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Insight into the Parenthood Paradox: Mental Health Outcomes of Intensive Mothering

Holly H. Schiffrin

University of Mary Washington, hschiffri@umw.edu

Kathryn Rizzo

Miriam Liss

University of Mary Washington, mliss@umw.edu

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ORIGINAL PAPER

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Abstract

Though people often report wanting to have children because they think it will make them happier, much research suggests that parenting is associated with decreased well-being. Other studies have found that parenting is related to increased life satisfaction. The goal of this study was to provide insight into this paradox by investigating the relationship between a specific way of parenting, intensive parenting, and maternal mental health. An online survey was completed by 181 mothers with children ages 5 and under. Intensive mothering beliefs correlated with several negative mental health outcomes. Controlling for perceived family social support, the belief that women are the essential parent was related to lower life satisfaction and believing that parenting is challenging was related to greater depression and stress. The results of this study suggest that aspects of intensive mothering beliefs are detrimental to women's mental health. It may not be parenting per se, but specific and particularly intensive ways of parenting, that relate to negative mental health outcomes.

Keywords: Intensive parenting, mothers, parenting, depression, life satisfaction, stress, family social support

Introduction

Many people idealize parenthood as one of the most fulfilling experiences in life; however, much of the research suggests that parenting may be detrimental to mental health (Baumeister, 1991; Evenson & Simon, 2005; Kandel, Davies, & Raveis, 1985; Nomaguchi & Milkie, 2003). This discrepancy between an individual's parenthood expectations and evidence linking parenthood with negative mental health outcomes has been called the parenthood paradox (Baumeister, 1991). On the other hand, some studies suggest that parenting has no effect on psychological well-being (Dykstra & Keizer, 2009; Koropeckyj-Cox, 1998); and other studies suggest positive outcomes (Nelson, Kuschlev, English, Dunn, Lyubomirsky, in press; Umberson & Gove, 1989). The goal of this study was to examine whether it may not be parenting per se, but specific ways of parenting, particularly intensive parenting (Hays, 1996), that are related to positive or negative mental health outcomes.

Parenthood has been associated with greater negative mental health outcomes, such as higher levels of perceived stress (Nomaguchi & Milkie, 2003). In fact, in both qualitative and quantitative studies, women have reported that taking care of their children is more stressful than being at work (Guendozi, 2005; Kahneman, Krueger, Schkade, Schwarz, & Stone, 2004). Parenting has also been related to higher levels of depression (Evenson & Simon, 2005; Nomaguchi & Milkie, 2003). Furthermore, parenting has been associated with a decrease in positive affect and, specifically, a decrease in happiness (Baumeister, 1991; Nomaguchi & Milkie, 2003).

On the other hand, some studies have shown parenthood to be associated with greater positive mental health outcomes, such as higher levels of life satisfaction (Hansen, Slagsvold, & Moum, 2009) and report that even though parenting is stressful, it is rewarding (Evenson & Simon, 2005). One study found that mothers tended to experience lower levels of depression than childless women (Kandel et al., 1985). A recent study found that parents, especially fathers, experienced higher levels of happiness and positive emotion than non-parents (Nelson et al., in press). This paternal benefit may result because the socially prescribed parenting expectations for women are different than for men. Studies have also found that even if parenting does not have a direct effect on specific mental health variables, the parenting role fosters positive outcomes that promote psychological well-being (Baumeister, 1991). For example, individuals often report that being a parent provides them with a sense of meaning and purpose (Kahneman et al., 2004; Nelson et al., in press; Umberson & Gove, 1989).

In examining the relationship between parenting and mental health outcomes, it is important to consider the effects of social support because of its consistent association with mental health outcomes in the literature (e.g., Levy-Shiff, Dimitrovksy, Shulman, & Har-Even, 1998; Lyubomirsky, King, & Diener, 2005; Reifman, Biernat, & Lang, 1991). Social support refers to support from interpersonal interactions that can enhance an individual's self-esteem and provide stress-related assistance (Haslam, Pakenham, & Smith, 2006). In prior research, social support has been related to greater satisfaction with life (Lyubomirsky et al., 2005) as well as decreased levels of depression (Haslam et al., 2006; Mathiesen, Tambs, & Dalgard, 1999) and stress (Mistry, Stevens, Sareen, De Vogli, & Halfon, 2007; Reifman, et al., 1991; Terry, Rawle, & Callan, 1995). Social

support has been found to be particularly important for mothers (Parks, Lenz, & Jenkins, 1992) as a buffer against stress and negative affect (Haslam et al., 2006). Research has suggested that mothers' most valuable sources of support are their family members (Parks et al., 1992), including their parents and significant others (Logsdon, Birkimer, & Barbee, 1997).

While family social support is one important variable in determining the mental health outcomes of parents, another important, but under-investigated variable may be specific ways of parenting. One method of parenting that could help clarify the parenthood paradox is intensive parenting, which has emerged as the dominant parenting discourse (Arendell, 2000). Hays (1996) was the first to define intensive mothering; she outlined three tenets of this parenting ideology, which are the belief that mothers are inherently better parents (essentialism), the belief that mothering should be child-centered, and that children should be considered sacred, delightful, and fulfilling to parents. Intensive parenting beliefs also include the idea that parents should provide consistent intellectual stimulation for their children to ensure optimal outcomes (Wall, 2010). Given the intensity required to parent well, parenting can be quite challenging and require wide-ranging skills and expertise.

Several qualitative studies have described negative mental health consequences of endorsing intensive parenting beliefs (Elvin-Nowak (1999; Hays, 1996; Johnston & Swanson, 2006; Sutherland, 2010; Tummala-Narra, 2009). These studies suggest that intensive parenting ideologies result in increased stress and guilt, particularly for women (Tummala-Narra, 2009; Sutherland, 2010). In addition to increased stress, the 15 mothers interviewed by Elvin-Nowak (1999) experienced decreased satisfaction with their lives

and a constant feeling of burden associated with being a parent. Although there are many qualitative studies on intensive mothering describing the mental health consequences of endorsing intensive parenting beliefs, there have not been any quantitative studies.

Recently a quantitative measure of intensive parenting attitudes has been developed (Liss, Schiffrin, Mackintosh, Mile-Mclean, & Erchull, in press). This operationalization identified five factors associated with intensive parenting: Essentialism, Fulfillment, Stimulation, Challenging, and Child-Centered. Essentialism refers to the belief that mothers are the most essential parent; Fulfillment is the belief that parents should feel completely fulfilled by their children; Stimulation involves parents providing consistent intellectual stimulation for their child; Child-Centered refers to the parents' lives totally revolving around their children; and Challenging refers to the belief that parenting is difficult and exhausting.

This study was conducted to provide quantitative data on the relationship between intensive parenting and maternal mental health outcomes including stress, depression, and life satisfaction. The first hypothesis was that endorsing intensive parenting attitudes would result in greater levels of stress and depression and lower levels of life satisfaction. Additionally, as Essentialism focuses on the primacy of the mother to the exclusion of other potential helpers in the family, we expected this scale to be related to lower levels of perceived family social support. The second hypothesis was that the endorsement of intensive parenting attitudes would predict maternal mental health outcomes above and beyond family social support, an already well-known predictor of well-being.

Method

Participants

The current study consisted of 181 mothers of children ages 5 and under. There were 7.7% of mothers between the ages of 18 and 25, 44.2% between the ages of 26 and 33, 44.2% between the ages of 34 and 41, and 3.9 % between the ages of 42 and 49. The majority of the participants (88.9%) identified themselves as Caucasian. Of the remainder, 2.2% identified themselves as Black, 1.1% as Asian or Pacific Islander, 3.3% as multiracial, and 4.5% as some other race/ethnicity. The majority of the participants identified themselves as middle (43.6%) to upper-middle (32.0%) class. Additionally, 4.4 % identified themselves as living in poverty, 17.7% as working class, and 2.2% as wealthy. Participants were predominantly heterosexual (93.9%), with 5.5% identifying themselves as bisexual and 0.6% as lesbian. Most participants were married or had a domestic partner (89.5%), while 4.4% were engaged or in a committed relationship, 4.4% were single, and 1.7% were separated or divorced. Regarding work status, 53.9% of participants identified themselves as being a full-time working parent, 15.0% as being a part-time working parent, and 31.1% as being a stay-at-home parent.

Materials

Endorsement of Intensive Parenting Beliefs. Endorsement of intensive parenting beliefs was measured by the Intensive Parenting Attitudes Questionnaire (IPAQ), which operationalizes Hays' (1996) intensive parenting ideology (Liss et al., in press). The IPAQ has 25 items and 5 scales (i.e., Essentialism, Fulfillment, Stimulation, Challenging, and Child-Centered). Respondents rated each of the 25 statements about parenting beliefs on a scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). The

first component, Essentialism (e.g., “Although fathers may mean well, they generally are not as good at parenting as mothers.”), refers to belief that mothers are the most necessary and capable parent. The second component, Fulfillment (e.g., “Being a parent brings a person the greatest joy they can possibly experience.”), refers to the belief that a parent’s happiness is derived primarily from their children. The third component, Stimulation (e.g., “Finding the best educational opportunities for children is important as early as preschool.”), refers to the belief that parents should always provide their children with stimulating activities that aid in their development. The fourth component, Challenging (e.g., “It is harder to be a good mother than to be a corporate executive.”), is about the belief that parenting is difficult. The final component, Child-Centered (e.g., “Children's needs should come before their parents’.”), refers to the belief that a parent should always sacrifice their needs for the needs of their child. Cronbach’s alphas from the original investigation were: Essentialism (Cronbach’s $\alpha = .85$), Fulfillment (Cronbach’s $\alpha = .77$), Stimulation (Cronbach’s $\alpha = .64$), Challenging (Cronbach’s $\alpha = .76$), and Child-Centered (Cronbach’s $\alpha = .70$). Similar levels of reliability for each scale were obtained in this study: Essentialism (Cronbach’s $\alpha = .84$), Fulfillment (Cronbach’s $\alpha = .74$), Stimulation (Cronbach’s $\alpha = .61$), Challenging (Cronbach’s $\alpha = .73$) and Child-Centered (Cronbach’s $\alpha = .75$).

Family Social Support. Family social support was measured using the Family sub-scale from the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Farley, Werkman, & Berkoff, 1988). This 12-item subscale can be used to assess the degree of social support participants perceived that they get from family (e.g., “My family really tries to help me.”). Respondents answered each question on a scale ranging

from 1 (*very strongly disagree*) to 7 (*very strongly agree*). The reliability of the Family subscale of the MSPSS has been found to be high in prior research (Cronbach's $\alpha = .93$; Canty-Mitchell and Zimet, 2000) as well as in the current study (Cronbach's $\alpha = .93$).

Depression. The Center for Epidemiologic Studies-Depression Scale (CES-D; Radloff, 1977) was used to assess depression. Participants indicated how often in the past week they had experienced 20 symptoms of depression (e.g., "I had trouble keeping my mind on what I was doing.") on a scale ranging from 0 (*Rarely or none of the time, <1 day*) to 3 (*Most or all of the time, 5-7 day*). In the original investigation, the Cronbach's alpha was .85. In the present study, Cronbach's alpha for the CES-D was .93.

Life Satisfaction. Life satisfaction was measured using the Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffith, 1985). Participants rated the level of agreement with 5 statements (e.g., "In most ways my life is close to ideal.") on a scale of 1 (*not at all true*) to 7 (*absolutely true*). In previous research, Cronbach's alpha was .72 (Pavot & Diener, 1993); it was .90 in the current study.

Stress. The Perceived Stress Scale (PSS) is a 10-item scale used to measure the degree to which participants perceived themselves to lead stressful lives (Cohen, Kamarck, & Mermelstein, 1983). Participants responded to statements such as "In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?" on a scale ranging from 1 (*never*) to 5 (*very often*). Cronbach's alpha was .85 in the original investigation and was .90 in the current study.

Procedure

Participants were recruited through Facebook, mothering blogs, mothering discussion boards, a school e-newsletter, and emails sent out to parents whose children attended a local day care. Participants were informed that the study concerned the effects of endorsing particular parenting beliefs and completed the 20-minute, anonymous questionnaire on-line at their convenience.

Results

Descriptive analyses were conducted and are reported in Table 1. Of the intensive parenting beliefs, participants most strongly endorsed Fulfillment, Stimulation, and Challenging; they least strongly endorsed Essentialism. Participants had high levels of life satisfaction as well as moderate levels of stress and depression. Approximately 23% of participants scored 16 or higher on the CES-D, indicating symptoms of depression.

To determine whether endorsing intensive parenting beliefs is related to maternal mental health outcomes, correlational analyses were conducted (see Table 2). In partial support of hypothesis 1, three of the five scales of the IPAQ were significantly related to negative mental health outcomes. Essentialism was negatively correlated with life satisfaction and positively correlated with stress. Additionally, greater endorsement of Essentialism was related to lower levels of perceived family social support, which supported our specific hypothesis about this scale. Challenging was negatively correlated with life satisfaction, and positively correlated with depression and stress. Child-Centered scores were negatively correlated with life satisfaction. In contrast to hypothesis 1, neither Fulfillment nor Stimulation was related to any maternal mental health outcomes.

Three hierarchical regressions were conducted to determine if the endorsement of intensive parenting beliefs predicted maternal mental health outcomes (i.e., stress, depression, and life satisfaction) above and beyond perceived family social support. In each analysis, family social support was entered in the first step to control for its buffering effects on maternal mental health. At the second step, only the IPAQ scales that were significantly correlated with mental health outcomes at the bivariate level were included (see Table 3).

The first hierarchical regression was conducted to predict stress. Family social support was a significant predictor at the first step, $F(1, 180) = 35.95, p < .001$. The second step adding Essentialism and Challenging, the two IPAQ scales significant at the bivariate level, predicted unique variance in perceived stress, $F\Delta(3, 180) = 7.31, p = .001$. However, Challenging was the only significant predictor at this step.

The second hierarchical regression procedure was conducted to predict depression by entering the covariate, family social support, in step one and Challenging as the predictor in the second step. In model 1, social support predicted depression, $F(1, 180) = 32.69, p < .001$. Challenging was predictive of depression beyond family social support, $F\Delta(2, 180) = 5.81, p = .017$.

The third hierarchical regression model predicted satisfaction with life. Family social support was a significant predictor at the first step, $F(1, 180) = 64.94, p < .001$. The model containing Essentialism, Challenging, and Child-Centered at the second step was significant, $F\Delta(4, 180) = 4.51, p = .004$. However, Essentialism was the only significant predictor of life satisfaction at this step.

Discussion

The current study provides some clarity to the mixed and paradoxical findings on the mental health outcomes of parenting by suggesting that it may be the *way of parenting* utilized, not *being* a parent that results in negative mental health outcomes.

The first hypothesis about the relationship of the intensive parenting to maternal mental health was supported for Essentialism, Challenging, and Child-Centered. The belief that mothers are the most capable parent (Essentialism) was associated with higher levels of stress and lower levels of life satisfaction. In prior research, mothers have expressed difficulty selecting an alternate caregiver because they felt that no one else, including the child's father, could provide the same degree of love, commitment, and skill (Hays, 1996). If women believe they are the most capable caregiver, they may limit help from others, a practice known as maternal gatekeeping (Gaunt, 2008). This may account for the lower levels of social support reported by women who endorsed essentialist attitudes. If a mother consistently rejects help, family members may eventually stop offering it, which increases her responsibility (Tummala-Narra, 2009). Conversely, it may be that women endorse Essentialism as a result of perceiving lower levels of family social support (i.e., they are the only ones willing and capable of providing childcare). Either way, the greater sense of responsibility associated with essentialist beliefs may result in increased stress and lower life satisfaction as women focus more on caring for their children rather than themselves (Tummala-Narra, 2009).

Despite its relationship with increased stress and lower satisfaction with life, Essentialism was not significantly related to depression. Perhaps the belief that the mother is the most capable caregiver serves as a buffer against depression by providing

women with a sense of competence and autonomy to make decisions within the childcare realm. Deci and Ryan (2008) suggest that autonomy and competence are two of the essential elements of self-determination, which results in greater psychological well-being and lower levels of depression. Future research should examine the roles of maternal gatekeeping and self-determination in maternal mental health outcomes.

The belief that parenting is difficult (Challenging) was related to higher levels of depression and stress, as well as lower levels of life satisfaction. If women believe that parenting is very challenging, they may experience higher levels of stress attempting to cope with the daily demands placed on them as parents (Lazarus & Folkman, 1984). In addition, if women believe parenting is challenging, their feelings of competence as a caregiver may be diminished resulting in decreased well-being (Deci & Ryan, 2008). On the other hand, already experiencing higher levels of stress and depression may lead women to view parenting as more challenging. Either way, believing that parenting is challenging, feeling stressed, and being depressed may relate to women's decreased satisfaction with their lives.

Believing that parents' lives should revolve around their children (Child-Centered) was related to lower levels of satisfaction with life. According to Tummala-Narra (2009), when women feel they must subsume their needs to the needs of their child, they lose a sense of personal freedom, which may result in women experiencing negative mental health outcomes (e.g., lower levels of life satisfaction). In contrast, child-centered beliefs were not related to stress and depression. It is possible that if a woman's life is child-centered, meeting the demands of her children may not seem too stressful because she has already tailored her life to meet those needs. Thus, a child-centered mother may not

experience as much stress related to difficulty coping with life's demands (Lazarus & Folkman, 1984).

Two intensive parenting attitudes were not significantly related to mental health outcomes. First, although the belief that parents should feel totally fulfilled in their parenting role (Fulfillment) was related to other intensive parenting attitudes associated with negative mental health outcomes (e.g., Essentialism and Challenging), Fulfillment itself was not directly related to those outcomes. It seems logical that believing childrearing is fulfilling would not be associated with negative mental health. The items comprising Fulfillment prescribe that positive affect (e.g., joy and love), rather than the cognitive appraisal associated with life satisfaction, should be related to parenting. Therefore, future research should examine the relationship between Fulfillment and positive affect further. There was also no relationship between Stimulation and maternal mental health, although any potential relationships may have been attenuated by the relatively low reliability of this scale. Nevertheless, Stimulation was related to the view that mothers are the essential parent, parenting is challenging, and parenting should be child-centered, which were all related to negative maternal mental health. Future research may want to examine the indirect relationship between Stimulation and maternal mental health through its relationship with other intensive parenting attitudes.

The second hypothesis that intensive parenting attitudes would predict maternal mental health over and above perceived family social support was partially supported. The belief that women are the most capable parents (Essentialism) significantly predicted reduced life satisfaction after accounting for family social support. In addition, the belief that parenting is difficult (Challenging) significantly predicted depression and stress

beyond perceived family social support. Although Essentialism was significantly correlated with stress and both Challenging and Child-Centered were significantly correlated with life satisfaction, these relationships were not significant after controlling for family social support.

The fact that two of the IPAQ scales predicted negative mental health outcomes above and beyond family social support is noteworthy. Our data suggest that it is not just the reduced social support associated with Essentialism that accounts for its negative effects. Rather, the belief that women are the essential parents decreases life satisfaction even when the effects of decreased social support are accounted for. This is particularly striking because on the surface, essentialist beliefs appear to value the role of women as mothers. However, rather than empowering women, essentialism seems to increase the burden placed on them and decrease their satisfaction with life. These data suggest that essentialist beliefs may be particularly detrimental for women.

Similarly, the belief that parenting is Challenging predicted stress and depression above and beyond family social support. Hays' (1996) conceptualization of intensive mothering suggests that being a parent requires expert knowledge and wide-ranging skills. Again, expertise and skills are assets that would be valued in many pursuits (e.g., a corporate executive). However, believing that parenting is demanding appears to be particularly toxic for women. It may be that if women are supposed to be inherently natural parents (i.e., Essentialism), then viewing it as difficult and exhausting is particularly bad for women's mental health.

Intensive parenting has been conceptualized as a set of attitudes most dominant among middle- to upper-class women (Arendell, 2000). Thus, our sample of mostly Caucasian, married, middle- to upper-middle-class women represent those for whom intensive parenting beliefs hold the most relevance. However, the generalizability of these results are limited due to the relative homogeneity of our sample. Some studies suggest mothers of lower socioeconomic statuses do not typically endorse intensive mothering ideologies (Lareau, 2002). Future research should investigate whether the outcomes of intensive parenting attitudes are different when, and if, they are endorsed by different socio-demographic groups. Furthermore, future researchers may want to supplement the types of self-report data collected in this study with the use of observational measures.

The results of this study suggest that the negative maternal mental health outcomes associated with parenting may be accounted for by women's endorsement of intensive parenting attitudes. So, if intensive mothering is related to so many negative mental health outcomes, why do women do it? They may think that it makes them better mothers (Sutherland, 2010), so they are willing to sacrifice their own mental health to enhance their children's cognitive and socio-emotional outcomes. However, research is needed on child outcomes because, currently, there is not any data to support this assumption. In fact, young children of over-involved or over-protective parents often experience internalizing disorders (Bayer, Sanson, & Hemphill, 2006). In addition, research clearly indicates that the children of women with poor mental health (e.g., depression) are at higher risk for negative outcomes (Bayer et al., 2006; Beardslee, Bemporad, Keller, & Klerman, 1983; Cummings & Davies, 1994). Given that this study found that aspects of

intensive parenting are associated with negative maternal mental health, then intensive parenting may have the opposite effect on children from what parents intend.

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Table 1

Descriptive Statistics for Study Variables (N = 181)

Variable	M	SD	Possible Range	Actual Range
Essentialism	2.33	0.84	1.00-6.00	1.00-4.88
Fulfillment	4.29	0.96	1.00-6.00	2.00-6.00
Stimulation	4.66	0.75	1.00-6.00	2.00-6.00
Challenging	4.28	0.80	1.00-6.00	2.00-5.83
Child-Centered	3.44	0.98	1.00-6.00	1.00-5.67
Depression	10.26	9.63	0.00-60.00	0.00-42.00
Life Satisfaction	5.03	1.31	1.00-7.00	1.00-7.00
Stress	2.72	0.68	0.00-5.00	1.00-4.70
Family Social Support	5.90	1.28	1.00-7.00	1.50-7.00

Table 2

Correlations between IPAQ scales, Family Social Support, and Mental Health Variables

	1	2	3	4	5	6	7	8	9
1. Essentialism	-								
2. Challenging	.44***	-							
3. Child-Centered	.42***	.39***	-						
4. Fulfillment	.29***	.38***	.49***	-					
5. Stimulation	.16*	.25**	.41***	.45***	-				
6. Family Social Support	-.32***	-.08	-.02	.08	.08	-			
7. Stress	.24**	.29***	.10	.03	-.02	-.41***	-		
8. Depression	.14	.20**	.06	.01	.03	-.39***	.71***	-	
9. Life Satisfaction	-.38***	-.15*	-.16*	-.05	.01	.52***	-.55***	-.50***	-

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

Table 3

Summary of Hierarchical Regression Analyses Including Family Social Support Predicting Mental Health Outcomes

	Step 1		Step 2			
	Family Social Support		Essentialism	Challenging	Child-Centered	R^2_{Δ}
	β	R^2	β	β	β	
Stress	-.41***	16.7%	-.003	.25***	-	6.4%
Depression	-.39***	15.4%	-	.16*	-	2.7%
Life Satisfaction	.52***	26.6%	-.21**	.01	-.07	5.2%

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