

GENDER, WORK–FAMILY RESPONSIBILITIES, AND SLEEP

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This study adds to a small but growing literature that situates sleep within gendered work–family responsibilities. We conducted interviews with 25 heterosexual dual-earner working-class couples with children, most of whom had one partner (usually the mother) who worked at night. A few men suffered disrupted sleep because of their commitment to being a coparent to their children, but for most their provider status gave them rights to longer and more continuous sleep. By contrast, as they were the primary caregiver during sentient hours, women’s sleep was curtailed and interrupted by responding to the needs of family members at night and at the beginning of each day, and this was true for women who worked nights as well as days. Furthermore, in struggling to meet their daily employment and familial obligations while tired and sleepy, women further stressed their bodies in ways that can cause cumulative sleep debt. This article demonstrates that sleep deficits are another manifestation of gender inequality, with important implications for long-term health and well-being.

Keywords: *family; health; medical; work*

Scholars and the lay public alike recognize that as women significantly increased their participation in the labor force over the past half century, men have only slightly increased their commitment to child care and housework. As a result, women continue to perform most domestic labor,

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irrespective of the strength of their attachment to paid labor. In recognition of this, terms like the *second shift*, the *time bind*, and *work–family conflict* are routinely used by scholars and the popular media to describe the nexus of contemporary work and family obligations that weigh more heavily on women than men (Hochschild 1989, 1997; Williams 2000).

A logical extension of this research would consider how often-competing work and family obligations affect health-related behaviors, like sleep. Indeed, media reports (e.g., see Kantrowitz 2006) and sleep researchers (e.g., Patlak 2005) suggest that busy Americans are chronically sleep deprived, yet studies of gendered sleep patterns are still in their infancy. This study contributes to a small but growing literature on how and why sleep differs by gender, extending prior research findings in two ways. First, we more directly situate individual sleep patterns in the nexus of gendered work–family responsibilities. Second, most prior studies of sleep were conducted with fixed-day workers; we draw a purposive sample of heterosexual dual-earner working-class parents in which one partner worked in a sector of the economy where nonstandard hours are common. We found that men’s and women’s sleep patterns were largely responsive to commitments made to and concerns about employers and loved ones, respectively, privileging men’s sleep over women’s sleep. We conclude that further study of sleep will reveal another manifestation of gender inequality in contemporary family life that has important implications for long-term health and well-being.

BACKGROUND

Gender and Care Work

It is well known that the gender gap in domestic labor has declined since 1965, but this is more from changes in women’s behaviors than men’s. Bianchi, Robinson, and Milkie (2006, 55) analyzed time dairies, finding that the typical married father in 2000 performed 21 hours per week of unpaid domestic labor (i.e., housework and child care combined), up from 12 hours per week in 1965; among married mothers, by contrast, time in unpaid care work declined from 53 to 41 hours per week over the interval. When considering total workloads (i.e., combined time in paid market work and unpaid care work), married parents both work approximately 65 hours per week, yet fathers apportion two-thirds of this time to paid market work, whereas mothers allocate two-thirds of their total workloads to unpaid care work.

Scholars often attribute the unequal participation in care work to the persistence of hegemonic beliefs about gender that it is men who should provide

economic support to the family and women should care for the home and family members. These beliefs affect couple negotiations about the division of household labor and crystallize into workplace policies that associate the ideal worker with being a man who fully commits to work because he has a spouse at home to attend to domestic responsibilities (England 2010; Risman 1998, 2004; West and Zimmerman 1987; Williams 2000). This recognition that gender inequality is embedded not only in personal identities but also in interpersonal interactions, being accountable to others, and institutional practices means that in most of social life, men and women “do gender” in conforming to hegemonic beliefs about the proper display of gender, perhaps even when as individuals they identify with gender egalitarianism.

Although time-use studies suggest that the average spouse and parent does gender when allocating time to paid market work and unpaid care work, qualitative studies have identified structural conditions that allow some couples to negotiate a more equal division of paid and unpaid work. Specifically, working-class couples must wrestle with constrained educational and employment opportunities, unstable employment, and low wages. Thus, to make ends meet, wives in working-class couples must engage in paid work, and couples adapt by working different shifts and having fathers provide child care when mothers are working (Deutsch 1999; DeVault 1991; Pyke 1996). One recent study showed that men emergency medical technicians opted to work the night shift (and often refused overtime) so they could engage in “private fathering” during the day (when mothers were working) by attending to their children’s needs. This contrasted to men physicians who practiced “public fatherhood,” who for example showed up at children’s sporting events or school plays but who left much of the day-to-day care of their children to their wives (Shows and Gerstel 2009). The interesting paradox in all of these studies is that although working-class families were most committed to traditional gender and family ideologies, limited economic means forced partners to more equitably share the burdens of providing for and nurturing family members.

Yet the notion that working-class couples are primed to “undo gender” can be questioned on two grounds. First, the studies cited above focus on child care, and men are much less committed to sharing housework than child care (Coltrane 2000; Craig 2006; Ferree 1990; Townsend 2002). Other studies show that working-class couples engage in little or no negotiation regarding who does the shopping, cooking, and cleaning, allowing men to avoid doing these tasks because they are defined as “women’s work” (Legerski and Cornwall 2010; Mannino and Deutsch 2007). Second, when attention shifts to another form of care work, namely self-care, there is evidence of

inequality that is consistent with conformity to traditional gendered expectations of work–family responsibilities. Most research in this area has focused on leisure, and time-use data show that over time married mothers have sacrificed time in leisure as they increased time in paid work, whereas men’s leisure time both exceeds women’s and has remained constant over time (Bianchi, Robinson, and Milkie 2006, 96). Other studies show that compared to men’s more continuous and pure leisure, women’s leisure is more fragmented over the day and often combined with housework and child care; consequently, women’s leisure has less restorative and recuperative power than does men’s leisure (Hochschild 1997; Mattingly and Sayer 2006). But few studies have linked gendered work–family responsibilities to another form of self-care, namely sleep; this study addresses this gap in the literature.

Gender and Sleep

For more than 50 years, physicians have dominated sleep research, largely viewing it as a natural biological activity requiring a medical intervention (e.g., drugs and/or surgery) when people have problems sleeping (Patlak 2005). Although the medical community does recognize that behavioral and lifestyle choices can promote healthy sleep, individuals are assumed to be autonomous and able to invoke their sleep-inducing routines as they wish. This is particularly evident in government publications on achieving healthy sleep (e.g., Patlak 2005) and the Web site of the National Sleep Foundation (NSF; www.sleepfoundation.org), a physician-dominated foundation whose mission is to foster awareness of the importance of sleep. The NSF culls and packages findings from sleep research, offering advice on how to improve sleep. On its home page, the NSF also links to findings from its annual Sleep in America Poll (SAP), providing point estimates of sleep behaviors and problems in the U.S. population (in most years survey responses are pooled for men and women; the 2007 survey focused specifically on women’s sleep). These materials can be used to develop a profile of a healthy sleep cycle, but they also hint at gender differences in sleep quality.

The sleep cycle begins with preparing to sleep, and physicians advise patients on the importance of “sleep hygiene,” that is, slowing down and relaxing prior to going to bed and finding the right mix of environmental conditions (e.g., room temperature, noise and lighting levels, fresh air) that facilitate getting to sleep (Patlak 2005). Clinical research shows that it normally takes 15 to 20 minutes to fall asleep after getting into bed (Dement 2000; Patlak 2005), yet SAP data show that 22 and 37 percent of all adults (2005) and women (2007), respectively, take 30 minutes or more to fall

asleep. After going to bed at a reasonable hour, adults will sleep soundly for about eight hours (although sleep duration declines with age) and wake up naturally at morning light feeling rested and refreshed (Patlak 2005). Yet the 2007 SAP shows that 42 percent of women “awoke a lot during the night more than a few times a week,” compared to 32 percent of all adults (2005) who frequently awake in midsleep. SAP data also show that in 2005, 40 percent of all adults got fewer than seven hours of sleep on weekdays and 38 percent often woke up the next morning feeling unrefreshed. Furthermore, curtailed sleep appears to stem from staying up too late (47 percent of 2005 respondents stayed up longer than they intended) by watching television (90 percent of 2005 respondents said that most nights per week they were watching television in the last hour before going to bed). Importantly, however, the 2007 SAP suggests that voluntary sleep loss is less typical for women, in that six in 10 were catching up on household chores and a third were doing things with children in the last hour before going to bed. As a result of this multitasking, 80 percent of women reported that they went to bed feeling “stressed out,” which of course can delay getting to sleep.

Only recently have gender and family scholars examined how sleep is scheduled around and reconciled with gendered responsibilities as a parent and provider. A few studies have interviewed women only, linking disrupted sleep to care giving. For example, Garey (1999) interviewed nurses who opted to work nights so they could be home during the day to attend to children’s needs. But this meant that women often slept in fragmented spells during the day and got less sleep than they needed. Hislop and Arber (2003, 2006) interviewed middle-aged British women who cared for ailing spouses, describing men as “gatekeepers” to women’s sleep. That is, wives slept well when husbands slept well and awoke to attend to their partners who were awakened by health complications, such as heart and back problems, obesity, sleep apnea, and so on. Although men were not interviewed in these studies, Hislop and Arber (2003) did report on wives who said their husbands’ status as the family’s breadwinner enabled them to sleep longer and at times of their choosing so they could recuperate and be their best at work.

In a series of articles reporting on interviews with British couples, Susan Venn and colleagues (Venn 2007; Venn et al. 2008; also see Hislop 2007) found that sleep reinforced and sustained gender inequality in family life. That is, men often slept soundly and continuously at night, whereas women’s sleep was often disrupted by children’s sleep problems (thirst, illness, bed-wetting, nightmares, etc.) at night. Most couples did not discuss the fairness of mothers’ disrupted sleep but rather saw it as a part of a mother’s responsibility to care for children. Similarly, men’s snoring disrupted women’s sleep.

In response, women found excuses for their husbands' snoring, passively accepted it, and only infrequently relocated to get better sleep because women believed sharing the marital bed was central to an intimate and committed relationship. Yet these desires for a happy marriage and home life meant that compared to men, women got less and lower quality sleep.

Extending Prior Research on Sleep

Although the studies cited above show that gender inequality is revealed in sleep patterns, additional research is needed. First, the sleep narratives in the studies cited above depict families that are persistently traditional, as it is largely mothers (but not fathers) who disrupt their sleep in response to the needs of family members. It is unclear how many of the women-only and couple reports on sleep patterns come from families with stay-at-home mothers versus dual-earner couples, however. Gender and family scholars recognize that women's marital power increases as they increasingly contribute to the economic welfare of their families, power that can be used to get their husbands to do more domestic labor (Coltrane 2000; Ferree 1990; Thébaud 2010). This study intentionally draws a sample of dual-earner heterosexual parents, based on the premise that in these couples women's greater marital power may work to minimize gender differences in sleep patterns.

Second, except for Garey's (1999) study of third-shift nurses, the narrative evidence on gendered sleep patterns comes from British couples who worked days and slept at night. But as Presser (2003) shows, one in five Americans now work at night and try to sleep during the day, an incidence of shift work that far exceeds that of Europe, where shift work is relatively rare. Although shift work may be taxing for individuals, working-class couples often work different shifts so that both partners can provide for and take care of their children (Deutsch 1999; Pyke 1996; Shows and Gerstel 2009). On one hand, if working different shifts is associated with more equitably sharing the burdens of paid work and care work, then these attempts to undo gender may be associated with minimal gender differences in sleep quality. On the other hand, if partners remain accountable to gendered notions of work–family obligations that trump the importance of work schedules, then women's sleep will likely be shorter and more interrupted than men's. To better understand how the gender–work–family nexus affects sleep, our sample of dual-earner couples had at least one partner who worked in the retail food sector (i.e., grocery and drug store workers), in which firms are typically open 24 hours, 7 days a week.

METHOD

Sample

The original sample for this study was drawn from a larger study of the effects of shift work on family life among working-class families; the baseline survey queried 600 members of a local chapter of the United Food and Commercial Workers (UFCW) who lived in a large and politically and culturally conservative Midwestern metropolitan area (Maume, Sebastian, and Bardo 2009). From the baseline survey, we identified 125 potential interviewees in dual-earner heterosexual unions who were younger than age 50 and who had children living at home. We sent out 58 contact letters asking respondents if they *and* their spouses would agree to be interviewed, one-half of which were unanswered (presumably because spouses did not want to be interviewed). We completed interviews with a target sample of 25 couples, who were compensated \$100 for their participation in the study.

On one hand, the sample lacked diversity, in that all interviewees were white and living in households in which they and their spouses were the only adults in residence. On the other hand, the sample was quite diverse in regard to stage in the life course and work schedules. That is, slightly more than half of the couples were in their 30s, with the rest a decade younger or older; 15 couples had a preschool-age child at home, yet another eight couples also had at least one child in high school (the modal and average number of children living at home was two). In only eight of 25 couples did both partners work fixed day shifts, and in most couples ($n = 11$) fathers worked during the day and mothers worked nights (in two other couples the mothers worked days and the fathers nights, and in four couples both partners worked nights). Furthermore, all men and 19 of 25 women worked more than 30 hours in the week they were interviewed.

Almost none of the interviewees had the education, occupation, or income associated with being middle class. Among all 50 informants, only a handful were college graduates, and 40 had a high school education or less; from the baseline survey, we calculated the average combined income of the 25 couples to be approximately \$37,000 in 2007. As for the jobs held by spouses of focal respondents (i.e., UFCW members working in grocery or drug stores), in only three of 25 couples did both partners work in the retail food sector. Among the remaining 22 couples, six of the spouses were women who worked in service jobs (e.g., retail, hair dressing, administrative assistant), whereas 14 of the 16 men spouses worked in blue-collar jobs, such as truck driving, factory work, or construction (the two exceptions were a community

college instructor and an insurance claims adjuster). Although the sample's composition precludes making social class comparisons in partner negotiations of sleep rights in response to work–family responsibilities (Shows and Gerstel 2009), it is appropriate for addressing the question of whether dual-earner and split-shift working-class couples undo gender in their family lives, minimizing gender differences in sleep patterns.

Interviews

To establish rapport and to get accurate accounts of external influences on sleep patterns, same-sex interviewers interviewed partners at the same time, but in different rooms at their homes. The interviews (averaging an hour in duration) were semistructured to reveal potential discrepancies in partners' respective accounts in whether and how work and family obligations affected their sleep behaviors. The interview schedule first asked about the types and the demands of jobs, work schedules, child care arrangements, and instances of work–family conflict, and respondents reported on their own and their spouse's jobs. The interviews focused primarily on respondents' sleep routines in the previous week; that is, what time and how did they get to sleep? Did they have trouble getting to sleep and why? Did partners affect their sleep and did they affect their partner's sleep? What did they do if their sleep was disrupted? When and how did they wake up? How did they feel on arising, and what did they do after getting up? Did the routine upon arising affect the rest of their day, and if so, how? Our purpose here was to contrast medical wisdom and advice on achieving a healthy sleep cycle (profiled above) with the reality of men's and women's typical sleep experiences. Although it is possible that subjective reports of behaviors are unreliable, one medical study showed that subjective reports converged on objective measures of sleep habits recorded in a sleep clinic (Vonderholzer et al. 2003). In addition, 43 of 50 respondents reported that sleep experiences in the past week were typical of most weeks.

All interviews were tape-recorded, transcribed, and then imported into qualitative analysis software (NVivo v.8). Passages in the transcripts were coded into categories reflecting the major topics covered in the interview schedule. The coded narratives were cross-checked by the authors to ensure that all narratives had been captured in the coding scheme and to identify narratives that contradicted or were tangential to themes covered in the interviews. To protect the anonymity of respondents, quoted passages identify only the gender of the informant.

GENDER, PARENTING, AND WORK–FAMILY CONFLICT

To explore how gendered work–family obligations affect sleep patterns, we first examined how couples prioritized their commitments to employers and loved ones. Although all mothers worked extensively at a paid job and most fathers provided child care, we are reluctant to claim that these couples were undoing gender simply on this basis. Rather, we classified couples largely based on both partners' reports of fathers' knowledge of and engagement in their children's lives (Gerson 1993; Hochschild 1997; Risman 1998) and men's responses to times when work and family responsibilities conflicted (Maume 2006, 2008; Shows and Gerstel 2009). Using these criteria, fathers were coparents in four couples, with the rest being providers who "helped out" with domestic duties and child care. Elsewhere we provide a detailed analysis of the narratives that underlie this classification of couples (Maume, Sebastian, and Bardo 2010); below, we give brief descriptions of both types of couples.

In coparenting families, fathers eschewed traditional notions that their primary purpose was to provide for their children, believing instead that they could and should put family and children's needs on par or ahead of their own work efforts (Gerson 1993; Risman 1998; Townsend 2002). Thus, coparenting men frequently rearranged their schedules or cut back at work to attend to children's needs (e.g., illness, school closings), desired to play an equal role in their children's upbringing (e.g., helping children with homework and school projects, scheduling and keeping children's medical and other appointments, chaperoning groups their children joined), and without being asked, assumed at least half of the burden of doing the family's laundry, shopping, cooking, and cleaning. Importantly, in all four cases, men's claims to coparent status were confirmed by their wives.

By contrast, in 21 of 25 couples, men were ideologically committed to gender essentialism (England 2010; Ferree 1990; Townsend 2002), obligating women to care for children and tend house because they were "better at it." When asked to do household chores and child care, men agreed to "help out," but their ignorance of and reluctance to perform domestic labor often increased mothers' worries about the family's welfare (Hochschild 1989, 1997). For example, one mother who worked during the family's dinner hour worried about her children's diets because her husband refused to learn to cook, yet the father claimed that he was merely satisfying his children's preference to "eat Rice Crispies every night," citing his meal providing as an example of his commitment to his children (also see DeVault 1991).

Gender differences in commitment to family life were even clearer at times when couples had to respond to conflicts between work and family obligations (Maume 2006, 2008). Most helping-out men cited times when work schedules forced them to miss important family events, but they viewed this as an unavoidable consequence of providing for their families (Townsend 2002). Similar to coparenting men, helping-out men cited numerous times when attending to children's needs conflicted with work, but helping-out men relied on wives, older children, or other female relatives to resolve these scheduling conflicts on their behalf. Conversely, among the 21 women married to helping-out husbands, 10 had a "family-first" philosophy, often missing work to attend to their children's needs. As one mother said, "I can always get another job, but I can't get another family." The remaining 11 women chafed at expectations (mainly from husbands, but also from relatives and friends) that mothers were responsible for the family's welfare (Ferree 1990; Hochschild 1989), causing them to frequently miss work when the needs of children, parents, and even in-laws conflicted with work schedules.

Although we do find that some working-class men we interviewed were egalitarian, most were gender traditionalists, prioritizing work over family time and, while frequently "helping out" with child care, often ceding most child rearing duties to their wives. Our initial findings dispute those from the few studies showing that working-class men "halve" the burdens of providing for and nurturing children (Deutsch 1999; Pyke 1996; Shows and Gerstel 2009) and are consistent with other studies showing that women are primarily responsible for their family's welfare irrespective of their employment status (Bianchi, Robinson, and Milkie 2006; Coltrane 2000; Ferree 1990; Hochschild 1989, 1997; Legerski and Cornwall 2010; Maume 2006, 2008; Risman 1998, 2004; Townsend 2002). We next consider whether and how gendered work–family responsibilities affect sleep patterns.

GENDER AND THE SLEEP CYCLE

Getting to Sleep

Besides intervening medically, sleep experts often regard problem sleepers as autonomous individuals fully capable of altering their "sleep hygiene" to get better sleep. But it is perhaps more realistic to view sleep as embedded in a network of gendered sentient responsibilities, and as such the bedroom is contested terrain where partners with unequal levels of power and obligations to family members vie for rights to a restful sleep (Hislop 2007).

In our sample, we anticipated some partner disruption of respondents' sleep since most couples had different work schedules, yet there was marked gender asymmetry in reports of disturbed sleep. That is, in only three couples did wives disturb their husbands' sleep but not vice versa, in contrast to 16 couples in which the wife's sleep was disturbed by the husband but not vice versa (three couples each mutually agreed that they did or did not disturb each other's sleep). Foremost among the sleep disruptive problems cited by women was their husband's snoring (as well as watching television in the bedroom, teeth grinding, sleep talking, and tossing and turning in bed), and men and women differed in their reports of how much this disrupted wives' sleep. Although only a handful of men admitted their snoring bothered their wives' sleeping, none of them saw this as their problem; as one said, "It's not on me." Rather, a majority of men regarded snoring as a natural part of sleeping, and a plurality of men said that their wives were "used to it" (Venn 2007). When asked if they ever slept elsewhere so their wives could get better sleep, no husband had ever done so because most men in some way said sharing the marital bed was associated with a happy marriage. One man put it this way: "We've been married over 20 years and have always slept in the same bed; that's what married people do."

By contrast, *none* of the women said they had gotten used to their husbands' snoring; rather, a majority simply tolerated it, sleeping fitfully when their husbands were beside them, and sleeping well after their husbands arose. For example,

It [snoring] does keep me up. . . . I just try to tune it. I know he needs his sleep for work, so I don't try to bother him.

I will look at the clock and if it is like 5 a.m. I don't even bother [trying to get him to stop snoring] because I know he will be getting up soon. So I will suffer a little bit longer, and get some good sleep once he gets up; which is only like three or four hours.

These accounts indicate that women see their sleep needs as secondary to those of their husbands', who need to sleep so they can be their best at work, and are consistent with Hislop and Arber's (2003) finding that husbands act as gatekeepers to wives' sleep. Yet most women stayed in the marital bed; 13 of 25 women mentioned that they preferred sleeping in the same bed with their husbands as they have always done, echoing the sentiment above that sleeping together is "what married people do." Yet half a dozen women appeared to be accommodating their husband's desire to share the marital bed because his sleep habits disrupted their sleep. Whatever their reasons

for remaining in the marital bed, only a handful of women had tried relocating to get better sleep, using this tactic sparingly and stealthily because it bothered their husbands. For example,

How often do you [sleep on the couch downstairs]? He doesn't like it if I don't sleep upstairs. That really makes him mad. So I would say maybe no more than once a month do I do that.

Probably 50 percent of the time I end up on the couch because . . . he grinds his teeth and hops around [in bed]. But I go back [to bed] in the middle of the night, so he doesn't know I've gone.

Given men's reluctance to relocate (or to allow their wives to relocate) so their wives can sleep better, and given that women tolerate men's sleep-disruptive habits, women more so than men are performing third-shift emotional labor of anticipating and accommodating the needs of spouses (Hochschild 1997), the consequences of which privilege men's sleep needs over women's (Venn et al. 2008).

Further support for this proposition can be found in narratives on the reasons for delayed sleep. Although equal numbers of men and women (nine each) reported taking longer than 30 minutes to fall asleep, they gave gendered reasons for their delayed sleep. Among men, only one cited worrying about and attending to the couple's autistic child as the reason for his delayed sleep; the other eight men cited frequently ruminating over the next day's work responsibilities and worrying about "money and bills" as reasons for their delayed sleep. Among women delayed sleepers, only two said work concerns affected their sleep, whereas seven directly linked delayed sleep to family stressors. For example, one mother took an early shift (working from 6 a.m. to 2 p.m.) so she could be home when her two children returned from school, yet she frequently clashed with her mother-in-law who thought that "good mothers" stay home for their children, and this recurring conflict delayed her sleep. As she put it, "Now I got these personal things swimming through my head, and I can't sleep." Other women mentioned worrying about discord between family members as reasons for their delayed sleep. For example,

I worry. If [the twins] have had a rough evening and fuss and don't want to go to sleep, then I can't sleep. Or if my [teenage] son is upset with his dad, then I get all upset, and I don't go to sleep. Because I worry about what [son] is going to do.

A lot of it is stress. I worry. You know if [husband] and I have had an argument. I worry about my children all the time, you know. I think it is a combination of both [worries about husband and children]—probably equally.

When we consider women's accounts of lying awake in bed worrying about family members and spouses disrupting their sleep, a total of 22 of 25 women reported some difficulty in getting to sleep at a time they desired. By contrast, only 10 of 25 men reported difficulty in getting to sleep, seven of whom were kept awake by worries about work and finances. The narratives in this section clearly indicate a stark gender difference in the incidence and causes of delayed sleep.

Two additional observations about gender differences in getting to sleep emerged from our interviews. First, three of the four coparenting fathers willingly lost sleep to attend to children and suffered more disrupted sleep than the 21 helping-out fathers. Yet consistent with other studies (e.g., Risman 1998), coparenting men are a minority of our sample, and the sleep narratives from couples with helping-out fathers typify the sleep patterns of most couples. Second, women who tolerated snoring husbands and lost sleep worrying about family members were as likely to work days as nights, so women's greater tendency to work nights (putting their circadian rhythms out of synch with healthy sleep patterns) cannot account for their difficulties in getting to sleep. We are thus left with the conclusion that gendered work-family responsibilities and the emotional labor of anticipating and ensuring the well-being of family members are the major reasons why women have more trouble than men in getting to sleep.

Staying Asleep

Sleep research suggests that continuous sleep is needed for most adults to maintain optimal health and wake-time functioning (Dement 2000; Patlak 2005), yet we observed little of this in our sample of dual-earner working-class couples. In our interviews, we asked how many times in the past week respondents were awakened in midsleep (no matter how short in duration), what caused them to wake up (some offered multiple reasons for an awakening), and how long it took them to fall back asleep. In analyzing these narratives, we found gender differences in the number, length, and causes of midsleep awakenings.

Among men, nearly half slept continuously until arising, and most of the remaining men reported a short awakening of five minutes or less (usually to get a drink of water or use the toilet). Only six men reported long midsleep awakenings (20 minutes or longer), two of whom were coparenting fathers responding to their children's awakenings and two of whom were helping-out fathers who often awoke feeling anxious about work-related matters (two other men gave no specific reason for their long midsleep awakenings). In 13 couples, the wives of helping-out fathers reported instances of children's

awakenings in the prior week, but *none* of the fathers arose to attend to their children's needs. As reported earlier, many men said their wives were "better" at caring for their children, and eight of these 13 men did not even know that their children had disturbed their wives' sleep; as one father said, "She hears the kids a lot, she seems to be more in tune with them than I am."

Among women, only five of 25 women typically slept continuously between going to bed and arising, reporting more and longer midsleep awakenings than men. A plurality of women awoke to their husband's snoring (and other annoying sleep habits), their responses to which resembled the narratives above on difficulty in getting to sleep. The modal reason why women woke up in midsleep was because of their children's disrupted sleep. Mothers of young children offered a litany of reasons for their children's disrupted sleep, including illness, bodily needs (thirst, hunger, bed-wetting, etc.), imagined dangers in the bedroom, nightmares, or simply waking up prematurely and wanting to play, watch television, and so on. For example,

One of the children gets me up at least once a night if not two or three times. Last night I woke up about 2 hours after I had fallen asleep. And then maybe another two or three hours later again. And I was up at 7 a.m., and back to sleep, and then up for good at 8:30 a.m.

Furthermore, almost all mothers' reports of children's sleep disruption mentioned conflicts between siblings. For example,

Yeah, [five-year-old brother] woke up in the middle of the night and I guess played or whatever, and I woke up. And, then I hear him again in the morning [~6 a.m.] . . . trying to talk to his [two-year-old] sister. And, [then I] hear her whining, and I got up to tell him, "Like would you leave your poor sister alone." I just couldn't sleep at all.

Similar to the British couples interviewed by Venn et al. (2008), the helping-out husbands and their wives in our sample did *not* discuss which partner would respond to children's sleep disruption—indeed, many interviewees were surprised when we asked about fathers getting up to take care of children. Rather, most fathers and mothers alike took it for granted that mothers would always "be there" for children (Ferree 1990; Hochschild 1989; Townsend 2002) and saw that disrupted sleep was a natural consequence of fulfilling the duties of motherhood (also see Garey 1999; Hislop and Arber 2003).

We considered that the 15 mothers who worked nights might have been more likely than their sleeping husbands to respond to children's night-time awakenings because they were lightly sleeping soon after returning home

from working the late shift. We compared the narratives on women's awakenings by schedule type and found that women who worked days were as likely to report awakenings in response to children's needs as mothers who worked nights. One difference in the narratives was that late-shift mothers were more likely than day-shift mothers to report sleeping in fragmented spells as they tried to juggle their daytime obligations to their families with their need for more sleep (Garey 1999). For example,

My sleep gets broken up . . . like when I come home [at 2 p.m., after working from 4 a.m. to 1 p.m.] and I nap. Then, I have to get up and fix dinner for everybody. And clean up afterwards. Also, I got to take care of my dogs. When I try to go back to sleep [at 9 p.m.] after doing all of this stuff, it is kind of hard to go back to sleep. I am not sleeping all at once, it is kind of broke up.

Although Garey (1999) also shows that women steal sleep during the day in between their responsibilities as mothers and homemakers, sleep research shows that fragmented sleep is a risk factor for a variety of ailments, including colds and flu, obesity, and depression (Dement 2000; Patlak 2005). To the extent, then, that after working nights, women more so than men retain their daytime domestic obligations and ignore their need to sleep, this suggests that women's long-term sleep regularity and health are threatened to a greater extent than are men's.

Waking Up

Sleep researchers contend that after going to bed at a reasonable hour, the typical adult will sleep for about eight hours, waking up naturally at morning light feeling rested and refreshed (Dement 2000; Patlak 2005). We first assessed sleep duration by summing the length of all sleep spells in a typical day in the past week (after accounting for delayed sleep and midslumber awakenings described above). Constructed this way, estimates of total sleep time varied (between men and women and by work schedules) within only a narrow range of 6 to 6.75 hours of sleep per day. But when considering that 15 women (compared to six men) in our sample worked nights and slept in fragmented spells over the day, it may be more appropriate to examine the length of the *first* sleep spell of the day. In this case, women who worked nights got an average of only five hours of sleep in their first sleep spell, which was an hour shorter than the first sleep spell of women who worked days and men who worked nights and 1.25 hours shorter than the first sleep spell of men who worked days. Stated differently, most men went to bed in late evening and slept soundly until arising in early morning to go to work.

By contrast, the modal experience of women in our sample was to go to bed sometime between midnight and 6 a.m. and get insufficient sleep because of arising early to get other family members (especially children) started with their days. Thus, 20 of 25 women in our sample (compared to fewer than half of the men) woke up from their first sleep spell feeling tired and needing additional sleep.

We found further evidence of insufficient sleep in comparing *how* men and women typically woke up from their only or first sleep spell. More than half of men woke up naturally, whereas 23 of 25 women woke up to a ringing alarm clock or to the noise and movements of family members. For example, one self-employed contractor typically arose before dawn and turned on the garage flood light so he could load his construction tools into his truck. Not surprisingly, the light and noise disturbed his wife's sleep (and since she got off work at 1 a.m., she had been asleep for only three to four hours by this time). When asked about this, the husband said,

I'm fairly loud, and that will wake her up . . . occasionally, nothing too bad. . . . [Interviewer: *Have you changed your habits so your wife can get more sleep?*] Definitely, she takes more naps during the day.

This husband's remark about changes in his wife's behavior in response to a query about changes in his behavior was telling. When asked why he could not assemble his tools in the evening when his wife was at work, he talked about the crush of paperwork that he worked on well past midnight and how it important it was that *his* business remain profitable to support the family. Given his status as family breadwinner, his work-driven routines in the evenings and in the mornings took precedence over *both* of their sleep needs, and according to him the *couple* adapted by his wife taking more daytime naps. Although stated in less extreme terms, many other men echoed this man's belief that as they were the family breadwinner, it was their wives who needed to adapt if their sleep was disturbed by men's work-preparatory routines.

In addition, we asked interviewees what they typically did on waking up, seeking to determine how the morning routine affected the rest of their day. Some scholars emphasize the speeding up of contemporary family life that primarily affects women (Hochschild 1997; Mattingly and Sayer 2006), and sleep researchers contend that successful sleep at night often depends on slowing down and minimizing stress during the day (Dement 2000; Patlak 2005). Among men, three of the four coparenting fathers described a rushed morning routine of waking their children, making breakfast and packing lunches, and getting children off to school. Eight men described arising well before it was time to go to work and practicing a routine that allowed them to fully wake up, such as reading the Bible or the newspaper, exercising, and

having breakfast. But for the remaining 13 helping-out men who were rushed in the morning, it was because they slept until the last minute and then rushed off to work. The quote below is typical:

I know exactly what time I need to leave, walk out my door to be able to get to work on time. And I know how long it takes me from when I wake up to when that point comes. . . . If I run over . . . there are certain things on the road [speeding in traffic] you can do to cut your time.

Consistent with their work-centered identities, none of the 21 "helping out" fathers talked about the morning rush in terms getting spouses and children started on their days. It is important to remember that most of the wives of these men went to bed past midnight and had gotten only a few hours of (often interrupted) sleep by early morning. Yet mothers' mere presence in the home during the morning hours enabled men to evade responsibility for getting children started on their day. When mothers were asked why fathers were not more involved in the morning routine, they gave responses consistent with Hochschild's (1989) description of men's active and passive resistance to doing care work; that is, men either refused to take responsibility for the morning rush or they ineptly readied outfits, made school lunches, and so on, forcing tired and sleepy mothers to assume these responsibilities.

By contrast, 18 of 25 women described rushed morning routines of getting everyone else off to school and work, characterizing the beginning of their days as "like a fast ball," "time speeding by," and so on and envying nonmothers or mothers of grown children who had more time for themselves. For example, one mother envied a friend who "takes a 30-minute bath with a candle and lavender oil every day uninterrupted. I would kill for that."

In these narratives it was apparent that the morning rush is so tightly scheduled that even slight departures from the routine (e.g., someone oversleeps, backpacks are mislaid, the school bus is late) can create a sense of falling behind. Since most women awoke feeling tired, falling behind early in the day made it difficult to catch up, but in trying to do so women continue to stress their bodies by ignoring their need to rest in favor of meeting their family responsibilities. For example,

And then when I come home in the evening I try and stay going, because when I sit down I get real tired and lazy . . . don't want to do nothing. But, I have things I need to do, like cooking, cleaning the house, and looking after the kids. So, I keep going. . . .

I feel rushed. You always have in your mind things that you want and need to get done, but by the end of the day you may have only accomplished 50 percent of that. And that sucks.

As these accounts suggest, many women start their day in a rush, fall behind, and ruminate over unmet needs at the end of the day. As we have demonstrated, a sizable plurality of women (but not men) worried about problems in their families, which delayed their falling asleep. If, then, the next day the cycle repeats with rushing, falling behind, and going to bed under stress, this suggests that women's long-term sleep regularity is threatened to a far greater extent than men's.

SUMMARY AND DISCUSSION

Physicians have long dominated research on the causes and treatment of sleep problems, which they largely deem to be biological in origin. Gender and family scholars have only recently contributed to sleep research, arguing that sleep is bounded and shaped by the gendered demands of daily life and, as such, is a site where gender inequality is produced and reproduced. Our intention in researching couples' sleep habits was to add to this understanding of sleep as a social, as opposed to a biological, behavior. Yet we also anticipated that our study might find some undoing of gender in work–family obligations that would minimize gender differences in sleep quality. Our anticipation was rooted in a reading of prior sleep studies whose samples included traditional stay-at-home mothers (Hislop 2007; Hislop and Arber 2003, 2006; Venn 2007; Venn et al. 2008) and a reading of studies of working-class families who often opt to have one partner work nights and the other days so that both partners can provide for and care for their children (Deutsch 1999; Pyke 1996; Shows and Gerstel 2009). Given that most of the 25 heterosexual dual-earner working-class parents we interviewed had at least one partner working nights, we expected that a more equal sharing of employment and child care obligations would result in men and women reporting similar sleep patterns.

It was true that in four of 25 dual-earner couples, fathers and mothers regarded themselves as coparents and coproviders and fathers routinely scheduled or curtailed their work efforts to attend to their family's needs. In these families, fathers were as likely as mothers to interrupt their sleep in response to children's sleep problems and to arise tired and sleepy to get children and spouses started on their days. But as others have argued, egalitarian families who undo gender are rare (England 2010; Risman 1998, 2004), and they constituted a minority of families in this study.

For the most part, conformity to traditional expectations that fathers were providers and mothers were caregivers (irrespective of mothers' work efforts) affected both working and parenting practices and privileged men's sleep

needs over women's. When going to sleep, husbands' irritating habits (especially snoring) disturbed wives' sleep, but not vice versa, and women only occasionally relocated to get better sleep either because sharing the marital bed was normative for married couples or because women accommodated their husband's desires to sleep together. Yet by remaining in the marital bed and losing sleep, women subjugated their own sleep needs to those of their husbands, who needed sleep to be their best at work. We also found that among delayed sleepers, most men cited financial and work-related concerns as the reason why they had difficulty in getting to sleep, whereas women lost sleep worrying about interpersonal relations within their families. Once asleep, men were more likely to sleep continuously or with minimal interruption, whereas because women were the *default parent* (Townsend 2002) during the day, they were frequently awakened in midsleep by their children. At morning's light, most men arose naturally feeling refreshed and got ready for work. By contrast, most women arose feeling tired and needing additional sleep (because most worked nights) to get children and husbands started on their daily routines. As a result, most women described rushed morning routines, often falling behind and struggling to catch up the rest of the day as they juggled their many work-family responsibilities around their need for additional sleep. This potentially affected the next day's sleeping cycle as many women went to bed ruminating over unmet family needs, which delayed getting to sleep.

In our sample of white working-class families, mothers worked extensively and fathers provided much child care. Yet these couples were "pragmatic egalitarians" (Legerski and Cornwall 2010), in that they legitimated women's employment and the family's dependence on mothers' earnings but had failed to legitimate an equal sharing of second-shift domestic labor and third-shift emotional labor of anticipating, managing, and accommodating the physical and emotional needs of other family members (England 2010; Hochschild 1997; Legerski and Cornwall 2010; Risman 2004). Furthermore, despite drawing a sample in which most dual-earner families had one partner working nights, our findings on sleep habits converge with those from prior sleep studies based on samples including stay-at-home mothers and fixed-day workers. That is, women's second- and third-shift familial obligations extend into somnolent hours, interrupting, contaminating, and shortening women's sleep to a greater extent than is the case among men. Our findings add to those from prior sleep research in emphasizing the power of gendered work-family expectations in patterning sleep, irrespective of not only how much mothers work but also *when* they work. In the United States, women are concentrated in the service sector of the economy, a sector that increasingly operates on a 24-7 schedule (Presser 2003). This suggests that as women

more than men increasingly work at times typically reserved for sleep, differences in sleep patterns and subsequent well-being may widen in the future and are certainly an important topic for further research.

We acknowledge the unique nature of our sample in hopes that it will stimulate additional research on sleep patterns. First, none of the couples we interviewed were African American or Hispanic, and prior research shows that minority men do more domestic labor than white men because wives exercise more power in minority families via their larger contribution to family incomes (Coltrane 2000; John and Shelton 1997). Thus, an important question for further research is whether gender differences in sleep patterns are minimized in African American and Hispanic couples because of a more equal division of domestic responsibilities among minority couples. Second, on a related matter, our sample of working-class couples earned modest incomes and lived in relatively small houses, both of which may have affected women's bargaining position regarding their sleep rights. For example, husbands' snoring was a major factor in disrupting wives' sleep, and women's relocation efforts to get better sleep may have been thwarted by the lack of a guest bedroom. In addition, it is possible that if women earn higher incomes, their spouses may do more child care, which could increase mothers' chances of sleeping longer and continuously if fathers attend to children's sleep disturbances. Based on our reading of the widespread stalled revolution in equality of domestic responsibilities, we are skeptical that gender differences in sleep quality will vary by social class but acknowledge that this is an empirical issue worthy of further study.

In closing, we suggest that like housework and child care 30 years ago, sleep is largely an invisible and devalued subject of study. With further study, scholars will be able to explore how gender is displayed in sleep, how sleep is differentially valued not only in the family but also in the workplace, and how gender inequality in sleep patterns affects outcomes of concern to social scientists, such as physical and mental well-being, work performance, attainment, participating in civic and national affairs, and so on. At present, too little is known about the social antecedents and outcomes of sleep, and there is much that gender and family scholars can contribute to an understanding of an activity that constitutes one-third of our lives.

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