

WALLS, JILL K., Ph.D. Implications of Intensive Mothering Beliefs for the Well-Being of Full-Time Employed Mothers of Infants: Moderating Effects of Childcare Satisfaction and Workplace Flexibility. (2010)

Directed by Dr. Heather M. Helms. 164 pp.

Hays (1996) was the first to describe the construct of intensive mothering beliefs, yet little empirical research exists to substantiate its prevalence among contemporary mothers and its implications for their lives. The purpose of this study was to examine the construct of intensive mothering beliefs and its longitudinal associations with maternal well-being for 210 full-time employed mothers of infants. Employment-specific guilt was examined as one explanatory mechanism through which intensive mothering beliefs impact maternal well-being. Contextual factors such as mothers' childcare satisfaction and workplace flexibility were examined as moderators of the link between intensive mothering beliefs and employment-specific guilt.

Results of exploratory factor analyses suggested that the measure developed for this study reflected four domains of intensive mothering beliefs ("nonemployed ideal", "take responsibility", "self-sacrificing", and "protecting the child"). Results of structural equation modeling suggested that intensive mothering beliefs at 4 months were not predictive of maternal well-being at 16 months, and that employment-specific guilt did not mediate this association. However, intensive mothering beliefs at 4 months were associated positively with employment-specific guilt at 16 months. No moderation effects were observed for childcare satisfaction, however two indicators of workplace flexibility (perceived schedule control and flexible policies) moderated the associations between some domains of intensive mothering beliefs and employment-specific guilt.

IMPLICATIONS OF INTENSIVE MOTHERING BELIEFS FOR THE WELL-BEING  
OF FULL-TIME EMPLOYED MOTHERS OF INFANTS: MODERATING  
EFFECTS OF CHILDCARE SATISFACTION  
AND WORKPLACE FLEXIBILITY

By

Jill K. Walls

A Dissertation Submitted to  
The Faculty of The Graduate School at  
The University of North Carolina at Greensboro  
In Partial Fulfillment  
of the Requirements for the Degree  
Doctor of Philosophy

Greensboro  
2010

Approved by

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Committee Chair

To my husband Michael, whose endless love and encouragement empowers me to reach levels I never dreamed I could reach.

APPROVAL PAGE

This dissertation has been approved by the following committee of the Faculty of  
The Graduate School at The University of North Carolina at Greensboro.

Committee Chair \_\_\_\_\_

Committee Members \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date of Acceptance by Committee

\_\_\_\_\_  
Date of Final Oral Examination

## ACKNOWLEDGEMENTS

The author acknowledges the support and guidance of the entire dissertation committee. To Heather, words cannot fully express my gratitude for all that you have invested in me as a student. Thank you for extended meetings, thoughtful feedback, encouraging words, and for believing in my potential. I have grown in so many ways because of your mentorship. To my friends and family, thank you for your patience and loving support along my journey through graduate school. To my baby, who motivated me from within.

## TABLE OF CONTENTS

|   | Page |
|---|------|
| LIST OF TABLES.....                                       | vi   |
| LIST OF FIGURES.....                                      | vii  |
| CHAPTER   |      |
| I. INTRODUCTION.....                                      | 1    |
| II. THEORETICAL FOUNDATIONS AND REVIEW OF LITERATURE..... | 20   |
| III. METHODS.....   | 64   |
| IV. RESULTS: PART I.....                                  | 79   |
| V. RESULTS: PART II.....                                  | 90   |
| VI. DISCUSSION.....                                       | 100  |
| REFERENCES.....   | 132  |
| APPENDIX A.....   | 146  |
| APPENDIX B.....   | 162  |

## LIST OF TABLES

|  | Page |
|--|------|
| Table 1. Descriptive Statistics for Baseline Sample at 4 Months Postpartum<br>( <i>N</i> = 210).....                           | 146  |
| Table 2. Frequency Statistics for Baseline Sample at 4 Months Postpartum<br>( <i>N</i> = 210).....                             | 147  |
| Table 3. Exploratory Factor Analysis Results for Intensive Mothering Beliefs<br>at Time 1 ( <i>N</i> = 210).....               | 148  |
| Table 4. Exploratory Factor Analysis Results for Intensive Mothering Beliefs<br>at Time 4 ( <i>N</i> = 171).....               | 149  |
| Table 5. Exploratory Factor Analysis Results for Employment-Specific Guilt<br>at Time 4 ( <i>N</i> = 185).....                 | 150  |
| Table 6. Descriptive Statistics for Key Model Variables.....   | 151  |
| Table 7. Means, Standard Deviations, and Mean Comparisons for Intensive<br>Mothering Beliefs Factors at Time 1 and Time 4..... | 152  |
| Table 8. Percent Endorsement of Intensive Mothering Beliefs at Time 1<br>( <i>N</i> = 210).....                                | 153  |
| Table 9. Intercorrelations among Demographic and Key Model Variables.....  | 154  |

## LIST OF FIGURES

|   | Page |
|---|------|
| Figure 1. Conceptual model depicting longitudinal associations between intensive mothering beliefs, employment-specific guilt, and maternal well-being for employed mothers of young children: Childcare satisfaction and workplace flexibility moderators..... | 19   |
| Figure 2. Measurement model for intensive mothering beliefs at Time 1 ( $N = 210$ ).....  | 158  |
| Figure 3. Standardized path coefficients for the direct longitudinal association between intensive mothering beliefs and depressive symptoms ( $N = 210$ ).....   | 159  |
| Figure 4. Standardized path coefficients for the direct longitudinal association between intensive mothering beliefs and health-related quality of life ( $N = 210$ ).....  | 160  |
| Figure 5. Standardized path coefficients for the direct longitudinal association between intensive mothering beliefs and employment-specific guilt ( $N = 210$ ).....   | 161  |

## CHAPTER I

### INTRODUCTION

Recent reports of women's employment patterns show that the majority of mothers with children under the age of three are employed, with most working full-time schedules (U.S. Bureau of Labor Statistics, 2009). In fact, rates of full-time employment among employed mothers of young children have increased slightly over the past several years to reach approximately 75% in 2007, whereas part-time employment rates have decreased slightly. In addition, the majority of mothers working full-time schedules during pregnancy return to full-time employment within the first six months of their child's life (Klerman & Leibowitz, 1994). These trends have been attributed to a number of shifting economic conditions including, but not limited to, the scarcity of part-time jobs that offer a living wage and/or benefits, a general decline in men's earnings, and the need for dual incomes to support most families. These employment patterns also suggest that many mothers are constructing their mothering identities within the context of full-time employment, and that this often occurs when their children are very young. Accordingly, researchers have drawn attention to the importance of considering mothers' perceptions of the mothering role within the context of full-time employment (Arendell, 2000).

By and large, employment benefits women and their families (Schnittker, 2007). Employment provides mothers with greater access to economic, psychological, and

interpersonal resources, all of which have been shown to improve maternal well-being. For example, in comparison to their nonemployed counterparts, employed women tend to report better physical health, lower levels of psychological distress, greater social support, higher self-esteem, and higher self-efficacy (Rout, Cooper, & Kerslake, 1997; Turner, 2007). Although this suggests that employment is protective for women's well-being, positive effects of full-time employment are not uniform across women and are shaped by the meaning mothers ascribe to their various social roles (Simon, 1995). Particularly for employed mothers of infants, how mothers define and internalize the mothering role and whether or not that view is supportive of full-time employment may have a bearing on the extent to which they benefit (mentally and physically) from being employed. For example, in Garey's (1999) research with hospital staff, some mothers worked night shifts in order to maintain around-the-clock parental care for children; however, this often came at a cost to their mental and physical well-being. Garey highlighted how working the night shift enabled mothers in her sample to fulfill the "good mother" role as they defined it – being home during the day, physically present and attentive to children's needs, and assuming the role of primary caregiver – a set of beliefs referred to as *intensive mothering ideology* by Hays (1996). The purpose of the current study is to examine the implications of endorsing intensive mothering beliefs for full-time employed mothers' well-being. Employment-specific guilt is examined as one explanatory mechanism through which intensive mothering beliefs impact maternal well-being, with contextual factors such as mothers' childcare satisfaction and workplace

flexibility treated as moderators of the link between intensive mothering beliefs and employment-specific guilt.

Maternal well-being has been conceptualized from two distinct perspectives; one perspective stems from a disease framework and views well-being in terms of a reduction in maladaptive functioning or symptomology. This conceptualization of well-being is used most frequently in the social science literature, with measures of depressive symptoms and stress often used as indicators of personal well-being. A second perspective emerged from the positive psychology literature and focuses on human strengths and competencies as indicators of well-being (Seligman & Csikszentmihalyi, 2000), and advocates of this view argue that wellness is more than the absence of illness (Bradburn, 1969; Ryan & Deci, 2001). Within the positive psychology literature there is a lack of consensus about the best way to conceptualize and assess positive features of well-being, with some focusing on subjective well-being (hedonic view) and others focusing on psychological well-being (eudaimonic view). The hedonic view posits that individuals provide the best assessment of their own state of wellness, whereas the eudaimonic view promotes the use of objective indicators/standards of wellness. Although a critical review of these separate, but complementary, standpoints (Keyes, Shmotkin, & Ryff, 2002) is beyond the scope of this study, the current investigation acknowledges the benefits of conceptualizing well-being in multiple ways in order to assess both positive and negative dimensions of health. Accordingly, maternal well-being is operationalized in terms of depressive symptoms and two domains of health-related quality of life. This conceptualization of maternal well-being offers the possibility that

mothering beliefs can have an effect on mothers by contributing to negative health (i.e., increasing depressive symptoms) and/or depleting positive features of health (i.e., decreasing health-related quality of life). In the present study it is expected that there will be consequences for both positive and negative features of health when mothers' beliefs about mothering do not support their full-time employment. Specifically, greater endorsement of intensive mothering beliefs is expected to be associated with poorer well-being.

Social constructions of motherhood have been tracked throughout history to reveal shifts in culturally endorsed norms, expectations, and ideals for effective childrearing (e.g., Thurer, 1994). Scholars have raised awareness of the apparent disconnect between the idealized “father-breadwinner/ mother-homemaker” family and the reality that a small proportion of families are actually living this ideal (Coontz, 1992). Particularly among White, middle-class Americans, families have demonstrated a reluctance to abandon conventional family values in exchange for an alternative ideology of mothering that includes providing economically for the family. International survey data suggest that Americans' support for the full-time employment of women without children is nearly eight times greater than for mothers of preschool-aged children (Treas & Widmer, 2000). As a consequence, discourse about motherhood in mainstream American culture has not evolved to reflect the economic conditions and employment patterns that characterize mothers' lives in the 21<sup>st</sup> century (Hays, 1996). As observed by Coltrane (1998), “the old gender ideals tend to govern people's thoughts and feelings, but the new economic and social realities tend to govern people's actions” (p. 67). Indeed,

although the majority of mothers of young children are employed, some researchers have suggested that many endorse a set of beliefs about mothering that assume children fare best when mothers are primary caregivers (Hays, 1996; Hock, Gnezda, & McBride, 1984; Johnston & Swanson, 2007).

Several qualitative studies have documented the difficulty of reconciling full-time employment against a cultural backdrop of conventional gendered norms for mothering (Garey, 1999; Hattery, 2001; Hays, 1996; Johnston & Swanson, 2007). Although this work raises important questions about the implications of mothering beliefs for women's work and family experiences, this body of literature is limited to only a few studies that are based on small samples of women. Whether or not intensive mothering beliefs are pervasive among contemporary mothers is a question that has yet to be substantiated empirically; moreover the relationship between intensive mothering beliefs and maternal well-being has not been examined empirically. Thus, there are many unanswered questions about intensive mothering beliefs, particularly as they apply to full-time employed mothers of young children.

#### Intensive Mothering Beliefs Nested within the Broader Literature on Gender Roles

Researchers have long been interested in the influence of gender-role attitudes and gender ideology on a number of personal, marital, and family outcomes (Greenstein, 1996; Hochschild & Machung, 1989; McHale & Crouter, 1992; Spence & Helmreich, 1972; Thompson & Walker, 1989; see also review by Davis & Greenstein, 2009). Accordingly, a number of instruments have been used to assess beliefs and attitudes about appropriate work and family roles for men and women (e.g., Hoffman & Kloska,

1995; Perry-Jenkins, Seery, & Crouter, 1992; Spence & Helmreich, 1972; and Davis & Greenstein, 2009 for a review). These measures provide a general indication of where individuals fall along a traditional-egalitarian/ conservative-liberal continuum. In a recent review article by Davis and Greenstein (2009), measures of gender ideology about work and family roles were grouped into six categories: “primacy of the breadwinner role, belief in gendered separate spheres, working women and relationship quality, motherhood and the feminine self, household utility, and acceptance of male privilege” (p. 89). Intensive mothering beliefs represent a role-specific set of beliefs focused on motherhood nested within this broader literature on gender role attitudes. By focusing on the mother role exclusively, the present study adds to the mothering literature and provides different, and perhaps more content specific, information that has not been captured in global measures of gender-role attitudes.

Several national surveys have examined women’s attitudes about appropriate roles and responsibilities for men and women in society, also referred to as gender role attitudes (see review by Davis & Greenstein, 2009). A few studies have considered the degree to which dual-earner wives view themselves as economic providers for their families, also referred to as provider role attitudes (Helms, Walls, Crouter, & McHale, under revision; Loscocco & Spitze, 2007; Perry-Jenkins, Seery, & Crouter, 1992). Although measures of gender role and provider role attitudes do not reflect all dimensions of intensive mothering beliefs, they do offer insight into the prevalence of intensive mothering beliefs by indicating the degree to which women endorse and value women’s involvement in paid labor. Data from the 2008 National Study of Changing

Workforce (Galinsky et al., 2009) showed that in 1977, 52% of women endorsed the statement, “It’s better for all involved if the man earns the money and the woman takes care of the home and children”, whereas 39% endorsed the same statement in 2008. In 1977, 71% of women endorsed the statement, “A mother who works outside the home can have just as good a relationship with her children as a mother who does not work”, whereas 80% endorsed the same statement in 2008. With a smaller, non-representative sample of dual-earner wives with school-aged children, Loscocco and Spitze (2007) found that approximately one fourth of dual-earner wives agreed or strongly agreed with the statement, “It is much better for everyone if the man is the major earner and the woman takes care of the home and children”. Taken together, these data suggest that although on average Americans have become more supportive of women’s work roles over the past several decades, a small, but notable, proportion of women continue to endorse conventional gender norms for women and mothers in society. These observed trends in gender role attitudes also would suggest that the majority of employed mothers do not endorse intensive mothering beliefs, however Hays (1996) and others who have examined the construct of intensive mothering explicitly have suggested that intensive mothering beliefs are quite common among contemporary mothers. Although the present study is unable to assess long-term trends in intensive mothering beliefs over time, it can provide some indication of the prevalence of these beliefs about mothering among contemporary full-time employed mothers. Of particular interest are the mothers of infants who continue to endorse a set of beliefs that discourage maternal employment and place high importance on mothers as primary caregivers (i.e., intensive mothering

beliefs), and the health-related consequences of those beliefs within the context of full-time employment.

### An Introduction to Intensive Mothering Ideology

Broadly defined, ideologies are socially constructed belief systems that inform how individuals make sense of the world (Freeden, 2003). Because ideologies are socially constructed, “[they] do not represent an objective, external reality” (Freeden, p. 3). Economic, social, and political contexts shape ideologies, and beliefs are nested within them. Ideologies exist at the cultural level, much like the concept of liberalism in the political context, and thus take on an abstract quality. It is through their underlying beliefs that ideologies become distinct, observable phenomena. An ideology, therefore, can be identified and defined by the pattern of beliefs that come together to substantiate its existence. This distinction is echoed by Hattery who stated, “at the individual level, ideology is a set of beliefs that flows into behavioral expectations” (2001, p. 19).

Scholars who have written about intensive mothering have used the terms ideology, expectations, and beliefs inconsistently and in some cases interchangeably. The current study focuses on the degree to which individual mothers ascribe to a specific set of beliefs, which are thought to reflect an endorsement of the broader ideology of intensive mothering. In this paper, the term intensive mothering *beliefs* is used to refer to specific values about children’s developmental needs and mothers’ behaviors as they relate to children’s needs. The term intensive mothering *ideology* is reserved only for times when intensive mothering is discussed on a broader, cultural level.

Intensive mothering ideology is considered by some scholars to be the dominant mothering ideology in contemporary Western culture, yet few empirical studies exist to substantiate its prevalence (Garey, 1999; Hays, 1996). Much of what has been written about intensive mothering ideology is theoretical and frames intensive mothering ideology as a set of beliefs and assumptions about what it means to be a “good mother” and the behavioral and emotional aspects of childrearing that reflect these beliefs. Intensive mothering beliefs, as described by Hays (1996), consist of three domains of focus: (1) *sacred children/ sacred mothering*, (2) *the responsibility of individual mothers*, and (3) *intensive methods of childrearing*. The corresponding beliefs and behavioral proscriptions for each domain are summarized below and will be discussed in more detail in Chapter 2.

(1) Sacred children/ sacred mothering

- *Children are innately good and innocent.* Mothers should strive to preserve children’s innocence. When a child behaves badly, it is a result of poor parenting (although, emphasis is placed on the responsibility of mothers toward that end).

(2) The responsibility of individual mothers

- Mothers are *naturally nurturing* and thus are the best caregivers for children.
- *Mothers are primarily responsible* for all aspects of taking care of children.
- Good mothers *do not work outside the home*. Mothers should seek out paid work only if their families need the money to make ends meet.

(3) Intensive methods of childrearing

- Good mothering is *child-centered*. Children's needs and desires should be mothers' first priority; mothers should be self-sacrificing and place their own needs and desires last.
- Good mothering is *labor-intensive*. Care for children should extend beyond the basic psychological and physical needs to include providing a 24/7 stimulating, unconditionally accepting, and loving environment.
- Good mothering is *expert-guided*. While mothers may be naturally nurturing, mothers should consult outside sources (e.g., doctors, parenting manuals, magazines) in order to effectively cater to children's needs.
- Good mothering is *financially expensive*. In order to achieve the behavioral standards for child-centered, labor-intensive, expert-guided mothering, this endeavor involves a great deal of time and money.

Taken together, these three domains of focus and their corresponding beliefs and behavioral expectations embody an intensive mothering ideology, according to Hays (1996). Underscored across these three domains is the belief that the practice of intensive mothering requires a great deal of time, energy, and resources. Accordingly, intensive mothering has been critiqued as “the privilege of married, middle-class women who can afford to stay home with their children” (Hays, 1996, p. 164). Hays asserts that the selfless, child-absorbed mother has historically been and continues to be a golden standard by which many women judge their success as mothers, and enduring social stigmas against maternal employment are apparent in recent studies showing that employed mothers are perceived as being more selfish and less committed to their children than nonemployed mothers (Brescoll & Uhlmann, 2005). Although there is some evidence to support Hays' claim that intensive mothering beliefs are prevalent and influential in the lives of mothers in general, this study will be the first of its kind to

explicitly examine to what degree contemporary, full-time employed mothers endorse this set of beliefs.

Based on the conceptualization provided by Hays (1996), full-time employment challenges intensive mothering beliefs (Dillaway & Pare, 2008), and failure to meet the behavioral expectations of intensive mothering beliefs may generate feelings of guilt for mothers who are attempting to hold on to conventional notions of the “good mother” within the context of full-time employment (Hays, 1996; Sutherland, 2006). Multiple theoretical perspectives suggest that when beliefs and behaviors are in opposition, or promote goals that are incongruent, the result is emotional strain (Higgins, 1987; Peplau, 1983; Rogers, 1959). Specifically, when mothers’ employment status is incongruent with their beliefs about maternal employment they tend to report greater depressive symptoms (Hock & DeMeis, 1990; McHale & Crouter, 1992; Perry-Jenkins, Seery, & Crouter, 1992). Collectively, the scant qualitative literature on mothering has suggested that intensive mothering beliefs are pervasive in American culture, and it is assumed that, on average, full-time employed mothers are less likely than nonemployed mothers to endorse an intensive mothering ideology (Garey, 1999; Hattery, 2001; Hays, 1996). Although limited, this body of work suggests that while White, middle-class mothers may tend to make employment decisions that are congruent with their mothering beliefs, endorsement of intensive mothering beliefs does not necessarily select all mothers out of employment. For example, Hattery found that full-time employed mothers in her sample varied in the extent to which they endorsed intensive mothering beliefs, and for those who defined motherhood and employment as complementary, their experiences balancing

work and family were less strained. Structural, human capital, and economic factors played a role in determining if and how much mothers worked, leaving some mothers with employment choices that did not coincide with their mothering beliefs. Thus, success in balancing and weaving the demands of work and family may depend, in part, on mothers' beliefs about mothering and its relative fit with their employment arrangement. Beyond this limited body of work, the degree to which mothers experience congruence between their mothering beliefs and employment status has not been studied explicitly. In this study it is expected that full-time employed mothers will vary in the extent to which they endorse intensive mothering beliefs and that this variation will have implications for maternal well-being. In addition, employment-specific guilt is hypothesized to be one mechanism linking intensive mothering beliefs to maternal well-being.

The current study addresses the limitations of previous research in a number of ways. First, although some studies have examined links between the meaning of women's work roles and their personal well-being (e.g., Perry-Jenkins et al., 1992), little empirical consideration has been given to employed mothers' beliefs surrounding motherhood specifically (Perry-Jenkins, Repetti, & Crouter, 2000). For example, gender is often conceptualized from the perspective of separate spheres in the work and family literature, where men are thought to specialize in the public sphere (breadwinning) and women are thought to specialize in the private sphere (housework and childrearing). Moreover, this perspective reveals nothing about how women think about motherhood, nor does it acknowledge that gender is socially constructed and has led to the portrayal of maternal

employment as problematic for young children's development. Thus, an apparent missing piece in this literature is a discussion of the broader ideological forces that govern how employed mothers construct and enact the various social roles they occupy and the health-related consequences of the ideologies to which they ascribe (Gerson, 2004). The current study considers how one specific set of mothering beliefs plays out in the lives of full-time employed mothers of young children, particularly in terms of their mental and physical well-being. By considering the extent to which full-time employed mothers may differ in their endorsement of intensive mothering beliefs, we acknowledge that motherhood is not experienced uniformly among full-time employed mothers.

Second, the current study explores a relatively understudied area of inquiry using quantitative methods. With one exception (Hattery, 2001), no study to date has attempted to capture intensive mothering beliefs quantitatively and examine variation in full-time employed mothers' endorsement of these beliefs. The primary goal of Hattery's study was to understand ideological differences among mothers and she did this by examining how mothering beliefs differed by maternal employment status. Although her study was important in describing variability among nonemployed, part-time employed, and full-time employed mothers, she did not consider how variation in mothers' endorsement of intensive mothering beliefs was related to their well-being. Also, Hattery's sample of 30 White mothers draws attention to the potential lack of generalizability of her findings and suggests the need for further investigation of intensive mothering beliefs among a broader sample of mothers. As Garey (1999) has suggested, "The expectation that mothers should immerse themselves, to the exclusion of other activities, in the care and nurturance of

their children has consequences” (p. 193). Yet, no known empirical studies have examined the potential consequences of endorsing intensive mothering beliefs for full-time employed mothers of young children. For the current study, a measure of intensive mothering beliefs was developed to reflect the key components of intensive mothering beliefs outlined by Hays (1996). This allowed for direct tests of hypotheses concerning potential health-related outcomes of endorsing intensive mothering beliefs for full-time employed mothers.

Third, although guilt and exhaustion, among other negative outcomes, have been discussed as potential consequences of endorsing intensive mothering beliefs, no studies have proposed directional hypotheses of the relationships between these variables. There have been numerous implications that “for mothers who are employed, the results are often exhaustion from trying to do everything and guilt from feeling they are never doing enough” (Garey, p. 193). Yet it is unclear how guilt and indicators of well-being are related to intensive mothering beliefs. The current study adds to the specificity of the mothering literature by proposing employment-specific guilt as a mediator of the link between intensive mothering beliefs and maternal well-being. Furthermore, this study extends the concept of maternal well-being, typically conceptualized in terms of mothers’ depressive symptoms, to include positive indicators of well-being that reflect mental and physical health-related quality of life.

Fourth, prior research has been limited by a tendency to compare and contrast mothering beliefs between nonemployed and employed mothers. Although this comparison makes an important contribution to our understanding of the various ways in

which women define good mothering, it masks potential within-group variation that might have implications for mothers' personal well-being. Despite potential differences between nonemployed and employed mothers' beliefs about mothering, socioeconomic and other contextual factors play a role in determining mothers' employment decisions. The current study addresses this gap by examining variability in endorsement of intensive mothering beliefs among full-time employed mothers as well as contextual correlates that may modify the association between intensive mothering beliefs and maternal well-being.

Lastly, the limited research on mothering beliefs has been almost entirely qualitative, cross-sectional, and has relied on small, homogeneous samples. For example, although Elvin-Nowak and Thomsson (2001) conducted in-depth interviews with a relatively diverse sample of Swedish mothers in terms of social class, ethnicity, employment, and age, their sample consisted of only 24 mothers. Moreover, it is difficult to generalize findings from their study to mothers in the U.S. where gender equality is less politically encouraged. Hattery (2001) conducted in-depth interviews with a small ( $N = 30$ ) purposive sample of White, married, and well-educated mothers who varied only in employment status. Sutherland (2006) interviewed both African American and European American mothers during focus groups, but her sample consisted of only 26 mothers, some of whom were nonemployed. Hays (1996), whose qualitative work provides the foundation for research on intensive mothering, selected a sample of 38 mothers purposefully stratified by social class and employment status, most of whom were married, but had different numbers and ages of children. The quantitative literature, albeit small, is also limited by a tendency to rely on relatively narrow samples of mothers or

even college students (e.g., DeMeis & Perkins, 1996; Hock & DeMeis, 1990; Hock, Gnezda, & McBride, 1984). Taken together, findings from this handful of studies paint an incomplete picture of mothering ideologies in general and do not address the potential links between intensive mothering beliefs and maternal well-being for full-time employed mothers of young children. To address these limitations, the current study employed a stratified random sample of 217 full-time employed mothers of infants who varied on a number of demographic characteristics including occupation, income, marital status, and ethnicity. Moreover, the sample for the current study was representative of the population from which it was drawn, which increases the external validity of the findings and improves upon the generalizability limitations of past research.

In sum, the current study makes a contribution to the mothering and work and family literatures by (a) considering variability among full-time employed mothers' endorsement of intensive mothering beliefs, (b) exploring a relatively understudied construct using quantitative methods, (c) formulating theoretically grounded hypotheses with specific outcomes associated with an intensive mothering beliefs, (d) exploring employment-specific guilt as a mediating mechanism, and (e) extending the limited scope and generalizability of past research by employing a larger and relatively diverse sample of full-time employed mothers. Further, because mothers' endorsement of intensive mothering beliefs was assessed at two different time points it is possible to examine the stability of this construct over time and its prospective associations with maternal well-being. Moreover, a focus on full-time employed mothers provides an important within-

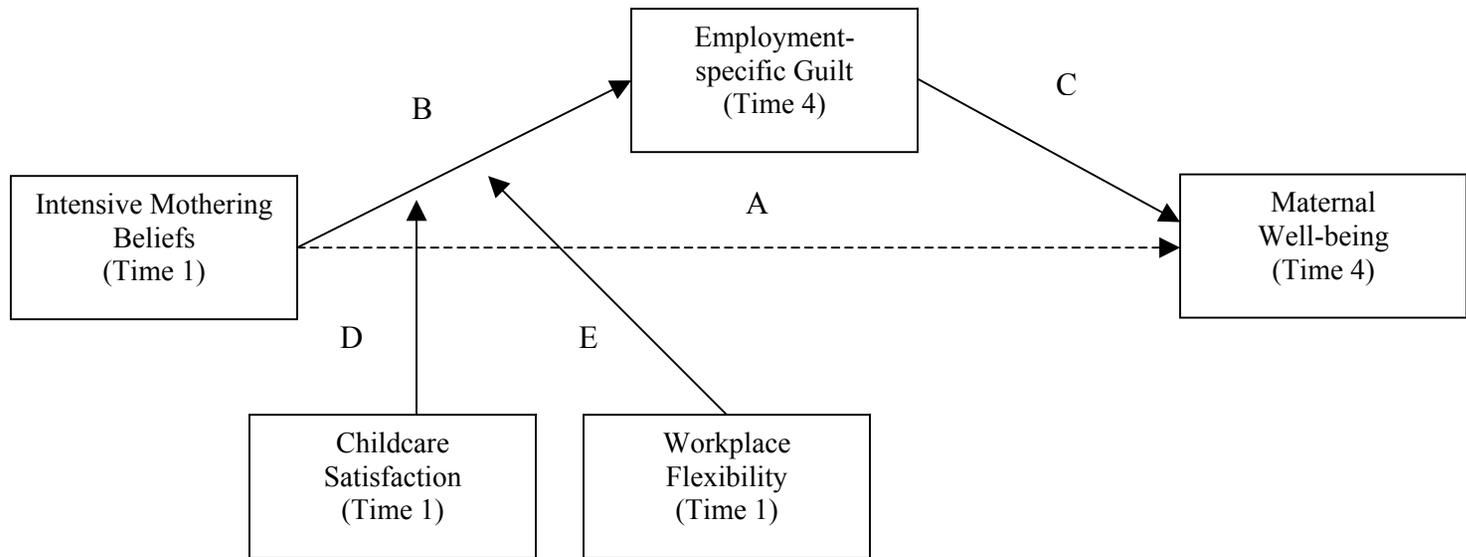
group examination of the links between intensive mothering beliefs, employment-specific guilt, and maternal well-being for a group of mothers with similar work hours.

### Conceptual Model

The current study examines the extent to which full-time employed mothers of infants endorse intensive mothering beliefs and how this is linked with their well-being via employment-specific guilt. Nested within a risk and resilience framework, role and self-discrepancy theoretical perspectives will be used to suggest that greater endorsement of intensive mothering beliefs is a risk factor for full-time employed mothers' well-being. Drawing from the positive psychology literature, well-being is conceptualized in terms of both positive and negative indicators of health, as well as a consideration of two domains of health-related quality of life (mental and physical). As depicted in Figure 1, it is hypothesized that for full-time employed mothers, intensive mothering beliefs are associated negatively with maternal well-being, indicated by depressive symptoms and two domains of health-related quality of life (Path A). That is, greater endorsement of intensive mothering beliefs is hypothesized to lead to greater depressive symptoms and lower mental and physical health-related quality of life. Furthermore, employment-specific guilt is hypothesized to partially mediate the association between intensive mothering beliefs and maternal well-being, such that greater endorsement of intensive mothering beliefs is associated with higher levels of employment-specific guilt (Path B) and higher levels of employment-specific guilt are associated with poorer well-being (Path C). Finally, contextual factors related to childcare and characteristics of mothers' jobs are hypothesized to moderate associations between intensive mothering beliefs and

employment-specific guilt. Satisfaction with childcare is hypothesized to attenuate positive associations between intensive mothering beliefs and employment-specific guilt (Path D). Likewise, greater workplace flexibility is hypothesized to attenuate positive associations between intensive mothering beliefs and employment-specific guilt (Path E).

Figure 1. Conceptual model depicting longitudinal associations between intensive mothering beliefs, employment-specific guilt, and maternal well-being for employed mothers of young children: Childcare satisfaction and workplace flexibility as moderators.



## CHAPTER II

### THEORETICAL FOUNDATIONS AND REVIEW OF LITERATURE

#### Theoretical Foundations

Although feminist scholars have drawn attention to intensive mothering beliefs (Arendell, 2000), feminist scholarship has not provided clear suggestions for the implications of intensive mothering beliefs for the lives of full-time employed mothers beyond their generally oppressive function. Some have suggested that mothering is even more ambiguous and contradictory today than in decades past, but the associations between intensive mothering beliefs and maternal well-being as well as the mechanisms through which intensive mothering beliefs take a toll on full-time employed mothers of young children are unclear. For example, Thurer (1994), author of *The Myths of Motherhood*, contended that, “The current ideology of good mothering is not only spurious, it is oblivious of a mother’s desires, limitations, and context, and when things go wrong, she tends to get blamed” (p. xii). Therefore, although feminist scholarship calls attention to intensive mothering ideology as an important and timely area of inquiry because of its apparent incongruence with women’s lives and its potential to negatively impact women, other theoretical perspectives better inform specific hypotheses about the relationship between intensive mothering beliefs and maternal well-being.

In this section I will discuss how feminist theory calls attention to intensive mothering beliefs, suggesting that it is problematic for women, but offers little direction for testable models. Next I will introduce risk and resilience and role theoretical perspectives and discuss how they inform hypothesized associations in the conceptual model. Specifically, a risk and resilience perspective is presented as the underlying theoretical framework for the proposed conceptual model that depicts relationships between one risk factor (i.e., intensive mothering beliefs) and two indicators of maternal well-being (i.e., depressive symptoms and health-related quality of life) for full-time employed mothers of young children (Figure 1). Peplau's (1983) contributions to role theory which highlight the multifaceted nature of social roles and the potential for intra-individual role conflict are then applied to further support the conceptualization of intensive mothering beliefs as a risk factor for full-time employed mothers. Self-discrepancy theory is then introduced to support the link between intensive mothering beliefs and the outcome of maternal well-being. An extension of Peplau's theorizing, self-discrepancy theory suggests that conflicts that occur between one's beliefs and behaviors about a given role have negative implications for individual adjustment. Accordingly, greater endorsement of intensive mothering beliefs is a risk factor for full-time employed mothers' well-being because the behavioral expectations of intensive mothering are incompatible with full-time employment. A risk and resilience perspective also calls attention to potential mediating and moderating factors that explain why and under what conditions intensive mothering beliefs relate to maternal well-being. Accordingly, I explore employment-specific guilt as a mediating mechanism to explain

associations between intensive mothering beliefs and maternal well-being, and satisfaction with childcare and workplace flexibility as contextual factors shaping the nature of associations between intensive mothering beliefs and employment-specific guilt.

### *Intensive Mothering Beliefs Through a Feminist Lens*

Feminist scholars have argued that oppressive forces (e.g., capitalism, patriarchy) are embedded in social structures that impact the daily lives of women. Thus, a feminist approach to research seeks to illuminate connections between the everyday lives of women and the larger social and political forces that sustain power inequities and reinforce the status quo (Allen, 2001; Flax, 1979). Part of this approach involves examining oppositions and contradictions in women's daily lives, and one example that has received attention by feminist scholars in recent decades is the cultural contradiction between motherhood and paid employment (e.g., Johnston & Swanson, 2003). Through a feminist lens, mothering ideologies (and the belief structures embedded within them) are viewed as a socially constructed, culturally relevant, and historically variable phenomena, which can therefore be deconstructed and reconceptualized. Feminist scholars have critiqued popular conceptions of motherhood for perpetuating gender-typed views of family roles and responsibilities (Baber & Allen, 1992; Marshall, 1991; Thompson & Walker, 1989). Specifically, feminist scholarship has challenged intensive mothering beliefs by highlighting how they perpetuate patriarchy and constrain women's choices as mothers. Primarily via in-depth interviews with mothers and critical analysis of historical trends in mothering beliefs, feminist scholars have scrutinized and made visible the often

taken-for-granted norms of intensive mothering beliefs, which place primary responsibility for childrearing on the shoulders of mothers.

The general consensus among feminists regarding intensive mothering beliefs is that they do not reflect the lived realities of most women, are biased toward White, middle-class values, and leave many mothers feeling guilty for failing to conform to an unrealistic and perhaps undesired ideal (Collins, 1994; Glenn, 1994). Furthermore, because involvement in paid employment undermines the behavioral expectations of intensive mothering beliefs, employed mothers must negotiate competing role demands of work and motherhood (Johnston & Swanson, 2007). Full-time employment is assumed to be incompatible with intensive mothering beliefs, and feminist scholars further purport that endorsement of intensive mothering beliefs has negative consequences for mothers. Researchers, however, have failed to specify what areas of mothers' lives are affected or the processes through which negative outcomes might occur. Therefore, although a feminist perspective calls attention to intensive mothering beliefs as potentially problematic for mothers, other theoretical perspectives are needed to suggest specific hypotheses regarding links between intensive mothering beliefs and maternal well-being.

#### *Intensive Mothering Beliefs within a Risk and Resilience Framework*

Risk and resilience theory offers a framework for thinking about individual adjustment within the context of risk. I propose that greater endorsement of intensive mothering beliefs places full-time employed mothers of young children at risk for maladjustment. Maladjustment is conceptualized in terms of mothers' psychological well-being and health-related quality of life, which is consistent with other risk and

resilience research that has similarly defined individual adjustment in terms of cognitive, behavioral, and emotional domains (Luthar, Cicchetti, & Becker, 2000). A risk and resilience perspective also seeks to explain why and under what conditions individuals thrive despite adversity, which calls for attention to potential mediating and moderating factors. In this section I will outline key concepts from risk and resilience theory and discuss how they relate to constructs in the proposed conceptual model. Specifically, I will propose linkages between risk factors, risk mechanisms, and individual adjustment, and consider two protective factors associated with employment-specific guilt (Luthar & Cicchetti, 2000; Rutter, 1994).

*Risk factors* are situations or conditions that expose individuals to experiences or conditions that increase the probability of maladjustment. Examples of risk factors associated with maternal depressive symptoms might include a family history of depression, strained family relationships, and repeated stress exposure. Risk factors can be thought of as acute or chronic stressors. Acute stressors are isolated events that place individuals at risk, whereas chronic stressors are ongoing forms of risk. Intensive mothering beliefs are considered to be a chronic stressor or risk factor for full-time employed mothers because the behavioral and psychological expectations of intensive mothering beliefs are ongoing, not isolated events, which mothers bring with them to their work and family situations. Because the behavioral expectations of intensive mothering beliefs (e.g., being primary caregivers for children full-time) are incongruent with those of paid employment, employed mothers who endorse intensive mothering beliefs to a greater degree must contend with ongoing cognitive dissonance (Dillaway &

Pare, 2008). As a result, chronic strain from conflicting work and mothering expectations will likely take a toll on mothers' health and well-being, placing them at risk for greater depressive symptoms, for example.

Yet risk factors may change over time, waxing and waning through different life stages or transitions (Garmezy & Rutter, 1983). One life transition pertinent to the proposed investigation is the transition to first-time parenthood, which applies to approximately 43% of the current sample. The transition to parenthood has been depicted as a potentially vulnerable time in new parents' lives as roles and responsibilities are reconfigured against a backdrop of new and changing demands (Cowan & Cowan, 1988, 1992). Studies of first-time mothers have also found that postnatal experiences often do not live up to prenatal expectations, which suggests that first-time mothers may hold unrealistic mothering beliefs, perhaps as a result of inexperience and greater susceptibility to popular images of mothers perpetuated by family, friends, and the media (Cowan & Cowan, 1992; Johnston & Swanson, 2003). It follows then that first-time mothers might experience a greater shift in their endorsement of intensive mothering beliefs over time when compared to mothers with prior mothering experience. The longitudinal design of the present study allows for an examination of previously unexplored stability in intensive mothering beliefs over time for full-time employed mothers, as well as an examination of variations in stability over time based on parity.

Risk factors do not cause maladjustment per se, but rather operate through risk mechanisms to influence adjustment. *Risk mechanisms* are the "links" that help to explain associations between risk factors and individual adjustment. For example, children whose

mothers work nonstandard schedules (i.e., those falling outside the typical 9 to 5 schedule) tend to display greater behavioral problems; however the negative effects of working nonstandard hours operate through elevated levels of parenting stress (Joshi & Bogen, 2007). In this example, working a nonstandard schedule is a risk factor for children's behavior problems and the risk mechanism is parenting stress. Risk and resilience theorists have not suggested a specific number of risk mechanisms per se, but rather that there are likely multiple mechanisms or processes through which risk factors influence individual adjustment. For example, the negative effects of maternal depression on child adjustment likely operate through multiple contextual factors such as strained marital relations and elevated levels of stress (Cicchetti, Rogosch, & Toth, 1998).

Several scholars in the mothering literature have alluded to feelings of guilt among employed mothers who feel as though they are not fulfilling the role of the “good” mother (i.e., one who engages in intensive mothering) (Garey, 1999; Hattery, 2001; Hays, 1996; Thurer, 1994). Guilt is discussed primarily as it relates to being an employed mother, one who is away from her children for a substantial part of the day. Mothers who endorse intensive mothering beliefs to a greater degree feel personally responsible for the care of their children and place high importance on maternal care. According to intensive mothering beliefs, maternal employment is self-serving, something that takes time away from so-called traditional mothering responsibilities and places the needs of mothers (e.g., career goals and/or financial gain) ahead of the needs of children. Maternal employment is equated with taking something important away from children, that is, time with their best caregiver – their mother. Greater endorsement of this view is theorized to

leave employed mothers feeling guilty, specifically for their participation in paid work. This study offers a first glimpse into the role of employment-specific guilt as one mediating mechanism through which intensive mothering beliefs are linked with indicators of maternal well-being for employed mothers. More specifically, using a measure of employment-specific guilt developed for this study, guilt is treated as a risk mechanism linking the risk factor of intensive mothering beliefs for full-time employed mothers to maternal depressive symptoms and health-related quality of life.

A risk and resilience perspective proposes that individual adjustment outcomes are a result of the interplay between risk and protective influences (Rutter, 2006). Applied to the conceptual model for this study, employment-specific guilt is influenced by the interplay between intensive mothering beliefs and other contextual factors. *Vulnerability factors* are defined as individual characteristics or conditions that amplify or increase the probability of negative outcomes within the context of risk; whereas *protective factors* are individual characteristics or conditions that “buffer” or protect against the negative effects of risk (Luthar & Cicchetti, 2000). For example, although children reared by single mothers are considered at risk for maladjustment in a number of domains, maternal depression amplifies the risks associated with being reared by a single mother because it can compromise the quality of mother-child interactions. By contrast, positive social ties may protect children by providing them and their mothers with additional resources and support. As illustrated here, protective and vulnerability factors can reside within or outside the individual. The proposed investigation focuses on two protective factors, one residing within the individual (childcare satisfaction) and one

residing outside the individual (workplace flexibility) (Cowan, Cowan, & Schultz, 1996; Garnezy, 1994). It is expected that the association between intensive mothering beliefs and employment-specific guilt will vary as a function of differing levels of satisfaction with childcare and workplace flexibility.

### *Role Theoretical Perspectives*

Role theoretical perspectives have guided much of the empirical research on intersections of work and family in relation to maternal well-being, particularly the role strain and role enhancement perspectives. The role strain perspective assumes that individuals have a fixed amount of resources (e.g., time and energy) to apply to everyday life (Goode, 1960). From this perspective, the scarcity hypothesis proposes that the more roles an individual has, the greater chance for role strain and role conflict because there is a limited amount of resources being divided among roles. In contrast, the role enhancement perspective assumes that multiple roles can be beneficial by providing individuals with greater access to resources such as intellectual stimulation, social support, and personal gratification (Marks, 1977). The role strain perspective has been used most often for examining intersections of work and family roles as they relate to employed mothers' personal well-being. The role strain perspective, however, conceptualizes roles as rather inflexible structures, composed mainly of a set of prescribed behaviors (Lynch, 2007). As a result, researchers have tended to focus on specific aspects of mothers' work (e.g., job characteristics, time-based demands) as sources of role strain, with less attention to mothers' beliefs surrounding motherhood and how this may or may not fit with full-time employment. Peplau's (1983) contribution to

role theory acknowledges the cognitive, emotional, and behavioral components of roles, rather than focusing on role occupancy alone.

### *Peplau's Contribution to Role Theory*

Peplau (1983) defined roles as consistent individual behavioral patterns that exist within the context of close relationships, but she acknowledged that social roles are more than a set of prescribed behaviors. According to Peplau, roles can be understood in terms of behavioral, affective, and cognitive dimensions. The behavioral dimension includes what individuals say and do with one another, the cognitive dimension includes beliefs, thoughts and interpretations, and the affective dimension includes feelings and emotions. In this way Peplau differentiated between role enactment and the ways in which individuals feel and think about the roles they occupy. According to this view, the ways in which these multiple dimensions overlap provides a more complete picture of roles than considering any one dimension alone. Thus, mothers' beliefs about mothering cannot be inferred by simply observing their behavior (e.g., employment/nonemployment), or assuming a set of behaviors associated with a particular social position. From this perspective, behavioral, affective, and cognitive dimensions of mothering can be teased apart and considered in relation to one another. In addition, Peplau argued against a universal conception of social roles. In contrast to the inflexible, fixed conceptualization of roles advocated by those advancing a structuralist perspective, Peplau's conceptualization of roles allows for the possibility of within-person incongruence in behaviors and beliefs about a given role. In other words, individuals' behaviors and beliefs about a role may not support the same set of goals. Applied to the

current investigation, not all full-time employed mothers ascribe the same meanings to their family roles and responsibilities, with some endorsing a set of beliefs about motherhood that may be more or less compatible with full-time employment.

Peplau's theorizing informs the present study in that it calls attention to not only what mothers are doing, but also how they feel and think about their roles. In this way Peplau encourages us to consider that women's beliefs and behaviors about a role are not always congruent. Applied to the current study, it is possible that some full-time employed mothers ascribe to a set of mothering beliefs that do not support their participation in full-time employment. Therefore, this study considers variability among full-time mothers in their endorsement of intensive mothering beliefs.

*Self-Discrepancy Theory Applied to an Understanding of Intensive Mothering Beliefs for Full-time Employed Mothers*

Although not central to her theorizing, Peplau (1983) alluded that unresolved discrepancies between behaviors and beliefs are likely to have a negative impact on individuals. Self-discrepancy theory extends Peplau's line of thinking to suggest that incongruence between beliefs and behavior has important implications for individual adjustment (Higgins, 1987; Rogers, 1959). Empirical studies framed by this perspective have examined self-discrepancies primarily in relation to psychological maladjustment, but I will suggest that self-discrepancies also may have implications for positive indicators of well-being.

Self-discrepancy theory is founded on the assumption that individuals function best when their *actual* self (current conceptions of self) and *ought/ideal* self (standards

for self based on perceived ideals of others, moral obligations, or social responsibilities) are congruent (Higgins, 1987; Rogers, 1959). For the proposed study, mothers' actual self is conceptualized as their employment status. Because all mothers in this study are employed full-time, mothers' actual selves are essentially held constant; it is their ought/ideal selves that are expected to vary. When aspects of the self are incongruent (or discrepant), this is thought to result in various forms of psychological maladjustment. Higgins identified two main types of self-discrepancies: actual/ideal and actual/ought. Actual/ideal self-discrepancies involve a mismatch between how you view yourself and how you would ideally like to be. Actual/ought self-discrepancies involve a mismatch between how you view yourself and how you think you should be. Although the difference is subtle, the *ideal self* is defined by aspirations based on an external ideal, whereas the *ought self* is defined by internalized obligations and responsibilities. As Higgins clarified, "...the difference between the ideal self and the ought self is the conflict between a hero's 'personal wishes' and his or her 'sense of duty'" (p. 321). Intensive mothering beliefs involve a set of guidelines or "rules of conduct" for how mothers should behave and what their moral responsibilities are in relation to children's needs, which corresponds more closely with Higgins' conceptual definition of the ought self. Higgins argued that actual/ideal and actual/ought discrepancies would be associated with different types of negative outcomes, the former being associated with dejection-related emotions (e.g., shame, depression) and the latter being associated with agitation-related emotions (e.g., guilt, anxiety).

Direct tests of Higgins' theory have failed to provide consistent support for these discrete associations suggesting that perhaps this subtle distinction may be less important for understanding psychological adjustment than the general experience of discrepant selves (Ozgul, Heubeck, Ward, & Wilkinson, 2003; Tangney, Niedenthal, Covert, & Barlow, 1998). In several qualitative studies, full-time employed mothers described tensions arising out of competing demands of work and motherhood, which can be thought of as self-discrepancies. To illustrate this point, one full-time employed mother clearly describes the toll that work and motherhood are having on her mental and physical well-being.

I'd be a better mom if I weren't feeling so fragmented between work and home. In particular, the two jobs, because I do find that my patience gets shorter and shorter as I feel like I'm meeting fewer and fewer of people's expectations or my own expectations and just being tired all the time. (Johnston & Swanson, 2007, p. 514)

The current study posits that one potential source of strain for women who are combining employment and motherhood lies in their beliefs about mothering and how well it complements (or challenges) their employment status. Self-discrepancy theory posits that individuals will attempt to reconcile self-discrepancies by either changing their situation (i.e., their "actual" self) or changing their beliefs (ideal or ought). However, because many families rely on mothers' incomes for financial security, mothers' ability to resolve self-discrepancies may be hindered. Likewise, altering one's beliefs about mothering to be more congruent with full-time employment may be difficult for some mothers as well. Given the relational aspect of mothering, new mothers may find it particularly difficult to

reframe how they think about mothering because their children are small and very reliant on parents to meet their basic needs. Cognitive reframing involves letting go of internalized belief systems and adopting a new set of beliefs that are better suited to situational demands. This sophisticated level of “cognitive acrobatics” may be especially difficult for employed mothers who endorse a set of mothering beliefs that are reinforced by intensive mothering discourse. In this situation, when cognitive reframing necessitates adopting alternative mothering beliefs that push against the status quo, mothers may feel a degree of reluctance to redefine their image of the good mother in favor of full-time employment. Furthermore, because intensive mothering beliefs discourage maternal employment and promotes selfless mothering, mothers may interpret letting go of intensive mothering ideals as self-serving. For example, Sutherland (2006) conducted focus groups with mothers to investigate their definitions of “good” mothering and noted that even though mothers admittedly could not rise to the standards of intensive mothering, they held themselves to these standards nonetheless. In short, it is likely that not all mothers are able to engage in the kind of cognitive or behavioral restructuring needed to resolve self-discrepancies, and may experience ongoing psychological strain as a result of the incongruence between their lived experiences (i.e., full-time employment) and beliefs about mothering (Johnston & Swanson, 2007).

Although self-discrepancies are not measured directly in the proposed study, self-discrepancies are inferred based on the theoretically supported incompatibility of behavioral (i.e., full-time employment) and cognitive (i.e., mothering beliefs) role expectations. The degree of incompatibility, or risk, is assessed by the degree to which

full-time employed mothers endorse intensive mothering beliefs. Risk and resilience theory provides a conceptual framework for the hypothesized linkages between intensive mothering beliefs and indicators of maternal well-being. Furthermore, employment-specific guilt is introduced as an explanatory mechanism linking intensive mothering beliefs to maternal well-being. An integration of role theoretical perspectives provided by Peplau (1983) and Higgins (1987) nested within a risk and resilience framework informs a testable and theoretically grounded model. In the next section I provide empirical support for the hypothesized model.

## Literature Review

### *Intensive Mothering Beliefs Defined*

Intensive mothering ideology is founded on a set of beliefs about children, appropriate childrearing, and the responsibilities of mothers. According to this set of beliefs, children are believed to be innately good/innocent, mothers should be primarily responsible for childrearing, and appropriate childrearing is child-centered, expert-guided, emotionally absorbing, labor intensive, and financially expensive (Hays, 1996). Therefore, “good” mothers, according to this perspective, are primary caregivers for their children. In this section key terms are defined and the specific beliefs underlying an intensive mothering ideology, as outlined by Hays (1996), are described in detail. Examples from the qualitative literature are provided to illustrate each point.

Intensive mothering ideology is thought to have emerged in the 1930’s during a time when views of childrearing were shifting toward a belief in the inherent goodness and innocence of children (Hays, 1996). This view was reflected in changing social roles

for parents that emphasized parents' (but particularly mothers') responsibility to protect children from the corrupt outside world. Popular catch phrases such as "home is where the heart is" and "home is a safe haven" are lasting evidence of this time in history. Decades later, attachment theory and increasingly common parenting books and magazines reinforced this view by defining optimal parenting in terms of secure mother-child bonds, maternal sensitivity, accessibility, and selfless devotion. Informed by these perspectives and idealized images of the 1950's and 1960's breadwinner-homemaker family (Coontz, 1992), intensive mothering emerged as the golden standard for mothering, particularly among White, middle-class families.

Hays (1996) was the first to describe in detail a set of mothering beliefs, which she referred to as intensive mothering ideology, with a snowball sample of 38 mothers, purposefully stratified by social class and employment status (10 middle-class employed, 10 working-class and poor employed, 9 middle-class homemakers, 9 working-class and poor homemakers). The sample consisted of mostly White (71%), married (87%) mothers ranging in age from early 20's to early 40's (Median age = 31). Using in-depth interviews and survey questions, Hays identified key personal beliefs underlying the construct of intensive mothering ideology among 38 mothers from various socioeconomic and racial strata. From this research, Hays argued for the pervasiveness of intensive mothering beliefs. However, due to the limited size of Hays' sample, it would be premature to generalize her findings to the larger population. Thus, it remains unclear to what extent mothers beyond Hays' convenience sample ascribe to intensive mothering beliefs. Hays' work, therefore, is considered preliminary, but an important starting point for the current

study which is able to test the ideas set forth by Hays with a larger sample of mothers. In the paragraphs that follow, the three domains of intensive mothering beliefs identified by Hays and their corresponding assumptions about mothers and children are described in greater detail. Taken directly from Hays' work, these three domains of focus are called (1) *sacred children/ sacred mothering*, (2) *the responsibility of individual mothers*, and (3) *intensive methods of childrearing*.

*Sacred children/ sacred mothering*. Part of an intensive mothering ideology is the belief that children are innately good, that their innocence is sacred and something that must be protected. In sharp contrast to the Puritan beliefs of the sixteenth century that children are born evil and must be shaped through firm discipline, contemporary views of children are clearly informed by the Enlightenment Era, which presented an alternative view that depicted children as innocent and in need of care that is sensitive and individualized. According to this view, unless children are protected from the world's troubles they will be corrupted. For example, one mother explained, "The old saying... 'There's not a bad child' is true. A child is only bad if whoever raises that child raises them that way" (Hays, 1996, p. 123). One expectation of intensive mothering is that children's needs and mothers' needs become one in the same. Children therefore become a physical representation of mothers' endless devotion and commitment. As one mother put it, "The good mothers are the ones whose kids turn out happy" (Sutherland, 2006, p. 9). However, one implication of this ideal is that when things go wrong, mothers are the first to get blamed. It is the internalization of "mother blame" in conjunction with social

stigma associated with maternal employment that fuel feelings of guilt among employed mothers.

Tied to notions of the sacred child is the idea that motherhood is sacred. Being a mother is viewed as the most important role a woman can ever have. Because intensive mothering beliefs place a high degree of responsibility for children's welfare on mothers, the importance of mothering behaviors and their commitment to children is intensified. To illustrate this point, a quote from one mother emphasized how the responsibility of raising a child is important and should be mothers' first priority.

You're dealing with a little person's life [whereas] ... a career is something that's for you more. It's more for what you're doing for yourself kind of, and where you want to go. But I think for children, for child rearing, you need to think of it as, it's more for *their* life ... I mean, it's a whole other life that you're responsible for. That's why it's more important, because it's a person, it's a human being. Whereas a career is sort of, in a way, a material thing. (Hays, 1996, p. 126)

As is evident in this mother's statement, beliefs about sacred children and sacred mothering also reinforce the importance of staying home with children. The implication of this belief is that children cannot be entrusted to just anyone because mothers are thought to provide the best care and protection. Details about this mother's background (e.g., social class, ethnicity, education level) are not explicitly identified by Hays, but certainly important to consider before generalizing this statement to mothers from diverse backgrounds. Furthermore, it is possible that some mothers interpret providing for their family economically as placing children's needs first. To better untangle intersections of mothers' background characteristics and mothering beliefs, the current study considers mothers' education, race/ethnicity, and other background characteristics as they relate to

intensive mothering beliefs. Stemming from assumptions of sacred children and sacred mothering, the next domain of focus further emphasizes that not only are mothers held responsible for shielding children from the world's troubles, but they are also held responsible when children turn out less than ideal.

*The responsibility of individual mothers.* Intensive mothering beliefs assume that children fare best under exclusive maternal care, and this is primarily because maternal love and affection are assumed to be an instinctual part of motherhood. In other words, because mothers (more than fathers) are assumed to be naturally nurturing, biologically equipped with the necessary skills to attend to their children's needs and desires, it follows that mothers are best suited to care for children. In the words of one mother who left behind a successful career to care exclusively for her child,

Women are just better at raising children than men. A mom is really inclined to detail, detail, and really watching the kids closely, and dads don't...Men are usually more one-track than women. Whereas I think a woman is more able to balance all these things at once. We can think about many things at once: missing tennis shoe over here, what are you going to cook for dinner, now we do this. He's more easy-going (Hays, 1996, p. 80).

This mother's comment illustrates a belief in women's innate capacity for childrearing, yet this mother is married and situated in a middle-class lifestyle, one that offers her the option of nonemployment. This raises the question of whether or not mothers who share similar views pre-birth, but remain in the workforce out of necessity, will continue to hold on to those beliefs despite their full-time employment.

The responsibility of mothers, according to intensive mothering beliefs, is to fulfill their "natural" talent for childrearing and assume primary responsibility for

children. This assumption is akin to that of structural functionalist views of family roles and responsibilities. Following this logic, it is a mother's obligation to handle all child-rearing tasks including changing diapers, feedings, and supervision. As I will discuss in the next section, intensive childrearing involves much more than meeting the basic needs of children (e.g., safety, nutrition, hygiene), and it is in this way that intensive mothering becomes all consuming. As one mother put it, "I never feel free of my kids..." (Hays, p. 104).

The incompatibility of full-time employment and intensive mothering beliefs is underscored in the assumptions regarding the responsibilities of mothers. In short, the time required to effectively meet the expectations of intensive mothering does not leave room for full-time employment. In other words, if mothers are away from their children 30 or more hours per week, they are not fulfilling the 24/7 responsibilities of intensive mothering. Cheryl, a White, married, nonemployed mother of three described the mother role as she sees it, which reflects her strong commitment to intensive mothering beliefs.

I feel that if you have a child, it's your responsibility to care for them and it's your job to do those diapers and to raise them from the very beginning. I think it's very easy for somebody to take their child to a day care, and they're not doing any of the work, then, all day long. I think it's easy for somebody to, say, pawn their child off on a day care provider where you don't necessarily do it yourself. Because having a baby is the easy part; it's the raising them and doing the work that needs to be done that's the hard part.... I mean, is a child going to be better off if they have a new bike rather than having you home? (Hattery, 2001, p. 102)

Cheryl clearly endorsed the belief that children are better off when mothers assume primary responsibility for children and stay home to care for them full-time. She even suggested that the material benefits tied to employment do not outweigh the benefits

children receive when mothers are home. As a nonemployed mother, Cheryl was conforming to her mothering beliefs, however, as I will demonstrate in this chapter, intensive mothering beliefs are endorsed by some full-time employed mothers as well, despite the incongruence between their beliefs about mothering and employment status. It should be noted, however, that Cheryl is a White, middle-class mother and the majority of quotes that Hays provides to illustrate intensive mothering beliefs come from women with similar characteristics. Although Hays' sample was purposively selected with an intent to recruit mothers from various social class backgrounds, the notable absence of quotes from ethnic minority and working-class mothers who endorse intensive mothering beliefs raises the question of how pervasive this set of beliefs is for women from non-White, middle-class backgrounds and further undermines the suggestion that intensive mothering as defined by Hays is truly a dominant ideology.

*Intensive methods of childrearing.* Psychologically and physically, intensive mothering requires much more from mothers than simply meeting children's basic needs for survival. Performing intensive mothering is just that, intense, and involves a great deal of time, energy, and resources, often limiting or completely extinguishing mothers' personal time. The colloquial phrase "A mother's work is never done" is echoed in comments from mothers in Hays' (1996) study, "For mothers, it's true, you can never do enough for your kids" (p. 103), "I never feel free of my kids, where[as] I think that's very different from how the dad thinks of it" (p.104). During focus group conversations about what it means to be a good mother, one mother commented "to be everything for your child" (Sutherland, 1006, p. 9). Intensive methods of childrearing are, according to Hays,

“child-centered, expert-guided, emotionally absorbing, labor-intensive, and financially expensive” (p. 8). Accordingly, children’s needs and desires should be mothers’ first priority and it is assumed that this can only be accomplished if mothers are willing to put their own needs and desires aside. It is believed that intensive methods of childrearing are not only what is best for children, but also that constant nurture and mothers’ selfless devotion is a child’s right. To illustrate, one mother who stopped working outside the home after the birth of her first child had this to say about childrearing,

Sometimes I just hold [my daughter] all day. And I would think, “Boy, this is the most important thing I have to do today and it’s really important and I’m not going to get to the post office and we’re going to have pizza for dinner. This child really needs this and that’s what I’m going to give her right now.” And it was a big switch from coming from working [at a paid job] and feeling like I could achieve twenty-five things in a day and [instead] all I did was hold my baby that day. But I came to realize how important that was. I think children really have a right to that. (Hays, 1996, p. 111)

This level of investment in children ties back to the first domain of intensive mothering beliefs, which depicts children as innocent and sacred, worthy of unlimited love and attention, and emphasizes the critical role of mothers in preserving children’s innocence. This mother seems to feel comfortable with her decision to leave employment to be the primary caregiver for her child, but again it is important to consider the features of this mother’s life that afford her this option. The notable absence of details surrounding this mother’s background leave questions unanswered regarding the relevance of her comments for other mothers, particularly those who are employed full-time when their children are young.

Although not an explicit part of her description, Hays (1996) discussed intensive mothering beliefs as a continuous construct, something that mothers could endorse to a greater or lesser degree. For example, a less gendered version of intensive mothering beliefs is that *parents* are the best caregivers for children. By conceptualizing intensive mothering in terms of exclusive parental care (as opposed to exclusive maternal care), working mothers are able to “do” intensive mothering in conjunction with paid employment if their spouses care for children while they are at work. However, in instances where both parents are present, mothers often assume primary responsibility for childcare tasks (Hattery, 2001). Redefining intensive mothering in terms of parental care may reduce mothers’ feelings of guilt for working outside the home, but it does not seem to be effective in reducing mothers’ child-related responsibilities. These mothers might be considered to endorse intensive mothering beliefs, but to a lesser degree than mothers who conceptualize good mothering in terms of exclusive maternal care. Therefore, it is possible that mothers might endorse some elements of intensive mothering beliefs and not others.

#### *Intensive Mothering Beliefs for Full-time Employed Mothers*

In a decade review, Arendell (2000) summarized theoretical and empirical work on the topic of mothering and motherhood. Most notably, empirical work on mothering ideologies in particular remains scant and the work that has been done leaves many questions unanswered. In an effort to stimulate further research on mothering, Arendell (2000) posed several questions, “How do identities, and subjectivities, differ between full-time mothers, those who combine employment and child raising, and others? How

does mothering complement or conflict with other identities? How is ambivalence experienced and handled?” (p. 1201). The current study seeks to address the questions put forth by Arendell by examining the extent to which full-time employed mothers endorse intensive mothering beliefs and their relation to mothers’ well-being. In this section I present an integrated review of literature pertaining to intensive mothering beliefs, particularly as they apply to full-time employed mothers of young children.

Informed by Hays’ (1996) characterization of intensive mothering beliefs, Hattery (2001) designed a study to explore how beliefs about mothering related to mothers’ employment decisions. Hattery recruited a sample of 30 White, married mothers, purposefully selected to obtain a relatively diverse sample in terms of socioeconomic status and employment status. Based on mothers’ responses to open-ended questions about childrearing, maternal employment, childcare arrangements, and mothers’ perceptions of their roles, Hattery classified mothers into 4 groups: Conformists, Nonconformists, Pragmatists, and Innovators. *Conformists* were mothers who strongly endorsed and conformed to intensive mothering beliefs, all of whom were nonemployed. *Nonconformists* explicitly rejected intensive mothering beliefs in favor of an alternative ideology, which allowed them to integrate mother and worker identities more easily. *Pragmatists* were defined by a desire to do it all, balance employment *and* fulfill the expectations of intensive mothering beliefs; however, not all Pragmatists were able to accomplish this goal and some eventually quit their jobs to provide exclusive care for their children. Although most Pragmatists endorsed intensive mothering beliefs and expressed a preference to be primary caregivers, for many Pragmatists fulfilling this

preference was not an option. Economic factors played a stronger role in influencing the employment decisions of Pragmatists in comparison to the other groups, and some mothers reported feelings of guilt and frustration related to their employment decisions. *Innovators* were mothers who developed creative employment strategies in order to fulfill the expectations of intensive mothering beliefs by avoiding paid childcare. Because innovators tended to endorse intensive mothering beliefs, their innovative strategies for providing exclusive parental care sometimes came at a cost to their well-being. Although the insights gained from Hattery's research provide a new way of thinking about intersections of employment and mothering beliefs, these classifications are based on narratives from a small sample of White, married women and thus may not reflect the viewpoints of mothers from different backgrounds or advance our understanding of intensive mothering beliefs much further beyond Hays' (1996) original work with a similarly limited sample.

Although not a central focus of her book, it was a goal of Hattery's to capture intensive mothering beliefs quantitatively. From the themes that emerged in her qualitative research, Hattery (2001) developed an eight-item measure of intensive mothering beliefs and compared mean levels of scores on this measure by mothers' employment status. She found that, on average, nonemployed mothers had higher mean levels of intensive mothering beliefs than part- and full-time employed mothers, and that full-time employed mothers scored lowest on traditional mothering beliefs. Similar mean level differences have been found in other qualitative studies suggesting a selection effect whereby mothers generally make employment decisions that are congruent with their

beliefs about mothering, or that mothers' beliefs are altered by the experience of employment. For example, with a sample of 95 mostly White, middle-class mothers of young children who varied in employment status, Johnston and Swanson (2006) found that nonemployed mothers were more likely to define "good mothering" in terms of accessibility, whereas part-time and full-time employed mothers focused on quality of parent-child interactions and developing children's self-esteem as important aspects of "good mothering". This sample was comprised of mostly White, middle-class, well-educated mothers, and therefore it is questionable whether these findings would apply similarly to mothers from other ethnic and socioeconomic backgrounds and whether they truly reflect an overarching dominant ideology or simply beliefs endorsed by a small subgroup of women. Nonetheless, although these studies suggest a general tendency for full-time employed mothers to endorse intensive mothering to a lesser degree than nonemployed and part-time employed mothers, they may be overlooking potential within-group variability among full-time employed mothers.

In fact, among the 15 full-time employed mothers in Hattery's sample, 3 were classified as Nonconformists, 6 as Pragmatists, and 6 as Innovators. Although by virtue of their employment status no employed mothers were categorized as Conformists, their representation across the other three intensive mothering groups suggests that full-time employed mothers vary in the extent to which they endorse intensive mothering beliefs. Particularly for mothers classified as Pragmatists, whose employment decisions were informed primarily by economic and structural factors, several felt torn between wanting to be primary caregivers for their children and meeting the economic needs of their

families. Hattery noted that "...many employed Pragmatists, especially those employed full-time, experienced high levels of role conflict (which manifested itself primarily as feelings of guilt)" (p. 113). For example, Tammy, a White, upper middle-class, married, 32-year old mother of two reflected on the experience of returning to full-time employment after the birth of her first child.

I was crabby when I was working. I was crabby at work because I knew that I should be doing more here, but I couldn't do any more here. We were eating frozen food...not that we've upgraded our food at all since. All I could focus on was the negative of everything. Everything that I was thinking about was all negative. At work, in my mind, I was always getting up in these meetings and leaving. And when you're being paid on a salary basis...comparatively speaking to what these other people at work were making, I was making a lot more than they were, and I was checking out...I felt guilty about everything. I felt guilty about not being with Trey, not being able to do stuff with him. I felt guilty in the night when he would wake up and my first emotion was anger. *Go back to sleep, I have to get up in the morning!* (Hattery, 2001, p. 113)

The strains associated with conflicting role demands eventually lead Tammy to quit her job. For Tammy this was possible because her husband's earnings (which exceeded \$75,000 annually) afforded her that opportunity without compromising their financial security. This is unlikely to be the case for all full-time employed mothers, especially considering that among dual-earner families, women's earnings constitute almost half of total family earnings. For other employed mothers, a desire to fulfill the good mother image is stifled by the constraints of economic need.

Yes. I want to be Donna Reed, definitely. Or maybe Beaver Cleaver's mother, Jane Wyatt. Anybody in an apron and a pretty hairdo and a beautiful house. Yes. Getting out of the television set and making the most of reality is really what I have to do. Because I'll always have to work (Hays, 1996, p. 143).

This narrative challenges the overgeneralization that all employed mothers are “career oriented” and recognizes that employment is not a choice for many mothers. More importantly, the notable variability among full-time employed mothers in Hattery’s study suggests that mothering ideals do not always preclude entry into paid employment and that some women may experience ongoing tension between their mother and worker identities (Johnston & Swanson, 2007).

With two independent samples of mothers of infants, Hock and DeMeis (1990) found that full-time employed mothers varied in their employment preferences. Mothers who participated in study one (n = 209) and study two (n = 164) were White, married, and 19 years of age or older. In both samples, mothers who returned to work after their babies were born were employed full-time (defined as greater than 30 hours per week by the authors). Consistent across both samples, approximately half of employed mothers expressed a preference to be primary caregivers for their children. Hock and DeMeis emphasized the importance of considering variation among employed mothers in the meanings they ascribe to work and family roles and suggested that this may have implications for mental health outcomes. Again, the variability in employment preferences among full-time employed mothers in these samples should be approached with caution, as it may or may not apply to samples that are more diverse. This research does, however, provide some support for the contention that not all employed mothers are living out their ideals. Although the authors did not explicitly test the hypothesis that incongruence between employment status and mothering beliefs may be problematic for mothers in terms of their well-being, further work is needed to see if what is suggested by

Hock and DeMeis' findings replicate in other samples. Drawing from this work, I suggest that the degree to which full-time employed mothers endorse intensive mothering beliefs will be associated with feelings of employment-specific guilt which, in turn, will be associated with their psychological well-being and health-related quality of life.

### *Links Between Intensive Mothering Beliefs and Maternal Well-being*

The hypothesis that greater endorsement of intensive mothering beliefs among full-time employed mothers is associated with a decline in maternal well-being has not been tested empirically, however several scholars have implied that endorsing intensive mothering beliefs will likely have negative psychological consequences for mothers (e.g., Sutherland, 2006). Jackson and Huang (1998) found that employed African American mothers who believed that maternal employment has negative consequences for young children also tended to report greater role strain. Kroska (2009) found that discrepancies between married women's ( $N = 137$ ) gender ideology and involvement in paid work and housework were related to feelings of diminished power and activity in their roles as wives and mothers. Specifically, women who were more conservative, but who spent more time in paid work, tended to evaluate their family roles more negatively (Kroska, 2009). Although some studies have examined provider role attitudes and intersections of employment status and employment preferences in relation to maternal well-being, surprisingly few studies have paid attention to women's beliefs about mothering specifically (McHale & Crouter, 1992; Hock & DeMeis, 1990). Findings from studies on provider role attitudes suggest that when mothers experience a mismatch between their beliefs and behaviors, they are more likely to experience emotional strain (McHale &

Crouter). It is noteworthy that none of these studies have measured intensive mothering beliefs explicitly, but their findings are relevant to the proposed investigation nonetheless and provide support for the link between intensive mothering beliefs and maternal well-being for full-time employed mothers.

Self-discrepancies between actual and ideal selves measured more generally correlate positively with depressive symptoms, eating disorder symptoms, anxiety, physical health problems, and negatively with life satisfaction and happiness among women (Heidrich & Powwattana, 2004; Sawdon, Cooper, & Seabrook, 2007). Research that has examined domain-specific sets of beliefs (e.g., attitudes about gender and provider roles) suggests that experiencing incongruence between one's beliefs/preferences and behavior may pose a risk to employed women's personal well-being (Hock & DeMeis, 1990; McHale & Crouter, 1992; Perry-Jenkins et al., 1992). With two samples of White, married mothers of infants, Hock and DeMeis (1990) divided mothers into groups based on intersections of employment status and employment preferences. Mothers were classified as either "at home/ preferred to stay home" ( $n = 95$  sample 1,  $n = 56$  sample 2), "at home/ preferred to work" ( $n = 9$  sample 1,  $n = 12$  sample 2), "employed full-time, preferred to stay home" ( $n = 61$  sample 1,  $n = 45$  sample 2), or "employed full-time, preferred to be employed" ( $n = 44$  sample 1,  $n = 51$  sample 2). Therefore, two groups matched in terms of their preferences and behaviors (employment preference/employed, home preference/ home) and 2 groups were mismatched (employment preference/home, home preference/employed). Mothers who were employed, but preferred to stay home reported higher mean levels of employment-related

separation anxiety than mothers who preferred employment. Assuming mothers' employment preferences were closely tied to their mothering beliefs, this study suggests mental health implications for mothers whose mothering beliefs are incongruent with their employment status. Employed mothers who preferred to stay home also had higher mean levels of depression and stress compared to "matched" mothers, however these differences failed to reach statistical significance at the  $p < .05$  level. This null finding may have been due to small cell sizes when the sample was divided into four groups. Nonetheless, the general pattern of associations suggests that "mismatched" mothers fared more poorly than "matched" mothers demonstrating how discrepancies between employment status and beliefs about employment have the potential to influence maternal psychological well-being.

Narratives of employed mothers illustrate the feeling of being torn between a desire to be home with their children and a desire to maintain their personal identity at work. As one professional, full-time employed mother stated,

And just like your question, "How many hours a day is he at preschool and how many hours do you spend per day as the primary caregiver?" just made me think, "Oh my gosh!" I mean they're watching him grow up more than I am. They're with him more than I am. And that makes me feel guilty in a way, and it makes me feel sad in a way. I mean I can just see him, slipping, just growing up before me. Maybe it's that quality time stuff. I don't spend a lot of time, and I don't know if the time I do spend with him is quality. [But] if I just stay at home, I'll kind of lose, I don't know if I want to say my sense of identity, but I guess I'll lose my career identity (Hays, 1996, p. 142).

Indeed, the cultural contradiction many employed mothers contend with is juggling conventional images of the “good mother” set forth by intensive mothering beliefs along with their own desires, which for some women may run counter to those images.

Taken together, findings from studies employing quantitative and qualitative methods suggest that endorsing intensive mothering beliefs may be a risk factor for full-time employed mothers because intensive mothering beliefs and full-time employment are incompatible. Experiencing this type of self-discrepancy is stressful and places employed mothers at risk for elevated levels of guilt and compromised well-being. How employed mothers’ background characteristics relate to their degree of endorsement of intensive mothering beliefs is difficult to ascertain from the qualitative literature, leaving unanswered questions about the relevance of intensive mothering beliefs for full-time employed mothers from more diverse backgrounds.

How stress manifests itself is likely to vary among mothers, with some feeling sad or depressed and others feeling generally run down, either mentally or physically. The body of literature summarized thus far suggests negative psychological effects of endorsing intensive mothering beliefs for full-time employed mothers, yet studies investigating the effects of self-discrepancies measured more broadly suggest potential physical health outcomes as well. Drawing from the epidemiological and psychosomatic literatures, there is ample evidence to suggest that mothers under stress are at increased risk for both psychological and physical health problems. In fact, positive affect (e.g., happiness, vigor, energy) and negative affect (e.g., sadness, hopelessness) have been linked independently to physical health outcomes in healthy and disease population

studies (Carney, Freedland, Miller, & Jaffe, 2002; Chida & Steptoe, 2008; Davis, Zautra, & Reich, 2001). The question of whether psychological symptoms are a cause or consequence of physical symptoms is beyond the scope of this investigation. The purpose here is to acknowledge the possibility for mothers to develop a variety of symptomology under stress, and that those symptoms are likely to covary. To capture possible individual variation in how mothers experience the intersection of full-time employment and their mothering beliefs, I consider psychological and physical indicators of maternal well-being, namely depressive symptoms and mental and physical health-related quality of life.

#### *Employment-specific Guilt as a Mediating Mechanism*

Self-discrepancies are theorized to increase vulnerability to agitation-related emotions such as guilt (Higgins, 1987). Applied to the current investigation, this suggests that to the extent that mothers perceive that they have failed to conform to their own internalized moral standards and obligations for what they “should” be doing as mothers, they will tend to feel guilty. As Elvin-Nowak (1999) noted, “Guilt arises when a woman believes she is unable to live up to her responsibility due to conflicts between her demands on herself, as one who acts in the best manner for others (internal demands) and the external demands that she herself cannot control” (p. 78). In a cross-sectional study of employed men (37%) and women (63%), Livingston and Judge (2008) found a direct positive association between family-interfering-with-work (FIW) and guilt. This association was moderated by gender role orientation such that the positive link between FIW and guilt was observed for individuals who endorsed conventional gender roles, and

this link was nonsignificant for egalitarian individuals. A consistent theme of guilt related to employment was apparent in narratives of employed or formerly employed mothers of young children in several qualitative studies (Hattery, 2001; Sutherland, 2006).

Therefore, I propose that employment-specific guilt may be one potential mechanism through which endorsement of intensive mothering beliefs leads to poorer well-being among full-time employed mothers.

Women's conceptions of *motherhood* and its relation to full-time employment has been mainly discussed as a potential source of guilt for employed mothers, but these assumptions have not been tested empirically. As Arendell (2000) contended, "mothers who violate the ideology of intensive mothering by being engaged in paid work must contend with others' judgments and their own feelings of ambivalence and guilt about leaving their children" (p. 1199). Indeed, feelings of guilt for neglecting to fulfill their motherly duties are reflected in narratives of employed mothers. As one employed mother explained, "It was these usual bouts of guilt. I have always felt a twinge of guilt when we had a baby-sitter. I should be home with the children instead of going to the movies." (Elvin-Nowak, 1999, p. 77). One working-class mother, a full-time cashier, reported feelings of guilt for not spending enough time with her son due to high levels of exhaustion. This mother also expressed a desire to stay home with her child during his formative years, but sought employment at 9 months postpartum as a way of dealing with boredom at home.

I think sometimes that I feel like I don't spend enough time with him and that's my biggest [concern]. And when I am with him, sometimes I'm not really up to being with him...And I feel sometimes I'll stick him in bed early because I just don't want to deal with him that day. And I feel really guilty because I don't spend enough time with him as it is (Hays, 1996, p. 141).

It is when mothers define good mothering in terms of accessibility, a behavioral expectation of intensive mothering, that blame shifts inwards in the form of guilt because their job takes time away from their children. Reflections from an African American mother demonstrate how guilt arising from not being there for children is enough to make some mothers leave their jobs.

I couldn't get past the guilt of not being home with them. Even though my mom wasn't home with me, and that wasn't the way I grew up, I couldn't get past that...And then I quit work and I felt like a huge weight was lifted off of me. And I started to do some of the things that I thought a mom should do. I love the baking, I love teaching my kids things, and spending quality time with them. (Sutherland, 2006, p. 13)

Although justifying their employment decisions was not something African American mothers discussed in the focus groups lead by Sutherland (2006), themes of guilt associated with employment cut across racial lines. This is one of very few instances where a quote from an African American mother appears in the qualitative literature on intensive mothering beliefs and presents the possibility that intensive mothering beliefs may be relevant to some women of color. To what extent this is the case has yet to be demonstrated in this literature.

To what degree we can generalize from these studies the apparent link between intensive mothering beliefs and guilt related to employment is unknown. Empirical tests

of this hypothesis are needed to further substantiate this hypothesized association. In the current study, it is expected that among full-time employed mothers, greater endorsement of intensive mothering beliefs will be associated with higher levels of employment-specific guilt, and that higher levels of employment-specific guilt will have negative implications for maternal well-being as evidenced by a positive association with depressive symptoms and a negative association with health-related quality of life.

#### *Links Between Employment-specific Guilt and Maternal Well-being*

Sustained levels of guilt can be maladaptive and lead to further health-related concerns. Feelings of guilt that remain unresolved have been implicated in psychopathology (Bybee, Zigler, Berliner, & Merisca, 1996), and higher levels of work-related guilt have been linked to lower levels of life satisfaction, particularly when employed women lack adequate resources at work to manage guilt-provoking situations (Hochwarter, Perrewe, Meurs, & Kacmar, 2007). As such, it is possible that employed mothers who experience sustained levels of guilt will tend to experience diminished well-being. Yet again, it is important to consider that not all women who feel guilty for working outside the home will report similar symptomology (e.g., Gehring, Aubert, Padlina, Martin-Diener, & Somaini, 2001). Negative emotions such as guilt may have a compromising effect on positive aspects of well-being, such as vitality (Rozanski & Kubzansky, 2005), and place women at risk for poorer mental and physical health (Pineles, Street, & Koenen, 2006). As such, feelings of guilt may take a toll on mothers' well-being in a number of different ways. In order to capture multiple dimensions of well-being, depressive symptoms and mental and physical health-related quality of life

are considered as indicators of maternal well-being potentially associated with levels of employment-specific guilt.

*Contextual Factors Shaping Links Between Intensive Mothering Beliefs and Employment-specific Guilt*

Roles are shaped directly by the social and physical environment (Peplau, 1983). A risk and resilience perspective calls attention to potential protective factors that might attenuate the effect of risk exposure on well-being. Luscher (2002) argued that discrepant values and experiences are sometimes an enduring part of individuals' lives, but the extent to which negative outcomes ensue may depend on a number of contextual factors. Self-discrepancies are theorized to be problematic when environmental factors draw attention to situations of incongruence. As such, certain contexts may make self-discrepancies more salient or problematic for individuals (Higgins, 1987). Likewise, contextual factors may suppress or buffer the negative effects of self-discrepancies on individual adjustment. Particularly when children are young and highly dependent on mothers, contextual factors specific to the mothering role or that have an influence on mothers' performance in the mothering role are likely to be most salient for employed mothers. In the proposed study, childcare satisfaction and workplace flexibility are examined as moderators of the associations between intensive mothering beliefs and employment-specific guilt for full-time employed mothers of infants. Specifically, I hypothesize that for full-time employed mothers of infants, the positive association between intensive mothering beliefs and employment-specific guilt will be weaker for

mothers who are highly satisfied with their childcare arrangement and for those with greater workplace flexibility.

*Childcare satisfaction as a protective factor.* Generally speaking, employed mothers care about their children's childcare settings, characteristics of childcare providers, and their overall degree of comfort with the care their children receive while they're at work (see review by Pungello & Kurtz-Costes, 1999). Beliefs about children's developmental needs and optimal childrearing environments inform mothers' childcare preferences, however few employed mothers are actually using their preferred childcare arrangement (Riley & Glass, 2002). Especially when children are young and highly dependent on adults, the degree to which employed mothers are satisfied with the care their children receive will probably have an impact on them.

According to an intensive mothering ideology, a mother's primary concern is the needs of her child. It is possible that despite the apparent incongruence of full-time employment with intensive mothering beliefs, employed mothers may be more likely to forgive themselves for "not being there" if they perceive that their children's needs are fully met in their absence. In other words, greater satisfaction with childcare might buffer the negative effects of endorsing intensive mothering beliefs on levels of employment-specific guilt. Conversely, dissatisfied mothers might experience even more guilt for failing to conform to intensive mothering beliefs, and perhaps placing their children at risk for being in an inadequate (i.e., non-maternal) childcare setting.

Although childcare satisfaction has not been studied in relation to intensive mothering beliefs for full-time employed mothers, there is some evidence to suggest that

when mothers of young children are satisfied with their childcare arrangement they tend to be less depressed, more satisfied in their marriages, and better able to balance work and family (Erdwins et al., 1998; Jackson, 1997; Leventhal-Belfer, Cowan, & Cowan, 1992). For example, in a study of employed, low-income mothers, greater satisfaction with childcare and a preference for employment were associated independently with indicators of maternal well-being, depressive symptoms and life satisfaction respectively (Jackson, 1997). Greater perceived difficulty arranging childcare has been linked to higher levels of depression among mothers (Ross & Mirowsky, 1988). Press, Fagan, and Bernd (2006) found a positive association between concerns about childcare and depressive symptoms among low-income mothers situated in higher quality jobs. Clearly there seems to be a link between mothers' experiences with childcare and their personal well-being. It is not known whether feeling satisfied with one's childcare arrangement protects employed mothers from experiencing guilt if they strongly endorse intensive mothering beliefs. The proposed conceptual model proposes that childcare satisfaction will moderate the positive association between intensive mothering beliefs and employment-specific guilt. Because past research has not considered potential mediators of the link between childcare satisfaction and psychological outcomes, it could be that the protective benefits of being satisfied with one's childcare setting occurs earlier in the risk process by modifying associations between the risk factor (i.e., intensive mothering beliefs) and risk mechanism (employment-specific guilt).

*Workplace flexibility as a protective factor.* Workplace flexibility is defined as “the ability of workers to make choices influencing when, where, and for how long they

engage in work-related tasks” (Hill et al., 2008). Workplace flexibility is theorized to improve well-being by enabling individuals to better manage their day-to-day work and family lives. For example, having the flexibility to make up hours, leave work early, or determine start and end times each day provides employed mothers with a certain degree of freedom to attend to child-related concerns without the added stress of compromising their performance at work. In general, the empirical literature provides support for the hypothesis that greater workplace flexibility is beneficial for mothers’ mental and physical health (Grzywacz, Carlson, & Shulkin, 2008; Jacob, Bond, Galinsky, & Hill, 2008; Thomas & Ganster, 1995). Greater time-flexible workplace policies (e.g., ability to choose start/stop times and work from home) are associated with a decrease in work-related stress among employed women (Halpern, 2005). In addition to the direct effects of workplace flexibility on well-being, workplace flexibility might interact with other factors to produce different health-related outcomes, which suggests workplace flexibility as a potential moderator of stress-health associations (Grzywacz et al., 2008). In the proposed study, it is hypothesized that greater workplace flexibility will attenuate the positive association between intensive mothering beliefs and employment-specific guilt. For mothers who endorse intensive mothering beliefs to a greater degree, greater workplace flexibility might allow them to maintain a child-centered approach to mothering and protect them psychologically from feelings of guilt for working outside the home.

The concept of ‘workplace flexibility’ can be operationalized in a number of ways. The current study adopts a *worker perspective* of workplace flexibility by

conceptualizing it in terms of how the work environment is structured with the workers' (i.e., mothers') needs in mind (Hill et al., 2008). Two measures are used to capture two different dimensions of workplace flexibility, perceptions of schedule control and the availability of flexible workplace policies, both offering important, yet different pieces of information about workplace flexibility. Perceptions of schedule control reflect workplace flexibility through the eyes of employed mothers, and it could be argued that perceived schedule control, regardless of "actual" schedule control, will have a stronger impact on personal well-being. Moreover, although some places of employment may appear to have flexible workplace options, in practice workers may be discouraged from utilizing those options. Again, perceived schedule control may provide a more realistic picture of the extent to which mothers are situated in flexible work environments. However, individual perceptions of schedule control may be confounded by a general tendency to perceive lower levels of control in other contexts. Therefore, the availability of flexible workplace policies is also examined to provide an additional measure of workplace flexibility to be included as a moderator of the link between intensive mothering beliefs and employment-specific guilt.

#### *Race, Economic Hardship, and Maternal Well-being*

Prior research has consistently demonstrated racial disparities in mental and physical health (Geiger, 2006). Specifically, Whites tend to score higher on measures of health-related quality of life than Blacks and Hispanics (Lubetkin, Jia, Franks, & Gold, 2005). Racial health disparities have been attributed to a number of cultural, sociopolitical, socioeconomic, biological, behavioral, and environmental factors (Ren &

Amick, 1996). For example, although some research suggests that the prevalence of depressive symptoms does not differ by race/ethnicity, racial minorities are less likely to have access to and receive mental health services, thus contributing to higher rates of undiagnosed and untreated depression. In addition, there is substantial empirical evidence to suggest that experiencing economic hardship places mothers at risk for poorer psychological, physical, and cognitive functioning (Conger, Wallace, Sun, McLoyd, & Brody, 2002; Lynch, Kaplan, & Shema, 1997; Parke et al., 2004). For example, a lack of economic resources to meet the basic needs of the family can lead to sadness, hopelessness, and exhaustion (Edin & Lein, 1997).

Although race and economic hardship are confounded, the effects of economic hardship on maternal well-being are similarly detrimental independent of mothers' racial/ethnic background (Parke et al., 2004). For this reason, in the current study race and economic hardship are included as controls in the model to examine the effects of intensive mothering beliefs and employment-specific guilt on well-being net of the effects of race and economic hardship.

In sum, a review of the literature on intensive mothering beliefs reveals multiple methodological and conceptual gaps that have yet to be addressed. Although some work has been done to describe intensive mothering beliefs and suggest their prevalence among contemporary mothers, no studies to date have captured this construct empirically or demonstrated its endorsement among contemporary full-time employed mothers of infants. Further, the work that has been done is based on small samples of primarily White women, placing into question the generalizability of findings to broader samples.

Moreover, the mental and physical health-related consequences of endorsing intensive mothering beliefs within the context of full-time employment are unknown, as well as factors that may mediate or moderate these links. The contributions of feminist scholars direct our attention to a consideration of intensive mothering beliefs as a potential risk factor for employed mothers, but offer little direction in terms of formulating testable hypotheses. An integration of role theoretical perspectives within a risk and resilience framework better informs a conceptual model that hypothesizes linkages between intensive mothering beliefs and maternal well-being, with employment-specific guilt as a mediating risk mechanism (Higgins, 1987; Peplau, 1983). Furthermore, risk and resilience theory calls attention to potential moderating factors that might modify the effects of risk exposure on individual adjustment. Accordingly, the proposed study considers childcare satisfaction and workplace flexibility as moderators of the association between intensive mothering beliefs and employment-specific guilt. It is expected that higher levels of satisfaction with childcare and greater workplace flexibility will attenuate the positive association between intensive mothering beliefs and employment-specific guilt for full-time employed mothers. In addition to providing valuable descriptive information about the construct of intensive mothering beliefs, this study makes an important contribution to the mothering and work and family literatures by examining the health-related implications of intensive mothering beliefs within the context of full-time employment, along with employment-specific guilt as a potential mediator of the link between intensive mothering beliefs and maternal well-being, as well a consideration for

mothers' satisfaction with childcare and workplace flexibility as potential moderators of the link between intensive mothering beliefs and employment-specific guilt.

## CHAPTER III

### METHODS

#### Procedures

##### *Constructing the Sample Frame*

Data come from the “Weaving Work and Family: Implications for Mother and Child” study, a short-term longitudinal study of full-time employed mothers and their infants. To construct the sample frame, mothers were identified between May 2007 and November 2007 at a local hospital in the southeastern region of the United States after giving birth. A physician, and co-investigator on the research project, approached mothers whose medical records indicated they were employed during pregnancy and provided a brief description of the study ( $N = 704$ ). Mothers were asked if they could be contacted at a later date to participate in the study if they had been employed full-time during pregnancy, were fluent in English, and lived within 30 minutes of the city in which the targeted hospital was located. The final sample frame consisted of mothers who agreed to be contacted ( $N = 630$ , or 89% of potentially eligible mothers). Multiple efforts to keep in touch and build a rapport with mothers across the 3-month period included personal contacts, small gifts, information on infant development, and a congratulatory card regarding the birth of their child (Dillman, 2000).

### *Recruitment*

At 3 months postpartum, eligible mothers were contacted by phone and invited to participate if they were (1) currently employed full-time or were planning to be employed full-time (defined as 30 hours or more per week) at 4 months postpartum, (2) fluent in English, and (3) their child was free from any health conditions that would be considered severe. One hundred and four mothers were unable to be reached by phone, 10 mothers refused to participate, and 116 mothers were ineligible. Reasons for ineligibility were mainly due to non-employment at 4 months postpartum (44%) or working less than 30 hours per week (40.5%). Of the 288 eligible mothers, 217 agreed to participate and were interviewed within 10 days of their infant's four-month birthday. During face-to-face interviews in participants' homes, mothers responded to fixed-response questions about their work and family experiences as well as their own and their infants' health across four time points when their infants were 4, 8, 12, and 16 months of age. Infants were measured and weighed at each interview. Participants received monetary compensation for their time in increasing intervals (\$10, \$15, \$20, and \$30) to receive a total of \$75 upon completion of the study.

### *Basic Sample Descriptives*

Sample sizes across the four points of measurement were 217 at Time 1, 199 at Time 2, 196 at Time 3, and 194 at Time 4. At Time 1, mothers ranged in age from 18 to 43, with a mean age of 30.31 years ( $SD = 5.57$ ). Approximately 70% of mothers self-identified as non-Hispanic White, 29% as Black, .9% as Asian, .5% as Biracial or Multiracial, and .5% as Hispanic White. Seventy-seven percent ( $n = 167$ ) of mothers

were married or cohabiting, 2.8% divorced/separated/widowed, and 20.3% single or never married. The average number of children per household was 1.9 ( $SD = 1.1$ ) and 92 (42.4 %) were first-time mothers. The majority of mothers were employed at least 30 hours per week at Time 1 (98.6 %), however three mothers reported working fewer than 30 hours per week. In addition, 12 mothers reported working fewer than 30 hours per week at Time 4. Because the focus of this study was on full-time employed mothers, those working less than 30 hours per week at Time 1 and Time 4 were dropped from all analyses. In addition, the 4 mothers who did not identify as non-Hispanic White or Black were dropped from all analyses. The final analytic sample consisted of 210 full-time employed mothers. At Time 1, mothers' work hours ranged from 30 to 65 ( $M = 39.87$  hours,  $SD = 5.22$ ). Among mothers who reported having a spouse or partner, 96% were dual-earner couples and in 6 cases husbands were currently unemployed. At Time 1 75.7% ( $n = 159$ ) of mothers were working daytime shifts, 4.8% were working evening shifts ( $n = 10$ ), 7.6% were working night shifts ( $n = 16$ ), and 11.9% reported working variable shifts ( $n = 25$ ). Mean yearly income for mothers was \$40,185 ( $SD = 26,676$ ). Mean annual household income was \$77,195 ( $SD = 57,985$ ). Descriptive statistics are summarized in Table 1 and Table 2.

#### *Sample Attrition from Time 1 to Time 4*

Mothers who remained in the study at Time 4 were compared to those who dropped out on demographic and independent and dependent variables at Time 1 using one-way analysis of variance (ANOVA) with follow-up mean comparisons. Mothers who dropped out of the study by Time 4 were, on average, younger ( $F(209) = 5.73, p = .02; M$

= 29.06 versus  $M = 30.97$ ), less educated ( $F(209) = 5.74, p = .02; M = 3.14$  versus  $M = 3.43$ ), worked fewer hours per week ( $F(209) = 5.41, p = .02; M = 38.69$  versus  $M = 40.45$ ), earned less annually ( $F(190) = 5.52, p = .02; M = 33,639$  versus  $M = 43,256$ ), experienced greater economic hardship ( $F(208) = 10.16, p = .00; M = 5.28$  versus  $M = 4.41$ ), and had greater depressive symptoms ( $F(209) = 4.58, p = .03; M = 15.12$  versus  $M = 12.75$ ) than mothers who remained in the study from Time 1 to Time 4.

## Measures

### *Intensive Mothering Beliefs*

The Intensive Mothering Beliefs Scale is a 21-item adapted version of two measures of intensive mothering beliefs developed by Hattery (1996, 2001), one 8-item scale and one 29-item scale. Hattery reported that the 8-item scale demonstrated acceptable reliability (Cronbach's alpha = .76) and accounted for more variance in maternal work hours when compared to a 1-item measure. The 29-item measure developed by Hattery included 7 items from her 8-item scale (with one item omitted; "If I cannot provide for all my children's needs by myself I feel guilty"), and 14 additional items related to decisions about childcare, division of childcare between spouses, childcare responsibilities of mothers/fathers, and other related topics were added to form a 29-item scale. Although Hattery's 29-item scale encompasses more dimensions of intensive mothering beliefs compared to the 8-item version, an emphasis on childcare as well as the inclusion of items related to fathering behaviors dilutes the focus on intensive mothering beliefs and compromises the content validity of the instrument. Therefore, items considered tangential to the focus and scope of intensive mothering beliefs or that

could be potentially confounded with related constructs (i.e., maternal guilt, childcare satisfaction) were omitted resulting in 12 retained items. Nine additional items were added to reflect dimensions of intensive mothering beliefs described by Hays that were not captured in the retained items developed by Hattery.

The final scale used for this study consisted of 21 items (Appendix B). Mothers indicated the extent to which they endorsed intensive mothering beliefs at Time 1 (4 months postpartum) and Time 4 (16 months postpartum) by rating their agreement with statements such as, “Mothers should stay at home to care for their children”, “Women are no better suited to taking care of children than are men” (reverse scored), and “Mothers are ultimately responsible for how their children turn out”. Consistent with the measures developed by Hattery, response options were 1 = *strongly agree*, 2 = *moderately agree*, 3 = *moderately disagree*, 4 = *strongly disagree*, and 5 = *neither agree nor disagree*. Neutral responses (i.e., 5, neither agree nor disagree) were assigned a value of 3 to represent a “neutral” endorsement of each item. Items were recoded such that higher scores indicate greater endorsement of intensive mothering ideology. Thus the final coding scheme was 1 = *strongly disagree*, 2 = *moderately disagree*, 3 = *neither agree nor disagree*, 4 = *moderately agree*, and 5 = *strongly disagree*.

Because this measure is new, several steps were taken to assess its validity, reliability, and stability over time. Factor analyses were conducted to determine the factor structure and internal validity of the scale. Reliability was assessed with Cronbach’s alpha, and the associations between intensive mothering beliefs at Time 1 and Time 4

were assessed to determine over-time stability. Results of preliminary analyses are presented in Part I of the Results chapter.

### *Maternal Well-being*

Maternal well-being is conceptualized in terms of mothers' psychological well-being and health-related quality of life, both assessed at Time 1 and Time 4. The 20-item version of the Center for Epidemiological Studies Depression Scale (CES-D) was used to measure mothers' depressive symptoms (Radloff, 1977). The CES-D is a widely used and validated measure of depressive symptoms and is appropriate for use with community samples (Cronbach's alpha = .84 at Time 1, .85 at Time 4). Mothers indicated how often in the past week they experienced 20 different symptoms associated with depression. Sample items are, "During the past week, I was bothered by things that usually don't bother me", and "During the past week, I had crying spells". Responses options were 1 = *rarely or none of the time/ less than one day*, 2 = *some or a little of the time/ 1-2 days*, 3 = *occasionally or a moderate amount of time/ 3-4 days*, or 4 = *most or all of the time/ 5-7 days*. Item scores were recoded to reflect the standard scoring of the scale (e.g., 1 was recoded to 0...4 was recoded to 3) and summed with higher total scores indicating greater depressive symptoms (Radloff, 1977). Depressive symptoms sum scores were modeled as a manifest dependent variable in SEM analyses.

Health-related quality of life was measured at Time 1 and Time 4 using the SF-12 Health Survey (Ware et al., 2007), a survey instrument that is comprised of two summary measures, physical health and mental health. Physical health-related quality of life includes 4 domains: Physical functioning (2 items; e.g., "Does your health limit your

ability to climb several flights of stairs?”), Role-physical (2 items; e.g., “During the past four weeks, how much of the time did you accomplish less than you would have liked with your work or other regular daily activities as a result of your physical health?”), Bodily pain (1 item; “During the past four weeks, how much did pain interfere with your normal work, including both work outside the home and housework?”), and General health (1 item; “In general would you say that your health is excellent, very good, good, fair, or poor”). Mental health-related quality of life includes 4 domains: Vitality (1 item; “During the past four weeks, how much of the time did you have a lot of energy?”), Social functioning (1 item; “During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities, like visiting friends and relatives?”), Role-emotional (2 items; e.g., “During the past four weeks, how much of the time did you perform work or other activities less carefully than usual as a result of any emotional problems?”), and Mental health (2 items; e.g., “During the past four weeks, how much of the time have you felt calm and peaceful?”). Component summaries for physical and mental health were computed through a series of steps (Ware et al., 2007). First, the eight individual domain scores were standardized using a z-score transformation based on means and standard deviations from the 1998 U.S. general population. Second, domain z-scores were weighted using factor scores from the 1990 U.S. general population and aggregated to form composites for physical and health-related quality of life. Third, physical and health component scores were transformed to norm-based scores using a T-score transformation ( $M = 50$ ,  $SD = 10$ ). Higher scores indicate better physical and mental health-related quality of life. Final composite

summary scores for physical and mental health were modeled as manifest dependent variables in SEM analyses.

### *Employment-specific Guilt*

Mothers completed an 8-item measure of employment-specific guilt at Time 4 (Appendix B). This set of items was developed specifically for the present study to assess mothers' feelings of guilt related to employment. Mothers reflected on the past three months and indicated their agreement with statements such as, "I would feel better as a mother if I didn't work outside the home" and "I feel guilty about being a working mother". Response options were from 1 = *strongly agree* to 4 = *strongly disagree*. Items were recoded such that higher scores reflect greater amounts of employment-specific guilt. Factor analyses were conducted to assess the factor structure and internal validity of the scale. Reliability was assessed with Cronbach's alpha. Results of preliminary analyses are presented in Part I of the Results chapter.

### *Contextualizing Factors*

*Childcare Satisfaction.* The extent to which mothers were satisfied with their current childcare arrangement while they are at work was measured with one item at Time 4, "How satisfied are you with the current child care arrangement that you use while you are working?" Response options were 1 = *completely satisfied*, 2 = *somewhat satisfied*, 3 = *satisfied*, 4 = *somewhat dissatisfied*, and 5 = *completely dissatisfied*. For this study, mothers were divided into two satisfaction groups in order to test whether contexts in which mothers were less than completely satisfied versus those in which mothers were completely satisfied with their childcare arrangements were meaningful for mothers'

levels of employment-specific guilt. Further, grouping mothers in this manner was necessary because the distribution of mothers on this variable was highly skewed and thus limited the available options for creating large enough groups of satisfied versus dissatisfied mothers without sacrificing statistical power. More specifically, scores were dichotomized for moderation analyses such that 0 = *somewhat satisfied, satisfied, somewhat dissatisfied, or completely dissatisfied* and 1 = *completely satisfied*. This resulted in two groups of mothers, those who were completely satisfied ( $n = 129$ ) and those who were less than completely satisfied ( $n = 81$ ).

*Workplace flexibility.* Workplace flexibility was conceptualized in two different ways for the current study. The first way was in terms of mothers' perceptions of schedule control. To measure schedule control, mothers were asked at Time 1 how much control they had over the length of their workday, taking of breaks, start and end times, handling of private matters, scheduling of work shifts, scheduling of paid vacations and days off, and taking unpaid leave. Response options on this 7-item scale were 1 (*not at all*), 2 (*a little*), 3 (*some*), and 4 (*a lot*) and items were summed to form a composite measure where higher scores indicate greater perceived flexibility. The second way workplace flexibility was conceptualized was in terms of flexible workplace policies. As an indicator of flexible workplace policies, mothers indicated at Time 1 whether or not 5 specific job benefits were available to them (e.g., work from home, work longer hours and fewer days). Items responses were summed to form a score ranging from 0 to 5, with higher scores indicating greater job flexibility. For moderation analyses, both measures were constructed as dichotomous variables based on median splits.

### *Contextual Correlates and Controls*

Based on the mothering literature, the following variables were examined as contextual correlates of intensive mothering beliefs: mothers' age, race/ethnicity, level of education, marital status, personal and total family income, economic hardship, and number of children (assessed at Time 1). For mean group comparisons, race/ethnicity was dummy coded such that 0 = non-Hispanic White, 1 = non-Hispanic Black. All contextual variables were single-item measures, with the exception of economic hardship. The measure of economic hardship used for this study was taken from Conger and colleagues, which asks participants to reflect on the past 12 months and answer questions related to economic strain and financial need (Conger et al., 1990; Conger, Conger, Elder, & Lorenz, 1992). Mothers indicated how much difficulty they had paying their bills (1 = *a great deal of difficulty*, 3 = *some difficulty*, 5 = *no difficulty at all*) and at the end of each month if they had 1 = *more than enough money left over*, 2 = *some money left over*, 3 = *just enough to make ends meet*, and 4 = *not enough to make ends meet*. In addition, mothers were asked if they had engaged in 16 different behaviors that indicate financial need (e.g., "used savings to meet daily living expenses") to which they could respond yes (coded as 1) or no (coded as 0). Economic hardship items were standardized and summed to form a composite measure with higher scores indicating greater economic hardship.

Experiencing economic hardship places mothers at risk for greater depressive symptoms and poorer health-related quality of life. Also, research has demonstrated racial health disparities among women. Therefore, mother's race and economic hardship were controlled at Time 1 when testing associations between intensive mothering beliefs

and maternal well-being. In order to establish longitudinal associations between intensive mothering ideology at Time 1 and maternal well-being at Time 4 net of prior levels of well-being, indicators of maternal well-being at Time 1 were controlled. In addition, correlation analyses were examined to determine if other background variables should be controlled in an effort to rule out potential confounding variables.

### Plan of Analysis

#### *Preliminary Analyses*

Two new measures were developed for this study to capture the constructs of intensive mothering beliefs and employment-specific guilt. A series of exploratory and confirmatory factor analyses were conducted in SPSS using principal axis factoring and Varimax rotation to determine the underlying factor structure of the items for each measure. Principal axis factoring is a “standard” extraction method in the social sciences for factor analysis, and unlike maximum likelihood methods it does not assume variables are normally distributed. Rotations are typically used to transform the factor matrix, resulting in a more parsimonious and interpretable factor solution. Two types of rotations are available, orthogonal rotations, which produce independent factors, and oblique rotations, which allow factors to be correlated. Because the nature of exploratory factory analysis suggests that the number of factors and associations between factors is unknown, and because “even when moderately correlated factors are expected, Varimax ... will often identify the main factors correctly”, a Varimax (i.e., orthogonal) rotation was selected (Loehlin, 2004, p. 172). The strength of primary and secondary factor loadings, the scree test, and indices of model fit were considered when determining the final factor

structure. Factor loadings indicate the degree of association between individual items and their respective factors, with values closer to 1.0 reflecting a stronger relationship. Generally speaking, optimal factor solutions will have factor loadings above .40 and secondary loadings at least .20 less than the primary loadings (providing a good indication of discriminant validity) (Costello & Osborne, 2005). The scree test plots eigenvalues in a linear, declining fashion. The number of points before the slope “breaks” provides an indication of how many factors should be retained. Confirmatory factor analysis in Amos provides estimates for the overall fit of the model to the data. The chi-square statistic, Comparative Fit Index (CFI), and root mean square error of approximation (RMSEA) were examined to determine if model fit was acceptable.

Another test of the validity of the final factor solution, separate factor analyses were conducted with split-half samples. If the pattern of results was comparable for each sample, the final factor solution was considered valid. In order to demonstrate the stability of the final factor solution, an additional exploratory factor analysis was conducted using principal axis factoring and an oblique rotation. A “good” factor solution should be invariant across multiple rotation methods.

### *Descriptive Analyses*

The first goal of this study was to describe the construct of intensive mothering beliefs, which includes examining contextual correlates and change over time. This was accomplished by examining correlations between intensive mothering beliefs and mothers’ age, income, economic hardship, education, and number of children at Time 1. Also, mean group differences in intensive mothering beliefs were examined based on

race, marital status, and number of children at Time 1. To determine if intensive mothering beliefs are stable over time, the association between intensive mothering beliefs measured at Time 1 and Time 4 was examined. An intraclass correlation coefficient of .7 or greater was interpreted as an indicator of stability. It is possible, however, that the stability of intensive mothering beliefs varies for different types of mothers. For example, women entering into first-time parenthood may be more likely to have unrealistic mothering expectations in comparison to second- and third-time mothers who have had prior experience balancing work and family. Thus, first-time mothers' beliefs were expected to change more over the course of a year following re-entry into work. To test this hypothesis, intraclass correlations between intensive mothering beliefs at Time 1 and Time 4 were tested separately for first-time and multiparous mothers and compared using Fisher's  $r$  to  $z$  transformations.

### *Hypothesis Testing*

A structural equation modeling (SEM) technique was used to test the hypothesized associations between variables using Amos (Version 16.0; Arbuckle, 1989; Byrne, 2001). Structural equation modeling is appropriate for this study because it allows for modeling latent, or unobserved, variables and offers a number of benefits not available in regression-based approaches. Whereas traditional regression analyses assume perfect measurement (without error), an SEM approach provides parameter estimates based on latent factor scores that are computed with a consideration for measurement error associated with observed independent and dependent variables (Raykov & Marcoulides, 2006). Additionally, SEM uses full information maximum likelihood

estimation (FIML) when handling missing data, which provides less biased parameter estimates than pairwise/listwise deletion or mean substitution (Acock, 2005).

Measurement models for each latent variable were examined prior to analyzing the structural models. Model fit was evaluated by examining the chi-square statistic and two alternative fit indices. The chi-square statistic is a basic fit statistic that tests the difference between the hypothesized model and the sample covariance matrix. Smaller, nonsignificant chi-square values indicate that the hypothesized model is not significantly different from the data, thereby indicating a good fitting model; however, large sample sizes can artificially inflate chi-square, resulting in a significant chi-square value (Byrne, 2001). Therefore, two alternative fit statistics also were examined, the root mean square error of approximation (RMSEA; Browne & Cudeck, 1993) and the Comparative Fit Index (CFI; Bollen & Long, 1993). Values at or below .08 for RMSEA and above .90 for CFI indicate adequate model fit (Byrne, 2001).

Tests for mediation involved a series of steps (Holmbeck, 1997). First, the mediated path, which includes associations between intensive mothering beliefs, employment-specific guilt, and maternal well-being (without the inclusion of the direct path) was examined. Second, provided this model fit the data adequately, each path was examined for statistical significance in the expected directions. Third, the direct path between intensive mothering beliefs and maternal well-being was added to the model and the model was analyzed under two conditions: (a) when the direct path is constrained to be zero, and (b) when the direct path is not constrained. These two models were compared using the change in chi-square test. If the model in which the direct path

between intensive mothering beliefs and maternal well-being is unconstrained does not provide a significant improvement in model fit, then mediation was considered to be present (Holmbeck, 1997).

Moderation was tested by examining the overall fit of two models, one where the path between intensive mothering beliefs and employment-specific guilt was constrained to be equal for different levels of the moderator (constrained model) and one where the path between intensive mothering beliefs and employment-specific guilt was allowed to vary as a function of different levels of the moderator (unconstrained model). A significant change in chi-square between the constrained and unconstrained path models indicates that the associations between intensive mothering beliefs and employment-specific guilt vary as a function of the moderator (Holmbeck, 1997). Critical ratio comparisons were made to determine if paths were significantly different between groups. Critical ratio values above 1.96 or below  $-1.96$  are considered statistically significant at the  $p < .05$  level. Childcare satisfaction and workplace flexibility were examined as moderators of the associations between intensive mothering beliefs and employment-specific guilt in separate models.

## CHAPTER IV

### RESULTS: PART I

Results are presented in two parts. Part one presents findings from preliminary analyses, including factor analyses of intensive mothering beliefs and employment-specific guilt, and descriptive analyses, including bivariate associations among variables. Part two presents findings from structural equation analyses, including an examination of measurement models for latent constructs and tests of structural models for hypothesized direct, mediated, and moderated pathways.

#### Preliminary Analyses

##### *Factor Analyses*

*Intensive mothering beliefs.* Factor analysis of the 21-item measure of Intensive Mothering Beliefs was conducted separately at Time 1 and Time 4. Exploratory factor analyses, using principal axis factoring and Varimax rotation, were conducted in SPSS until a factor structure could be identified that met the aforementioned criteria (i.e., primary loadings of .40 or above and secondary loadings at least .20 less than primary loadings). When items had weak loadings on all factors or did not discriminate adequately between factors they were dropped individually and the model was re-estimated. To further validate the model at each time point, exploratory and confirmatory factor analyses were conducted with separate split-half samples.

Initial exploratory factor analysis in SPSS at Time 1 revealed an incoherent factor solution, requiring that some items be dropped from the model. A total of 11 items were dropped and 10 items were retained in the final model. The best factor solution (i.e., the one that met all criteria for internal and discriminant validity, while retaining the most items possible) was a four-factor solution comprised of 2 or 3 items per factor. A visual inspection of the scree plot provided further support for a four-factor solution. Factor loadings, eigenvalues, and percent variance explained by each factor are presented in Table 3. Primary loadings were above .50 and secondary loadings were at least .20 less than primary loadings. The final rotated factor solution accounted for 71% of the variance in intensive mothering beliefs. Items loading on Factor 1 represented the idea that good mothers do not work outside the home (“nonemployed ideal”); items loading on Factor 2 represented the idea that good mothers should take primary responsibility for childrearing (“take responsibility”); items loading on Factor 3 represented the idea that mothers should always place children’s needs before their own (“self-sacrificing”); and Factor 4 represented the idea that mothers should protect and shape children (“protecting the child”). Factors 1 and 2 were not correlated ( $r = .10, p > .05$ ). All other factors were correlated from .22 to .46, suggesting that although these factors were indeed related to one another they also were tapping unique aspects of intensive mothering beliefs.

Initial factor analysis of intensive mothering items at Time 4 revealed a similarly incoherent factor solution. The same procedure was used to determine the final factor structure, which included eliminating problematic items individually until a clean factor solution was obtained. A total of 12 items were dropped and 9 items were retained,

resulting in four latent factors comprised of 2 or 3 items each. This factor solution explained 74% of the variance in intensive mothering beliefs and was identical in structure to the four-factor solution at Time 1, with one exception. Item six (“Childcare is solely the responsibility of the mother”) demonstrated a weaker association with its respective latent factor (.33) at Time 4 than at Time 1 (.65). When included in the model at Time 4, item 6 loaded on the same conceptual factor (“take responsibility”) as at Time 1. Therefore, this item was retained in the final model despite its weaker association with the factor, which provided a conceptually parallel model of domains of intensive mothering beliefs that could be examined over time. Thus, the same 10 items were retained at Time 1 and Time 4. Factor loadings, eigenvalues, and percent variance explained by each factor at Time 4 are presented in Table 4.

Exploratory and confirmatory factor analyses conducted with randomly drawn split-half samples at Time 1 and Time 4 provided additional support for a four-factor solution. This was determined with a visual inspection of scree plots and the pattern in which items grouped together to form factors. In addition, the four-factor model fit the data equally well for both split-half samples when analyzed using structural equation models (i.e., CFIs were above .90 and RMSEAs were below .08 for both samples). Taken together, factor analyses at Time 1 and Time 4 indicated that our measure of intensive mothering beliefs is best modeled as four latent factors.

*The stability of intensive mothering beliefs over time.* Mean scores for intensive mothering belief factors at Time 1 and Time 4 are presented in Table 7. Although it appears that mean scores for all intensive mothering belief factors decrease over time, on

average, follow-up mean comparisons revealed that observed mean differences were not statistically significant at the  $p < .05$  level. To assess the stability of intensive mothering beliefs over time, I computed intraclass correlation coefficients (ICC) of factor scores for each domain of intensive mothering beliefs over time. This method is superior to bivariate Pearson correlations because it takes into account individual variability over time (Howell, 2002). At the individual level, results indicated that factor scores for each domain of intensive mothering beliefs were moderately stable over time with ICCs ranging from .38 to .66. When averaged across mothers over time, ICCs for latent factors increased such that Factor 1 and Factor 3 appear to be relatively stable on average over time ( $r_1 = .74$  and  $r_1 = .80$ , respectively). Intraclass correlations averaged across mothers remained moderate for Factor 2 and Factor 4 ( $r_1 = .55$  and  $r_1 = .66$ , respectively).

In addition, the stability of intensive mothering beliefs was examined separately for first-time and multiparous mothers. It was hypothesized that intensive mothering beliefs would be less stable for first-time mothers than multiparous mothers. Results indicated moderate to weak stability of intensive mothering beliefs' latent factors for first-time mothers ("nonemployed ideal"  $r_1 = .53$ ; "take responsibility"  $r_1 = .18$ , "self-sacrificing"  $r_1 = .52$ , and "protecting the child"  $r_1 = .54$ ). Intraclass correlation coefficients were generally larger for multiparous mothers, with the exception of the "protecting the child" factor, which was .45. Intraclass correlations for the other three factors were as follows: "nonemployed ideal"  $r_1 = .61$ , "take responsibility"  $r_1 = .52$ , and "self-sacrificing"  $r_1 = .70$ . Fisher's  $z$  transformations were computed to determine if the observed differences in ICCs between first-time and multiparous mothers were

statistically meaningful. The mathematical formula used to compute Fisher's  $z$  involves taking the difference between ICCs of each domain of intensive mothering beliefs for each group (i.e., first-time mothers and multiparous mothers) and dividing by the standard error of the difference (Kenny, Kashy, & Cook, 2006).  $Z$ -scores greater than 1.96 or less than  $-1.96$  are considered statistically significant at the  $p < .05$  level. Comparing first-time and multiparous mothers, ICCs of factor scores for each domain over time were statistically significantly different. Factor scores for "nonemployed ideal", "take responsibility", and "self-sacrificing" were more stable over time for mothers with multiple children than first-time mothers ( $z = 3.24, 28.34, \text{ and } 7.29$ , respectively), providing support for the hypothesis that intensive mothering beliefs are more stable for multiparous mothers than first-time mothers. However, first-time mothers' factor scores for "protecting the child" were slightly more stable than for mothers with multiple children ( $z = -3.64$ ), which does not support the hypothesized relationship.

*Employment-specific guilt.* As with the measure of intensive mothering beliefs, the same steps were taken to factor analyze the 8-item measure of employment-specific guilt developed for this study. Exploratory factor analysis in SPSS resulted in a fairly straightforward factor solution. All items loaded on one factor (Table 5), with all factor loadings above .50. The model explained 60% of the variance in employment-specific guilt. Confirmatory factor analysis in Amos suggested that the one-factor model fit the data marginally well ( $\chi^2(20) = 74.17$ ). The CFI for the model was .93 and the RMSEA was .12. Although the RMSEA value fell just above the standard cut-off criteria for good model fit (Byrne, 2001), the CFI value was above .90, which indicates good model fit.

Moreover, high factor loadings and good scale reliability (Cronbach's alpha = .90) provide evidence to suggest that a one-factor solution is appropriate for this set of items and that the items reflect one latent construct. Based on these results, a composite score was created by averaging across items, and employment-specific guilt was modeled as a manifest (i.e., observed) variable in SEM analyses.

### *Descriptive Analyses*

Prior to testing bivariate associations among demographic and key model variables, the distributional properties of all variables were examined. Structural equation modeling assumes that observed variables are multivariate normally distributed (Raykov & Marcoulides, 2006), and although SEM is relatively robust with respect to minor deviations from normality (Bollen, 1989; McDonald & Ho, 2002), incorrect distributional assumptions that are more severe may lead to specification errors when structural models are estimated (Bollen & Long, 1993). Tests for multinormality include an examination of the distributions for all observed variables in the covariance matrix for SEM analyses, which include indicators of latent constructs (i.e., individual items for intensive mothering beliefs), composite scores for observed variables (e.g., sum scores for depressive symptoms), and single-item scores for demographic variables such as race and marital status (Kline, 2005). Univariate normality was assessed with measures of central tendency (i.e., mean and standard deviation), skewness, kurtosis, and identification of potential outliers. Although multinormality is difficult to substantiate empirically, lack of univariate normality provides an indication that multinormality is not present.

Tests for univariate normality of intensive mothering items suggested that two items on the “take responsibility” latent factor score at Time 1 were slightly positively skewed and leptokurtic (“Child care is solely the responsibility of the mother” and “Men should leave the childrearing to women”). A square root transformation was applied to the two intensive mothering items because they did not meet the general requirements for univariate normality. This logarithmic transformation reduced levels of skew to acceptable levels, but was unsuccessful at reducing kurtosis substantially. Univariate tests of scale variables revealed that depressive symptoms composites at Time 1 were slightly leptokurtic, but within the range of deviation that is considered less problematic for SEM analyses (Kline, 2005). All other variables met the criteria for univariate (and thus multivariate) normality.

To further describe intensive mothering beliefs for the current sample, frequencies were calculated for responses on each retained item on the intensive mothering beliefs measure. Responses for “strongly agree” and “moderately agree” were combined, and responses for “strongly disagree” and “moderately disagree” were combined. Mothers also had the option of responding “neither agree nor disagree”. Mothers agreed most with the statements, “women’s first obligation is to their children and their families” (90.9% agreed), and “mothers should always place their children’s needs before their own” (87.6% agreed). Mothers disagreed most with the statements, “child care is solely the responsibility of the mother” (96.7% disagreed), and “men should leave the childrearing to women” (96.2% disagreed). Mothers were most reluctant to agree or disagree with the statement, “mothers should stay at home to care for their children” (13.8% neither agreed

nor disagreed). Percent agreement, disagreement, and neutral responses for each item are presented in Table 8.

### *Correlation Results*

*Correlates of intensive mothering beliefs.* The second goal of this study was to describe intensive mothering beliefs in terms of mothers' background characteristics. To do this, latent factor scores for four domains of intensive mothering beliefs were created in SPSS and bivariate Pearson correlations were computed with demographic and key model variables. Correlations reflect the degree of relatedness among variables and can range from  $-1.0$  to  $1.0$ , with  $+/- .1$  to  $.3$  indicating a weak association,  $+/- .3$  to  $.5$  indicating a moderate association, and  $+/- .5$  to  $1.0$  indicating a strong association (Cohen, 1988). Correlations were examined between intensive mothering beliefs and mothers' age, education, number of children, income, and economic hardship (all measured at Time 1). Correlations also were examined between intensive mothering beliefs at Time 1 and depressive symptoms and health-related quality of life at Time 1 and Time 4, employment-specific guilt at Time 4, and childcare satisfaction and two indicators of workplace flexibility at Time 1. Correlation results are presented in Table 9.

One-way ANOVAs with post hoc Tukey HSD comparisons were used to examine group differences for each intensive mothering beliefs factor as a function of mothers' marital status, race/ethnicity, and parity (i.e., first-time versus multiparous mothers). For this set of analyses, mean scores were computed for each domain of intensive mothering beliefs because the practical interpretation of latent factor scores is less straightforward.

Mean scores for domains of intensive mothering beliefs are provided in the text for significant group comparisons.

The “nonemployed ideal” factor was associated negatively with mothers’ personal earnings and total household income, and positively with economic hardship. Greater endorsement of the “nonemployed ideal” factor was associated with lower mental health-related quality of life, greater depressive symptoms, and higher levels of employment-specific guilt at Time 4. No significant mean group differences emerged for the “nonemployed ideal” factor by race/ethnicity, marital status, or parity. The “take responsibility” factor was unrelated to income and economic hardship, but was associated negatively with mothers’ education. The “take responsibility” factor was unrelated to levels of employment-specific guilt, depressive symptoms, and mental and physical health-related quality of life (at Time 1 and Time 4). No significant mean group differences emerged for the “take responsibility” factor by race/ethnicity, marital status, or parity. The “self-sacrificing” factor was associated negatively with mothers’ age, personal earnings, total household income, and education, and associated positively with employment-specific guilt. The “self-sacrificing” factor was unrelated to depressive symptoms and mental and physical health-related quality of life at Time 1 and Time 4. Significant mean group differences for the “self-sacrificing” factor were found for marital status such that single/never married mothers had higher mean scores than married/cohabiting and separated/divorced mothers ( $F(2) = 8.04, p = .00; M = 4.82, SD = 1.05$  versus  $M = 4.36, SD = 1.06$  and  $M = 3.58, SD = 1.14$ ). No significant mean group differences for the “self-sacrificing” factor were found by race/ethnicity or parity. The

“protecting the child” factor was not associated with any of mothers’ background characteristics, depressive symptoms, employment-specific guilt, or mental health-related quality of life, but demonstrated a positive association with physical health-related quality of life at Time 4. No significant mean group differences were found for the “protecting the child” factor by race/ethnicity, marital status, or parity.

*Correlates of maternal well-being.* Associations among mothers’ background variables were in the expected directions and significant correlations ranged from .17 to .83. There were several significant associations between mothers’ background variables and the dependent variables at Time 4. Mothers who were younger, less educated, had lower personal and total family income, and experienced greater economic hardship tended to report greater depressive symptoms at Time 4. Black mothers had higher mean levels of depressive symptoms than White mothers at Time 4 ( $F(1) = 8.17, p = .01, M = 15.07, SD = 7.57$  versus  $M = 11.55, SD = 6.91$ ); single/never married mothers had higher mean levels of depressive symptoms than married mothers at Time 4 ( $F(2) = 2.98, p = .05, M = 15.13, SD = 7.21$  versus  $M = 11.80, SD = 7.05$ ). Mothers who had higher personal and total family income, and experienced lower levels of economic hardship scored higher on mental health-related quality of life at Time 4. Mothers who experienced lower levels of economic hardship scored higher on physical health-related quality of life at Time 4. Married mothers had higher mean levels of physical health-related quality of life than single/never married mothers at Time 4 ( $F(2) = 4.42, p = .01, M = 54.67, SD = 4.41$  versus  $M = 51.96, SD = 6.09$ ). Married mothers had higher mean levels of employment-specific guilt than single/never married mothers at Time 4 ( $F(2) =$

5.34,  $p = .01$ ,  $M = 2.34$ ,  $SD = .60$  versus  $M = 1.95$ ,  $SD = .53$ ). White mothers had higher mean levels of employment-specific guilt than Black mothers at Time 4 ( $F(1) = 7.94$ ,  $p = .01$ ,  $M = 2.34$ ,  $SD = .62$  versus  $M = 2.05$ ,  $SD = .50$ ).

As expected, indicators of maternal well-being at Time 1 and Time 4 were significantly correlated over time, providing further support for including measures of well-being at Time 1 as control variables in SEM models. Also, associations between depressive symptoms and mental health-related quality of life at Time 4 were rather large ( $r = -.40$  to  $-.76$ ), suggesting that multicollinearity may be a problem. To address this issue, depressive symptoms and domains of health-related quality of life were examined as dependent variables in separate models. Mental and physical domains of health-related quality of life at Time 4 were only mildly associated ( $r = -.22$ ,  $p < .01$ ), and the association between them was estimated in structural equation analyses. Depressive symptoms were associated negatively with mental health-related quality of life at Time 1 and Time 4. Depressive symptoms at Time 1 were associated negatively with physical health-related quality of life at Time 4. Depressive symptoms at both time points were associated positively with employment-specific guilt, and mental health-related quality of life at both time points was associated negatively with employment specific guilt. Physical health-related quality of life (measured at Time 1 and Time 4), however, was not associated with employment specific guilt.

## CHAPTER V

### RESULTS: PART II

This section presents results from structural equation analyses that test hypotheses related to (a) the direct effects of intensive mothering beliefs on maternal depressive symptoms and two dimensions of health-related quality of life, (b) the role of employment-specific guilt as a potential mediator of the link between intensive mothering beliefs and indicators of maternal well-being, and (c) the role of workplace flexibility (operationalized in terms of perceived schedule control and flexible policies) and childcare satisfaction as potential moderators of the link between intensive mothering beliefs and employment-specific guilt. Results begin by addressing the fit of measurement models for latent constructs (i.e., intensive mothering beliefs), followed by results pertaining to structural models.

#### Structural Equation Analyses

##### *Measurement Models*

Prior to testing the hypothesized associations between variables in SEM, it is necessary to first determine the adequacy of measurement models for latent constructs (Kline, 2005). To do this, SEM takes a confirmatory factor analytic approach to determine (a) how well a measurement model fits the underlying data (as indicated by goodness-of-fit indices), and (b) to what degree manifest indicators reflect an underlying

latent construct (as indicated by the strength of factor loadings). Furthermore, because SEM takes into account measurement error associated with observed variables, estimates may be different than those provided in regression analyses. A basic measurement model was estimated in Amos that included four latent factors for intensive mothering beliefs and their respective indicators, as suggested by prior factor analysis results (see Appendix, Figure 2). This model was a good fit to the underlying data ( $\chi^2(29) = 27.82, p = .53$ ; CFI = 1.00; RMSEA = .00) and all standardized factor loadings (analogous to standardized regression coefficients) were above .50 suggesting adequate internal consistency for each latent factor. In sum, the four-factor measurement model for intensive mothering beliefs is adequately specified for these data and reflects four unique and internally consistent latent factors.

### *Structural Models*

#### *The direct effects of intensive mothering beliefs on maternal well-being.*

According to role and self-discrepancy theoretical perspectives, inconsistencies between one's beliefs and behavior can compromise personal well-being. It was hypothesized that for full-time employed mothers greater endorsement of intensive mothering beliefs would be associated with diminished well-being over time, as indicated by greater depressive symptoms and poorer mental and physical health-related quality of life. To test this hypothesis, direct, longitudinal associations between intensive mothering beliefs (modeled as four latent variables) at Time 1 and indicators of maternal well-being (modeled as manifest variables) at Time 4 were examined in two separate models, one for depressive symptoms and one for domains of health-related quality of life. In the first

structural model, four domains of intensive mothering beliefs at Time 1 are the independent variables and depressive symptoms at Time 4 is the dependent variable, controlling for economic hardship, race/ethnicity, marital status, and depressive symptoms at Time 1 (see Appendix A, Figure 3). Based on correlation analyses, additional covariance paths were estimated between demographic control variables and depressive symptoms at Time 1. Covariances were estimated between intensive mothering beliefs factors and controls, however most paths were nonsignificant and the inclusion of these paths did not improve model fit. Significant covariance paths were retained in the final model and noted at the bottom of Figure 3. In addition, covariance paths between latent intensive mothering beliefs factors were estimated because prior factor analyses suggested that these factors were not entirely independent of one another. This model provided a good fit to the data ( $\chi^2(73) = 83.89, p = .18$ ; CFI = .99; RMSEA = .03). Intensive mothering belief factors at Time 1 were unrelated to depressive symptoms at Time 4. Standardized regression coefficients for the direct, longitudinal associations between intensive mothering beliefs and depressive symptoms are presented in Figure 3. Thus, the expected positive longitudinal association between intensive mothering beliefs and depressive symptoms was not supported.

Drawing from the epidemiological and psychosomatic literatures, it was hypothesized that greater endorsement of intensive mothering beliefs also would have negative consequences for employed mothers' mental and physical health-related quality of life over time. In the second structural model, four domains of intensive mothering beliefs at Time 1 are the independent variables and mental and physical health-related

quality of life at Time 4 are the dependent variables, controlling for economic hardship, race/ethnicity, and mental and physical health-related quality of life at Time 1 (see Appendix, Figure 4). Marital status was included as a predictor of physical health-related quality of life because it was significantly correlated with physical health-related quality of life in preliminary analyses. Again, intensive mothering beliefs factors were allowed to covary and additional covariance paths were added among control variables based on correlation analyses. Covariances were estimated between intensive mothering beliefs factors and controls, and paths that remained significant were retained in the final model and noted at the bottom of Figure 4. Mental and physical domains of health-related quality of life at Time 4 were allowed to covary as well. This model provided an acceptable fit to the data ( $\chi^2(96) = 144.12, p = .00$ ; CFI = .94; RMSEA = .05). Net of the effects of Time 1 control variables, intensive mothering factors at Time 1 were not predictive of mothers' mental or physical health-related quality of life at Time 4. Standardized regression coefficients for the direct, longitudinal associations between intensive mothering beliefs and domains of health-related quality of life are presented in Figure 4. Thus, hypotheses concerning health-related quality of life were not supported.

*The mediating effects of employment-specific guilt on the associations between intensive mothering beliefs and maternal well-being.* It was hypothesized that any observed direct associations between intensive mothering beliefs and maternal well-being would be explained in part by levels of employment-specific guilt. Specifically, it was hypothesized that intensive mothering beliefs and employment-specific guilt would be associated positively and elevated levels of employment-specific guilt would be linked to

poorer well-being. In other words, employment-specific guilt was expected to partially mediate direct associations between intensive mothering beliefs and maternal well-being. An SEM approach to testing for mediation requires a significant direct association between the independent and dependent variable, independent and mediator variable, and the mediator and dependent variable (Baron & Kenny, 1986, also see Holmbeck, 1997). The lack of association between intensive mothering beliefs and dependent variables in this study failed to meet the aforementioned criteria to test for mediation; therefore further analyses were not pursued. Thus, the hypothesis that employment-specific guilt partially mediates the association between intensive mothering beliefs and maternal well-being was not supported.

In the next set of analyses, I focus on the first half of the proposed conceptual model by examining the direct association between intensive mothering beliefs at Time 1 and employment-specific guilt at Time 4. Furthermore, I test whether the direct association between intensive mothering beliefs and employment-specific guilt varies as a function of three contextual factors, namely childcare satisfaction, flexible policies, and perceived schedule control.

*The moderating effects of childcare satisfaction on the associations between intensive mothering beliefs and employment-specific guilt.* A risk and resilience perspective calls attention to various contexts under which a risk factor might be more or less influential. Applied to this study, it was hypothesized that there would be a positive association between intensive mothering beliefs and employment-specific guilt, and that this direct link would be moderated by mothers' childcare satisfaction and workplace

flexibility. Specifically, it was expected that higher levels of satisfaction with childcare and workplace flexibility would attenuate any observed negative effects of intensive mothering beliefs on employment-specific guilt (as indicated by a change in the strength, direction, or significance of the direct path). An SEM approach to test for moderation involves a comparison of a hypothesized association between two or more variables under various levels of a moderator variable. Unlike tests for mediation, tests for moderation do not require a significant association between the independent and dependent variables. In the first set of analyses, I considered childcare satisfaction as a moderator of the association between intensive mothering beliefs and employment-specific guilt. First, a base model was estimated that specified intensive mothering belief factors as the independent variables and employment-specific guilt as the dependent variable, controlling for marital status, race/ethnicity, and depressive symptoms at Time 1 (which were associated with levels of employment-specific guilt in correlation analyses). Estimated covariance paths between intensive mothering beliefs factors and controls are noted at the bottom of Figure 5 (Appendix A). The base model was a good fit to the data ( $\chi^2(64) = 74.88, p = .17$ ; CFI = .98; RMSEA = .03) and suggested a moderate positive association between Factor 1 (“nonemployed ideal”) and employment-specific guilt, and Factor 3 (“self-sacrificing”) and employment-specific guilt. Factors 2 (“take responsibility”) and 4 (“protecting the child”) were not associated with employment-specific guilt. Thus, results provided partial support for the direct positive association between intensive mothering beliefs and employment-specific guilt. Specifically, mothers who endorsed the “nonemployed ideal” and “self-sacrificing” factors to a greater degree

at Time 1 reported higher levels of employment-specific guilt at Time 4. Standardized regression coefficients for the direct associations between intensive mothering beliefs and employment-specific guilt are presented in Figure 5 (Appendix A).

Next, I examined whether the observed associations between intensive mothering belief factors and employment-specific guilt changed in strength or direction under different levels of childcare satisfaction. Mothers were divided into two childcare satisfaction groups where those who reported being “completely satisfied” with their current childcare arrangement were coded as 1 and those who reported being “somewhat satisfied”, “satisfied”, “somewhat dissatisfied”, or “extremely dissatisfied” were coded as 0. The model was examined under two conditions: (a) when the direct paths between intensive mothering belief factors and employment-specific guilt were constrained to be equal between mothers at different levels of childcare satisfaction, and (b) when the direct paths were allowed to vary (i.e., unconstrained) at different levels of childcare satisfaction. Results suggested that the constrained and unconstrained models both fit the data equally well. The change in chi-square statistic was nonsignificant, suggesting that the model does not improve when the direct paths are allowed to vary by childcare satisfaction group ( $\Delta\chi^2 = 5.80$ ,  $\Delta df = 4$ , *ns*). Thus, childcare satisfaction does not appear to moderate associations between intensive mothering beliefs and employment-specific guilt.

*The moderating effects of workplace flexibility on the associations between intensive mothering beliefs and employment-specific guilt.* The same series of tests were conducted to test for moderation by two types of workplace flexibility, flexible

workplace policies and schedule control. Both variables were coded as dichotomous variables (based on median splits) with 1 = high flexibility and 0 = low flexibility; 1 = high levels of schedule control and 0 = low levels of schedule control. It was expected that high levels of perceived schedule control and workplace flexibility would buffer the observed positive association between intensive mothering beliefs and employment-specific guilt.

Results for flexible workplace policies suggested that the unconstrained model was a better fit to the data than the constrained model ( $\Delta\chi^2 = 13.32$ ,  $\Delta df = 4$ ,  $p = .001$ ), providing support for moderation. Critical ratios were compared between the “high flexibility” and “low flexibility” groups on the four direct paths between intensive mothering belief factors and employment-specific guilt to determine if path coefficients were significantly different between groups. All four critical ratio comparisons were significant. The first comparison indicated that the association between Factor 1 (“nonemployed ideal”) and employment-specific guilt is positive and significant for mothers in the low flexibility group ( $\beta = .46$ ,  $p < .01$ ) and nonsignificant for mothers in the high flexibility group ( $\beta = .16$ ,  $p = .13$ ;  $CR = 2.02$ ). The second comparison indicated that the association between Factor 2 (“take responsibility”) and employment-specific guilt is positive and significant for mothers in the high flexibility group ( $\beta = .21$ ,  $p = .02$ ) and nonsignificant for mothers in the low flexibility group ( $\beta = -.12$ ,  $p = .30$ ;  $CR = -2.28$ ). The third comparison indicated that the association between Factor 3 (“self-sacrificing”) and employment-specific guilt is positive and significant for mothers in the high flexibility group ( $\beta = .50$ ,  $p < .01$ ), and nonsignificant for mothers in the low flexibility

group ( $\beta = -.07, p = .56; CR = -2.55$ ). Although the association between Factor 4 (“protecting the child”) and employment-specific guilt is nonsignificant for mothers in the high and low flexibility groups, the fourth comparison indicated that the direction of association might be different between groups. The coefficient for mothers in the high flexibility group was negative ( $\beta = -.23, p = .16$ ), whereas the coefficient is positive for mothers in the low flexibility group ( $\beta = .27, p = .12; CR = 2.10$ ). Thus, flexible workplace policies appear to moderate associations between intensive mothering beliefs and employment-specific guilt, with three out of four paths demonstrating a change in significance levels. However, more flexible policies at work do not have a consistent buffering effect for mothers’ levels of employment-specific guilt. It was only with Factor 1 that the buffering hypothesis was supported. In contrast, the positive association between Factor 2 and Factor 3 with employment-specific guilt was observed for mothers in the high flexibility group, but not for those in the low flexibility group, which contradicts the moderating hypothesis.

Results for schedule control suggested that the unconstrained model was a better fit to the data than the constrained model ( $\Delta\chi^2 = 11.59, \Delta df = 4, p < .05$ ), providing support for moderation. Critical ratios were compared between the “high control” and “low control” groups on the four direct paths between intensive mothering belief factors and employment-specific guilt to determine if path coefficients were significantly different between groups. Results indicated that one critical ratio comparison was significant, and suggested that the association between Factor 2 (“take responsibility”) and employment-specific guilt is positive and significant for mothers in the high schedule

control group ( $\beta = .35, p < .01$ ) and nonsignificant for mothers in the low schedule control group ( $\beta = -.10, p = .31$ ; CR = -3.49). Thus, perceived schedule control appears to moderate the association between one out of four domains of intensive mothering beliefs and employment-specific guilt. However, results contradict the expectation that high levels of perceived control would buffer the positive association between intensive mothering beliefs and employment-specific guilt. Instead, the positive association became nonsignificant under low levels of perceived control.

## CHAPTER VI

### DISCUSSION

A review of the mothering and work and family literatures suggests that employed mothers' beliefs surrounding motherhood, a potentially important aspect of the work-family interface, have not been adequately addressed in prior studies. Although feminist writings and the mothering literature have called attention to the meanings mothers ascribe to their family roles, and have implied that this may have implications for their personal well-being, little empirical research has been done investigating these linkages. Hays (1996) introduced the concept of intensive mothering ideology to describe a set of beliefs about mothering that argues mothers should not be employed outside the home, should take primary responsibility for childrearing (especially when children are young), should place their own needs and desires second to their children's, and should protect children's innocence. Hays and others have argued that intensive mothering beliefs are prevalent among mothers, despite the high concentration of mothers in full-time employment. Yet much of their theorizing has been based on very small samples of women from primarily privileged backgrounds. Data from the current study suggests that intensive mothering beliefs are not as prevalent among full-time employed mothers as has been found in smaller qualitative studies utilizing snowball sampling methods. In contrast, results from the current study are more comparable to prevalence statistics for gender role attitudes found with nationally representative data suggesting that a small

minority of full-time employed mothers endorse intensive mothering beliefs. Thus, statements by Hays and others who have relied on data from smaller convenience samples concerning the prevalence of intensive mothering beliefs as well as any consequences they may have for contemporary mothers' lives are brought into question.

The present study extends this rather limited body of research by examining the construct of intensive mothering beliefs quantitatively and with a relatively larger sample of full-time employed mothers. Furthermore, this is the first empirical effort to examine the health-related implications for endorsing a set of beliefs about mothering that do not support mothers' full-time employment. Informed by risk and resilience, feminist, and role theoretical perspectives, it was hypothesized that greater endorsement of intensive mothering beliefs would be associated with greater depressive symptoms and poorer health-related quality of life over time among full-time employed mothers of infants. Employment-specific guilt was hypothesized as a mediating mechanism through which intensive mothering beliefs impact well-being. Childcare satisfaction and workplace flexibility were hypothesized as moderators of the associations between intensive mothering beliefs and employment-specific guilt.

Included in this chapter is a discussion of the results as they relate to study hypotheses, acknowledgement of study limitations, as well as suggestions for future research, presented in four sections. The first section discusses preliminary analyses relating to intensive mothering beliefs and highlights patterns of associations with mothers' background variables. The second section revisits hypotheses about the direct, mediated and moderated associations between intensive mothering beliefs and maternal

well-being, and provides an interpretation of key findings in light of the empirical and theoretical literature. The third section discusses limitations of the study and potential threats to validity. The fourth section provides some concluding thoughts and offers suggestions for future research.

### *Intensive Mothering Beliefs and Mothers' Background Characteristics*

The first goal of this study was to capture the construct of intensive mothering beliefs using a survey approach. Pulling from the conceptual definition of intensive mothering beliefs offered by Hays (1996) as well as the work of Hattery (2001), a 21-item questionnaire was created and administered to full-time employed mothers when their infants were 4 and 16 months old. Hays described intensive mothering ideology as a set of beliefs pertaining to children's development and optimal maternal behavior. The present study added to the clarity of Hays' conceptualization by making a distinction between intensive mothering beliefs measured at the individual and cultural level, and suggested an individual level of analysis was appropriate for this study. Although Hays did not explicitly theorize separate domains of intensive mothering beliefs, or how these domains related to one another, in her writings she grouped sets of beliefs under three broader headings (e.g., sacred children/sacred mothering, the responsibility of individual mothers, and intensive methods of childrearing). This study was a first test of whether individual beliefs identified by Hays would group together in a similar manner empirically.

Factor analyses of the measure of intensive mothering beliefs used for this study suggested that the instrument was tapping four unique, but interrelated, domains of

intensive mothering beliefs. These domains were identified as “nonemployed ideal”, “take responsibility”, “self-sacrificing”, and “protecting the child”. Although these four factors do not map identically onto Hays’ organizational scheme, they do provide some indication that intensive mothering beliefs are multidimensional. For example, Hays grouped the belief that mothers should be primarily responsible for childrearing with the belief that mothers should avoid paid employment under the broader heading of *the responsibility of individual mothers*. In the present study, these beliefs formed two independent factors that were not correlated. Also grouped under this heading was the belief that mothers are naturally nurturing, but the item that reflected this belief (e.g., “Nurturing children is something that comes naturally to women”) did not load on any of the latent factors identified in this study and was therefore dropped from the final factor solution. Hays defined *intensive methods of childrearing* as child-centered, labor-intensive, expert-guided, and financially expensive. In the present study, Factor 3 (“self-sacrificing”) reflects the child-centered approach to mothering that Hays described, but does not explicitly capture the financial and time-based demands of an intensive mothering approach. The final domain of focus described by Hays is the belief that *children are sacred* and mothers should protect them from the world’s troubles, which corresponds with Factor 4 (“protecting the child”). Therefore, the measure developed from this study does appear to capture multiple features of intensive mothering beliefs identified by Hays, but may not be capturing all of them. The four-factor model accounted for approximately 71% of the variance in intensive mothering beliefs, which also suggests that there are aspects of this construct not captured with the measure used

for this study. Nonetheless, domains of intensive mothering beliefs at Time 1 and Time 4 converged, providing support for the validity of the four-factor structure of intensive mothering beliefs.

Data from larger national studies suggest that although conventional attitudes about women's family roles have generally declined over time, a small but notable proportion of the population continue to endorse "traditional" gender roles. Hays argued that intensive mothering beliefs are pervasive among mothers, yet her contentions were grounded in a small convenience sample of women. In the current study it appears that full-time employed mothers do not endorse intensive mothering beliefs as much as one would expect based on Hays' analysis. In this study, mothers' average agreement with three out of four intensive mothering belief factors was the equivalent of "moderately disagree" to "neither agree nor disagree". Average responses for the self-sacrificing factor, however, were in between "moderately agree" and "strongly agree". Although there was variability around mean factor scores, data from this study suggest that full-time employed mothers do not endorse intensive mothering beliefs, on average. Further examination revealed that mothers' endorsement of intensive mothering beliefs varied at the item level. The distribution of scores was skewed for some items, but relatively normally distributed for other items. For example, nearly all mothers (96.7%) disagreed with the statement, "child care is solely the responsibility of the mother", an item from the "take responsibility" factor. In contrast, responses to a statement from the "protecting the child" factor, "mothers are ultimately responsible for how children turn out" were approximately split in half (45.8% agreed, 48.6% disagreed, 5.7% neither agreed nor

disagreed). Adopting a multidimensional conceptualization of intensive mothering beliefs allowed for an examination of each domain separately. By doing so I was able to observe that beliefs associated with self-sacrificing were more prevalent among mothers in this sample, on average, than beliefs associated with other domains of intensive mothering. Based on these results it appears as though mothers' endorsement of intensive mothering beliefs is more nuanced than what has been proposed by Hays.

It is an empirical question whether beliefs about mothering are relatively stable individual attributes or an adaptable feature of mothers' lives that can be reinterpreted across the lifespan. Because factor analyses of intensive mothering beliefs at Time 1 and Time 4 converged, it was possible to examine the continuity or discontinuity of each domain of intensive mothering beliefs over time. Results suggested only mild to moderate stability of intensive mothering beliefs over time at the individual level, and slightly greater stability for the sample on average over time. This suggested that there are individual factors influencing trajectories of mothers' endorsement of intensive mothering beliefs over time, with some who remained relatively committed to their beliefs and others who changed over time. As one test of the hypothesis that some mothers' beliefs change more than others do over time, I examined differences in the stability of intensive mothering beliefs over time separately for first-time and multiparous mothers. It was expected that, due to inexperience and the well-documented individual and relational reconfigurations that take place when a first child is born (Cowan & Cowan, 1992), first-time mothers would experience a greater shift in their endorsement of intensive mothering beliefs over time compared to multiparous mothers. Results provided

partial support for this reasoning, and suggested that three of four domains of intensive mothering beliefs were more stable for multiparous than first-time mothers. These findings are suggested by the work of Cowan and Cowan, whose extensive research with first-time parents characterizes the transition to parenthood as a time of change, in terms of individuals' beliefs, behaviors, and relationships. For example, new parents must adjust to sleep deprivation, new schedules, and new responsibilities that often come with the birth of a child – some of which they may or may not have anticipated. Multiparous mothers in the present study have already undergone the unique shifts that take place during the transition to parenthood, and as a result their mothering beliefs are less likely to change over time with subsequent children.

One domain of intensive mothering beliefs (“protecting the child”) was less stable for multiparous mothers versus first-time mothers, however, which contradicts the original hypothesis. Although the intraclass correlation coefficients for both groups of mothers fell within the moderate range ( $r_1 = .45$  for multiparous and  $r_1 = .54$  for first-time mothers), the observed difference was statistically significant. Mean factor scores decreased over time for first-time and multiparous mothers, but the decline was more dramatic for multiparous mothers ( $M_{\text{diff}} = -.03$  versus  $M_{\text{diff}} = -.10$  for first-time and multiparous mothers, respectively). Items that comprised the “protecting the child” factor (e.g., “Mothers are ultimately responsible for how their children turn out”) focused on a strong, almost causal, perception of the relationship between parenting and child outcomes. Perhaps mothers in this sample who were raising second- or third-born children were more flexible than first-time mothers in how much emphasis they placed

on the role of parents in influencing children's development because they realized children can be different, regardless of how they parent. Multiparous mothers might be more aware that children's individual characteristics (e.g., personality, temperament) contribute to their development as well. It is possible that this awareness relieves mothers, to some extent, of defining "good mothering" in terms of what they do and how much responsibility they assume for how their children turn out. Because the span of this study was relatively short-term (i.e., over the course of one year), first-time mothers may still be clinging to the idea that their children's development is critically tied to their own behavior, which is reflected in a smaller shift in mean scores over time for this group.

*Are Intensive Mothering Beliefs Related to Mothers' Background Characteristics?*

Intensive mothering has been theorized as a primarily White, middle-class phenomenon, but also acknowledged as being influential in the lives of all mothers of young children (Hays, 1996). Results of the present study present a complex pattern of associations between domains of intensive mothering beliefs and mothers' background characteristics. For example, the "nonemployed ideal" and "self-sacrificing" factors were associated with economic indicators (e.g., income and economic hardship), whereas the "self-sacrificing" and "take responsibility" domains were associated with mothers' personal characteristics such as age and marital status. Specifically, mothers who had lower personal and total family incomes and experienced greater economic hardship were more likely to endorse the belief that good mothers should stay home to care for their children. This was somewhat surprising given Hays' argument that intensive mothering is a privilege of the middle- and upper- class, those who can afford not to work outside the

home. In addition, it is unlikely that this finding is due to differences in educational attainment, as the association between the “nonemployed ideal” factor and mothers’ education was nonsignificant.

Education was associated negatively with the “take responsibility” and “self-sacrificing” factors. That is, mothers who were more educated were less likely to endorse statements such as “childcare is solely the responsibility of the mother” and “mothers should always place children’s needs before their own”. Perhaps the exposure to new ideas and information that a higher education provides also introduces mothers to the possibility for equal task sharing in close relationships and promotes the development of personal goals outside of motherhood. Consistent with this rationale, recent studies have found that higher educated women are more likely to be oriented toward an egalitarian gender ideology (Kroska & Elman, 2009).

Of all four factors of intensive mothering beliefs, the “self-sacrificing” factor was associated with the greatest number of mothers’ background characteristics, including education, age, income, and marital status. Mothers who were less educated, younger, and had lower incomes were more likely to endorse statements such as “women’s first obligation is to their children and to their families”. Single/never married mothers endorsed the “self-sacrificing” factor to a greater degree than married/cohabiting mothers. Taken together, it appears that mothers who might be classified as demographically “at risk” tended to define good mothering in terms of how much they sacrifice personally for the benefit of their children and families. Single mothers, for example, might feel a stronger pull toward self-sacrificing than mothers with partners,

who potentially share the demands of childrearing and have time to pursue their own interests. From this perspective, endorsing the belief that good mothers are self-sacrificing might be psychologically adaptive within the context of constrained choice.

Surprisingly, the “protecting the child” factor was not related to any of the demographic variables examined in this study. More specifically, endorsement of statements such as, “There is no such thing as bad children, just bad parenting” and “Mothers are ultimately responsible for how their children turn out” was unrelated to mothers’ background characteristics. Null findings involving the “protecting the child” factor may be a true reflection of how this factor relates to mothers’ background characteristics, but it could also be a function of poor measurement. The “protecting the child” factor accounted for the least amount of variance in intensive mothering beliefs and had low internal reliability. Perhaps findings would be different with the inclusion of additional items.

Interestingly, Black and White mothers did not differ on domains of intensive mothering beliefs, which suggests that although intensive mothering beliefs may be grounded in White, middle-class values, mothers from diverse backgrounds are aware of and influenced by the broader ideology of intensive mothering. These results challenge assumptions about racial differences in endorsement of intensive mothering beliefs. Also, variability around the mean scores for intensive mothering belief factors was comparable across racial groups, suggesting that within-group variability in intensive mothering beliefs was similar for White and Black mothers.

This complex pattern of associations between domains of intensive mothering beliefs and mothers' background characteristics suggests that although domains of intensive mothering beliefs have been theoretically grouped together under the broader umbrella of intensive mothering ideology, they are not similarly associated with mothers' background characteristics. Moreover, these results add to the conceptual complexity of intensive mothering beliefs as a construct by suggesting that different individual characteristics inform the degree to which mothers endorse specific domains of intensive mothering beliefs.

#### *The Direct Effects of Intensive Mothering Beliefs on Maternal Well-Being*

Intensive mothering beliefs have been critiqued by feminist scholars for placing sole responsibility for childrearing on the shoulders of mothers, discouraging women's participation in paid employment, and thus inadvertently promoting women's dependency on men and the broader system of patriarchy. This perspective informed the expectation of the current study that intensive mothering beliefs, and the behaviors they promote as optimal for children's development, are generally bad for women's psychological and physical health. Role and self-discrepancy theoretical perspectives suggest that greater endorsement of intensive mothering beliefs may be particularly consequential for the well-being of full-time employed mothers because the directives of intensive mothering beliefs run counter to those of full-time employment. In order to capture multiple dimensions of well-being, maternal well-being was conceptualized in terms of positive and negative aspects of health, as well as the inclusion of physical and psychological dimensions of health.

Results suggested that mothers' endorsement of intensive mothering beliefs when their babies were four months old was not predictive of their psychological or physical well-being one year later, after controlling for demographic confounds and well-being at four months postpartum. Therefore, although it may appear counterintuitive for full-time employed mothers to endorse a set of beliefs that suggests they should not be employed outside the home, this does not seem to have long-term implications for their depressive symptoms or quality of life. It could be that greater endorsement of intensive mothering beliefs may not be as much of a risk factor for full-time employed mothers' well-being as implicated in Hays and others' writings, however this null finding does not rule out the possibility that intensive mothering beliefs might be related to other dimensions of well-being not examined in this study. For example, self-discrepancy theory posited other psycho-physiological outcomes related to incongruent beliefs and behaviors such as anxiety, which was not assessed in the present study. Hochwarter et al. (2007) found that work-related guilt had negative implications for women's life satisfaction, also not examined here.

The lack of association with well-being also could be explained by the decision to test hypotheses longitudinally, versus cross-sectionally. Preliminary analyses showed that although intensive mothering beliefs were moderately stable over time on average, some mothers' beliefs changed over time. If by the time children are 16 months old (Time 4 in this study) mothers have already adjusted their beliefs about mothering to fit better with their employment status, it makes sense that their well-being would not be impacted negatively by how they used to think about mothering when their babies were four

months old. In fact, one recent study employing data from the National Survey of Families and Households (NSFH) found that married women's gender ideologies shifted over the course of five years to become more congruent with their work and family life (Kroska & Elman, 2009). Perhaps associations between intensive mothering beliefs and maternal well-being are more apparent at one point in time, rather than predictive of well-being over time. Bivariate correlations show some support for this explanation in that the "nonemployed ideal" factor was associated negatively with mothers' mental health-related quality of life at four months postpartum. However, a formal test of cross-sectional associations between intensive mothering beliefs and well-being, controlling for potential demographic confounds, is needed before this can be confirmed. A latent growth curve modeling approach would allow for an examination of whether intensive mothering beliefs and maternal well-being covary across time, while also accounting for changes in intensive mothering beliefs and maternal well-being over time. In addition, because intensive mothering beliefs were measured at two time points it is possible to model change in intensive mothering beliefs from 4 to 16 months as a predictor of maternal well-being at 16 months. Therefore, concurrent associations between intensive mothering beliefs and well-being at 16 months could be examined, with a consideration for mothers' endorsement of intensive mothering beliefs at 4 months.

Lastly, the measure of intensive mothering beliefs created for this study reflected four unique domains of intensive mothering beliefs. It is possible that other domains were not represented and thus not examined in relation to depressive symptoms and health-related quality of life. Even with a consideration for potentially important variables that

were not included in the analyses for this study, the results found here raise some questions about the impact of intensive mothering beliefs for full-time employed mothers of infants.

#### *Employment-Specific Guilt as a Mediating Mechanism*

It was hypothesized that employment-specific guilt would partially explain the association between intensive mothering beliefs and maternal well-being. However, due to the lack of association between intensive mothering beliefs and maternal well-being it was inappropriate to test for mediation (Baron & Kenny, 1986). Therefore, I examined a portion of the hypothesized mediation model, namely the direct associations between intensive mothering beliefs and employment-specific guilt. The empirical and theoretical literatures suggested that feelings of guilt might be a consequence of endorsing intensive mothering beliefs for full-time employed mothers (Arendell, 2002; Elvin-Nowak, 1999; Hattery, 2001; Hays, 1996; Higgins, 1987; Livingston & Judge, 2008; Sutherland, 2006). Results provided some support for this hypothesis and suggested that greater endorsement of the “nonemployed ideal” and “self-sacrificing” factors when infants were four months old was associated with higher levels of employment-specific guilt one year later. Therefore, mothers who defined good mothering in terms of being primary caregivers, avoiding employment, and prioritizing children’s needs when their children were very young were more likely to feel guilty for being employed by the time their children were able to walk. Feelings of guilt for being employed were not, however, related to how much mothers endorsed beliefs related to taking primary responsibility for childrearing or protecting children. It was only when mothers thought that they should

not be working outside the home and that they should always place their children's needs first that they felt guilty specifically for leaving their child to go to work each day.

These linkages reflect the theme of guilt that emerged often in the qualitative literature and suggests that the narratives of mothers from those studies might also reflect the experiences of full-time employed mothers in this sample. Returning to the quote from one professional, full-time employed mother in Hays' (1996) study,

And just like your question, "How many hours a day is he at preschool and how many hours do you spend per day as the primary caregiver?" just made me think, "Oh my gosh!" I mean they're watching him grow up more than I am. They're with him more than I am. And that makes me feel guilty in a way, and it makes me feel sad in a way. I mean I can just see him, slipping, just growing up before me. Maybe it's that quality time stuff. I don't spend a lot of time, and I don't know if the time I do spend with him is quality. [But] if I just stay at home, I'll kind of lose, I don't know if I want to say my sense of identity, but I guess I'll lose my career identity (Hays, 1996, p. 142).

As illustrated by this quote and echoed in the findings from the present study, the apparent connection between time spent away from children due to full-time employment and feelings of guilt for being employed are not unique to this mother. Related to this finding, cross-sectional associations have been found between family-interfering-with-work and guilt among employed women (Livingston & Judge, 2008). Likewise, incongruence between full-time employment and intensive mothering beliefs appears to relate to feelings of guilt in a similar way. Moreover, the mother quoted earlier mentioned feelings of sadness in addition to guilt. The present study suggests a stronger association with guilt than sadness over time (one indicator of depression assessed by the CES-D).

Thus, greater endorsement of two domains of intensive mothering beliefs (“nonemployed ideal” and “self-sacrificing”) at four months was not enough to make mothers feel depressed or take a toll on their mental or physical health at 16 months, but did seem to have an impact on how much blame they shifted inward for working outside the home. Employment-specific guilt may be more appropriately examined as another outcome variable instead of an explanatory mechanism linking intensive mothering beliefs to depressive symptoms and health-related quality of life.

#### *Childcare Satisfaction as a Moderator*

A risk and resilience perspective informed the hypothesis that the associations between intensive mothering beliefs and employment-specific guilt might vary under certain contexts. Childcare satisfaction was considered as one cognitive context that was likely to be salient to employed mothers of young children, but also something that might shape the degree to which mothers were impacted emotionally by the intersection of their mothering beliefs with full-time employment. Results did not support the expected protective effect of high levels of childcare satisfaction and suggested instead that the observed associations between intensive mothering beliefs and employment-specific guilt did not vary as a function of mothers’ childcare satisfaction. Regardless of whether or not mothers were highly satisfied with their childcare arrangements, if at four months they strongly believed that “good mothers” are not employed and self-sacrificing then they were more likely to feel guilty for being employed at 16 months. This suggests that for full-time employed mothers, knowing that their children are receiving the best possible care in their absence does little to protect them psychologically from feelings of guilt

related to employment when their children are young. This finding runs counter to prior empirical studies that have found that mothers of young children functioned better psychologically when they were highly satisfied with their childcare arrangements (Erdwins et al., 1998; Jackson, 1997; Leventhal-Belfer, Cowan, & Cowan, 1992).

In this study, the way in which mothers were divided into childcare satisfaction groups might have masked potentially important moderation effects related to childcare satisfaction. Childcare satisfaction was measured as a single item and reported when children were four months old. Scores were dichotomized such that mothers who were “completely satisfied” with their current childcare arrangement were separated from all others, including those whose satisfaction levels ranged from “somewhat satisfied” to “completely dissatisfied”. Perhaps moderation would have been observed if mothers were separated into satisfied and dissatisfied groups, however due to an unequal distribution of mothers’ reports of childcare satisfaction (only 6% reported being somewhat or completely dissatisfied), this would have resulted in a very small number of mothers in the dissatisfied group, reduced statistical power, and an inadequate test of moderation. A sample with greater variability in childcare satisfaction is needed to determine whether the conclusions drawn from this study hold across other configurations of childcare satisfaction groups.

#### *Workplace Flexibility as a Moderator*

Greater perceived control in the workplace and access to flexible workplace policies have been shown to be beneficial for women in terms of their psychological, physical, and emotional well-being (Grzywacz et al., 2008; Halpern, 2005; Thomas &

Ganster, 1995). Correlation results from the present study suggested that greater perceived schedule control (but not flexible policies) was related to better psychological well-being among full-time employed mothers. Despite the lack of association between flexible policies and well-being, it was expected that greater workplace flexibility (measured as perceived control and flexible policies) would interact with intensive mothering beliefs to produce different outcomes related to employment-specific guilt. Specifically, it was expected that greater perceived control and flexibility at work would attenuate the positive association between intensive mothering beliefs and employment-specific guilt. Results were mixed, but provided some support for the buffering hypothesis.

When workplace flexibility was operationalized in terms of mothers' access to flexible policies (e.g., the ability to work from home, make up for missed time), the protective effects of high flexibility at work were in the expected direction for the "nonemployed ideal" factor only. Mothers who endorsed the belief that "Mothers should stay at home to care for their children" to a greater degree at four months tended to report higher levels of employment-specific guilt at 16 months, but this was only true within the context of fewer flexible policies at work. For these mothers, the constraints of an inflexible workplace in conjunction with the belief that good mothers should be primary caregivers resulted in self-blame, specifically related to being employed. However, mothers who had access to numerous flexible options such as working from home, being able to make up missed time, and working a condensed schedule (i.e., fewer days, but longer hours) were protected psychologically from feelings of guilt associated with

endorsing the “nonemployed ideal”. This finding is consistent with the positive portrayal of flexible workplace policies by Hill and colleagues (2008), and conclusions drawn in the empirical literature. In the present study, mothers who might have ordinarily felt guilty for being away from their children 40 hours per week could tailor their work schedule to fit with their family’s needs. This might have reduced feelings of guilt associated with leaving children to go to work each day because mothers could maintain a child-centered approach to caregiving. That is, when mothers could determine where and for how long they work each week, they might have been more forgiving of themselves for being employed full-time.

Another set of results pertaining to workplace flexibility as a moderator contradicted the buffering hypothesis and suggested that the positive associations between two domains of intensive mothering beliefs (“take responsibility” and “self-sacrificing”) and employment-specific guilt were significant only within the context of greater perceived schedule control and greater access to flexible workplace policies. Mothers who believed that their primary responsibility should be childrearing and that their children’s needs come first were more likely to feel guilty for being employed when they had access to numerous flexible policies at work and perceived a greater degree of control over their work schedules.

It could be that greater workplace flexibility was not interpreted by mothers as something that would allow them to take responsibility for childcare or prioritize their children’s needs, but rather an opportunity that, if not utilized, resulted in feelings of guilt. Although the option of working from home, making up hours, and working part-

time may be generally desirable features of a job, the reality remains that full-time employment comes with responsibilities that do not dissolve when mothers go home early one day during the week, for example. The mothers in this study were contracted for 30 or more hours each week. Condensing a full-time schedule into a four-day workweek, for example, does not come without other consequences for mothers' lives such as coming home late for dinner or missing out on time with their babies in the evenings. Furthermore, enactment of flexible policies in the workplace does not always protect mothers from negative sanctions for taking advantage of those policies (Hill et al., 2008; Voydanoff, 2007). Therefore, although flexible policies may be available to some mothers, the decision to take advantage of those policies is not always straightforward. For example, if mothers who define good mothering in terms of self-sacrifice and taking primary responsibility for children are afforded the option of going home early, but stay at work nonetheless, they may be more likely to feel guilty for being employed.

In contrast, it is possible that lower levels of flexibility and perceived control actually protected mothers from feeling of guilt because they could remove themselves from blame. When mothers have no control over their schedules, taking unpaid leave, or starting and ending times they may feel powerless, and less personally responsible for the inability to prioritize their children's needs over their work commitments. Because the decision to come home early, for example, is not within mothers' control, they are relieved from feelings of guilt for being employed. Therefore, although some mothers in this study strongly believed that mothers should be primary caregivers and prioritize the needs of their children, inflexible work arrangements provided them with fewer options

for achieving their mothering ideals within the context of full-time employment. Results suggest that limited flexibility at work protected mothers from feelings of employment-specific guilt associated with endorsing the “take responsibility” and “self-sacrificing” domains of intensive mothering beliefs.

Why flexible policies attenuated the positive association between one particular domain of intensive mothering beliefs (“nonemployed ideal”) and employment-specific guilt, but operated in the opposite direction for two other domains of intensive mothering beliefs (“take responsibility” and “self-sacrificing”) can be explained in part by (1) the nature of association between the intensive mothering factors themselves, and (2) the unique characteristics of the “nonemployed ideal” factor. First, factor analyses demonstrated that although domains of intensive mothering beliefs were related, their associations were relatively weak. This suggests that although mothers who strongly endorsed one domain of intensive mothering beliefs were more likely to endorse other domains in a similar way, this not always going to be the case. Therefore, the lack of perfect association also suggests that domains of intensive mothering beliefs can operate differently in the lives of employed mothers, as observed by the inconsistent moderating function of flexible policies in this study.

Second, the “nonemployed ideal” factor was the only domain of intensive mothering beliefs to explicitly address mothers’ involvement in the paid workforce. When being home to care for children is the primary concern of full-time employed mothers, the option of taking time off and being present for children during the workweek is probably a desirable feature of a job. Halpern (2005) found that the need for

flexible policies (operationalized as having a young child or multiple dependent children at home) was associated with work-related stress via the number of time-flexible policies available (e.g., “time off for sick child”). Halpern’s findings suggest that greater number of flexible policies reduced levels of work-related stress, a benefit to personal well-being similar to that found in the present study. That moderation was only found when workplace flexibility was measured as flexible policies, but not as perceived schedule control, is interesting. Perhaps it was the sheer number of flexible options, rather than the perception that one has control over the scheduling of their workday, that made a difference to the mothers in this study. This reasoning challenges the argument made by some scholars that perceptions of flexibility are actually more important than objective indicators of job flexibility for personal well-being (Ganster, Fox, & Dwyer, 2001; Karasek, 1979). However, it also could be argued that mothers’ reports of flexible workplace policies are not completely objective and subject to similar biases as perceptions of schedule control. Nonetheless, it appears that the two measures of workplace flexibility used for the current study had different moderating effects on the association between intensive mothering beliefs and employment-specific guilt.

### *Study Limitations*

Despite the contributions of the present study to the mothering and work and family literatures, several limitations should be noted. First, the sample drawn for this study was not representative of full-time employed mothers in the U.S. population. This sample was limited to mothers who self-identified as European American or African American, which notably excludes representation from Hispanic mothers, a growing

population in the U.S and the community from which this sample was drawn. Although mothers in this sample represented a range of income levels from lower- to upper-class, they were on average middle-class and highly educated. Less than 10% of this sample was poor, compared to 13.2% in the U.S. population in 2008 (National Poverty Center). Therefore, a replication of this study with nationally representative data or samples that are more diverse in terms of mothers' racial, ethnic, and socioeconomic background is needed to increase the external validity of these findings.

The measure of intensive mothering beliefs developed for this study was informed by Hattery's (2001) and Hays' (1996) research and theorizing. Additional items were developed by the author to reflect dimensions of intensive mothering beliefs suggested by Hays that were not reflected in the items taken from Hattery's work. An exploratory factor analytic approach was taken to determine the appropriate factor structure for these data. Factor analysis is, however, a data-driven approach that fits a factor model to the data being analyzed. Therefore, it is an empirical question whether the four-factor solution found here would replicate with other samples of mothers, especially given the racial and socioeconomic bias of the sample as mentioned previously. Although the four-factor solution was found at two time points, which increases the reliability of the final model, it does not eliminate the possibility of alternative factor solutions that might be found with other samples. In addition, many items were dropped in order to achieve an interpretable and internally valid factor solution, but these same items may not have been excluded with another sample. Replication of these results is needed to increase confidence in the four-factor model of intensive mothering beliefs.

Another potential limitation of this study was in the operationalization of maternal well-being. This study acknowledged that “wellness” is more than the absence of illness by examining potential effects of intensive mothering beliefs on positive indicators of well-being such as mental and physical health-related quality of life. However, no specific hypotheses were formulated about the relationship between each intensive mothering belief factor and mothers’ psychological and physical health outcomes. If unique associations between intensive mothering belief factors and indicators of well-being were considered, it might have been hypothesized that beliefs associated with the “nonemployed ideal” factor would be more strongly related to maternal well-being than other factors because they are a direct contradiction of mothers’ current employment status, for example; whereas the assumed contradiction between self-sacrificing and full-time employment may be less obvious. In addition, because self-discrepancies are, by definition, a stressor that manifests itself internally, one might expect intensive mothering belief factors to be more strongly associated with psychological (than physical) indicators of well-being. Moreover, because of the specificity of intensive mothering belief factors, it is possible that outcomes associated with each factor are similarly domain specific. The CES-D is comprised of multiple subscales that reflect different aspects of depression (e.g., depressive affect, somatic issues). Perhaps intensive mothering belief factors are associated with some but not all aspects of depression. Further theorizing around, and an examination of links between specific domains of intensive mothering beliefs and well-being would add to the conceptual clarity of the work presented here.

A methodological strength of this study was its longitudinal design; particularly that intensive mothering beliefs and indices of maternal well-being were measured at multiple time points. This allowed for an examination of intensive mothering beliefs over time and their longitudinal associations with maternal well-being, net of baseline levels of well-being. However, employment-specific guilt was only assessed at Time 4, and thus its apparent link with intensive mothering beliefs at Time 1 is considered prospective (not directional). In an attempt to rule out mothers' mental health at Time 1 as a confounding variable, I controlled for depressive symptoms at Time 1 (a covariate of employment-specific guilt at Time 4 in bivariate analyses). Yet, the association between depressive symptoms and employment-specific guilt was relatively weak. It remains unclear whether the observed prospective associations between intensive mothering beliefs and employment-specific guilt would hold once Time 1 levels of employment-specific guilt were controlled. Thus, it is premature to comment on the direction of association between these two variables beyond the fact that they appear to be related to one another over time. Nonetheless, the strength of association between intensive mothering beliefs and employment-specific guilt is notable and should be considered in future studies.

#### *Conclusions and Future Directions*

Prior to this study, the concept of intensive mothering beliefs existed mainly in the qualitative mothering literature and theoretical writings of feminist scholars. This study was a first attempt to capture the construct of intensive mothering beliefs quantitatively, and with a sample of full-time employed mothers of infants. The measure developed for this study tapped four domains of intensive mothering beliefs and provided

some support for the multidimensional conceptualization provided by Hays (1996). Moreover, domains of intensive mothering beliefs were uniquely associated with mothers' background characteristics, and reinforced the importance of considering domains of intensive mothering beliefs as separate predictors. To provide additional support for intensive mothering beliefs as a distinct construct, further research is needed to tease apart the relationship between domains of intensive mothering beliefs and conceptually similar constructs such as gender ideology (Kroska, 2009; Kroska & Elman, 2009). For example, are domains of intensive mothering beliefs unique predictors of employment-specific guilt even after controlling for gender ideology? Answers to these questions would provide valuable information about the importance of considering women's beliefs about mothering, a role-specific set of beliefs, in addition to more general attitudes about appropriate roles for men and women in society.

Although intensive mothering ideology has been theorized as generally detrimental for women's well-being, results of this study suggested that endorsing the beliefs underlying this ideology may pose a threat to experiencing employment-specific guilt more so than depressive affect or health-related quality of life for full-time employed mothers. However, it could be that intensive mothering beliefs have concurrent, but not longitudinal, associations with well-being. Therefore, future studies should consider the immediate health-related implications of endorsing intensive mothering beliefs for employed mothers. Also, the present study considered intensive mothering beliefs measured at one point in time, but preliminary analyses revealed that some mothers' beliefs were shifting over the first year of their children's lives. Studies

expanding on this work may want to consider trajectories of intensive mothering beliefs over time and how changes in mothers' beliefs (either increased or decreased endorsement) influence changes in maternal well-being and employment-specific guilt over time.

In addition, direct prospective associations between intensive mothering beliefs and employment-specific guilt appear to vary as a function of mothers' work environments, namely their access to flexible workplace policies and perceptions of schedule control. The inconsistent moderating effects of workplace flexibility challenge the assumption that a highly flexible work environment is uniformly beneficial for women and highlight the complex balancing act that many employed mothers with young children face. Workplace flexibility is just one feature of jobs and more work needs to be done to unpack how other work conditions, such as job quality, satisfaction, and supportive work environments, for example, shape the nature of associations between intensive mothering beliefs and employment-specific guilt. In addition, future studies should consider contexts outside the workplace that might exacerbate or attenuate feelings of guilt for being employed. For example, mothers do not construct their mothering identities within a vacuum, and many of the mothers in this study were situated in committed close relationships. Yet little attention has been given to spouses and partners in the mothering literature. We know very little about how fathers think about the mother role and how their beliefs influence mothers' beliefs and behaviors. Are spouses more alike than different in their endorsement of intensive mothering beliefs? If spouses differ in their beliefs about mothering, how does this play out for mothers?

personal well-being and the quality of their relationships? Recent studies of dual-earner couples suggest that when spouses' provider role attitudes are congruent, wives tend to experience less role overload, higher levels of marital satisfaction, and report lower levels of marital conflict (Helms, Walls, Crouter, & McHale, under revision; Helms-Erikson, Tanner, Crouter, & McHale, 2000). It is possible that within-couple congruence in beliefs about mothering might have similar implications in the lives of employed mothers.

Research has demonstrated that the parent-child relationship is reciprocal; parents can influence their children just as children can influence their parents (Jaffee & Poulton, 2006; Sameroff & MacKenzie, 2003). Thus, another limitation of this study was inattention to children's characteristics such as their health and temperament that might have influenced, directly or indirectly, mothers' psychological and physical well-being. For example, it is possible that children's characteristics moderated associations between intensive mothering beliefs and maternal well-being such that having a child with a difficult temperament or special health needs exacerbated feelings of guilt for being employed. Future research should consider how characteristics of the child might influence not only how mothers think about mothering, but also health-related outcomes associated with beliefs about mothering.

The present study draws from multiple theoretical perspectives to inform a theoretically grounded conceptual model. Feminist scholarship calls attention to intensive mothering beliefs and suggests that they are problematic for women in general. Role and self-discrepancy theoretical perspectives take this a step further to suggest that intensive mothering beliefs may be particularly problematic for those women whose lives are

incongruent with the behavioral expectations that underlie intensive mothering beliefs (i.e., full-time employed mothers). A risk and resilience perspective suggested a consideration for employment-specific guilt as a mediating mechanism through which intensive mothering beliefs (the proposed risk factor) impact well-being. Furthermore, by nesting this study in a risk and resilience framework, I proposed that under certain conditions intensive mothering would be problematic for full-time employed mothers.

Results from this study provided some support for these various perspectives by suggesting that full-time employed mothers may be “at risk” for feelings of guilt related to their employment status when they endorse intensive mothering beliefs to a greater degree. Specifically, Higgins (1987) theorized that actual/ideal and actual/ought discrepancies would be associated with different types of negative outcomes, the former being associated with dejection-related emotions (e.g., shame, depression) and the latter being associated with agitation-related emotions (e.g., guilt, anxiety). As mentioned previously, the conceptual definition of intensive mothering beliefs mapped more closely onto Higgins’ definition of the actual/ought self-discrepancy. Although not a formal test of his theorizing, findings from the present study provide some support for these discrepant associations in that intensive mothering beliefs were associated with a form of guilt, but not depressive symptoms. However, the degree of risk implicated in the findings presented here for full-time employed mothers is substantially less than what was suggested by Hays and others, as indicated by the lack of direct associations with depressive symptoms and health-related quality of life. Moreover, by not controlling for earlier levels of guilt, the association between intensive mothering beliefs and

employment-specific guilt may be spurious, which makes it difficult to determine exactly how much intensive mothering beliefs pose a risk to full-time employed mothers. Yet, subsequent moderating analyses showed that the context of mothers' work environment, specifically their perceptions of schedule control and access to flexible workplace policies, shaped if and how much mothers were impacted negatively by incongruent beliefs and behaviors. Thus, the health-related implications of intensive mothering beliefs for full-time mothers are influenced by multiple contexts, providing additional support for moderation hypotheses suggested by a risk and resilience perspective.

The work presented provides limited support for concerns put forth in the feminist literature – that women's lives are impacted negatively by a set of beliefs that are not supportive of maternal employment and emphasize women's role as primary caregivers. However, despite feminist critiques that popular conceptions of motherhood continue to perpetuate gender-typed views of motherhood, the mothers in this study did not seem to endorse these views, on average. In fact, although mothers tended to define "good mothering" in terms of self-sacrifice, they were much less likely to support ideals associated with images of the 1950's housewife (e.g., not being employed, taking primary responsibility for child care). This does not imply that conventional beliefs about motherhood are nearing extinction in American culture, but rather that the majority of full-time employed mothers may not endorse intensive mothering beliefs to the extent that those beliefs are supported by popular media, for example. Furthermore, this might indicate that contemporary mothers are finding ways to redefine "good mothering" to include providing economically for their families. This also could mean that mothers who

endorse intensive mothering beliefs to a greater degree are selecting themselves out of full-time employment, or employment altogether. For example, several mothers who were quoted in the qualitative literature chose to leave full-time employment to be primary caregivers for their children. It is possible that full-time employed mothers in the present sample who entered into full-time employment by the time their infants were 4 months old represent a unique group of employed mothers who share an integrated view of work and motherhood; whereas mothers who return to work later or work part-time schedules are more likely to endorse the intensive mothering ideal. A consideration for such selection factors will be important for future studies.

In their review of research on the links between mental health and maternal employment, Elgar and Chester (2007) argued that past studies have tended to focus on the health-related benefits or detriments of maternal employment for women in the absence of a consideration for context. They go on to suggest that the direct link between employment and health is complex, and most likely shaped by a number of factors including changing social perceptions of employed mothers. Results from the present study suggest that the intersection of beliefs about mothering (a cognitive context that has been largely ignored in empirical literature) with full-time employment is linked to at least one aspect of mothers' psychological functioning, namely their feelings of guilt for being employed. This study opens the door to a host of empirical questions to be examined in future research related to the links between intensive mothering beliefs and maternal well-being, and provides some direction for the selection of relevant demographic, dependent, and moderating variables. Further research is needed to

replicate findings from this study, as well as explore additional health-related outcomes and contextual moderators associated with intensive mothering beliefs for full-time employed mothers of young children.

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APPENDIX A  
TABLES AND FIGURES

Table 1

*Descriptive Statistics for Baseline Sample at 4 Months Postpartum (N = 210)*

| Variables                    | <i>M</i> | SD       | Range              |
|------------------------------|----------|----------|--------------------|
| Age                          | 30.34    | 5.51     | 19 – 43            |
| Number of Children           | 1.89     | 1.07     | 1 – 9              |
| Mother's Income <sup>a</sup> | \$40,185 | \$26,676 | \$0 -<br>\$165,000 |
| Economic Hardship            | 4.69     | 1.89     | 2 – 9              |
| Work Hours                   | 39.87    | 5.22     | 30 – 65            |

<sup>a</sup> *Note:* N = 191 for mother's income

Table 2

*Frequency Statistics for Baseline Sample at 4 Months Postpartum (N = 210)*

| Variables               | %    | N   |
|-------------------------|------|-----|
| <b>Race</b>             |      |     |
| White                   | 71.4 | 150 |
| Black                   | 28.6 | 60  |
| <b>Marital Status</b>   |      |     |
| Married/cohabiting      | 78.1 | 164 |
| Divorced/separated      | 2.9  | 6   |
| Single/never married    | 19.0 | 40  |
| <b>Education</b>        |      |     |
| Less than HS            | 1.9  | 4   |
| HS degree or equivalent | 9.0  | 19  |
| Some college            | 41.9 | 88  |
| 4-year degree or beyond | 47.1 | 99  |

Table 3

*Exploratory Factor Analysis Results for Intensive Mothering Beliefs at Time 1 (N = 210)*

| Item  | Factor Loadings      |                        |                      |                         |
|---|----------------------|------------------------|----------------------|-------------------------|
|   | Nonemployed<br>Ideal | Take<br>Responsibility | Self-<br>Sacrificing | Protecting<br>the Child |
| Mothers of <i>young</i> children should only work if their families need the money. | <b>.91</b>           | -.00                   | .09                  | .07                     |
| Mothers should work outside the home only if their families need the money.         | <b>.68</b>           | -.00                   | .12                  | .14                     |
| Mothers should stay at home to care for their children.                             | <b>.51</b>           | .15                    | .15                  | .02                     |
| Men should leave the childrearing to women.   | .02                  | <b>.87</b>             | .06                  | .13                     |
| Child care is solely the responsibility of the mother.                              | .03                  | <b>.65</b>             | .09                  | .09                     |
| Child care is women's work  | .09                  | <b>.59</b>             | .05                  | .08                     |
| Women's first obligation is to their children and to their families                 | .20                  | .10                    | <b>.82</b>           | .17                     |
| Mothers should always place children's needs before their own                       | .15                  | .08                    | <b>.72</b>           | .15                     |
| There is no such thing as bad children, just bad parenting                          | .15                  | .06                    | .09                  | <b>.65</b>              |
| Mothers are ultimately responsible for how their children turn out                  | .02                  | .22                    | .20                  | <b>.53</b>              |
| Eigenvalues   | 2.95                 | 1.83                   | 1.30                 | 1.04                    |
| % of variance   | 29.52                | 18.25                  | 12.98                | 10.39                   |

Note: Factor loadings over .40 appear in bold.

Table 4

*Exploratory Factor Analysis Results for Intensive Mothering Beliefs at Time 4 (N = 171)*

| Item  | Factor Loadings      |                      |                        |                         |
|---|----------------------|----------------------|------------------------|-------------------------|
|   | Nonemployed<br>Ideal | Self-<br>Sacrificing | Take<br>Responsibility | Protecting the<br>Child |
| Mothers of <i>young</i> children should only work if their families need the money. | <b>.87</b>           | .07                  | .16                    | .16                     |
| Mothers should work outside the home only if their families need the money.         | <b>.82</b>           | .08                  | .09                    | .15                     |
| Mothers should stay at home to care for their children.                             | <b>.50</b>           | .08                  | .18                    | -.02                    |
| Women's first obligation is to their children and to their families.                | .09                  | <b>.91</b>           | .07                    | .06                     |
| Mothers should always place children's needs before their own.                      | .09                  | <b>.61</b>           | .12                    | .09                     |
| Men should leave the childrearing to women.   | .15                  | .08                  | <b>.82</b>             | .07                     |
| Child care is women's work.   | .12                  | .12                  | <b>.58</b>             | .04                     |
| Child care is solely the responsibility of the mother.                              | .09                  | .07                  | <b>.33</b>             | .14                     |
| Mothers are ultimately responsible for how their children turn out.                 | .08                  | -.02                 | .06                    | <b>.63</b>              |
| There is no such thing as bad children, just bad parenting.                         | .09                  | .23                  | .16                    | <b>.56</b>              |
| Eigenvalues   | 2.90                 | 1.46                 | 1.28                   | 1.19                    |
| % of variance   | 28.99                | 14.58                | 12.83                  | 11.88                   |

Note: Factor loadings over .40 appear in bold.

Table 5

*Exploratory Factor Analysis Results for Employment-Specific Guilt at Time 4 (N = 185)*

|   | Factor Loadings           |
|---|---------------------------|
| Item  | Employment-specific guilt |
| I feel guilty about being a working mother.   | .83                       |
| I would feel better as a mother if I didn't work outside the home.                                | .81                       |
| I would feel better as a mother if I were not working.  | .79                       |
| I don't feel particularly guilty about being a working mother. (reversed)                         | .76                       |
| I feel bad for leaving my child when I go to work.  | .74                       |
| I regret returning to work after my child was born.   | .73                       |
| If I could do it all over again, I would still return to work after my child was born. (reversed) | .61                       |
| When I'm at work, I feel bad for not being there to comfort my child if he/she is upset.          | .61                       |
| Eigenvalue  | 4.81                      |
| % of variance   | 60.17                     |

Table 6

*Descriptive Statistics for Key Model Variables.*

| Variables                               | <i>M</i> | <i>SD</i> | Skew  | Kurtosis | $\alpha$ |
|---|----------|-----------|-------|----------|----------|
| IMB – Nonemployed ideal <sup>a</sup>    | 2.82     | 1.06      | .17   | -.91     | .75      |
| IMB – Take responsibility <sup>a</sup>  | 1.28     | .64       | 3.56  | 15.23    | .74      |
| IMB – Self-sacrificing <sup>a</sup>     | 4.43     | .87       | -1.92 | 3.25     | .78      |
| IMB – Protecting the child <sup>a</sup> | 2.82     | 1.15      | .14   | -1.07    | .56      |
| Employment-specific guilt               | 2.26     | .60       | .21   | .06      | .90      |
| Workplace flexibility                   |          |           |       |          |          |
| Schedule control                        | 18.93    | 5.16      | .00   | -.85     | .80      |
| Flexible policies                       | 2.75     | 1.49      | -.11  | -1.07    | .61      |
| Childcare satisfaction                  | 1.60     | .90       | 1.45  | 1.33     |          |
| CES-D (4 mo)                            | 13.53    | 7.58      | 1.44  | 3.68     | .84      |
| CES-D (16 mo)                           | 12.47    | 7.24      | 1.50  | 3.30     | .85      |
| HRQOL – Mental (4 mo)                   | 48.82    | 8.54      | -1.10 | .83      | .71      |
| HRQOL – Physical (4 mo)                 | 53.45    | 6.41      | -1.29 | 2.36     | .68      |
| HRQOL – Mental (16 mo)                  | 50.24    | 8.42      | -1.16 | 1.06     | .87      |
| HRQOL – Physical (16 mo)                | 54.19    | 4.81      | -1.12 | 2.57     | .81      |

*Note:* *N*'s range from 170 to 210 due to missing data. IMB = Intensive Mothering Beliefs; CES-D = depressive symptoms; HRQOL = Health-related quality of life.

<sup>a</sup>Descriptive statistics based on mean composite scores.

Table 7

*Means, Standard Deviations, and Mean Comparisons for Intensive Mothering Beliefs  
Factors at Time 1 and Time 4*

| <b>Factor</b>        | <b>Time 1</b>  | <b>Time 4</b>  | <b>F</b> |
|----------------------|----------------|----------------|----------|
| Nonemployed Ideal    | 2.82<br>(1.06) | 2.75<br>(1.04) | .35      |
| Take Responsibility  | 1.28<br>(.64)  | 1.28<br>(.55)  | .29      |
| Self-Sacrificing     | 4.43<br>(.87)  | 4.40<br>(.82)  | .20      |
| Protecting the Child | 2.82<br>(1.14) | 2.76<br>(1.09) | 1.03     |

*Note.* All mean comparisons were nonsignificant at the  $p < .05$  level.

Table 8

*Percent Endorsement of Intensive Mothering Beliefs at Time 1 (N = 210)*

| <b>Item</b>   | <b>% Agree</b> | <b>% Neutral</b> | <b>% Disagree</b> |
|---|----------------|------------------|-------------------|
| Mothers of <i>young</i> children should only work if their families need the money. | 31.9           | 9.5              | 58.6              |
| Mothers should work outside the home only if their families need the money.         | 33.4           | 9.5              | 57.1              |
| Mothers should stay at home to care for their children.                             | 54.8           | 13.8             | 31.4              |
| Men should leave the childrearing to women.   | 3.8            | 0                | 96.2              |
| Child care is solely the responsibility of the mother.                              | 3.3            | 0                | 96.7              |
| Child care is women's work.   | 8.6            | .5               | 91.0              |
| Women's first obligation is to their children and their families.                   | 90.9           | 2.4              | 6.7               |
| Mothers should always place children's needs before their own.                      | 87.6           | 1.4              | 11.0              |
| There is no such thing as bad children, just bad parenting.                         | 36.2           | 9.5              | 54.3              |
| Mothers are ultimately responsible for how children turn out.                       | 45.8           | 5.7              | 48.6              |

Table 9

*Intercorrelations among Demographic and Key Model Variables.*

| Variables                                  | 1      | 2      | 3                | 4                 | 5      | 6     | 7    | 8      | 9    | 10   |
|--|--------|--------|------------------|-------------------|--------|-------|------|--------|------|------|
| 1. Mother's age                            | -      |        |                  |                   |        |       |      |        |      |      |
| 2. Education                               | .38**  | -      |                  |                   |        |       |      |        |      |      |
| 3. Number of children                      | .28**  | -.18*  | -                |                   |        |       |      |        |      |      |
| 4. Income (mothers' earnings)              | .52**  | .52**  | .06              | -                 |        |       |      |        |      |      |
| 5. Economic hardship                       | -.21** | -.23** | .13 <sup>t</sup> | -.42**            | -      |       |      |        |      |      |
| 6. IMB – Nonemployed ideal <sup>a</sup>    | -.09   | -.04   | .02              | -.14*             | .24**  | -     |      |        |      |      |
| 7. IMB – Take responsibility <sup>a</sup>  | -.10   | -.18** | -.03             | -.11              | .03    | -.01  | -    |        |      |      |
| 8. IMB – Self-sacrificing <sup>a</sup>     | -.25** | -.26** | -.11             | -.26**            | .01    | .05   | .03  | -      |      |      |
| 9. IMB – Protecting the child <sup>a</sup> | -.08   | -.09   | .03              | -.01              | .08    | .06   | .11  | .14    | -    |      |
| 10. Employment-specific guilt              | .09    | -.04   | -.05             | -.06              | .08    | .36** | .07  | .20**  | .08  | -    |
| 11. Schedule control                       | .21**  | .24**  | -.06             | .25**             | -.28** | -.07  | -.10 | -.24** | .00  | -.06 |
| 12. Flexible policies                      | .08    | .16*   | -.01             | .12               | -.10   | -.04  | -.09 | -.22** | -.01 | -.08 |
| 13. Satisfaction with childcare            | -.01   | -.07   | -.05             | -.13 <sup>t</sup> | .23**  | .08   | -.04 | -.06   | -.08 | .16* |

| Variables                                 | 1                 | 2     | 3     | 4      | 5      | 6     | 7    | 8    | 9                | 10     |
|---|-------------------|-------|-------|--------|--------|-------|------|------|------------------|--------|
| 14. Depressive symptoms (4 mo)            | -.12 <sup>t</sup> | -.16* | -.03  | -.19** | .39**  | .08   | .00  | .08  | .03              | .16*   |
| 15. Depressive symptoms (16 mo)           | -.18*             | -.18* | -.00  | -.29** | .40**  | .20** | -.02 | .03  | -.02             | .18*   |
| 16. HRQOL – Mental (4 mo) <sup>b</sup>    | .12 <sup>t</sup>  | .07   | .00   | .20**  | -.41** | -.13* | .04  | .00  | -.07             | -.20** |
| 17. HRQOL – Mental (16 mo) <sup>b</sup>   | .07               | .09   | -.05  | .22**  | -.30** | -.17* | .00  | .07  | .01              | -.16*  |
| 18. HRQOL – Physical (4 mo) <sup>b</sup>  | .03               | .14*  | -.14* | .06    | -.09   | -.03  | .04  | .05  | .12 <sup>t</sup> | .03    |
| 19. HRQOL – Physical (16 mo) <sup>b</sup> | -.01              | .07   | .01   | .12    | -.24** | .01   | .12  | -.04 | .15*             | .09    |

Table 9, *Continued...*

| Variables                                  | 11    | 12                | 13    | 14 | 15 | 16 | 17 | 18 | 19 |
|--|-------|-------------------|-------|----|----|----|----|----|----|
| 1. Mother's age                            |       |                   |       |    |    |    |    |    |    |
| 2. Education                               |       |                   |       |    |    |    |    |    |    |
| 3. Number of children                      |       |                   |       |    |    |    |    |    |    |
| 4. Income (mothers' earnings)              |       |                   |       |    |    |    |    |    |    |
| 5. Economic hardship                       |       |                   |       |    |    |    |    |    |    |
| 6. IMB – Nonemployed ideal <sup>a</sup>    |       |                   |       |    |    |    |    |    |    |
| 7. IMB – Take responsibility <sup>a</sup>  |       |                   |       |    |    |    |    |    |    |
| 8. IMB – Self-sacrificing <sup>a</sup>     |       |                   |       |    |    |    |    |    |    |
| 9. IMB – Protecting the child <sup>a</sup> |       |                   |       |    |    |    |    |    |    |
| 10. Employment-specific guilt              |       |                   |       |    |    |    |    |    |    |
| 11. Schedule control                       | -     |                   |       |    |    |    |    |    |    |
| 12. Flexible policies                      | .51** | -                 |       |    |    |    |    |    |    |
| 13. Satisfaction with childcare            | -.10  | .07               | -     |    |    |    |    |    |    |
| 14. Depressive symptoms (4 mo)             | -.16* | -.12 <sup>t</sup> | .22** | -  |    |    |    |    |    |

| Variables                                 | 11               | 12                | 13     | 14                | 15     | 16                | 17    | 18    | 19 |
|---|------------------|-------------------|--------|-------------------|--------|-------------------|-------|-------|----|
| 15. Depressive symptoms (16 mo)           | -.17*            | -.14 <sup>t</sup> | .30**  | .53**             | -      |                   |       |       |    |
| 16. HRQOL – Mental (4 mo) <sup>b</sup>    | .18**            | .12 <sup>t</sup>  | -.21** | -.77**            | -.59** | -                 |       |       |    |
| 17. HRQOL – Mental (16 mo) <sup>b</sup>   | .10              | -.04              | -.26** | -.40**            | -.78** | .60**             | -     |       |    |
| 18. HRQOL – Physical (4 mo) <sup>b</sup>  | .05              | .05               | .02    | -.13 <sup>t</sup> | -.12   | -.12 <sup>t</sup> | .01   | -     |    |
| 19. HRQOL – Physical (16 mo) <sup>b</sup> | .14 <sup>t</sup> | .10               | .06    | -.24**            | -.07   | .14 <sup>t</sup>  | -.16* | .28** | -  |

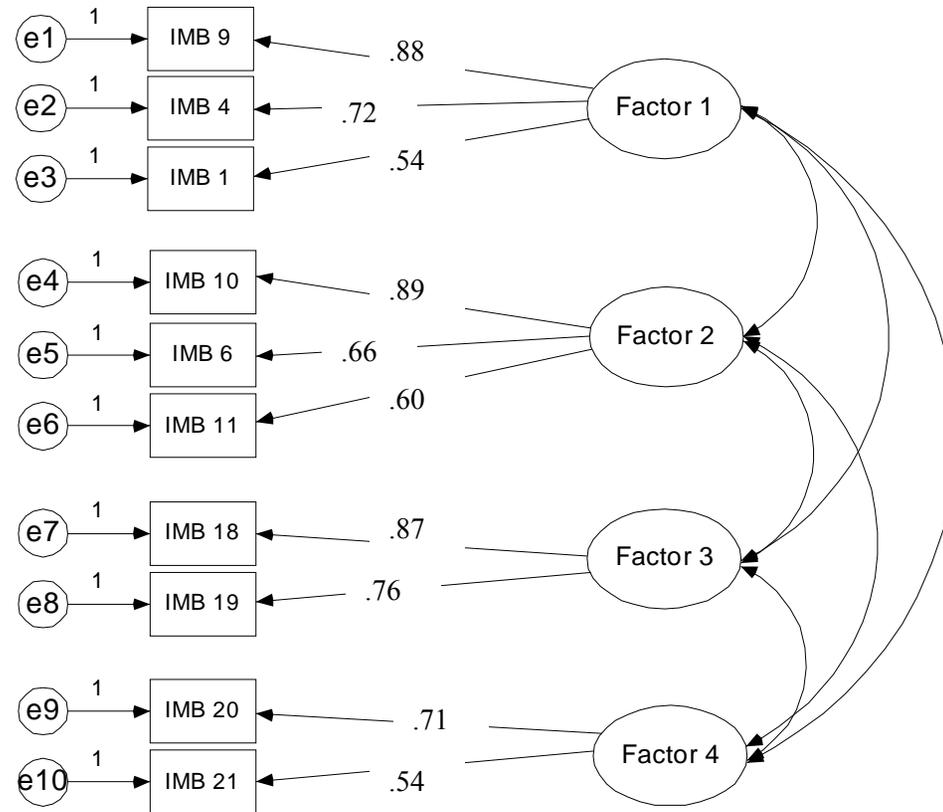
*Note:* *N*s range from 170 to 210 due to missing data. Unless otherwise indicated, variables were measured at 4 months.

<sup>a</sup>IMB = Intensive Mothering Beliefs; latent factor scores created in SPSS were used for correlation analyses.

<sup>b</sup>HRQOL = Health-Related Quality of Life.

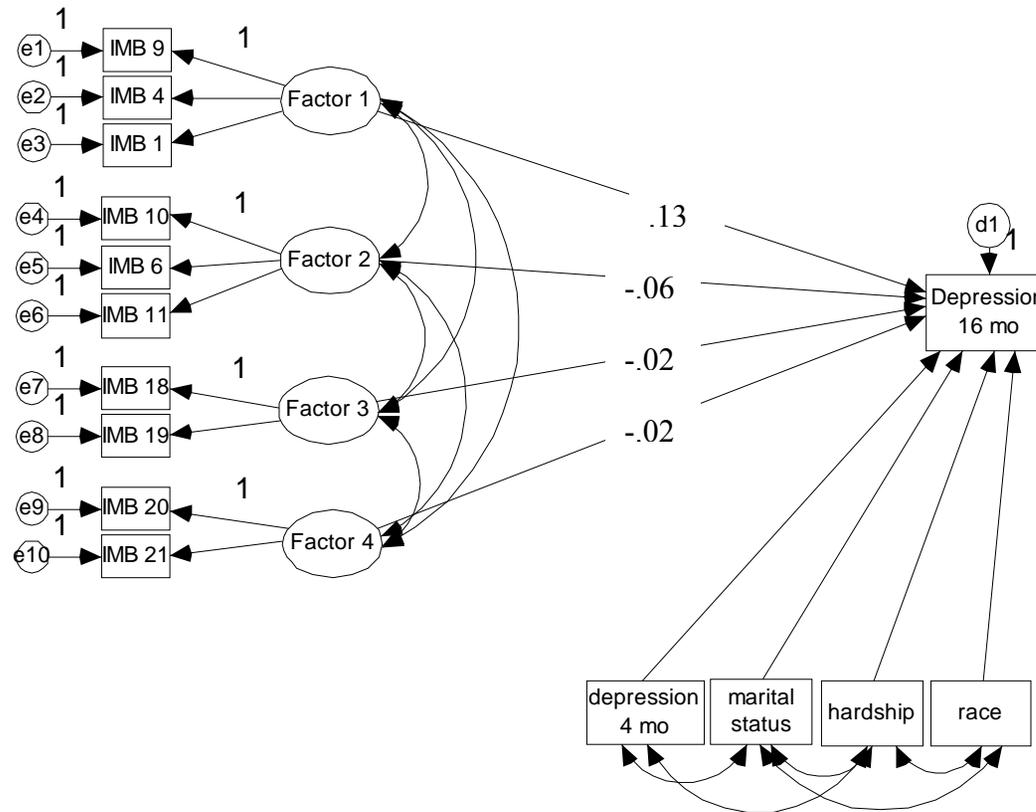
\* $p < .05$ . \*\* $p < .01$ .

Figure 2. Measurement model for intensive mothering beliefs at Time 1 ( $N = 210$ ).



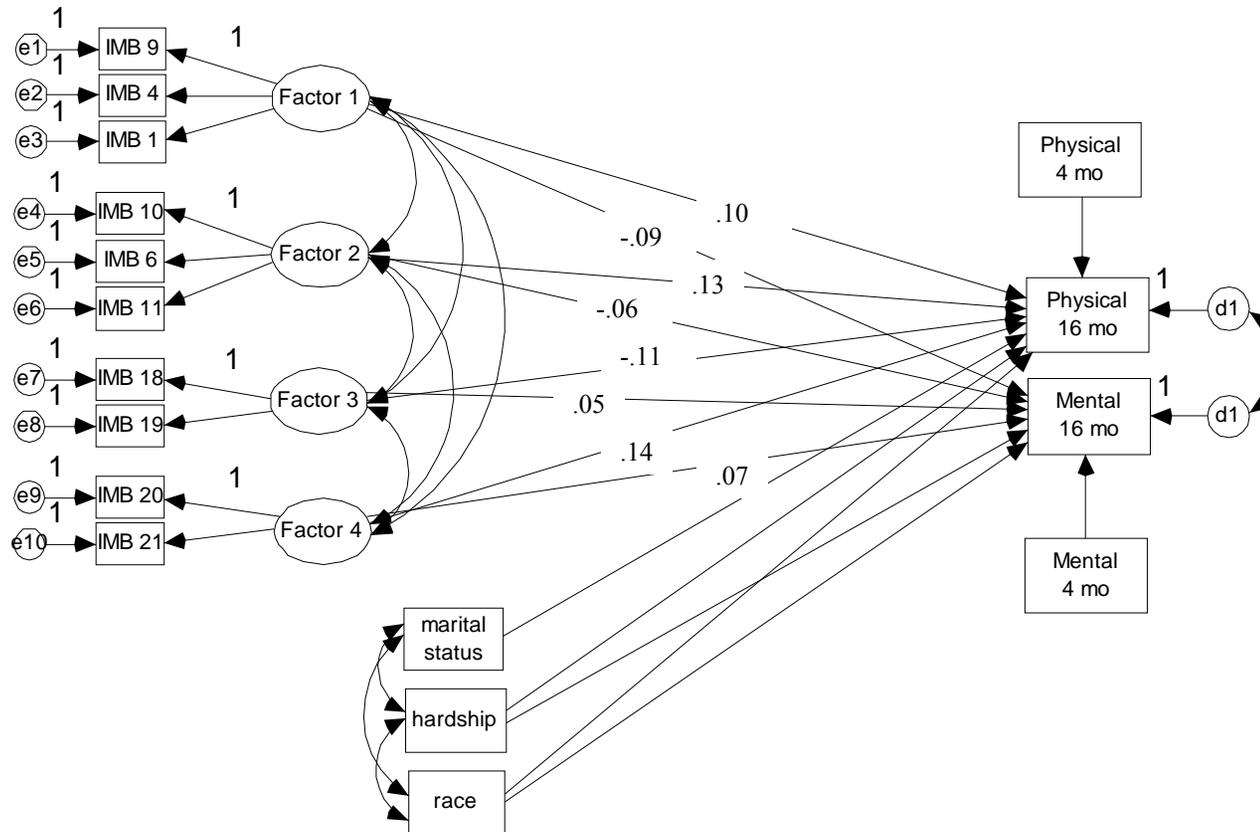
Note: All standardized factor loadings are significant at  $p < .01$ .

Figure 3. Standardized path coefficients for the direct longitudinal associations between intensive mothering beliefs and depressive symptoms ( $N = 210$ ).



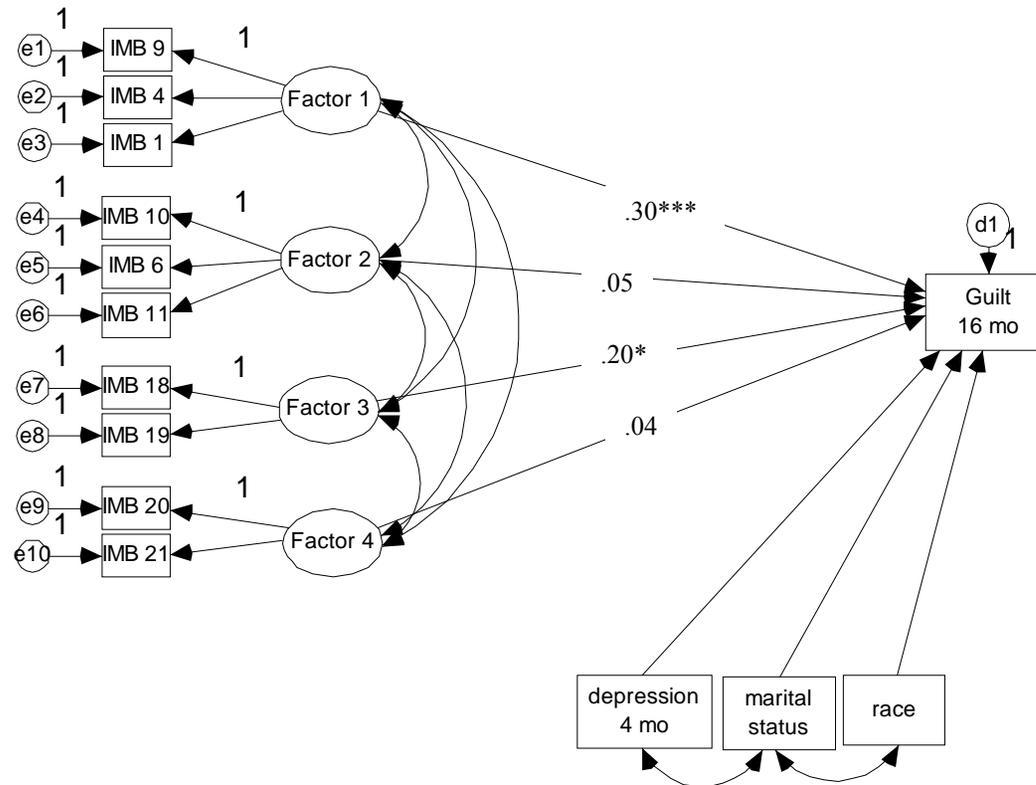
Note: Not shown here, covariance paths were estimated between economic hardship and Factor 1, marital status and Factor 3 and Factor 4. \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

Figure 4. Standardized path coefficients for the direct longitudinal associations between intensive mothering beliefs and health-related quality of life ( $N = 210$ ).



Note: Not shown here, covariance paths were estimated between economic hardship and Factor 1, marital status and Factor 3 and Factor 4. \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

Figure 5. Standardized path coefficients for the direct prospective associations between intensive mothering beliefs and employment-specific guilt ( $N = 210$ ).



Note: Not shown here, covariance paths were estimated between marital status and Factor 3 and Factor 4.

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

## APPENDIX B

### MEASURES

#### Attitudes Toward Mothering (i.e., Intensive Mothering Beliefs)

Next I am going to read a set of statements that people sometimes make about child care and ideal roles for mothers and women. By “child care” I mean anything you do to care for your child(ren) that would have to be done by someone, if you were not available. Please tell me how much you agree or disagree with each statement [REFER TO RESPONSE CARD #3].

Remember, we are interested in your opinions or beliefs about each statement. Even when we read statements about specific behaviors, like staying home with children, we want you to respond based on your opinions or beliefs, not your personal experience.

|     |   | SA | MA | MD | SD | N |
|-----|---|----|----|----|----|---|
| 58. | {The first statement is...} Mothers should stay at home to care for their children. Do you...         | 1  | 2  | 3  | 4  | 5 |
| 59. | {The next statement is...} Mothers need help from outside their household to raise a child. Do you... | 1  | 2  | 3  | 4  | 5 |
| 60. | A preschool program is good for all children, even if a mother is home.                               | 1  | 2  | 3  | 4  | 5 |
| 61. | Mothers should work outside of the home only if their families need the money.                        | 1  | 2  | 3  | 4  | 5 |
| 62. | Child care should be shared by men and women.   | 1  | 2  | 3  | 4  | 5 |
| 63. | Child care is solely the responsibility of the mother.  | 1  | 2  | 3  | 4  | 5 |
| 64. | Having a lower family income is worth it if mothers could stay home with their children.              | 1  | 2  | 3  | 4  | 5 |
| 65. | Being a mother is the most important thing a woman can do.  | 1  | 2  | 3  | 4  | 5 |
| 66. | Mothers of young children (under 3 years old) should only work if their families need the money.      | 1  | 2  | 3  | 4  | 5 |
| 67. | Men should leave the childrearing to women.   | 1  | 2  | 3  | 4  | 5 |
| 68. | Child care is women’s work.   | 1  | 2  | 3  | 4  | 5 |

|     |   |   |   |   |   |   |
|-----|---|---|---|---|---|---|
| 69. | Women are no better suited to taking care of children than are men.   | 1 | 2 | 3 | 4 | 5 |
| 70. | Working outside the home can help women to be better mothers.   | 1 | 2 | 3 | 4 | 5 |
| 71. | Mothers are primarily responsible for protecting children from the world's troubles.                                      | 1 | 2 | 3 | 4 | 5 |
| 72. | Though children may benefit by having mothers who stay home with them full-time, mothers may be hurt by this arrangement. | 1 | 2 | 3 | 4 | 5 |
| 73. | Mothers are entitled to work outside the home if they choose to even when their children are small (under 3 years old).   | 1 | 2 | 3 | 4 | 5 |
| 74. | Nurturing children is something that comes naturally to women.  | 1 | 2 | 3 | 4 | 5 |
| 75. | Mothers should always place children's needs before their own.  | 1 | 2 | 3 | 4 | 5 |
| 76. | Women's first obligation is to their children and to their families.  | 1 | 2 | 3 | 4 | 5 |
| 77. | Mothers are ultimately responsible for how their children turn out.   | 1 | 2 | 3 | 4 | 5 |
| 78. | There is no such thing as bad children, just bad parenting.   | 1 | 2 | 3 | 4 | 5 |

### Feelings About Working (i.e., Employment-Specific Guilt)

As you know, different women have different reasons for returning to work after their baby is born. Likewise, not all mothers feel the same way about working outside the home. The following questions are about the extent to which you might feel a sense of guilt about being a working mother. Please think about the **past 3 months** and tell me how much you agree or disagree with the following statements, using the responses on this card [REFER TO RESPONSE CARD #1]: strongly agree, agree, disagree, or strongly disagree.

|   | <b>SA</b> | <b>A</b> | <b>D</b> | <b>SD</b> |
|---|-----------|----------|----------|-----------|
| 1. I regret returning to work after my child was born.                                      | 1         | 2        | 3        | 4         |
| 2. I feel guilty about being a working mother.  | 1         | 2        | 3        | 4         |
| 3. If I could do it all over again, I would still return to work after my child was born.   | 1         | 2        | 3        | 4         |
| 4. I would feel better as a mother if I were not working.                                   | 1         | 2        | 3        | 4         |
| 5. I feel bad for leaving my child when I go to work.                                       | 1         | 2        | 3        | 4         |
| 6. I would feel better as a mother if I didn't work outside the home.                       | 1         | 2        | 3        | 4         |
| 7. I don't feel particularly guilty about being a working mother.                           | 1         | 2        | 3        | 4         |
| 8. When I'm at work, I feel bad for not being there to comfort my child if he/she is upset. | 1         | 2        | 3        | 4         |