

The Cost of Good Mothering: Associations Between
Intensive Mothering, Maternal Well-Being, and Parenting Experience

by

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Chapter 1: Introduction

Mothering in industrialized Western culture has intensified over the twentieth century. For example, mothers are expected to invest vast amounts of time, money, energy, and emotional labor in mothering and be responsible for their children's behavior and overall development. The common belief that mothers prioritize their children's needs and excel at mothering is referred to as intensive mothering (Hays, 1996). Today, intensive mothering has become normative for parenting, by which mothers are judged for their status as "good" mothers (Douglas & Michaels, 2004). Although previous research has identified intensive mothering as the dominant ideology of motherhood (Arendell, 2000; Guendouzi, 2005; Hays, 1996), much is still unknown around the influence of endorsement of intensive mothering on maternal well-being in the parenting context.

Intensive Mothering Ideology

Intensive mothering ideology can be understood as an idealized cultural discourse on how mothers should parent their children. Hays (1996) first introduced "intensive mothering" to capture the increasingly common belief and assumptions about what it means to be a good mother in industrialized Western culture. Intensive mothering beliefs hold that mothers should be the primary caregivers of children and ideal child-rearing should be child-centered, expert-guided, time intensive, and emotionally engrossing. Moreover, mothers are expected to prioritize their children's needs over their own and be responsible for ensuring their children's physical, emotional, and intellectual optimal development. In short, the "good" mother portrayed by intensive mothering ideology is completely devoted to her children, is self-sacrificing, and attends to her children's needs at the expense of her own needs (Arendell, 2000; Scharp & Thomas, 2017). Intensive mothering ideology is recognized by some scholars, as the dominant

discourse of mothering in contemporary Western culture, to define the characteristics of the “good” mother (Arendell, 1999; Guendouzi, 2005; Newman & Handerson, 2014; Wall, 2010).

Intensive mothering ideology has gained continuous support throughout the twentieth century as mothers have become responsible for more aspects of their children’s development. During the first half of the twentieth century, child-rearing advice emphasized the mother’s responsibility to promote the healthy physical development of children. However, with the growth of developmental psychology during the mid- and late twentieth century, child-rearing advice shifted to emphasizing intensive mothering for the promotion of not only children’s physical well-being but also children’s psychological and emotional development (Wall, 2010). In particular, Bowlby’s (1952) work on attachment and maternal deprivation reinforced this view by defining optimal parenting in terms of a secure mother–child attachment, maternal sensitivity, and accessibility. During the 1990s, child-rearing advice again shifted to stressing the importance of intensive mothering to stimulate brain development to its full potential (Wall, 2004; Wall, 2010). Today, intensive mothering ideology has become the hegemonic standard of child-rearing by which a good mother is judged (Glenn et al., 1994).

Constructs of Intensive Mothering

Hays (1996) identified three dimensions of intensive mothering ideology: 1) parenting is the responsibility of the mother; 2) good mothering is child-centered, expert-guided, and labor-intensive; and 3) children are sacred and innocent and mothers should protect them from any risks. First, intensive mothering ideology is based on a highly gendered view of parenting roles. It claims that parenting is best done by mothers, who are naturally nurturing and biologically equipped to attend to children’s needs and desires. Hence, mothers are regarded as the essential

parent because of their inherent parenting skills. Fathers are perceived to not be competent to take care of children, so they are generally excused from child-rearing responsibilities.

Second, mothers are expected to practice an intensive child-rearing approach. This approach includes prioritizing children's needs by putting mothers' needs aside and following experts' guidance (e.g. doctors, parenting manuals, and magazines) to ensure the optimal development of children. In addition, mothers must provide around-the-clock stimulation, unconditional acceptance, and a loving environment for the child to thrive in. To achieve the standards of child-centered, expert-guided, and labor-intensive parenting, intensive mothering approach not only requires mothers to physically and psychologically commit themselves to parenting but also expects them to devote a great deal of time, energy, and resources to their children.

Lastly, intensive mothering ideology holds that children are innately innocent and their innocence, being sacred, should be protected. The belief that children are sacred is also tied to the idea that motherhood is sacred. Being a mother is a woman's most important and meaningful role, and protecting children should be their top priority. This belief that mothers are responsible for their children's welfare again emphasizes the importance of following an intensive child-rearing approach and mothers' commitment to their children.

In 2013, Liss et al. described the five core tenets of intensive mothering beliefs: 1) essentialism, 2) child-centered, 3) stimulation, 4) challenging, and 5) fulfillment. Essentialism is described as the belief that mothers are the most capable parents, reflecting Hays' first dimension. The belief that mothering should follow an intensive child-rearing approach is reflected in child-centered (i.e. parents' lives should completely revolve around their children), stimulation (i.e. parents should provide consistent intellectual stimulation for their children), and

challenging (i.e. the belief that parenting is difficult and exhausting). Finally, the perception that children are sacred and innocent is reflected in fulfillment, which is defined as the belief that parents should feel completely fulfilled by their children.

Feminist Approach to Understanding Intensive Mothering

The beliefs about mothering are influenced by oppressive forces (e.g. capitalism and patriarchy) embedded in social structures. Intensive mothering ideology is deeply rooted in the industrial capitalist economy, which led to the division of labor by gender (Arendell, 1999; Collins, 1994). The transition to industrial manufacturing generated job opportunities outside the home, resulting in a division of labor between those who worked out of the home for wages (mostly men) and those who stayed home undertaking household tasks (mostly women). During this reorganization, women were generally placed in the private/domestic sphere in order to support men by taking over household responsibilities, including child-rearing (Hays, 1996). Male domination in the public sphere of the economy also emphasized the role of women as mothers by focusing on women's biological capacities to reproduce, feed, and nurture children while simultaneously denying women identities and selfhood outside motherhood (Arendell, 1999; Glenn et al., 1994; Johnston & Swanson, 2003).

Intensive mothering ideology perpetuates gender-typed views of family roles and responsibilities. For example, intensive mothering expectations, that is, the belief that mothers should be the primary caregivers of children and accountable for children's well-being, places mothers at odds with participating in paid work outside the home. Employed mothers who do not dedicate themselves full-time to taking care of their children are perceived as "bad" mothers by deviating from the ideals of a good mother. Qualitative studies have found that employed mothers often experience tension between their worker identity and intensive mothering

expectations and feel the need to justify their employment (Christopher, 2012; Johnston & Swanson, 2007). While many mothers disclosed that they were ultimately unable to reconcile this tension, some mothers justified their employment by emphasizing its benefits to their children. However, it should be noted that the mothers demonstrated their endorsement of intensive mothering ideology by stressing their children's needs to justify their employment.

In addition, intensive mothering ideology has been criticized for not reflecting the lived realities of most women and sustains inequalities based on race and class. For example, intensive mothering ideology is intertwined with the idealized notion of the family, which assumes white, middle-class, married, at-home mothers (Collins, 1994). In this normative family, the father earns enough for the mother to forgo participation in paid work and look after her children full-time. While setting white, middle-class mothering as the standard for good mothering, intensive mothering ideology posits mothers from other backgrounds as bad mothers. Feminist scholars have pointed out that this standard has contributed to the reproduction of class and racial privilege in mothering (Avishai, 2007; Hays, 1996). Coming from a privileged standpoint, intensive mothering ideology has been criticized for overlooking the discourses of other mothers, including mothers of color and low-income, working, and LGBTQIA+ mothers, who fall outside the narrow definition of the good mother (Hays, 1996).

However, evidence suggests that intensive mothering ideology is also internalized by underprivileged mothers. In their study of low-income, Black, single mothers, Elliott, Powell, and Brenton (2015) found that underprivileged mothers embraced and performed intensive mothering in the absence of larger social support. While facing many structural stereotypes that characterize them as incapable mothers, these mothers strived to position themselves as good mothers by prioritizing their children's welfare and sacrificing their own needs for their

children's well-being. In contrast, other studies have demonstrated that not all mothers subscribe to the intensive mothering ideology. For example, Romagnoli and Wall (2012) found that the low-income, young mothers in their study responded to intensive mothering ideology by resisting and questioning the tenets of intensive parenting. These mothers perceived the norms and expectations of intensive mothering ideology as a way for society to evaluate and scrutinize their mothering, which often stigmatized them as bad mothers. Instead, these mothers negotiated the social stigma by lending more weight to their self-perceptions of good mothering.

The alternative perspective of motherhood that emerges in response to intensive mothering ideology as “deviancy discourses” (Arendell, 1999). Deviancy discourses are directed at mothers who do not conform to intensive mothering beliefs of completely devoting themselves to taking care of their children and violate the norms of intensive mothering ideology in terms of their race, ethnicity, and social class. Arendell (1999) pointed out that the presence of deviancy discourses reveals the hegemonic state of intensive mothering ideology. In other words, even when mothers do not subscribe to intensive mothering ideology, they often accept and respond to it as the dominant ideal (Christopher, 2012; Newman & Henderson, 2014).

Gaps in intensive mothering literature

While there is some understanding of the pervasiveness of intensive mothering beliefs among contemporary Western mothers (Douglas & Michaels, 2004; Hays, 1996), research on intensive mothering primarily focuses on answering why mothers subscribe to intensive mothering beliefs at the expense of their own psychological and emotional well-being. This question assumes that mothers truly have a choice whether to subscribe to intensive mothering or not. Recently, more scholars have shifted their attention from individual responsibility of the mothers who have internalized intensive mothering attitudes into parenting to demonstrating the

hegemonic power of intensive mothering ideology over mothers (Henderson et al., 2016; Newman & Henderson, 2010). These scholars suggest that intensive mothering affects all mothers regardless of their social class, racial and ethnic background, financial situation, and marital status (Forbes et al. 2020; Henderson et al., 2016). Given the omnipresent state of intensive mothering among Western mothers, it is important to better understand the influence of endorsing intensive mothering beliefs on maternal well-being and how these beliefs are manifested in their parenting experiences.

Existing research on intensive mothering is mostly driven by qualitative studies. A number of these studies have utilized in-depth interviews and discourse analyses to answer research questions, such as how mothers navigate intensive mothering (Christopher, 2012; Guendouzi, 2006; Scharp & Thomas, 2017; Wall, 2010); to what extent mothers endorse and comply with intensive mothering expectations (Johnston & Swanson, 2007; Newman & Henderson, 2014;); how do class, working status, and gender intersect with intensive mothering in shaping mothers' parenting experiences (Elliott et al., 2015; Johnston & Swanson, 2006; Valentine et al., 2019; Walls et al., 2016); and what are the psychological impacts of subscribing to intensive mothering (Elvin-Nowak, 1999; Scharp & Thomas, 2017). Although qualitative research has been useful for revealing how mothers make meaning of their own mothering in relation to intensive mothering ideology, qualitative studies are limited in their ability to identify associations between endorsement of intensive mothering beliefs and mothers' psychological well-being and parenting behaviors. To date, only a small number of quantitative studies have been conducted that examine the links between intensive mothering and maternal well-being (Gunderson & Barrett, 2017; Henderson et al., 2016; Rizzo et al., 2013), and even

fewer studies have focused on investigating its association with parenting-specific psychological outcomes (Prikhidko & Swank, 2018).

My three-paper dissertation aims to contribute to the growing literature of intensive mothering by providing empirical evidence on the links between endorsement of intensive mothering ideology on parenting-specific psychological well-being and parenting experiences. The first paper focuses on understanding the associations between the endorsement of intensive mothering, involvement in childcare, mental health symptoms, and parenting-specific psychological well-being, and whether mothers' demographic characteristics moderate these associations. Findings of this study will illuminate how the message that mothers should engage in parenting behaviors that align with intensive mothering beliefs in order to achieve the status of "good mother" is linked with parenting experiences of mothers of young children. The second paper aims to extend previous studies on intensive mothering and maternal well-being by investigating the existence of different patterns of endorsement of intensive mothering beliefs and whether those different patterns are associated with maternal demographic characteristics, parenting guilt and parental burnout. This study employs Latent Profile Analysis (LPA) to identify intensive mothering profiles based on mothers' endorsement of the five sub-beliefs of the Intensive Parenting Attitudes Questionnaire (IPAQ; Liss et al., 2013). Findings of this study will highlight the heterogeneity of endorsement of intensive mothering beliefs and help understand who may be at greater risk of experiencing poor psychological outcomes linked with intensive mothering. The third paper investigates longitudinal associations between intensive mothering and self-reported changes in mothers' parenting behaviors during the COVID-19 pandemic, including examining parental burnout as a potential mediator of these associations. Findings of this study will provide insight into how feelings of burnout may serve as a risk

pathway that explains the impact of subscribing to intensive mothering on parenting behaviors during stressful times, such as the global pandemic.

Studies on intensive mothering have largely emerged in and been driven by other disciplines such as sociology and gender and women's studies with the focus on elucidating the tension between the demands of intensive parenting and mothers' own lived experiences as a parent. The goal of my dissertation is to better understand the how influence of endorsing intensive mothering beliefs unfolds in the parenting context. The findings from these studies will inform recommendations for helping mothers to challenge the intensive mothering ideology and to empower them in their mothering role, as well as inform recommendations for future research on intensive mothering and parenting experiences.

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Chapter 2:

Associations between intensive mothering, involvement in childcare and maternal well-being
among mothers of young children

Abstract

The current study investigates the associations between intensive mothering, involvement in childcare, mental health symptoms, and parenting-specific psychological well-being. The current study also examines whether mothers' demographic characteristics moderate these associations. Data were collected from U.S. mothers from a crowdsourced sample via Prolific in December 2021. Mothers ($M_{\text{age}} = 32.4$ years, $SD = 6.3$; 61.2% White) with at least one child under 6 years old reported on measures of intensive mothering, involvement in childcare, mental health, parenting stress, and parenting competence. Hierarchical regression analyses revealed that greater endorsement of intensive mothering was associated with greater involvement in childcare and higher levels of mental health symptoms and parenting competence. Moderation analyses revealed that marital status moderated the association between intensive mothering and mental health symptoms, such that the association was only significant for married mothers but not for unmarried mothers. Demographic characteristics, including race/ethnicity, education, family income, employment status, and marital status, did not moderate the relationship between intensive mothering and involvement in childcare, parenting stress, and parenting competence. Findings suggest that the endorsement of unrealistic expectations around motherhood may impact the mothering experiences of most mothers regardless of their ethno-racial and socioeconomic backgrounds. Family support and parenting programs supporting mothers to better navigate the demanding expectations of intensive mothering may benefit most mothers of young children.

Introduction

Current societal discourse around motherhood suggests that in order to be a “good mother”, one must invest substantial time, energy, and resources in child rearing to support the optimal development and well-being of their children. These intensified societal and cultural expectations around motherhood in industrialized Western culture is referred to as *intensive mothering* (Hays, 1996). While rooted in traditional gender norms, intensive mothering posits mothers as the primary and preferred caregiver and holds that ideal child-rearing should be “child-centered, expert-guided, emotionally absorbing, labor-intensive, and financially expensive” (Hays, 1996, p. 8). The *good* mother portrayed by intensive mothering deprioritizes their own personal or career interests to meet children’s needs and provide developmentally appropriate stimulation for their children. However, the unrealistic expectations of intensive mothering sets mothers up to experience frustration and disappointment in their parenting role and can negatively affect maternal psychological well-being (Liss, Schiffin & Rizzo, 2013; Rizzo et al., 2013). The current study examines associations between mothers’ endorsement of intensive mothering beliefs, involvement in childcare, maternal mental health, and parenting-related psychological well-being. While previous research demonstrates that mothers from different backgrounds respond differently to intensive mothering (Elliott et al., 2015; Forbes et al., 2020; Romagnoli & Wall, 2012), it is less known whether mothers’ cultural and socioeconomic background also influences the links between intensive mothering and maternal well-being. Given that endorsing intensive mothering is negatively linked with maternal well-being, it is important to better understand who may be more vulnerable to the adverse influences of endorsing intensive mothering beliefs. Therefore, the current study also investigates the moderating role of mothers’ demographic characteristics on the associations between intensive

mothering, involvement in childcare, mental health symptoms, and parenting-specific psychological well-being.

Intensive mothering and involvement in childcare

Intensive mothering stems from traditional, heteronormative gender roles that position women as stay-at-home caregivers while their husbands financially provide for the family. Feminist scholars and sociologists exploring motherhood argue that women's separation from the work force has strengthened the patriarchal ideology of mothering which denies women identities and selfhood outside of motherhood (Arendell, 1999; Glenn et al., 1994; Johnston & Swanson, 2003). Intensive mothering holds that mothers' greatest priority is to care for their children and posits mothers as primary caregivers of children who are responsible for nurturing and facilitating children's healthy development (Arendell, 2000; Scharp & Thomas, 2017).

While intensive mothering places unrealistically high expectations on mothers, fathers are more easily able to reject the intensified parenting expectations without being seen as a "bad parent" (Miller, 2011). On the other hand, mothers who fail to conform to intensive mothering risk being regarded as *bad* mothers who put their own needs before their children's (Arendell, 2000). For example, working mothers report experiencing greater tension between work and family roles than fathers (Borelli et al., 2017; Slan-Jerusalim & Chen, 2009), such that they are pressured to carry a majority of childcare and family responsibilities while also being successful at work (Coogan & Chen, 2007). Also, compared to fathers, mothers are more negatively impacted by missing out on family responsibilities than missing work responsibilities (Borelli et al., 2017). This may be due to the intensive mothering expectations that holds mothers accountable be ever-present to attend to their children's needs when the same expectations are not placed on fathers (Hays, 1996). In fact, the belief that mothers are the preferred caregivers

and that mothering should be child-centric is positively related with mothers' feelings that the division of labor in their homes were less fair (Liss et al., 2013). In addition, the tension from the incompatible demands between the work and family roles can negatively affect the emotional experience of motherhood (Johnston & Swanson, 2007). For example, many working mothers who subscribe to intensive mothering beliefs report feeling guilty about any time spent away from their children (Guendouzi, 2006) and blame themselves for any difficulties their children encounter while trying to balance work and mothering responsibilities (Loyal et al., 2017). These feelings of guilt may in turn lead mothers to compensate for their absence from the home during work hours by taking on a greater share of childcare responsibilities.

Moreover, the constant tension between their worker identity and intensive mothering expectations pressure mothers to engage in cognitive restructuring of their worker-mother identity by modifying either worker expectations or intensive mothering expectations (Guendouzi, 2006; Johnston & Swanson, 2007). For example, while at-home mothers embrace intensive mothering expectations by constructing *good* mothering as 'always being there' for their children (Johnston & Swanson, 2006), working mothers reframe *good* mothering as more 'extensive' than 'intensive', that is, being in charge and responsible for children's well-being when delegating caregiving tasks among family members (Christopher, 2012). Paradoxically, however, the necessity of reframing intensive mothering expectations reveals the prevalent influence of intensive mothering on working mothers. In other words, working mothers accept and respond to intensive mothering expectations as the dominant standard by which a good mother is judged (Guendouzi, 2006; Newman & Henderson, 2014). This may explain why working mothers spend more hours on childcare than their partners, even when mothers have relatively similar workloads (Offer & Schneider, 2011; Schiemen et al., 2018). Mothers who

endorse intensive mothering beliefs to a greater degree may take on more childcare responsibilities to achieve the status of the “good mother”, regardless of their employment status.

Intensive mothering on maternal well-being

The unrealistic parenting expectations infused in intensive mothering ideology can negatively influence maternal well-being as mothers strive to be the ideal mother (Prikkhidko & Swank, 2018). Many mothers experience frustration and disappointment in their ability to fulfill the expectations of intensive mothering beliefs (Newman & Henderson, 2014). However, the deeply ingrained intensive mothering ideology embedded within the societal expectations of motherhood discourages mothers from questioning these unrealistic expectations or considering alternative methods of parenting (Newman & Henderson, 2014). Instead, many mothers struggle to attain the status of “good” mother at the cost of experiencing a sense of perpetual inadequacy (Hays, 1996; Newman & Henderson, 2014). This cumulative sense of failure can lead to shame and guilt and further inhibit mothers’ ability to successfully care for their children (Prikkhidko & Swank, 2018; Sutherland, 2010).

Although there is some understanding that intensive mothering is negatively related to mothers’ psychological well-being, there is limited research on how it impacts mothers’ feelings about parenting. Existing research suggests that greater endorsement of intensive mothering beliefs is related to several negative mental health outcomes. Specifically, mothers with greater child-centric attitudes and who spend more hours with their children tend to report worse self-rated mental health and greater depressive symptoms compared to mothers who spend fewer hours with their children (Gunderson & Barrett, 2017). The association between intensive mothering and depressive symptoms has been demonstrated in multiple samples of mothers, including pregnant mothers and mothers in midlife, suggesting that the impact of intensive

mothering may span across different stages of motherhood (Gunderson & Barrett, 2017; Loyal et al., 2017). There is also evidence that greater endorsement of intensive mothering beliefs is associated with elevated stress and lower life satisfaction (Rizzo et al., 2013). Given the negative impact of intensive mothering on maternal mental health, there may also be impacts on mothers' parenting-specific well-being (i.e., parenting stress and parenting competence). Although there is evidence that intensive mothering is positively associated with perceived stress (Rizzo et al., 2013), it is not known whether this association also holds in the parenting context. Moreover, positive correlations between intensive mothering and parenting competence have been reported (Liss et al., 2013). However, the association has not been tested among mothers of young children. Given that parenting-specific well-being directly and significantly impacts mothers' parenting behavior, mother-child relationships, and children's outcomes (e.g., Berger & Spiess, 2011; Nelson et al., 2014), it is important to better understand how endorsing intensive mothering is linked with maternal well-being in the parenting context.

Endorsement of intensive mothering by social class

Another line of research on intensive mothering focuses on answering whether all mothers – regardless of their cultural and socioeconomic backgrounds – subscribe to intensive mothering. Feminist scholars contend that the norms of “good mothering” usually reflect the values and experiences of white, middle-class families in the Western context (Collins 1994; Sutherland 2010). By upholding white, middle-class parenting values as the standard for ideal parenting, intensive mothering has been criticized for marginalizing the experiences of non-white, working class mothers (Avishai, 2007; Wall, 2010). While many scholars agree that intensive mothering norms have contributed to the reproduction of racial and class privilege in mothering (Avishai, 2007; Hays, 1996), there is little consensus in the literature on how mothers'

cultural and socioeconomic background influence the endorsement of intensive mothering beliefs. Some qualitative studies suggest that low-income, Black, single mothers embrace intensive mothering by negotiating the tension between the expectations of intensive mothering and the resources available to them to live up to these expectations (Dow, 2016; Elliott et al., 2015). However, other qualitative studies have demonstrated that not all mothers subscribe to the intensive mothering ideology. For example, Romagnoli and Wall (2012) found that the low-income, young mothers in their study responded to intensive mothering ideology by resisting and questioning intensive parenting beliefs. These mothers perceived the norms and expectations of intensive mothering as a way for society to evaluate and scrutinize their mothering, which often stigmatized them as bad mothers. Instead, these mothers negotiated the social stigma by lending more weight to their self-perceptions of good mothering.

In a recent study, Forbes et al. (2020) examined differences in intensive mothering beliefs across various demographic characteristics of U.S. mothers. This study demonstrated that mothers' endorsement of intensive mothering beliefs did not differ across race or ethnicity, suggesting similar prevalence of intensive mothering beliefs across mothers from different racial and ethnic backgrounds. However, this study also revealed that levels of endorsement of intensive mothering beliefs vary across other characteristics, such as mothers' educational level, income, and marital status. Single mothers with a high school education and lower income reported higher levels of intensive mothering compared to married mothers with a four-year college degree and higher income (Forbes et al., 2020). The findings of this study provide support for previous qualitative studies that suggest the omnipresent state of intensive mothering beliefs, even among mothers who does not fit the "good mother" image portrayed by intensive mothering ideology (Elliott et al. 2015; Romagnoli & Wall, 2012). Although Forbes et al. (2020)

successfully elucidated the differences of intensive mothering beliefs across various demographic factors, there is still a need to investigate whether the impact of endorsing these beliefs on mothers' parenting experiences and psychological well-being may be different depending on individual characteristics of the mother. As such, we examine the moderating role of mothers' demographic characteristics on the relations between intensive mothering, mothers' involvement in childcare, mental health, parenting stress, and parenting competence.

Present Study

There is growing recognition that intensive mothering has become the dominant standard of parenting in the U.S. (Henderson et al., 2016). However, there is little available empirical evidence on the links between intensive mothering and mothers' parenting experiences and psychological well-being. The first aim of this study is to examine the associations between intensive mothering and mothers' involvement in childcare, mental health, and parenting-specific psychological well-being. We hypothesized that greater endorsement of intensive mothering would be linked to greater involvement in childcare (Hypothesis 1), poor mental health (Hypothesis 2), higher levels of parenting stress (Hypothesis 3) and lower levels of parenting competence (Hypothesis 4). The second aim of this study is to investigate whether mothers' demographic characteristics (i.e., race/ethnicity, education, income, employment, and marital status) moderated these associations. Drawing on the findings from Forbes et al. (2020), we hypothesized that the links between intensive mothering and the outcome variables will be moderated by education, income, employment, and marital status, but not by mothers' racial and ethnic backgrounds (Hypothesis 5). We expected that the association between intensive mothering and mothers' involvement in childcare, mental health, and parenting-specific

psychological well-being would be stronger for mothers who are highly educated, have higher income, are employed, and are married.

Methods

Participants

Data were collected from U.S. mothers from a crowdsourced sample via Prolific (www.prolific.co; Palan & Schitter, 2018) in December 2021. Prolific is an online research platform that allows researchers to screen participants based on demographic criteria recollected by the platform. Prolific provides access to more diverse samples and higher quality data for academic research than other online survey platforms such as Amazon's Mturk and Crowdfunder (Peer at al., 2017). Inclusion criteria included U.S. mothers over 18 years of age and with at least one child under 6 years old. Mothers completed a 30- to 40-minute online survey on their endorsement of intensive mothering beliefs, parenting experiences, and psychological well-being. Mothers gave online consent and were paid \$10 per hour upon completion of the survey. The study was deemed exempt by the University of Wisconsin-Madison IRB, #2021-1261.

A total of 303 mothers started the survey, however we removed data from mothers who dropped out before answering questions regarding intensive mothering. We also removed data from participants who completed less than 5% of the survey. The final sample included 291 mothers with no missing data. Mothers ranged from 20 to 56 years old ($M = 32.4$ years, $SD = 6.3$) and had two children on average ($M = 1.9$, $SD = 1.1$). More than half of the mothers identified as white (61.2%), 14.8% as Black/African American, 12.4% as multiracial, 5.2% as Hispanic/Latinx/Spanish origin, 5.2% as Asian/Asian American, and 1.3% as other races. The majority of mothers were heterosexual (93.5%), married (75.6%), had an associate degree or higher (60.9%), and were employed either full-time or part-time (68.0%). About half of the

mothers (54%) reported household income above \$50,000 a year, with 35.4% families living at or below 200% of the federal poverty line. Whether family income was above or below the 200% federal poverty line was determined by combining reported income, household size, and use of benefits. Full demographic characteristics of the mothers are provided in Table 2.1.

Measures

Intensive Mothering. Mothers' endorsement of intensive mothering beliefs was assessed using the Intensive Parenting Attitudes Questionnaire (IPAQ; Liss et al., 2013; $\alpha = .83$). The IPAQ is a 25-item measure that consists of five subscales. The five subscales include essentialism (the idea that females are generally better at parenting than males), fulfillment (parenting is a fulfilling task), challenging (parenting is a demanding task), stimulation (parents are responsible for cognitive stimulation of the child), and child-centered (that the needs of the child should be prioritized by the parents), using a 7-point scale with response options range from 1 (*strongly disagree*) to 7 (*strongly agree*). The items were summed, with higher scores indicating greater endorsement of intensive mothering beliefs.

Involvement of childcare. A modified version of “*Who does what?*” measure (Gaunt & Scott, 2014; $\alpha = .89$) captured mothers' involvement in childcare responsibilities within the household. Mothers indicated their involvement in 19 specific childcare tasks. These tasks were designed to capture types of involvement typical of both mothers and fathers (*feeding, packing child's bag, playing, disciplining*) as well as daily physical care activities (*dressing, putting to bed*), emotional care (*helping with social/emotional problems, comforting*), and responsibility for the child (*making arraignments for childcare, planning activities*). Mothers individually rated agreement of each childcare tasks on a 5-point scale from 1 (*almost always my spouse*), 2 (*my spouse more than myself*), 3 (*both of us equally*), and 4 (*myself more than my spouse*) to 5

(*almost always myself*). An average of the 19 task ratings was created, with higher scores reflecting greater participation on the part of the mother relative to their partners. Mothers who were married (75.6%) or in a relationship (12%) responded to this measure. Mothers who did not share childcare responsibilities with partner (12.4%) did not respond.

Maternal mental health. Mothers' anxiety and depression symptoms were assessed using the General Anxiety Scale 7-Item (GAD-7; Spitzer et al., 2006; $\alpha = .92$) and Patient Health Questionnaire 8-Item (PHQ-8; Kroenke et al., 2009; $\alpha = .88$), respectively. The GAD-7 and PHQ-8 captures how often mothers were bothered by certain symptoms over the past two weeks using a 4-point scale (0 = *not at all* to 3 = *nearly every day*) with a maximum score of 21 and 24, respectively. A total score of 10 or above indicate clinically significant levels of anxiety and depression symptoms. In the current sample, 36.8% of mothers were screen positive for generalized anxiety symptoms, and 12.3% mothers were screen positive for probable major depression. Due to the high correlation between GAD-7 and PHQ-8 ($r = 0.78, p < .001$), an average score of GAD-7 and PHQ-8 was created to assess overall maternal mental health, with higher scores reflecting greater symptoms.

Parenting stress. Parenting stress was assessed using the 18-item Parenting Stress Scale (PSS; Berry & Jones, 1995; $\alpha = .83$) to capture parental stress in terms of emotions, personal development, demands on resources, and opportunity costs and limitations in parenthood. Mothers were asked to reflect on their experience as a parent over the past month using a 5-point scale (1 = *strongly disagree* to 5 = *strongly agree*). A sum score was created, with higher parenting stress reflected by higher scores.

Parenting Competence. One subscale of Parenting Sense of Competence Scale (PSOC; Gibaud-Wallston & Wandersman, 1978; $\alpha = .83$) was used to assess mothers' sense of

competence in their parenting role. The PSOC consists of two subscales: Efficacy subscale (PSOC-E) and Satisfaction subscale (PSOC-S). In this study, the 8-item PSOC-E was used to assess whether mothers feel capable, confident, and in control as a parent using a 7-point scale with response options range from 1 (*strongly disagree*) to 7 (*strongly agree*). The items were summed, with higher scores indicating greater parenting sense of competence.

Data Analytic Plan

Data management and descriptive analysis were performed using SPSS 26.0 (IBM Corp). Mothers provided information on their demographic characteristics including race/ethnicity, education, family income, employment status, and marital status. In preparation for the analyses, several demographic characteristics were dichotomized so that each variable represented a comparison of mothers with a particular characteristic with those without it. Given that the culture in which parents live largely determines belief about parenting (Forehand, & Kotchick, 2016), the influence of endorsing intensive mothering beliefs may vary based on mothers' racial/ethnic background. However, due to smaller sample sizes in other ascribed racial/ethnic groups (i.e., other than non-Hispanic White), self-reported race/ethnicity was dichotomized as non-Hispanic White and racial and/or ethnic minorities to increase statistical power. Education was dichotomized as either less than bachelor's degree or bachelor's degree or higher. Employment status was dichotomized as either being employed (full- or part-time) or unemployed, and marital status was dichotomized as married or not married. Income was dichotomized as either at or below 200% of the federal poverty line or above 200% of the federal poverty line. Poverty levels were estimates using family income, household size, and receipt of Supplementary Nutrition Assistance Program (SNAP) or Supplementary Nutrition Program for Women, Infants, and Children (WIC) benefits, and Census Bureau federal poverty level

thresholds (U.S. Census Bureau, 2021). Independent *t*-tests were conducted to compare the mean differences of the key variables across groups in each of these dichotomized variables.

All hypotheses were tested using the *psych* package in R (Revelle, 2021). A series of hierarchical regression analyses were conducted to test the main effect and interaction effects of intensive mothering and demographic characteristic on the four outcome variables (i.e., involvement in childcare, mental health, parenting stress, and parenting competence). All continuous predictor variables were centered at the mean, with interaction terms being created from the centered variables. In the first step, moderators (demographic characteristics) variables were entered. In the second step, intensive mothering was entered. Then, the interaction terms between intensive mothering and the moderator variables were entered in the third step. A significant interaction term and change in R^2 were interpreted as evidence of moderation.

Results

Bivariate analyses

Means, SDs, and correlations for variables of interest are presented in Table 2.2. Summary of independent sample *t*-tests of intensive mothering, involvement in childcare, mental health, parenting stress, and parenting competence are presented in Table 2.3 to 2.7. Intensive mothering differed significantly by education ($t(289) = -2.44, p = .02$), marital status ($t(289) = -2.01, p = .046$) and income level ($t(289) = -3.91, p < .001$), such that mothers with higher educational levels, higher income and married mothers reported lower levels of intensive mothering beliefs. Although levels of endorsement did not differ between non-Hispanic white and racial and/or ethnic minority mothers, post hoc analysis revealed that levels of endorsement of intensive mothering differed statistically by race/ethnicity, $F(4,282) = 4.47, p = .002$, with significant differences between mothers who identified as white ($M = 4.36$) and mothers who

identified as Black/African American ($M = 4.82$) ($p = .001$; $d = 0.45$). This suggests that the associations between intensive mothering, parenting experiences, and maternal well-being may differ based on racial/ethnic subgroups. Mother's involvement in childcare significantly differed by employment status ($t(253) = -2.24$, $p = .03$), with employed mothers reporting being less involved in childcare than unemployed mothers. Mental health symptoms also differed significantly by education ($t(289) = -2.81$, $p = .005$), marital status ($t(289) = -3.14$, $p = .002$), and income level ($t(289) = -2.69$, $p = .002$), such that mothers with higher education levels, higher income, and married mothers reported less mental health symptoms. Parenting stress and parenting competence did not differ based on mothers' demographic characteristics.

Main effects of intensive mothering and demographic characteristics

Four separate hierarchical regression analyses, one for each outcome variable, were conducted. Complete results for the hierarchical regression analyses are presented in Table 2.8.

Hypothesis 1: Involvement in childcare. Intensive mothering was positively associated with involvement in childcare, ($b = 0.22$, $SE = 0.05$, $p < .001$), after controlling for mother's demographic characteristics, such that mothers who reported higher endorsement of intensive mothering reported being greater involvement in childcare.

Hypothesis 2: Mental health outcomes. Intensive mothering was positively associated with mental health symptoms, ($b = 1.87$, $SE = 0.46$, $p < .001$), after controlling for mother's demographic characteristics.

Hypothesis 3: Parenting stress. Contrary to our prediction, intensive mothering was not associated with parenting stress ($b = 1.05$, $SE = 0.88$, $p = .24$), after controlling for mother's demographic characteristics.

Hypothesis 4: Parenting competence. Intensive mothering was positively associated with parenting competence, such that greater endorsement of intensive mothering beliefs being associated with greater parenting competence ($b = 2.60, SE = 0.95, p < .001$), after controlling for mother's demographic characteristics.

Interaction effects of intensive mothering maternal demographic characteristics

Hypothesis 5: Moderating role of maternal demographic characteristics. Interaction terms between intensive mothering and race/ethnicity, education, family income, employment status, and marital status were individually added in the second step of each hierarchical regression model. There were no significant moderations between intensive mothering and demographic characteristics for involvement in childcare, parenting stress, or parenting competence. In the model predicting mental health symptoms, the addition of interaction term between intensive mothering and marital status significantly contributed to the model ($\Delta R^2 = 0.01, p = .046$). Simple slope analyses revealed that the positive association was only significant among married mothers, $b = 2.39, SE = 0.53, t(277) = 4.50, p < .001$ (unmarried mothers: $b = 0.47, SE = 0.86, t(277) = -0.54, p = .59$) (see Figure 2.1.).

Discussion

The current study investigated associations between mothers' endorsement of intensive mothering beliefs, parenting experiences, and maternal well-being among mothers of young children. Analyses revealed significant relations between intensive mothering and greater involvement in childcare, mental health symptoms, and higher levels of parenting competence, but not parenting stress. Hierarchical regression analyses revealed that marital status, but not race/ethnicity, education, family income, or employment status, moderated the relationship between intensive mothering and mental health symptoms. However, maternal demographic

characteristics did not moderate the associations between intensive mothering and involvement in childcare, parenting stress, or parenting competence. Overall, these results highlight the pervasive and multifaceted relations between intensive mothering and mothers' experience of motherhood and maternal well-being.

Among mothers who shared childcaring responsibilities with a partner, mothers who subscribed to the intensive mothering beliefs to a greater degree reported that they were more involved in childcare than their partners. This result corroborates previous findings that intensive mothering is related to inequality in division of childcare (Liss et al., 2013). Our finding suggests that there is a small but significant association between higher levels of intensive mothering and greater involvement in childcare. Mothers who subscribe to the belief that mothers' primary role is to take care of children and that parenting should be fulfilling may be taking up more childcare responsibilities. Greater endorsement of intensive mothering may pressure mothers to achieve the status of the "good mother" by bearing a greater burden of childcare than their partners.

Considering that this study was conducted during the third peak of COVID-19 pandemic (December 2021) in the U.S., it is important to put this finding into context. Emerging COVID-19 research documents that mothers are bearing most of the additional childcare burden due to the loss of childcare support during the pandemic (Collins et al., 2020; Kerr et al., 2021). In the early months of the pandemic, when compared to fathers, mothers reported spending roughly 10 hours of more childcare per week (Sevilla & Smith, 2020) and reduced work time significantly more to accommodate increased parenting demands (Collins et al., 2020; Zamorro & Prados, 2021). Intensive mothering may explain why mothers are disproportionately affected by the loss of childcare support during the pandemic. The COVID-19 pandemic has heightened the tensions between their roles as parents and paid workers and struggled to balance the expectations of

family and work (Otonkorpi-Lehtoranta et al., 2021). The child-centric and labor-intensive expectations of intensive mothering may have led mothers to resolve this tension by de-prioritizing themselves and putting their children and family first (Lamar et al., 2019), which in turn, may have resulted in taking on more childcare responsibilities.

Mothers' greater endorsement of intensive mothering beliefs were also associated with greater mental health symptoms. These results corroborate other work that has demonstrated negative links between intensive mothering and mental health outcomes (Forbes, Donovan, et al., 2020; Newman & Henderson, 2014; Rizzo et al., 2013). Many scholars suggest that the unrealistic expectations of intensive mothering is a potential cause of poor maternal mental health (Henderson et al., 2016; Prikhidko & Swank, 2018; Turgeon 2020). While striving to achieve ideal motherhood, mothers experience discrepancies between the ideal image of motherhood and their own mothering experience. In this process, many mothers experience a sense of failure, shame, and guilt about not being able to meet the intensive mothering expectations (Liss et al., 2013; Romagnoli & Wall, 2012; Sutherland, 2010), which contributes to poor mental health (Henderson et al., 2016). When mothers internalize the pressure to be perfect, these feelings can lead to anxiety and depression (Henderson et al., 2016; Prikhidko & Swank, 2018). Further research incorporating longitudinal data may illuminate whether greater endorsement of intensive mothering beliefs leads to poor mental health outcome in the long term.

The relations between intensive mothering and parenting-related psychological well-being revealed mixed results. Contrary to our hypothesis, intensive mothering was not associated with parenting stress. As demonstrated in previous research, subscribing to the intensive mothering beliefs may induce negative emotions in mothers (Guendouzi, 2006; Sutherland, 2010). However, some studies have suggested that intensive mothering beliefs interfere with

mothers' negative emotions. The belief that mothers should feel completely fulfilled by their children (i.e., fulfillment belief), a sub-belief of intensive mothering, pressures mothers to feel positive about motherhood and their children (Guendouzi, 2006). Because identifying with and expressing negative emotions are perceived as the qualities of a bad mother, mothers may be reluctant to acknowledge their negative emotions, such as feeling stressed in their parenting role. In fact, qualitative studies found that mothers who endorse the intensive mothering beliefs expressed more positive emotions than negative emotions about motherhood while mothers who did not subscribe to the intensive beliefs displayed a wider range of negative emotions, such as anxiety, sadness, and anger (Scharp & Thomas, 2017). In the current study, it may be possible that mothers who subscribed to intensive mothering beliefs felt pressured to feel positive about motherhood which may have contributed to not endorsing parenting stress. Another possibility is that only some sub-beliefs of intensive mothering are associated with greater parenting stress. For example, the essentialism and challenging beliefs have been associated with higher levels of perceived stress, while the child-centered and fulfillment beliefs are not related to stress (Rizzo et al., 2013). This may translate to parenting stress as well, and our focus on overall intensive mothering beliefs may have failed to identify these nuanced relations. More research is needed to elucidate how different sub-beliefs may be related to mothers' stress in their parenting role.

Our results also revealed that greater endorsement of intensive mothering was associated with higher parenting competence. Previous research suggests there are positive correlations between parenting competence and two sub-beliefs of intensive mothering: fulfillment and child-centered beliefs (Liss et al., 2013). Mothers who subscribe to intensive mothering beliefs attest to the fulfillment expectation by demonstrating greater expressions of positive emotions about their role as mothers (Scharp & Thomas, 2017), which may lead to greater parenting competence.

Likewise, mothers whose mothering experience aligns with the child-centered belief of prioritizing their children's need and sacrifice their own may be able to position themselves as competent parents. Another sub-belief of intensive mothering that may be associated with parenting competence is essentialism belief. The beliefs that mothers are more capable of providing childcare may have provided mothers with a sense of competence and autonomy in making decisions about childcare. The essentialism belief may serve as a buffer against poor mental health outcomes that undermine mothers' capacities in caring for their children while increasing the sense of self-efficacy in their parenting role. The findings of the current study highlight the multifaceted relations between intensive mothering and parenting-specific psychological well-being.

Finally, our findings revealed that the association between intensive mothering and mental health symptoms depended on marital status, such that greater endorsement of intensive mothering was linked to higher levels of mental health symptoms for married mothers but not for unmarried mothers. Given that mothers were disproportionately affected by the loss of childcare during the pandemic (Collins et al., 2021; Zamarro & Prados, 2021), it may be possible that married mothers with greater endorsement of intensive mothering beliefs in our sample have been taking up greater childcare responsibilities compared to their partners. The increased burden of childcare may have led to greater mental health symptoms, including anxiety and depression symptoms (Russell et al., 2020). On the contrary, maternal mental well-being may not be negatively affected by endorsement of intensive mothering beliefs for unmarried mothers, including single mothers, who already have been bearing most of the childcare responsibilities.

However, mothers' demographic characteristics did not moderate the relationship between intensive mothering and involvement in childcare, parenting stress, and parenting

competence. While there is some understanding of the prevalence of intensive mothering beliefs among contemporary Western mothers (Forbes et al. 2020; Henderson et al., 2016), there is limited evidence on whether the influence of subscribing to intensive mothering on parenting experiences and psychological well-being varies by mothers' demographic characteristics. Our findings suggest that the influence of endorsing intensive mothering beliefs on mothers' parenting experience and parenting-specific psychological well-being may be pervasive regardless of their race/ethnicity, education, income, employment, and marital status. In other words, the message that mothers should engage in parenting behaviors that align with intensive mothering beliefs in order to achieve the status of "good mother" may impact the mothering experiences of all mothers from diverse ethno-racial and socioeconomic backgrounds. The current scholarship on intensive mothering primarily focuses on answering why mothers subscribe to intensive mothering beliefs at the expense of their psychological and emotional well-being. This question assumes that mothers truly have a choice whether to perform intensive mothering or not and overlooks the hegemonic power of intensive mothering ideology over mothers (Henderson et al., 2016). Future studies should shift the focus away from mothers' individual decision to conform with intensive mothering beliefs and, instead, investigate how the pervasive sociocultural expectations and messages on good mothering influence maternal well-being and mothering experiences.

Limitations and future directions

This study is not without limitations. First, the findings of the current study may not be generalizable to all mothers, including mothers with diverse sexual orientation. The sample of this study only consist of 19 mothers (6.5%) who identified as LGBTQIA+. Due to the small proportion, sexual orientation was not included in the moderation analyses. Given the hegemonic

state of intensive mothering expectations (Arendell, 2000; Christopher, 2012), it is important to understand how LGBTQIA+ mothers endorse and respond to intensive mothering beliefs.

Although our sample include a substantial number of mothers from diverse racial/ethnic minority background (14.8% Black/African American, 12.4% multiracial, 5.2%, Hispanic/Latinx/Spanish origin, 5.2% Asian/Asian American, and 1.3% other races) we were underpowered for subgroup analyses. For better understanding of the findings of this study, it may be useful to test the associations separately for each racial/ethnic group utilizing a sufficiently large and more diverse sample. In addition, this study relied on a cross-sectional design, which precludes causal inference. It is possible, for instance, that mothers who report higher anxiety endorse greater levels of intensive mothering beliefs (Forbes et al., 2020). Future studies should implement longitudinal designs that would inform understanding of the directionality of intensive mothering on maternal well-being.

Implications and conclusion

Although intensive mothering research has recently burgeoned, there is limited evidence on how to support mothers to successfully navigate intensive mothering in relation to their own mothering experience. One possibility is providing social support networks for mothers and families and empowering them to share their experiences with other mothers. There is robust evidence that social support significantly and positively influences maternal mental well-being (Balaji et al., 2007). Mothers who have supportive social networks may be able to create and disseminate their own personal views about motherhood, explore intensive mothering beliefs, and challenge the unrealistic parenting expectations. In addition, family social workers and educators should assist in finding ways to encourage mothers to reflect on their own attitudes and beliefs about motherhood and support mothers to develop their own authentic style of mothering.

This support may be particularly helpful for mothers who feel the pressure to be “perfect” mothers and engage in child-rearing practices that is in accordance with culturally dominant ideals of motherhood. Studies have found that mothers who are able to reframe intensive mothering beliefs to their benefit are able to mitigate the negative impact of endorsing intensive mothering beliefs on their psychological and emotional well-being (Christopher, 2012; Johnston & Swanson, 2003). It is critical to provide support for mothers to develop realistic goals and expectations in relation to their mothering role. Importantly, these supports should be culturally responsive and allow mothers to explore what it means to be a good mother in relation to their cultural background.

Understanding how sociocultural expectations around motherhood impacts maternal well-being is important in promoting the healthy development of motherhood. This study illuminates the multifaceted relations between endorsing intensive mothering beliefs and maternal well-being. Findings suggest the unrealistic expectations around motherhood have negative associations with mothers’ day-to-day mothering experience and mental health but have positive associations with parenting competence. While this study helped to illuminate important links between intensive mothering and maternal well-being, there is very limited research exploring its impact on children’s and family well-being. A more ecological and strength-based approach is needed to unfold the spillover effects of intensive mothering on children and families and to identify mothers who successfully navigated the unrealistic expectations of intensive mothering.

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Table 2.1. Mothers' Demographic Characteristics

	Percentage
Race	
White	61.2
Asian/Asian American	5.2
Black/African American	14.8
Hispanic/Latinx	5.2
American Indian/Alaska Native	0.3
Native Hawaiian or other Pacific Islander	0.3
More than one race	12.4
Other	0.7
Relationship status	
Married	75.6
Dating	12.0
Single	9.6
Divorced	2.7
Education	
High school or less	13.7
Some college	25.4
Community college or trade school	13.1
Bachelor's degree	34.4
Graduate degree	13.4
Employment	
Working full-time	40.2
Working part-time	27.8
Unemployed	32.0
Income	
Less than \$30 K	23.1
\$30 K to \$50 K	23.0
\$51 K to \$70 K	18.9
\$71 K to \$90 K	12.7
\$91 K to \$110 K	8.7
Over \$110 K	13.7
Federal poverty line	
More than 200% above	54.3
At 200% or below	45.7

Note. $N = 291$.

Table 2.2. Ranges, Means, Standard Deviations, and Correlations

Variables	Range	<i>M</i>	<i>SD</i>	1	2	3	4	5	6
1. Age	20.00 – 56.00	32.4	6.28						
2. Intensive mothering	2.24 – 6.08	4.46	0.69	.04					
3. Involvement in childcare	2.21 – 5.00	3.99	0.60	.03	.25				
4. Mental health	3.50 – 25.50	10.43	5.46	-.15	.26	.18			
5. Parenting stress	19.00 – 68.00	41.06	9.95	-.10	.08	.17	.45		
6. Parenting competence	13.00 – 56.00	39.77	7.82	.00	.23	-.04	-.21	-.54	

Note. *M* and *SD* are used to represent mean and standard deviation, respectively. Bolded estimates are all significant at $p < .05$.

Table 2.3. Independent sample *t*-test for intensive mothering compared by demographic characteristics

	Group	N	Mean (SD)	<i>t</i>	<i>p</i>
Race/ethnicity	Non-Hispanic White	178	4.36(0.70)	-3.09	.002
	Racial and/or ethnic minority	113	4.62(0.65)		
Education	Bachelor's degree or higher	139	4.36(0.72)	-2.44	.015
	Less than bachelor's degree	152	4.56(0.65)		
Employment	Employed	198	4.44(0.69)	-0.89	.37
	Not employed	93	4.52(0.70)		
Marital status	Married	220	4.42(0.67)	-2.01	.046
	Not married	71	4.61(0.74)		
Poverty	Above 200% FPL	158	4.32(0.66)	-3.91	<.001
	At or below 200% FPL	133	4.63(0.69)		

Note. FPL 200% = at or below 200% federal poverty line.

Table 2.4. Independent sample *t*-test for involvement in childcare compared by demographic characteristics

	Group	N	Mean (SD)	<i>t</i>	<i>p</i>
Race/ethnicity	Non-Hispanic White	162	3.99(0.59)	-0.26	.79
	Racial and/or ethnic minority	93	4.01(0.61)		
Education	Bachelor's degree or higher	130	3.93(0.58)	-1.73	.09
	Less than bachelor's degree	125	4.06(0.61)		
Employment	Employed	173	3.94(0.63)	-2.24	.03
	Not employed	82	4.12(0.51)		
Marital status	Married	220	4.00(0.57)	0.22	.83
	Not married	35	3.97(0.74)		
Poverty	Above 200% FPL	150	3.95(0.58)	-1.27	.20
	At or below 200% FPL	105	4.05(0.61)		

Note. FPL 200% = at or below 200% federal poverty line.

Table 2.5. Independent sample *t*-test for mental health compared by demographic characteristics

	Group	N	Mean (SD)	<i>t</i>	<i>p</i>
Race/ethnicity	Non-Hispanic White	178	10.31(5.27)	-0.51	.61
	Racial and/or ethnic minority	113	10.64(5.75)		
Education	Bachelor's degree or higher	139	9.51(5.13)	-2.81	.005
	Less than bachelor's degree	152	11.29(5.62)		
Employment	Employed	198	10.53(5.41)	0.42	.68
	Not employed	93	10.24(5.57)		
Marital status	Married	220	9.88(5.22)	-3.14	.002
	Not married	71	12.18(5.82)		
Poverty	Above 200% FPL	158	9.66(5.09)	-2.69	.008
	At or below 200% FPL	133	11.36(5.74)		

Note. FPL 200% = at or below 200% federal poverty line.

Table 2.6. Independent sample *t*-test for parenting stress compared by demographic characteristics

	Group	N	Mean (SD)	<i>t</i>	<i>p</i>
Race/ethnicity	Non-Hispanic White	178	40.98(9.99)	-0.16	.87
	Racial and/or ethnic minority	113	41.18(9.95)		
Education	Bachelor's degree or higher	139	41.04(9.35)	-0.04	.97
	Less than bachelor's degree	152	41.08(10.50)		
Employment	Employed	198	40.71(9.60)	-0.87	.39
	Not employed	93	41.80(10.69)		
Marital status	Married	220	40.80(9.92)	-0.77	.45
	Not married	71	41.85(10.08)		
Poverty	Above 200% FPL	158	40.75(9.92)	-0.57	.57
	At or below 200% FPL	133	41.42(10.02)		

Note. FPL 200% = at or below 200% federal poverty line.

Table 2.7. Independent sample *t*-test for parenting competence compared by demographic characteristics

	Group	N	Mean (SD)	<i>t</i>	<i>p</i>
Race/ethnicity	Non-Hispanic White	178	39.30(7.79)	-1.28	.20
	Racial and/or ethnic minority	113	40.50(7.85)		
Education	Bachelor's degree or higher	139	39.72(7.71)	-0.11	.92
	Less than bachelor's degree	152	39.82(7.95)		
Employment	Employed	198	40.05(7.64)	0.88	.38
	Not employed	93	39.18(8.21)		
Marital status	Married	220	39.90(8.05)	0.52	.61
	Not married	71	39.35(7.12)		
Poverty	Above 200% FPL	158	39.46(7.93)	-0.73	.47
	At or below 200% FPL	133	40.14(7.70)		

Note. FPL 200% = at or below 200% federal poverty line.

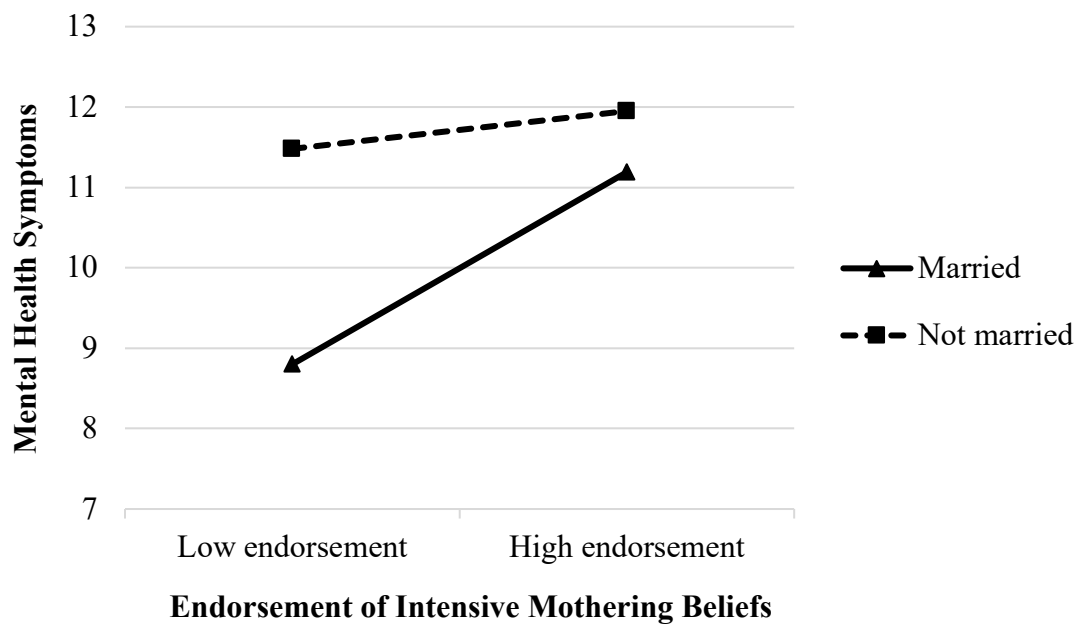
Table 2.8. Main and interaction effect of intensive mothering and maternal demographic characteristics on outcome variables

	Involvement in childcare	Mental Health	Parenting Stress	Parenting Competence
	Estimate (SE)	Estimate (SE)	Estimate (SE)	Estimate (SE)
Demographic characteristics				
White	-0.02(0.08)	0.13(0.65)	-0.08(1.22)	-1.26(0.96)
College	-0.08(0.08)	-1.28(0.71)	0.49(1.33)	0.20(1.04)
FPL200	0.05(0.09)	0.67(0.75)	0.39(1.40)	1.19(1.10)
Employed	-0.15(0.08)*	0.47(0.69)	-1.19(1.29)	1.08(1.01)
Married	0.04(0.11)	-1.72(0.80)*	-1.08(1.49)	1.32(1.17)
R ²	0.028	0.106	0.006	0.015
Main effect of Intensive mothering				
IM	0.22(0.05)***	1.87(0.46)***	1.05(0.88)	2.60(0.95)***
R ²	0.086	0.106	0.010	0.063
ΔR ²	0.058***	0.052***	0.005	0.049***
Interaction effects of intensive mothering and demographic characteristics				
IM*White	-0.02(0.12)	1.32(0.95)	0.47(1.83)	-0.37(1.40)
R ²	0.086	0.111	0.011	0.063
ΔR ²	0.045	0.006	0.001	0.000
IM*College	0.10(0.11)	0.06(0.90)	-0.30(1.74)	-0.39(1.33)
R ²	0.089	0.106	0.011	0.063
ΔR ²	0.003	0.000	0.001	0.001
IM*FPL200	0.11(0.11)	0.32(0.73)	-1.24(1.76)	-0.77(1.35)
R ²	0.089	0.106	0.012	0.065
ΔR ²	0.004	0.001	0.002	0.001
IM*Employed	-0.10(0.12)	0.85(0.95)	1.83(1.83)	-0.52(1.38)
R ²	0.089	0.108	0.014	0.063
ΔR ²	0.002	0.003	0.003	0.000
IM*Married	-0.06(0.15)	1.92(0.99)	-0.51(1.92)	0.56(1.47)
R ²	0.086	0.118	0.011	0.064
ΔR ²	0.001	0.012*	0.001	0.001

Note. IM = intensive mothering; FPL 200% = at or below 200% federal poverty line.

* p < .05, ** p < .01, *** p < .001

Figure 2.1. Interaction between intensive mothering and marital status on mental health symptoms



Chapter 3:

Different Patterns of Endorsement of Intensive Mothering Beliefs: Associations with Parenting

Guilt and Parental Burnout

Abstract

Drawing from previous research on the associations between intensive mothering and maternal well-being, the current study investigates the association between intensive mothering endorsement, parenting guilt, and parental burnout by applying a person-centered approach. The first goal of this study was to examine whether different profiles of mothers exist based on their endorsement of the five sub-beliefs of the Intensive Parenting Attitudes Questionnaire (IPAQ). The second goal was to examine the associations between these profiles and parenting guilt and parental burnout. The third goal was to investigate whether mothers' demographic characteristics predict membership in one of the established profiles. Using data from 291 mothers ($M_{\text{age}} = 32.4$ years, $SD = 6.3$), with at least one child under six years old, we identified four profiles of mothers. Two distinct patterns of intensive mothering endorsement emerged; mothers who exhibited consistent levels of endorsement across the five sub-beliefs (i.e., *High Endorsement*, *Moderate Endorsement*, and *Low Endorsement*) and mothers who were characterized by higher endorsement on fulfillment, stimulation, and child-centered but lower endorsement on essentialism and challenging (i.e., *Selective Endorsement*). Mothers in the *High Endorsement* were most vulnerable to feelings of guilt and burnout. Parenting guilt was lowest among mothers in the *Low Endorsement* profile, while parental burnout was the lowest among mothers in the *Selective Endorsement* profile. Finally, married mothers were about three times more likely to be members in the *Selective Endorsement* profile than *High Endorsement* profile. These results highlight the heterogeneity of subscribing to intensive mothering beliefs and suggests that not endorsing all facets of intensive mothering may be associated with better parenting experiences.

Introduction

The belief that mothers should prioritize their children's needs and excel at mothering is referred to as intensive mothering. Hays (1996) first coined the term "intensive mothering" to capture the sociocultural discourse around motherhood in the U.S. that idealizes child-centric and resource-intensive mothering. Stemming from patriarchal norms in gender roles, intensive mothering holds that mothers' greatest priority is to care for their children and posits mothers as the primary and preferred caregiver (Arendell, 2000; Collins, 1994). The *good mother* portrayed by intensive mothering is completely devoted to her children, self-sacrificing, and provides "child-centered, expert-guided, emotionally absorbing, labor-intensive, and financially expensive" care (Hays, 1996). Recent scholarship on intensive mothering has provided evidence that intensive mothering beliefs are endorsed by many mothers of various cultural and socioeconomic backgrounds, although the degree of their endorsement may vary (Forbes et al., 2020; Henderson et al., 2016). Despite widespread endorsement, the unrealistic expectations of intensive mothering sets mothers up to experience frustration and disappointment in their parenting roles and can negatively affect maternal well-being (e.g., Liss, Schiffin & Rizzo, 2013; Loyal et al., 2021; Rizzo et al., 2013). This study aims to extend previous studies on intensive mothering and maternal well-being by investigating the existence of different patterns of endorsement of intensive mothering beliefs and whether those different patterns are associated with maternal demographic characteristics, parenting guilt and parental burnout.

Dimensions of intensive mothering

In the original conceptualization of intensive mothering, Hays (1996) outlined three main dimensions. First, intensive mothering ideology is based on a highly gendered view of parenting roles. It claims that parenting is best done by mothers who are naturally nurturing and are better

able to attend to their children's needs. While mothers are regarded as the primary and preferred parent, fathers are more easily able to opt out of the intensified parenting expectations without being seen as a "bad parent" (Miller, 2011). Second, mothers are expected to practice an intensive child-rearing approach. This approach includes prioritizing children's needs by putting their own needs aside and following experts' guidance (e.g., doctors, parenting manuals, and magazines) to ensure the optimal development of children. As such mothers should be physically and emotionally available and devote a great deal of time, energy, and resources to their children. Lastly, intensive mothering ideology holds that children are sacred and innocent and that protecting their inherent goodness is mothers' most important and meaningful role.

Based on Hays' (1996) conceptualization of intensive mothering, Liss and colleagues (2013) proposed the five core beliefs of intensive mothering through an exploratory factor analysis using a sample of mostly white, married, middle-class Western mothers. The five beliefs are 1) essentialism, 2) child-centered, 3) stimulation, 4) challenging, and 5) fulfillment. Essentialism is described as the belief that mothers are the preferred and more capable parents, reflecting Hays' (1996) first dimension. The belief that mothering should follow an intensive child-rearing approach is reflected in child-centered (i.e., mothers should prioritize children's need), stimulation (i.e., mothers should provide consistent intellectual stimulation for their children), and challenging (i.e., the belief that mothering is difficult and exhausting). Finally, the perception that children are sacred and innocent is reflected in fulfillment, which is defined as the belief that mothers should to feel completely fulfilled in caring for their children.

Several studies have demonstrated associations between mothers' endorsements of intensive mothering and maternal well-being (Gunderson & Barrett, 2017; Rizzo et al., 2013). For example, greater endorsement of intensive mothering beliefs is associated with increased

stress and depressive symptoms, and decreased life satisfaction. Further, one study has demonstrated how the individual facets of intensive mothering beliefs are separately linked to poor mental health outcomes (Rizzo et al., 2013). More specifically, the belief that mothering is demanding and challenging was associated with higher levels of depression and stress while the belief that mothering should be child-centered and that mothers are preferred caregivers (i.e., essentialism) was linked to lower life satisfaction (Rizzo et al., 2013). The findings from this study suggest the possibility that different configurations of the intensive mothering beliefs may uniquely contribute to maternal well-being. However, to date, there is little to no evidence on how varying endorsements of the five intensive mothering beliefs is associated with the psychological and emotional experiences of mothering.

Endorsement of intensive mothering by social class

Another line of research on intensive mothering focuses on answering whether endorsement of intensive mothering beliefs differ based on mothers' demographic characteristics. While feminist scholars contend that intensive mothering usually reflects the values and experiences of white, middle-class families in the Western context (Collins 1994; Sutherland 2010), there is some qualitative evidence demonstrating that Black, working-class, single mothers also feel the pressure to conform to the intensive mothering expectations (Dow, 2016; Elliott et al., 2015). A recent study partially supports these qualitative findings by demonstrating that endorsement of the five sub-beliefs of intensive mothering did not differ across race or ethnicity (Forbes et al., 2021). In contrast to the qualitative studies, however, different levels of endorsement were found based on mothers' education, income, and marital status. For example, mothers with higher education were more likely to endorse challenging and fulfillment beliefs and less likely to endorse child-centered beliefs (Forbes et al., 2021). In

addition, mothers with lower income were more likely to believe that good mothering should be child-centered while single mothers were more likely to believe that mothers should be the primary and preferred caregivers (Forbes et al., 2021). Together, these findings suggest that demographic characteristics may be associated with different patterns of endorsement of intensive mothering beliefs.

Intensive mothering and parenting guilt

Many scholars have acknowledged that intensive mothering has become the dominant standard of child-rearing by which a good mother is judged (Glenn et al., 1994; Guendouzi, 2005; Wall 2010). However, intensive mothering sets mothers up to fail by imposing unrealistic expectations of the motherhood role (Douglas & Michaels, 2004). While mothers who successfully meet the expectation of intensive mothering are praised as good mothers, they risk being positioned as “bad” mothers when failing to meet these expectations (Arendell, 2000). Feminist scholars have pointed out that the construction of the good/bad mother dichotomy sustains the idealization of motherhood and puts pressure on mothers to comply to the demanding expectations of intensive mothering (Arendell 2000; Glenn et al., 1994; Wall 2010). When striving to achieve the status of good mother, however, mothers may experience frustration and disappointment in their ability to live up to the expectations of intensive mothering. Previous work on parenting guilt suggests that greater self-discrepancies between actual self and both personal ideals and internalized socially sanctioned ideals of motherhood contributes to mothers’ feelings of guilt (Liss, Schiffrin & Rizzo, 2013). Moreover, mothers are more likely to experience parenting guilt when the sense of failure is combined with high standards for mothering responsibilities (Elvin-Nowak, 1999; Sutherland, 2010). For example, working mothers who subscribed to the belief that mothers should prioritize children’s needs

were more likely to feel guilty about any time spent away from their children (Guendouzi, 2006). The child-centered belief of intensive mothering contends with mothers' employment, in which mothers feel greater guilt when they endorse the intensive mothering beliefs to a greater degree.

It is important to understand the anticipated guilt of failing to be a good mother, as it may lead to other negative psychological consequences for mothers. For example, feelings of guilt about not meeting the expectations of intensive mothering are associated with higher levels of anxiety. When coupled with the pressure to be perfect, feelings of guilt are also associated with higher levels of stress and lower self-efficacy (Henderson et al., 2016). While there is some qualitative support that the unattainable expectations of intensive mothering can induce feelings of guilt (Guendouzi, 2006; Sutherland, 2010; Wall, 2010), there is little empirical evidence demonstrating links between intensive mothering and maternal guilt. More research is needed to better understand the how subscribing to intensive mothering beliefs influences mothers' emotional experience of parenthood.

Intensive mothering and parental burnout

When trying to fulfill the demanding expectations of intensive mothering, mothers can experience overwhelming stress and exhaustion in their role as a parent, also known as parental burnout. While some level of parenting stress is a normal experience for parents (Deater-Deckard, 2004), parental burnout is a parenting-specific syndrome that leads parents to feel completely exhausted and run down by their parenting role (Roskam et al., 2018). Parental burnout encompasses three dimensions: overwhelming exhaustion, emotional distancing, and loss of accomplishment in one's parental role (Mikolajczak & Roskam, 2018). Burned-out parents experience physical and mental exhaustion and feel emotionally drained to the extent that they cannot adequately respond to the parenting demands. Over time, exhausted parents detach

themselves emotionally from their children and gradually lose fulfillment from their role as parents and start to doubt their ability to successfully care for their children (Mikolajczak & Roskam, 2018). Existing research has demonstrated the detrimental consequences of parental burnout on parents and children. Parental burnout negatively affects parents' mental and physical health, including increased escape ideation (Mikolajczak et al., 2019), alcohol use (Mikolajczak et al., 2018), somatic problems, and sleep disorders (Sarrionandia, 2019). Burned-out parents are also more likely to neglect their children and use violence toward children (Mikolajczak et al., 2019).

Intensive mothering is positively associated with parental burnout during the perinatal period (Loyal et al., 2021). In specific, mothers who subscribe to the belief that mothers should set aside their own needs (i.e., child-centric) were more likely to feel physical, cognitive, and emotional exhaustion. Moreover, these mothers reported feeling less competent, satisfied, and interested in their role as a parent. When coupled with the pressure to be perfect, the belief that motherhood requires sacrifice may reinforce mothers' negative emotions and lead to elevated feelings of burnout (Meeussen & Van Laar, 2018). Drawing from the findings of Loyal et al. (2021) that focused on the perinatal period, we examine whether subscribing to intensive mothering is associated with parental burnout among mothers of young children. Given that between 5 and 9% of parents experience parental burnout worldwide (Roskam et al., 2021), examining how intensive mothering is associated with parental burnout during various stages of motherhood poses an important area of study. Understanding the sociocultural antecedents of parental burnout may be informative in identifying mothers who are at greater risk for experiencing parental burnout symptoms and highlights potential areas of prevention and intervention.

Present Study

The present study expands on previous research by applying a person-centered approach to the study of intensive mothering. First, we examine whether different profiles of mothers exist based on their endorsement of the five sub-beliefs of intensive mothering (Liss, Schiffrin, Mackintosh et al., 2013). We utilize Latent Profile Analysis given its relative advantages over variable-centered approach as it allows us to describe how different combinations of intensive mothering beliefs are organized within individuals (Laursen & Hoff, 2006; Von Eye & Bogat 2006). We then examine whether mothers' demographic characteristics predict membership in one of the established profiles. Finally, we investigate associations between the established profiles and both parenting guilt and parental burnout. We predict that profiles with different patterns of intensive mothering endorsement will emerge from the data (Hypothesis 1), and that mothers from relatively privileged backgrounds (i.e., higher education, higher income, married) are more likely to be in the profile with the highest endorsement across all sub-beliefs (Hypothesis 2). We also expect that the profile with highest endorsement across all sub-beliefs will be associated with the highest levels of parenting guilt and parental burnout (Hypothesis 3).

Method

Participants

This study was deemed exempt by the University of Wisconsin-Madison IRB, #2021-1261. Data were collected from mothers across United States from a crowdsourced sample via Prolific (www.prolific.co; Palan & Schitter, 2018), which is an online research platform that provides access to high-quality and representative samples (Peer et al., 2017). This study was deemed exempt by the University of Wisconsin-Madison IRB, #2021-1261. Inclusion criteria included mothers over 18 years of age and with at least one child under 6 years old. Prior to

accessing the survey, mothers gave informed consent. The duration of the survey was approximately 30 minutes. In total, 303 mothers began the survey. We removed data from mothers who dropped out before responding to intensive mothering questionnaire, or whose completion rate was less than 5%. The final sample included 291 mothers with no missing data. Upon completion of the survey, mothers were compensated at a rate of \$10 per hour.

Mothers ranged from 20 to 56 years old ($M = 32.4$ years, $SD = 6.3$) and had two children on average ($M = 1.9$, $SD = 1.1$). More than half of the mothers identified as White (61.2%), 14.8% as Black/African American, 12.4% as Multiracial, 5.2% as Hispanic/Latinx/Spanish origin, 5.2% as Asian/Asian American, 0.3% as American Indian/Alaskan Native, 0.3% as Native Hawaiian/Pacific islander, and 0.7% as others. The majority of mothers were married (75.6%), had an associate degree or higher (60.9%), and were employed either full-time or part-time (68.0%). About one-third of the mothers reported household income above \$70,000 a year, with 35.4% families living at or below 200% of the federal poverty line.

Measures

Intensive Mothering. Mothers' endorsement of intensive mothering beliefs was assessed using the Intensive Parenting Attitudes Questionnaire (IPAQ; Liss et al., 2013; $\alpha = .84$). The IPAQ is a 25-item measure that consists of five subscales. The five subscales include essentialism (the belief that women generally better at parenting than men; $\alpha = .85$), fulfillment (parenting is a fulfilling task; $\alpha = .77$), challenging (parenting is a demanding task; $\alpha = .76$), stimulation (parents are responsible for cognitive stimulation of the child; $\alpha = .64$), and child-centered (that the needs of the child should be prioritized by the parents; $\alpha = .70$). Responses were on a 7-point scale that ranged from 1 (*strongly disagree*) to 7 (*strongly agree*). Items were averaged to form a final score for each subscale, with higher scores indicating greater

endorsement of the corresponding intensive mothering belief. The mean scores of each subscale were used as indicators to predict intensive mothering profiles.

Parenting Guilt. Mothers' feelings of guilt in their role as a parent were assessed using the Guilt about Parenting Scale (GAPS; Haslam et al., 2020; $\alpha = .89$). The GAPS is a 10-item measure comprising a single parenting guilt factor. Items include "*I often worry I am not as good a parent as I should be*" and "*I feel guilty when I do not have the energy to fully engage with my child.*" Mothers were asked to reflect on their feelings about being a parent on a 7-point scale (1 = *strongly disagree* to 7 = *strongly agree*). All items were summed, with higher total scores indicating greater parenting guilt.

Parental Burnout. Parental burnout was assessed using the Brief Parental Burnout Scale (BPBs; Aunola et al., 2021; $\alpha = .86$). The BPB is a 5-item self-report measure developed based on the 23-item Parental Burnout Assessment (PBA; Roskam et al. 2018). Items include "*I have the sense that I'm really worn out as a parent*", "*I sometimes have the impression that I'm looking after my child(ren) on autopilot,*" and "*I am no longer able to show my child(ren) how much I love them.*" Mothers were asked to reflect on their feelings about being a parent on a 3-point scales (0 = *more seldom/never* to 2 = *daily*). All items were summed, with higher scores indicating greater parental burnout.

Demographic characteristics. Mothers provided information on their demographic characteristics including age, race/ethnicity, education, family income, employment status, and marital status. For the current analyses, demographic characteristics were dichotomized. Due to smaller sample sizes in other ascribed racial/ethnic groups (i.e., other than non-Hispanic white), self-reported race/ethnicity was dichotomized as non-Hispanic white and racial and/or ethnic minorities to increase statistical power (i.e., race/ethnicity; other = 0; white = 1). Education was

dichotomized as either less than bachelor's degree or bachelor's degree or higher (i.e., Bachelor's Degree or less; 0 = no; 1 = yes). Employment status was dichotomized as either being employed (full- or part-time) or unemployed (employed; 0 = no; 1 = yes), and marital status was dichotomized as married or not married (married; 0 = no; 1 = yes). Using family income, household size, and receipt of Supplementary Nutrition Assistance Program (SNAP) or Supplementary Nutrition Program for Women, Infants, and Children (WIC) benefits, Census Bureau federal poverty level thresholds (U.S. Census Bureau, 2021) were used to identify whether mothers' income was less than 200% poverty level (i.e., at or below 200% federal poverty line; 0 = no; 1 = yes).

Data Analytic Plan

Latent Profile Analysis was conducted using Mplus (Version 8.3; Muthén & Muthén, 1998-2017) to identify distinct sub-populations of mothers using maximum likelihood estimation with robust standard errors. The first step in determining the best-fitting LPA model was to test a model restricted to a one-profile solution to the data. Additional profiles were added through an iterative process and fit indices were evaluated at each step to test for model fit improvement (Nylund, Asparouhov, & Muthén, 2007). The appropriate fit indices for LPA were lower scores on the Akaike Information Criterion (AIC; Akaike, 1974), Bayesian Information Criterion (BIC; Schwarz, 1978), and sample-size adjusted Bayesian Information Criterion (ABIC; Sclove, 1987), and entropy values higher than .70 (Muthén, 2001). Other indicators of model fit included the statistical probability of the Bootstrapped Likelihood Ratios Test (BLRT; McLachlan & Peel, 2004), indicating whether a model with one additional profile represents a significant improvement in fit compared to a model with one fewer profile. The final indicator was a

prevalence rate of at least 5% for the least common profile to ensure that all subgroups were meaningful.

After identifying the optimal number of profiles, demographic covariates were estimated as predictors of class membership using the R3STEP auxiliary method in Mplus. The R3STEP method conducts a series of multinomial logistic regressions that are used to assess whether an increase in a predictor would result in higher probability that a person belongs to one class over another class. Next, the manual Bolck-Croon-Hagenaars (BCH; Bolck, Croon, & Hagenaars, 2004) approach was conducted to examine mean differences on the outcome variables (i.e., parenting guilt and parental burnout) across intensive mothering profiles. The BCH method uses empirically derived sample weights to account for classification uncertainty in assigning families to specific profiles and produces less biased standard errors than alternative methods (Nylund et al., 2019). Wald tests were then computed to examine the significant pairwise mean differences in the distal outcomes across profiles.

Results

Means, standard deviations, and correlations among all study variables are presented in Table 3.1. Preliminary analyses indicated a normal distribution for all key variables, with a skew and kurtosis less than ± 2 . The absolute value of correlations among the five intensive mothering subscales was .13 – .49, indicating that the scales provided non-redundant information. All correlations were significant at $p < .05$, with the exception of the correlation between essentialism and stimulation ($r = .02$, $p = .74$). The non-significant correlation between essentialism and stimulation has been reported in a recent study (i.e., Long et al., 2021) testing the measurement invariance of the IPAQ using data from both mothers and fathers of three racial groups (white, Black, and Asian Americans).

Profiles of Intensive Mothering

The fit indices for models with one to six latent profiles are summarized in Table 3.2. Based on the fit indices, the 4-profile model was selected as the best fitting model. The 4-profile model had the smallest BIC, highest entropy score (0.74), a significant BLRT ($p < .001$) and each profile size was sufficiently substantial by including at least 5% of the sample. Although, the 5-profile model had the smallest AIC and ABIC, this model was rejected due to the low entropy score and low prevalence rate in the smallest profile. The 5-profile model largely maintained the three profiles of the 4-profile model and subdivided the fourth and largest profile into two which were relatively indistinct from each other.

Mean item responses for the endorsement of five beliefs of intensive mothering are presented in Table 3.3. Consistent with our first hypothesis, four different profiles of endorsement of intensive mothering emerged. The first profile included 20.9% of the mothers who endorsed high levels of all five sub-scales (essentialism, fulfillment, stimulation, challenging, and child-centered) and were thus labeled *High Endorsement*. The second profile represented by 26.8% of mothers was labeled *Selective Endorsement* given that mothers in this profile endorsed high levels of fulfillment, stimulation, and child-centered beliefs but low levels of essentialism and challenging beliefs. The third profile, labeled *Moderate Endorsement*, was the largest and described 46.8% of the mothers who endorsed moderate levels across all five beliefs. Finally, the fourth profile, labeled *Low Endorsement*, included a relatively small proportion of mothers (5.5%) who endorsed the lowest levels of intensive mothering across all five beliefs.

Demographic Predictors of Profile Membership

Significant predictors of profiles of intensive mothering endorsement were identified using the auxiliary R3STEP approach. Our second hypothesis was partially supported. Among the four demographic predictors (i.e., race/ethnicity, education, income, employment, marital status), only marital status was identified as significant predictor of profile membership. Specifically, married mothers were about three times more likely to be members in the *Selective Endorsement* profile than *High Endorsement* profile ($OR = 2.76$, 95% CI [1.05, 7.29]).

Differences in Parenting Guilt and Parental Burnout across Profiles

Table 3.4 presents the profile specific means and standard errors on each outcome. A Wald test was conducted on all pairwise comparisons to examine whether intensive mothering profiles differed in their mean outcome scores. Profile specific differences were observed for both parenting guilt and parental burnout.

Consistent with our second hypothesis, mothers in the *High Endorsement* profile reported the higher level of parenting guilt ($M = 53.92$, $SD = 1.75$), which was significantly different from mothers in *Selective Endorsement* profile ($M_{diff} = 5.33$, $p = .04$) and *Low Endorsement* profile ($M_{diff} = 11.36$, $p = .02$). Levels of parenting guilt were not significantly different between *Selective Endorsement* profile and *Low Endorsement* profile ($M_{diff} = 6.02$, $p = .18$).

Regarding parental burnout, mothers in the *Selective Endorsement* profile ($M = 0.72$, $SD = .21$) reported the lower level of parental burnout and were significantly different from mothers in the *High Endorsement* profile ($M_{diff} = -1.54$, $p < .001$) and *Moderate Endorsement* profile ($M_{diff} = -1.15$, $p < .001$). Levels of parental burnout were not significantly different between the *Moderate Endorsement* profile and either the *Low Endorsement* profile ($M_{diff} = 0.63$, $p = .34$) or the *High Endorsement* profile ($M_{diff} = 0.39$, $p = .34$).

Discussion

The current study investigated associations between intensive mothering, parenting guilt, and parental burnout utilizing a person-centered approach. We identified four different profiles of mothers based on their levels of endorsement of the five sub-beliefs of intensive mothering (i.e., essentialism, fulfillment, challenging, stimulation, and fulfillment). In the next step, we investigated whether mothers' demographic characteristics predict membership in one of the established profiles. Married mothers were about three times more likely to be members in the *Selective Endorsement* profile than *High Endorsement* profile. Finally, we examined the associations between the established profiles and parenting guilt and parental burnout. Mothers in the *High Endorsement* profile reported significantly higher levels of parenting guilt than mothers in the *Selective Endorsement* and *Low Endorsement*. Mothers in the *Selective Endorsement* reported significantly lower levels of parental burnout than mothers in the *Higher Endorsement* and *Moderate Endorsement*.

The current study identified four profiles of mothers on their levels of endorsement across five sub-beliefs of the Intensive Parenting Attitudes Questionnaire (Liss, Schiffrin, Mस्कintosh et al., 2013). To our knowledge, this is the first study to examine intensive mothering profiles through a person-centered approach using a sample of mothers with young children. First, a *High Endorsement* profile that was characterized by high levels of endorsement across all five sub-beliefs of intensive mothering emerged. This profile accounted for 21% of the sample, indicating that a subgroup of mothers in this sample strongly embrace the good mothering expectations of intensive mothering. In addition, two of the remaining profiles had similar patterns but different levels of endorsement across the five sub-beliefs: *Moderate Endorsement*, and *Low Endorsement*. Mothers in these two profiles demonstrated relatively

greater endorsement on fulfillment, challenging, and stimulation beliefs compared to their endorsement of essentialism and child-centered beliefs. This pattern is consistent with previous research demonstrating that essentialism and child-centered beliefs are less likely to be endorsed by mothers of young children (Rizzo et al., 2013). Interestingly, *Low Endorsement* profile included less than 6% of the mothers in the sample, suggesting that most of the mothers in this sample endorsed intensive mothering to some extent. Finally, we identified a fourth profile that had a different pattern: *Selective Endorsement*. Mothers in this profile were characterized by greater endorsement on fulfillment, stimulation and child-centered but lower endorsement on essentialism and challenging. The emergence of this profile suggests that there is more nuance to mothers' endorsement of intensive mothering than being all-high or all-low on the sub-beliefs of intensive mothering.

The *Selective Endorsement* profile represented mothers who subscribed to the belief that mothers should follow an intensive child-rearing approach and feel completely fulfilled in their mothering role but did not support the belief that mothers are the preferred caregivers over fathers. Mothers in this profile were also less likely to endorse that parenting is a challenging task. Interestingly, mothers in the *Selective Endorsement* profile reported the highest levels of the fulfillment belief compared to mothers in other profiles. It may be possible that their strong endorsement of the fulfillment belief may have pressured them to feel positive about motherhood, which may have contributed to lower endorsement of the challenging belief and resulting in lower levels of parenting guilt and parental burnout. In the currently study, the *Selective Endorsement* profile made up 27% of the sample, suggesting that a subgroup of mothers do not subscribe to all facets of intensive mothering. Previous qualitative research on intensive mothering demonstrated that some mothers navigate intensive mothering ideology by

defining what it means to be a *good* mother in their own terms. For example, working mothers negotiate the belief that mothers should be the primary caregiver by reconstructing good mothering as being responsible for children's well-being when delegating caregiving tasks among family members (Christopher, 2012). Likewise, Black, single mothers who have limited resources and support for their children's upbringings negotiate the belief that child-rearing should be resource-intensive by making extreme self-sacrifice intended to promote upward mobility and well-being of their children (Elliott et al., 2015). Mothers in the *Selective Endorsement* group may represent these mothers who have navigated intensive mothering by selectively endorsing some beliefs of intensive mothering that supports their day-to-day mothering experiences.

The findings from the second aim of this study shed light on who are the mothers that are more likely to fall into this profile. Married mothers were about three times more likely to be members in the *Selective Endorsement* profile than *High Endorsement* profile ($OR = 2.76$, 95% CI [1.05, 7.29]). Over the past several decades, fathers are expected to be more involved and engaged with their children (McGill, 2014; Marsiglio & Roy, 2012). The shift to more egalitarian division of childcare may have led to less endorsement of essentialism belief among married mothers. In addition, previous research suggests that fathers' greater engagement with children and participation in child-related chores is related to lower maternal parenting stress (Nomaguchi et al., 2017). When parenting responsibilities are shared and parents are supportive of each other in the parental role, mothers may experience less stress from the demands of parenthood and be less likely to perceive parenting as a challenging task, which was also less endorsed by mothers in this profile.

In the final step of this paper, we examined the associations between intensive mothering profiles and parenting guilt and parental burnout. As hypothesized, mothers in the *High Endorsement* profile reported significantly higher levels of parenting guilt than mothers in the *Selective Endorsement* and *Low Endorsement*. Regarding parental burnout, mothers in the *Higher Endorsement* and *Moderate Endorsement* reported significantly higher levels of overwhelming exhaustion and feelings of burnout. Our results corroborate the findings of previous research on intensive mothering and maternal mental well-being (Gunderson & Barrett, 2017; Rizzo et al., 2013), suggesting that greater levels of endorsement of intensive mothering is linked to poor emotional and psychological well-being in the parenting context. In addition, the findings from the pairwise comparisons further elucidate which sub-beliefs of intensive mothering contribute to feelings of guilt and burnout. When compared to mothers in the *Selective Endorsement* profile, who had lower levels of essentialism and challenging beliefs but were similar in levels of other beliefs, mothers in the *High Endorsement* profile exhibited significantly higher levels of parenting guilt and parental burnout. Previous studies have demonstrated that essentialism and challenging beliefs are associated with poor psychological outcomes, such as higher levels of stress and anger and lower levels of life satisfaction (Prikhidko & Swank, 2019; Rizzo et al., 2013). The belief that mothers should be the primary caregiver may increase the burden placed on mothers and pressures them to accept the challenges of parenting. Moreover, viewing parenting as a demanding and challenging task may reinforce mothers' negative emotions and lead to feel more guilty and burned out in their parenting role. Combined, these results may suggest that the greater endorsement of essentialism and challenging belief is what contributes to higher levels of parenting guilt and parental burnout among mothers of young children. Given the cross-sectional design of this study, however, it is also possible that mothers

report higher parenting stress to fall into the *High Endorsement* profile. The *High Endorsement* profile may have captured mothers who are more burned out in the parenting role and as such reported higher levels of the challenging sub-belief. Similarly, the mothers in this group were less likely to be married, which may suggest they had less parenting support, leading to more burnout and beliefs around parenting as challenging. Further research incorporating longitudinal data would allow us to disentangle the directionality of associations between intensive mothering beliefs and mothers' psychological and emotional well-being.

Our person-centered approach also assists in identifying mothers who are less likely to subscribe to intensive mothering. Not surprisingly, mothers in the *Low Endorsement* profile reported the lowest parenting guilt compared to mother in the *High Endorsement*. Given that greater discrepancies between mothers' actual selves and their internalized view of ideal motherhood contributes to greater parenting guilt (Liss, Schiffrin & Rizzo, 2013), it may be likely that mothers in the *Low Endorsement* profile experience less guilt due to the smaller discrepancies between the actual and ideal self as mothers. Parental burnout was the lowest in the *Selective Endorsement* and was significantly lower than the *High Endorsement* and *Moderate Endorsement* profiles, suggesting that it may be the pattern of endorsement, not the magnitude, that influences feelings of burnout. Mothers in the *Selective Endorsement* profile can be characterized by their positive attitudes towards motherhood; they were more likely to report that parenting is more fulfilling than challenging. Having a positive attitude towards motherhood may buffer the influence of performing intensive child-rearing approaches on experiencing feelings of burnout. Mothers who believe that parenting is a fulfilling task may engage in more positive interactions with their children (Liss, Schiffrin, Mस्कintosh et al. 2013), which may result in decreased parenting stress and exhaustion. These mothers may also have more sensitivity about

their children and feel more efficacious in meeting their needs (Liss, Schiffrin, Msckintosh et al. 2013). Moreover, it may be possible that mothers who subscribe to the fulfillment belief may be pressured to feel positive about motherhood and were reluctant to acknowledge their feelings of guilt and burnout. Together, our results highlight that although higher levels of endorsement of intensive mothering may be linked to increased feelings of guilt and burnout, selective endorsement of intensive mothering beliefs may be able to mitigate the negative influence of subscribing to idealized societal expectations of motherhood.

Limitations and future directions

Despite its contributions, our study has several limitations. First, the generalizability of the intensive mothering profiles identified in the current study is limited. Latent profile analysis is very sensitive to sample characteristics, and the sub-populations identified within any given analysis can differ when samples differ in composition (Hallquist & Write, 2014). For example, if we identified intensive mothering profiles using data with different racial configurations, the results may yield distinct solutions. Relatedly, the prevalence of the *Low Endorsement* profile was also small (6%). Future research with larger samples from distinct populations is needed to determine whether our 4-profile solution would generalize to the broader population. In addition, to increase statistical power, self-reported race/ethnicity was dichotomized as non-Hispanic White and racial and/or ethnic minorities because of the smaller sample sizes in other ascribed racial/ethnic groups (i.e., other than non-Hispanic White). However, given that the culture in which parents live greatly influences belief about parenting (Forehand, & Kotchick, 2016), it is possible that what it means to be a good mother may vary in cultural contexts. Future studies should include more diverse samples of mothers to better understand how mothers' demographic characteristics predict different patterns of endorsement of intensive mothering. Finally, the

cross-sectional study design prevents our ability to make causal inferences. Although we found significant differences in parenting guilt and parental burnout across the intensive mothering profiles, there may be other factors that contribute to links between intensive mothering, parenting guilt, and parental burnout. Future research using longitudinal designs would provide better understanding of the plausible causal mechanisms between endorsement of intensive mothering and mothers' psychological well-being.

Conclusion and implications

To date, most intensive mothering research has taken a variable-centered approach to investigate how different levels of intensive mothering endorsement is linked to maternal well-being (Liss, Schiffin & Rizzo, 2013; Loyal et al., 2021). Using a person-centered approach, we were able to distinguish four profiles of mothers based on the five sub-beliefs of Intensive Parenting Attitudes Questionnaire (Liss, Schiffin, Mckintosh et al., 2013): *High Endorsement*, *Selective Endorsement*, *Moderate Endorsement*, and *Low Endorsement*. These profiles were associated with different levels of parenting guilt and parental burnout. The findings from the current study highlight the heterogeneity of intensive mothering endorsement and suggest that mothers who selectively endorse intensive mothering beliefs may attenuate the potential adverse impact of subscribing to intensive mothering.

Intensive mothering researchers have expressed concerns over the unrealistic expectations that intensive mothering imposes on mothers. However, there is limited evidence on how to mitigate the negative impacts of subscribing to the child-centered, resource-intensive mothering. One possibility to support mothers is to offer support groups where mothers who experience distress in meeting the expectations of intensive mothering can share their experiences with other mothers. Given that social support positively influences maternal mental

well-being (Balaji et al., 2007), supportive social networks may play a significant protective role for mothers' emotional and psychological well-being when navigating her mothering role within the sociocultural expectations of intensive mothering. In particular, support groups should aim to empower mothers to reframe intensive mothering to their benefit, develop realistic goals and expectation of motherhood, and take ownership of their choices and decisions in mothering. In addition, understanding factors that drives mothers to subscribe to the demanding expectations of intensive mothering may help mothers to better cope with pressure to be a perfect mother. For instance, an important source of pressure to be a perfect mother comes from proximal interpersonal relationships and surveilling behaviors of fellow mothers (Henderson et al., 2010). While it is important to support mothers to successfully navigate intensive mothering at the individual level, it is also critical to increase awareness of the intense and unattainable expectations of motherhood rooted in the industrialized Western culture and tackle intensive mothering discourse at a structural level.

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Table 3.1. Descriptive statistics and correlation among study variables

Variables	Range	M	SD	1	2	3	4	5	6	7
<i>Latent profile analysis indicators</i>										
1. Essentialism	1.00-5.88	2.90	1.20							
2. Fulfillment	1.00-7.00	5.07	1.22	.20**						
3. Challenging	2.17-7.00	5.17	0.90	.34**	.13*					
4. Stimulation	3.75-7.00	5.73	0.80	.02	.35**	.27**				
5. Child-centered	1.00-7.00	4.72	1.28	.16**	.49**	.16**	.35**			
<i>Distal outcomes</i>										
6. Parenting guilt	10.00-70.00	50.25	11.6 3	.10	.05	.40**	.08	.14*		
7. Parental burnout	0.00-8.00	1.61	1.98	.16*	-.14*	.35**	-.05	-.03	.43**	-
<i>Demographic characteristics</i>										
		Percentage								
Non-Hispanic White		61.2%								
Asian/Asian American		5.2%								
Black/African American		14.8%								
Hispanic/Latinx		5.2%								
American Indian/Alaska Native		0.3%								
Native Hawaiian or other Pacific Islander		0.3%								
More than one race		12.4%								
Other		0.7%								
Higher education		47.8%								
Employed		68.0%								
FPL at or below 200%		45.7%								
Married		75.6%								

Note. N = 291. FPL 200% = at or below 200% federal poverty line. * $p < .05$, ** $p < .01$

Table 3.2. Model fit statistics for 1-5 profile solutions

	Log Likelihood	AIC	BIC	ABIC	Entropy	Smallest Class Prevalence	VLMR (<i>p</i>)	BLRT (<i>p</i>)
1-Profile	-2152.97	4325.94	4362.68	4330.97	1.00	100%	-	-
2-Profile	-2088.40	4208.79	4267.57	4216.83	0.62	40.6%	<.001	<.001
3-Profile	-2065.04	4174.08	4254.89	4158.12	0.72	5.0%	0.02	<.001
4-Profile	-2040.16	4136.33	4239.18	4150.39	0.74	5.5%	0.29	<.001
5-Profile	-2026.86	4121.61	4246.50	4138.68	0.70	4.5%	0.31	<.001

Note. *AIC* = Akaike information criterion, *BIC* = Bayesian information criterion, *ABIC* = adjusted BIC, *VLMR* = Vuong-Lo-Mendell-Rubin test, *BLRT* = bootstrap likelihood ratio test. Lower values of AIC, BIC and ABIC indicate better fit. VLMR and BLRT values indicate if the current model fits significantly better than the model with one less profile.

Table 3.3. Indicator means for 4-profile model

	High endorsement (21%)	Selective endorsement (27%)	Moderate endorsement (47%)	Low endorsement (5%)
Essentialism	4.37 (0.18)	2.18 (0.11)	2.80 (0.20)	1.69 (0.20)
Fulfillment	5.97 (0.15)	6.01 (0.58)	4.39 (0.12)	2.80 (0.41)
Challenging	5.84 (0.10)	4.91 (0.18)	5.09 (0.10)	4.52 (0.26)
Stimulation	6.02 (0.16)	6.08 (0.11)	5.51 (0.18)	4.74 (0.33)
Child-centered	5.47 (0.20)	5.38 (0.21)	4.28 (0.33)	2.42 (0.47)

Note. N = 291.

Table 3.4. Equality test of means across profiles for outcomes (BCH)

	High endorsement (21%)	Selective endorsement (27%)	Moderate endorsement (47%)	Low endorsement (5%)
Parenting guilt	53.94(1.75) ^{a, a}	48.61(1.71) ^b	50.44(1.09) ^{a, b}	42.59(4.38) ^{c, b}
Parental burnout	2.27(0.34) ^{c, b}	0.72(0.21) ^a	1.87(0.21) ^{b, b}	1.25(0.60) ^{a, b}

Note. Mean and standard error of parenting guilt and parental burnout across profile are presented. Within each row for parenting guilt and parental burnout, means with different superscripts are statistically significantly different from one another, $p < .05$.

Figure 3.1. Latent profiles of intensive mothering

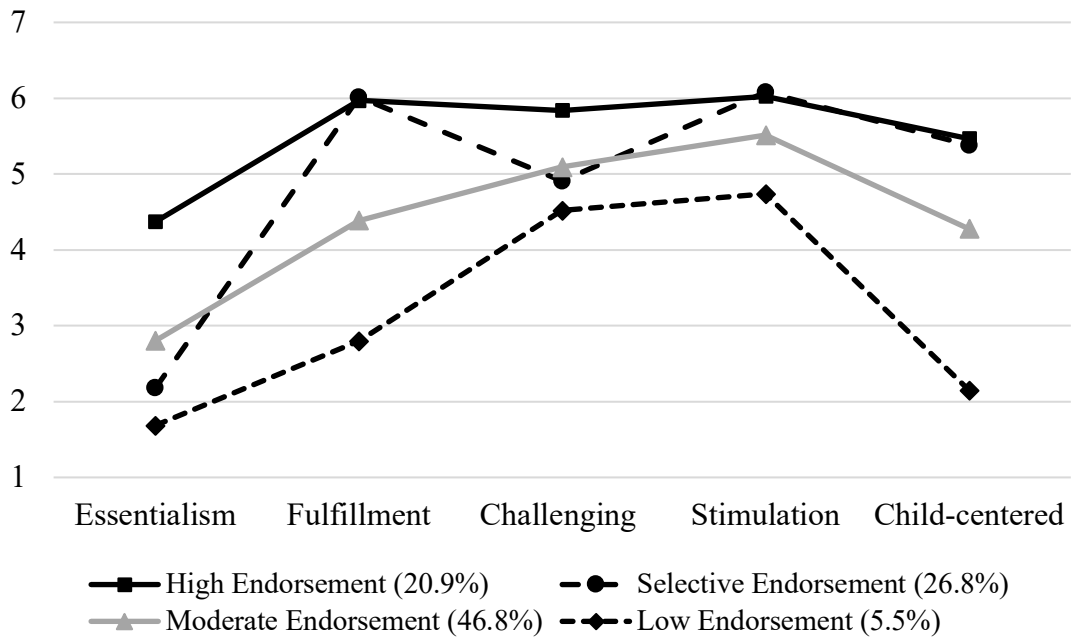
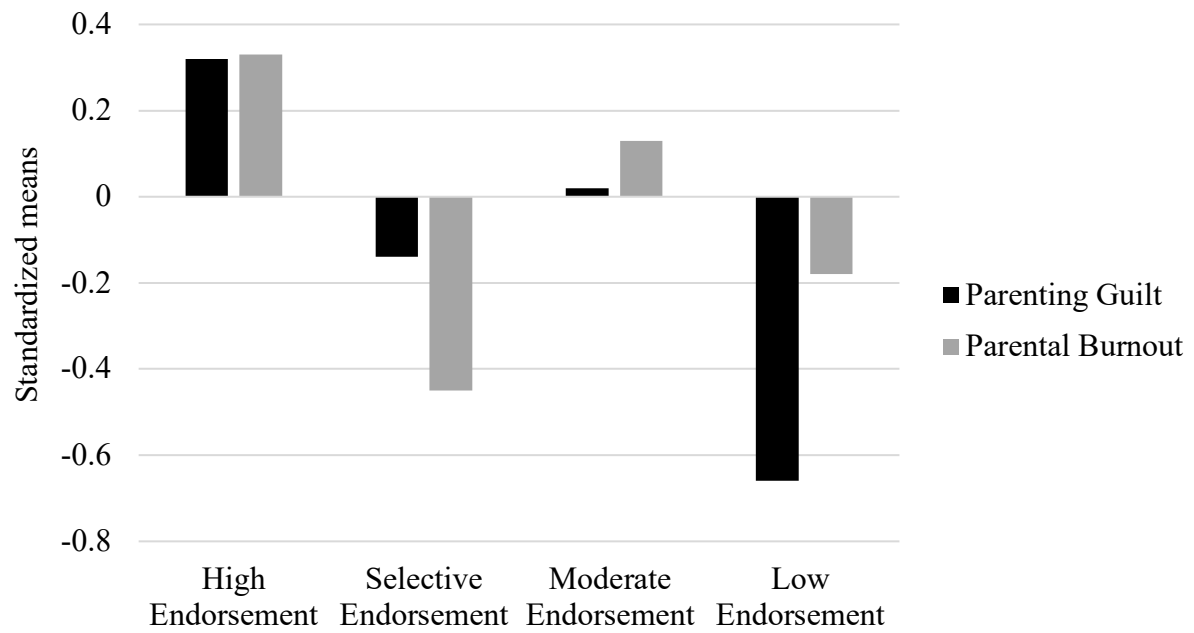


Figure 3.2. Standardized means of outcomes by intensive mothering profiles

Chapter 4:

Patterns of Change in Mothers' Behavior toward Children During COVID-19: Intensive
Mothering and Parental Burnout as Predictors

Abstract

The current study investigates longitudinal associations between intensive mothering, parental burnout, and self-reported changes in mothers' parenting behaviors during the COVID-19 pandemic. Three waves of data were each collected each in April 2020, December 2020/January 2021, and June 2021. Across all three waves, a total of 282 mothers ($M_{\text{age}} = 37.2$ years, $SD = 6.0$; 84.4% White), with at least one child 12 years or younger reported on measures of mental health, endorsement of intensive mothering beliefs, parental burnout, and self-reported changes in behaviors toward children through an online survey. Latent class analysis (LCA) revealed three different patterns in mothers' changes in parenting behaviors: *Increased Negative Behaviors*, *Increased Positive Behaviors*, *No increase*. In addition, mothers who reported higher levels of intensive mothering and parental burnout were both more likely to be in the *Increased Negative Behaviors* class compared to the *No Increase* class. Path analysis revealed that greater endorsement of intensive mothering at the beginning of the pandemic was associated with higher levels of parental burnout eight months later, which in turn, increased self-report changes in negative parenting behaviors, including yelling at children, and ignoring or being distant from children, 14 months after the initial data collection. Together, these findings highlight the importance of supporting mothers' emotional experiences related to parenting beliefs for improving parenting behaviors and for reducing risk of child maltreatment.

Introduction

The COVID-19 pandemic upended daily life, introducing a wide range of new stressors for parents. Parents were confronted with multiple parenting tasks, such as navigating childcare while still working, managing children's at-home schooling, balancing the different needs of family members, and supporting children's physical and emotional well-being. In the early months of the COVID-19 pandemic, about 70% of U.S. parents reported that they experienced higher stress related to their parenting role compared to before the pandemic, and about half of the parents continued to experience heightened parenting stress a few months later (Adams et al., 2021). This heightened parenting stress is concerning because chronic exposure to parenting stress puts parents at risk for experiencing burnout in one's parental role (Roskam et al., 2018), which is associated with a host of negative outcomes for parents and children (Beckerman et al., 2017; Mikolajczak et al., 2019). One possible antecedent to parental burnout may be intensive mothering, which is the belief that ideal child-rearing should be child-centered, time-consuming, and resource-intensive (Hays, 1996). Trying to fulfill the demanding expectations of intensive mothering could lead to increased stress and feelings of parental burnout, which in turn may lead to increased use of harsh parenting behaviors (Griffith, 2020; Mikolajczak et al., 2019). As such, the current study examines longitudinal associations between intensive mothering and self-reported changes in mothers' parenting behaviors during COVID-19, including examining parental burnout as a potential mediator of these associations.

Intensive Mothering

Intensive mothering is the societal and cultural expectation around motherhood in modern Western culture, which holds that mothers should prioritize their role as caregivers and excel at mothering (Hays, 1996). Intensive mothering is believed to be constructed from

stereotypical gender norms that emphasize women's roles as mothers and prescribes unrealistic motherhood standards. While positing mothers as the primary and preferred caregiver, this ideology exerts that mothers are responsible for the optimal development of their children as well as their physical, cognitive, psychological, and emotional well-being. The main characteristics of intensive mothering ideology are that parenting is the responsibility of the mother, good mothering is child-centered and expert-guided, and mothers should spend extensive time and resources on child-rearing (Hays, 1996). Intensive mothering encompasses five sub-beliefs: 1) mothers are the preferred and more capable parent than fathers (i.e., essentialism), 2) mothers should prioritize children's needs (i.e., child-centered), 3) mothers are responsible for their children's intellectual and cognitive stimulation (i.e., stimulation), 4) mothering is challenging and exhausting (i.e., challenging), and 5) mothers should feel completely fulfilled in caring for their children (i.e., fulfillment) (Liss, Schiffrin, & Mackintosh et al., 2013). Although intensive mothering has been criticized for upholding white, middle-class perspectives of motherhood (Collins, 1994), emerging evidence suggest that these beliefs are pervasive and subsequently widely endorsed by mothers regardless of race/ethnicity, parent age, or employment status (Forbes et al., 2020; Forbes et al., 2022). In other words, all women receive the message that to be a good mother they should engaged in parenting behaviors that align with intensive mothering beliefs.

However, the unrealistic expectations set forth through intensive mothering ideology set mothers up to experience frustration and disappointment in their parenting role as they strive to reach the status of "good mother" (Douglas & Michaels, 2004). Existing research suggests that endorsement of intensive mothering beliefs is associated with poor mental health, such as higher levels of stress and depression and lower levels of life satisfaction (Rizzo et al., 2013). Mothers

who believe that they do not live up to their internalized view of idealized motherhood are also more likely to experience feelings of guilt and shame (Liss, Schiffrin & Rizzo, 2013). Importantly, evidence suggests that the link between intensive mothering and negative mental health outcomes holds even when mothers do not endorse intensive mothering beliefs (Henderson et al., 2016). That is, mothers who report feeling the pressure to live up to intensive mothering expectations, even if they do not internalize it, are at greater risk of experiencing increased stress and anxiety and decreased self-efficacy (Henderson et al., 2016). It is important to understand the influence of intensive mothering on maternal well-being because poor mental health may lead to increased use of negative, coercive, and harsh parenting behaviors (Lovejoy et al., 2000; Mortensen & Barnett, 2015). Internalizing intensive mothering beliefs may increase the burden placed on mothers and pressure them to accept the challenges of parenting, which in turn, may lead to feelings of overwhelming exhaustion in their parenting role. Mothers who experience physical, mental, and emotional exhaustion may inadequately respond to parenting demands and engage in less optimal parenting behaviors (Mikolajczak & Roskam, 2018).

Parenting beliefs hold significant influence on parenting behaviors and the way parents interact with their children (Rubin & Chung, 2006; Sigel & McGillicuddy-De Lisi, 2002). For instance, mothers who subscribe to intensive mothering beliefs may be overinvolved in their children's lives and engage in overparenting behaviors, such as helicopter parenting, which involves continuous control by the parent over children's life from daily life to interpersonal relationships (Padilla-Walker & Nelson, 2012). In fact, mothers who endorse the specific intensive mothering beliefs that parenting should primarily be led by mothers, be child-centered, and involve intellectual stimulation are more likely to anticipate and solve their children's problems (Schiffrin et al., 2015). Given that parenting behaviors strongly impact children's

development and mental health (Galscoe & Leew, 2010; Möller et al., 2016), there is a need to better understand how intensive mothering beliefs influence mothers' parenting behaviors.

Parental Burnout

One possible mechanism through which subscribing to intensive mothering beliefs may influence parenting behaviors is parental burnout. Parental burnout is a context-specific syndrome that is characterized by chronic and overwhelming parenting stress (Roskam et al., 2018) and occurs when there is a prolonged imbalance between parenting risks and parenting resources (Mikolajczak & Roskam, 2018). Parents who are burned out experience physical, mental, and emotional exhaustion, leading to inadequately responding to parenting demands (Mikolajczak & Roskam, 2018). Over time, parents detach themselves from their children and lose feelings of fulfillment and accomplishment in their parenting role (Mikolajczak & Roskam, 2018). Parental burnout is linked to a rise in escape and suicidal ideation, consequences which are more frequent and severe in parental burnout than in job burnout (Mikolajczak et al., 2019; 2020). Researchers suggest that this may be because, unlike jobs, parents cannot stop being a parent and therefore may feel trapped in their parenting role. The symptoms of burnout in parents are also linked to use of maladaptive coping behaviors, such as alcohol use (Mikolajczak et al., 2018), and negative physical and mental health problems, such as insomnia, somatic problems (Sarrionandia, 2019), and depression (Mikolajczak et al., 2019).

Parental burnout can also have serious consequences on children's well-being. Parental burnout is positively associated with child maltreatment, including parental neglect and violence (Griffith, 2020; Mikolajczak et al., 2019). Similarly, high levels of parenting stress are thought to interfere with parents' ability to appropriately respond to their children's needs (Deater-Deckard, 2004), resulting in dysfunctional parent-child interactions and increased use of inappropriate

parenting behaviors (Azar & Wolfe, 2006). Existing studies on the impact of COVID-19 on families documents that harsh parenting behaviors and child maltreatment significantly increased compared to pre-pandemic (Humphreys et al., 2020; Sari et al., 2022). The unprecedented demands of parenting during the COVID-19 pandemic have negatively impacted parental perception, resources, and coping strategies, which in turn, has increased parenting stress and negatively affected parent-child interactions (Wu & Xu, 2020). Greater exposure to COVID-19 related stressors, including financial concerns, social isolation, and working from home, was associated with increased risk of neglectful and harsh parenting (Connell & Strambler, 2021). In addition, parenting stress was found to be a significant predictor of parenting behaviors during the pandemic, such that higher levels of stress were more likely to engage in harsh and abusive parenting behaviors (Chung et al., 2020; Lawson et al., 2020).

It is likely that parents who are exposed to parenting stress for an extended period and feel burned out may be less invested in emotional interactions with their children (Mikolajczak & Roskam, 2018), which may lead to harsher parenting and increased risk of child maltreatment. One parenting risk factor that has been previously associated with parental burnout is parenting perfectionism (Sorkkila & Aunola, 2020). In particular, parents who believe that others expect them to be perfect and that others will be highly critical to them if they fail to meet these expectations are more likely to experience feelings of burnout in their parental role. Given that intensive mothering is socially constructed set of beliefs on ideal motherhood that leads to unrealistic expectations for mothers (Hays, 1996), it is possible that higher endorsement of intensive mothering beliefs may be linked to higher levels of parental burnout. Indeed, one study demonstrated that increases in intensive mothering beliefs following childbirth was positively associated with parental burnout at four months postpartum (Loyal et al., 2021). More research is

needed to determine whether these associations between intensive mothering and parental burnout holds across various stages of motherhood, such as parenting young children.

Intensive Mothering during the COVID-19 pandemic

While both intensive mothering and parental burnout are challenges for parents at any time, the COVID-19 pandemic has created new strains and intensified existing stressors for all parents, and especially for mothers. For example, mothers were disproportionately affected by the loss of childcare support during the pandemic (Collins et al., 2021; Zamarro & Prados, 2021). Mothers spent more hours in childcare and reduced work time significantly more than fathers to accommodate increased parenting demands (Sevilla & Smith, 2020; Zamarro & Prados, 2021). Although the COVID-19 pandemic may have exacerbated the gendered division of childcare, the societal expectations for mothers to be more involved in childcare is not new (Craig & Mullan, 2011). Stemming from traditional, heteronormative gender views of family roles and responsibilities, intensive mothering posits mothers as the primary and preferred caregivers (Hays, 1996; Johnston & Swanson, 2007). It is possible that mothers who subscribe to intensive mothering beliefs may have taken on more childcare responsibilities during COVID-19, which may have led to greater distress in their parenting role (Chung et al., 2020). When coupled with the pressure to live up to the expectations of intensive mothering, the belief that mothers should set aside their own need to care for their children may reinforce negative emotions in parenting and lead to elevated feelings of burnout (Meeussen & Van Laar, 2018). Given that parental burnout increases the risk of negative, coercive, and harsh parenting behaviors (Griffith, 2020; Mikolajczak et al., 2019), it may be possible that parental burnout may be the pathway through which intensive mothering impacts parenting behaviors. The current study aims to extend the

literature by investigating whether parental burnout serves as mediating mechanism of the association between intensive mothering and parenting behaviors during COVID-19.

Present Study

Using longitudinal data from three waves of a survey collected during COVID-19, the purpose of this study was to investigate the longitudinal associations between intensive mothering, parental burnout, and self-report changes in parenting behaviors among mothers of children 12 years old and under. To accomplish this goal, we first identified patterns of changes in mothers' behaviors toward children a little over a year into the COVID-19 pandemic using Latent Class Analysis (LCA). We expected that different patterns of self-reported changes in parenting behaviors would emerge, and that one of those groups would include mothers who reported greater increases in negative behaviors toward children (i.e., negative behavior group) (Hypothesis 1). Second, we examined whether endorsement of intensive mothering beliefs and parental burnout at the beginning of the pandemic (wave 1) predicted parenting behavior class membership about 14 months later (wave 3). We predicted that greater endorsement of intensive mothering beliefs and higher levels of parental burnout would be associated with a higher likelihood of membership in the negative behavior group (Hypothesis 2). Finally, we investigated the longitudinal associations between intensive mothering during the first wave of the survey in April 2020 (wave1), parental burnout eight months later (wave 2), and parenting behavior class membership about 14 months after the first wave (wave 3). We predicted that intensive mothering at wave 1 would be positively associated with parental burnout at wave 2 (Hypothesis 3a) and would lead to a higher probability of class membership in the negative behavior group at wave 3 (Hypothesis 3b). We also predicted that parental burnout at wave 2

would partially explain the associations between wave 1 intensive mothering endorsement and parenting behavior class membership 14 months later (Hypothesis 3c).

Method

Participants

Data were collected from parents with at least one child under 12 years old through a 30 to 45-minute online survey that captured parenting experiences during the start of COVID-19 pandemic. The first wave was collected in April 2020 and two subsequent waves were collected, Wave 2 in December 2020/January 2021 and Wave 3 in June 2021. Parents were recruited through convenience sampling via social networking sites (e.g., Facebook) and university-affiliated listservs. Parents provided informed consent and received a \$15 gift card for participation.

A total of 1,588 participants completed survey at wave 1. Due to the potential for “bot” or spam participants in online survey, researchers completed a rigorous verification process to confirm that the response was completed by real participants. Validated responses were identified by verifying demographic characteristics through email, assessing for quality of data based on open-ended responses, matching participant’s IP address and zip code. After removing potential “bot” and spam response and participant who completed the survey in less than 10 minutes or missing two or more attention checks, 1009 participants were included in the first wave.

Parents who consented to be re-contacted for follow-up were emailed two survey links each at eight months and 14 months after the first wave. Of the participants who completed the survey at wave 1, 52% ($N = 522$) were retained at wave 2 and 32% ($N = 326$) were retained at wave 3. Parents who participated at wave 2 and wave 3 and those who did not differ on the key

study variables. Although the specific reasons for dropping out were not recorded, we speculate that the high attrition rate may be due to the unprecedented COVID-19 challenges. Mothers who experienced heightened stress may not have responded to the survey. In addition, the initial study design was not intended to collect follow-up data. Hence, participants were not informed of follow-up surveys during the initial data collection. This may have also reduced response rates in the following waves.

Of the total 326 parents who completed the survey across all three waves, 282 were mothers. Because intensive mothering is idealized societal expectations about motherhood, we aimed to keep the focus of the study on mothers. Thus, 26 fathers and four parents who identified as LGBTQIA+ were also removed from the final sample. In addition, 14 mothers who did not respond to all latent class indicators (i.e., changes in parenting behaviors toward children) at wave 3 were also removed. There were no missing data in intensive mothering and parental burnout at wave 1. However, 39 mothers (14%) had missing data in parental burnout at wave 2. Missing data analysis using Little's test (Li, 2013) indicated that missing data for key study variables were missing completely at random ($\chi^2 = 1.11$, $df = 2$ $p = .57$), therefore, maximum likelihood estimation with the Monte Carlo integration were employed to handle missing data in the mediation analysis (Muthén & Muthén, 2017).

Demographic characteristics of the sample can be found in Table 4.1. Mother ages ranged from 24 years to 64 years, with an average age of 37.2 years old ($SD = 6.0$) and had two children on average ($M = 2.1$, $SD = 1.0$). Most mothers identified as white (84.8%), married (86.1%), and had a bachelor's degree or higher (81.3%). About three-fourth of mothers (71.3%) reported their annual household income as being higher than \$70,000 a year. Additionally, 27% of the mothers received at least one public assistance program including Supplementary Nutrition Assistance

Program (SNAP) or Supplementary Nutrition Program for Women, Infants, and Children (WIC) benefits.

Measures

Intensive Mothering. Mothers' endorsement of intensive mothering beliefs was assessed using an adapted version of the Intensive Parenting Attitudes Questionnaire (IPAQ; Liss, Schiffrin, & Mackintosh et al., 2013; $\alpha = .84$). Due to space limitations in the larger survey, the measure was shortened from 25 to 11 items. Participants respond to various items such as "*Children's needs should come before their parents,*" "*Being a parent means never having time for oneself*" and "*Child rearing is the most demanding job in the world,*" on a 6-point scale with response options ranging from 1= strongly disagree to 6=strongly agree. An average score was created with higher scores indicating greater endorsement of intensive mothering beliefs. Cronbach's alpha reliability for the 11-items was .82.

Parental Burnout. Parental burnout was assessed using an adapted version of the Parental Burnout Assessment (PBA; Roskam et al. 2018; $\alpha = .86$). The measure was shortened from 23 to 5 item, similar to the recent validated adaptation of the PBA (Aunola et al., 2021). The response scale was modified from frequency over the course of a year to a 6-point agreement scale (0 = strongly disagree to 6 = strongly agree) to capture presence of these feelings during the pandemic. Participants were asked to rate their experience of feelings of burnout during the pandemic. Items include "*I feel completely run down by my role as a parent*", "*I have the impression that I'm looking after my child(ren) on autopilot*", and "*I don't enjoy being with my child(ren)*". Higher total scores reflect greater parental burnout. Cronbach's alpha reliability for the 5-item scale was .84.

Changes in Parenting Behaviors. Mothers indicated changes in their parenting behaviors during the pandemic on a 3-point scale (0 = less than usual, 1 = the same as usual, 2 = more than usual). Participants were asked, “*Compared to before the pandemic started, please indicate how often you use these parenting strategies of behaviors*”. Items included were “*Yelling at children*”, “*Comforting or soothing*”, “*Conflicts with children*”, “*Praise or rewards*”, “*Discipline (e.g., time out, grounding, removing a privilege)*”, “*Spanking or hitting*”, and “*Ignoring or being distant*”. Preliminary analyses indicated that the frequencies of endorsing *less than usual* was low. Less use of the two positive behaviors (i.e., comforting and giving praises/rewards) were each endorsed by only 3% of the mothers. In addition, less use of four negative behaviors (i.e., negative disciplining, conflicts with children, yell at children, and ignore or being distant from children) were endorsed by 7% to 14% of mothers. Drawing from previous research demonstrating increase in harsh parenting behaviors during the COVID-19 pandemic (Humphreys et al., 2020; Sari et al., 2022), we aimed to capture increases in these parenting behaviors during the pandemic. Items were dichotomized (0 = same as or less than usual and 1 = more than usual). Preliminary analysis of the data revealed that increases in “*spanking or hitting*” was endorsed by only 1.4% (n = 4) of the mothers and was subsequently removed from analyses. The remaining six behaviors were used to predict latent classes of changes in parenting behaviors.

Data Analytic Plan

In the first step of the analysis, latent class analysis (LCA) was conducted using Mplus (Version 8.3; Muthén & Muthén, 1998-2017). Latent class analysis is a specific kind of person-centered approach in which subgroups of individuals are identified when they share similar configurations of a set of variables. In this study, latent class analysis was used to identify classes

of mothers who have similar patterns of changes in behaviors toward children during the COVID-19 pandemic. Starting by testing the fit of a single-class model against the 2-class model, we iteratively tested a series of models with two classes, three classes, four classes and five classes. Several statistical indicators were used to compare the models, including Akaike's Information Criterion (AIC; Akaike, 1974), the Bayesian information criterion (BIC; Schwarz 1978), the sample-size-adjusted BIC (ABIC; Sclove 1987), and entropy. Whereas lower values for AIC, BIC, and ABIC indicate a more optimal class solution, and higher values for entropy suggest a better fit to the data. Additionally, model fit improvement with addition of an extra class tested by the Vuong-Lo-Mendell-Rubin Likelihood Ratio Test (VLMR; Lo et al. 2001) and the Bootstrapped Likelihood Ratios Test (BLRT; McLachlan & Peel, 2004) were evaluated. Finally, prevalence rate of at least 5% for the least common class was examined to ensure that all subgroups were meaningful.

After identifying the optimal number of classes, mothers' endorsement of intensive mothering beliefs and parental burnout at wave 1 were estimated as predictors of class membership using the R3STEP auxiliary method in Mplus (Asparouhov & Muthén, 2013). The R3STEP method conducts a series of multinomial logistic regressions that are used to assess whether an increase in a predictor would result in higher probability that a person belongs to one class over another class. Multinomial regression with a latent class outcome will be used to estimate the association between each covariate and latent class membership. The exponentiated multinomial regression coefficient represents the change in odds of belonging to a particular latent class relative to the reference class (Asparouhov & Muthén, 2013).

Finally, posterior probabilities were used to assign each mother to a single class, per the classify-analyze approach described by Bray et al. (2015). We then dummy coded the categorical

class variable so that class membership could be meaningfully included in the model. Following that step, the longitudinal pathways from intensive mothering to class membership was examined in the mediation analysis. The indirect, direct, and total effects were calculated by Mplus 8.3 using the maximum likelihood estimation with the Monte Carlo Integration option implementation, which is required to estimate models with categorical outcomes (Asparouhov & Muthén, 2010; Johndrow, Smith, Pillai, & Dunson, 2019). The Monte Carlo integration makes use of randomly produced integration points (Muthén & Muthén, 2017). Following the recommendation for mediation analysis with dichotomous outcomes (Feingold et al., 2019; Muthén & Muthén, 2017), the number of integration points was set as 500 to improve the precision of the calculation and we used 5000 bootstrap replicates to obtain standard errors and confidence intervals in mediation analysis. As a result of the estimation process, we obtained and interpreted both beta coefficients and odd ratio estimates. The significance of the indirect effect is determined by two criteria: 1) the associations between independent variables, mediator, and dependent variables should be significant; 2) the odd ratios (OR) of the indirect effects should be statistically significant.

Results

Means, standard deviations, and correlations among all study variables are presented in Table 4.2.

Hypothesis 1: Latent class analysis

The fit indices for models with one to five latent classes are summarized in Table 4.3. Because we planned to use latent classes as the dependent variable in the longitudinal path model, the latent classes of changes in parenting behaviors were examined using data from wave 3. Based on the fit indices, the 3-class model was selected as the best fitting model. Although the

3-class model had the smallest entropy (0.74), it had the smallest BIC, ABIC and each class was sufficiently substantial by including at least 25% of the sample. The VLMR and BLRT showed that the 4-class model was the last model with a significant p -value. However, the 4-class model did not significantly improve the model fit compared to the 3-class model; there was a small improvement in entropy (0.75) and the smallest class prevalence was less than 5%. Thus, we selected the 3-class model for further analysis.

Item-response probabilities for the six parenting behaviors for the 3-class model are presented in Table 4.4. As predicted in Hypothesis 1, three different classes emerged based on their changes in parenting behaviors towards children. Class 1 included 36% of the sample and comprised mothers who had higher probabilities of reporting increased use of all four negative behaviors: discipline, conflicts with children, yelling at children, and ignoring or being distant from children. Class 1 was labeled *Increased Negative Behaviors*. Class 2, labeled *Increased Positive Behaviors*, included 25% of the mothers and was characterized by higher probabilities of reporting increased use of the two positive behaviors: comforting or soothing and giving praises or rewards. Class 3 was identified as *No Increase* because these mothers had the lowest probabilities of practicing the six behaviors more than usual during the pandemic. This was the largest class and comprised 39% of the mothers.

Hypothesis 2: Predictors of class membership

Intensive mothering and parental burnout at wave 1 were examined as predictors of class membership at wave 3 using the auxiliary R3STEP approach. Consistent with our predictions, mothers who endorsed intensive mothering beliefs to a greater degree were more likely to be in the *Increased Negative Behavior* compared to *No Increase* ($OR = 1.37$, 95% CI [1.07, 3.14]). Also, mothers who reported higher levels of parental burnout at wave 1 were about two folds

more likely to be in the *Increased Negative Behavior* compared to *No Increase* ($OR = 1.87$, 95% CI [1.35, 2.58]).

Hypothesis 3: Path analysis

Path analysis was conducted to examine the relationship between intensive mothering at wave 1 and membership in parenting-behavior classes at wave 3, including the indirect effect of parental burnout at wave 2. The estimates, bootstrap confidence intervals of the standard errors, and odds ratio for mediation effects are presented in Table 4.6. In Mplus, the direct and indirect effects on a binary outcome from a mediation analysis are expressed in odd ratios. The significance of each indirect, direct, and total effect is determined by the bootstrap confidence interval calculated for the estimate for that effect. For the odd ratio results, an effect is statistically significant at $p < 0.05$ when the 95% CI does not include a value of 1 (Feingold et al., 2019).

As predicted in Hypothesis 3a, after controlling for parental burnout at wave 1, intensive mothering at wave 1 significantly predicted parental burnout at wave 2, $B = .55$, $SE = .69$, $p = .03$. Hypothesis 3b was also supported: intensive mothering at wave 1 was positively associated with greater likelihood of being in the *Increased Negative Behavior*, $OR=1.11$, 95% CI [1.04, 1.25] (1.11 times higher per unit increase) and *Increased Positive Behavior*, $OR=1.90$, 95% CI [1.14, 1.85] (1.90 times higher per unit increase). For Hypothesis 3c, analysis revealed that intensive mothering at wave 1 was indirectly associated with greater membership in *Increased Negative Behavior* at wave 3, through parental burnout at wave 2 (Indirect effect: $OR=1.06$, 95% CI [1.01, 1.19]). However, parental burnout at wave 2 did not mediate associations between intensive parenting at wave 1 and class membership in *Increased Positive Behavior* at

wave 3 (Indirect effects: OR=0.98, 95% CI [.90, 1.07]), or *No Increase* (Indirect effects: OR=.96, 95% CI [.85, 1.04])

Discussion

The current study investigated longitudinal associations between intensive mothering, parental burnout, and self-reported changes in parenting behaviors among mothers of young children during the COVID-19 pandemic. Latent class analysis revealed three different patterns of self-reported changes in parenting behaviors: *Increased Negative Behaviors*, *Increased Positive Behaviors*, and *No Increases* classes. Mothers who reported greater endorsement of intensive mothering beliefs and who felt more burned out at the beginning of the pandemic (wave 1) were more likely to be in the *Increased Negative Behavior* compared to *No Increase* about a year later. Our findings also indicated that the association between greater endorsement of intensive mothering at the beginning of the pandemic (April 2020) and increased likelihood membership in *Increased Negative Behavior* 14 months later (June 2021), was partially explained by higher levels of parental burnout eight months after the start of the pandemic (December 2020/January 2021).

Using latent class analyses, we identified three main patterns of self-reported changes in parenting behaviors a little over a year into the pandemic (June 2021), highlighting the heterogeneity in parents' responses to the changes brought on by the COVID-19 pandemic. Corroborating recent work on increased harsh parenting during COVID-19 (Chung et al., 2020; Sari et al., 2022), a large proportion of mothers (36%) fell in the *Increased Negative Behaviors* group and reported practicing more negative disciplinary strategies, such as grounding and removing a privilege, and were more likely to report engaging in conflicts with children, yell at children, and ignore or be distant from children. Another quarter of mothers (25%) were more

likely to increase their amount of comforting, soothing, and praising their children. Past research in war and disaster contexts, including emerging COVID-19 work, documents that traumatic events can trigger positive growth in a range of areas including interpersonal relationships (Allen et al., 2022; Walter et al., 2021). Mothers in this *Increased Positive Behavior* class may have been more resilient to the stressors of COVID-19 and able to provide increased support for their children during a difficult time (Sorkkila & Aunola, 2022). Finally, in the *No Increase* class (39% of mothers), mothers did not report practicing increased negative or positive parenting behaviors compared to pre-pandemic. Because we did not capture baseline or pre-pandemic levels of these behaviors, we do not know how much of these behaviors parents engaged in, but they did not report significant deviations from their pre-pandemic patterns of parenting behavior. Together, these results emphasize the wide variety of ways that mothers responded in their parenting to the enormous changes brought on by COVID-19.

Our results revealed that endorsement of intensive mothering beliefs at the beginning of the pandemic was a significant predictor of self-report changes in negative parenting behaviors about 14 months after. One of the core beliefs of intensive mothering is fulfillment belief, which is the belief that mothers should feel completely fulfilled in caring for their children. Previous research has found that fulfillment belief is positively associated with positive interactions with children (Liss, Schiffrin, Mackintosh et al., 2013). However, the heightened demands of parenting during COVID-19 may have impeded the positive impacts of endorsing the fulfillment belief. For example, the increased childcare burden and difficulties associated with managing work, childcare, and schooling may have reduced mothers' capacity to remain meaningfully engaged in parent-child interactions and increased feelings of frustration and disappointment in their ability to live up to the expectations of intensive mothering. Intensive mothering also holds

that mothers' greatest priority is to care for their children and posits mothers as the primary and preferred caregiver and that good mothering is child-centric (Arendell, 2000; Collins, 1994; Hays, 1996). Mothers who subscribed to these beliefs may be more likely to set aside their own needs, including self-care, to care for their children. Sacrificing time to tend to their own emotional well-being and neglecting self-care may deteriorate mothers' psychological well-being (Coyne et al., 2021; Russell et al., 2020), leading to feelings of overwhelming exhaustion in their parental role. These feelings of exhaustion, in turn, may place a strain on parent on the parent-child relationship (Griffith 2020; Wu & Xu, 2020), thereby increasing the risk of engaging in harsh parenting (Mikolajczak & Roskam, 2018). Greater endorsement of intensive mothering beliefs may exacerbate caregiving burden and negatively contribute to parental burnout and parenting behaviors during stressful times, such as the global pandemic.

Indeed, parental burnout explained the association between intensive mothering and self-reported changes in negative parenting behaviors, such that greater endorsement of intensive mothering at the beginning of the pandemic belief is associated with higher levels of parental burnout eight months after, which in turn, is associated with increase in negative parenting behaviors at about a year into the pandemic. Conceptually, parental burnout occurs when parenting demands consistently outweigh parenting resources (Mikolajczak & Roskam, 2018). During the pandemic, the increased demands of parenting (e.g., school and childcare facility closures, balancing work and parenting, challenges in homeschooling) coupled with loss of social resources (e.g., social network and social support access) may have negatively affected parents' ability to cope with parenting challenges leading to greater parental burnout, which may in turn increased the risk of using negative and harsh parenting behaviors (Wu & Zu, 2020). Indeed, studies show that greater perceived parenting challenges caused by social isolation and

social distancing is related to increased risk of physical and emotional neglect and verbal aggression against children (Lawson et al. 2020; Lee et al., 2021). Moreover, the increased childcare burden during COVID-19 has also exacerbated parental burnout contributing to poorer parental mental health, including depression and anxiety (Chen et al., 2022). Given the strong association between poor mental health and negative maternal behaviors (Lovejoy et al., 2000), it may be possible that parental burnout heightened the potential risk of mental health problems during the pandemic, which may in turn, have led to greater practice of negative parenting behaviors.

The mediation analysis revealed that feelings of burnout serve as a risk pathway that explains the impact of subscribing to intensive mothering on parenting behaviors during COVID-19. Greater endorsement of intensive mothering beliefs, specifically the belief that mothers are primary and preferred caregivers (Hays, 1996), that can lead to increased involvement in childcare (Dillaway & Paré, 2008), results in feelings of overwhelming exhaustion. When coupled with the belief that parenting should be child-centric and that parenting is a challenging task, the increased pressures to live up to intensive mothering expectations, especially during COVID-19, may have led mothers' feeling burnout in their parental role. These heightened feelings of burnout can reduce positive attitudes toward parenting and can lead mothers to be less emotionally available when interacting with their children, also increasing the likelihood of engaging in harsh and negative parenting behaviors (Mikolajczak & Roskam, 2018). Interestingly, our findings also revealed that for some mothers, greater endorsement of intensive mothering beliefs was liked to increase in positive parenting behaviors, suggesting that subscribing to intensive mothering beliefs does not always negatively affect parenting behaviors. It is possible that these mothers may have identified more with the belief that parenting is a

fulfilling experience and have more positive attitudes toward parenthood that may have led to more positive interactions with their children. However, for mothers whose parenting experience align with the belief that parenting is challenging and exhausting, the child-centric and labor-intensive expectations of intensive mothering may exacerbate feelings of burnout in their parenting role, which in turn, increases the likelihood of practicing negative parenting behaviors.

To our knowledge, this is the first study to examine the longitudinal relationship between intensive mothering, parental burnout, and parenting behaviors. While recent burnout scholarship has well-documented increased parental burnout during COVID-19 (Aguiar et al., 2021; Sorkkila & Aunola, 2020), the impact of parental burnout on parenting behaviors in the context of a pandemic is unclear. More research is needed to better understand the relation between parental burnout and parenting behaviors. Given strong links between parental burnout and harsh parenting and child maltreatment during the pandemic (Griffith, 2020; Wu & Zu, 2020), supporting parents and reducing prenatal burnout presents an important avenue for mitigating the negative impact of the pandemic on children. In addition, understanding the sociocultural antecedents of parental burnout may be informative in identifying mothers who are at greater risk for experiencing parental burnout symptoms and highlights potential areas of prevention and intervention.

Limitations and future directions

Despite its contribution, our study has several limitations. As with all non-probability samples, the findings of the current study are not generalizable due to the sampling technique employed. Our sample was largely composed of white (85%), married (86%), highly educated (82%) mothers with higher incomes (71% of the sample reported family income more than \$70,000/year compared to U.S. median of \$63,179). Given that the COVID-19 has

disproportionately impacted women of color (Jones, 2021), the findings are not likely to reflect the experiences of marginalized women. Future studies should include more diverse sample of mothers to better understand the relationship between intensive mothering, parental burnout, and parenting behaviors. Additionally, the current study used a shorted version of the *Intensive Parenting Attitudes Questionnaire* (IPAQ; Liss, Schiffrin, Mackintosh et al., 2013). Future research may benefit from using the full length of the IPAQ. Finally, mother's self-reports on their parenting behaviors are subject to social desirability and likely to introduce bias. Furthermore, recall bias may have occurred due to the retrospective nature of the question. Future studies should include child-reported parenting behaviors or observational measures that may more accurately assess parenting behaviors.

Conclusion and implications

The COVID-19 pandemic has exacerbated existing stressors and created new stressors for parents, placing increased strain on parents' psychological well-being and parent-child relationships. Emerging research demonstrated that parents' prolonged exposure to stress during the pandemic has increased risk child maltreatment (Wu & Xu, 2020). Findings of the current study showed that both subscribing to intensive mothering beliefs and feelings of burnout increased the likelihood of engaging in greater negative parenting behaviors, including yelling at children, and ignoring or being distant from children, during the pandemic. Furthermore, our findings also demonstrate that parental burnout partially explained associations between intensive mothering and changes in mothers' parenting behaviors during COVID-19. Together, these findings highlight the importance of supporting mothers' emotional experiences related to parenting beliefs for improving parenting behaviors and for reducing risk of child maltreatment.

While there is an increased recognition of the adverse effects of parental burnout on parents' and children's well-being, little evidence exists for the treatment of parental burnout. Given that parental burnout occurs from the imbalance between parenting risk and resources (Mikolajczak & Roskam, 2018), it is critical to provide parents with needed support to decrease parenting stressors. For example, mindfulness practices, self-compassion, and cognitive-behavioral strategies that are known to promote flexible responding in stressful situations may improve outcomes for parents (Roemer et al., 2017). In addition, participation in parenting programs and interventions aimed at building coping skills may also prove effective at reducing risk for parental burnout (Brianda et al., 2020). Finally, social support including emotional, informational, instrumental, and financial support from friends, family and community could be effective buffers that can help parents cope with feelings of overwhelming exhaustion in their parental role.

This study also has implications for support mothers to successfully navigate intensive mothering in relation to their own mothering experience. One possibility is providing social networks for mothers and empowering them to challenge the unrealistic expectations of intensive mothering. Studies have found that mothers who are able to reframe intensive mothering beliefs to their benefit are able to mitigate the negative impact of endorsing intensive mothering beliefs on their psychological and emotional well-being (Christopher, 2012; Johnston & Swanson, 2003). It is important to provide support for mothers to take ownership of what motherhood means to them and not relying on the socially and culturally imposed expectations of motherhood. Finally, increasing family social work practitioners' and educators' awareness of the unrealistic expectations rooted in the intensive mothering beliefs and enhancing their

understanding of the pervasiveness of intensive mothering ideology can help mothers better navigate the sociocultural expectations, demands, and message around motherhood.

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Table 4.1. Parent demographic characteristics

	Percentage
Race	
White	84.8
Asian/Asian American	5.2
Black/African American	2.3
Hispanic/Latinx	1.6
American Indian/Alaska Native	0.3
Native Hawaiian or other Pacific Islander	0.3
More than one race	5.2
Other	0.3
Relationship status	
Married	86.1
Dating	4.5
Single	4.5
Divorced	2.9
Other	2.0
Education	
High school or less	1.9
Some college	9.0
Community college or trade school	6.8
Bachelor's degree	34.2
Graduate degree	47.1
Other	1.0
Income	
Less than \$30 K	1.3
\$30 K to \$50 K	12.9
\$51 K to \$70 K	14.2
\$71 K to \$90 K	16.5
\$91 K to \$110 K	16.1
Over \$110 K	38.7
Federal poverty line	
More than 200% above	84.8
At 200% or below	15.2

Note. Sample size is 282.

Table 4.2. Ranges, means, standard deviations, and correlations among key study variables

Variables	Range	M/%	SD	1	2	3	4	5	6	7	8	9	10	11
Wave 1														
1. Intensive parenting	2.45 – 5.45	4.14	0.53											
2. Parental burnout	0.00 – 30.00	11.46	6.53	.18										
3. Depression	0.00 – 24.00	7.28	5.22	.21	.53									
4. Anxiety	0.00 – 21.00	7.17	5.22	.21	.40	.73								
Wave 2														
5. Parental burnout	0.00 – 28.00	12.19	7.05	.13	.65	.39	.26							
Wave 3														
6. Comforting or soothing	0.00 – 1.00	31.9%		.09	.08	.12	.16	.13						
7. Praise or rewards	0.00 – 1.00	26.8%		.18	.02	.11	.05	.08	.31					
8. Discipline	0.00 – 1.00	19.4%		.08	.16	.12	.12	.14	.10	.10				
9. Conflicts with children	0.00 – 1.00	33.9%		.09	.26	.15	.22	.27	.22	.11	.34			
10. Yelling at children	0.00 – 1.00	32.9%		.03	.15	-.01	.07	.27	.16	.08	.44	.55		
11. Ignoring or being distant	0.00 – 1.00	22.3		.06	.31	.13	.10	.34	.04	-.03	.13	.25	.30	

Note. *M* and *SD* are used to represent mean and standard deviation, respectively. Bolded estimates are all significant at $p < .05$.

Table 4.3. Model fit statistics for 1-5 class solutions

	Log Likelihood	AIC	BIC	ABIC	Entropy	Smallest Class Percentage	VLMR (<i>p</i>)	BLRT (<i>p</i>)
1-Profile	-984.77	1981.55	2003.55	1984.37	1.00	100%	-	-
2-Profile	-895.64	1817.39	1864.73	1823.51	0.78	36.2%	<.001	<.001
3-Profile	-882.09	1804.18	1877.02	1812.60	0.74	25.2%	<.001	<.001
4-Profile	-873.57	1801.14	1899.47	1813.85	0.75	4.3%	.035	.040
5-Profile	-869.55	1807.10	1930.92	1823.11	0.80	4.2%	.347	.667

Note. *AIC* = Akaike information criterion, *BIC* = Bayesian information criterion, *ABIC* = adjusted BIC, *VLMR* = Vuong-Lo-Mendell-Rubin test, *BLRT* = bootstrap likelihood ration test. Lower values of AIC, BIC and ABIC indicate better fit. VLMR and BLRT values indicate if the current model fits significantly better than the model with one less profile.

Table 4.4. Item-response probabilities for 3-class model

	Increased Negative Behaviors (36%)	Increased Positive Behaviors (25%)	No Increase (39%)
Comfort or soothing	0.47	0.55	0.00
Praise or rewards	0.33	0.49	0.00
Discipline	0.44	0.08	0.02
Conflicts with children	0.74	0.19	0.04
Yelling at children	0.88	0.01	0.04
Ignoring or being distant	0.40	0.15	0.09

Note. Sample size is 282.

Table 4.5. Odd ratios (95% CI's) of the relationship between auxiliary variables and latent class membership

	Increased Negative Behaviors	Increased Positive Behaviors
Intensive mothering	1.38 [1.07, 3.14]*	1.63 [0.89, 2.30]
Parental burnout	1.87 [1.35, 2.58]*	1.43 [0.98, 2.06]

Note. Reference group is *No Increase*. CI = confidence intervals. * $p < .05$

Table 4.6. Results for path analysis and bootstrap confidence intervals for indirect, direct, and total effects of intensive mothering on latent classes of changes in parent behaviors

	Estimate (SE)	Std.est. or OR	95% CI
More negative behavior			
Intensive mothering	0.08(0.25)*	1.11	[1.04, 1.25]
Parental burnout	0.10(0.02)***	1.23	[1.03, 2.34]
More positive behavior			
Intensive mothering	0.64(0.30)*	1.90	[1.14, 1.85]
Parental burnout	-0.02(0.02)	0.98	[0.89, 1.05]
No increase			
Intensive mothering	-0.55(0.26)	0.58	[0.41, 1.12]
Parental burnout	-0.08(0.02)**	0.92	[0.66, 0.97]
Parental burnout			
Intensive mothering	0.55(0.69)*	0.04	[0.03, 0.12]
Parental burnout (baseline)	0.71(0.05)***	0.65	[0.58, 0.71]
Total Natural Indirect effects			
Intensive mothering → Parental burnout → More negative behavior	0.01(0.02)*	1.06	[1.01, 1.19]
Intensive mothering → Parental burnout → More positive behavior	-0.00(0.01)	0.98	[0.90, 1.07]
Intensive mothering → Parental burnout → No increase	-0.01(0.01)	0.96	[0.85, 1.04]
Pure Direct effects			
Intensive mothering → Parental burnout → More negative behavior	0.02(0.05)*	1.07	[1.02, 1.62]
Intensive mothering → Parental burnout → More positive behavior	0.14(0.07)*	1.90	[1.05, 1.49]
Intensive mothering → Parental burnout → No increase	-0.11(0.05)	0.59	[0.39, 1.13]
Total effects			
Intensive mothering → Parental burnout → More negative behavior	0.03(0.06)*	1.13	[1.06, 1.58]
Intensive mothering → Parental burnout → More positive behavior	0.13(0.07)*	1.88	[1.40, 3.01]
Intensive mothering → Parental burnout → No increase	-0.12(0.05)*	0.56	[0.37, 0.91]

Note. CI = confidence intervals. Independent variable is intensive mothering at wave 1. Mediator is parental burnout at wave 2. Dependent variable is parenting behavior classes at wave 3: *More Negative Behaviors*, *More Positive Behaviors*, and *Same as Usual*. Covariates are depression and anxiety at wave 1. * $p < .05$, ** $p < .01$, *** $p < .001$.

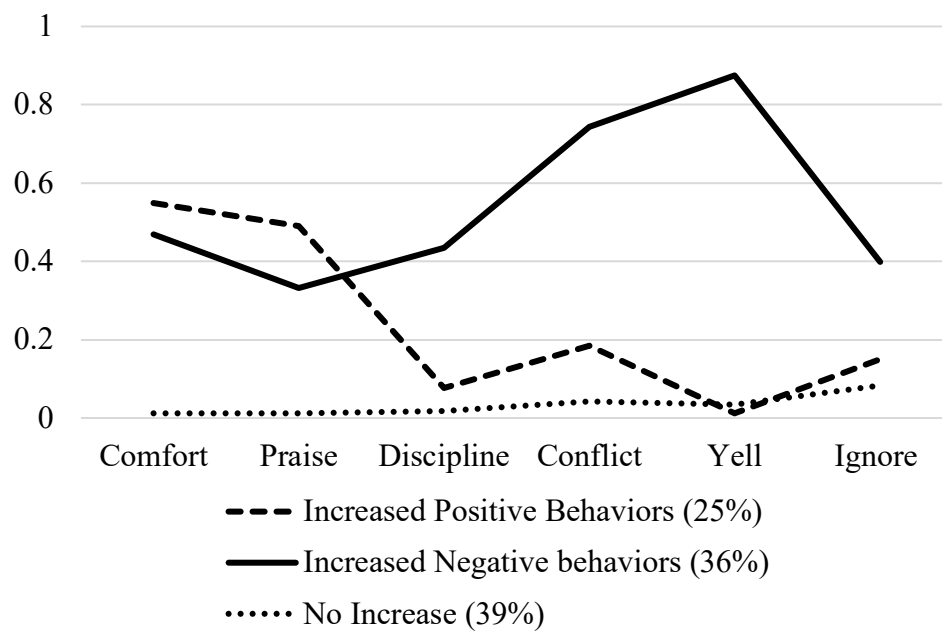
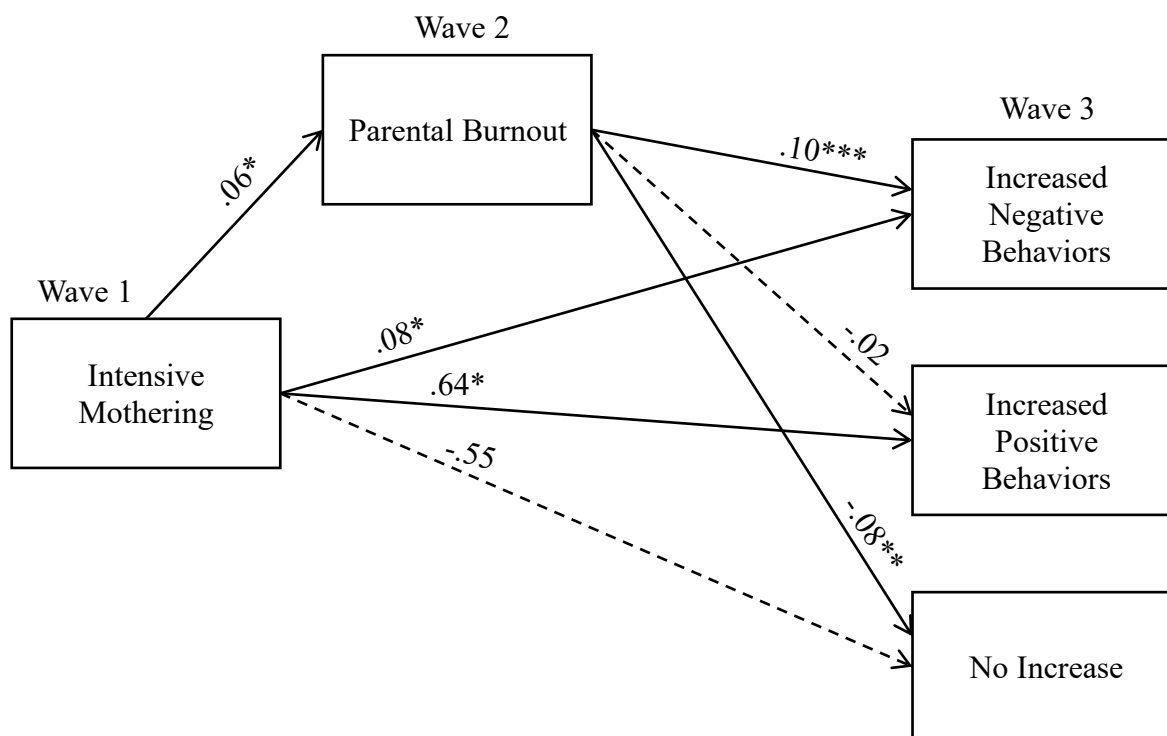
Figure 4.1. Latent classes of self-reported changes in parenting behaviors

Figure 4.2. Pathway from intensive mothering to latent classes of changes in parent behaviors



Note. Standardized path estimates are presented. Dashed line indicates non-significant paths. Path model is controlled for baseline parental burnout and child age. * $p < .05$, ** $p < .01$, *** $p < .001$. Indirect effect of intensive mothering on membership in *Increased Negative Behaviors* class: OR = 1.06, 95% CI [1.01, 1.19]. Indirect effect of intensive mothering on membership in *Increased Positive Behaviors* class: OR = 0.98, 95% CI [.90, 1.07]. Indirect effect of intensive mothering on membership in *No Increase* class: OR = 0.96, 95% CI [.85, 1.04].

Chapter 5: Conclusions

In industrialized Western culture, idealized constructions of good mothering have served to create expectations of how mothers should care for their children. Intensive mothering expects that mothers are the preferred caregivers and ideal child-rearing should be child-centered, expert-guided, time intensive, and emotionally engrossing (Hays, 1996). A good mother is physically and emotionally available for their children and deprioritizes her own personal or career interests to meet children's needs. In the intensive mothering culture, mothers are responsible for their children's physical, emotional, and intellectual optimal development and should feel completely fulfilled by their children. However, the unrealistic expectations of intensive mothering sets mothers up for failure, leading to experiencing frustration and disappointment in their parenting role (Newman & Henderson, 2014). Existing scholarship on intensive mothering has provided evidence that subscribing to intensive mothering is associated with poor mental health, such as increased stress, depressive symptoms, and decreased life satisfaction (Liss, Schiffin & Rizzo, 2013; Rizzo et al., 2013). Given that intensive mothering beliefs are endorsed by many mothers of various cultural and socioeconomic backgrounds (Forbes et al., 2020; Henderson et al., 2016), it is important to investigate how the influence of endorsing intensive mothering beliefs unfolds in the parenting context. The goal of my dissertation was to expand upon the previous literature by providing empirical evidence on the links between endorsement of intensive mothering beliefs and parenting-specific psychological well-being, parenting experiences, and behavior.

The first paper investigated the associations between the endorsement of intensive mothering and involvement in childcare, mental health symptoms, and parenting-specific psychological well-being, and examined whether these associations vary by mothers' demographic characteristics. We found that endorsement of intensive mothering was positively

associated with greater involvement in childcare, such that mothers who subscribed to the intensive mothering beliefs to a greater degree reported that they were more involved in childcare than their partners. Greater endorsement of intensive mothering may pressure mothers to achieve the status of the “good mother” by bearing a greater burden of childcare than their partners. Corroborating previous research, we also found that intensive mothering was positively associated with mental health outcomes. While striving to achieve the ideal motherhood, many mothers experience a sense of failure, shame, and guilt about not being able to meet the intensive mothering expectations (Liss et al., 2013; Romagnoli & Wall, 2012; Sutherland, 2010), which can contribute to poor mental health (Henderson et al., 2016). The relations between intensive mothering and parenting-related psychological well-being revealed mixed results; intensive mothering was positively associated with parenting competence but not with parenting stress. Because identifying with and expressing negative emotions are perceived as the qualities of a bad mother, mothers may be reluctant to acknowledge their negative emotions, such as feeling stressed in their parenting role. On the other hand, mothers whose mothering experience aligns with expectations of intensive mothering may be able to position themselves as competent parents. Importantly, the associations between intensive mothering and involvement in childcare and parenting-specific psychological well-being did not differ based on mothers’ demographic characteristics. These findings suggest that the message that mothers should engage in parenting behaviors that align with intensive mothering beliefs in order to achieve the status of “good mother” may impact the mothering experiences of all mothers from diverse ethno-racial and socioeconomic backgrounds.

The aim of the second paper was to extend intensive mothering literature by investigating the existence of different patterns of endorsement of intensive mothering beliefs and examine

whether those different patterns are associated with maternal demographic characteristics, parenting guilt and parental burnout. Using Latent Profile Analysis, we identified four profiles of mothers based on their endorsement of the five sub-beliefs of intensive mothering identified by Liss et al. (2013). Two distinct patterns of intensive mothering endorsement emerged; mothers who exhibited consistent levels of endorsement across the five sub-beliefs (i.e., *High Endorsement*, *Moderate Endorsement*, and *Low Endorsement*) and mothers who were characterized by higher endorsement on fulfillment, stimulation, and child-centered, but lower endorsement on essentialism and challenging (i.e., *Selective Endorsement*). We found that mothers in the *High Endorsement* profile reported significantly higher levels of parenting guilt than mothers in the *Selective Endorsement* and *Low Endorsement*, while mothers in the *Selective Endorsement* reported significantly lower levels of parental burnout than mothers in the *Higher Endorsement* and *Moderate Endorsement*. To our knowledge, this is the first study to examine intensive mothering profiles through a person-centered approach using a sample of mothers with young children. Our results highlight that although higher levels of endorsement of intensive mothering may be linked to increased feelings of guilt and burnout, and selective endorsement of intensive mothering beliefs may be able to mitigate the negative influence of subscribing to idealized societal expectations of motherhood among mothers of young children.

In the third paper investigated longitudinal associations between intensive mothering, parental burnout, and self-reported changes in mothers' parenting behaviors during the COVID-19 pandemic. Latent class analysis (LCA) revealed three different patterns in mothers' changes in parenting behaviors: *Increased Negative Behaviors*, *Increased Positive Behaviors*, *No increase*. In addition, we found that parental burnout explained the association between intensive mothering and self-reported changes in negative parenting behaviors, such that greater

endorsement of intensive mothering beliefs at the beginning of the pandemic belief is associated with higher levels of parental burnout eight months after, which in turn, is associated with increases in negative parenting behaviors at about a year into the pandemic. For mothers whose parenting experience align with the belief that parenting is challenging and exhausting, the child-centric and labor-intensive expectations of intensive mothering may exacerbate feelings of burnout in their parenting role. These reduced positive attitudes toward parenting and children may lead mothers to be more emotionally unavailable when interacting with their children, also increasing the likelihood of engaging in harsh and negative behaviors (Mikolajczak & Roskam, 2018). To our knowledge, this is the first study to examine the longitudinal relationship between intensive mothering, parental burnout, and parenting behaviors. Understanding the sociocultural antecedents of parental burnout may be informative in identifying mothers who are at greater risk for experiencing parental burnout symptoms and highlights potential areas of prevention and intervention.

Overall, these papers make significant contributions to research on intensive mothering and maternal well-being. Information stemming from these papers can be used to inform supports for mothers of young children. One possibility is providing social support networks for mothers and families and empowering them to share their experiences with other mothers. There is robust evidence that social support significantly and positively influences maternal mental well-being (Balaji et al., 2007). Mothers who have supportive social networks may be able to create and disseminate their own personal views about motherhood, explore intensive mothering beliefs, and challenge the unrealistic parenting expectations. In particular, support groups should aim to empower mothers to develop realistic goals and expectation of motherhood and take ownership of their choices and decisions in mothering.

While it is important to support mothers to successfully navigate intensive mothering at the individual level, it is also critical to increase family social work practitioners' and educators' awareness of the unrealistic expectations rooted in the intensive mothering beliefs. With a clearer understanding of the demanding expectations of intensive mothering ideology, they can better help mothers navigate the sociocultural expectations, demands, and messages around motherhood. Practitioners should also assist mothers in reflecting on their own attitudes and beliefs about motherhood, including critically examining where those beliefs came from, to support them in developing their own authentic style of mothering. Mindfulness- and attachment-based interventions incorporating reflective practices may be beneficial to mothers who have unknowingly internalized the idealized expectations of motherhood set by the dominant white, middle-class culture. Understanding and reevaluating contradictions between the ideal image of motherhood and their own mothering experiences can enable mothers to reframe intensive mothering to their benefit, which can promote positive changes in maternal well-being and parenting outcomes.

Moreover, understanding factors that drives mothers to subscribe to the demanding expectations of intensive mothering may help mothers to better cope with pressure to be a perfect mother. For instance, an important source of pressure to be a perfect mother comes from proximal interpersonal relationships and surveilling behaviors of fellow mothers (Henderson et al., 2010). Therefore, efforts should be made to challenge the intense and unattainable expectations of motherhood rooted in the industrialized Western culture and tackle intensive mothering discourse at a structural level. Acknowledging the unrealistic expectations set forth by the society is a step towards promoting a more inclusive construction of motherhood through

collectively resisting the idealized images of motherhood that perpetuate gender norms and sacrifice women's well-being

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