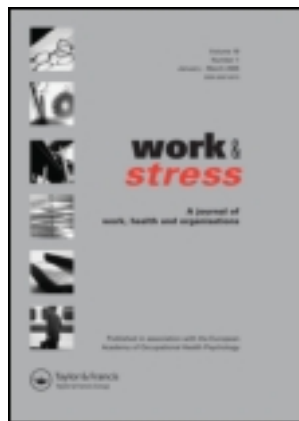


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In sickness and in health: An exploration of spousal support and occupational similarity

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While spousal support has been shown to be related to physical and mental well-being, little research has examined how this source of support may differ depending on whether couples share the same occupation. Using data from 790 law firm lawyers, this study explores the relationships between spousal support and lawyers' mental and physical health with particular attention to those with spouses employed in the same occupation. The results indicate that some combinations of spouse's occupation and gender are related to the amount of spousal support received and the association between spousal support and lawyers' health. Specifically, spousal support is positively related to men's physical health if they are married to a non-lawyer, whereas spousal support is positively related to women's physical health if they are married to a lawyer. We conclude by proposing that future research might explore whether there are gender differences in the expectations that men and women place on the amount of support they receive from their spouses, how stressful the spouse's occupation is as well as the content of the support being provided by one's spouse in order to better understand the complex relationships between spousal support and health.

Keywords: spousal support; social support; health; well-being; occupational similarity; professionals

Introduction

Spousal support is positively related to both physical and mental well-being and has the potential to buffer, or reduce, the negative impact of job stressors on individuals' well-being (Häusser, Mojzisch, Nielsel, & Schulz-Hardt, 2010; Thoits, 2011). While many researchers have documented the positive side of spousal support, little research has examined how spousal support may be related to whether or not couples share the same occupation.

The purpose of this paper is to explore whether spousal support differs for those with spouses employed in the same occupation compared to those with spouses who are not employed in the same occupation. We also explore whether the relationships between spousal support and mental and physical health differs depending on the combined statuses of gender and spouse's occupation. We analyse data from a sample of married law firm lawyers, where some are married to another lawyer and

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some have spouses who are not lawyers. In doing so, we also control for work-related factors that are hypothesized to be related to lawyers' mental and physical health.

Social support

Social support has been widely studied in the job stress literature because of its negative relationship with job strain as well as its positive associations with physical and mental health (Hausser et al., 2010; Taris & Schreurs, 2009; Thoits, 2011). Social support is defined as the positive, emotionally sustaining quality of relationships that typically involves receiving understanding, encouragement, advice and/or suggestions from others during stressful times (Thoits, 1995). Although support is sometimes differentiated in terms of different types of support (e.g., instrumental, informational and/or emotional), these supportive functions are usually highly correlated with one another and researchers often use a single summary measure of social support (House, 1981; Thoits, 1995). In addition to the various types of support, different sources of support are also distinguished in the literature that include not only support from one's spouse but also support from one's friends, co-workers or supervisor. In this study, we examine both co-worker and spousal support, with particular attention to the latter.

Co-worker support is often examined as an important source of support in studies of job stress and has been found to be related to both physical and mental health (Thoits, 1995). In addition, many researchers have emphasized the importance of spousal support in understanding the job stress process (Neff & Karney, 2005; Ross & Mirowsky, 1989, 2003). It is suggested that a spouse can provide the opportunity to share feelings in times of heightened stress or crises as well as provide mutual support and understanding (Wallace & Jovanovic, 2011). According to Ross and Mirowsky (2003), married individuals feel supported because they are more likely to feel loved, valued and cared for. In addition, married individuals likely feel they have someone to turn to in times of need.

A large body of literature has found evidence that spousal support is positively related to one's mental health, well-being and psychological adjustment and negatively associated with burnout, distress and depression (Baruch-Feldman & Schwartz, 2002; Ross & Mirowsky, 2003). In addition to its positive relationship with mental health, spousal support is also related to physical health. For example, married individuals tend to have lower mortality rates (Elwert & Christakis, 2006), as well as better self-reported health (Ren, 1997).

While the nature of the relationships between spousal support and physical and mental health are not expected to differ for lawyers compared to those in any other occupation, it should be recognized that the demanding nature of law often means that lawyers have less time for personal relationships and responsibilities. Lawyers are expected to work long hours and often take work home with them. As a result, lawyers' work may frequently interfere with their family life (Wallace & Young, 2008). Thus, lawyers may have fewer opportunities to share and discuss job-related stressors with their spouses. Regardless of how much or how little support they receive from their spouse, we still predict that lawyers' physical and mental health will be positively related to receiving support and understanding from one's spouse.

Hypothesis 1: Greater spousal support will be positively related to lawyers' mental and physical health.

Gender differences in spousal support

A considerable body of literature has also explored gender differences in spousal support. In the social support literature, there is a widely accepted conclusion that a "support gap" exists in marital relationships (Belle, 1982). The "support gap" suggests that men receive more support as well as more useful support from their wives compared to the support women receive from their husbands (Ezzedeen & Ritchey, 2008; Verhofstadt, Buysse, & Ickes, 2007). Thus, for women, marriage does not provide the same supportive benefits as it does for men. For example, Neff and Karney (2005) found that wives are better support providers for their husbands when the husbands were experiencing severe problems. In contrast, they found that wives are especially disadvantaged when dealing with more severe problems, that is, problems that are perceived to be highly important and that have a significant impact on their lives and require an urgent solution.

Alternatively, others have reported that women receive more support and use it more effectively than men as a result of differences in their gender role prescriptions (Perrewe & Carlson, 2002). That is, women are more likely to seek support as this is consistent with traditional feminine gender roles. Research on professional women supports this argument where it has been suggested that career-committed women seek out spouses who are likely to be supportive of their career and future ambitions (Ezzedeen & Ritchey, 2008). As well, because professional women are often working in highly demanding, male-dominated careers while trying to balance family and household responsibilities, their husbands may feel they need to be more supportive of them and the women may have been drawn to these men because of their encouragement and understanding. For example, Parasuraman, Greenhaus, and Granrose (1992) found in their sample of dual-career managerial and professional couples that women received more spousal support than the men and that this support was also found to be more highly correlated with the women's health than the men's.

Researchers have speculated as to why the support provided by men and women differs. One explanation is based on how men and women are socialized. Men are typically socialized to be self-reliant and independent, whereas women are socialized to seek support, take advantage of that support and be a source of support when necessary (Wallace & Jovanovic, 2011). Thus, when support is required, men and women have been socialized to provide it and seek it out in different ways. Due to the independent and self-reliant focus of men's socialization, they are less likely to provide emotional support to their wives. This is in contrast to their wives, who have been better socialized to provide nurturing care and emotional support as well as being more open as a source of support.

Hypothesis 2: Male lawyers will report receiving more spousal support than female lawyers.

Occupational similarity and spousal support

Male and female lawyers, like men and women professionals in general, tend to have fundamentally different marital situations (Wallace & Young, 2008). Married female

lawyers are typically part of a dual-career relationship where their husbands have educational and occupational statuses at least comparable to their own. Although the number of “traditional” families (with a breadwinning husband and a stay-at-home wife) is decreasing, the single-career household is still more prominent for male professionals than female professionals. Men are more likely to be married to women who are not professionals, or perhaps were professionals but curtailed or left their careers to care for their children (Wallace & Young, 2008).

Thoits (1986) proposed the idea of experiential similarity, stating that shared experiences increase empathetic understanding between individuals resulting in more supportive social relationships. Sutor, Pillemer, and Keeton (1995) discuss the theory of homophily and suggest that individuals are “more likely to develop and maintain supportive relationships with others who are similar to them on important social dimensions” (p. 1574). Thus, those who are similar on a number of social dimensions are more likely to understand what an individual is experiencing and provide a more empathetic response.

One basic way in which spouses’ shared experiences may result in a more supportive and understanding relationship in coping with the stresses of one’s work is if they are both employed. In this study, we take spouses’ shared experiences one step further and explore whether the spouses share the same occupation, that is, whether the lawyer’s spouse is also a lawyer. Based on the shared experiences and homophily arguments, it is hypothesized that spouses sharing the same occupation may share more understanding and appreciation of each other’s work experiences. Very little research, however, has examined whether sharing the same occupation is more beneficial to spouses in coping with the stresses of their work. The few studies available suggest that sharing the same line of work can enhance the marital bond because of common interests and a greater understanding of the other’s work situation (Janning, 2006; Wallace & Jovanovic, 2011).

Hypothesis 3: Lawyers sharing occupational similarity with their spouse will report receiving more support from their spouse than lawyers who are not occupationally similar to their spouse.

Hypothesis 4: Support received from an occupationally similar spouse will have a stronger positive relationship with lawyers’ physical and mental health than support received from an occupationally dissimilar spouse.

Research that has examined gender differences in spousal support has not taken into account whether the spouse is also in the same occupation or not. We will empirically explore whether male and female lawyers differ in terms of the extent to which they receive support from their spouse who may or may not be a lawyer.

Work characteristics and mental and physical health

In examining the relationships between spousal support and mental and physical health, we must take into account that the lawyers in our study differed in their work experiences. Consequently, we must control for important characteristics of their work situation that may relate to their well-being. Based on Karasek’s Job Demand-Control-Support (JDCS) model (Karasek, 1979; Karasek, Triantis, & Chaudry, 1982), we control for three sets of work characteristics: job demands, perceived

control and co-worker support. Reviews have shown that these work characteristics are related to worker well-being (e.g., de Lange, Taris, Kompier, Houtman, & Bongers, 2003; Hausser et al., 2010). For example, high demands, low control and low support are associated with adverse well-being, such as job dissatisfaction, burnout, depression and anxiety. The reviews also show that the main effect predictions of job demands, control and support are often supported, but the statistical interactions among these factors used to test for potential buffer effects are not. Thus we did not test for these statistical interactions in the present study.

In this study, four measures of lawyers' job demands are included: work hours, work overload, extra-professional activities and work-family conflict. Work overload and work hours reflect the time and energy demanded by one's work that generally take place during regular work hours. In addition, job demands can carry over outside of regular work hours and these are examined in terms of involvement in extra-professional activities that take place after work and the degree to which work conflicts with one's family life. Extra-professional activities may involve business or client development, conferences, meetings and receptions and reflect a common expectation among many salaried professional groups. Law firm practice is not only characterized by highly demanding, long work hours and participation in activities outside of regular work hours, it also often requires that lawyers place their work responsibilities above all else, including family responsibilities, which can contribute to conflict between one's work and family roles. Job control is examined in terms of lawyers' control over their work hours. In addition, locus of control has been found relevant in explaining responses to stressful situations (Parkes, 1994). When an individual believes they have control over the events of their life, there are increased opportunities to enact change in their environment as a means of coping with stressors. Co-worker support is also included and has been found to have significant beneficial effects on physical and mental health (Häusser et al., 2010). Based on the JDCA model, we expect that high demands, low control and low co-worker support will be associated with poor mental and physical health.

Method

Participants and procedure

This study relied on data that were gathered through a survey distributed to all practicing lawyers in the province of Alberta, Canada in June 2000. A mailing list obtained from the Law Society of Alberta identified 5921 lawyers who were active practising members and who were eligible for inclusion in the study. Two follow-up reminder letters were sent four and six weeks following the original mailing to those who had not responded. The second reminder letter included a copy of the questionnaire. One thousand eight hundred twenty-nine questionnaires were returned, yielding a response rate of 31%. A comparison between the received sample data with population data provided by the Law Society indicates similar proportions of lawyers participated in the survey when compared by gender, practice setting and city of practice (available from the authors).

For the purposes of this paper, the sample was restricted to 790 law firm lawyers with information from 552 (70%) men and 237 (30%) women, who reported being married, cohabiting or common law at the time of the study and who worked 20 or

more hours per week at the office. The mean age of the lawyers in this sample was 41.5 years, the average relationship length with their spouse or partner was 12.7 years and 59% reported having at least one child living at home with them at the time of the study. The majority of lawyers (78%) reported having a spouse who was employed at the time of the study and 17% were married to another lawyer.

Measures

Unless otherwise indicated, the responses for the Likert items include: strongly agree (coded 5), agree (coded 4), neither agree nor disagree (coded 3), disagree (coded 2), and strongly disagree (coded 1). Scores for multiple item measures were computed by calculating the mean where the items were summed and divided by the number of items. A higher mean score reflects a greater amount of that particular variable.

Physical health was measured by asking "Compared with other people your age, how would you describe your health?" and responses ranged from poor (coded 1) to excellent (coded 5). This single global assessment item has been widely used as a measure of self-reports of perceived health and has been shown to be reliable and highly correlated with more "objective" measures, such as physicians' assessments (Bird & Fremont, 1991). Based on their review of studies examining self-reported health as a predictor of mortality, Idler and Benyamini conclude that this single item can "reliably predict survival in populations even when known health risk factors have been accounted for" (1997, p. 26).

Mental health was assessed by a single variable, namely depression. We used seven items from Ross and Mirowsky's (1998) shortened version of the Centre for Epidemiology Studies' Depression Scale (CES-D) scale that was originally developed by Radloff (1977). The scale includes seven symptoms (e.g., trouble getting to sleep or staying asleep, felt sad, felt lonely) for which the respondents indicated whether they had been suffering from these over the last week. Responses ranged from most of the time (coded 1) to never (coded 4) so that a higher score reflects better overall mental health ($\alpha = .85$).

Spousal support was measured using eight items developed by House (1981) where respondents indicated how often their spouse offers support when they talk about the stresses of their job (e.g., listen to their work-related problems, offer suggestions or solutions). Responses ranged from never (coded 1) to most of the time (coded 4) ($\alpha = .92$). *Occupational similarity* was measured by a single item asking respondents to identify their spouse/partner's occupation. Responses were coded 1 for lawyer spouses and 0 for non-lawyer spouses. Respondent's *gender* was coded 1 for male and female coded 0.

Work characteristics: Hours of work was measured by the average hours worked in a typical week (including evenings and weekends) at the office and at home. *Work overload* reflects the degree to which the demands required of the respondent's job are excessive. It was measured using four Likert items developed by Caplan, Cobb, French, Harrison, and Pinneau (1975) including "I do not have enough time to get everything done in my job" ($\alpha = .78$). The third measure of job demands, *extra-professional activities*, refers to respondents' involvement in job-related social activities outside of regular business hours. Respondents indicated how many times a month, on average, they attend activities that are professionally related (e.g., related to business or client development, continuing education). In order to normalize the

distribution for this variable, responses were summed and coded as follows: (1) if respondents participated in extra-professional activities less than three times per month; (2) if they participated in activities between three and seven times per month; and (3) for participation in eight or more activities per month. *Work-family conflict* was measured using five Likert items developed by Netemeyer, Boles, and McMurrian (1996) including "The demands of my work interfere with my home and family life" ($\alpha = .90$). *Control over work hours* was measured using a single Likert reflecting the degree of discretion the respondent has over when they work the hours that they work, and a higher score indicates more control over work hours. *Internal locus of control* was measured by four Likert items from Levenson (1973) including "I can pretty much determine what will happen in my life" ($\alpha = .68$). *Co-worker support* was measured with the same eight items from House (1981) reported above for spousal support, except respondents were asked to indicate the extent to which the lawyers they usually talk to offer support ($\alpha = .92$).

Control variables

A number of control variables were included in the analysis to make certain that the relationships between spousal support and physical and mental health were not spurious as well as to ensure that no relevant variables were excluded from the analysis. *Age* was included because older individuals tend to experience more physical and mental health problems (Pyper, 2006). *Age squared* reflects the non-linear relationship that age has with health. Participation in leisure activities appears to play an important role in both well-being and health (Joudrey & Wallace, 2009). *Active leisure* was measured by five items where respondents reported how often they work out or go to the gym; run or jog; walk for pleasure; play organized sports; or cycle for pleasure. *Social leisure* was measured by five items that indicated how often respondents visit family or friends at their homes; talk with friends on the phone; go out for dinner with friends; attend club or community group meetings; or attend church. For both leisure variables, the responses range from "less than once a year" (coded 1) to "almost daily" (coded 7) and the responses were summed to compute a total frequency score. The *presence of children* living at home may reflect more time and energy that are often required of working parents and is expected to be related to poorer physical and mental health (Voyandoff, 2005). Responses were coded 1 if the respondent had any children living at home and 0 if there were not. Inadequate or deficient income has also been linked with poorer physical and mental health (Mirowsky & Ross, 2001). *Household income* was calculated by summing the respondent's income and their spouse's income. Because the distribution of household income was positively skewed (skewness = 1.739), it was transformed by taking the natural logarithm of the values to normalize the distribution. *Partner's work status* was controlled for because dual-earner families are more susceptible to experiencing strain as a result of trying to balance both their work and family (Voydanoff, 2005). Partner's work status was coded 1 if they were employed and 0 if they were not. Lastly, because lawyers in larger firms typically have more training, higher qualifications and more prestigious clientele (Noonan, Corcoran, & Courant, 2005), all of which may be related to greater work stress, firm size is included. *Firm size* is the total number of associates and partners working in the respondent's immediate office.

Statistical analyses

Three types of statistical analyses were used in this paper: mean difference tests, ordinary least squares (OLS) regression and tests for moderating relationships. Mean difference tests were conducted using *t*-tests to determine whether men received more support from their spouses than women (Hypothesis 2), and whether those married to another lawyer received more support from their spouse than those married to a non-lawyer (Hypothesis 3). OLS regression was used to test the main effects of spousal support on lawyers' mental and physical health (Hypothesis 1). Lastly, we computed four interaction terms to explore the potential moderating relationships between spousal support, gender and occupational similarity: (1) spousal support \times occupational similarity, (2) spousal support \times gender, (3) gender \times occupational similarity, and (4) gender \times spousal support \times occupational similarity. The regression models were then re-estimated for physical and mental health with the three two-way interactions (1, 2 and 3) included in the model. The three-way interaction was then added to the regression models that included the three two-way interaction terms.

Of the four interaction terms, the three-way interaction was statistically significant for physical health and one of the two-way interactions between spousal support and occupational similarity was significant for mental health. Thus, the main effects model and the saturated model with these significant spousal support interactions are reported in the results section.

Table 1 gives the descriptive statistics and correlations among the key variables. It should be noted that examination of the zero-order correlations shows that none suggest collinearity problems. In addition, following Fox (1991), variance-inflation factors were estimated for all of the variables included in the analysis. These results (which are available from authors) also suggest that multicollinearity among the predictors is not evident for any of the variables.

Results

The results for the relationships between spousal support and physical health are shown in Table 2. Women (mean = 3.14, *SD* = 0.62) report receiving significantly more spousal support than men (mean = 3.05, *SD* = 0.63). However, when the mean levels of spousal support are examined by gender and occupational similarity, the results in Table 2 show that spousal support is higher for both men (mean = 3.29) and women (mean = 3.31) married to another lawyer compared to men (mean = 3.01) and women (mean = 3.07) married to a non-lawyer. The amount of support lawyers received from their spouses did not differ by gender when spouse's occupational status was taken into account, but rather was related to whether or not their spouse was also a lawyer, consistent with Hypothesis 3.

Table 3 shows that spousal support is positively related to lawyers' mental and physical health, which offers support for Hypothesis 1. As indicated above, the interaction between occupational similarity and spousal support was significant for mental health. That is, spousal support was positively related to lawyers' mental health for those *not* married to a lawyer, contrary to Hypothesis 4. This is shown when the spousal support coefficients are examined separately (results not shown) for those with a lawyer spouse ($B = .01$, $SE = .08$, $p = .47$) compared to those with a spouse who is not a lawyer ($B = .09$, $SE = .03$, $p = .002$). To aid in the substantive

Table 1. Descriptive statistics and correlations among the key study variables ($N = 790$).

	1	2	3	4	5	6	7	8	9	10	11	12
1. Physical health	–	.31***	.10**	–.01	.06	–.10***	–.14***	.02	–.21***	.01	.23***	.03
2. Mental health			.12***	–.02	.16***	–.11***	–.30***	–.01	–.44***	.19***	.45***	.06*
3. Spousal support				.17***	–.07*	–.01	.08	–.02	–.09**	–.01	.10**	.21***
4. Occupational similarity					–.20***	–.01	.03	–.03	–.01	–.09**	.01	.07*
5. Gender						.11***	–.05	.18***	–.07*	.04	.07*	–.18***
6. Hours of work							.28***	.25***	.39***	.05	–.12***	–.01
7. Work overload								.15***	.58***	–.11***	–.22***	–.05
8. Extra-professional activities									.16***	.03	–.02	–.01
9. Work-family conflict										–.20***	–.34***	–.09**
10. Control over work hours											.26***	.09**
11. Internal locus of control												.11**
12. Co-worker support												–
<i>M</i>	3.73	3.09	3.08	0.17	0.70	53.23	3.49	2.25	3.08	3.43	3.70	2.86
<i>SD</i>	0.93	0.52	0.62	0.38	0.46	10.76	0.75	0.72	0.88	1.14	0.59	0.63

Note: Correlations involving variables included as controls are not presented. (They are available on request from the authors).

* $p < .05$; ** $p < .01$; *** $p < .001$.

Table 2. Spousal support means, standard deviations (*SD*), unstandardized regression coefficients (*B*), and standard errors (SE) on lawyers' physical health by occupational similarity and gender (*N* = 790).

	<i>N</i>	Mean ^a	<i>SD</i>	<i>B</i>	SE
Full sample	756	3.07	0.62	-.95	.41*
Male lawyer, spouse is lawyer	58	3.29	0.56	-.16	.28
Male lawyer, spouse not lawyer	408	3.01	0.62	.12	.07*
Female lawyer, spouse is lawyer	54	3.31	0.65	.54	.19**
Female lawyer, spouse not lawyer	145	3.07	0.62	.11	.13

Note: Regression coefficients were estimated including all variables reported in Table 2 and all eight control variables.

^aMean levels of support do not differ significantly by gender but do differ by lawyer spouse vs. non-lawyer spouse.

p* < .05; *p* < .01; ****p* < .001.

Table 3. Unstandardized (*B*) main effects and saturated model regression results for mental and physical health for men and women lawyers (*N* = 790).

	Mental health				Physical health			
	Main effects		Saturated model		Main effects		Saturated model	
	<i>B</i>	SE	<i>B</i>	SE	<i>B</i>	SE	<i>B</i>	SE
Spousal support	.07	.03**	.09	.03**	.11	.06*	-.02	.12
Occupational similarity (1 = yes)	-.02	.05	.50	.24*	-.11	.10	-1.67	.92*
Gender	.09	.04*	.09	.04*	-.08	.08	-.63	.45
Work characteristics								
<i>Job demands</i>								
Hours of work	.00	.00	.01	.01	-.01	.00	-.01	.01
Work overload	-.06	.03*	-.05	.03*	-.04	.05	-.03	.05
Extra-professional activities	-.02	.03	-.02	.03	.01	.05	.01	.05
Work-family conflict	-.18	.03***	-.18	.03***	-.08	.05	-.09	.05
<i>Perceived control</i>								
Control over work hours	.01	.02	.01	.02	-.05	.03	-.06	.03
Internal locus of control	.26	.03***	.26	.03***	.21	.06***	.21	.06***
<i>Co-worker support</i>	.00	.03	.01	.03	.01	.05	.02	.05
Significant interactions								
Occupational similarity × Spousal support			-.16	.07*				
Gender × Spousal support × Occupational similarity							-.95	.41*
R²	.36*		.36***		.22*		.22***	

Note: Regression coefficients were estimated including all eight control variables.

p* < .05; *p* < .01; ****p* < .001.

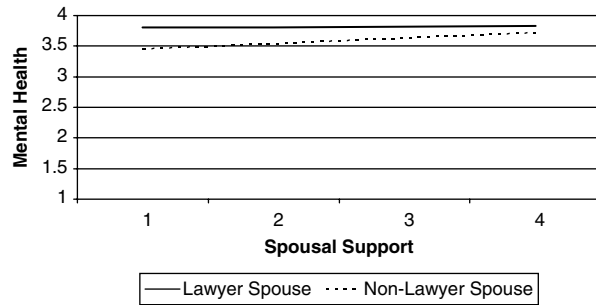


Figure 1. Lawyer's mental health by spousal support depending on spouses' occupation.

interpretation of this interaction, we calculated lawyers' mental health at different values of spousal support for lawyers with a lawyer spouse compared to those with a non-lawyer spouse (Figure 1). This involved calculating the values of mental health under different levels of the interaction variables, controlling for all other variables in the equation. The graphs of this interaction show how the support from a non-lawyer spouse is more positively related to respondents' mental health in contrast to support from a lawyer spouse.

According to Table 3, only the three-way interaction (i.e., gender \times spousal support \times occupational similarity) was significant for lawyers' physical health. To interpret this interaction, the sample was divided into four groups, men with lawyer spouses, men with non-lawyer spouses, women with lawyer spouses and women with non-lawyer spouses (see Table 2). Support provided by a lawyer spouse was positively related to women's physical health ($B = .54$, $SE = .19$, $p = .002$), but not men's ($B = -.16$, $SE = .28$, $p = .15$). Rather, for men, spousal support is positively related to their physical health if their spouse is *not* a lawyer ($B = .12$, $SE = .07$, $p = .02$), but unrelated for women ($B = .11$, $SE = .13$, $p = .21$). Again, to aid in the substantive interpretation of this significant interaction, lawyers' physical health was calculated at different values of spousal support for the different combinations of gender and spouse's occupation (Figure 2) controlling for all other variables in the equation.

Lastly, we also explored whether it matters if the non-lawyer spouse was employed or not at the time of the study. We did so by re-analysing the data comparing the coefficients for those with spouses employed as lawyers ($N = 67$ for men and $N = 67$ for women), those with spouses employed in any occupation ($N = 157$ for women and $N = 314$ for men) and those with spouses who were not employed at the time of the study ($N = 12$ for women and $N = 157$ for men). The results (available from the authors) consistently showed that having a spouse employed in the same occupation was related to both physical and mental health, whereas the results were the same but non-significant for those having an unemployed spouse or a non-lawyer spouse.

Discussion

The purpose of this paper was to explore whether spousal support differed for those with spouses employed in the same occupation compared to those with spouses not employed in the same occupation. In terms of the amount of support lawyers' received, both women and men married to lawyers reported similar amounts, but

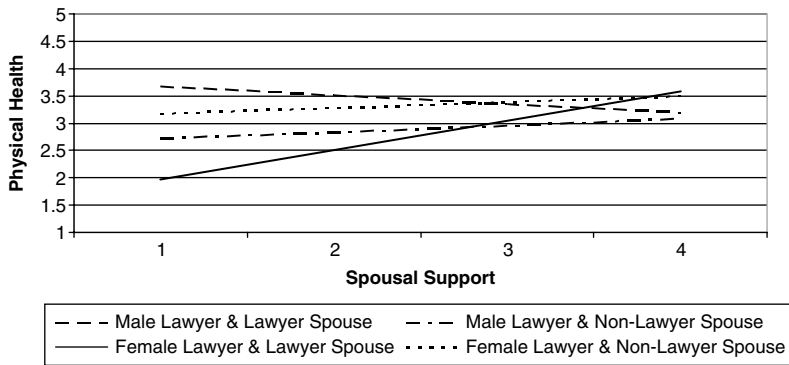


Figure 2. Lawyer's physical health by spousal support depending on respondent's gender and spouses' occupation.

more support than women and men married to non-lawyers. That is, consistent with the theory of homophily, this showed that being married to someone in the same occupation was related to receiving more spousal support, and that this finding held regardless of the respondent's gender. While occupational similarity was not significant in the main effects models of either physical or mental health, the interaction between occupational similarity and spousal support was significant for lawyers' mental health. Spousal support was positively related to lawyers' mental health if their spouse was *not* a lawyer. This contradicts the occupational similarity hypothesis, which suggests that a spouse in the same occupation should provide support that is more beneficial to one's well-being because they are better able to understand and empathize with their partner's work experiences.

Several possible explanations may account for these findings. Perhaps spouses employed as lawyers do not provide beneficial support because they also have highly demanding jobs and have little time or energy to offer support to their spouses. Further, as suggested by Kaufman and Beehr (1986), support from others sharing similar work experiences may be unrelated or even negatively related to one's well-being because it can corroborate and validate the negative feelings of strain and heighten negativity surrounding one's job. Thus, having a spouse in the same occupation may only be beneficial to one's well-being if the spouse's work experiences are similar but not also highly demanding and stressful. Future research should explore how the effectiveness of spousal support may depend on how demanding the spouse's work is.

For physical health, the three-way interaction between occupational similarity, spousal support and gender was statistically significant. When the relationships were disaggregated, for men, spousal support was positively related to physical health if their spouse was *not* a lawyer, whereas for women, spousal support was positively related to their physical health if they *were* married to a lawyer. For men, having a spouse also employed as a lawyer likely means that their wives are trying to balance both a demanding legal career and household responsibilities. As previously suggested, women are often required to take primary responsibility for the home and family even when they hold full-time careers. Therefore, for men, if their wife is a lawyer, it is likely that she has little time to provide support, and she may not be

overly sympathetic to the demands of her spouse's job as she is also experiencing such demands in addition to having a greater share of the household responsibilities. As a result, for men, if their wife is not employed in a highly demanding career, their spouse may sympathize more with them and may want to support them as much as possible. This explanation is consistent with the suggestion above that future research should explore whether the effectiveness of spousal support varies depending on whether one's spouse is employed in a highly demanding job.

For women, as predicted, spousal support was positively related to their physical health if they *were* married to a lawyer. For women, their lawyer husbands are likely providing ideas and assistance specific to practising law that helps them to cope better with the stresses and demands of their work. If their husband is not a lawyer, the support they receive may not be as effective in dealing with their daily work stressors and therefore may not be as beneficial to their physical health. In addition, having a lawyer husband may be particularly helpful for women striving to be successful in a male-dominated occupation because their husbands may provide them with an "insiders" edge on how to "play the game" in order to be successful, something to which women married to non-lawyers may not have access. Thus, it may be the content of the support that differs, with support coming from a lawyer husband being more effective in coping with the stresses of their legal career and more beneficial to their physical health. Future research might explore how the content of support differs depending on whether one's spouse is in the same occupation or not.

Study limitations

There are several limitations of this study that must be recognized. First, it examined a unique, high-status, male-dominated occupation, namely law firm lawyers. Therefore, some of the findings may be limited to this particular occupation or possibly, to professionals in general. Similarly, this study was restricted to law firm lawyers, raising the question of whether the factors related to lawyers' mental and physical health differ across different work settings in the legal profession. For example, different types of demands or controls may be relevant to lawyers working in other settings, such as in government or private corporations. This study was also limited in the scope of indicators used to assess mental and physical health. In future studies of spousal support, both forms of health could be assessed with a wider array of indicators than those used in this study. An additional limitation of this study is its cross-sectional design. This does not allow us to establish causal linkages by demonstrating the temporal ordering among the variables in the model. A longitudinal approach would allow researchers to disentangle the causal ordering of the causes and the outcomes as well as measure changes in mental and physical health over time. A final limitation is the small sub-group sample sizes in terms of the combinations of spouses' occupational statuses by gender. Ideally, a sample with more occupationally similar couples is needed so that the sub-group samples are of sufficient size that we can be more confident that the results have not been affected by this methodological limitation.

Study implications

Despite these limitations, the results of this study have implications for the study of occupational similarity and spousal support. The findings suggest that not all sources of support are similarly related to well-being, and while some are positively related as predicted, some are unrelated to well-being. That is, the relationships between spousal support and well-being differ by gender and whether one's spouse is in the same occupation. Based on the findings of this study, it is proposed that future research might explore how stressful the spouse's occupation is as well as the content of the support being provided by one's spouse.

In addition, we examined whether men receive more support from their spouse than women, as the literature suggests there is a "support gap" in marital support (Belle, 1982; Neff & Karney, 2005). Our results suggest that male and female lawyers receive similar amounts of support when spouse's occupational status is taken into account and that whether their spouse is a lawyer is more relevant to the amount of support they receive. It is suggested that perhaps the lack of gender differences in spousal support may be because career committed women seek out spouses who are likely to be supportive of their career and future ambitions (Ezzedeen & Ritchey, 2008). It may be that because these women are working in a highly demanding, male-dominated career, while trying to balance family and household responsibilities, their husbands' feel they need to be more supportive and the women may have been drawn to these men because of their extraordinary supportiveness and understanding.

It has also been suggested that women may perceive that they are receiving more support than they actually are because of their relatively low expectations for receiving support from their husbands (Parasuraman et al., 1992). At the same time, it has been put forward that men may minimize how much support they actually receive from their wives because wives are traditionally expected to be supportive of their husbands and their careers. Thus, even though the male and female lawyers in this study appeared to be receiving similar amounts of spousal support, it may be due to gendered expectations where the women are exaggerating their husband's supportiveness because it is more than they expected and the men are underestimating it because it is taken for granted (Parasuraman et al., 1992). Future research might explore whether there are gender differences in the expectations that men and women place on the amount and utility of the support they receive from their spouses.

Conclusions

In this study on lawyers, the occupation and gender of spouses were related to both the amount and benefits of the support received from them. Overall, women and men married to another lawyer reported receiving more spousal support than women and men who were married to non-lawyers. In terms of the effects of spousal support on lawyers' health, the results indicated that lawyers' mental health was improved if they were receiving support from a spouse who was not a lawyer, contrary to what we hypothesized. The results also showed that men's physical health was enhanced by the support they received if their wife was a non-lawyer, whereas female lawyers' physical health was enhanced by the spousal support they received if their husband

was also a lawyer. These results illustrate the relevance of occupational similarity and gender in understanding the benefits of spousal support.

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