodicals in which the sample papers were published. It shows that the most highly represented journal is by far *Social Science & Medicine*. Over a quarter of papers ( $n = 9$ ) emerged from this journal. On the whole, health-related journals affiliated with epidemiology, medicine, public health, nursing or women’s health, specifically, outnumbered all other types ( $n = 19$ ; 59.4%). Ranked second were psychology or counseling-oriented journals ( $n = 6$ ; 17.6%). No

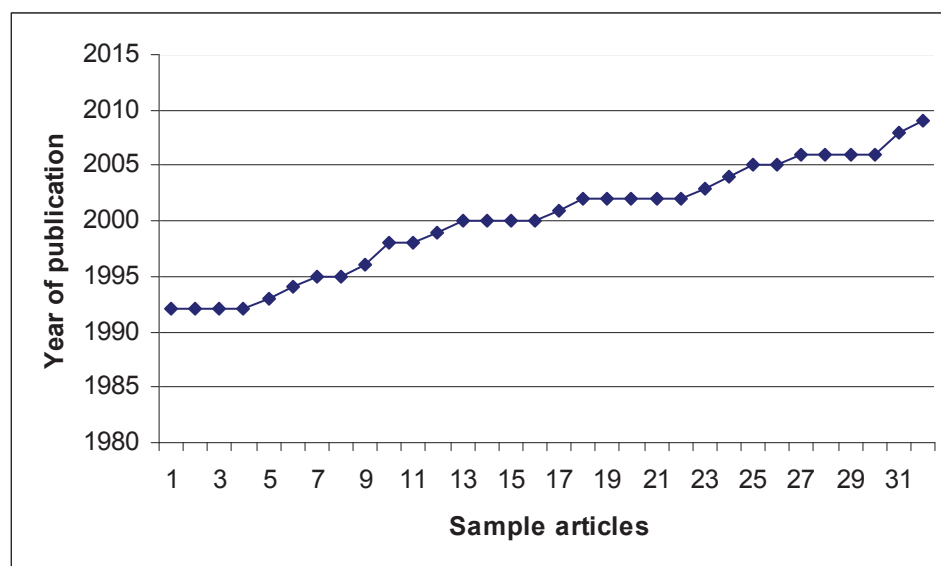
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<sup>25</sup> Our country-related criteria for inclusion require that material referring strictly to Estonia and the Czech Republic not contribute to the discourse analysis.

more than two papers are associated with any of the remaining specializations, as indicated by the journal in which they appear: family studies, substance abuse, management, leisure studies, social work and gender.

As to the years of publication, if fewer sample articles were accumulated at the extremities of the period considered (1990-2010), they nevertheless are rather well distributed (see Figure 1, page 71). While a number of plateaus are visible for 1992, 2000, 2002 and 2006, approximately half of articles are published after 2000.

Figure 1. Distribution of publication years for the sample of articles ( $n = 32$ )



As to methodology, it bears mentioning that almost all of the research conducted in the sample of articles was quantitative in nature; only one study employed qualitative methods (i.e. Dalton, 1992).

### ***The Sample of Interview Material***

#### *Criteria for inclusion*

For the purposes of this thesis, I analyzed twenty-two interviews with different women on their various experiences as a single working woman without children. To be included in the study, a woman needed to be aged from 30 to 45 years old, to be single (i.e. not married or living with a partner), to be without children (i.e. to never have

given birth to or cared for a biological child or to not be currently living with a non-biological child for whom one has responsibility), to reside in the region or environs of Montreal, to be currently in paid employment for 35 or more hours per week, to hold a bachelor's degree, to identify as heterosexual, to speak one of the two official languages (i.e. French or English); to have an annual income before taxes of at least 30 000 Canadian dollars; and finally, to recognize herself on some level as a "career woman" (the expression used in our publicity material). These characteristics were systematically verified by email or over the phone with all women interested in participating in the study (see the call form in Appendix 1).

The selected inclusion criteria rested, in part, on demographic characteristics of the Quebec population. The chosen age range was meant to attract women who had surpassed the mean age at which biological mothers in Quebec have their first child (28 years in 2008) (Institut de la Statistique du Québec, 2009b) while still within their childbearing years, and who have entered the height of couplehood in the general female population (roughly 30 to 44 years in 2006) (Institut de la Statistique du Québec, 2007). In 2006, the proportion of coupled women (married or in a de facto union) in Quebec begins to peak in the 30 to 34 age group (71.1%), reaching its maximum among those aged 35 to 39 (71.8%) and starts to decline between 40 and 44 years old (70.5%) (Institut de la Statistique du Québec, 2007). In 2008, the fertility rate for first births among women aged 45 or older was extremely low at 0.1 per thousand in Quebec (Institut de la Statistique du Québec, 2009b). These statistics explain the use of age 45 as a cutoff.

An assumption guiding the creation of this sample was that by limiting participants to those within middle adulthood, we would be reaching single women at a point in their lives when issues concerning singlehood, childlessness and employment would be particularly salient (Schwartzberg, Berliner and Jacob, 1995). It is especially in the course of the thirties and forties, according to Schwartzberg et al. (1995), that single adults engage with alternative scripts or new rules for living and their choices in the above matters. For example, this might involve (re) defining the meaning of paid work and intimacy or connection, arguably important dimensions of wellbeing. Thus, this

timeframe seemed as it would be particularly fruitful for providing insight into potentially novel ways of constructing wellbeing among single working women without children.

The criteria for participation clearly shape the sample towards a more privileged end of the socioeconomic spectrum by demanding full-time employment, completion of a university degree, and a certain income level. While they may seem insufficiently elitist for our common understanding of “career woman”, they nevertheless likely set our sample apart from the general population of single working women without children in Quebec. Of the three criteria, the sample and population are perhaps best matched in terms of work time. In 2008, fully 84.2% of single working women who lived alone (without a child) or with non-relatives were in full-time employment (Institut de la Statistique du Québec, 2009c). As to education, however, in 2006, only 31.9% of Quebec women aged 25 to 34 and 23.9% those aged 35 to 44 had earned a university degree (whether a bachelor’s or a certificate) (Institut de la Statistique du Québec, 2010). While these numbers are lower than for the region of Montreal where 32.4% of women aged 25 to 64 have a university degree (Institut de la Statistique du Québec, 2008), we can safely assume that a proportion of single working women without children do not have a university degree. As concerns employment income, the average for a woman aged 25 to 44 in Quebec is \$31 040 and that for a university educated woman is \$43 656 (Institut de la Statistique du Québec, 2009a). Hence, employed women of below average income are excluded but not necessarily women with a lower than average income among those who are university educated.

The sample thus assembled reflects a compromise between conceptions of “career women,” a concession to the objectives of the SSHRC funded research project whose focus was women identifying as such, and a desire for a degree of socio-economic variability.

### *Recruitment*

Recruitment proceeded in two waves, one in 2006 at the initiation of the SSHRC project and another in 2008, to coincide with the approval of my research protocol by the



Faculty of Medicine's institutional review board at the Université de Montréal (CERFM). The first was intended to conduct a series of pilot interviews and to refine the interview schedule and inclusion criteria, the second, to build the sample. Research assistants participated in both phases.

Wave 1 involved placing an advertisement in the *Voir* and *Hour* (from the 10<sup>th</sup> of August, 2006, for one week), free weekly papers of Montreal's alternative press, and snowball sampling. Based on the ads placed (see Appendix 4, p. xii), five women who qualified were interviewed. A sixth interviewee was gleaned from word of mouth. I conducted four of these pilot interviews (see Fanny, Stephanie, Jane and Louise in Table 3, page 79). The remaining two, one *Voir* and one word of mouth contact, were led by a research assistant.

Wave 2 was a multilevel search aimed at the press, a popular Internet dating website, professional women's organizations or groups, the distribution of publicity material on the project and word of mouth. In the winter of 2008 (January and February), I conceived and ordered bilingual business cards and postcards as a recruitment aid. Upon receipt, they were made visible and available on a corkboard outside of the office doors of researchers affiliated with the project in the Department of sexology at UQÀM, including my own. Overall, a handful of cards needed to be replaced for the time they were there. Cards were also distributed to friends as well as colleagues and members of the research team at both UQÀM and the Université de Montréal. A research assistant hired by the SSHRC project, Marianne Bureau, was charged with seeking out alternative outlets for distributing information on the project.

A total of seven advertisements were placed in the Montreal press during wave 2, including university campus newspapers (UQÀM, McGill, and Concordia), alternative weeklies (*Voir* and *Hour*, one for each official language), a Francophone daily distributed throughout the network of subways (*Métro*) and a Saturday edition of a Francophone newspaper (*La Presse*). Details are presented in Table 2 on page 75 (see Appendix 4 for the specific content of each ad).

Table 2. Advertisements placed in the Montreal press for the second wave of recruitment

Publication	Type	Ad start date	Duration	Circulation
<i>Montreal Campus</i>	University student paper (UQÀM)	February 27, 2008	2 weeks	140 000
<i>Concordia Link</i>	University student paper (Concordia)	March 4, 2008	2 weeks	10 000
<i>McGill Reporter</i>	University student paper (McGill)	March 6, 2008	2 weeks	10 000
<i>Voir Hour</i>	Free alternative press	March 13, 2008	1 week	120 000 60 000
<i>Métro</i>	Free daily	May 28, 2008 (Wednesday)	1 day	112 000
<i>La Presse</i>	Newspaper	May 31, 2008 (Saturday)	1 day	320 000

On June 17<sup>th</sup>, 2008, a paying member account on the “Reseaucontact” dating website was created as a means of contacting women who might be interested in being a part of the study. Three searches were conducted varying in the educational criteria sought. A total of 20 women were personally invited to participate in the interview. They were sent a message, accompanied by a picture of myself, for transparency, and a link to my profile. All three searches required women to mention being heterosexual, from 30 to 45 years of age, a Montreal resident, and without children in their online profiles. The first search did not discriminate based on education. Scrolling down the results of the basic search criteria, when a woman mentioned having a bachelor’s degree and exceptionally, simply being a professional, they were contacted. Seven women with a bachelor’s degree or professional occupation were identified in this way. A subsequent search led to the identification of women with Master’s degrees. The first seven in the list were systematically contacted. Thirdly, women with Ph.D.’s were screened. Six women with doctorates were contacted. The ages of those contacted were well distributed. In parentheses, these were for the bachelor’s or professional group (32, 33, 34, 37, 40, 40, and 42), the Master’s group (ages 30, 30, 33, 36, 41, 43, and 45) and the Ph.D. group (ages 31, 35, 36, 36, 39, and 43).

Several recruitment strategies proved unfruitful in contributing to the final sample such as contacting a number of working women's groups (e.g., *Association des femmes de carrière du Québec métropolitain*, *the Business and Professional Women's Club of Montreal*, *the Single Working Women's Affiliate Network*, *the Working Entrepreneurial Women in Networking* meetup group) and attempting to have the project's business cards placed in a half-dozen women's clothing boutiques. The final sample's complete origins are presented in Table 3 (on page 79) and show successful recruitment from use of the alternative press, snowball sampling, online recruitment through *Reseaucontact*, advertisements in student papers as well as in *La Presse*.

#### *Participation procedure*

Following confirmation of the woman's eligibility for participation, a time and place was set up for the qualitative interview. The majority of interviews were conducted in the offices or rooms of the Department of sexology at Université du Québec à Montréal or its affiliated clinic. They could take place in another location if it was more convenient for the participant so long as the setting was appropriate to the task at hand (e.g., relatively quiet and private, little risk of interruption). Three women opted for an interview either at their home (2) or place of work (1). While the general topic of the study was known to each woman prior to meeting for the interview, after her arrival or mine, the project's affiliated researchers, objectives, and confidentiality measures were explained. The nature of her participation was also covered. Interviews were to be audio recorded and to last approximately 1 ½ hours. The woman was also made aware that she could interrupt the interview at any time, abstain from answering any question or change her mind about participating in the study without ill effect. Women were also informed that, given the personal topics explored in the interview, if participation raised any troubling issues, psychological help was available at no cost. The director of the Sexology Clinic at UQÀM, Michel Goulet, accepted to hold a session as soon as possible with any participant in need.

Much of this information was detailed in the consent form given to each woman to read (see Appendix 2). Its signature was required before participation. Women were

compensated twenty dollars CND in recognition of their decision to participate in the study. Upon signature of the consent form (by both myself and the interviewee), the participant was presented with an envelope containing the money, some publicity material on the project for snowball sampling (e.g., business cards and a postcard), and a copy of the consent form with the telephone numbers of the head researcher (Joseph J. Lévy, UQÀM), a member of the ethics committee of UQÀM (Marc Bélanger) and the office of Université de Montréal's ombudsman, should she have concerns that she would like to address to any of them.

#### *Measures to assure confidentiality*

Several measures were undertaken to assure the confidentiality of the information collected. No "real" names appear on the cassettes or the written transcripts of the interviews. Code names for the participants are used instead, often chosen by the women themselves. Personal names mentioned in the course of the interview were systematically changed in the course of transcription. Consent forms are kept separate from the audio recordings and all of the research material is held under lock and key with only members of the research team having access to it. Researchers and assistants involved with the project within the Department of Sexology signed an agreement that they would respect the confidentiality of the project's research material. All hard copies of the latter (audio tapes) will be destroyed within seven years following submission of the SSHRC final report. Finally, no individual participant will be identifiable in the reports, papers or publications produced.

#### *The brief questionnaire*

Prior to the interview, I filled out a short, mainly socio-demographic questionnaire with the participant as a means of simply characterizing the sample and verifying its diversity along a number of dimensions. This questionnaire evolved from the first to the second wave of recruitment with the addition of information on the women's income bracket before taxes (one of four possible brackets), level of wellbeing (on a five-point scale) and self-definition (in five characteristics). As a result, these details are lacking

for four interviewees who were recruited in 2006 and integrated into the final sample<sup>26</sup>. However, for all women, this document provided a code name with which the participant would be identified, her age, profession, last university degree, occupation (paid work, study), mother tongue, city of residence, and single status (i.e., for how long she has been single, whether she is currently dating and if she ever married) (see Appendix 1). The last two questions touching on wellbeing and self-definition also regularly served as aids for the interview. A woman's rating on wellbeing was commonly broached in the course of the interview as a follow-up question on this theme (e.g., Earlier you mentioned your wellbeing as being good. In what way is it good?). The question on self-definition was often saved for the interview itself to have an audio recording of the answer.

### *The interview*

Interviews lasted from approximately 1 hour to over three. The semi-structured, open-ended interview schedule composed of 14 main questions was essentially designed with two parts, one focused on identities, social roles and their meanings and a second, centered more specifically on issues of wellbeing (see Appendix 3 for both the French and English versions of the schedule). Women were asked about the personal meaning and social perception of career women, the place of work and important aspects in their lives, as well as the personal meaning and social perception of singlehood and childlessness. Thus, to contribute to the diversity of ways of talking about these topics, an effort was made to have respondents discuss them both in terms of their individual views as well as how society or others might interpret them. As to wellbeing, women were asked what it meant to them, what factors contributed to and impeded it, what challenges single career women face, and what advice they would offer a young woman planning her career and setting her life objectives. Wellbeing was therefore approached from different potential angles offering several contexts for discussing it.

The central topics of work, singleness, and childlessness were selected since, as mentioned, these are identified as issues of particular salience to singles at the stage in the lifecourse during which the participants were interviewed (Schwartzberg et al.,

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<sup>26</sup> This was justified on grounds that these were wave 1 interviews that I had personally conducted and they covered much of the same territory as those held in 2008.

1995). By asking about social perceptions on these aspects, a space was created to possibly address any stigma attached to these statuses (e.g., as single, childless or career women). In directly broaching wellbeing, how these different elements might tie into it or not could be examined while leaving room for other factors to be discussed.

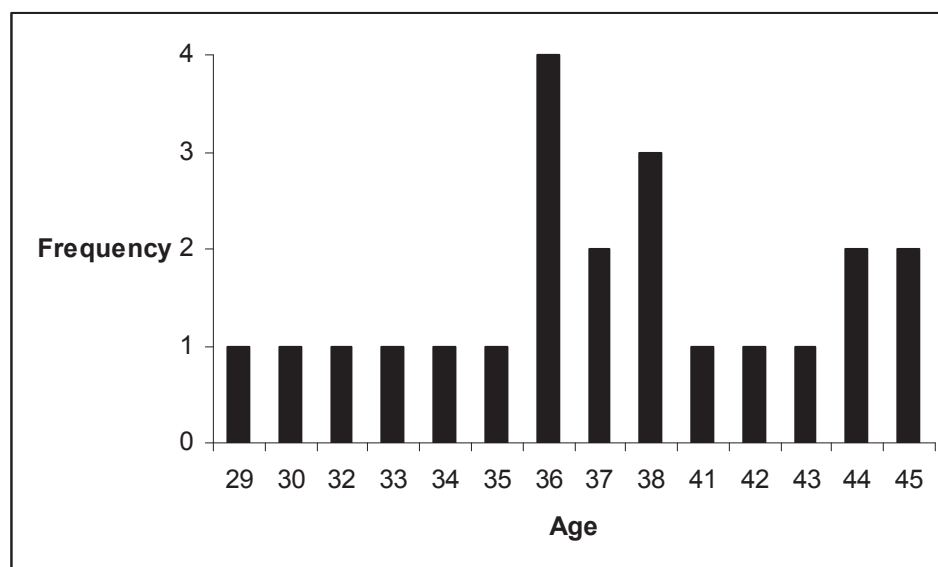
In general, while issues of wellbeing were usually raised last, the schedule was a guide. As such, the ordering of questions could change depending on how the different topics were taken up in the course of the interview. The interview came to a close after asking the participant if she had anything to add with respect to what was covered. Women were subsequently asked their views on and feelings about the interview.

#### *Description of the interview sample*

Several women responding to oral, print or electronic advertisement of the research project did not participate, in the majority of cases because they did not qualify. A list of these twenty women and the reason(s) for not including them are presented in Appendix 5.

While ads placed in the *Concordia Link* and the *Métro* did not add to the final sample of participants, the sources of recruitment represented were nevertheless diverse. In order of importance, they are as follow: the free alternative Montreal press ( $n = 12$  participants; *Hour*:  $n = 1$ ; *Voir*:  $n = 11$ ), word of mouth ( $n = 4$ ), personal invitations on *Reseaucontact* ( $n = 3$ ), advertisements in local university papers ( $n = 2$ ; *Montreal Campus*:  $n = 1$ ; *McGill Reporter*:  $n = 1$ ), and the advertisement in the Saturday issue of *La Presse* ( $n = 1$ ). To assure the women are not identifiable, the ages of the participants are presented separately from their other characteristics. Figure 2 on page 80 provides the distribution and frequency of these ages. If a concentration of participants is notable within the late-thirty age group, the proportions of younger and older women are not off by far. At the time of their interview, 6 women were 29 to 35 years old; 9 women, 36 to 39 years old and 7 women belonged to the 41 to 45 age group ( $M = 37.7$  years old;  $SD = 4.6$ ).

Figure 2. Frequency and distribution of the ages of the sample's participants ( $n = 22$ )



The general characteristics of each interviewee as collected by the brief questionnaire are presented in Table 3 on page 82. The eighteen participants who supplied more specific information on their annual incomes are distributed as follows across the four categories considered: \$30K-\$39 999 ( $n = 1$ ); \$40K-\$59 999 ( $n = 8$ ); \$60K-\$79 999 ( $n = 7$ ) and \$80K or higher ( $n = 2$ ). The mother tongue of only two participants was English (Gabrielle and Bernie), reflecting the minority status of Anglophones in Montreal<sup>27</sup>. Most women ( $n = 19$ ) had never married as only three participants (Claude, Vero and Caroline) had had marriages that ended. As to the cultural or geographic origins of the sample, most of the women were Caucasian and from Quebec ( $n = 15$ ). Three additional Caucasian women were expatriates from France and one more was of Tunisian origin. One woman was African American, one, African Canadian (originally from Ontario), and one woman's country of origin was Honduras.

The professions and educational backgrounds represented are varied, with six women holding graduate degrees, including five with a Master's and one, a post-doctorate. Women claimed to work a mean of 45 hours per week ( $SD = 12$  hours; range: 35 to 84 hours), although, if taken for fact, this may be an underestimate as many responded with lower bound values (e.g., 40 plus hours), spoke of having periods of more intensive

<sup>27</sup> Only 13% of those living in the metropolitan area of Montreal in 2006 identify English as their mother tongue (Statistics Canada, 2007c).

work, or gave a wide range of working hours, the lower limits having entered the calculations. Two women pursued a Master's degree (Fanny and Louise) alongside their full-time employment. As to wellbeing, only one woman (of 18) rated herself as less than "good" (Barbara). Those claiming a "very good" level of wellbeing ( $n = 3$ ) created this category themselves, specifying that their wellbeing was better than good yet not quite excellent. At the time of their participation, the women's last couple relationship, however defined, was deemed to have ended an average of 4 and a half years earlier ( $SD = 4$  years, 7 months; range: 1 month to 20 years).



Table 3. A general descriptive profile of the interview sample ( $n = 22$ ).

Code Name	Profession	Last university degree	Ave. weekly hrs of work	Income category	Last couple	Self-rated wellbeing
Gabrielle	High school teacher	Bachelor's (education)	35 hours	\$40K to \$59,999	1 ½ yrs	Excellent
Martine	Coordinator	Bachelor's (administration)	45 hours	\$30K to \$39,999	1 yr	Good
Sophia	Self-employed make-up artist and nanny	Bachelor's (physical education)	45 hours	\$40K to \$59,999	3 yrs	Good
Nathalie	Director of finances and administration	Bachelor's (law)	40 hours	\$60K to \$79,999	10 yrs	Excellent
Claude	University professor	Post-doctorate	70 hours	\$60K to \$79,999	3 yrs	Good
Bernie	Coordinator	Bachelor's (hospitality management)	40 hours	\$40K to \$59,999	1 yr	Good
Catherine	Research and documentation specialist	Bachelor's (communications)	35 hours	\$40K to \$59,999	11 yrs	Good
Sasha	Manager	Bachelor's (administration)	35 hours	\$40K to \$59,999	7 yrs	Good
Veronica	Primary school teacher	Bachelor's (education)	35 hours	\$60K to \$79,999	1 mo.	Excellent
Kym	Publicist	Bachelor's (psychology)	40 hours	\$60 to \$79,999	5 yrs	Excellent
Barbara	Analyst	Master's (international management)	37 hours	\$60 to \$79,999	4 yrs	Passable to good
Amelia	Manager	Bachelor's (science)	40 hours	\$80K or more	4 yrs	Very good
Josie	Coordinator	Master's (social science)	40 hours	\$60 to \$79,999	9 mo.	Very good
Diana	Analyst	Bachelor's (consumption)	35 hours	\$40K to \$59,999	1 yr	Excellent
Cindy	Translator	Bachelor's (finance and accounting)	50 hours	\$80K or more	5 mo.	Good
Mona	Psychologist and CEGEP teacher	Master's (psychology)	55 hours	\$60K to \$79,999	5 ½ yrs	Very good
Caroline	Counselor in integrated systems	Bachelor's (psychology)	45 hours	\$40K to \$59,999	8 yrs	Excellent
Sandy	Self-employed in communications	Master's (communications)	45 hours	\$40K to \$59,999	4 yrs	Good
Fanny	Lawyer	Bachelor's (law)	35 hours	n.a.	6 yrs	n.a.
Jane	Manager	Bachelor's (science)	55 hours	n.a.	6 mo.	n.a.
Louise	Computer scientist	Master's (computer science)	84 hours	n.a.	20 yrs	n.a.
Stephanie	Social worker	Bachelor's (social work)	50 hours	n.a.	3 yrs	n.a.

**ARTICLE 1:**  
**WHOSE ROLES? WHOSE LIFE? EXPLAINING THE HEALTH  
AND WELLBEING OF SINGLE WORKING WOMEN WITHOUT  
CHILDREN IN RESEARCH ARTICLES**

*A condensed version of this paper has been under review by Sociology of Health and  
Illness since April 13, 2011*

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## ABSTRACT

Single working women without children form a notable segment of the female workforce but they are an atypical focus for research about how women's roles affect their health. In light of the critique that single adults are stigmatized in society and science (e.g., DePaulo and Morris, 2005), this paper offers a discourse analysis on how the health or wellbeing of these women is explained in research articles that constitute them as a group. Database searches identified 32 scientific papers published between 1990 and 2010 that met our inclusion criteria. Analyses produced two major themes for explaining the health or wellbeing of this group, interpreting it largely in relation to partners and parents and paid work. An interpretative repertoire entitled "the family as reference" seemed to traverse these themes, setting family life or its combination with paid work as a recurrent reference point or a standard for good health, often embedded in papers' theoretical frameworks centered on the health effects of "multiple roles". Common interpretations of the health or wellbeing of single working women without children appear to offer a relatively limited range of resources for their positive theorization and regularly explain them by default (relative to the coupled or parental state). This context seems favorable to the generation of recognizable subject positions or stereotypes of the single woman (e.g., as lonely, unfulfilled, work-focused, deficient). Some alternative approaches to research with this group are presented.

Keywords: discourse, social roles, employment, family, health, work-life conflict.

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## INTRODUCTION

In health research, it is common to view and investigate women's "changing roles" through the lens of their combining family responsibilities with paid work. It is far less typical to consider changes in the interpersonal landscape and in women's employment opportunities from the perspective of women workers who have no partner or children (Fong and Amatea, 1994; Killien, 2001). We delve into this little explored area in health research on women's roles by looking, through discourse analysis and a critical perspective, at how empirical articles have explained the health and wellbeing of this group over the past two decades.

That single adults are a stigmatized group has been a key theme in social scientific research on the unmarried, much of which has been conducted with women (e.g., Byrne, 2000; Macvarish, 2006; Reynolds and Wetherell, 2003). Some authors have recently asserted that an underlying basis for this stigmatization, labelled the ideology of marriage and the family, has infiltrated health and wellbeing research on singles contributing to their stigmatization (DePaulo and Morris, 2005). Taking these notions into consideration, a focus on discourse and single working women without children seems a useful strategy for not only shedding light on a significant yet little explored segment of the female workforce but assessing the potential operation of normative assumptions about coupled/family life.

### *Background*

A confluence of economic, demographic, and socio-cultural factors have contributed to high levels of singleness and a notable proportion of childless adults in parts of the western world. Whether attributed to delayed transitions into adulthood, individualism, less stable romantic unions, or increased gender equality (Beaujot, 2004), among other factors, the unmarried in Canada became a majority in 2006 (Statistics Canada, 2007). In the U.K., rising singleness has even led to talk of a "Singles Century" (Budgeon, 2008). In the U.S., organizations have sprung up to advocate for singles (e.g., Unmarried America, Single Working Women's Affiliate Network, Alternatives to Marriage Project). As to our interest group, in Canada, the proportion of employed

women who are single (i.e. never-married, widowed, divorced or separated and not living common-law) without children at home was 28% in 2006 (Statistics Canada, 2006). More broadly, it is reported that from 10% to 14% of all household heads are single working women in the U.S., Canada, France, Germany, Sweden, the U.K., Austria and Denmark (Harkness, 2010). In terms of childlessness, across developed European countries or affluent modern societies, rates are summarized at approximately one in five women (Basten 2009; Hakim, 2005). The experience among women workers of being single and without dependents is thus likely to be common, if not recurrent or enduring, and the time appears ripe to gain greater insight into the health and wellbeing of this little explored group.

Attunement to singles' issues has been building within the social sciences (Byrne, 2009). Within this work, single adults are frequently framed as a stigmatized group and qualitative studies with the unmarried, particularly women, has showcased the challenges of managing an identity as a single person (e.g., Budgeon, 2008; Byrne, 2000; Lewis and Moon, 1997; Macvarish, 2006; Reynolds and Wetherell, 2003; Reynolds, Wetherell and Taylor, 2007; Zajicek and Koski, 2003). While singleness, to respondents, carries many boons (e.g., possibilities for self-actualization, personal achievement or fulfillment, independence), individual accounts also suggest it is an experience that, for many, is fraught with ambivalence, self-blame, or barriers to pulling off being happily single, from which even the professionally accomplished are not spared. This discursive context suggests that resources for constructing "untroubled" positive versions of a single self and life may be lacking in western cultures. Indeed, research in the U.S. suggests that people are skeptical about the happiness claims of single people (DePaulo and Morris, 2005) and that single women experience more interpersonal discrimination than married women (Byrne and Carr, 2005). In Canada, we also find that most adult singles themselves believe that their happiness rests on being coupled (86%) and having children (68%; Crompton, 2005). For DePaulo (DePaulo, 2006; DePaulo and Morris, 2005), however, scientists have contributed to the stigmatization of single adults, notably, through exaggerated claims of the benefits of marriage, selective citing of studies, and research agendas that support what she has

called an ideology of marriage and the family which uncritically takes for granted people's coupling, having children and their being better and healthier for it.

Broad characteristics of research into marital status and health, women's employment and health and conflict between paid work and life/family –areas of inquiry relevant to our interest group– point to suggestive gaps in knowledge relative to the single and childless. In epidemiological research, the health of singles is currently being raised as a matter of significance for public health across a number of developed countries (e.g., Cheung, 2000; Ikeda, Iso, Toyoshima et al., 2007; Lui, 2009). Among women, recent research has routinely reported that the unmarried have a health disadvantage relative to the married or otherwise seriously coupled, including the never married, divorced and widowed categories (Cheung, 2000; Ikeda et al., 2007; Liu, 2009; Kaplan and Kronick, 2006; Molloy, Stamatakis, Randall and Hamer, 2009; Murphy, Grundy, and Kalogirou, 2007; Nilsson, Nilsson, Östergren and Berglund, 2005) and trends over the past decades have indicated maintained or widening gaps in health between single women and married women (Liu, 2009; Liu and Umberson, 2008; Murphy et al., 2008). In general, explanations for health in relation to marital status fall within two main concepts, social protection/causation and social/health selection, both of which account for better health in the coupled/married (Merrill and Timmreck, 2006; Wyke and Ford, 1992). In contrast, despite some exceptions, notably from the clinical field (e.g., Schwartzberg, Berliner and Jacob, 1995), what might explain the achievement of good health and wellbeing in single adults, which many, if not most, attain, is less readily theorized or understood (e.g., Anderson and Braito, 1981; Carr, 2008; Lewis and Borders, 1995).

In the study of women's health in relation to employment, women's occupation of "multiple roles" has played a leading part (Artazcos, Borrell, Cortès, Escribà-Agüir and Cascant, 2007; Gjerdingen, McGovern, Bekker, Lundberg and Willemssen, 2000; Klumb and Lampert, 2004), with much attention to employed women's health having focussed on whether combining paid work with spousal/parental roles is harmful to themselves or to their families (Crosby and Jaskar, 1993; Gilbert and Rader, 2001; Killien, 2001; Lewis and Cooper, 1999). Theoretical frameworks guiding this health research has followed suit emphasizing the collection of terms tied to the concepts of "role conflict"

and “role enhancement” relative to the combination of the aforementioned roles. As an apparent result, single working women without children have not been a common object of focus in health research concerned with women’s life roles (Fong and Amatea, 1992).

In yet another overlapping area of research, while sometimes cast as a matter of equity or fairness, there has been some concern about the exclusion of single and childless adults in the organizational and academic debate about the need to make paid work more accommodating towards workers’ personal responsibilities, leading investigators to argue for approaches to this problem that are more inclusive of or sensitive to their needs in the development of related policy as well as in conducting research (Casper, Edy et al., 2007; Casper, Weltman et al., 2007; Chui and Ng, 2001; Cummins, 2005; Hamilton, Gordon and Whelan-Berry, 2006; Ransome, 2007; Young, 1996, 1999). In a recent study, single, childless workers were found to evaluate their workplaces as significantly less egalitarian along family status lines to their detriment (Casper, Weltman et al., 2007). Indeed, some have claimed that common assumptions about what life aspects compete with work (i.e. family), who experiences conflict (i.e. workers with children) (Young, 1996, 1999) as well as what constitutes family (i.e., spouse and children) (Casper, Eby et al., 2007) have contributed to this situation. Research is, however, beginning to accumulate on these populations and questions, finding, for example, that single working women without children experience similar levels of work-life conflict to that of coupled working mothers (Hamilton et al., 2006). Since issues of work-life/family are tied to health (Allen et al., 2000) and are being addressed in health research (e.g., Chandola, Martikainen, Bartley et al., 2004; Roos, Lahelma and Rahkonen, 2006), they will be considered in our sampling of research materials for analysis.

In light of the critique leveled against health research on singles, reports on their stigmatization, their growing numbers and characterizations of their health as a public health matter, it seems of vital importance to be vigilant about how their health and wellbeing are interpreted in research. There is some suggestion that couple/family-favoring ideology has touched the marital status, women’s roles and work-life/family

domains of research such that issues of relevance to the health and wellbeing of singles may be relatively underdeveloped and poorly understood. Single working women without children, since they represent a profile of woman at odds with this ideology and pertinent to these areas of inquiry, seem a good focal point for our discourse analysis.

### *A Discursive View of Health*

Taking a discursive view on the health/wellbeing of single working women without children will allow us to critically analyze its interpretation and discuss its potential implications. Health and wellbeing, in this case, are not treated as “factual” but as something determined by the context of their conceptualization or production. It recognizes as impossible a “single all-purpose definition of health” or wellbeing and highlights that at any one time, there are myriad ways of talking about these elements (Blaxter, 2010, p. 161). As attested to by history (Rosen, 1993), some do gain ascendance and much is at stake in the process since these “theories” of health help determine what are recognized as health problems, how they are dealt with in practice, how care is organized, and what social policies are developed (Blaxter, 2010; Raphael, 2000). Readily available constructions or theories of health are also recognized to have repercussions for how people are able to create their identities (Kickbusch, 2007; Lupton, 1995), which can impact on how they think, feel and talk about themselves (Edley, 2001), ultimately affecting their wellbeing. In addition, such theories can be used to define boundaries between self and other (Kickbusch, 2007; Lupton, 1995). Thus, health can be seen as a site of tensions and power struggles (Cameron, Mathers and Parry, 2008; Eakin, Robertson, Poland, Coburn and Edwards, 1996; Kickbusch, 2007) that play out in discourse<sup>28</sup>.

The predominance of science as a foundation for organizing society (O’Neill and Stirling, 2007) points to its constructions of health/wellbeing as having special bearing on how they are addressed socially or incorporated into identity. Conducting a discourse analysis with scientific health or wellbeing-oriented articles including single working

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<sup>28</sup> To make a link with our background material, for example, we might read arguments for the inclusion of single and/or childless workers in the “work-life conflict” debate as part of a struggle to redefine a health/wellbeing issue that is conventionally constructed as concerning workers with families.



women without children seems important, on the one hand, for gaining insight into what discursive resources or “theories” this work uses to talk about their health. On the other, if we approach health as the site of potential power dynamics, we can raise questions about the interests served by these constructions. In other words, we can ask: “Whose health theories?” (Milburn, 1996). If we are concerned about singles as a stigmatized group as well as by the potential workings of an ideology of coupled/family life, adopting a discursive view of health/wellbeing appears a useful tool.

## **METHODOLOGY**

### ***Sample Constitution***

The sample included only English-language scientific articles reporting on original research that were published in a periodical between 1990 and 2010, inclusively. These papers also met the condition that, in the context of their research, the authors specifically constitute single working women without children as an independent group and report in some direct fashion on their health or wellbeing (i.e. their outcome(s) of interest). This could occur, for instance, in the presentation of empirical descriptive data on the state of their collective health (if only in table form) or by forming this group for purposes of statistical or qualitative analysis. As a means of ensuring a thread of macro level socioeconomic and cultural cohesion within the sample of articles, those employing data from developed countries (defined simply as OECD membership; with the exception of Hong Kong) with high incomes and the highest levels of human and gender-related development were used (United Nations Development Program, 2009; World Bank, 2010).

The search for articles was organized into three waves. Two of these involved querying multiple databases available in a university’s library services (June-July 2010) and a third employed Google Scholar (September 2010). The first two waves involved methodically searching the following databases: 1) Studies of women and gender abstract; 2) Francis, Social services abstracts, Sociological abstracts, Worldwide political science abstracts, and British humanities index; 3) PsychINFO, Ovid medline, EMBASE, and Biological abstracts; and 4) Web of science. The search terms and fields

used (e.g., keyword, title, descriptor, abstract) varied as a function of the databases and interface (i.e. Informaworld, CSA-Illumina, OvidSP, ISI Web of Knowledge). In general, search terms were selected to assure representation of four distinct conceptual domains: 1) women; 2) a single marital status and, occasionally, a childless parental status; 3) paid work, and 4) health or wellbeing. All references of articles derived from the first wave were examined for relevance. At this point, our efforts had located 20 articles. These were then assessed for ways of orienting a subsequent search. Given the prevalence of expressions linked to social roles in the titles and abstracts of these papers (e.g., “multiple roles”, “work and family roles”, “role enhancement”), the second wave became a modified version of the first, adapting search terms from the marital/parental status domain to focus on these instead. Furthermore, the presence of the terms “job”, “work”, “employ” and “professional” or their derivatives in the majority of paper titles came to determine the search strategy for the paid work domain, when possible. The first and second waves produced a total of 28 articles. Few of these, however, focused exclusively on single working women without children (only four). As long quoted expressions can be used to search Google scholar, this database was queried as an added attempt to acquire papers on our population of interest. Ten independent searches, each with a different search expression were conducted (e.g., “single working women”, “single employed women”, “single professional women”, “working women without children”). Up to the first fifty references of the results were examined for relevance. This wave increased the final sample to 32 articles.<sup>29</sup> These are identified by an asterisk in the reference list.

### *Analytical Approach of the Discourse Analysis*

Across its different variants, discourse analysis treats language as an object of interest in its own right. The approach we have selected involves not only critical analysis of its use but consideration of its potential to reflect and reproduce dominant ideologies or belief systems in discourses, simply defined as patterned systems of texts and talk located in social structure (Lupton, 1992). Hence, discourse analysis here has two main dimensions, one textual, the other, contextual (Lupton, 1992). The degree to which

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<sup>29</sup> A full and detailed accounting of the creation of this sample is available upon request from the first author.

“micro” linguistic features (e.g., syntax, oral pauses) form a part of the textual domain of interest to investigators varies and, for some, as in our case, more “macro” aspects such as themes and topics take centre stage. The second dimension, for its part, emphasizes these elements as occurring in a social, cultural or political context, a perspective which allows for interpretation of the hidden meanings of texts or talk and of the power relations embedded within them (Lupton, 1992).

The methodology and guiding concepts we will employ are borrowed from critical discursive social psychology (Potter and Wetherell, 1987). This approach’s stated analytical aims mirror well the two dimensions of discourse analysis: 1) search for and describe patterns in text or talk (i.e. variability and regularity), and 2) theorize the functions and effects of language based on linguistic observations (Potter and Wetherell, 1987). Key concerns of the latter objective are identifying processes of normalization or naturalization in text or talk (e.g., what is taken for granted, assumed), and reflecting on the beneficiaries of different discursive formulations (Edley, 2001). How one goes about this is less of a method and more of a craft skill requiring “the development of an analytic mentality which is sensitive to a range of features of discourse” (Potter, 1998, p. 239), intimate familiarity with the research materials, and maintaining a perpetually inquisitive attitude towards them, enabled by constantly asking: “why this particular discursive formulation at this specific point in the text?” (Wetherell, 1998).

The concepts of “interpretative repertoire” and “subject position,” both theorized to be built in part on ideologies, help to guide these analytical activities. The former can be described as historically generated linguistic resources that draw on a society’s or community’s common sense to form the building blocks of conversation (Edley, 2001). They are also referred to as “broadly discernable clusters of terms, descriptions, common-places [...] and figures of speech often clustered around metaphors or vivid images and often using distinct grammatical constructions and styles” (Potter, Wetherell, Gill and Edwards, 1990, p. 212). Likened on some levels to “Foucauldian” discourses, interpretative repertoires can be viewed as more fragmented, less monolithic, and as placing greater emphasis on human agency in the deployment of

language (Edley, 2001). The second concept, the subject position, is a location in conversation or text or an identity that is emphasized by ways of talking or writing (Edley, 2001).

Analyses especially focused on how researchers interpreted or explained their results on health or wellbeing concerning single working women without children. From an initial working document compiling citations from the body of each article that were judged relevant to the health/wellbeing of this group, thematic tables were created with material limited to the results, discussion and conclusion sections where such interpretations are concentrated. We then focused on those citations that directly mentioned our group in the course of interpreting the results. Analyses based on these tables form the backbone of our account of how the health of single working women without children is constructed in the sample of articles.

Four studies did not make explicit mention of our interest group in their results or discussion/conclusion where we collected citations for the thematic analysis (Chandola et al., 2004; Roos et al., 2006; Sogaard, Kritz-Silverstein and Wingard, 1994; Winter et al., 2006). In all, 21 studies contributed material to this thematic analysis (either 65.6% of the total sample or 75.0% of those specifically mentioning our group in the sections from which we collected citations). Following this thematic analysis, we will draw attention to a potentially pervasive interpretative repertoire and touch on some related subject positions.

## **RESULTS**

### ***Characteristics of the Sample***

The features of the final sample point to diversity while reflecting the inclusion criteria. Overall, countries where English predominates as a native language, followed by Scandinavia, other parts of Europe, and finally, Eastern Asia, were represented in the article samples. A majority of papers drew only on samples that were all-female (21/32 or 65.6%) or composed of employed individuals (17/32 or 53.1%). Papers using only a sample of our interest group, single working women without children, were rare

(Dalton, 1992; Lewis and Borders, 1995; Yeung and Tang, 2001), illustrating that the focus of research with this group is typically comparative relative to individuals with other social role configurations.

The health or wellbeing issues addressed in the papers were quite varied, although mental health was a dominant theme. About a third of studies ( $n = 12$ ) considered it in one form or another in its analyses (e.g., psychological distress, psychiatric disorder, depression). It was followed by measures of self-assessed general health ( $n = 6$ ) and indicators of (paid) work and family/life-related conflict, strain, stress or coping ( $n = 5$ ). Three studies each examined heavy drinking of alcohol and life satisfaction. Other health issues addressed include stress, fatigue, chronic conditions, sickness-related absence from work, and health-related behaviors.

Results on the health/wellbeing of our interest group<sup>30</sup> relative to working women with partner and parental roles were generally mixed. For example, in mental health, self-rated health, and chronic conditions, as compared with coupled working mothers, single working women without children are found to be both similar (Bartley, Sacker, Firth and Fitzpatrick, 1999; Elstad, 1996; Janzen and Muhajarine, 2003; Khlal et al. 2000; Matud, Hernandez and Marrero, 2002; Roos, Burstrom, Saastamoinen and Lahelma, 2005; Zuzanek, Robinson and Iwasaki, 1998) and disadvantaged (Brough and Kelling, 2002; Fong and Amatea, 1992; Janzen and Muhajarine, 2003; Roos et al., 2005; Winter, Roos, Rahkonen, Martikainen and Lahelma, 2006). Hence, interpretations of the health/wellbeing of our interest group in this sample, collectively, deal with variable statistical findings in their regard.

### ***Explaining the Health and Wellbeing of Single Working Women without Children***

Based on our analyses, passages in which single working women without children are explicitly referred to point to their health being constructed in two central and non-

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<sup>30</sup> The research studies did not provide the proportion of single working women who are *de facto* childless, as in never having had a biological or adoptive child. Parental status was usually determined in relation to the care of children (not teenagers) or whether one had a child at home.

mutually exclusive ways: in relation to people who are coupled and/or parents or features of occupying the roles or statuses of parent and/or spouse/partner, and in relation to paid work. Authors could bring several of these together in their accounts. Each one will be illustrated with citations in which the expression representing single working women without children, however it may be labeled by authors, will appear in bold.

### *Partners and parents*

This broad theme was by far the largest, containing material from 17 studies. Five sub-components were discerned, indicating recurrent dimensions along which the health or wellbeing of single working women without children was interpreted within this theme. They are: (a) the benefits of multiple roles: enhancement, expansion and accumulation; (b) challenges of multiple roles: strain, conflict and overload; (c) health selection; (d) buffering and protection; and (e) societal expectations of women to partner and bear children.

The first and second sub-themes (i.e. benefits and challenges) represent two sides of a similar theoretical coin focused on explaining the health or wellbeing effects of holding several social roles or “multiple roles”. One perspective forecasts an overall positive impact, the other, less favourable outcomes. A majority of studies in our sample (22/32) drew to varying degrees on either one or both of these theoretical stances or, less frequently, on the concept of “work-family conflict”. In this first excerpt exemplifying the benefits sub-theme, a succinct account of these popular theoretical approaches is presented. In italics are common expressions associated with it –what we might call a “multiple roles framework”.

“Several contrasting views are evident in the health literature concerning the association between *multiple roles* and women’s well-being (Waldron & Jacobs, 1989). One such view proposes that women’s multiple role experiences likely result in *role overload* and *role conflict*, contributing to poorer physical and mental health. A second perspective focuses on the potential benefits of multiple roles, serving to *enhance* women’s physical and mental health. Barnett and Hyde (2001), for example, have recently proposed eight social, psychological and/or economic processes through which multiple role occupancy can be advantageous to wellbeing. The findings of the present study support, in

part, the *role enhancement* perspective: women occupying three roles simultaneously reported better self-rated health status, along with a lower likelihood of a chronic illness diagnosis, when compared with **women occupying a single role**<sup>31</sup> or two roles simultaneously” (Janzen and Muhajarine, 2003, Discussion, p. 1498, footnote and italics added).

Here, as in the other material forming this sub-theme, the health or wellbeing of single working women without children is explained or qualified in relation to the state of holding more social roles which comes with stated or implied advantages. A common assumption underlying such claims and apparent in this citation is that this group occupies but one social role or one “major role” (i.e. “women occupying a single role”), their paid work. While in principle, the above framework could be applied to the study of innumerable combinations of social roles, the conceptualization or operationalization of multiple roles in the studies reviewed, to quote one of them, most often “refers to a life situation where a person has several of the following roles: spouse, parent and employee,” (Martikainen, 1995, p. 199), and is sometimes limited to the occupation of all three. Therefore, with few exceptions, the explicit or implicit designation of multiple-role status in study participants or recognition of several roles in a group requires the presence of family roles (i.e. partner, parent). Indeed only two studies (Hamilton et al., 2006; Marlow, 1993) state that single working women without children have “multiple roles.” In the case of Marlow (1993), these roles are limited to the paid work and domestic spheres (i.e. “household chores”), but in Hamilton et al. (2006), they are varied and include “family member (e.g. daughter, granddaughter, sister, aunt), volunteer, religious worshiper, and adult citizen” (p. 297). Nevertheless, the latter authors also draw on the language particular to the benefits of multiple roles sub-theme to interpret their findings, evoking the unique contribution of family roles to wellbeing.

“...as employees **they** [i.e. never-married women without children] cope with a similar amount of *conflict* and stress related to work-life balance [to that of married women without children and married women with children], but do not experience the same degree of personal *enhancement* from their various work and life roles and responsibilities” (Hamilton et al., 2006, Discussion, p. 409, italics added).

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<sup>31</sup> This was a “paid worker only” group (Janzen and Muhajarine, 2003, p. 1495).

Typically, then, the benefits of multiple roles perspective and its usual operationalization, strictly speaking, implies that unless single working women without children take on a partner role or otherwise build a family of creation, the specific and inherent advantages of multiple roles will remain out of reach. Furthermore, it sets multiple roles and its resultant benefits and requirement of family roles as a yardstick for the health or wellbeing of single working women without children.

One apparent potential effect of drawing on family roles as a criterion for health or wellbeing is the normalization of poorer health/wellbeing among single working women without children. Hence, we find, for example: "...for **single women**, the only significant disadvantage [relative to married working women with children] concerns reports of 'discomfort, handicap' in daily life [...] and *inevitably*, feelings of loneliness" (Khlat et al., 2000, Discussion, p. 1823, italics added). While the health differential between these groups is certainly tempered with the adverb "only", it is clearly taken for granted that single working women without children should be lonely. Furthermore, these women, as workers, minimally have contacts with a workplace, yet it remains possible to cast them as socially isolated in interpreting their health in relation to the above findings: "...more importantly, social isolation itself may have detrimental effects on health in the long run" (Khlat et al., 2000, Discussion, p. 1823). This implied interdependence between family roles and a healthy social life, seen in other citations, can displace recognition of the effects of any relationships or other aspects in the lives of single working women without children. What is more, it is as if they have few, if any, relationships. This is a recurring element to which we later return.

In the challenges of multiple roles sub-theme, accounts unfold similarly, with plural roles as the reference. Presuming the absence of additional roles, our group's better health is interpreted as support for the role strain of other women.

"Consistent with the conceptualization of the *role strain* theory, we did find variations in the overall rate of any disorder to be associated with certain role combinations. First, **single, employed women** were found to have a relatively low rate of any psychiatric disorder as well as a lower rate of "female gender-specific" disorders" (Sachs-Ericsson and Ciarlo, 2000, Discussion, p. 623, italics added).



Authors could also reject both perspectives of the multiple roles framework in their interpretation of our interest group's health/wellbeing, as in Gmel, Bloomfield, Ahlström, Choquet and Lecompte (2000; see below). Constant across these accounts, however, is the multiple role state as the reference informing these interpretations.

“In Germany, for example, **single working women without children** and single working women with children had the highest rates of heavy drinking among all the combinations. Thus, marital status is protective, but there is no evidence to support either the role accumulation theory (working women with children would drink less than working women without children) or the role overload theory (single working mothers with children would drink more than single working mothers without children [sic])”. (p. 260).

Showing overlap with the benefits aspect of the multiple roles framework is the buffering and protection sub-theme which portrays one or many family roles as essentially shielding from negative health outcomes or environmental forces detrimental to wellbeing (see also the previous citation). In this illustrative excerpt, we find some of the more lengthy elaboration on the specific advantages of family roles that can accompany accounts of the health /wellbeing of single working women without children within this theme.

“Taken together, our results failed to demonstrate that fulltime working nurses with domestic and dependent responsibilities are more ‘at risk’ of low recovery from acute work fatigue between shifts, and consequently developing maladaptive fatigue symptomology, compared with **unpartnered nurses without dependents**. In contrast, our results suggest that being part of a family has potential benefits in moderating work strain in nursing. Overall, the value of being part of a family in *buffering* the evolution of work strain into maladaptive chronic fatigue would appear to outweigh its (undoubted) additional demands. The observation that partnered/with dependents nurses also reported better recovery between shifts suggests a possible mechanism behind such a process. Family (including its many responsibilities) could be argued to constitute a prime purpose in ‘working to live’. The daily observation of this purpose being enacted within a family setting may provide essential meaning and personal fulfillment [...] which is less readily available to **nurses without partners or dependents** [...]. The value of family could be argued to constitute an important part of the personal resources through which individual nurses may restore vital motivation and enjoy emotional support outside the work environment which is sustaining

within their work environment” (Winwood, Winefield and Lushington, 2006, Discussion, p. 445-446).

This passage contains the familiar juxtaposition of opposing theoretical tenets –one view emphasizing the potential negative (i.e. strain) and one the positive health or wellbeing effects (i.e. buffering) of social roles– reminiscent of the multiple roles framework. In possible explanation of the health/wellbeing differential reported, it is suggested that single working women without children may be less fulfilled or lead a less meaningful existence than women with dependents and domestic duties. This notion of family roles (in combination with paid work) bringing a fullness to life or a higher level of being can be traced in other sample papers. For example, Fokkema (2002) writes: “People who combine both these roles [a job and childcare] are able to develop their talents to the *full*, which is an enriching experience” (p. 742, italics added). It is also implied in Khlaf et al. (2000): “Within the role analysis framework, contrasting hypotheses have been put forward [...] there seems to be convincing evidence to date that women with a *‘full’* life are in better health” (p. 1808, italics added). From such perspectives, as well as that of the benefits of multiple roles, the lives of working women without partner or parental roles, are cast as comparatively impoverished and undiversified –as “less” than those with families.

In the above citation, it is also conveyed that single working women without children are “not part of a family”, repeatedly implied under this theme and in other parts of the articles. For example, Yeung and Tang (2001) state: “The present study focuses on Chinese single working women in Hong Kong who were chosen as the target sample in order to explore the full impact of job characteristics without the buffering effect of the family role” (p. 99). This follows in the tendency towards interpreting the health/wellbeing of our interest group in ways that de-emphasize or discount the role of their interpersonal lives (beyond their singleness and lack of children). Family’s regular equation with partners and dependents means little elaboration occurs on their family experiences.

Finally, in the Winwood et al. (2006) excerpt, women who are “partnered/with dependents” are also presented as having an edge relative to single working women

without children on “working to live”, cast positively, where paid work would serve as a means to an end located beyond it. This expression evokes its contrary, “living to work” (e.g., Sturges and Guest, 2004), a presumably less desirable state, which foreshadows some interpretations of the health/wellbeing of single working women in the paid work theme.

For its part, health selection refers generally to the idea that healthier people are more likely to come to exercise social roles, in this case, the partner or parent roles. This sub-theme will be exemplified in the next section on paid work. As to societal expectations of women, the last sub-theme, these offer an explanation of the health or wellbeing of single working women without children in terms of the impacts of not conforming to the roles of wife or mother.

“Because we found so few differences among the women with respect to the factors suggested by the literature, such as career commitment and personal stress resources, we are, in a sense, left wondering what are the factors that are relevant in the stress levels of **single, professional women**. Cargan and Melko (1982) suggested that in this society, which still views marriage and motherhood as the female norm, the single, childless life-style creates continual social and psychological dissonance (i.e., stress) for single women “(Fong and Amatea, 1992, Discussion, p. 28).

In sum, directly broaching the health/wellbeing of single working women without children in terms of partners and parents generally defines or explains it by default: by what this group does not possess or who they are not (i.e. partners, parents and what comes from occupying these roles). By dint of the theoretical concepts and notions drawn on and their application in this sample of articles (e.g., protection, selection, enhancement, strain, societal expectations), coupling and parenthood as well as their purported advantages and disadvantages act as the reference points for health/wellbeing and constitute the resources through which it can be explained in our group. In following, results on this group were regularly used as a platform for discussing the health/wellbeing and characteristics of working women with recognized family roles (or “multiple roles”) or the performance of the multiple roles framework in the authors’ analyses. This emphasis on the theorized particularities of occupying work and family roles can have the effect of providing little direct elaboration on what aspects *in the*

lives of this group may bear on their health or wellbeing (e.g., their significant relationships, sources of “meaning and personal fulfillment”, ties to family). In addition, the concepts and theoretical material under this most prevalent of themes, as used, offer little means to positively account for the health/wellbeing of single working women without children. These appear limited to the avoidance of negative effects associated with maintaining several social roles (e.g., role strain). While they may be rarely portrayed as occupying multiple roles, no study reviewed presented them as accessing its enhancing effects on health/wellbeing. Conversely, more choices are available for interpreting their ill health –a lack of selection into marriage and parenthood, a lack of buffering and protection from family roles, and a lack of multiple roles. One dimension present within the lives of single working women without children has recurrently served to interpret their health or wellbeing. This is the role of paid work.

#### *Paid work*

Paid work is the second most prevalent theme, encompassing content from 8 studies. It also contains a number of recognizable sub-themes that partially parallel those covered in the previous one. Health selection and protective effects are also found to be dimensions along which the health/wellbeing of single working women without children is explained. The importance of work, whether personal or societal, constitutes a third, and its most developed sub-theme with 6 contributing studies. Finally, we have the conditions of paid work.

In this next citation are examples of the protectiveness and importance of work sub-themes. Here, the importance of work, and “success” in its regard, are cast as potentially responsible for the protective effect of employment against the “usual” and therefore normalized “negative health effect” of being “previously married and/or childless”. The author’s distinction between “a negative health effect”, implying a causal link between these conditions and health, and their being “‘negative’ statuses”, and, thus, inherently bad, is notable. Hence, while the “negative effects disappear” with full-time employment, women continue to “have these ‘negative’ statuses”. In any case, the emphasis on negativity establishes being childless and previously married as undesirable states that employment can protect from.

“The analysis of *multiple roles* reveals only small interaction effects of combinations of specific marital, parental and employment statuses. An exception is the emerging tendency of a *protective* effect of paid employment. Although there usually is a negative health effect associated with being **previously married and/or childless**, data from the late 80s show that these negative effects disappear when **women who have these ‘negative’ statuses are also full-time employed**. [...] this may be an indication that paid employment has acquired a *more important* part in women’s lives: when they ‘succeed’ as regards this aspect, marital break-ups or having no children are not associated with deteriorated health in the same way as some twenty years earlier” (Elstad, 1996, Discussion, p. 86, italics added).

In the next excerpt, we revisit terms associated with the multiple roles framework as well as the importance of work sub-theme. Added to these is an example of applying the health selection sub-theme, in this case, as it relates to marital status. In contrast with the previous citation, the increased importance of work is not portrayed as occurring within all women but only among those who fit our interest group’s characteristics. It is drawn on to interpret the finding that single (never married) women without children have a lower probability of sickness absence from work. In so doing, role overload or conflict in groups with family roles as well as positive health selection in single working women without children, as potential explanations, are discredited. For the author, since this group is “never married”, they “should be negatively [...] selected” in terms of health. Hence, rather than favor a conclusion that single working women without children have better health, which accounts for their low probability of absence, the author offers as “more likely” that they are more committed to work. Again, despite indications of better or similar health in this group in research, as in the previous citation, they are linked with an underlying normative health disadvantage.

“...the absence of children among the **single never married** is associated with a particularly low [sickness] absence probability. One interpretation of this is that any sort of family role (spouse, cohabitant or mother) is associated with a somewhat higher probability of absence. [...] To some extent, this seems consistent with a *role overload* or *role conflict* hypothesis. A slightly different interpretation is that the work role may become *especially important* for a woman who is neither spouse, cohabitant nor mother, and this may reduce her probability of absence. [...] *Health related selection* does not seem to provide a very convincing account of the differences among the marital/cohabiting status categories. To judge from the literature on marriage selection, the

never married should be a negatively rather than positively *selected* group (Goldman, 1993). It seems more likely that never married childless women are positively selected in terms of *work commitment*” (Mastekaasa, 2000, Discussion, p. 1840, italics added).

In the next passage, an added example of the benefits of multiple roles sub-theme (e.g., “role-expansion”), the importance of paid work is used to explain a finding of a health disadvantage in single working women without children. Here, the authors indirectly suggest that this group is more “invested” in work.

“...changes in job-role quality have a much greater impact on the mental health of **women without family roles**. These findings are consistent with the *role-expansion* perspective. Women with family roles have several potential sources of such rewards as challenge, helping others, and decision authority, whereas **women without family roles** must find these rewards at work or suffer the consequences. Alternatively, women with family roles may be *less invested in their jobs* and, therefore, more immune to the effects of changes in job-role quality” (Barnett, Marshall and Singer, 1992, Discussion, p. 642, italics added).

The attributed importance of work for the health of single working women without children, however, is most markedly conveyed when the authors discuss where it is that this group “must” find “rewards” in order to not “suffer the consequences”. It is only “at work” and thus conveyed that no other parts of their lives contain sources of “challenge, helping others, and decision authority” that are beneficial to their mental health. As such, the social lives of single working women without children, again, are presented as limited and those of workers with families, as having *naturally* occurring and plentiful benefits.

A similar but more extreme take on the personal lives of single working women without children appears in the next citation. The importance of work also takes on new heights here, and an example of the conditions of work sub-theme is weaved in, in this case, organizational elements contributing to our group taking on more work. To situate this citation better, on the various measures of work-life conflict, single working women without children were found, on average, to experience such conflict “sometimes,” “rarely,” as “neutral” or “neither easy nor difficult.”

“For **never-married women without children**, work-to-life conflict appeared to be more pervasive than life-to-work conflict. Two factors may explain this result. First, as discussed in the literature review, **never-married women without children** are often viewed as prime candidates for extra projects and for staying late or working weekends (Anderson et al., 1994; Wilson, 2004). Second, never-married women without children often *allow work to completely consume* them (Anderson et al., 1994) and therefore risk getting caught in a self-reinforcing cycle where they *devote so much time and energy to the work role* that they have few remaining resources for outside interests or individuals” (Hamilton et al., 2006, p. 408; italics added).

In the textual content building the theme of paid work, overall, we find some positive concepts for interpreting the health/wellbeing of single working women without children. These are the protective effects of employment and health selection into paid work also known as the “healthy worker effect” (Martikainen, 1995) as well as the importance of work. In practice, these sub-themes could be put to varying uses, whereby according more importance to work might also be interpreted as a source of vulnerability, for example. Echoes of the “sole role” assumption of their lives (i.e. their having but one role or one “major” one) are also apparent in this theme. This includes instances where the personal lives of single working women without children are constructed as constrained as well as cases where work is cast as having especial importance for them (see for example, the last citation).

#### ***A Repertoire and Some Positions: the Family as Reference***

Present within each of the two themes appears to be an interpretative repertoire, or a repository of discursive resources, which we label “The family as reference”. This repertoire emphasizes the referential or normative quality of family life (couplehood, parenthood) as well its theoretical and linguistic alignment with potentially superior health or wellbeing (e.g., enhancement, accumulation, expansion, selection, protection). The dominance of the partners and parents theme for interpreting single working women’s health/wellbeing is consistent with this and we might consider one of the principle metaphors of this repertoire to be that of “multiple roles”. Indeed, this repertoire might contribute to explaining how it is determined which social roles count and are thus counted, for example, when deciding on multiple role status.

It may also explain why typical interpretations of the health/wellbeing of single working women without children appear generally quite limited. Taken together, the concepts and theoretical elements most drawn upon across studies in the material analyzed largely limit the attribution of positive qualities favourable to the health/wellbeing of our group (among those factors *in* their lives) to those emanating or derived from their worker status (e.g., health selection, protection, the importance of work) and through the avoidance of family roles and hence, of strain, conflict, etc. There are many more resources for explaining poor health/wellbeing in our group: non-selection into marriage and parenthood, a lack of the advantages of these roles and the importance of work. Furthermore, under the multiple roles framework and its typical applications, they are attributed one role (paid worker). Family, as a reference, can thus be seen to provide a ready answer to interpretations of our interest group's health/wellbeing, which may necessitate little elaboration beyond it and can have the effect of normalizing their poorer health. Downplaying the value of our group's social relationships fits with this scenario. There were numerous cases where being without a partner/children took on the hues of being without a (social) "life". Family, as a reference, also implicitly gears the best solution for the poorer health/wellbeing of single working women without children to adopting family roles.

The repertoire might also partly explain the various subject positions evoked when writing about this group. These include identities of the single woman as lonely and alone, unfulfilled and work-centred, all recognizable cultural stereotypes. For example, consider some of the title chapters in DePaulo (2006) dedicated to myths about singles: "You are miserable and lonely", "too bad you're incomplete" and "Your work won't love you back" (p. vii-viii). Investigators' interpretations, as analysed in our sample of articles, do appear to overlap with cultural constructions of singleness depicted in social scientific literature. Furthermore, the equivocal, doubting, or ambivalent stance of some researchers towards the relative good health of single working women without children recalls qualitative accounts of single women on their singleness.



In sum, the most common resources for directly broaching the health/wellbeing of single working women without children appear constrained, overly reliant on family status, and unfavourable to interpreting it on its own terms. “The family as reference” interpretative repertoire can generally be seen to shape who are treated as the protagonists among research participants (e.g. whose health/wellbeing receives the most detailing across studies), in whose favour the theoretical frameworks and concepts are stacked, and how health or wellbeing and their issues are constructed. Our analyses based on our sample of articles suggest that these favour workers with families.

## DISCUSSION

In light of recent currents in the research literature and demographic data on singles that suggest they may be underserved by current research practices and health-related policies, this study explored this possibility by looking at how single working women without children are constructed in health and wellbeing studies. We analyzed the discourse of a sample of scientific articles constituting this group in their research. Based on citations from the results and discussion sections which directly interpreted this group’s health or wellbeing, we identified two main themes that researchers could interweave and use to explain their health/wellbeing: partners and parents, and paid work. Evidenced within these themes, we proposed, was an interpretative repertoire termed the family as reference. The explanatory value of this repertoire, in part, lies in its ability to account for our group’s health or wellbeing being regularly defined by default (relative to partner and parent roles), the limited resources for positively theorizing them, and the deficit-based subject positions this seemed to make available.

The notion that assumptions about the normative quality of family life shape investigations or social issues is not new. Staying close to home, in the work-family field, Lee-Gosselin (2005) has proposed that the valuation of family and paid work as essential to society explains the selective integration and accentuation of their respective social roles in the debate, not to mention their relative positioning within it<sup>32</sup>. Decades ago, Anderson and Braito (1981) noting that no theoretical model on the

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<sup>32</sup> Note, for example, that it is the “work-life” debate and not the life-work debate (Lee-Gosselin, 2005).

mental health of the never married allowed for the “selection of people into singlehood as a positive life choice” (p. 119), suggested we move away from the normative evaluation of marriage. More recently within the discipline, DePaulo and Morris (2005), as mentioned, have attributed “singlism” (discrimination against unmarried people) in science to the ideology of marriage and the family.

Other elements may, however, be at play. Some interpretations of the health/wellbeing of single working women without children, by drawing on family roles, could be oriented towards challenging aspects of gender ideology, notably, societal beliefs that could legitimate gender inequality (Kroska, 2006). Much early health research in the area of women’s paid work and health was premised on concern that the addition of employment to women’s family roles would be harmful to them and to their families (Lewis and Cooper 1999; Gilbert and Rader, 2001; Killien, 2001). Since, adopting a revisionist (a.k.a “expansionist” or “enhancement”) perspective on multiple roles, at least within feminist psychology, has gained favor (Febraro, 2003). Its position that “multiple roles are, in general, beneficial for both women and men” (Barnett and Hyde, 2001, 784), claims Febraro (2003), offers resistance to “conservative ideology regarding the dangers of multiple roles for women and their families” (p. 211) and provides a basis for arguing for the full and equal integration of women in the workplace.

Similarly, investigation of work-family or role conflict (a focus of several studies included in our sample) addresses difficulties in perhaps an otherwise ultimately beneficial arrangement of roles, and can legitimate the development of related governmental and organizational policies and structural changes. These lines of action and investigation respond to the observation that a significant proportion of the workforce is affected specifically by conflict between their employment and familial responsibilities (e.g., over 30% have high work-to-family conflict in Duxbury and Higgins, 2001; MacInnes, 2006).

Single working women without children and other workers without families of creation stand to benefit from these activities. Family-oriented policies are likely to have

relevance for those who foresee adopting or reentering parental or spousal roles and for workers faced with caring for an ill or older family member (e.g., Chui and Ng, 2001). In addition, we might see reflection on work-family conflict, the earlier concept tied to women's larger infiltration into the workplace in the latter part of the 20<sup>th</sup> century, as having made possible discussions concerning the personal lives of workers without families of creation. There is room, however, for advancing constructions in health/wellbeing research of working women who are not partnered or parenting that are more reflexive about the stigmatization of singles and its ideological bases.

Pursuing this withing the framework of multiple roles may require revisiting the apparent narrowing of its concepts from their original articulation in the works of several contributors to role theory which are cited in our sample of articles. It was the belief of Goode (1960), for example, that everyone had a system of multiple roles. If we strip multiple role status of its habitual equation with paid work and family roles (or, in some cases, exclusively family roles), while retaining its theoretical association with good health/wellbeing, the question for our group of interest then becomes: "What combination (s) of social roles are salutogenic for them?" Research possibilities open up as well as opportunities to offer additional positive theorizations of this group. Goode (1960) also advanced that conflict between roles was inevitable for all, although Marks (1977) suggested that it was not naturally occurring but culturally patterned (e.g., in groups, sexes, societies, classes) and linked especially to cultures that favor a hierarchical organization of roles and activities: over-commitment in more highly valenced roles (e.g., paid work) and under-commitment in others. Reviving such notions creates space for examining its dynamics among single working women without children and those conflicts that can negatively impact their health and wellbeing. A basis is also established for exploring the potential roles they can possess (e.g., volunteer, athlete, student, friend, daughter) that are most relevant to their lives and wellbeing. It could also liberate from looking mainly to features of roles that they do not have (parent, spouse) for explanation. Such suggestions follow Anderson and Braito's (1981) recommendations of many years ago. As there is much overlap in health between married and single individuals, they claim "what needs to be identified are

characteristics of particular statuses [e.g., single, married] that are relevant to” health (p. 119). Two studies in our sample markedly went in this direction (Dalton, 1992; Lewis and Borders, 1995) and were based on all-single working women without children samples, producing complex accounts of their wellbeing, and directly challenging the normativeness or necessity of marriage/couplehood for women.

Examining the family roles in which this group are not engaging may be interesting, not as references for their health/wellbeing, but in terms of how aspirations and estimated ability to occupy them are tied to the social context (e.g., workplace culture; Ransome, 2007), and how these elements are linked to health/wellbeing. Returning again to early theory on social roles, decisions about not entering role relationships were part of Goode’s (1960) theorizations of role strain and recognized as a means of reducing it (i.e. “role refusal”) and may be useful in this regard. This may help broaden our understanding of conflict between roles and its potential health costs.

To pursue these orientations, however, we may need to achieve even greater distance from functionalist understandings based on specialized and complementary gender roles at the origins of theorization on women’s social roles (Barnett and Hyde, 2001). Only then might we be able to develop additional “role models” for working women’s health or wellbeing. Gilbert and Rader (2001) have stated that “central to visions of women’s adult roles are discourses about what it means to be a woman or a man –what is thinkable, what is possible, and what is doable” (p. 156). We would add what is deemed healthy. Fostering a more reflexive stance in health and wellbeing-oriented research on women’s roles towards normative assumptions about partner/family status and their potential to stigmatize those without a family of creation may be a good place to start.

## **ACKNOWLEDGEMENTS**

This paper is part of the doctoral research project of the first author, supervised by Professors Frohlich and Descarries. It was also made possible with funding from the Social Sciences and Humanities Research Council of Canada (Standard Research Grant, #410-2005-1537, and a Canada Graduate Scholarship, #767-2005-0276). Special thanks are extended to Jocelyne Thériault for comments on an earlier draft of this manuscript.

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**ARTICLE 2:**  
**SINGLE, CHILDLESS WORKING WOMEN'S DISCURSIVE  
CONSTRUCTION OF WELLBEING: ON BALANCE, BEING  
DYNAMIC AND TENSIONS BETWEEN THEM**

*Article submitted September 30, 2009 to the journal Work: A Journal of Prevention,  
Assessment, and Rehabilitation and accepted January 31, 2010*

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## ABSTRACT

**Objective.** Single, childless working women (SCWW) are a notable proportion of the female workforce. The budding research on this population suggests that they have issues of wellbeing that may be tied to specific needs of both their workplaces and their personal lives, and hence, distinct work-life dynamics that require attention. This study explores how SCWW construct their wellbeing.

**Participants.** The sample was composed of 22 SCWW aged 29 to 45.

**Methods.** A discourse analysis of the transcripts of semi-structured interviews with these women was performed.

**Results.** Most women drew on an interpretative repertoire of “wellbeing as balance” (e.g., diversification and reasonable dosing of life’s dimensions). It was associated with a recurrent subject position we have termed “the dynamic woman” which transfused talk of the activities in her life with intensity. Here, work becomes a “passion” and a source of appreciated challenges. However, a dilemma could arise from these constructions for positioning oneself in relation to the cadence of one’s active life or rather, in articulating an unambiguous claim to balance. Balance/dosing and dynamicity/passion can be uneasy bedfellows.

**Conclusions.** Our analyses raise questions about possible counter[balancing] discourses and further argue the relevance of work-life issues for SCWW.

**Keywords:** work-life balance, marital status, wellbeing, passion, busyness, discourse.

## 1. Introduction

Since the 1990s, scholarly publications attuned to the interests of single workers without dependent children have begun to accumulate within the expansive work-life field and that concerned with the link between social roles and wellbeing. From an initial concentration on the health, familial, organizational and societal implications of workers, particularly women, combining family roles (parental, spousal, elder care) with the demands of paid work, more appropriately termed “work-family,” the discussion has since expanded to admit this socio-demographic group.

Collectively, these few written works can be seen to focus on two broad overlapping themes: the equity of current work-life policy and the limitations of common methodological approaches for understanding the wellbeing of single, childless workers, if not, for taking a wider perspective on workers’ needs in general. More explicitly, in response to organizational efforts to be more accommodating to workers’ personal commitments, research and deliberation have honed in on the fairness of resultant workplace policies, both formal and informal, for single and/or childless workers [10, 11, 12, 20, 41, 42]. In turn, the orientation of the methodological critique has accentuated the need to adapt or develop concepts, measures, theoretical frameworks and research designs to investigate workers without conventional family roles, a generally overlooked group. This task has begun [10, 17, 21, 28] and a modest amount of empirical data on single, childless workers has thus emerged. Yet, the nascent nature of scientific attention to this population means much remains to be learned. Our study follows from the above areas of concern offering a qualitative analysis of how single, childless working women themselves construct wellbeing. A heavy reliance on notions of balance in our sample signaled an opportunity to examine how work-life discourse may be drawn on by this group. Before elaborating any further, each of the above themes will be presented, highlighting how this study intends to contribute to this area of inquiry. Demographic observations are covered first.

### 1.1 Single, childless workers as an emerging demographic

Several authors have underscored a disconnection between the socio-demographic composition of the workforce and the working populations of interest to work-life researchers [e.g., 20, 42]. While they remain a rather marginal consideration

in work-life studies [e.g., 9], single, childless workers represent a sizeable segment of the workforce. In Canada, where the present study was conducted, over a third (37%) of the employed were neither married nor living common-law and over half (55%) did not have a child at home in 2006 [36].

The presence of single, childless workers can be contextualized within widespread social shifts in previous decades, including the rise to majority of singles in the population, an aging workforce, delayed, less linear and less standardized life transitions (e.g., leaving home, completing education, childbearing) [3], a low fertility rate, and less stable intimate relationships. Single, childless professional women, specifically, have lately been heralded as a new global demographic tied to the widespread diffusion of individualism, women's economic empowerment and a western view of romantic love that can impede their match-making [4].

Some indication of the prevalence of single working women without dependent children in industrialized countries is provided by national study data of adult women. They suggest that over the course of the 1990s, this group may have accounted for approximately 9% of full-time women workers in England<sup>33</sup> [2], 7% of working women in France<sup>34</sup> [27], 14% of employed Norwegian women<sup>35</sup> [29], 14% of employed Finnish women [35], 16% of employed Swedish women<sup>36</sup> [35] and a fifth<sup>37</sup> of Canadian paid female workers [25] and could be more highly concentrated among those with a high income [27]. In Canada, more recent census data show that never married, divorced or widowed women with no children at home account for fully 28% of employed women in 2006 [36].

## 1.2 Equity issues and related research

The idea that employees are for the most part married and raising children is one of two central assumptions governing both practice and research in work-life that

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<sup>33</sup> Data were derived from the Health Survey for England and the sample restricted to women aged 20 to 59.

<sup>34</sup> Data come from a national health survey and this statistic applies to women from a narrow age group (30 to 49).

<sup>35</sup> This statistic is derived from Census data restricted to women aged 18 to 59.

<sup>36</sup> These findings are based on Surveys of Living Conditions in Finland and Sweden among women aged 25 to 49.

<sup>37</sup> Data originate from the National Population Health Survey and persons aged 20 to 60 compose the sample.

Young [42] sought to dispel. Her incursions into the theme of equity for single and/or childless workers [41, 42] also challenged the view that family is what primarily draws workers emotionally, mentally or physically away from their jobs [42]. She argued that conflicts between work and life cut across employee populations, as do Canadian work-life researchers [15], and that restrictively family-oriented workplace policies to address them raise the question what's fair.

Adding grist to the mill and attuned to these very concerns, Hamilton, Gordon and Whelan-Berry [20] theorized that single, childless women may also have multiple roles that are difficult to balance. With a sample of American women employed in health care or financial service organizations, they examined five measures of work-life conflict in three groups of women: never-married women without children, married women without children and married parents. They found quite comparable conflict profiles between the groups. Impact of work on home, impact of home on work, difficulty balancing work and non-work, and work-to-life conflict were similar between groups. However, one significant main effect arose. Post-hoc comparisons showed never-married childless women had a significantly lower mean of life-to-work conflict than that of married mothers. As a second objective of the paper, the authors analyzed differences in the perceived importance and rated use of a sample of 20 typical organizational work-life benefits. Results showed in each case, that at least 50 percent of the benefits were either rated as significantly more important or used significantly more by women who were married than by never-married women without children. On most of the remaining items, differences were non significant with some exceptions: never married women without children rated elder care referral and health insurance more highly. The authors thus inquired "...is it fair that so few benefits are seen as important or utilized more by never married women without children than by married women with children?" [p. 410].

In continuity with the previous study, the task of determining precisely what kind of organizational support might appeal especially to single, childless workers was taken up by Casper et al. [10]. These investigators developed and validated a multidimensional measure of a "singles-friendly work culture" based on qualitative research with this group and an assessment of the literature. Among the five dimensions

identified, they found three were associated with organizational variables in single, childless workers. Notably, greater social inclusion and equal respect for nonwork roles both predicted perceived organizational support, and more equal work opportunities (e.g., for career development, mentoring) related to lower turnover intentions. Importantly, they also compared single, childless workers with workers with families along each dimension. With the exception of social inclusion, which showed no group difference, single, childless workers rated their organizations as significantly less egalitarian than workers with families on work opportunities, access to employee benefits, respect for nonwork roles, and work expectations.

Along similar lines, Chui and Ng [11] pursued the notion that single, childless working women may have different priorities from women with partners and/or children as regards “women friendly” human resource management policies. In their sample of single, childless Hong Kong employees, they found only work-oriented women friendly policies (e.g., training and development opportunities, anti-sex discrimination policies) and not family-oriented policies (e.g., maternity leave, flextime) were related to organizational altruism and emotional attachment to the organization. Family-oriented policies were, however, related to higher perceived costs of leaving one’s place of work.

Together these few findings suggest tentatively that while single, childless workers can experience similar levels of perceived conflict between work and “life” to that of workers with conventional family configurations, the quality of their workplace experiences and support differs, as do, quite possibly, the organizational elements that can ameliorate it. Workplaces are experienced as less equitable by single, childless workers along family status lines and converging results point to equal chances for career development as having positive effects on this group, at least as indicated by organizational variables.

Discussing the distinct career issues of single, childless workers, both Young [41] and Cummins [12], in a semi-autobiographical account of her experiences in academia, have emphasized the common assumption of this group that they have fewer personal responsibilities and thus more available time than working parents. In a context of little recognition of their life circumstances, this can translate into



expectations from both the private (e.g., to care for an elder parent) and professional spheres (e.g., to take on additional work) that challenge work-life harmonization. That their lives outside of work may be seen as filled with “discretionary” and thus inessential activities (e.g., spending time with friends) can compound matters [41]. As the next section will explore, there is budding evidence to suggest that such activities, when examined, are not merely ‘nice’ [41] but contribute importantly to single, childless workers’ wellbeing, as does a positive experience of work.

### 1.3 Methodological critiques and related research

Methodological critiques stemming from an acknowledgement of single, childless workers as a distinct group have touched on issues of inclusion in investigations [9, 17, 20], the adequacy of existing theoretical frameworks [e.g., 28] and the appropriate use of measures [21]. Resultant research suggests that this population is infrequently the object of study, and not uncommonly, interpretation of findings can fall short for lack of knowledge on the population.

Many have noted that direct attention to single, childless workers in work-life or work-family-related research is minimal. For example, in their recent review of organizational studies from 1980 to 2003 ( $n = 225$ ), despite casting a wide net by including “work-life” and “work-nonwork” among its search terms, Casper et al. [9] underlined the absence of representation of single, childless workers. The study samples’ available socio-demographic characteristics indicated that fully 83 percent of participants were either married or cohabitating and 77 percent had children living at home. Overall, the authors concluded that “most of what researchers know about WF [work-family] issues [...] is based on the experiences of heterosexual, Caucasian, managerial and professional employees in traditional family arrangements” [p. 37].

From the field of stress research, Fong and Amatea [17] suggest its emphasis on multiple roles (usually defined as combining family and work roles) as causing women’s stress has led the issues particular to single, working women without children to be overlooked. Comparing four life role groups of American women within academia, they found only one significant group difference in levels of physiological and psychological stress symptoms: Single, childless workers had significantly higher levels than married mothers. Attributed in part to a dearth of conceptual work sensitive

to this group's experiences, the authors were at a loss to explain their results: "...we are, in a sense, left wondering what are the factors that are relevant in the stress of single, professional women" [p. 27].

Wishing to gain understanding on the key dimensions of the life experiences of middle-aged single, childless professional women, Lewis and Borders [28] found most theories of adult development inappropriate for their group. Whether based on research with men or designed for women, they typically required family status. The authors turned instead to the research literature on life satisfaction from which ten variables were culled. Their resultant analyses showed a combination of five of these significantly predicted the life satisfaction of their sample of single, childless professional women: job satisfaction, sexual satisfaction, regrets about life circumstances (the most important were financial), internal locus of control and importance of leisure-time activities. Gender identity, social support, health, and financial resources were not retained. Once again, the authors expressed difficulty explaining their findings, in this case, as concerned sexual satisfaction, a variable rarely considered in previous research.

In line with the two previous studies, other work suggests that work quality and finding pleasure in life outside of employment are differentially important to single, childless working women's wellbeing. With a sample of American practical nurses and social workers, Barnett, Marshall and Singer [1] found changes in job role quality were inversely related to changes in psychological distress in single, childless working women but not in coupled working mothers. Among Japanese white collar workers, Mori et al. [31] found the mental health of single childless working women was predicted by gender variables (i.e. masculinity, consciousness of "being a woman" at work), finding enjoyment outside of work, and the support of friends and family while for coupled working mothers, stress outside of work and support in the workplace were determinant.

Collectively, the findings point to single, childless working women as having issues of wellbeing (e.g., stress, work-life conflict) that may be tied to specific needs of both their workplaces and their personal lives in which organizational support may play a role. However, the possibility of distinct work-life dynamics between workers may

not always be taken into consideration in the application of relevant measures to study samples. In a recent article, Huffman et al. [21] stressed the importance of construct breadth when assessing “interrole conflict”, suggesting, in order to avoid inappropriate inferences, the conceptualization of the “nonwork” domain be matched to a sample’s family role status and the research questions pursued. Given current emphasis on the construct of “work-family conflict”, they point out, the use of “family” items alone to capture this domain risks construct underrepresentation, and hence its validity. In fact, their innovative study, which analyzed the validity of two interrole conflict measures simultaneously, demonstrated that work-nonwork conflict significantly predicted job satisfaction and turnover intentions in single, childless employees yet not in employees with a partner and/or children, and work-family conflict, a more narrow measure, significantly predicted these outcomes in partnered and/or parenting employees but not in single, childless employees.

#### 1.4 The present study

Our intent in this study is to help fill out extant research on the work-life issues of single, childless workers, and that concerned with social roles and wellbeing which, as our review of studies illustrates, seems to show disproportionate interest in workers of the middle to upper classes as well as women. We have thus conducted semi-structured interviews with twenty-two single, full-time working women without children, aged from 29 to 45 years old, living in the Montreal area of the province of Quebec, Canada and responding to a call for career women to participate in a study. In contrast with many past studies, we sought participants from diverse occupational fields and adopted a research strategy that would not impose limits on the factors (e.g., occupational, personal, social, familial) that might be deemed important to their lives. Specifically, we used a qualitative approach, critical discursive social psychology [e.g., 16, 32], and the concept of “wellbeing” [14] as a reference for analysis. With these tools, we pursue the general question: How do single, childless career women discursively construct their wellbeing?

An advantage of this approach, given the previous research, is that it recognizes discursive constructions of wellbeing as products of contexts as well as actors. It thus acknowledges that they may be flavored by operating power relations (e.g., at the heart

of workplace equity issues), circulating discourses (e.g., on work-life balance) or even negotiations of a stigmatized or ‘deficit’ identity [e.g., 4, 13, 6, 30], as the women are without the social roles expected for their age and gender (i.e. wife/partner, mother).

## 2. Analytical approach

Discourse analysis can be understood as the “close study of language in use” [38, p. 5]. Language, for discourse analysts, is not a static system nor is it transparent or neutral [26]. It is constitutive –it can create and change meaning- and represents an important means of action (e.g., persuading, negating). As such, it is recognized as having effects. Analyzing discourse involves description but it often has a critical aim, one that can be used to contest the status quo and to advance positive social change [26]. Discourse analysis is nevertheless a vast field of research. Our approach, critical discursive social psychology, originates in the work of Potter and Wetherell [32], and is distinguished by its eclecticism, in part, by bringing together an emphasis on talk’s action orientation and a post-structural theory’s understanding of discourse [40]. As a result, it sees individuals as both the masters (producers) and slaves (products) of language. Among its principal objectives are the analysis of processes of normalization or naturalization in talk and reflecting on the beneficiaries of different discursive formulations [16]. It does not, however, offer a specific analytical method but rather a theoretical framework with which to approach texts. For Potter and Wetherell [32], two phases are central to analysis: 1) searching for and describing patterns (i.e. variability and regularity), and 2) theorizing the functions and effects of language based on linguistic observations to support one’s interpretations. Its concepts of “interpretative repertoire,” “subject position” and “ideological dilemma” provide anchors throughout these processes. The first can be described as historically generated linguistic resources that draw on a society’s or community’s common sense and form the building blocks of conversation [16]. Alternately, interpretative repertoires are “broadly discernable clusters of terms, descriptions, common-places [...] and figures of speech often clustered around metaphors of vivid images and often using distinct grammatical constructions and styles” [33, p. 212]. Individuals, in general, are seen to creatively select from a largely pre-existing bank of these in their talk. Subject positions are locations in conversation, that is, identities that are emphasized by ways of talking [16].

They are inherently relational as people position themselves or are positioned by others against alternative subject positions and are also shaped by ideologies [16]. The concept of ideological dilemma, borrowed from Billig [5], refers to lived ideology or the common sense and habits of belief of a society. Here, “An ideology comprises the ways of thinking and behaving within a given society which make the ways of that society seem ‘natural’ or unquestioned to its members” [p. 217]. Such ideologies, however, contain contrary themes, providing the basis for dialogic discussion much like opposing proverbs (e.g., “absence makes the heart grow fonder”, “out of sight is out of mind”). Ideological dilemmas thus highlight the contradictions and inconsistencies within speech as well as its argumentative nature and can signal what is taken for granted as the way things are. Thus refined, the objective of this study becomes to identify the main interpretative repertoire(s), subject position(s) and ideological dilemma(s) involved in the discursive construction of wellbeing by a sample of single, childless working women.

### 3. Method

#### 3.1 Sampling

This paper is the product of a larger qualitative research project on the experience, wellbeing, and social construction of single women, especially workers, based at the Université du Québec à Montréal (UQAM), in Canada. To participate in the semi-structured interview component of the project, a woman needed to meet the following criteria: she resides in the Montreal area, is aged 29 to 45, has a gross annual income of at least 30,000\$ CND<sup>38</sup>, currently works full-time (minimum 35 paid hours per week), is not married or living with a partner, does not have a biological or adopted child, possesses a bachelor’s degree, speaks one of the two official languages (i.e. French or English), is heterosexual, and recognizes herself on some level as a “career woman.”

Our choice of age range was meant to attract women who have attained or surpassed the average age at which women in Quebec have their first child (28 years in

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<sup>38</sup> The average employment income for a woman aged 25 to 44 in Quebec is \$31,040, while the average employment income for a university educated woman is \$43,656 [24]. Our choice of a 30K minimum speaks to our desire to recruit a range of income levels in our sample while excluding women with potentially more difficult financial situations.

2008) [23], while still within their childbearing years,<sup>39</sup> and have entered the height of couplehood in the general female population<sup>40</sup> (roughly 30 to 44 years in 2006) [22]. Our focus on self-defined “career women”, an expression used in our recruitment advertisements, emerges, in part, from a desire to take account of suggestions in social scientific publications that a woman’s professional success troubles her formation of a couple relationship [4] and that a career orientation in women is linked with childlessness [8].

We used multiple recruitment strategies to constitute our sample: calls for participants in the free alternative Montreal press ( $n = 12$  participants), advertisements in local university papers ( $n = 2$ ), an online profile on a popular Internet dating site ( $n = 3$ ), word of mouth ( $n = 4$ ), and an advertisement in a local newspaper ( $n = 1$ ). The sample combines two waves of recruitment, one in 2006 (alternative press only), and another in 2008. The first served to produce a series of pilot interviews conducted by the first author ( $n = 4$ ). Despite some variation in the formulation of the interview schedule between waves, due to the pertinence of their content, these interviews were integrated in the final sample.

### 3.2 Collection procedures

Following a presentation of the study and confidentiality issues, all participants signed a consent form and received \$20 CND compensation before commencement of the semi-structured interview. Interviews were conducted at the respondents’ home or place of work upon request ( $n = 3$ ) or in an office of the Department of Sexology at the Université du Québec à Montréal. Their duration ranged from 1 to 3 hours. The open-ended interview schedule covered the meaning and experience of paid work, being a career woman, childlessness, and singleness as well as the women’s views on wellbeing and the diverse factors deemed associated with it. With consent, all interviews were audio recorded. A research assistant or the first author, while changing identifying nominal information, later transcribed these verbatim. In following, a code name was assigned to each participant. A short questionnaire was filled out by all participants,

<sup>39</sup> In 2008, the fertility rate for first births among women aged 45 or older was extremely low at 0.1 per thousand in Quebec [23].

<sup>40</sup> In 2006, the proportion of coupled women (married or in a de facto union) in Quebec begins to peak in the 30 to 34 age group (71.1%), reaches its maximum among those aged 35 to 39 (71.8%) and begins to decline from the 40 to 44 age group (70.5%) [22].

although second wave participants received a slightly longer version. Specific income bracket, wellbeing measured on a five-point scale (poor to excellent), and a five-point answer to the question “who are you?” are unavailable for these women.

### 3.3 Preparation of the material for analysis

All transcriptions were revised by the first author for accordance with the audio recordings. Final transcripts were linked with the software Atlas.ti version 5.2 for thematic coding in quasi-totality. This preliminary coding, done with a low level of abstraction, reflects the general interests of the research team as well as the content of the interviews. This paper and its discourse analysis concentrate on understanding entries for the “wellbeing” code. In the psychological literature, subjective wellbeing, also known as happiness, refers to many things and encompasses both general evaluations of one’s life or life satisfaction and satisfaction with one’s important life domains [14]. While the pilot interviews asked participants which aspects of their lives gave them the most and least “satisfaction”, and the latter interviews questioned participants on their “wellbeing” (both factors contributing to and impeding it), we consider much of the same ground was covered and all participants contributed several entries to this code. With this broad definition of wellbeing in mind, irrespective of where in the interview it emerged, any relevant global assessment of one’s life, mention of happiness, and talk of elements associated with wellbeing, health or feelings of wellness are subsumed within this code. The output of citations was a little over 80 pages, single spaced. Our analyses were conducted with the material in its original language. The translation of the interview excerpts from francophone participants appearing in this text was validated by all authors.

### 3.4 A description of the sample

The eighteen participants who supplied information on their annual incomes are distributed as follows across the four categories considered: \$30K-\$39 999 ( $n = 1$ ); \$40K-\$59 999 ( $n = 8$ ); \$60K-\$79 999 ( $n = 7$ ) and \$80K or higher ( $n = 2$ ). Regarding the participants’ age, at the time of their interview, 5 women were 29 to 34 years old; 10 women, 35 to 40 years old and 7 women belonged to the 41 to 45 age group ( $M = 37.7$  years old;  $SD = 4.6$ ). The mother tongue of only two participants was English (Gabrielle

and Bernie), reflecting the minority status of Anglophones in Montreal<sup>41</sup>. While most women ( $n = 19$ ) had never married, three participants (Claude, Vero and Caroline) had had marriages that ended. Additional information on the sample is shown in Table 1. The age of each participant and some details are omitted to protect the women's identities. The professions and educational backgrounds represented show diversity, with 5 women holding Master's degrees and one, a post-doctorate. Women worked a mean of 45 hours per week ( $SD = 12$  hours; range: 35 to 84 hours), although this may be an underestimate as many responded with lower bound values (e.g., 40 plus hours), spoke of having periods of more intensive work, or gave a wide range of working hours, the lower limits having entered our calculations. Two women pursued a Master's degree (Fanny and Louise) alongside their full-time employment. As to wellbeing, only one woman (of 18) rated herself as less than "good" (Barbara). Those claiming a "very good" level of wellbeing ( $n = 3$ ) created this category themselves, specifying that their wellbeing was better than good yet not quite excellent. At the time of their participation, the women's last couple relationship, however defined, was deemed to have ended an average of 4 and a half years earlier ( $SD = 4$  years, 7 months; range: 1 month to 20 years).

#### 4. Analyses

In the course of analysis, it became very clear that the term and a concept of "balance" was widely drawn upon, across interviews, to talk about wellbeing. Furthermore, this interpretative repertoire of wellbeing as balance was found in association with a recurrent subject position we have termed "the dynamic woman" whose intensity transfuses talk of the active way of life in which she engages: work becomes a passion; sports, a means to expend one's high level of energy; travel, deep engagement with a new culture/terrain. However, a dilemma arose from these constructions for many women: their discursive positioning in relation to the cadence of their lives or rather, articulating an unambiguous claim to balance. It is on these three elements that we will focus without analyzing the participants' mentioned activities in

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<sup>41</sup> Only 13% of those living in the metropolitan area of Montreal in 2006 identify English as their mother tongue [37].



full (e.g., family relationships, friendships, sports, travel) due to space limitations. As we explore in the discussion, this troubled area raises questions about the potency of work-life discourse, as seemingly used here, to discursively ground wellbeing among these women.

#### 4.1 Wellbeing as balance

The interpretative repertoire of wellbeing as balance, drawn on by most women, confers four main characteristics to wellbeing: a diversification of the dimensions to one's life, positive experiences within them, its ability to shift over time, and a reasonable dosing of one's activities, typically, by not letting work engulf one's personal life, if not, oneself.

Kim: [...] What are the aspects of your life that give you the greatest satisfaction?

Fanny: I don't seek accomplishment in my life through my career. No. I am not a careerist. I adore what I do. I adore my team. I adore the company. I love my work. I am very happy where I am. And well um (.) I nevertheless admit that for two years, I've thrown myself a bit more into my work but my life (.) I constantly seek a balance in my life. And my balance, therefore, my happiness, is (.) I find my happiness in the balance of things: Work hard, play hard. So my happiness, I find it in everything: with my friends, with my family, with my men and my work. In everything. In fact, right now, I find that my life is very well balanced. Um (.) And I don't believe that I would have this happiness if I were unemployed, if I lost my job for x, y, z reason or if I did not have the friends that I do at the moment or if I did not have my married man. I think that I am happy right now um (.) because everything is going very well, and I have balance in all of my spheres: personal, professional, familial, financial.

The above citation brings together all the outlined elements of the repertoire. The first sentence uttered by Fanny reminds us, however, that the interviews were conducted in the context of a study with "career women." It begins with a clarification, a process in which several other participants engaged (nine in total), usually after being asked their definition of career woman. This served to ward off one's potential positioning as an individual who is focused solely on professional advancement or

“living to work” (Gabrielle), is motivated by ambition or questing for power, in this case, a “careerist”, a term used by others as-is or with variation (i.e. “ultra-careerist” Cindy). Some women, including Fanny, discounted investment in work as an explanation for their singleness. On the above grounds, several women also resisted positioning as a “career woman,” as does Amelia below.

Kim: [...] what does it mean for you to be a career woman?

Amelia: Well there is a side that I find might, in any case, it’s prejudicial towards (.). It can be negative I find when we say career woman, because I find that it implies that the career takes up all of the space in one’s life. Lots of people tell me: “You’re a career woman” because I work in management. I manage a team in which men are a majority. I find that that implies that: “Well, you work and that’s why you’re single” when what I say is that I work because I am single.

Returning to Fanny’s excerpt, investment in work is instead cast as arising from an encompassing adoration of her employment and its context (a way of talking about work that we will return to later), and marked as one among many contributors to her sense of balance/happiness. It also, more generally, presents a life with many focal points, which was usual across interviews, and among other elements described as important to wellbeing were travel and sports. Fully half of participants discussed the latter activity in these terms. Wellbeing is also constructed here as a sort of epiphenomenon of the presence of several associated elements, a concept evoked by others with expressions such as “an amalgamation” (Sasha), “a well-rounded life” (Bernie), “all of it interlinks, a little like dominos” (Sandy), or “investment portfolio” (Mona), in reference to wellbeing. As in Fanny’s citation, women discussed scenarios involving the implications of removal of an important element, the effects of a shifting of the balance of sorts.

Sandy: [...] my wellbeing will be, precisely, to, to be invested in many things. I can’t tolerate, for example, weeks when I find I can only work because I have too much to do, and I end up just doing that. By the weekend, I, I, I don’t feel well. Or conversely, this fall, there were perhaps two or three weeks in a row, I had nothing [...] I was on the verge of committing suicide, it was (chuckles). So,

my wellbeing depends on professional accomplishment, [...] it depends on sports. I necessarily need to do sports. I have a lot of energy so I have to, and I am someone who at the same time is very stressed out, so it has to come out [...] I need for my friends to call and I really need to, to call my friends to know, how they are doing. Sharing between friends is really essential to my wellbeing.

As exemplified in Sandy's citation, suggested by Fanny's "In fact, right now," and apparent in many other interviews, the balance of wellbeing is not constructed as static or absolute. It is commonly grounded temporally in the language of the present or daily life and qualified with the possibility of change or with a recounting of past times when wellbeing was not as good.

Kim: [...] What do you refer to when you say: « My wellbeing is excellent »?

Diana: [...] if I look, I really look at all of these aspects [i.e. "personal", "professional", "familial", "financial"], my life presently has no tensions and that's why I really feel that, really presently it's, I find that I am spoiled presently. You know, I don't know how long it will last but I find, I find I am spoiled presently.

More explicitly, this repertoire was also invoked when recounting a period of one's life, past or present, when investment in one's paid employment was judged excessive ( $n = 4$ ). Furthermore, balance and its tenets also arose as an explicit recommendation by several women ( $n = 5$ ) in response to our interview question asking, based on the woman's own experience, what advice they would offer to a younger woman planning her life goals.

Kim: [...] Is there anything else in reference to your life experience that you would offer as advice?

Sasha: Balance the working with the home because if you throw yourself completely into one thing, you forget the rest and then you realize after x amount of time that finally, you missed a train because you missed out on things in your life. You were so focused on one thing that you did not see other things pass you by. You did not leave at least one door open in case something happened, especially (.) When you focus on one thing and you loose it, you feel

useless afterwards. So to avoid that, you must balance the personal and the professional.

Wellbeing as balance is thus constructed, for many women, as a pursuit, something that they “try” to achieve and, in some cases, as an elusive goal. To better understand the discursive dilemmas involved with claiming an attainment of balance that will be discussed, we now turn to a subject position that traversed the interviews.

#### 4.2 The dynamic woman

Women recurrently positioned themselves in terms that portrayed an alliance with activeness and self-evolution, as well as a general intensity. The term dynamic, we find, captures this well. For instance, if we refer to a dictionary definition of the word, we find: “active, potent, energetic, forceful; characterized by action or change” [39, p. 770]. Our realization of this, however, came not from formal definitions but rather from the women’s own descriptions of themselves. As a matter of illustration, in response to our “who are you?” question (limited to five responses), the words used in answer are telling. Eleven of eighteen participants, four of whom specifically labeled themselves as “dynamic,” used one or more of the following terms: vivacious, determined, go-getter, strong, lively, energetic, motivated, passionate and sporty. In the interviews, use of the French verb *bouger*, in English to move (e.g., “It has to move” Sofia; “I have to move” Amelia; “I am a girl who moves a lot. I am a very active girl” Veronica), as well as describing oneself as active (e.g., “active woman” Barbara; “to be fully active” Catherine) were recurrent. In following, women’s descriptions of their activities were regularly invested with similar intensity, whether speaking of sports, travel, or their personal relationships, more commonly, friendships. On a more thematic level, half of women mentioned currently engaging in regular physical exercise as a source of wellbeing, and a similar proportion discussed travel while the roles given to friendships, family and self-development, though present, were more variable. Space limits a full treatment of these topics but we will provide some examples, followed by a more detailed examination of the meaning of work.

Jane: [...] I am someone who is quite physical, who needs to expend herself physically, and I, I am rather disciplined when it comes to that. I regularly engage in activities. It’s like for me, I often tell people: “It’s a drug for me” [...]

it has become, like that, a necessity. It's no longer even an effort for me and I'm happy to have achieved that because I can feel the wellbeing it gives me. And also the energy that it gives me afterwards just, in my life in general [...] It's something that I'm proud of, to have achieved this balance of physical fitness. Claude: [...] it's mountain hiking but we do it everyday up to 11 kilometers in altitude. Like last year in [vacation destination], it was intense. We walked for up to 11 hours a day on a few occasions. During that time, I don't work, I walk (laughter). Always as intensely, but I walk.

Josie: [...] you were talking to me about the other things that were important, I think. Well, that's it, friends. Big social life. Big, big social life. (laughter) I have many friends whom I care for deeply. They're all little pearls, I find. People, people who I see regularly and who I, at least, speak to on a regular basis. It's important for me, to, to, that's it, to spend time with them, to have dinner, go see films, go see shows or just go out for coffee, play sports.

#### 4.3 Work as passion, as a source of challenges

Over half of the participants spoke of work in terms that conveyed a strong emotional bond or experience. It is a way of talking about work signaled often by use of the word "passion" and its derivatives, but that could take different forms, whether through talk of adoration, vocation, love, fiery zeal ("*feu sacré*" Catherine), giving oneself "body and soul" (Nathalie), matrimonial commitment (e.g., "I'm married to my job" Mona; "I married the cause of work" Catherine) or even "physical pleasure" (i.e. of "accomplished work" Nathalie). It is a repertoire that can clearly blur the ostensible boundaries between the "private" and the "public" spheres of life. For a few women, like Veronica and Catherine, work was characterized, along these lines, as having primary importance in their lives.

Kim: [...] what is the meaning of work for you?

Veronica: The meaning, well it's my whole life. It's my whole life. I live for it, for work. It (.) It fulfills my life to a great degree. I go to great lengths. I put in many hours for my kids, my students (.) It's really a passion. It's (.) yes, that's it. It's my life (laughter).

Catherine: [...] I married the cause of work. For me, it, it is a way to, to actualize myself, to be involved, to totally actualize myself in my life.

Furthermore, close to half (9/22) of women described themselves as liking, needing, or seeking challenges from their work. This, on a number of occasions, co-occurred in relation with talk of work as passion.

Kim: So it [the label of career woman] is not something with which you identify? That is what you were saying?

Josie: Well, more or less, because I have no professional ambitions. You know, in my professional life, things happened a little haphazardly, I would say. (laughter) I found myself (.) it's haphazard and then it's not, in the sense that uh, I've always been passionate, interested by my work. I made choices at school, on a, on a professional level that always led me to face new challenges. It's more that, I would say, that interests me. You know, it's the, the idea of being challenged. The idea of working on projects with people who stimulate me, you know. It's more that, that interests me than climbing the ranks per se.

Talking about work as a passion or as a challenge, as we can read in the above citation, can function to explain one's heightened investment in work, couching it in relational or personal satisfaction terms, while simultaneously offsetting any overly materialistic or dryly instrumental motives of engaging in paid work implied by the title "career woman" or one's intense interest in work.

Mona: [...] I have fun with my students. We have fun. We laugh. We spend lots of time together. I eat with them. So career, yes, but you know, careerist, like ambition, having a BMW. My car has rust on it and I don't care. My students laugh at me but it doesn't bother me. Having ambition, having money, having. No. I, having, having power doesn't interest me. Having a job with responsibilities doesn't interest me. And yet, being a CEGEP [junior college] Prof comes with responsibilities but beyond that, it, it doesn't interest me. That's not what I'm looking for. I would say, I am, I am passionate about what I do.

#### 4.4 The trouble with balance: Negotiating the pace and intensity of one's life

While the language of passion and challenge can be used as discursive resources to reinforce one's dynamicity, these ways of talking can also sit uneasily with what

might be called the dosing criteria of wellbeing as balance that, in a sense, requires the dimension of work be kept in check within one's life. For example, three of the four women who recounted a brush with or experience of "burnout" in the past drew on the repertoire of work as passion. Among these are Kym and Louise.

Kim: And you, in terms of your relationship with your work, how would you qualify it?

Kym: I find it is healthy enough because I decided precisely to, to well, maybe because of my age too. I gave a lot. I worked a lot through passion too. Perhaps for other reasons. Perhaps I needed to prove things to myself, but at my age today, I try to take the things that interest me. I have my own business so I accept the contracts that interest me [...] I try not to make decisions based on money but based on my personal satisfaction of working on a project or a contract [...] So I try to make sure, nevertheless, to have the time to live, to do other things, to live my life, to go, to travel, to see my family (.) so, to not kill myself at work.

Kim: [...] Burnout, is it something that you are familiar with?

Louise: I experienced it. I experienced it. Yes, as a matter of fact. And I always have to be careful because it's easy, because I have not changed milieus, it's very easy to succumb again [...] Let's say that I no longer, I would say, have illusions, illusions. Yes, it's a passion. Yes. But it's also about self-abnegation.

Hence, passion and dosing can make ambivalent bedfellows, whereby presence of the former, linked to a valued subject position, is constructed as providing no guarantee of dosing or of protection of one's wellbeing in this sense. Claude, a self-described workaholic, in the next citation is answering a spontaneous question pertaining to when in one's career burnouts in her field tend to occur. As is common across citations broaching the conditions of significant investment in work, wellbeing is presented ultimately as a personal responsibility.

[...] we love it so much that, that we don't realize that, we maintain a rhythm, it's a little like the effect of adrenaline, when we have a buzz and we have many projects, and we slog away and slog away, we work like mad and we forget. We forget. It's not that we say to ourselves: "We want, we only want to work. We

no longer want a personal life.” It’s that we forget to have a personal life because we adore our work. And uh, I think that we have to be very vigilant on this point and to not forget that uh, it’s not healthy. Even if it’s wonderful to be passionate about our work, well it’s not healthy to work more than seventy hours per week. And it’s not livable in the long run or otherwise, or otherwise, yes, we will only do that our entire life and we will never have a personal life (laughter).

While the above citations have focused on work, the trouble with balance also occurs in talk of other aspects of one’s life. Being able to relax, be spontaneous, or do “nothing,” are common issues evoked in this regard that, simultaneously, present opportunities to position oneself as dynamic. We present three examples to illustrate the diversity of the passages.

Stephanie: [...] If you’re too stressed out, if you are all over the place in your head, if you feel like doing forty-thousand things (.) Because I’ve also seen people who, who lost their baby. They’re not capable of stopping, women [...] They work forty-five hours a week and that I’ve also often seen: My friends, if we do nothing (.) If we are not doing something, it means that we are doing nothing.

Kim: [...] Are you able to say to yourself: “Ah, today I, I’m doing nothing?”

Martine: I have difficulty. I have difficulty and often, I get to the end of my rope and then, I have no strength left. I just “pff”. No strength. It’s like I always have something else to do. And I tell myself: “Ah no. You can only relax if this, this, this, this, this, this, is done (laughter). And the list is always long and items always get added but I’m working on giving myself the freedom to do nothing.

Sandy: [...] Managing my schedule also puts a damper on my wellbeing because I am forced to, to spell everything out [...] sometimes it, it saddens me or it (.) I find it really, really, I am forced to: “Okay. Then I have a dinner. Then, okay, I’m going to do sports. Okay, then I work. Then, this.” I’m at a point where there is a lot going on in my life. That’s very good, but to arrive at that, it takes an organization in which even going grocery shopping has to be put in my schedule. There’s something there that tells me: “But your life is not natural, it is not (.)” I feel like I’m organizing my life.



In these citations, as in others, women describe themselves as being under an imperative of purposeful or productive activity that is presented as having negative effects on wellbeing as balance (i.e. issues of dosing activity). To be more explicit about Sandy's case, we retain that having a balanced life (e.g., "a lot going on"), important to her wellbeing, requires an unpleasant "organization" which sets up a paradox: The effort to find balance is presented as generating a kind of imbalance where life takes on the qualities of work.

Read as instances of positioning oneself as a dynamic woman, such accounts of heightened activity construct the women as busy, as doers, or, perhaps simply, as having a "life". Hence, while wellbeing as balance may be cast as a worthy goal or ideal, it can conflict with (if not undermine) a self-positioning as dynamic which calls for intensity to an imperative of purposeful activity. In other words, implying the elusiveness of one's ability to dose (particularly work) may act to strengthen one's apparent dynamicity.

## 5. Discussion

The budding research on single, childless workers attuned to this segment of the workforce, particularly women, suggests that they have distinct work-life issues linked with wellbeing. The purpose of this study was to shed light on single, childless working women's constructions of their wellbeing while being attentive to contextual elements in their creation. Women's characterizations of their wellbeing showed sensitivity to their positioning as "career women" and single women. Both of these subject positions, which risk implying a life lacking in breadth (e.g., career women are too focused on their work, single women "don't have a life") [13], among other things, can be seen to be challenged by the multi-focal lives portrayed by most women in their accounts of their wellbeing. Notably, most women drew on an interpretative repertoire of wellbeing as balance in which diversity and dosing of life spheres were desirable features.

The pervasive subject position of the "dynamic woman" can be seen to undermine the idea of single women as not having fulfilling lives. Positioning oneself as dynamic (e.g., active, energetic, driven) infused talk of one's activities with intensity. In this regard, we especially focused on women's professional activities, describing ways of talking about work that characterized it as a passion and a source of needed or

appreciated challenges. A parallel could be made between women's discursive alliance with an attraction to challenge and research findings that underscore the importance of career development opportunities for single, childless workers [10, 11], suggesting it is an important element in their satisfaction on the job.

Our analyses also brought out tensions, if not contradictions, between two constructions of work: one associated with wellbeing which requires it be kept in check relative to one's other life activities (to varying degrees) and one which associates it with passion, arguably borrowed from a "language of intimacy and spirituality" [7, p. 215]. For some participants this also included talk of "sacrifice". We might ask who benefits from these ways of talking about work. On the one hand, in our interviews, claiming to be a passionate worker offered a positive subject position linked with that of the active, dynamic woman, that could serve, in part, to personalize one's professional activities, warding off being positioned as a "careerist" or a worker with purely instrumental motives (e.g., to obtain power, material gain, climb the ranks). On the other hand, according to Caproni [7], particularly among management, the language of "passion" has been used to promote productivity and commitment at work and thus may have some origin in organizational interests. Her concerns are that this will lead workers to spend even more time working, to be less attuned to the less appealing aspects of their jobs (e.g., effects of increased hours on health) and to see work as a spiritual duty. Hence, future research might inquire into the mutual benefit of this language in its social, health and material effects. It appears here as a potential counter[balancing] discourse.

Another aspect of the dynamic woman subject position that we wish to return to is the imperative of purposeful activity under which she is sometimes cast to labor, and one that is described as antagonistic to wellbeing. It is interesting to note, in this regard, the bureaucratic language occasionally drawn on (e.g., "the list is always long", "managing my schedule", making "appointments" with oneself). If work-life balance discourse is indeed grounded in traditional models of bureaucratic organizations, there is certainly room to question, as does Caproni [7], whether it might further "perpetuate [...] many of the problems it promises to alleviate" [p. 209]. Alternatively, as Gershuny underscores [18], in the latter half of the twentieth century, feelings of busyness have

grown cross-nationally, which are partially attributed to a change in their social construction. In this regard, he proposes an “assertion of “busyness” now reflects an aspiration to high social status,” [p. 5] taking on a positive quality “from its association with the increasingly busy lifestyle of the most privileged groups in developed societies” [p. 7]. We thus consider expressions of an activity imperative or busyness whose roots may lie in bureaucratic discourse and/or that tied to the social significance of busyness, as additional discursive elements with possible counter[balancing] effects.

On a final note, the participants’ widespread talk of balance attests on some level to the availability of “work-life” as a discursive resource for workers without children or partners to talk about their wellbeing, despite media [34] and scholarly emphasis on work-family [e.g., 42]. Our study thus adds weight to the argument that work-life issues are of relevance for single, childless workers.

## 6. Acknowledgements

This paper is part of the doctoral research project of the first author, supervised by Professors Frohlich and Descarries. It was also made possible with funding from the Social Sciences and Humanities Research Council of Canada (Standard Research Grant, #410-2005-1537, and a Canada Graduate Scholarship, #767-2005-0276). Special thanks are extended to Professors Joseph J. Lévy and Jocelyne Thériault for comments on an earlier draft of this manuscript.

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Table 1. A general descriptive profile of the sample ( $n = 22$ ).

Code Name	Profession	Last university degree	Ave. weekly hrs of work	Income category	Last couple	Self-rated wellbeing
Gabrielle	High school teacher	Bachelor's (education)	35 hours	\$40K to \$59,999	1 ½ yrs	Excellent
Martine	Coordinator	Bachelor's (administration)	45 hours	\$30K to \$39,999	1 yr	Good
Sophia	Self-employed make-up artist and nanny	Bachelor's (physical education)	45 hours	\$40K to \$59,999	3 yrs	Good
Nathalie	Director of finances and administration	Bachelor's (law)	40 hours	\$60K to \$79,999	10 yrs	Excellent
Claude	University professor	Post-doctorate	70 hours	\$60K to \$79,999	3 yrs	Good
Bernie	Coordinator	Bachelor's (hospitality management)	40 hours	\$40K to \$59,999	1 yr	Good
Catherine	Research and documentation specialist	Bachelor's (communications)	35 hours	\$40K to \$59,999	11 yrs	Good
Sasha	Manager	Bachelor's (administration)	35 hours	\$40K to \$59,999	7 yrs	Good
Veronica	Primary school teacher	Bachelor's (education)	35 hours	\$60K to \$79,999	1 mo.	Excellent
Kym	Publicist	Bachelor's (psychology)	40 hours	\$60 to \$79,999	5 yrs	Excellent
Barbara	Analyst	Master's (international management)	37 hours	\$60 to \$79,999	4 yrs	Passable to good
Amelia	Manager	Bachelor's (science)	40 hours	\$80K or more	4 yrs	Very good
Josie	Coordinator	Master's (social science)	40 hours	\$60 to \$79,999	9 mo.	Very good
Diana	Analyst	Bachelor's (consumption)	35 hours	\$40K to \$59,999	1 yr	Excellent
Cindy	Translator	Bachelor's (finance and accounting)	50 hours	\$80K or more	5 mo.	Good
Mona	Psychologist and CEGEP teacher	Master's (psychology)	55 hours	\$60K to \$79,999	5 ½ yrs	Very good
Caroline	Counselor in integrated systems	Bachelor's (psychology)	45 hours	\$40K to \$59,999	8 yrs	Excellent
Sandy	Self-employed in communications	Master's (communications)	45 hours	\$40K to \$59,999	4 yrs	Good
Fanny	Lawyer	Bachelor's (law)	35 hours	n.a.	6 yrs	n.a.
Jane	Manager	Bachelor's (science)	55 hours	n.a.	6 mo.	n.a.
Louise	Computer scientist	Master's (computer science)	84 hours	n.a.	20 yrs	n.a.
Stephanie	Social worker	Bachelor's (social work)	50 hours	n.a.	3 yrs	n.a.

**ARTICLE 3:**  
**SCIENTIFIC AND LAY ACCOUNTS OF THE HEALTH AND  
WELLBEING OF SINGLE WORKING WOMEN WITHOUT  
CHILDREN AROUND WORK AND LIFE**

*Article that will be submitted in condensed form to Feminism & Psychology*

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**ABSTRACT**

While there has been much research into women's roles and their health and wellbeing, women workers who have no partner or children are uncommonly an object of focus. This paper examines and compares interpretations of the health and wellbeing of single working women without children in scientific and lay accounts. A discourse analysis with a focus on interpretative repertoires and subject positions was conducted with 32 research papers and 22 interviews with single working women without children from high income, developed countries. Comparative analyses revealed many areas of overlap in the main interpretations between these sources when broaching singleness and paid work in relation to health or wellbeing. The compatibility of singleness and (good) wellbeing/health was, however, more strongly emphasized in lay accounts. Differences in emphasis were also apparent in the positioning of women. In lay accounts, women positioned themselves within more multi-dimensional lives and as more resilient while scientific accounts tended to position them within more one-dimensional lives and as more deficient. In both, singleness persists as a tainted identity but is resisted more in lay talk. The functional differences between these accounts are explored and an argument made for greater reflexivity in related health/wellbeing research to the potential workings of an ideology of coupled/family life.

Keywords: singleness, women, discourse analysis, work, identity, health, wellbeing.

## INTRODUCTION

In health research, it is common to view and investigate women's "changing roles" through the lens of their combining family responsibilities with paid work. It is far less typical to consider changes in the interpersonal landscape and in women's employment opportunities from the perspective of women workers who have no partner or children (e.g., Fong and Amatea, 1994; Killien, 2001). Because this group accounts for a notable proportion of the female workforce and recent concern has been expressed about how health and wellbeing research may be contributing to the stigmatization of single adults (DePaulo, 2006; DePaulo and Morris, 2005), we delve into this little explored area of women's roles by looking, through discourse analysis, at how empirical articles with samples from high-income developed countries have interpreted the health and wellbeing of this group over the past two decades. These analyses are then compared with accounts of wellbeing based on interviews with Canadian members of this group<sup>42</sup>.

### *Background*

The experience among women workers of being single and without dependents is common, if not recurrent or enduring. In parts of the western world, a confluence of economic, demographic, and socio-cultural factors have contributed to high levels of singleness and a notable proportion of childless adults. Whether attributed to delayed transitions into adulthood, individualism, less stable romantic unions, or increased gender equality (Beaujot, 2004), among other factors, the unmarried in Canada became a majority in 2006 (Statistics Canada, 2007). In this country, the proportion of employed women who are single (i.e. never-married, widowed, divorced or separated and not living common-law) without children at home was 28% in 2006 (Statistics Canada, 2006). More broadly, it is reported that from 10% to 14% of *all household heads* are single working women in the U.S., Canada, France, Germany, Sweden, the

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<sup>42</sup> A conceptual distinction between health and wellbeing is not emphasized in this paper's analyses. Wellbeing is not only becoming a specific concern for public health (Crawshaw, 2008; Carlisle and Hanlon, 2008), it is a term used in popular definitions of health in this area (e.g., WHO, 1948, 1986), making pertinent a broad view indicated by their joint consideration here. While interviews led with the expressions "wellbeing" and "satisfaction" with life's aspects, "health" was also discussed by the participants. In following, relevant search terms for locating the scientific articles concentrated on "health" and "wellbeing" as well as "stress" and "conflict".

U.K., Austria and Denmark (Harkness, 2010). As to childlessness, across developed European countries or affluent modern societies, rates are summarized at approximately twenty percent (Basten, 2009; Hakim, 2005). How the health field understands and approaches the health and wellbeing of singles and those without a family of creation (i.e. spouse and/or children) may thus be particularly important at this time, perhaps especially since within the literature, the health of the unmarried is being raised as a public health concern (e.g., Cheung, 2000; Ikeda, Iso, Toyoshima et al., 2007; Liu, 2009).

A word of caution in this regard comes from within the social sciences where attunement to singles' issues has been building (Byrne, 2009). In this work, single adults are frequently identified as a stigmatized group and qualitative studies with the unmarried, particularly women, has showcased the challenges of managing an identity as a single person (e.g., Budgeon, 2008; Byrne, 2000; Lewis and Moon, 1997; Macvarish, 2006; Reynolds and Wetherell, 2003; Reynolds, Wetherell and Taylor, 2007; Zajicek and Koski, 2003). While singleness, to respondents, offers many advantages (e.g., possibilities for self-actualization, personal achievement or fulfillment, independence), individual accounts also portray it as an experience that can be fraught with ambivalence, self-blame, or barriers to pulling off being happily single, from which even the professionally accomplished are not spared. This discursive context suggests that resources for constructing "untroubled" positive versions of a single self and life may be lacking in western cultures. Indeed, research in the U.S. suggests that people are skeptical about the happiness claims of single people (DePaulo and Morris, 2005) and that single women experience more interpersonal discrimination than married women (Byrne and Carr, 2005). In Canada, most adult singles themselves believe that their happiness rests on being coupled (86%) and having children (68%; Crompton, 2005).

DePaulo (DePaulo, 2006; DePaulo and Morris, 2005) has offered a name for this largely unrecognized "problem", singlism, and attributed it to an ideology of marriage and the family which uncritically takes for granted people's coupling, having children and their being better and healthier for it. For this author, science is not impervious to

the ideology and has contributed to the stigmatization of single adults, notably, through exaggerated claims of the health benefits of marriage, selective citing of studies, and research agendas that support it.

An overview of several areas of inquiry of relevance to the health/wellbeing of single working women without children indicates suggestive knowledge gaps with respect to the health/wellbeing of singles. In epidemiologic work, as exemplified by recent research with women, it is routine to report that the unmarried, including the never married, divorced and widowed categories, have a health disadvantage relative to the married or otherwise seriously coupled (e.g., Cheung, 2000; Ikeda et al., 2007; Liu, 2009; Kaplan and Kronick, 2006; Molloy, Stamatakis, Randall and Hamer, 2009; Murphy, Grundy, and Kalogirou, 2007; Nilsson, Nilsson, Östergren and Berglund, 2005) and trends over the past decades point to maintained or widening gaps in health between single and married women (Liu, 2009; Liu and Umberson, 2008; Murphy et al., 2008). Consistent with the above portrait, the most common explanations for health in relation to marital status fall within two main concepts, social protection/causation and social/health selection, both of which account for better health in the coupled/married (e.g., Merrill and Timmreck, 2006; Wyke and Ford, 1992). In contrast, despite some exceptions, notably from the clinical field (e.g., Schwartzberg, Berliner and Jacob, 1995), what might explain the achievement of good health and wellbeing in single adults, which many attain, is less readily theorized (e.g., Anderson and Braitto, 1981; Carr, 2008; Lewis and Borders, 1995).

In the study of women's health in relation to employment, women's occupation of "multiple roles" has played a leading part (Artazcos, Borrell, Cortès, Escribà-Agüir and Cascant, 2007; Gjerdingen, McGovern, Bekker, Lundberg and Willemssen, 2000; Klumb and Lampert, 2004), with much attention to employed women's health having focused on whether combining paid work with spousal/parental roles is harmful to themselves or to their families (Crosby and Jaskar, 1993; Gilbert and Rader, 2001; Killien, 2001; Lewis and Cooper, 1999). Theoretical frameworks guiding this health research has followed suit emphasizing the collection of terms tied to the concepts of "role conflict" and "role enhancement" relative to the combination of the aforementioned roles. As an

apparent result, single working women without children have not been a common object of central focus in health research concerned with women's life roles (Fong and Amatea, 1992).

In yet another overlapping area of research, while sometimes cast as a matter of equity or fairness, there has been some concern about the exclusion of single and childless adults in the organizational and academic debate about the need to make paid work more accommodating towards workers' personal responsibilities, leading investigators to argue for approaches to this problem that are more inclusive of or sensitive to their needs in the development of related policy as well as in conducting research (Casper, Edy et al., 2007; Casper, Weltman et al., 2007; Chui and Ng, 2001; Cummins, 2005; Hamilton, Gordon and Whelan-Berry, 2006; Ransome, 2007; Young, 1996, 1999). In a recent study, single, childless workers were found to evaluate their workplaces as significantly less egalitarian along family status lines to their detriment (Casper, Weltman et al., 2007). Indeed, some have claimed that common assumptions about what life aspects compete with work (i.e. family), who experiences conflict (i.e. workers with children) (Young, 1996, 1999) as well as what constitutes family (i.e., spouse and children) (Casper, Eby et al., 2007) have contributed to this situation. Research is, however, beginning to accumulate on these populations and questions, finding, for example, that single working women without children experience similar levels of work-life conflict to that of coupled working mothers (Hamilton et al., 2006). Issues of work-life/family are tied to health (Allen, Herst, Bruck and Sutton, 2000) and are being addressed in health research (e.g., Chandola, Martikainen, Bartley et al., 2004; Roos, Lahelma and Rahkonen, 2006) and therefore will be considered in our sampling of research materials for analysis.

In light of the critique leveled against health and wellbeing research on singles, reports on their stigmatization, their growing numbers and characterizations of their health as a public health matter, it seems of vital importance to be vigilant about how their health and wellbeing are constructed and interpreted in research. There is some suggestion that couple/family-favoring ideology has touched the marital status, women's roles and work-life/family domains of research such that issues of relevance to the health and



wellbeing of singles may be relatively underdeveloped and poorly understood. Single working women without children, since they represent a profile of woman at odds with this ideology, seem a good focal point for our discourse analysis.

### *A Discursive View of Health and Wellbeing*

Taking a discursive view, in this paper, means health and wellbeing are not treated as a factual states but as determined by the context of their conceptualization or production. It recognizes that there are many ways of talking about them but that some gain ascendance. Much is at stake since dominant “theories” of health help determine what are recognized as health problems, how they are dealt with in practice, and what social policies are developed (Blaxter, 2010; Raphael, 2000). Health is recognized as the site of tensions and power struggles (Cameron, Mathers and Parry, 2008; Eakin, Robertson, Poland, Coburn and Edwards, 1996; Kickbusch, 2007) that play out in discourse<sup>43</sup>, making relevant such questions as “Whose health theories?” (Milburn, 1996). Readily available constructions or theories of health have repercussions for how people are able to create their identities (Kickbusch, 2007; Lupton, 1995) which can impact on how people think, feel and talk about themselves (Edley, 2001), ultimately affecting their wellbeing. The predominance of science (O’Neill and Stirling, 2007) points to its constructions of health and wellbeing as having special bearing on how they are addressed socially and incorporated into identity. Comparing scientific and lay interpretations of health and wellbeing will allow a more complete analysis of the cultural/linguistic resources available for talking about them in regards to single working women without children, their points of convergence and divergence, and their potential implications.

## **METHODOLOGY**

### *Analytical Approach of the Discourse Analysis*

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<sup>43</sup> To make a link with our background material, for example, we might read arguments for the inclusion of single and/or childless workers in the “work-life conflict” debate as part of a struggle to redefine a health/wellbeing issue that is conventionally constructed as concerning workers with families.

Discourse analysis, which treats language use as an object of interest in its own right, as applied here, has two main dimensions, one textual, the other, contextual (Lupton, 1992). More “macro” linguistic features of the textual domain such as themes and topics take centre stage in this paper and the notion of context emphasizes these elements as having a social, cultural, political or historical basis (Lupton, 1992). More specifically, some of the methodological strategies and guiding concepts of critical discursive social psychology will be employed (Potter and Wetherell, 1987). This approach’s analytical aims are to: 1) search for and describe patterns in text or talk (i.e. variability and regularity), and 2) theorize the functions and effects of language based on linguistic observations (Potter and Wetherell, 1987). Key concerns of the latter objective are identifying processes of normalization or naturalization in text or talk (e.g., what is taken for granted, assumed), and reflecting on the beneficiaries of different discursive formulations (Edley, 2001). This is especially pertinent to our interest in the workings of ideology linked to couple/family life. The concepts of “interpretative repertoire” and “subject position,” help to guide these analytical activities. The former can be described as historically generated linguistic resources that draw on a society’s or community’s common sense to form the building blocks of conversation (Edley, 2001). They are also referred to as “broadly discernable clusters of terms, descriptions, common-places [...] and figures of speech often clustered around metaphors or vivid images and often using distinct grammatical constructions and styles” (Potter, Wetherell, Gill and Edwards, 1990, p. 212). The second concept, the subject position, is a location in conversation or text or, in other words, an identity that is emphasized by ways of talking or writing (Edley, 2001). These concepts tie in well with our interest in interpretations of health/wellbeing and identities made available by these.

### ***The Article Sample***

Only English-language scientific articles reporting on original research and published in a periodical between 1990 and 2010, inclusively, were considered. They also met the condition that, in the context of their research, the authors specifically constitute single working women without children as an independent group and report in some direct fashion on their health or wellbeing (i.e. on their outcome(s) of interest). For cohesion

within the article sample and between the article and interview samples, only articles employing data from developed countries with high incomes were used. The search for articles was organized into three waves. Two of these involved querying multiple databases available in a university's library services (June-July 2010) and a third employed Google Scholar (September 2010). The first two methodically searched the following databases with multiple terms, according to the specificities of the given interface: 1) Studies of women and gender abstract; 2) Francis, Social services abstracts, Sociological abstracts, Worldwide political science abstracts, and British humanities index; 3) PsychINFO, Ovid medline, EMBASE, and Biological abstracts; and 4) Web of science. Google scholar was queried with ten independent searches, each with a different expression (e.g., "single working women"). Up to the first fifty references of the results were examined for relevance<sup>44</sup>.

The final sample included 32 articles. Papers studying only single working women without children were rare (Dalton, 1992; Lewis and Borders, 1995; Yeung and Tang, 2001). Hence, the focus of research with this group appears typically comparative relative to individuals with other social role configurations. The health and wellbeing issues addressed were varied, although mental health was most common.

Results on the health/wellbeing of our interest group<sup>45</sup> relative to working women with partner and parental roles were generally mixed. Hence, interpretations of the health/wellbeing of our interest group in this sample, collectively, deal with variable statistical findings in their regard. For example, in mental health, self-rated health, and chronic conditions, as compared with coupled working mothers, single working women without children are found to be both similar (Bartley, Sacker, Firth and Fitzpatrick, 1999; Elstad, 1996; Janzen and Muhajarine, 2003; Khlal et al. 2000; Matud, Hernandez and Marrero, 2002; Roos, Burstrom, Saastamoinen and Lahelma, 2005; Zuzanek,

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<sup>44</sup> A full and detailed accounting of the creation of this sample and its description are available upon request from the first author.

<sup>45</sup> The research studies did not provide the proportion of single working women who are *de facto* childless, as in never having had a biological or adoptive child. Parental status was usually determined in relation to the care of children (not teenagers) or whether one had a child at home.

Robinson and Iwasaki, 1998) and disadvantaged (Brough and Kelling, 2002; Fong and Amatea, 1992; Janzen and Muhajarine, 2003; Roos et al., 2005; Winter, Roos, Rahkonen, Martikainen and Lahelma, 2006).

### *The Interview Sample*

Participants of the semi-structured interview all resided in the Montreal area, were aged 29 to 45, had a gross annual income of at least 30 000\$ CAD, currently worked full-time (minimum 35 paid hours per week), were not married or living with a partner, did not have a biological or adopted child, possessed a bachelor's degree, spoke French or English, and identified as heterosexual<sup>46</sup>. Multiple recruitment strategies were used: the free alternative Montreal press ( $n = 12$  participants), advertisements in local university papers ( $n = 2$ ), an online profile on a popular Internet dating site ( $n = 3$ ), word of mouth ( $n = 4$ ), and an advertisement in a local newspaper ( $n = 1$ ). The sample combines two waves of recruitment, one in 2006 (alternative press only), and another in 2008.

Interviews (with the first author) lasted from 1 to 3 hours, covering the meaning and experience of paid work, childlessness, and singleness as well as the women's views on wellbeing and the factors deemed associated with it. With consent, interviews were recorded and transcribed verbatim. Compensation was \$20 CAD.

Twenty-two women compose the interview sample. The professions and educational backgrounds represented are diverse, from make-up artist to university professor, with 5 women holding Master's degrees and one, a post-doctorate. Women reported working a mean of 45 hours per week ( $SD = 12$  hours; range: 35 to 84 hours). Their average age was 37.7 years old ( $SD = 4.6$ ) and their last (self-defined) couple relationship had ended on average 4 and a half years earlier ( $SD = 4$  years, 7 months; range: 1 month to 20 years). Most women ( $n = 19$ ) had never married<sup>47</sup>. Two participants were English, the

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<sup>46</sup> The inclusion criteria selected (e.g., income, bachelor's degree) reflect the original research project's desire to recruit "career women", however, the sociodemographic requirements are relatively modest (the average income for a woman aged 25-44 in Quebec is \$31 040 CAD; Institut de la Statistique du Québec, 2009). Because societal pressure to couple and have children may be greater among heterosexuals (thus affecting how these issues are talked about in their regard), the sample was limited to this sexual orientation.

<sup>47</sup> In Quebec, common law relationships are prevalent. In 2006, among women living with a partner, 34.1% were in such a relationship (Institut de la Statistique du Québec, 2007). Many interviewees, while not having married, did experience cohabitation with a partner.

remainder, French-speaking. For further details on this sample see Engler, Frohlich, Descarries and Fernet (forthcoming).

### ***The Content Analyzed***

For the scientific articles, since we were especially interested in how researchers explained their results on health/wellbeing and their group differentials as concerned single working women without children, we focused on those citations in the results, discussion and conclusion that directly mentioned our group in the course of their interpretation. As to the interviews, for purposes of comparison, we concentrated on content relevant to the two most common themes used in scientific interpretations of the health/wellbeing of our interest group: paid work and couple status. We considered any relevant global assessment women made about their lives, mention of happiness, and talk of elements associated with wellbeing, health or feelings of wellness in which these aspects figured. This is compatible with definitions of subjective wellbeing in the psychological literature, also known as happiness, which refers to many things and encompasses both general evaluations of one's life or life satisfaction and satisfaction with one's important life domains (Diener, 2000). The software Atlas.ti version 5.2 was used to thematically code the interview transcripts before analysis.

## **RESULTS**

Before elaborating on the scientific and lay interpretations separately, some notion of how they compared may be useful. There were many areas of overlap. However, in terms of the subject positions made available by ways of talking about the health or wellbeing of our interest group, scientific accounts tended to emphasize them as living more one-dimensional lives (e.g., as work-oriented, having a limited social life) and as being more deficient. Lay accounts, in contrast, positioned women as leading more multi-dimensional lives and as more resilient (e.g., as busy or active women, independent women, happily single). Singleness as compatible with wellbeing is also stressed more in lay accounts.

### *Scientific Interpretations*

While they could be used conjointly, explanations of the health and wellbeing of single working women without children in the research literature examined were most commonly oriented to the state of being partnered/a parent (or factors associated with it) or to paid work. Their analysis suggested an interpretative repertoire which we termed “the family as reference” that cross-cut these themes, setting family life as a standard, with varying implications for interpretations of our interest group’s health/wellbeing.

#### *Health and wellbeing defined by default: on partners and parents*

The broad theme of partners and parents was by far the largest, containing material from 17 studies. It essentially explains the health or wellbeing of single working women without children by default: via what this group does not possess or who they are not (i.e. partners, parents and what comes from occupying these roles). Among the common ways this could occur is by drawing on the benefits or difficulties of holding “multiple roles”, representing two sides of a similar theoretical coin focused on explaining the impact of this situation on health or wellbeing. In our sample of articles, “multiple roles<sup>48</sup>” usually “refers to a life situation where a person has several of the following roles: spouse, parent and employee” (Martikainen, 1995, p. 199) and is sometimes limited to the occupation of all three, making “family” roles, typically defined as parent and/or partner roles, a necessary requirement. Within what we might call this multiple roles framework, the benefits perspective forecasts an overall positive impact on wellbeing of holding several roles (e.g., due to role “enhancement”, “expansion”, “accumulation”), the other (i.e. difficulties), less favourable outcomes (e.g., attributed to role “conflict”, “strain”, “overload”). Constant across these types of accounts is the multiple role state as the reference informing understandings of the wellbeing of single working women without children (e.g., better health in our group may be interpreted as evidence of strain in working women with families). This excerpt, about a sample of working women, presents the benefits perspective in use. In bold, for easy location, is our interest group.

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<sup>48</sup> A majority of studies in our sample (22/32) drew to varying degrees on either one or both of these theoretical stances or, less frequently, on the concept of “work-family conflict”.

“...changes in job-role quality have a much greater impact on the mental health of **women without family roles**. These findings are consistent with the role-expansion perspective. Women with family roles have several potential sources of such rewards as challenge, helping others, and decision authority, whereas **women without family roles** must find these rewards at work or suffer the consequences. Alternatively, women with family roles may be less invested in their jobs and, therefore, more immune to the effects of changes in job-role quality” (Barnett, Marshall and Singer, 1992, p. 642, italics added).

Single working women without children are commonly constructed in such multiple-role accounts as “occupying a single role” (Janzen and Muhajarine, 2003, p. 1498), that of paid worker, portraying their lives as more one-dimensional. Consistent with this, and apparent in the above citation, is a relative downplaying of the social ties in this group, observable in this theme. Indeed, that “women without family roles must find these rewards at work” implies that nothing beyond their work can bring rewards significant enough to impact on their mental health. In this theme, overall, interpreting the wellbeing of our interest group also regularly becomes an occasion to foreground advantages or other features of holding partner and/or parental roles (in this case, having “several potential sources of [...] rewards” as well as being “less invested in [...] jobs” and “more immune to the effects of changes in job-role quality”) or the performance of the multiple roles framework in the authors’ analyses. This not only limits elaboration on what aspects *in* the lives of single working women without children may bear on their health (e.g., *their* significant relationships, sources of “meaning and personal fulfillment”, family ties) but sets a family of creation as a standard for their health or wellbeing. Hence, in the citation, it is “*these* rewards”, that is, those of “women with family roles”, that our group must seek out to not “suffer the consequences”.

Other common ways of interpreting the health or wellbeing of single working women without children under the partners and parents theme are by drawing on buffering or protection; health selection; and marriage and motherhood as normal in society. Buffering and protection share common ground with the benefits aspect of the multiple roles framework and portrays one or many family roles as essentially shielding from

negative health outcomes or environmental forces detrimental to wellbeing. For its part, health selection refers generally to the idea that healthier people are more likely to come to exercise social roles, in this case, the partner and/or parent roles. As to the normalcy of parenthood and marriage in women, it offers an explanation of the health or wellbeing of single working women without children in terms of the impacts of not conforming to the roles of wife or mother (e.g., “How much easier the adjustment to singlehood would be if little girls did not grow up believing that marriage was the only “normal” path available to them” (Dalton, 1992, p. 78) and could be used to contest the normative quality of family roles for women.

In sum, by dint of the theoretical concepts and notions drawn on and their application in this sample of articles (e.g., protection, selection, enhancement, strain, societal expectations), coupling and parenthood as well as their purported advantages and disadvantages act as reference points and constitute central resources through which the health/wellbeing of single working women without children can be explained. The concepts and theoretical material under this prevalent theme, as used, offer little means to positively account for the health/wellbeing of single working women without children. They appear limited to the avoidance of negative effects associated with maintaining several social roles (e.g., role strain). While some studies have presented our focal group as occupying multiple roles<sup>49</sup>, none has highlighted their accessing its enhancing effects. In contrast, there are more choices for interpreting their ill health –a lack of selection into marriage and parenthood, a lack of buffering and protection from family roles, and a lack of the benefits of multiple roles. We now turn to one dimension present within the lives of single working women without children that has served to interpret their health/wellbeing, the role of paid work.

#### *Mixed blessings: paid work*

Paid work is the second most prevalent theme, encompassing content from 8 studies. It also contains a number of recognizable modes of interpretation that partially parallel those covered in the previous theme. Health selection (into work) and its protective

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<sup>49</sup> Only two studies presented single working women without children as occupying “multiple roles” (Hamilton et al. 2006 and Marlow, 1993).



effects are also found to be dimensions along which the health/wellbeing of single working women without children is constructed in addition to the conditions of paid work. The importance of work, whether personal or societal, constitutes a fourth, and was the most used, with six contributing studies. In the illustrative citation of the previous section, the importance of paid work is drawn upon when the authors indirectly suggest that our interest group is more “invested” in work. However, it is also conveyed when they discuss where it is that this group “must” find “rewards” –i.e. only “at work”. The importance of work in the next citation takes on new heights and weaves in an example of the conditions of work, in this case, organizational elements contributing to our group taking on more work. To situate this citation better, on the various measures of work-life conflict used, single working women without children were found, on average, to experience such conflict “sometimes,” “rarely,” as “neutral” or “neither easy nor difficult.”

“For **never-married women without children**, work-to-life conflict appeared to be more pervasive than life-to-work conflict. Two factors may explain this result. First, as discussed in the literature review, **never-married women without children** are often viewed as prime candidates for extra projects and for staying late or working weekends (Anderson et al., 1994; Wilson, 2004). Second, never-married women without children often allow work to completely consume them (Anderson et al., 1994) and therefore risk getting caught in a self-reinforcing cycle where they devote so much time and energy to the work role that they have few remaining resources for outside interests or individuals [...] Whether the distorted allocation of resources between work and non-work roles is organizationally or self-inflicted, it is reasonable that having such imbalance would cause **never-married women without children** to view work as a significant infringement on their non-work lives” (Hamilton et al., 2006, p. 408; italics added).

In the textual content building the theme of paid work, overall, we find some positive concepts for interpreting the health or wellbeing of single working women without children. These are the protective effects of employment, health selection into paid work also known as the “healthy worker effect” (Martikainen, 1995) as well as the importance of work. For example, in this excerpt, the centrality of employment for

one's identity in the U.S. is used to explain why single working women without children (and other working women) were least at risk for heavy drinking.

“Those at the lowest risk of heavy-volume drinking were **gainfully employed women** (with or **without a partner** and with children) [...] women in the United States benefited from being employed but not from living at home with children despite the presence of a partner [...] in the United States, paid labour seems to play a central role in one's sense of identity” (Kuntsche, Knibbe and Gmel, 2009).

In practice, these resources could be put to varying uses, whereby according more importance to work, for instance, as we have seen, might also be cast as a source of vulnerability for our group. In several cases, the importance of work was tied to our groups' marital and parental statuses (e.g., “A slightly different interpretation is that the work role may become especially important for a woman who is neither spouse, cohabitant, nor mother, and this may reduce her probability of absence” Mastekaasa, 2000, p. 1840). Positioning single working women without children as having relatively constrained or impoverished personal lives was apparent in this theme as in the last one.

To summarize, the most common resources for directly interpreting the health/wellbeing of single working women without children appear limited for positively theorizing it, very reliant on family status and thus, unfavourable to interpreting it on what might be its own terms. Interpretations of their health/wellbeing also regularly cast the lives of this group as one-dimensionally work-oriented and downplayed their social ties. This situation can implicitly gear the solution for relative poorer health or wellbeing among single working women without children towards adopting family roles. One means of understanding this is through a “family as reference” interpretative repertoire which sets family life as normative and can generally be seen to shape who are treated as the protagonists among research participants (e.g. whose health or wellbeing issues receive the most detailing across studies; whose social roles are considered), in whose favour the theoretical frameworks and concepts are stacked, and how health/wellbeing and its issues are interpreted. Our analyses suggest that these may favour workers with families. How members of our population of interest construct their own wellbeing is examined next.

### *Lay Interpretations*

#### *Singleness: as lacking in, as compatible with wellbeing*

Analysing the interview content on wellbeing and being single generated two broad interpretative repertoires: wellbeing as lacking when single (i.e. the lacking repertoire) and wellbeing as compatible with being single (i.e. the compatibility repertoire). A majority of women (17/22) contributed material to each and half contributed to both. Composing the compatibility repertoire are four common and interrelated ways of talking about singleness: being happy or well, (regularly accompanied by “anyways<sup>50</sup>”); not “needing” someone/ wellbeing as depending on oneself; a partner as adding to one’s wellbeing, a way of talking typically accompanied by specifying something one does not need from a partner; and, finally, coupled life as a potential threat to wellbeing. The lacking repertoire in relation to singleness refers to talk of missing something or missing out; of needing support or to adapt; and, of singleness as (socially or personally) problematic, “not normal” or a failure. The following interview extract was chosen because it draws on many of these elements. We will detail each in turn.

“...these women [single friends] are more in the business sector too, so their financial rewards are much, much greater so I think if there's still that kind of sense that you, in order to, I guess, have a balanced life, you should have a partner, you could have all these other things. But I think that they are also kind of, like, the fact that they are successful and so happy and seem to be doing so well, I think that they're trying to sort of... pushing against that, maybe changing and modifying that a little bit too which I think, I find, you know, it's an important thing, not to say that they are anti-marriage or anything like that, not at all, but I think it's also, you know, kind of very reinforcing that they are okay. You know, they're fine, they're okay, they're doing a lot of things, they're keeping very, very busy and they're kind of sort of maintaining focus on something that's so important to them. It's very good. So, I don't think, you know, I think they are like me. It'd be very nice if they met someone and settled down in some ways too but it's not, I don't think it's something that... they've never given me the sense like that it's a big lacking thing in their lives. And I think these women are, to me, are happier than the friends I have who are still very, very torn up about a break-up and really lamenting the fact that they are not with someone. It's a very different, I think, outlook they have on what's good about their lives” (Gabrielle, citation in its original language).

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<sup>50</sup> In French, the expression used is “quand-même”.

Exemplifying the lacking repertoire is Gabrielle's statement that to "have a balanced life, you should have a partner" which can be related to singleness as problematic, not normal or a failure. In many cases, as above, women contest these ideas (e.g., "You know, people don't understand that you can be well by yourself. It's like, for them, it's not normal", Diana; "Socially, being in a couple is like, is like, the thing to do [...] it should not, in my opinion, be a prerequisite for happiness", Josie). Several women did, however, describe their own singleness in negative terms rooted in "failure", shame, embarrassment, and a sense of abnormality, among others. Another dimension of the lacking repertoire is singleness as missing something or missing out and is evoked in Gabrielle's reference to her friends' not having "met someone and settled down" as *not* being "a big lacking thing in their lives". Many women did, however, talk about having a partner as an aspect of their lives that was missing, that they missed or were missing out on (e.g., "If we are talking about wellbeing overall, I am still "good", but something is missing", Cindy). Those "missing" elements mentioned in this regard were predominantly relational (e.g., affection, intimacy, daily life with/coming home to someone, a sex life, complicity, sharing). In a few cases, coupled or family life was constructed as natural, what "we" are "made" for (e.g., "It [solitude] remains something difficult. I mean, I believe that we are really, fundamentally, not made to live alone", Caroline). Finally, the last dimension to the lacking repertoire refers to women's talk of needing to adapt to singleness or for support. This is perhaps touched upon in the above citation when Gabrielle states that "it's [...] very reinforcing that they are okay", implying that being single and "okay" is not an obvious association and that there is a need for reinforcement (arguably, a form of support). The role of single friends, as in the citation above, is discussed in several cases (e.g., "I have single friends. There is one in particular. She is wonderful. It's not easy for her, like it's not for me. We understand each other. We support each other [...] she contributes to my wellbeing", Fanny). A parallel can also be drawn between Gabrielle's mention of her friends' keeping "very, very busy" and some women's talk of needing to "fill" their time (an adaptation as seen here) because of their living/being alone (e.g., "living alone on a daily basis, um, I got used to it. In the beginning, I would panic but now [...] I keep very busy. I keep very busy", Veronica).

Turning to the compatibility repertoire, as regards the first dimension, being happy or well, when talking about being single, many women indeed mentioned being happy, well or fulfilled (e.g., “I try to take advantage of my singleness [...] doing my things when I feel like it, for the moment, is very fulfilling”, Martine). This is reflected in Gabrielle’s description of her friends as being “so happy and seem to be doing so well” as well as “fine” and “okay”. Another way of talking about being single within this repertoire refers to claims of not “needing” someone (as such or for specific purposes) or that wellbeing depends on themselves (e.g., “I don’t at all prefer to be alone, but I am well. If I’m going to be single, I’m well single and I’m well with someone. That’s my quote goal in life, to be well in any situation”, Kym). Among those specific things that women talked of not needing from a partner was to “pass the time”, provide financial support, to “live”, to fill a void, to be well, and to “feel complete”. Gabrielle’s reference to the “outlook” her friends “have on what’s good about their lives” fits with talk of their wellbeing as depending on themselves (e.g., “My parents are from an old generation. They believe that [...] as a couple, I’ll find my happiness. But I’m the one who makes it. Happiness is in your head. It’s a state of mind”, Fanny). Another dimension of the compatibility repertoire involves talking about having a partner as *adding* to one’s wellbeing and often co-occurred with elements of the previous one (e.g., “For me, a boyfriend is someone with whom I’ll enjoy myself. It’s a plus that will put some spice in my life but it’s not someone on whom I will depend”, Jane). Such constructions tend to set up a partner as more accessory than central to one’s wellbeing and to position the women as being already well and as independent. This can be read, in part, in Gabrielle’s characterization of meeting someone as being “very nice” and resembles some of the other terms drawn on by women in this context (e.g., “fun”, “good times”). A last dimension, to which many women contributed, was discussing coupled life as a threat to wellbeing and this is not exemplified in Gabrielle’s citation. It is usually talked about in regards to the constraining effects a partner might have on a woman’s activities (including her paid work) but also to the domestic work associated with having a partner, to feeling smothered by a partner or to the prospect of a couple relationship ending. For example:

“Having a partner, he would not accept it. He would not accept to come home and that his girlfriend would always be gone or, for work [...] So there’d be conflicts, that’s for sure. I don’t accept to change for someone... especially now that I am well. I put in time to create this life of mine” (Sophia).

*Paid work: as positive contributor to wellbeing, as needing to be balanced, as stress*

Analyses of interview content on women’s own wellbeing in relation to their paid work point to three interpretative repertoires: work as one among other positive contributors to wellbeing (the contributor repertoire), work as needing to be “balanced” with activities that are not a part of the professional domain (the balance repertoire), and work as associated with stress, pressure and anxiety, that can negatively affect wellbeing (the stress repertoire). Half of participants (11 to 12) contributed material to each of these repertoires, about half contributed to two (12), while all contributed to at least one. This next excerpt provides an example of the contributor repertoire.

Kim: “When you think about your wellbeing today, when you said that it was very good... What do you think about when you say that it is very good?”

Amelia: “Well, I am happy in life. I am very, y’know, I am very grateful also for what I have in my life, for who I am. Um, y’know, I really have an extraordinary circle of friends [...] I have a good family. I have a good job. I do what I love [...] I am in good humour. Y’know, at work, I am always in a good mood. I like to move. I’ve travelled a lot. I have many interests. So, y’know, that’s where I come to think it’s very good.”

In such accounts, as above, it was common for women to mention, along with paid work, friends, family, travel but also one’s finances, as well as sports or other physical activities (such as dancing or walking) among the specific factors they positively linked to their wellbeing. Wellbeing was thus regularly portrayed as arising from “many things” (e.g., an “amalgamation”, a “well-rounded life”, “balance in all of my spheres: personal, professional, familial, financial”), situating paid work as a part of a multidimensional life that underlies it. This repertoire, however, clearly overlaps with that of balance, as the following citation shows. For example, trying “to do other things” is cast by Kym as a means of ensuring that she does not “kill” herself at work.

Kim: “And you, in terms of your relationship with your work, how would you qualify it?”

Kym: “I find it is healthy enough because I decided precisely to, to well, maybe because of my age too. I gave a lot. I worked a lot through passion too. Perhaps for other reasons. Perhaps I needed to prove things to myself, but at my age today, I try to take the things that interest me. I have my own business so I accept the contracts that interest me [...] I try not to make decisions based on money but based on my personal satisfaction of working on a project or a contract [...] So I try to make sure, nevertheless, to have the time to live, to do other things, to live my life, to go, to travel, to see my family (.) so, to not kill myself at work.”

In this repertoire, it is work that is often framed as taking undesirable proportions (e.g., too much “space”). For many, this situation was characterized as antithetical to “life” or “living”, as Kym’s citation exemplifies (e.g., “to have the time to live”). Women regularly expressed “balance”, “time for me” (or its variants), and/or doing “something else” / “other things” as elements that they wanted or now had more of in this context. Accounts of working a lot were also common (e.g., to the point of no longer knowing “who I was”, Jane; “going towards a burnout”, Catherine; or being “very tired”, a “workaholic”, Claude; or “green”; Kym, Josie). While it is implied in the above citation, the following excerpt illustrates this kind of account as well as a use of “balance” in this repertoire.

“It was completely unbalanced my life. It was not life at all. I was totally unbalanced. All I did was work. Uh, so now, it’s about, well I brought this balance back. I work a lot less. I have more time for me. And now, well, that’s it, it’s about living.” (Catherine)

Accounts of intensive working in relation to negative effects on wellbeing among women who talked about balance, however, were regularly couched in terms of adoration, passion, or even, spiritual devotion towards one’s work (e.g., “what saved me was that I adored it”, Catherine; “we forget to have a personal life because we adore our work [...] Even if it’s wonderful to be passionate about our work, well it’s not healthy to work more than seventy hours a week”, Claude; “I adore it [...] but it’s tiring at the same time. It’s a pace, a frantic pace”, Josie; “it’s a passion, yes, but it’s self-abnegation [...] all of this actually leads to major health problems”, Louise; “I really devoted

myself like body and soul. It was really too much and then at a certain point, I said: ‘I’m going to have to regain a certain balance’”, Nathalie). Hence, as the next excerpt also suggests, there appears to be a certain tension between talk of the ideal of balance and talk of work in deeply emotional terms, if not the language of love and devotion. Notice how, below, Kym recommends leaving “room for something other than” work, on the one hand, and giving oneself “completely” to work and doing “something that we are passionate about”, on the other.

“I think the person must clearly leave room for something other than their work, that’s clear, but to give themselves really completely and [...] the most important is to do something that we are passionate about in our work, in our career.” (Kym)

In the interpretative repertoire of stress, pressure and anxiety, work’s negative effects on wellbeing were expressed in these specific terms or along these lines.

“I’m not convinced that it is totally good [her wellbeing]. Uh, because I have a lot of anguish because of work: deadlines, things like that and, uh, the need to be up to par on the things [...] that I have committed to, etcetera.” (Claude)

Several women discussed these issues in ways that positioned them as managing them, typically via engaging in sports so as to “release”, “evacuate”, “eliminate” them or make them “fall”, for instance. Cindy stated, for example, “When I do big jobs, I see that period approaching and I think: ‘Oh my God! Good thing I do sports a bit.’ I wonder about people who don’t do sports. What do they do to release the pressure?” Others could discuss a certain appreciation of stress in their accounts. In the following citation, stress is constructed as problematic for Caroline only insofar as it becomes too much of a good thing.

“What impedes my wellbeing? Stress, when it’s too high [...] there are periods of professional stress that undermine my wellbeing. So, for one, I am a very anxious person. I don’t show it at all but I am very, my anxiety is very strong but it is my motor. I’ve understood this. I’ve understood that I should not fight it because it is the motor of my life [...] So it has become my ally but sometimes, when it’s too strong, well then it’s no



longer my ally. I am no longer managing it so professionally it can be hard. So that, that impedes my wellbeing.” (Caroline)

Accounts of intensive paid work or of being in “impossible” work situations, can allow women to position themselves as competent and resilient workers, as managing or overcoming difficult professional situations, or as simply strong women. While developed elsewhere (Engler et al., forthcoming), women’s identifying themselves as passionate (adoring, giving, etc.) workers could allow them to present themselves as highly involved in paid work while offsetting their potential positioning as having instrumental motives (e.g., power, ambition, climbing the ranks). In other words, grounding their talk of significant work involvement in filial terms, for some, may function to deter a positioning as less or un-feminine.

## DISCUSSION

In light of limited attention to single working women without children in health or wellbeing research, this paper brought together two types of accounts: one of scientific and one of lay origin. A discourse analysis of these materials and of the main ways they interpreted this group’s health or wellbeing found both “talked” of the advantages and disadvantages of being coupled or part of a family, the normalcy of being coupled, the positive effects of paid work, and the place given to paid work in one’s life. Both also discussed singleness as a tainted identity or state, while resistance to this was stronger in lay accounts (e.g., their being happy or well (*anyways*); not *needing* someone/ wellbeing as depending on themselves; a partner as *adding* to wellbeing). Both expressed “theories” of health or wellbeing that rested on having multifaceted lives (i.e. the benefits of “multiple roles” (scientific accounts); work as one among other positive contributors to wellbeing, as needing to be balanced (lay accounts)). These versions diverged, however, in the usual attribution of multiple life facets to those with partner/parental roles in research accounts. In lay accounts, based on those aspects regularly mentioned in this regard, this could be accessed, aside from paid work, through such things as family, friends, sports/exercise, travel, and time for oneself.

Each type of account provided resources for accounting for the compatibility of health or wellbeing with singleness and for constructing singleness (or our group) as lacking in this area. However, differences in emphases and form were apparent. According to the discourse analytic perspective adopted, different ways of constructing the “reality” of the health/wellbeing of single working women without children signal different functions (Potter and Wetherell, 1987). In scientific accounts, we have suggested that interpretations of their health/wellbeing commonly foreground family roles and their characteristics. Among their possible, and not necessarily intentional, effects are setting these roles as a standard for health, normalizing poorer health/wellbeing in our interest group, rendering less visible their personal lives, presenting them as lacking, or, less often, resisting social norms prescribing couple/family life. As such, in research accounts, the wellbeing/health of single working women without children was regularly interpreted by default, including in situations where it was reported to be similar or better<sup>51</sup>. A focus on paid work in scientific wellbeing interpretations could have some of the same effects as above for our group but could also accentuate something positive *in* their lives for wellbeing.

To be plain, many scientific accounts of the health or wellbeing of single working women without children thus appear constructed so as to maintain focus on the health/wellbeing of working women with families. Indeed, the multiple roles framework, as used, is meant to represent the “reality” of workers with families (if not women or society in general<sup>52</sup>). Portraying women as capable of and relatively healthier in managing both worker and parental/spousal roles could be a means of resisting conservative ideology that would limit women primarily to the private sphere, promoting women’s full and equal integration in the workplace, and validating the decision of mothers to also adopt roles in the public sphere (Febbraro, 2003).

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<sup>51</sup> For an added example: “...occupying the role of paid worker together with that of mother would not seem to be a health hazard for women, as we have found that there are no significant differences in health or well-being between **women who work but who are not mothers** [these women were also single], and those who combine these roles” (Matud et al., 2002, p. 374, italics added).

<sup>52</sup> For example, Roos et al. (2005) (one study from our sample) write: “Women’s roles in society have changed and most women occupy multiple roles, as a partner, a mother, and an employee outside the home” (p. 205). However, simultaneous occupation of these roles occurred in no more than 43 percent of their Finnish or Swedish national samples of women aged 25 to 49.

Conversely, emphasizing the value of family roles, notably, for working women's wellbeing, could be a way of countering the cultural denigration of traits and responsibilities associated with women (e.g., care, connectedness) (Febbraro, 2003). Drawing attention to difficulties in combining both types of roles (as well as the former) might argue in favor of workplace policies or other supports to facilitate their articulation (Febbraro, 2003). These are all worthy pursuits attesting to a struggle over interpretations of the health/wellbeing of working women (or all workers) with family roles with high stakes (e.g., around the recognition of unpaid work, the financial autonomy of women with family roles). Our concern here is that this focus may be (inadvertently) reinforcing traditional understandings of adult womanhood, particularly, of her health/wellbeing ideally resting on maintaining a sex-based relationship, if not, a heterosexual procreative partnership. As such, it may also contribute to the devaluation of intimacies, caring bonds and other sources of fulfillment outside of the family of creation. In the project of women's emancipation, while great strides have been made towards women's increased political and economic independence, women's capacity for what Moran (2004) has called "emotional independence" has been comparatively little advanced in an explicit sense, whereby singleness would become "simply one among many legitimate choices, a path that can lead to a full and happy life just as marriage and children can" (p. 288). This paper can thus be situated within a struggle over understandings of women's health/wellbeing in relation to their emotional independence, in this case among workers.

Our interview material on wellbeing suggests a similar struggle. As found in qualitative investigations of the experience of female singleness (e.g., Lewis and Moon, 1997; Reynolds and Wetherell, 2003), the lay accounts were collectively ambivalent on this issue. Macvarish (2006), for example, put it this way: "The central dichotomy consisted of needing to present themselves as happy with life as it is, while at the same time appearing open to the possibility of romance" (no page, online paper). Our reading of lay accounts highlights a similar tension. It suggests constructing wellbeing as compatible with singleness can work towards positioning the women as independent, resilient (e.g., in the face of singleness) or in control of their wellbeing, offsetting their

casting as desperate, needy, etc. It can also function to detach or distance the women's wellbeing from her couple status or question the contribution to wellbeing of couplehood. Within this repertoire are thus means of resisting traditional, if not hegemonic, views of women as defined by their intimate relationships to men (via couplehood, maternity) (Schippers, 2006). Conversely, interpreting wellbeing as lacking because of singleness can potentially allow women to offset the stigma of singleness by showing allegiance to normative romantic, familial or feminine ideals (Byrne, 2003).

These lay accounts offer paths for reframing the health/wellbeing issues of single working women without children, as commonly understood in the research examined. In an effort to promote the health/wellbeing of single working women without children (in its broad sense), both of these lay repertoires or "realities" (i.e. compatibility, lacking) need not be understood as mutually exclusive. Empirically, as presented earlier, there is statistical evidence for both sides; studies support our interest group's poorer and similar health/wellbeing relative to that of coupled working mothers, for example. However, each can be mobilized towards destabilizing a status quo that would stigmatize singleness. If we accept that science (and by extension, published research) has a hand in shaping how people construct their identities in terms of health/wellbeing and how health-related resources are invested (e.g., future research, policy development), exploring these possibilities would seem important.

The "reality" that our interest group (and singles) are lacking in wellbeing can offer an opportunity for health or wellbeing research not to problematize singleness but society's structuring in ways that favour couple or family status. One strategy could be to pursue the notion of singlism within the study of the health effects of stigma (Link and Phelan, 2006). In light of the numerous advantages attributed to marriage (e.g., valued social identity, social connectedness, various forms of social support, economic benefits; Ross, Mirowsky and Goldstein, 1990), another might be to analyze marital/couple status as a dimension of inequality in health/wellbeing research, an uncommon approach (Arber, Davidson and Ginn, 2003). The "reality" that singleness (and our interest group's characteristics) is compatible with wellbeing, for its part, can be investigated from the perspective that they too enact multiple roles or occupy several activity domains that

can lead to enhanced health/wellbeing. To paraphrase Moran (2004), this more validating view of the lives of our interest group and singles might ask: “In what ways can/do they ‘have it all’? Hence, by recognizing and stressing their capacity for healthiness and, for instance, a diversified life, we can emphasize conditions conducive to it. Considering both realities simultaneously means we can ask in what contexts each scenario is more likely to occur. While work has certainly been done in this direction, including in our sample of articles (e.g., Dalton, 1992; Lewis and Borders, 1995), there remains room for building more complex research interpretations of the health/wellbeing of single working women without children that are more reflexive of the potential workings of an ideology of coupled or family life.

## **ACKNOWLEDGEMENTS**

This paper is part of the doctoral research project of the first author, supervised by Professors Frohlich and Descarries. It was also made possible with funding from the Social Sciences and Humanities Research Council of Canada (Standard Research Grant, #410-2005-1537 awarded to Joseph J. Lévy, principal investigator, and a Canada Graduate Scholarship, #767-2005-0276).

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## **DISCUSSION**

## POINTS OF DEPARTURE

An important point of departure for this thesis was the ferment taking place in social scientific and work-related literatures on the experience of singlehood and childlessness as one of marginalization or exclusion. Social scientific studies on singles underscored the stigma and identity dilemmas attached to the unmarried status. Organizational or work-related papers on the topic of “work-life” discussed the importance of including the single and childless in the debate and of adapting concepts and methodologies appropriately in research. In sum, within these collections of studies, singles and the childless appeared groups in need of greater advocacy and research attention. It was especially via the claims of Bella DePaulo and others that some research on marital status and wellbeing was being shaped to fit an ideology of marriage (couplehood) and the family that I awoke to a research opportunity of pertinence to public health.

Public health, I argued, has a role to play in keeping a critical eye on discursive constructions of health and wellbeing for these can contribute not only to how problems and solutions are conceived and addressed on a societal level in their regard, but how people can imagine their own identities on these issues with implications from both for their wellbeing. I suggested that scientific interpretations of health/wellbeing may be especially important to scrutinize given their potential influence in both of these spheres. I also proposed that theories and constructions of health/wellbeing were dynamic, multiple, and characterized by definitional struggles grounded in competing interests and differential power relations between social groups (e.g., Eakin et al., 1996; Kickbusch, 2007). The literature focused on singles mentioned earlier seemed to indicate such a struggle with, for example, authors underlining the experience of work-life problems in single, childless workers in a context understood as predominantly viewing these as belonging to workers with families of creation (e.g., Cummins, 2005; Hamilton et al., 2006) and others, deemphasizing the health or wellbeing disadvantage in singles in a context seen as presuming the married enjoy superior levels of these (DePaulo and Morris, 2005; DePaulo, 2006). Qualitative research on singles further highlighted this tension with single individuals struggling in their accounts to maintain a positive identity as a single person (e.g., as single and happy) in a context that was

presumably skeptical to this possibility (e.g., Reynolds and Wetherell, 2003; Zajicek and Koski, 2003). The health/wellbeing of singles thus seemed a fertile terrain for discourse analysis, particularly for a project that would consider and compare both scientific and lay accounts around this common theme.

As a focal point for these analyses, single working women without children appeared a propitious choice. Despite their apparent numbers (e.g., 28% of employed women are single and have no children at home; Statistics Canada, 2006), little research seemed to be focusing on their health/wellbeing, as noted by some investigators (e.g., Fong and Amatea, 1992; Killien, 2001). With women's mass infiltration into the paid workforce, much of the interest in the health/wellbeing of working women in relation to their personal lives and the roles within this domain (a dominant framework for understanding working women's health; e.g., Klumb and Lampert, 2004) was directed to those with partners or children. Gains in women's education and financial independence, other feminist successes (e.g., contraception, abortion), and broad social trends (e.g., delayed life transitions), however, have also meant that adult women have been able to postpone or bypass childrearing or marriage (or marriage-like relationships). Additionally, the periods of their lives encompassing these roles could be more variable (e.g., through the end of a partnership), together, making the experience of being a single working woman without children common. Nevertheless, the cultural value of couplehood and parenthood, including for personal happiness, remains strong (Crompton, 2005). This thesis revolved around single working women without children for their notable demographic presence, the limited health/wellbeing research devoted to them, and because they symbolically represent a profile of woman who is at odds with societal expectations to couple and have children.

In line with a dual interest in interpretations of health/wellbeing and the focal group's identities (subject positions) in this regard, the approach taken was what I have dubbed interpretative repertoire discourse analysis (e.g., Edley, 2001a) which is guided by the concepts of interpretative repertoire and subject position. The articles produced provided a detailed examination of each type of account individually (Articles 1 and 2) and a comparative piece (Article 3).

## THE ARTICLES' CONTRIBUTIONS

As concerns the general contributions of this thesis, its articles most evidently provide analyses on a population not often specifically addressed in areas of health/wellbeing investigation that concern them, for instance, those of working women's roles or work-life conflict. This became even more evident when composing the sample of research articles for discourse analysis. The examination of over 2 500 references through various database searches, which, granted, certainly contained some double entries, combined with article reference and Google Scholar searches produced only 32 articles for a two-decade time frame. Only this modest number of papers constituted single working women without children as a group and reported in some fashion on their health/wellbeing. Even among these studies, few were premised on an explicit interest in this group (only 5; 16%) and one of these (Yeung and Tang, 2001), after justifying in a sentence preceding the methodology its selection of single working without children as its target sample (i.e. due to their being "without the buffering effect of the family role", p. 99), never again returned to this aspect analytically in the remainder of the paper. In any case, the papers forming this thesis offer contributions along the lines of other studies whose primary interest was this group which, in the sample analyzed, examined their stress (Amatea and Fong, 1992), adjustment (Dalton, 1992), predictors of life satisfaction (Lewis and Borders, 1995) and work-life conflict (Hamilton et al., 2006). The thesis' papers, in their eclectic content and discursive approach, touched on many of these subject areas but emphasized how they are talked about (instead of their absolute or relative levels, for instance) and hence, make a distinct contribution in this regard. We will look at each thesis article in turn for their more specific contributions.

Article 1, *Whose roles? Whose life?*, presents the discourse analysis of the sample of scientific articles. Importantly, it further substantiates the idea advanced by DePaulo and others (e.g., DePaulo and Morris, 2005; DePaulo, 2006) that research publications can contribute to fostering negative, if not, stigmatizing (e.g., devaluing, discounting) constructions of single adults or those without families of creation. Little recent work in this vein appears to have been done. The approach taken by DePaulo and Morris (2005) especially drew on published works from reputed authors and retraced their claims

about marriage to their original sources, checking their validity in relation to the data, and formed part of a scholarly article presenting the phenomenon they labelled “singlism” rather than an empirical study *per se*. In contrast, I formed a bounded sample of material based on criteria that increased chances that researchers would produce “talk” about single working women without children and their health/wellbeing in their papers. I also employed a discourse analytic approach that attended to words, not with an interest in their veracity but for what they might reveal about the cultural resources available for broaching topics, in this case, the health/wellbeing of single working women without children.

This paper largely showed that, across studies offering direct interpretations of the health/wellbeing of our focal group in relation to the authors’ findings, these resources seemed limited, much reliant on the states and associated features of being coupled or a parent, and offered relatively less in the way of positive theorizations about their health/wellbeing as compared with those of the marital or parental roles. Hence, to answer the questions posed in the paper’s title, to a large degree, we learned in this paper that the lives and roles used to interpret the health/wellbeing of single working women without children were arguably not their own. An interpretative repertoire which was termed *the family as reference* helped explain the pattern of interpretations observed.

Particular attention was directed towards the popular multiple roles framework. As often operationalized in the research examined, it was oriented to the “reality” of workers with families, positioning our focal group as the occupants of a sole social role which was symptomatic of the practice in several studies of downplaying or discounting their social lives and family ties. Stereotypes in this regard could thus be reinforced, particularly, the unfulfilled, isolated or work-oriented single woman. Related to the point made above, it was conveyed that the interests served by this body of research, as a whole, appeared especially stacked in favor of workers who combine both family and paid employment relative to our focal group.



Finally, Article 1 underscored that there are ways of approaching the health/wellbeing of single working women without children that could at once recognize their personal lives, their capacity for good health/wellbeing, illuminate their pathways to health/wellbeing, and thus contribute to the validation of this profile of female worker, guarding against (unwittingly) reinforcing the “multiple role” woman as the standard, notably, for health/wellbeing. There were examples of this in the sample of studies examined (e.g., Dalton, 1992; Lewis and Border, 1995). The revival of some earlier, more inclusive theorizations of multiple roles that positioned all as holding them was proposed.

Article 2, *Single, childless working women’s discursive constructions of wellbeing*, centred on the content of the 22 qualitative interviews. In contrast with Article 1, it offered an opportunity to look at how a sample of the women themselves would talk about their wellbeing and the factors contributing to it. Here, we learned that a major interpretative repertoire for talking about their wellbeing centred on a notion of *balance* involving the presence of diverse life spheres, positive experiences within them, its ability to shift over time, and an adequate dosing of one’s activities, typically, by not letting work take up too much space. Analyses also showed that women positioned themselves as *dynamic*, infusing talk of their lives with intensity and notably, interpreting their employment as a *passion*. This intensity was also conveyed by how women could talk about the other areas of their lives (e.g., friendship, sports, travel, culture, family). The functions of these subject positions were theorized in relation to women showing sensitivity to being positioned as single and workers (perhaps especially as “career women”). The dynamic woman position was offered as providing a valued identity that could counter the idea that as single, their lives may be lacking in fulfillment or activity. The passionate worker identity allowed women, notably, to account for their investment in work in more relational or emotive terms while warding off their positioning as seeking power, advancement or other instrumental gains (that might be associated with the career woman identity).

Points of discursive tension arose, however. For some women, aligning themselves too closely with balance seemed to pose a risk for their identities as dynamic women. This

was taken to suggest that competing with discourse on balance (notably, keeping the sphere of work in check) may be other “counter-balancing” discourses, such as one based on the valuation of *busyness* for its ties to professional lifestyles, and managerial discourse on *passion* that may cast work as a spiritual duty, among other things.

Overall, the way most women addressed their wellbeing spoke to the relevance of aspects of work-life balance to their lives, investing, for example, in the notion of maintaining several different types of activities and relationships, including employment. Based on Article 1’s analyses which saw, in research interpretations of their wellbeing, single working women without children positioned as the occupants of principally one activity domain (i.e. paid work), this is an important contrast, suggestive of a “struggle” over definitions of their wellbeing in terms of their life’s breadth (i.e. multifocal versus more singularly focused). However, as presented in Article 2, for some women, work is cast as a central part of life (e.g., “it’s my whole life” Veronica; “I married the cause of work”, Catherine). How it is usually discussed in these cases and for over half of participants is as a *passion* or in similar terms signifying a strong emotional or relational bond which, as these two citations exemplify, blurs the boundary between *work* and *life*. Further, it is common in these cases to also refer to the good relationships one has with coworkers or others in the work environment. For many women presenting accounts of overwork to burnout, its origins were at least partially couched in this very positive way. As positive identities adopted by the interview participants, the notions of leading dynamic lives and being passionate workers (as well as notions of wellbeing as balance) may thus provide new ways for characterizing this focal group (that are more in line with their own discourse) and even of explaining how they might run into trouble (e.g., burnout from being too passionate, work-life imbalance from being too dynamic).

Article 3, *Scientific and lay accounts*, offers a comparison of both research materials. It summarizes some of the same material of the previous two articles but does add new dimensions of the interview content pertaining to singleness and work in relation to wellbeing, the two themes on which the accounts are compared. Among its original contributions relative to the other articles, was to illustrate how both accounts made

many of the same general thematic stops: the advantages and disadvantages of coupled or family life; the contribution of work and its place in one's life to wellbeing; and the normalcy of being coupled. Hence, there appears to be a common cultural baggage with which to speak of singleness and work in each type of account which notably shows how speaking of singleness/childlessness evokes couplehood and family life. There were, however, differences in emphasis and form between these accounts.

Within the lay accounts, similar to other qualitative studies of the experience of female singleness, we also observed "ambivalence" or rather roughly opposing although not necessarily contradictory interpretations of its ties to wellbeing. In following, two broad interpretative repertoires were identified: singleness as compatible with wellbeing and singleness as lacking in wellbeing, each with their respective sub-aspects. The ways in which compatibility was especially communicated was through talk of not needing someone or of wellbeing depending on oneself; of being happy or well (anyways); of a partner as (merely) adding to one's (already good) wellbeing, and of coupled/family life as a potential threat to wellbeing. The other repertoire (i.e. lacking), was particularly indicated by talking of missing something or missing out; of needing support or to adapt because of one's singleness; and singleness as problematic, "not normal", or as a failure. However, many women resisted portrayals of singleness as problematic or abnormal, in this regard, and this resistance was more present within lay than scientific accounts.

Article 3 also provided more elaborate theorizations of the different types of accounts in explanation for their differences. I proposed that scientific accounts, by their emphasis on work and family in interpretations of the health/wellbeing of single working women without children, may signify a greater orientation to resisting gender ideology that might, for example, limit women's full and equal integration in the workplace and the establishment of supports for those combining family and paid work roles. In contrast, lay accounts of singleness as compatible with wellbeing may be more oriented to positioning the women as independent, resilient and in control of their wellbeing, offsetting stereotypes of single women as desperate, for instance, and resisting

traditional views of women as defined by intimate relationships to men, arguably, a different dimension of gender ideology.

Finally, in looking to lay accounts for alternative ways of constructing the issues, this article suggested that both the compatibility and the lacking repertoires could be consistent with a non-stigmatizing approach to the health/wellbeing of single working women without children. One means of doing so, taking the lead from our interviews, would be to problematize to a greater degree the normative quality of couple/family life from the perspective of those who lead lives on the margins of its conventional understandings, including our focal group.

### **THE ANALYSES IN RELATION TO QUALITATIVE RESEARCH ON LAY MEANINGS OF HEALTH**

Considering some of the qualitative research on lay meanings of health can help to better situate the analyses conducted with the interview material as well as offer some alternative interpretations. Firstly, while it was proposed that the construction of wellbeing as balance (i.e. dosing, diversification, positivity, changeability) among the women participants, in part, reflects an uptake of work-life balance discourse, it is important to highlight that balance or equilibrium, while variously defined, are very common ways of understanding health among lay people (e.g., Blaxter, 2010; George and Rail, 2006; Hughner and Kleine, 2004; Jensen and Allen, 1994). For example, in parallel with my participants' construction of wellbeing, Robertson (2006) characterized healthy balance as "life needing all things in moderation" (p. 179) which resembles its "dosing" element. Herzlich (summarized in Blaxter, 2010) identified three dimensions that captured lay concepts of health among which was equilibrium. Its main features were "balance, harmony and well-being, contingent upon events in life, a state often under attack in modern society" (Blaxter, 2010, p. 52). Here we find echoes of the changeability aspect of balance in my participants' talk and its positive element. In addition, why a construction of wellbeing as balance may be associated with the dynamic woman subject position elaborated in Article 2 can be found in Jensen and Allen (1994). Through their meta-analytic synthesis of qualitative health research, they

offer a theoretical formulation in terms of “health-disease” which is claimed to exist in harmony:

“...when balance is maintained, one has energy and a sense of aliveness. One is attached to the world, participating fully. Life is an unfolding, shifting existence, approached with a sense of vivacity, hopefulness, and purpose.” (p. 362).

Hence, presenting oneself as a dynamic woman may itself articulate a subject position as healthy or well.

This subject position is also worth revisiting from yet another angle. It will be remembered that it was meant to capture, in part, women’s self-presentation as active and intensely engaged with their life’s activities, in particular, paid work. I had explained this position, to some degree, by its potential to offset negative stereotypes of single women, by new and valued cultural meanings of busyness and by elements of organizational discourse. I also suggested that it could conflict with notions of wellbeing as balance. Echoes of this subject position were found in research on lay meanings of stress or health in women. A qualitative analysis of young women’s self-described stressors identified a category named “stressors of modernity” (Wiklund, Bengs, Malmgren-Olsson and Öhman, 2010). One of its subthemes, “Striving for effectiveness and rationality” (p. 1569), conveyed the women’s focus on time, utility, and life planning and organization. It could involve talk of taking few rests or pauses, a hectic pace, having an overbooked agenda or a sense of meaninglessness if they just relaxed. The authors associated this subtheme with discourses of the modern economy (e.g., doing more with less) which may be contributing to “novel” conditions such as restlessness and tiredness. In another study, this one focused on constructions of health in working mothers in the UK, a characterization of a dynamic subject position was found in a citation which suggests it is a cultural or linguistic resource drawn on beyond the geographic context of our interviews and, further, is an identity not limited to single working women without children (Cunningham-Burley et al., 2006). It positioned a participant’s manager, also a mother, and brought together being dynamic, workaholic and “doing too much”:

“[she] comes across as someone who is very dynamic, who’s a complete workaholic, in my... So on the one hand she’s saying ‘yes it’s fine to take time off’ and ‘it’s fine not to do too much’, but then she’s doing too much all the time” (p. 396).

In sum, other qualitative research has given indications of a dynamic woman subject position which lends support to my analyses.

Finally, the Cunningham-Burley et al. (2006) study as well as another (Barnes et al., 2008) are also important in underscoring how working women and working mothers, specifically, strove to construct themselves as reliable workers and as upholding a strong work ethic. Furthermore, in Barnes et al. (2008), working women tended to avoid discussing emotional vulnerability in regards to work; compared to the men in the study, they were less likely to talk about their common mental health problems in relation to work and made very little mention of childcare issues (e.g., associated with absence from work). The interviews with single childless working women suggest a similar positioning in accounts that presented them as overcoming or facing extremely challenging work situations or being affected only in the most trying of professional circumstances, for instance. These were touched on in Articles 2 and 3. Whether they were positioning themselves in relation to possible gendered assumptions about women workers (e.g., as less reliable, less capable), to a culturally valued social role as worker, or to aspects of workplace culture (a work *or* family culture, a culture of hours; Duxbury and Higgins, 2005), many working women, regardless of family status, may be careful to present themselves in ways that convey competence, commitment, resilience and responsibility in the sphere of paid work.

## **IMPLICATIONS OF THE ANALYSES FOR PUBLIC HEALTH**

A recent Ontario Human Rights Commission (OHRC) (2007) policy document on discrimination because of *family status* speaks to the harms of assumptions based on it and its relevance for public health. Defining family status as “the status of being in a parent and child relationship” (OHRC, 2007, p. 8) and attending to it primarily in its caregiving role, the document highlights that negative stereotypes and attitudes towards

caregivers can lead to discrimination in such important areas for wellbeing as employment, housing and services, which may be compounded when a lone parent or combined with other recognized bases for discrimination besides marital status such as sex, sexual orientation/identity, disability and race. It is certainly not my intention to suggest here that single working women without children are the only group affected by such assumptions or that they come close to being most touched by them when other groups face barriers in accessing such necessities as paid work and a home. I would argue, however, for their consideration in such discussions. In this regard, it was interesting to observe parallels in the workplace scenarios depicted in the OHRC document concerning caregivers and some of those reported in the literature about single, childless workers. They seemed two sides of a similar coin, suggesting it is not only the presence of family/caregiving but its absence through which family status bias can operate, with potential negative repercussions on both sides.

“...employers may assume that persons with significant caregiving responsibilities will not be willing to work longer hours, do overtime, or take on challenging or complex projects, and may consciously or unconsciously slot such individuals into workplace roles consistent with these assumptions” (OHRC, 2007, p. 37).

This effect of diminished recognition and opportunities, when tied to working women, can be referred to as being placed on a “mommy track”. According to Cummins (2005), however, “mommy tracking” need not be limited to mothers.

“...childless, single women academics are often expected to undertake the work of compulsory motherwork<sup>53</sup> through the structural underpinnings of their work-related roles and the societal demands placed upon them. They are involuntarily placed in a mommy tracking situation without being on the track of motherhood at home. Social policy is not directed towards their lived experience in the university and beyond” (p. 223, footnote added).

In sum, in taking up matters of differential treatment in society based on couple/family status, the recommendation of my thesis to the field of public health is that it should also take account of groups without conventionally defined family or caregiving roles.

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<sup>53</sup> Cummins (2005) qualifies this “compulsory motherwork”: “...given that they are usually younger and perceived to have more time in lieu of being partnered and in the absence of children, they are thought to have more time to spend doing emotion work, serving the mental hygiene function, or caring for colleagues, students, co-workers or parents” (p. 226).

In this way it should define family bias broadly, and include it among other biases it recognizes as consequential for health/wellbeing.

This would involve attending to it in research practices. In literature oriented to health and wellbeing, negative stereotypes tied to women's family status have been named and critiqued. For example, Crosby and Jaskar (1993) examined the notion remarked to be current at the time of their chapter's publication that combining paid work and family roles caused health problems for women. They proposed that emphasis on the "harried role-juggler" and her conflicting roles had ideological roots in sexism and individualism. For these authors, this perspective was not only silent around the issues of women's pleasures and joys of combining roles and their capacity to cope, but on "the real source" of their problems: their *within*-role difficulties tied to being a woman in society. Similarly, in her critique of 11 years of nursing journal articles on single parent families (including single working mothers), Ford-Gilboe and Campbell (1996) found half of papers emphasized their problems and, in several ways, reinforced the stereotype that, as families, they were deviant or pathological, reaffirming the "gold standard" of the nuclear family. As a result, the authors argued for a more balanced perspective in regards to single parent families, particularly, one that would also examine their strengths.

While other investigators have noted a dearth of research on single working women without children in the work-life field (Hamilton et al., 2006) and research on women's roles (Fong and Amatea, 1992), I am as yet unaware of a study which has examined the health/wellbeing research on this group aside from that presented here. If there are stereotypes as regards multiple role women (e.g., "harried role juggler") and single mother families (e.g., "deviant families"; "failed families," Marlow, 1993) that help name the biases in their regard, these appear less readily available for my focal group, although, as Article 1 illustrates, they can be positioned in stereotypical ways. Towards the increased recognition of this possibility, I offer the following heuristic stereotype: single working women without children as "only having their jobs". This expression captures two important aspects: the view of their lives as lacking in dimensionality relative to workers with families (e.g., breadth, rewards, resources, social ties, family,



fulfilment) and the emphasis on their work. Portraits of these women's involvement in work as contributing to lower immunity, being completely consumed by work or their going to work sick, can be seen to pathologize this group's relationship to it. In many of the lay accounts, their employment was not *only* work, but a *passion* and a source of challenges but nevertheless one among other aspects that contributed to their wellbeing. Hence, the argument for a more balanced perspective on the lives of this group in the research also holds here. And all of these group stereotypes can be understood as emerging, at least in part, from familial ideals (e.g., of women as homemakers; women as part of two-parent families; women as part of a family of creation).

Health/wellbeing research may achieve this more equilibrated perspective by taking cues from the lay accounts that point to relative silences about their lives, as indicated by the women's talk. In this direction, concepts, theories, research questions, result interpretations and other elements of investigative practice could also be devoted to the "reality" that single working women without children can lead balanced and dynamic lives that contribute to their wellbeing, fostering more complex and less family-dependent understandings of their lives and the activity domains that contribute to it. In contrast with the other groups mentioned, working women without parental or spousal roles seem barely on the health/wellbeing research radar, based on my literature search. This is perhaps troubling in light of the findings in their regard where parallels and differences in health/wellbeing were observed in every direction between them and both single working mothers and coupled working mothers. Greater conceptual development in the above direction may help illuminate some of this variability.

The notion of family bias, however, does pose a problem for my focal group in that, once again, it sets family as the reference. This makes the concept of singlism a useful one to discuss some of its related issues, and might offer public health new ways of interpreting the health and wellbeing of single adults in research and thus, contribute to telling different and perhaps more emancipating stories about their lives.

## **CONCLUSION**

Researchers of health and wellbeing tell stories that can rehearse and challenge what kinds of lives are believed possible and viable. Public health has a role in maintaining a critical eye on these constructions so that harmful assumptions and biases are not perpetuated. Interpretative repertoire discourse analysis offers a means of reflexive and critical interrogation in this regard, sensitizing to the cultural resources available (and not) to speak about topics, to the different interests their use may signify, and, potentially, to new ways of viewing and approaching issues. This methodology has much to offer public health in questioning discursive practices, including its own, in considering how they may be received and resisted by their intended audience, and in adopting strategies that “speak” to them, with sensitivity to the positions in which they are invested.

Its use in the research of this thesis proved useful in highlighting common cultural resources between scientific and lay accounts around, for example, the benefits of coupled or family life and the abnormality of singlehood in interpretations of our focal group’s wellbeing but showed, in contrast, the latter were more invested in understandings of their lives as multifaceted and of singleness as being compatible with wellbeing, showing greater resistance to its contrary. Women also regularly positioned themselves as dynamic and passionate in talk of wellbeing. Stressing these notions in research can offer a more complex and emancipating perspective on their lives, contributing to lessening the stigma of singlehood or being without a family of creation.

The stories I have told about single working women without children in this document, however, have been silent on such issues as class, race/ethnicity, and sexual orientation which might have dramatically changed talk about some of the central topics dealt with: wellbeing, paid work, singleness and childlessness. I am thus guilty of many of the biases for which work-family/life research is accused (e.g., Casper, Eby, et al., 2007). Health status is another factor that was little addressed or varied; the interview sample was of relatively healthy women who generally characterized their wellbeing as good or better. In addition, few analytic distinctions were made between the different single status categories. Furthermore, that single, childless working men may be relevant to this discussion was largely left out. These issues were glossed over given the relative

novelty of the population examined, and the choice of especially accentuating matters of couple/family status in women in an effort to help put it on the map, so to speak. The invitation, however, is wide open for others to pursue the charting of this territory.

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## **APPENDICES**



**APPENDIX 1**  
**CALL FORM AND BRIEF SOCIODEMOGRAPHIC QUESTIONNAIRE**

***Fiche de rendez-vous***

---

Cette étude s'adresse aux femmes ayant ces caractéristiques :

- |  |  |
|--|--|
| <input type="checkbox"/> « femme de carrière »   | <input type="checkbox"/> résidente de la région de Montréal          |
| <input type="checkbox"/> âgée de 30 à 45 ans   | <input type="checkbox"/> travaille 35 heures ou + par semaine        |
| <input type="checkbox"/> célibataire -pas de conjoint de fait/<br>mariée               | <input type="checkbox"/> détient un diplôme universitaire (bacc)     |
| <input type="checkbox"/> jamais mis au monde ou eu à sa charge<br>un enfant biologique | <input type="checkbox"/> hétérosexuelle                              |
|  | <input type="checkbox"/> revenu annuel min. de \$30K avant<br>impôts |

**Nom**

---

**Tél.**

---

**Courriel**

---

**Source du recrutement**

**Date d'appel 1 :**  contact  laissé message

**Date d'appel 2 :**  contact  laissé message

**Date d'appel 3 :**  contact  laissé message

**Date du rendez-vous**

**Suivi (présence au r-v)**

Notes :

---

**Bref questionnaire****Code****Age****Profession actuelle**

**Dernier diplôme complété**       BACC       Maîtrise       Ph.D.

**Occupation**       Travail à temps plein (hr/ semaine : heures)  
 Travail à temps partiel (hr/ semaine : heures)  
 Étudiante à temps plein  
 Étudiante à temps partiel

**Revenu annuel brut**       \$30k-\$39,999       \$60k-\$79,999  
 \$40k-\$59,999       \$80k et plus

**Langue maternelle**       Français       Anglais       Autre :

**Ville de résidence**       Montréal       Autre :

**Célibataire**

- Depuis quand? \_\_\_\_\_
- Fréquentations? \_\_\_\_\_
- Déjà mariée? \_\_\_\_\_

**Ces temps-ci, votre niveau de bien-être est...**       Excellent       Passable       Mauvais  
 Bon       Pauvre

**Qui êtes-vous?  
(En cinq expressions)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**APPENDIX 2**  
**CONSENT FORM**

## Formulaire de consentement

---

Je, soussignée \_\_\_\_\_, accepte librement de participer à la recherche intitulée « **L'expérience sociale, sexuelle et psychologique de femmes de carrière célibataires de Montréal: Une analyse qualitative d'un nouveau phénomène** ».

Cette étude est subventionnée par le Conseil de recherches en sciences humaines du Canada. Les membres de l'équipe de recherche sont :

Joseph Lévy,	Professeur et chercheur principal de l'étude,	UQÀM
Jocelyne Thériault,	Professeure et co-chercheur,	UQÀM
Mylène Fernet,	Professeure et co-chercheur,	UQÀM
Katherine Frohlich,	Professeure et directrice de thèse,	Université de Montréal

### ***But de l'étude et détails de la participation à l'entrevue***

Le but de cette recherche exploratoire est d'approfondir les connaissances sur l'expérience des femmes de carrière célibataires, sans enfant et âgées de 30 à 45 ans.

La recherche se fait sous forme d'entrevue enregistrée sur cassette audio afin de faciliter le travail de retranscription qui sera nécessaire à l'analyse. Cette entrevue a une durée d'environ une heure et demi et je recevrai un dédommagement de 20\$.

Il est entendu que je peux me retirer de cette recherche en tout temps sans avoir à fournir de raison ni à subir de conséquences. Dans ce cas, je déciderai si la part de l'entrevue complétée sera incluse dans l'étude.

Ma participation à cette recherche m'apporte l'occasion de faire un retour sur mon expérience de vie. Mis à part le fait d'accorder du temps pour l'entrevue, les inconvénients de participer se limitent à la gêne possible à discuter des thèmes personnels. Il est possible cependant que l'entrevue déclenche la mémoire d'événements douloureux. Dans ce cas, je pourrai accéder à une aide psychologique gratuitement et dans un délai court en avisant la professionnelle de recherche, Kim Engler (514-987-3000 poste 1786), de mon besoin. À ma demande, un répertoire de quelques ressources psychologiques pourra également m'être remis.

### ***Confidentialité***

Je suis assurée que la confidentialité des renseignements fournis (ainsi que les noms des personnes que je pourrais mentionner) sera préservée par les mesures suivantes :

- Mon nom n'apparaîtra pas sur les cassettes, ni sur les transcriptions écrites de l'entrevue. Un code sera utilisé à la place.
- Le présent formulaire sera conservé à part des cassettes pour qu'on ne puisse y associer mon nom.
- Tout le matériel, incluant l'original de ce document, sera conservé sous clé au local WR-225 et seule l'équipe des chercheurs y aura accès.
- Les chercheurs promettent de respecter la confidentialité du matériel recueilli et ont signé une entente à cet effet.
- Tout le matériel brut sera détruit 7 ans après la soumission du rapport final.
- Les différents rapports ou publications ne permettront pas de m'identifier.

### **Approbation du projet de recherche**

Ce projet a reçu l'aval du Comité institutionnel d'éthique de la recherche avec des êtres humains de l'UQAM. Toute plainte, critique ou demande d'information pourra être adressée au chercheur principal, Joseph Lévy (Tél. : 514-987-3000 poste 4483), au Dr. Marc Bélanger, membre du comité d'éthique de l'UQAM (Tél. : 514-987-3000, poste 6862) ou au bureau de l'ombudsman de l'Université de Montréal (Tél. : 514-343-2100).

Parce que la professionnelle de recherche impliquée dans cette étude (Kim Engler) est candidate au doctorat en santé publique à l'Université de Montréal, ce projet de recherche et le présent formulaire de consentement ont été approuvés en mars 2008 par le Comité d'éthique sur la recherche chez les êtres humains de la Faculté de médecine de l'Université de Montréal. A des fins de contrôle du projet de recherche, le dossier de ce projet pourra être consulté par une personne mandatée par le CERFM. Cette dernière adhère à une politique de stricte confidentialité.

### **La sélection de la nature de sa participation**

#### **L'entrevue semi-dirigée**

Je désire seulement participer à l'entrevue semi-structurée.

Oui  Non

#### **L'entrevue semi-dirigée et le focus group**

J'aimerais participer à l'entrevue et, sans compensation additionnelle, au groupe de discussion avec d'autres femmes de carrière célibataires dans le but de discuter des résultats de l'étude.

Oui  Non

### **L'usage des extraits d'entrevue**

En autant que l'entente de confidentialité décrite soit respectée, j'accepte que des extraits de mon entrevue soient utilisés pour illustrer les résultats de l'étude que ce soit dans le contexte d'une présentation, un article scientifique ou le rapport final.

Oui  Non

Signature de la personne interviewée \_\_\_\_\_ Date \_\_\_\_\_

Professionnelle de recherche \_\_\_\_\_ Date \_\_\_\_\_

**On vous remettra une copie signée du formulaire de consentement.**

*Note that this form has been reduced for publication in this thesis from 12 to 10 point font to fit within two pages.*

**APPENDIX 3**  
**INTERVIEW SCHEDULE**

## ***Grille d'entrevue***

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### *Identities, roles and meanings*

- 1) C'est quoi être une femme de carrière pour vous?
- 2) On conçoit la « femme de carrière » comment dans notre société?
- 3) Parlez moi de la place que le travail occupe dans votre vie.
- 4) A part de votre travail, quels sont les autres aspects de votre vie qui sont importantes pour vous?
- 5) Être célibataire à ce moment-ci de votre vie, signifie quoi pour vous?
- 6) On perçoit comment le célibat chez les femmes adultes dans notre société, selon vous?
- 7) De ne pas avoir d'enfant à ce stade de votre vie, signifie quoi pour vous?
- 8) Une femme adulte qui n'a pas d'enfant aujourd'hui est perçue comment dans notre société?
- 9) Dites moi comment vous voyez votre vie dans 5 ans? A quoi vous aspirez?

### *Le bien-être*

- 10) C'est quoi le bien-être pour vous? Décrivez le moi.
- 11) Quels facteurs contribuent le plus à votre bien-être?
- 12) Quels facteurs entravent votre bien-être?
- 13) Selon vous, quels sont les défis auxquels font face les femmes de carrières célibataires?
- 14) Quels conseils offririez vous à une jeune femme qui planifie sa carrière et établit ses objectifs de vie?



### *Interview schedule*

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#### *On identities, roles and meanings*

- 1) What does it mean to you to be a career woman?
- 2) In this society, how are career women perceived?
- 3) Tell me about the place your work has in your life.
- 4) Aside from your work, what are the other important parts of your life (e.g., activities, people)?
- 5) What does it mean for you to be single at this time?
- 6) What in your opinion is society's perspective on single women?
- 7) What does it mean to you that at this time you have not had children?
- 8) In your opinion, how does society view women who do not have children?
- 9) Tell me how you would like your life to be 5 years from now? How can you make (or are you making) this possible?

#### *On wellbeing*

- 10) What is wellbeing for you? How would you describe it?
- 11) What factors would you say contribute most positively to your wellbeing?
- 12) What factors would you say most negatively impact your wellbeing?
- 13) In your opinion, what are some of the challenges or issues facing (single) career women today?
- 14) What kind of advice would you offer, if any, to a younger woman planning her career and setting her life goals?

**APPENDIX 4**  
**PUBLICITY MATERIAL**

## ADVERTISEMENTS PLACED IN THE MONTREAL PRESS

### *Wave 1 (2006)*

Ad placed in the *Voir*:

AUX FEMMES DE CARRIÈRE CÉLIBATAIRES Étudiante au doctorat cherche interviewées pour une étude subventionnée sur la vie des femmes de carrière célibataires dans la trentaine. Pour plus d'informations : 514 987-3000 poste 1786.

Ad placed in the *Hour*:

FOR SINGLE PROFESSIONAL WOMEN Doctoral student seeks interviewees for a funded project on the lives of single career women in their thirties. For more info call: 514 987-3000 x-1786.

### *Wave 2 (2008)*

Ad placed in the *Concordia Link*, the *McGill Reporter* and in the *Montreal Hour*:

**Single career women without children** are needed to participate in an academic study funded by the SSHRC on their life roles and view of wellbeing. Criteria: full-time work, completed bachelor's degree, ages 30 to 45. Participation: conversational interview (in English or French). Compensation. Info: [my email] or (514) 987-3000 x-1786.

Ad placed in *Montreal Campus* and the *Voir*:

**Femmes de carrière célibataires sans enfant** recherchées pour une étude académique. Cette étude subventionnée par le CRSH explore leurs rôles de vie et leur(s) vision(s) du bien-être. Critères: travail à temps plein, baccalauréat complété, âge: 30 à 45. Participation: entrevue semi-dirigée. Compensation. Info: [my email] ou 514 987-3000 x-1786.

Ad placed in *La Presse*:

**Femmes de carrière célibataires sans enfant** recherchées pour une étude universitaire. Critères : travail à temps plein, BACC complété, revenu annuel brut de 30k ou plus, 30 à 45 ans. Participation: entrevue. Compensation. [my email] ou (514) 987-3000 poste 1786.

Ad placed in the *Métro*:

**FEMMES de carrière célibataires sans enfant** recherchées pour une étude universitaire sur leur expérience de vie. **Critères** : travail à temps plein, BACC complété, âge : 30 à 45, revenu annuel brut de \$30,000 et +. Participation: entrevue semi-dirigée. Compensation. [my email] ou (514) 987-3000 poste- 1786. Kim

**APPENDIX 5**  
**RECRUITED WOMEN WHO DID NOT PARTICIPATE**

Table 1. Women who responded to the study but were not included during the first (2006) and second (2008) waves of recruitment ( $n = 20$ )

Date	Initial contact	Source	Reason
August, 2006	Phone (French)	<i>Voir</i>	Work (not working)
August, 2006	Phone (French)	<i>Voir</i>	Lost to follow-up (after leaving 3 messages)
August, 2006	Phone (French)	<i>Voir</i>	Education (DEC <sup>1</sup> )
August, 2006	Phone (French)	<i>Voir</i>	Education (DEC)
August, 2006	Phone (French)	Word of mouth	Work (< 35 hours)
March, 2008	Phone (English)	<i>Business and Professional Women's Club of Montreal</i>	Age (59 years old)
March, 2008	Phone (French)	Unknown	Age (28 years old) Income (< 30K)
March, 2008 (16 <sup>th</sup> )	Email (French)	Unknown	Age (28 years old)
March, 2008 (18 <sup>th</sup> )	Phone (French)	<i>Hour</i>	Income (< 30K) Work (not working)
March, 2008 (18 <sup>th</sup> )	Phone (French)	Unknown	Income (< 30K)
March, 2008 (18 <sup>th</sup> )	Phone (English)	<i>McGill Reporter</i>	Single status (moving in with her boyfriend)
March, 2008 (18 <sup>th</sup> )	Phone (English)	<i>McGill Reporter</i>	Met all criteria Lost to follow up
March, 2008 (18 <sup>th</sup> )	Phone (French)	<i>Voir</i>	Already participated in 2006
March, 2008	Phone (French)	<i>Voir</i>	Income (26K) Work (variable hrs)
May, 2008 (21 <sup>st</sup> )	Phone (French)	Unknown	Residence (lives in the Laurentians)
June, 2008 (1 <sup>st</sup> )	Phone (French)	<i>La Presse</i>	Age (55 years old)
June, 2008 (11 <sup>th</sup> )	Phone (French)	Unknown	Residence (lives in Quebec city)
June, 2008	Email (French)	<i>Reseaucontact</i>	Work (< 35 hours)
June, 2008	Email (French)	<i>Reseaucontact</i>	Not a self-defined "career woman"
July, 2008 (13 <sup>th</sup> )	Email (French)	Unknown	Income (28K) Work (< 35 hours)

1: Diplôme d'études collégiales (i.e. no bachelor's degree)

**APPENDIX 6**  
**TABLES PERTAINING TO THE ARTICLE SAMPLE'S FORMATION**

Table 2. Search strategies of the first wave of attempts to locate articles for the sample ( $n = 13$ )

Search	Women/gender studies	Social sciences	Psychology, health and medicine	General sciences
Interface	Informaworld	CSA-Illumina	OvidSP	ISI Web of Knowledge
Database	Studies on women and gender abstracts	Francis; Social services abstracts; Sociological abstracts; Worldwide political science abstracts; British humanities index	PsychINFO <sup>3</sup> Ovid Medline EMBASE Biological abstracts	Web of science (Science citation index expanded, Social sciences citation index, Arts and humanities citation index)
Limits <sup>1</sup>	-	Periodicals English	Journal articles English Human (s)	Journal articles English
Terms	Work* or employ* or profession* or occupation* AND health or well* or stress or conflict AND single or unmarried or childless	a) Working women (descriptors) AND single people or single persons or marital status (descriptors) AND health or well* or stress <sup>2</sup> (descriptors) b) Working women (descriptors) AND health or stress or well* (descriptors) AND work* (title) OR conflict or balance or interface (title) AND single people or single persons or marital status (descriptors)	a) Single woman or single persons or marital status AND work\$ or employ\$ AND health\$ or well\$ or Sheath b) Single persons (explode) AND working women (explode) and health (explode) – search limited to PsychINFO	Women (title) AND work* or employ* or profession* or occupation* (title) AND single or childless or unmarried or marital status (topic)
Field	Abstract	Descriptors, title	Descriptors	Title, topic
Results	117	a) 10; b) 180	a) 226 (duplicates removed); b) 3	106
Retained (new)	1 <b>Hamilton et al., 2006</b>	a) 2 <b>Elstad, 1996</b> <b>Yeung and Tang, 2001</b> b) 1 Yeung and Tang, 2001 <b>Khlat et al. 2000</b>	a) 1 Elstad, 1996 <b>Fokkema, 2002</b> b) 0	8 <b>Brough and Kelling, 2002</b> Elstad, 1996 <b>Janzen and Muhajarine, 2003</b> Khlat et al., 2000 <b>Lewis and Borders, 1995</b> <b>Roos et al., 2005</b> <b>Roos et al., 2006</b> <b>Schoon et al., 2005</b> <b>Snapp, 1992</b> <b>Voss et al., 2008</b> Yeung and Tang, 2001

Note. The symbols \* and \$ each represent a truncation function allowing all variations of a root term to be identified in a search. The explode function in the psychology, health and medicine search means all related narrower descriptors are considered. In bold are sample articles upon their first discovery in the searches.



<sup>1</sup> All searches were limited to material published from 1990 to 2010, inclusively.

<sup>2</sup> No references from Francis, Worldwide political science abstracts or the British humanities index were retrieved with this search even though the expressions used were taken from the thesaurus or descriptor index of each database. Since the interface allowed for only three expressions per line, we conducted a separate search (i.e. “b”) that focused on the concept of conflict (see the women/gender studies search). The requirement that “work” and its derivatives be in the title was meant to capture those papers concerned with workers’ life spheres (i.e. work-home, work-life, work-family, work-nonwork, etc.) without having to specify its exact spelling given notable variation in this regard (e.g., with or without a hyphen, a slash bar)

<sup>3</sup> Search “a” produced no results for PsychINFO prompting search “b” limited to this database and to descriptors of its thesaurus.

Table 3. Articles discovered and articles cited in the references of those retained from the first wave of database searching

Retained from the first wave	Discovered (in references)	Cited (in references)
Brough and Kelling, 2002	-	-
Elstad, 1996	-	-
Fokkema, 2002	-	-
Hamilton, Gordon, and Whelan-Berry, 2006	<b>Dalton, 1992</b>	Lewis and Borders, 1995
Janzen and Muhajarine, 2003	<b>Martikainen, 1995</b>	Khlat et al., 2000
Khlat, Sermet and Le Pape, 2000	<b>Bartley, Sacker, Firth and Fitzpatrick, 1999</b> Martikainen, 1995	-
Lewis and Borders, 1995	-	-
Roos, Burnström, Saastamoinen and Lahelma, 2005	Bartley, Sacker, Firth and Fitzpatrick, 1999 Martikainen, 1995	Elstad, 1996 Khlat, et al., 2000
Roos, Lahelma and Rahkonen, 2006	<b>Chandola, Martikainen, Bartley et al., 2004</b> <b>Winter, Roos, Rahkonen, Martikainen, and Lahelma, 2006</b>	-
Schoon, Hansson and Salmela-Arol, 2005	-	Fokkema, 2002
Snapp, 1992	-	-
Voss, Josephson, Stark et al., 2008	<b>Mastekaasa, 2000</b>	-
Yeung and Tang, 2001	<b>Barnett, Marshall and Singer, 1992</b>	-

Table 4. Explicit reference to social roles or their combination in the titles and abstracts of the 20 articles (Wave 1)

Article	Location of expression	
	Title	Abstract
Barnett al., 1992	“multiple roles”	“family roles”; “job-role”; “family role occupancy”
Bartley et al., 1999	“social roles”	“family roles”; “social roles”
Brough and Kelling, 2002	-	“work and family roles”
Chandola et al., 2004	“multiple roles”	“multiple roles”; “work and family roles”; “role enhancement”; “role strain”; “roles”; “role combinations”
Dalton, 1992	-	-
Elstad, 1996	-	“combine employment and family duties”
Fokkema, 2002	“combining a job and children”	“combination of paid employment and taking care of children”; “combining a job outside the home and childcare”; “work-childcare combinations”
Hamilton et al., 2006	-	“juggling life roles”; “life roles”
Janzen and Muhajarine, 2003	“social role occupancy”	“social role(s)”; “role occupancy”; social role occupancy”; “family role occupancy (ies)”; “triple role”; “single and double role occupants”
Khlat et al., 2000	“family and work roles”	“family and work roles”; “role”; “role patterns”; “role enhancement”; “role strain”; “role framework”
Lewis and Borders, 1995	-	-
Martikainen, 1995	“multiple role”; “role accumulation”	“combining marital, parental and work roles”; ““multiple role’ hypothesis”; “role accumulation’ hypothesis”; “roles”; “multiple roles”
Mastekaasa, 2000	-	““double burden’ of combining paid work with family obligations”; “theories of role overload and role conflict”; “combination of multiple roles”; “theories of role enhancement”; “multiple roles”; “role overload/conflict”; “role enhancement theories”
Roos et al., 2005	-	“combinations of family status and employment status”
Roos et al., 2006	-	-
Schoon et al., 2005	“combining work and family life”	“combination of paid employment and taking care of children”; “role stress and role accumulation theories”
Snapp, 1992	-	-
Voss et al., 2008	-	“combination of gainful employment and children”
Winter et al., 2006	-	-
Yeung and Tang, 2001	-	-

Table 5. Search strategies of the second wave of attempts to locate articles for the sample ( $n = 8$ )

Search	Women/gender studies	Social sciences	Psychology, health and medicine	General sciences
Terms	Family or life or social or work or multiple or combin* (any word in abstract) AND role* AND health or well* or stress or conflict (any word in keywords)  <i>Note.</i> It was not possible to search for specific expressions (e.g., “family role*” “combination of”). Each word is treated as an independent entry to be separated by a Boolean term (e.g., and, or).	“Work roles” or “social roles” or “multiple roles” (abstract) OR “family roles” or “life roles” (abstract) AND working women (descriptor) NOT social work (descriptor) AND health (descriptor)  <i>Note.</i> It was decided to only use the plural versions of the role-related expressions for this search (i.e. family roles versus family role) as any study using one of these terms in their abstract invariably employed at least one in plural form.	“Work roles” or “social roles” or “multiple roles” or “family roles” or “life roles” (abstract) AND job or work* or employ* or professional* (title) AND women (topic) AND health or female or woman (abstract)	“Work roles” or “social roles” or “multiple roles” or “family roles” or “life roles” (topic) AND job or work* or employ* or professional* (title) AND women (topic) AND health or well* or stress or conflict (topic)
Field	Abstract, keywords	Abstract, descriptors	Abstract, title	Topic, title
Results	281	1203 (References ended at 1089)	302 (with duplicates removed)	235
Retained (new)	2 Hamilton et al., 2006 <b>Sachs-Ericsson and Ciarlo, 2000</b> Yeung and Tang, 2001 <b>Matud, Hernández and Marrero, 2002</b>	3 Bartley et al., 1999 <b>Burton, 1998</b> <b>Kuntsche et al., 2009</b> Chandola et al., 2004 Janzen and Muhajarine, 2003 Khlat et al., 2000 <b>Marlow, 1993</b> Martikainen, 1995 Sachs-Ericsson and Ciarlo, 2000	1 Barnett et al., 1992 Brough and Kelling, 2002 Chandola et al., 2004 <b>Clissold et al., 2002</b> Janzen and Muhajarine, 2003 Khlat et al., 2000 Martikainen, 1995	2 Barnett et al., 1992 Brough and Kelling, 2002 Chandola et al., 2004 Elstad, 1996 Fokkema, 2002 Janzen and Muhajarine, 2003 Khlat et al., 2000 Martikainen, 1995 Matud et al., 2002 Roos et al., 2005 Schoon et al., 2005 <b>Sogaard et al. 1994</b> <b>Winwood et al. 2006</b> Yeung and Tang, 2001

Table 6. New and previous references derived from a Google Scholar search on September 15, 2010 (limited to the first 5 pages/50 references)

Search expression	Results
“single working women”	Yeung and Tang, 2001 <b>De Vaus, 2002</b> <b>Gmel, Bloomfield, Ahlström, Choquet and Lecompte, 2000</b>
“single professional women”	Lewis and Borders, 1995 <b>Fong and Amatea, 1992</b> Bartley et al., 1999
“single employed women”	<b>Zuzanek, Robinson and Iwasaki, 1998</b> Sachs-Ericsson and Ciarlo, 2000
“unmarried working women”	No new or old references
“unmarried employed women”	No new or old references (only 4 pages)
“unmarried professional women”	No new or old references
“single career women”	No new or old references
“employed women without children”	No new or old references
“working women without children”	Khat et al., 2000 Gmel et al., 2000 Janzen and Muhajarine, 2003
“single childless working women”	No new or old references (only 4 references)

Note. Articles in bold are new.

Table 7. Basic characteristics of the final sample of scientific articles ( $n = 32$ )

Article	Country of sample	Study sample features	Study design, data
Barnett, Marshall and Singer, 1992	United States	Women ( $n = 403$ ) Employed (licensed practical nurses and social workers)	Quantitative Longitudinal
Bartley, Sacker, Firth and Fitzpatrick, 1999	United Kingdom	Women (HALS: $n = 2743$ ; HSE: $n = 4936$ ) Employed or not (national samples)	Quantitative Cross-sectional survey
Brough and Kelling, 2002	New Zealand	Women ( $n = 344$ ) Employed (recruited from 23 organizations and the country's Institute of Management)	Quantitative Cross-sectional (Questionnaire)
Burton, 1998	United States	Women and men ( $n = 2248$ ) Employed and not (probability sample of 48 contiguous states)	Quantitative Cross-sectional
Chandola et al., 2004	United Kingdom, Finland, Japan	Women and men (U.K.: $n = 6955$ ; Finland: $n = 5 886$ ; Japan: $n = 1865$ ) Employed (public servants)	Quantitative Cross-sectional
Clissold, Smith, Accutt and Di Milia, 2002	Australia	Women ( $n = 16$ ) Employed (nurses)	Quantitative
Dalton, 1992	United States	Women ( $n = 9$ ) Employed (registered nurses, sales workers, a graphic artist)	Qualitative Phenomenological
De Vaus, 2002	Australia	Women and men ( $n = 10 641$ ) Employed and not (national probability sample)	Quantitative Cross-sectional survey
Elstad, 1996	Norway	Women (Health surveys: $n = 4030$ ; Surveys of level of living: $n = 3738$ ) Employed and not (national sample)	Quantitative Cross-sectional surveys
Fokkema, 2002	Netherlands	Women ( $n = 936$ ) Employed and not (population registers of 19 municipalities)	Quantitative Cross-sectional survey
Fong and Amatea, 1992	United States	Women ( $n = 142$ ) Employed (academic faculty, researchers and administrators)	Quantitative Cross-sectional (questionnaire)
Gmel, Bloomfield, Ahlström, Choquet, and Lecomte, 2000	Finland, France, Germany, Switzerland	Women (Finland: $n = 1198$ ; France: $n = 811$ ; Germany: $n = 3428$ ; Switzerland: $n = 4003$ ) Employed and not (national samples)	Quantitative Cross-sectional surveys

Hamilton, Gordon and Whelan-Berry, 2006	United States	Women ( $n = 1234$ ) Employed (one financial service, two health-care organizations)	Quantitative Cross-sectional survey
Janzen and Muhajarine, 2003	Canada	Women and men ( $n = 6531$ ) Employed (national sample)	Quantitative Longitudinal survey
Khlat, Sermet and Le Pape, 2000	France	Women ( $n = 2942$ ) Employed and not (national sample)	Quantitative Cross-sectional survey
Kuntsche, Knibbe and Gmel, 2009	Australia, Czech Republic, Finland, France, Germany, Norway, Sweden, Switzerland, United Kingdom, United States	Women and men (range from $n = 1150$ to $n = 10\ 070$ ) Employed and not (national samples)	Quantitative Cross-sectional surveys
Lewis and Borders, 1995	United States	Women ( $n = 152$ ) Employed (members of three professional organizations; all academic administrators, counselors or faculty members)	Quantitative Cross-sectional (Questionnaire)
Marlow, 1993	United States	Women ( $n = 226$ ) Employed (clerical workers; stratified random sample)	Quantitative Cross-sectional (Questionnaire)
Martikainen, 1995	Finland	Women (3 753 000 person-years) Employed and not (national sample (census))	Quantitative Cross-sectional survey linked to mortality data
Mastekaasa, 2000	Norway	Women ( $n = 99\ 742$ ) Employed (supplemented national sample; non-state employees)  Women and men ( $n = 94\ 869$ ) Employed (national sample, all married)	Quantitative Cross-sectional data linked to absence data
Matud, Hernandez, and Marrero, 2002	Spain	Women ( $n = 712$ ) Employed and not (work centers, neighborhood associations and word of mouth)	Quantitative Cross-sectional (Questionnaire)
Roos, Burström, Saastamoinen and Lahelma, 2005	Finland, Sweden	Women (Finland: $n = 2146$ ; Sweden: $n = 2504$ ) Employed and not (national samples)	Quantitative Cross-sectional survey

Roos, Lahelma and Rahkonen, 2006	Finland	Women and men ( $n = 5274$ ) Employed (civil servants)	Quantitative Cross-sectional surveys
Sachs-Ericsson and Ciarlo, 2000	United States	Women and men ( $n = 4744$ ) Employed and not (statewide (census), stratified and random sample)	Quantitative Cross-sectional survey
Schoon, Hansson and Salmela-Aro, 2005	United Kingdom, Estonia, Finland	Women and men (UK: $n = 10\ 380$ ; Estonia: $n = 1\ 164$ ; Finland: $n = 1390$ ) Employed and not (UK: cohort sample ; Estonia: nationally representative sample; Finland: cohort of workers in four Finnish organizations)	Quantitative Cross-sectional surveys
Snapp, 1992	United States	Women ( $n = 200$ ) Employed (professionals, managers and administrators; quota sample stratified by race, class and gender composition of occupation)	Quantitative Cross-sectional (Questionnaire)
Sogaard, Kritz-Silverstein and Wingard, 1994	Norway	Women ( $n = 3103$ ) Employed and not (national sample)	Quantitative Cross-sectional survey
Voss et al., 2008	Sweden	Women ( $n = 1464$ ) Employed (municipal employees; cohort)	Quantitative Longitudinal survey, employer personnel records
Winter, Roos, Rahkonen, Martikainen, and Lahelma, 2006	Finland	Women and men ( $n = 4318$ ) Employed (municipal employees)	Quantitative Cross-sectional surveys
Winwood, Winefield and Lushington, 2006	Australia	Women ( $n = 846$ ) Employed (nurses)	Quantitative Cross-sectional (Questionnaire)
Yeung and Tang, 2001	China (Hong Kong)	Women ( $n = 193$ ) Employed (company or factory workers, members of professional bodies)	Quantitative Cross-sectional (Questionnaire)
Zuzanek, Robinson and Iwasaki, 1998	United States	Women and men ( $n = 33\ 630$ and $n = 31\ 868$ ) Employed and not (nationwide representative sample)	Quantitative Cross-sectional surveys



Table 8. Disciplinary or research specializations, periodicals, and health/wellbeing issues represented in the final sample of articles

Article	Discipline/specialization of first author	Periodical	Health/wellbeing issue or outcome (terms used by authors)
Barnett, Marshall and Singer, 1992	Women's studies	Journal of Personality and Social Psychology	Psychological distress (mental health)
Bartley, Sacker, Firth and Fitzpatrick, 1999	Epidemiology and public health	Social Science and Medicine	Self-assessed health (health status)
Brough and Kelling, 2002	Psychology	New Zealand Journal of Psychology	Psychological strain (well-being); inter-domain conflict (work→family; family→work)
Burton, 1998	Mental health care and outcomes research (health services research)	Journal of Health and Social Behavior	Psychological distress
Chandola et al., 2004	Epidemiology and public health	International Journal of Epidemiology	Mental health and conflict (work→family; family→work)
Clissold, Smith, Accutt and Di Milia, 2002	Management	Contemporary Nurse	Sleep (fatigue)
Dalton, 1992	Psychiatric/mental health nursing	Issues in Mental Health Nursing	Qualitative analyses discuss "Loneliness", "self-acceptance", "adjustment" (mental health)
De Vaus, 2002	Sociology	Family Matters	Mental disorder (mental health)
Elstad, 1996	Social research	Social Science & Medicine	Long-standing disease (health)
Fokkema, 2002	Demography	Social Science & Medicine	Self-assessed general health (state of health)
Fong and Amatea, 1992	Mental health counseling	Journal of Mental Health Counseling	Stress symptoms (stress)
Gmel, Bloomfield, Ahlström, Choquet, and Lecomte, 2000	Prevention of alcohol and drug problems	Substance Abuse	Heavy or hazardous drinking
Hamilton, Gordon and Whelan-Berry, 2006	Management	Women in Management Review	Work-life conflict (work-to-life conflict, life-to-work conflict, impact of work on home (vice versa), difficulty balancing work and non-work)
Janzen and Muhajarine, 2003	Community health and epidemiology	Social Science & Medicine	Self-rated health, chronic health conditions (health)
Khlat, Sermet and Le Pape, 2000	Demography	Social Science & Medicine	Perceived health, physical health condition, mental health condition, psycho-social malaise, health-related behavior (health)
Kuntsche, Knibbe and Gmel, 2009	Prevention of alcohol and drug problems	Social Science & Medicine	Heavy-volume drinking, risky single occasion drinking

Lewis and Borders, 1995	Counseling	Journal of Counseling & Development	Life satisfaction
Marlow, 1993	Social work	Affilia	Managing work and home responsibilities (coping)
Martikainen, 1995	Sociology (population research)	Social Science & Medicine	Mortality
Mastekaasa, 2000	Sociology and human geography, social research	Social Science & Medicine	Sickness absence
Matud, Hernandez, and Marrero, 2002	Psychology	Feminism & Psychology	Severe depression, anxiety and insomnia, somatic symptoms, social dysfunction (health)
Roos, Burström, Saastamoinen and Lahelma, 2005	Public health	Social Science & Medicine	Perceived general health (health)
Roos, Lahelma and Rahkonen, 2006	Public Health	Drug and Alcohol Dependence	Heavy, binge and problem drinking
Sachs-Ericsson and Ciarlo, 2000	Psychology	Sex Roles	Psychiatric disorder (mental health)
Schoon, Hansson and Salmela-Aro, 2005	Psychology, Social studies	European Psychologist	Life satisfaction
Snapp, 1992	Sociology and social work	Women & Health	Depression
Sogaard, Kritz-Silverstein and Wingard, 1994	Community medicine	International Journal of Epidemiology	Inability to cope, satisfaction with life, loneliness, depression, insomnia (psychological health)
Voss et al., 2008	Personal injury prevention (clinical neuroscience), occupational and environmental medicine (medical sciences)	Scandinavian Journal of Public Health	Sickness absence
Winter, Roos, Rahkonen, Martikainen, and Lahelma, 2006	Public health	International Journal of Behavioral Medicine	Self-rated health
Winwood, Winefield and Lushington, 2006	Psychology	Nursing and Healthcare Management and Policy	Chronic and acute fatigue, recovery
Yeung and Tang, 2001	Psychology	Women & Health	Psychological distress (Psychological health)
Zuzanek, Robinson and Iwasaki, 1998	Recreation and leisure studies, Sociology, Physical education and recreation studies	Leisure Sciences	Perceived stress