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MULTIPLE MOTHERHOODS: AN EXAMINATION OF MOTHER STATUS ON
LIFE SATISFACTION AND PSYCHOLOGICAL DISTRESS

by

Kayla M. Pritchard

A DISSERTATION

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MULTIPLE MOTHERHOODS: AN EXAMINATION OF MOTHER STATUS ON LIFE SATISFACTION AND PSYCHOLOGICAL DISTRESS

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University of Nebraska, 2013

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Motherhood represents a status that has substantial cultural meaning. The ways in which people think about motherhood, however, tend to be limited to biology. Among partnered or married women, this study seeks to compare variations in motherhood by recognizing women as biological mothers, stepmothers, and double mothers. Double mothers are a previously unexamined category of motherhood that refers to women who are both biological and stepmothers. Using the National Survey of Fertility Barriers, I assess potential differences in life satisfaction and psychological distress across these three mother statuses and two types of non-mothers (voluntary childfree and involuntary childless women). Factors that moderate (i.e., importance of motherhood) or mediate (i.e., self-esteem, social support, relationship satisfaction, and job status and satisfaction) well-being across mother status are also explored. Results indicate that biological mothers have significantly higher life satisfaction than all other mother statuses. Additionally, double mothers have significantly more psychological distress compared to biological mothers and both groups of non-mothers. Importance of motherhood, however, significantly moderated well-being across mother statuses. Specifically, life satisfaction does not significantly vary across mother status when importance of

motherhood is low, and there are no differences in psychological distress between biological mothers and involuntary childless women when the importance of motherhood is high. Moreover, self-esteem, relationship satisfaction, job satisfaction, and importance of motherhood mediated well-being across mother status. First, differences in life satisfaction between stepmothers and biological mothers are explained by biological mothers' higher self-esteem and importance of motherhood. Second, differences in life satisfaction between biological mothers and involuntary childless women are explained by biological mothers' higher self-esteem, job satisfaction, and importance of motherhood. Finally, differences in psychological distress between double mothers and voluntary childfree women are explained by higher relationship satisfaction among voluntary childfree women. These results highlight the importance of taking multiple dimensions of motherhood and non-motherhood into account when examining differences in well-being among women. They speak to broadening cultural definitions of motherhood to be more inclusive of women's diverse experiences.

DEDICATION

This dissertation is dedicated to Jason Pritchard, for all of his love and support and for challenging me to be a better scholar, teacher, and person.

To Sophia, I hope that you will find your passion in life
and follow it as far as it will take you.

To Mike and Marla Sanders for all of their love, encouragement,
and for always telling me to follow my dreams.

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I decided when I was 12 years old that I wanted a Ph.D. I wasn't really sure what that exactly meant or what it entailed, but I knew that it was the highest degree that an individual could earn, and I wanted it. At that time, I thought I would be a psychologist but stumbled upon sociology while studying at McCook Community College. For helping me find my passion, I thank Mike Hendricks. Your enthusiasm for what you do is infectious. This student in particular is grateful for your making sociology come alive and helping set the course of her life. Earning my Ph.D. is the culmination of over a decade of college and represents the continuation of a life filled with curiosity and learning.

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Throughout all of my life, my parents have been my biggest fans and my strongest supporters. Mom, you instilled a drive in me to always do my best, especially when it came to academics. Although I always did well in school, you saw before I did the value of an education. From you I learned that college was not just that thing you do after high school, but that it was a path to a good future, as well as being the only acceptable path for me. Of course, we both know that that was where I was going anyway but it made me even more determined to do well. That, and the fact that, since you worked at MCC, I was certain you'd get reports from the professors and I wasn't about to let them be negative. Thank you for always believing in me and telling me that I could do it, especially when I was frustrated at the whole Ph.D. process. Dad, although you never pushed as hard as Mom, I have always had a desire to make you proud. Since you were the parent that had done some college, I wanted to show you that I could do it too. You have told me many times that you were proud of me. Thank you for believing in me. I love you both.

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Chapter 1

INTRODUCTION

Within the United States, motherhood is a status laden with cultural meaning and value. In that womanhood is synonymous with motherhood, women are expected to become mothers and expected to want to be mothers (Ussher 1990; Phoenix and Woollett 1991; Ulrich and Weatherall 2000). For women, motherhood is viewed as an inevitable outcome of adulthood. Indeed, most women do become mothers (Dye 2010). Motherhood, however, is not attainable or wanted by all women (Gillespie 2003; McQuillan, Griel, Shreffler, and Tichnor 2008). Some women actively choose to not become mothers, while for others, non-motherhood is less of a choice and more of a result of biology or the absence of romantic relationships. Nevertheless, United States' culture places a high value on motherhood, especially when it occurs within two-parent first-married families (Arendell 2000). Single-mothers are a highly stigmatized group in the US (Usdansky 2009), and stepmothers are often portrayed as the villain in popular media (Ganong and Coleman 1995; Christian 2005). In sum, women fulfill the role of motherhood in multiple ways despite the dominant cultural ideology surrounding biological motherhood.

Women's marital and biological motherhood status varies substantially. In 2008, over half of women age 15 – 50 and over 80% of women age 40 – 44 were biological mothers (Dye 2010). In 2008, 42% of biological mothers were in married-parent families, 21% were single mothers (U.S. Census Bureau 2010), and approximately 22% of mothers were in cohabiting relationships (Martinez, Daniels, and Chandra 2012). In

addition, approximately 12% of U.S. women are stepmothers who do not also have biological children (i.e., stepmothers-only; Parker 2011). It is unknown, however, how many women are double mothers (i.e., women who are both biological mothers and stepmothers). Estimates regarding the number of double mothers in the United States are difficult to find, which reflects lack of attention to this status. These women's experiences as mothers are likely different from women who are only biological mothers or only stepmothers. They represent an aspect of the experience of motherhood which has largely been overlooked.

Although many women eventually become biological mothers, a growing number of women do not. The number of non-mothers has been steadily increasing since the 1970's (Livingston and Cohn 2010). These women can be distinguished by their childbearing intentions. Approximately seven percent of U.S. women can be classified as voluntary childfree (Abma and Martinez 2006) and comprise a group of women that do not desire or intend to have any children. In addition, approximately five percent of U.S. women are women who do not currently have children but would like to have children (Abma and Martinez 2006). Involuntary childless women are a diverse group due to the numerous reasons why these women do not have children despite a desire to do so. These reasons include the lack of a suitable partner, the delaying of children because of a job or school, or medical infertility (McQuillan, Griel, Shreffler, Wonch-Hill, Genzler, and Hathcoat 2012).

Clearly, great diversity in the lived experience of motherhood among women is not reflected in how we think about and value motherhood. When women are defined solely on the basis of a relationship with biological offspring, alternative motherhood experiences become overlooked and devalued. The fissure between the cultural ideology

and lived experience has the potential to impact how women feel about themselves and their lives.

Purpose of the Study

The purpose of this research is to identify variations in women's well-being (measured via psychological distress and life satisfaction) across three types of mothers (biological mothers-only, stepmothers-only, and double mothers) and two types of non-mothers (voluntary childfree and involuntary childless women). Each of the five mother statuses is associated with a distinct cultural schema that should impact the experiences of women who occupy these different statuses and, therefore, affect women's well-being. Much of prior research on women's well-being has focused on the correlation between marital status and well-being (e.g., Waite and Gallagher 2000) or parental status and well-being (e.g., McQuillan et al. 2007; Hanson et al. 2009; Angeles 2010). The research presented here builds on previous work by focusing on both the marital and motherhood status of women and examining two domains of well-being.

This study further seeks to explore factors that may moderate or mediate differences in well-being across mother status. I will test for the possible interactive effect of the strength of women's motherhood identity, drawing on the work of Sheldon Stryker and Peter Burke regarding identity theory (Burke and Tully 1977; Stryker and Burke 2000) and combining it with Multiple Discrepancy Theory (Michalos 1985). I expect that differences in well-being across mother status depend on how salient a motherhood identity is to women. In addition to this salience, the extent to which women's desired mother identity matches their actual mother status (or role occupancy) should affect their level of well-being. Specifically, women whose desired mother identity matches their actual mother status (or mother role) should have higher well-being

than women whose desired mother identity does not match their actual mother status (or mother role). In other words, how well women's importance of motherhood corresponds with women's actual mother statuses (or mother role) should moderate well-being across mother status.

In addition to testing for the moderating relationship of the importance of motherhood on the association between mother status and well-being, I will also test for the possible mediating effects of coping resources, such as social support and self-esteem, and satisfaction in other life domains, such as romantic relationships and work.

According to the stress process model (Pearlin, Menaghan, Lieberman, and Mullan 1981), resources that help individuals cope with stressful circumstances, such as social support and self-esteem, are not equally distributed across populations. People who have greater access to these resources are best able to cope with stressful life events and withstand the damaging effects of stress on well-being. Additionally, individuals who are satisfied in multiple life domains, such as romantic relationships and employment, should also experience a positive impact to their well-being (Diener, Suh, Lucas, and Smith 1999).

Accordingly, women who have higher levels of coping resources and greater satisfaction in other life domains should then experience higher well-being. Given the potential differences in the lived experiences of women with different mother statuses, I expect that access to coping resources (i.e., social support and self-esteem), as well as how satisfied women are with their work and romantic relationships (i.e., relationship satisfaction and job satisfaction), will vary across mother status. In this way, these factors should account for at least part of the differences in life satisfaction and psychological well-being across mother status.

Contribution of the Study

This study contributes to existing knowledge in three important ways. First, understanding that motherhood can take multiple forms is a novel addition to research that tends to divide women into biological mothers and non-mothers (e.g., Ridgeway and Correll, 2004; McQuillan et al., 2008) or biological mothers and stepmothers (e.g., Nielsen 1999; Christian 2005; Weaver and Coleman 2005; King, 2007). Motherhood, however, is more varied than these dichotomous categories. Because no other studies have separated motherhood experiences as I propose here, this study allows for multiple comparisons across mother statuses and adds depth to our understanding of the experiences of motherhood. Understanding the variation in experiences should allow for greater clarity and better prediction of differences in well-being across mother status. Moreover, introducing the distinct category of double mothers, women who are both biological and stepmothers, adds greater depth of understanding to the experiences of motherhood and focuses on a largely unstudied group of women. By acknowledging that these women represent a unique set of experiences and by providing them with a clear name by which to be identified, I highlight that they matter in the context of motherhood experiences.

Second, this study adds to research highlighting differences in the well-being of childless women (e.g., Gillespie 2000, 2003; Letherby 2002). Although I am not the first to separate women according to their fertility intentions, this study is unique in comparing different types of non-mothers to women in several other mother categories. In making multiple comparisons among women of varying mother and non-mother statuses, this study allows for understanding of the effects of motherhood on well-being that go beyond the simple mother/non-mother comparison. For example, no studies to

date have compared either group of non-mothers to stepmothers-only or double mothers. This study will allow for that comparison, among others.

Third, the data used in this study are from a nationally representative sample. Previous research on many of these mother statuses has primarily relied on qualitative data based on small, non-representative samples of women (e.g., Weaver and Coleman 2005). The total sample in this study is nearly 5,000 women. Having access to a sample this size will allow me to extrapolate my results to the broader population. Families today are characterized by their diversity rather than homogeneity (see Cherlin 2010) and understanding diversity in motherhood is necessary to keep pace with individuals' lived experiences and women's well-being.

Chapter 2

WELL-BEING: LIFE SATISFACTION AND PSYCHOLOGICAL DISTRESS

Subjective well-being is a general area of research, rather than a specific construct, that refers to peoples' evaluations of their lives (Diener 2000). It is comprised of individual's emotional responses (i.e., positive and negative affect), domain satisfactions (i.e., satisfaction with one's job, relationship, or health), and judgments of overall life satisfaction (Diener, et al. 1999). This research will focus on two distinct concepts of subjective well-being: life satisfaction and psychological distress.

Life satisfaction has been conceptualized as a "cognitive evaluation of one's life" (Diener 1984:550). Essentially, life satisfaction taps into comparative processes where individuals compare their current situations with societal expectations and cultural ideals (Ehrhardt, Saris, and Veenhoven 2000). In doing so, individuals make a cognitive assessment of their reality compared to the ideal or expected reality. As a cognitive state, life satisfaction is conceptually distinct from emotional states like positive and negative affect (i.e., happiness or unhappiness; Haybron 2007; Schnittker 2008), which tend to fluctuate more often. Not all studies agree on this distinction, however, and have equivocated life satisfaction with happiness (Blanchflower and Oswald 2004; Easterlin 2005). This is likely an incorrect application of the constructs. Life satisfaction and happiness share only 25% variance and have unique meanings (Diener and Fujita 1995; Lucas, Diener, and Suh 1996). Thus, they are not interchangeable constructs.

In addition to life satisfaction, individuals' psychological distress is also considered as a part of overall well-being. Psychological distress represents an

unpleasant subjective state (Mirowsky and Ross 2003). This distress is comprised of two major domains: depression (e.g., feeling sad, lonely, or hopeless) and anxiety (e.g., being tense, irritable, or worried). Psychological distress is distinct from the affective state of unhappiness. Psychological distress is a more stable state than that of simple unhappiness which tends to be related to situational changes. Regardless of the domain in which it occurs, psychological distress can take two forms: mood and malaise (Mirowsky and Ross 2003). Mood refers to the emotions associated with feeling sad or worried and can extend over a considerable amount of time. Malaise refers to physiological responses to depression or anxiety, such as distraction or headaches. The following section will outline the theories and causes regarding both life satisfaction and psychological distress.

Life Satisfaction

Scholars have taken three main approaches in working to understand the construct of life satisfaction: a bottom-up approach, a top-down approach, and a bidirectional model. The bottom-up approach to life satisfaction asserts that it is the accumulation of satisfaction with various life domains, such as job satisfaction and relationship satisfaction (Pavot and Diener 2008; Gonzáles, Coenders, Saez, and Casas 2010). In this approach, what people report as their life satisfaction is actually a function of their satisfaction with specific life domains. This approach has been supported empirically. Gonzáles et al. (2010) found that satisfaction with multiple domains, including satisfaction with work and relationships, had a positive influence on life satisfaction as a whole. One issue that exists if life satisfaction is a composite of specific domain satisfactions, however, is the potential for variation in the weight individuals place on specific domains. Because individuals differ in how they weigh each domain based on

their personal preferences, identities, and experiences, a measure of life satisfaction may actually be tapping into completely different constructs.

In contrast, a top-down approach to life satisfaction views satisfaction as a function of stable traits (Erdogan, Bauer, Truzillo, and Mansfield 2012). In this approach, individual's life satisfaction is relatively stable across situations and experiences. In this way, life satisfaction is more or less a stable trait of the individual – some people would have an innate propensity towards more or less satisfaction regardless of situation. A global tendency to experience situations in a more positive or negative way would mean that life satisfaction then influences satisfaction with specific life domains (González et al. 2010). Garcia (2011) found that life satisfaction was unrelated to situational factors as well as temporal distance (i.e., how distant in the past a positive or negative event occurred). Instead, the lack of a relationship between life satisfaction and situational factors was due to a close relationship between life satisfaction and personality. In other words, life satisfaction was operating as a trait of individuals rather than of situations. Ehrhardt, Saris, and Veenhoven (2000), in reporting the results from a panel study in Germany, indicated that life satisfaction had considerable temporal stability but just as much variability. On the long term, they argue, the variable component might be greater. This indicates that if life satisfaction operates as a personality trait that perhaps personality traits are less durable in the long run than many psychologists tend to believe or that personality does not influence life satisfaction in the same way that it does other traits.

A third model of life satisfaction combines both the bottom-up and the top-down approaches. This bidirectional model is exemplified in Multiple Discrepancies Theory (MDT; Michalos 1995). In MDT, the two models (e.g., bottom-up and top-down) take

place simultaneously thus making the relationship between overall life satisfaction and satisfaction with specific domains bidirectional. Cohen (2000) found life satisfaction to be correlated with many specific domains, such as satisfaction with a partner and satisfaction with paid employment. Correlation, however, does not imply causal direction so it is unclear in which direction these relationships operate.

In addition to the three primary approaches to understanding life satisfaction as a construct, other theories have been used to try to understand how and why life satisfaction varies across individuals. These include activity theory and need theory. Activity theory asserts that there is a connection between the amount of time engaged in an intimate and valued activity and the level of one's life satisfaction (Longino and Kart 1982; Eriksson, Rice, and Goodin 2007; Rodríguez, Látková, and Sun 2008). This is connected to an individual's temporal autonomy, or the amount of discretionary time they enjoy. Control over resources (i.e., time and money) is positively correlated to one's life satisfaction (Veenhoven 1984; Lai and McDonald 1995; Diener et al. 1999; Duncan-Myers and Huebner 2000). Overall life *dissatisfaction* can result from lacking control over one's current activities, even if one is satisfied within specific activity domains (Dow and Juster 1985). Eriksson et al. (2007) found that a proportional change in discretionary time led to a greater absolute change in life satisfaction.

In conjunction with activity theory, need theory has been used to understand variations in life satisfaction across individuals. This theory originates with the work of Maslow (1970) and need-gratification theory. Maslow (1970:67) proposed a need hierarchy whereby the "degree of basic need gratification is positively correlated with the degree of psychological health." At the bottom of the hierarchy are physiological needs (e.g., food, water), followed by safety needs (e.g., security, protection), love needs (e.g.,

affection, belongingness), esteem needs (e.g., self-respect, freedom), and finally idiosyncratic self-actualization at the top of the hierarchy. This final state represents an opportunity for individuals to reach their full intellectual and physical potentials. Based on this need hierarchy, Maslow argued that higher need gratification produced more well-being than lower need gratification.

Based on Maslow's (1970) need-gratification theory, other researchers have extended his ideas to better understand subjective well-being. Diener and Lucas (2000) refined Maslow's ideas into a more succinct and more general need theory, stating that when individuals' needs are met, there is a positive effect on life satisfaction. Needs can be defined as psychological or physiological (Ryan and Deci 2000). When met, they promote health and well-being. If needs are unmet, their absence contributes to pathology and ill-being. These ideas have been supported by empirical work. Rodríguez, Látková, and Sun (2008) demonstrated that the greater participants perceived their needs to be satisfied, the higher their life satisfaction. These authors also noted that satisfaction of needs explained approximately 27% of the variance in life satisfaction. There does seem to be a threshold, however, on the satisfaction of needs. If needs are primarily materialistic, satisfying those needs does not appear to increase well-being (Kasser and Ryan 2001). In fact, strong materialistic values are negatively correlated with well-being (Kasser and Ryan 1996; Roberts and Clement 2007).

In reviewing the various theories of life satisfaction, several points need to be made. Although some studies support the idea that life satisfaction is a function of stable personality traits (e.g., the top-down approach, Gonzáles et al. 2010; Garcia 2011), the long-term variability in life satisfaction calls this assertion into question (Ehrhardt, et al. 2000). Given the idea that life satisfaction is correlated with one's autonomy (e.g.,

Diener et al. 1999; Duncan-Myers and Huebner 2000) and needs (e.g., Veenhoven 1991; Rodríguez et al. 2008), the bottom-up approach may better reflect the construct.

Achieving autonomy and having one's needs met are likely tied to specific social arrangements (e.g., role status, work, personal relationship). It is perhaps most useful to consider life satisfaction as being influenced by one's satisfaction in individual life domains. In the context of the current study, women's satisfaction with specific life domains is expected to vary according to their mother status. Their satisfaction with these specific domains is hypothesized to influence women's life satisfaction, thereby representing a mediating relationship.

Psychological Distress

The causes of psychological distress can be best illustrated by a social model linking fundamental cause theory (Link and Phelan 1995) and the stress process (Pearlin 1989). First, the fundamental cause theory locates adverse mental and physical health conditions as resulting from the social context (Link and Phelan 1995). Differential access to resources provides the key to understanding how the social context impacts mental and physical health. Link and Phelan (1995:87) define resources to include "money, knowledge, power, prestige, and the kinds of personal resources embodied in the concepts of social support and social network." Those individuals who have greater access to resources are therefore better equipped to minimize or avoid risks to their well-being. This idea that psychological distress is rooted in social causes has been supported through studies that find that individuals with membership in an oppressed group have increased susceptibility to various mental illnesses, especially depression (Foster 1993; Burns, Castle, Angled, Tweed, Sating, Farmer, and Erkanli 1995). The lack of access to

resources such as housing, education, and employment opportunities structures individual's mental well-being.

Providing additional support for the link between psychological well-being and social conditions is the role of mastery and alienation. Mastery "concerns the extent to which one regards one's life chances as being under one's own control in contrast to being fatalistically ruled" (Pearlin and Schooler 1978:5). Alienation is related to loss of control and power and is a central component to many subjective experiences of depression (Mirowsky and Ross 2003). Individuals who are high in feelings of control over their lives may experience fewer life events as problematic or may find themselves better able to manage stressful events (Turner and Lloyd 1999). Being able to control one's choices and life and holding power over one's choices and decisions is done most easily through the manipulation of resources. A greater sense of control over one's life has been linked to a reduced risk of psychological distress and depression (Pearlin and Schooler 1978; Pearlin et al. 1983; Abramson, Metalsky, and Alloy 1989; Warr 1990).

Another large component of this body of research can be found in the study of stress and the stress process. Research on stress indicates that stress starts with an experience or event and the perception that this experience or event is threatening or burdensome in some way (Pearlin 1989). Referred to as stressors, these experiences or events can originate from the various systems of stratification that differentially distribute resources, opportunities, and self-regard. Stressor can also develop from the within the context of institutions and their arrangements of statuses and roles. Individuals who occupy institutionalized roles (i.e., a mother role) are subject to the normative conditions and expectations associated with that role. These conditions exert a force on an individual's experience. When those experiences are threatening or problematic, they

may result in stress. Thus, whether the stressors arise from systems of stratification or from problematic experiences in institutionalized roles, they both have the potential to impact individuals.

Regardless of the sphere from which stressors spring, they can take three forms. The first represents minor hassles. These are mini-events that require small behavioral adjustments during the course of everyday life (e.g., traffic jams; Thoits 1995). Because events like these are commonplace, it may take a great deal of hassles to cause noteworthy levels of stress. Second, stressors can take the form of discrete life events. Change in life is inevitable. Change that is unexpected or undesirable (e.g., the sudden death of a loved one; Pearlin 1989) or change that requires major behavioral adjustments within a relatively short period of time (e.g., the birth of a baby; Thoits 1995) is most likely to generate stress. This form of stressor can also be a non-event, or a failure to achieve a life goal or a desired identity (e.g., infertility; Aneshensel 1992). The third type of stressor pertains to those that develop out of chronic strains. Chronic strains represent problems that occur in social roles (Pearlin 1989) that require persistent adjustment over prolonged periods of time (e.g., marital problems; Thoits 1995). For example, a woman might experience a great deal of strain as she struggles to adjust from the life of a single individual to that of a stepmother whose responsibilities include the care of multiple children.

The amount of strain that an individual may experience, however, is not uniform across individuals or situations. The degree of stress that an individual experiences in a given social role largely depends on the values that that the individual holds. A social role that is defined as more important or desirable is likely to generate more stress if strain is perceived than a role that is not deemed as important or cherished. Additionally,

a role that holds a large amount of importance likely represents a salient identity for that individual (Stryker 1980). Salient identities represent individual's most valued and treasured parts of themselves. Stress can be experienced in relation to individual's efforts to achieve or maintain a desired identity (Aneshensel 1992). Thoits (1999) has suggested that threats to salient identities are likely to lead to psychological distress.

In line with fundamental cause theory, depending on their level of personal resources, some individuals are better able to resist the potential negative impacts of stress (Aneshensel 2009). We all strive for protection of the self (Pearlin, Menaghan, Lieberman, and Mullan 1981), but people respond differently to stress depending on their abilities to cope effectively with stress. The functions of coping are essentially the same, although the exact forms of coping might change. “[A]ll coping – regardless of the nature of the stressors – serves either to *change the situation* from which the stressors arise, to *manage the meaning* of the situation in a manner that reduces its threat, or to *keep the symptoms of stress within manageable bounds*” (Pearlin 1989:250, emphasis in original). One major form of coping is comprised in individual's abilities to access social support, which may help individuals either change their situation or at least manage the stressor (Pearlin et al. 1981). Social support represents the degree to which people can draw on social relationships to have their emotional or material needs met through interaction and engagement. Another form of coping is to alter one's frame of reference (Pearlin et al. 1981), which may help people manage the meaning of the stressor. By changing the group or situation that one compares his or her circumstances to, the level of stress experienced by the individual should decrease. Individuals who can effect some change on their circumstances (i.e., have access to coping resources) should experience lower levels of stress as a result, but individuals are more likely to experience the

damaging effects of stress if their behavior has little to no effect on the source of the stress (Aneshensel 1992). Thus, access to coping resources is important in understanding outcomes of the stress process.

The crux of these perspectives is that psychological distress and depression are not equally distributed across societies. Their unequal distribution is related to the differential access to resources by individuals. Stressful circumstances and events are commonplace in society; how well individuals are equipped to deal with those stressors is determined by how many social and psychological resources they have access to. How well individuals cope with stressors impacts the degree to which stressors create psychological distress (Pearlin et al. 1981). In the context of this study, women likely experience different types and degrees of stressors due to their particular mother status. Furthermore, women in varying mother statuses likely do not have equal access to coping resources that would better allow them to deal with stressors. I hypothesize that women's mother status will be predictive of their psychological distress and that this association will be mediated by women's personal resources. In this way, I will be using the stress process to evaluate differences in psychological distress across mother statuses.

Distinct Constructs?

Some scholars argue that the concepts of life satisfaction and psychological distress are opposite sides of the well-being coin (e.g., Mirowsky and Ross 2003). Outwardly, it appears logical that the presence of life satisfaction means the absence of psychological distress and visa-versa. A closer examination of the two constructs, however, reveals that they are actually two distinct concepts that tap into different, not opposite, aspects of well-being (Argyle and Margin 1991). Feelings of life satisfaction are a cognitive judgment of how well an individual's reality matches his or her

expectations for that reality. This is a measure of cognition (i.e., thought processes) that captures one's sense of contentment with her or her circumstances relative to how he or she feels things "should" be. Life satisfaction results when reality meets expectations. Perceived deficits in lived experiences relative to one's expectations of reality engender dissatisfaction. In addition, life satisfaction is a function of satisfaction with specific life domains that represent specific cognitions of the quality of life within those domains. This implies that if one evaluates his or her relationship, for example, to be as good or better than the relationships of others, he or she will feel satisfaction in that domain which, in turn, boosts their general life satisfaction. Evaluating one's own relationship as worse than others' would contribute to dissatisfaction.

In contrast to life satisfaction, psychological distress represents an unpleasant subjective state that is comprised of both depression and anxiety. This fact makes distress distinct from unhappiness which is much less stable and is associated with situational change. Furthermore, psychological distress arises from strains created by discrete events or continuous strains. Events are circumstances judged to be problematic, especially to salient parts of an individual's identity, have the potential to create distress. The experience of distress can be attenuated, however, by individuals who have access to coping resources, such as social support or other coping strategies (Pearlin et al. 1981). The opposite of psychological distress would simply be the lack of distress. The absence of distress, however, does not necessarily amount to the presence of satisfaction.

Thus, psychological distress and life satisfaction are distinct concepts. Life satisfaction represents a value judgment of an individual's reality compared to his or her expectations while psychological distress represents negative moods and malaise related to depression and anxiety likely caused by stressful experiences. One construct (i.e., life

satisfaction) is based on one's judgments of his or her life and the other construct (i.e., psychological distress) is the difference between the degree of stress experienced and one's ability to cope with stressors given their access to resources. Furthermore, life satisfaction and psychological distress are not perfectly correlated ($r = -.34$ in this study). Because life satisfaction and psychological distress represent different dimensions of well-being, predictors of each outcome are likely to vary (Schwadel and Falci 2012). The predictors of life satisfaction are more likely to be satisfaction with specific life domains, such as work or relationships, while the predictors of psychological distress are more likely to be social and personal resources, such as self-esteem and social support.

In the current study, I examine both concepts because the variability of each concept across mother statuses is likely unique. The two concepts may reveal distinctive differences across the five mother statuses that the examination of only one might overlook. For example, I expect greater variation in life satisfaction due to the comparative process between one's actual motherhood status and their perception of what they should have or be within a mothering role. Furthermore, if women deem motherhood as a valued activity, then their time spent performing the behaviors of motherhood should provide an increase to their satisfaction. Regarding psychological distress, women who occupy different mother statuses may have different access to resources and stressors. In line with the fundamental cause theory and the stress process, mothers who have greater access to resources to avoid stress, as well as coping resources, should be better able to withstand stressful circumstances and preserve their well-being.

Chapter 3

MOTHER STATUSES

Motherhood is one role that, on the surface, appears to have one, well-understood meaning: motherhood is equated to having given birth to a child (Hays 1996). Such cultural hegemony, which is also reflected in scholarship, overlooks the lived experiences of women and discussions about alternate forms of motherhood. The following section reviews scholarship regarding the five mother statuses examined in this study: biological mother, stepmother-only, double mothers, voluntary childfree women, and involuntary childless women. The prevalence of each status, as well as cultural meanings and schemas, are also discussed.

Biological Mothers

Biological motherhood first and foremost rests on a female's ability to conceive and give birth (Rich 1976; Bernard 1981; Martin 1987; Hays 1996). Most women in the United States do have biological children. In 2008, 80% of women ages 40-44 were biological mothers (Dye 2010).

Biological motherhood is seen as an essential stage in women's adult development and as providing women with a central identity as women and adults (Woollett and Phoenix 1991; Prilik 1994; Ulrich and Weatherall 2000; Pérez and Tórrens 2009). According to this ideology, women cannot be mothers unless they give birth to a baby (Weaver and Coleman 2005). Biological motherhood is central to how many women define themselves and how they are defined by others, even if they are not mothers (Ussher 1990; Fox 1998; Gillespie 2000). In a pronatalist society, such as the

United States, women in general are perceived as potential (biological) mothers if they are not actual (biological) mothers. This belief is evidenced colloquially by the myriad of dolls given to many young girls to promote mothering and nurturing behaviors. Defining women in terms of their potential for motherhood has even been documented in the court system through the case of *Automobile Workers vs. Johnson Controls, Inc.* In this case, Johnson Controls, Inc. barred all female employees without documentation of medical infertility from working in tasks where they were exposed to lead due to the negative effect lead can have on a fetus. They did this, however, without concern for the negative effects lead can have on men's fertility. Johnson Controls, Inc.'s actions were deemed unconstitutional by the Supreme Court but serve as a solid indication of viewing women in terms of their potential for motherhood while failing to see men in terms of their reproductive potential.

Within this ideology of biological motherhood are societal expectations regarding the behavior of mothers. Biological mothers are expected to be tireless, selfless, caring, nurturing, and loving (Hays 1996). They are thought to give themselves wholly to their children and to do so without a drop of resentfulness. These ideas of what constitutes the behaviors of 'good' mothers, however, are socially constructed and perpetuated, premised upon a historically specific type of normative motherhood (i.e., white, married, and middle class; Phoenix and Woollett 1991; Smart 1996; Edin and Kefalas 2005). Even though variations in the beliefs of 'good' mothering exist, many mothers are compared to this ideal regardless of their actual race, class, or individual situation.

These characteristics of ideal biological motherhood invariably limit how people think about the role and how women in it, as well as outside of it, are affected. Defining motherhood in terms of a biological connection to children is based on essentialist ideas

of fulfilling biological and material instincts (Woodward 1997). Achieving motherhood in an alternate fashion is not judged ‘as good as’ biological motherhood. From the cultural view, it makes a woman’s relationship to her biological offspring the main source of her identity and worth (Pérez and Tórrens 2009). Social mothering, such as that done by foster mothers or stepmothers, does not seem to count. Others also assume that biological mothers are the best caregiver over other women (Nielson 1999; Pérez and Tórrens 2009) or even the children’s father (Hays 1996; Coltrane 1998).

To reject motherhood as a woman is viewed as selfish, deviant, and decidedly unfeminine (Gillespie 2003). This cultural belief implies that it is almost unnatural for a woman to decide not to have children. By becoming a mother, women receive cultural esteem for fulfilling this socially expected role. In this way, motherhood represents the supreme status any woman can hold.

Biological motherhood represents a privileged status for women (Hays 1996). In other words, being a biological mother is valued more than other types of motherhood or other adult relationships with children. This is connected to the equivocation of ‘woman’ and ‘mother’ as well as the stigmatization of women who do not want to be mothers. Because women are defined by their actual or potential motherhood, those women who appropriately fulfill the role or desire to fill the role meet the cultural expectation for appropriate womanhood. As illustrated in the next sections, women occupying other mother statuses are often judged in relation to the hegemonic ideals associated with biological motherhood.

Stepmothers-only

Approximately 50% of men and 45% of women who have divorced will remarry (Kreider 2005). When individuals with children remarry, a stepfamily is created. There

are two types of stepfamilies, simple and complex (Schultz, Schultz, and Olson 1991). In simple stepfamilies, only one partner in the marriage has biological children from a previous relationship. Such is the case with stepmothers-only in this study: women without biological children who married men with children. In complex stepfamilies, both partners have children from previous relationships. No statistics are recorded as to the number of simple verses complex stepfamilies. We do know, however, that approximately 6.3% of biological mothers live with biological and stepchildren and 2% of biological fathers live with biological and stepchildren (Kreider 2008). These families represent complex stepfamilies. Of all children, 10.7% lived with one biological/adoptive parent and one stepparent in 2004 (Kreider 2008). More specifically, 5.7% of all children lived with a biological mother and a stepfather and 1.5% lived with a biological father and a stepmother. Because women are more likely to bring custodial children into a marriage (Stewart 2007), most research on stepfamilies has centered on mother-stepfather families (Ganong and Coleman 2004). Less is known about father-stepmother families and even less about stepmothers without biological children. Because men remarry at higher rates than women, the likelihood for stepmother families is great. Approximately 12% of U.S. women are stepmother-onlys (Parker 2011).

In general, stepmothers are part of an incomplete institution that surrounds remarriage (Cherlin 1978). To lack institutionalization means that the stepmother role lacks normative role performance, appropriate terminology to identity family relationships, and legal rights and responsibilities (Fine 1997; Ganong and Coleman 1999, 2000). In other words, the role of stepmother is often ambiguous and ill-defined (Fine, Coleman, and Ganong 1998; Church 1999; Landsford, Ceballo, Abbey, and Stewart 2001; Weaver and Coleman 2005). There are few cultural guidelines for how

stepmothers are to act in their role and stepmothers may choose to define their role and their family boundaries in a variety of ways (Church 1999). A stepfamily continually engages in loosening and tightening its boundaries to maintain its own integrity (Whitsett and Land 1992a). In the absence of norms, stepmothers may try to enact their role in a way that is consistent with the societal expectations of appropriate family roles for women – the ‘mothering’ role (Henry and McCue 2009).

Constructing the role of stepmother in this way, however, is contradictory to the societal expectation that stepmothers play a distant and passive role in the lives of their stepchildren (Levin 1997). These inconsistencies in the way stepmothers think they should behave can have a detrimental effect on these role relationships (Whittsett and Land 1992b). Additionally, our society lacks standardized terms for stepfamily relationships. For example, the stepmother may rely on her husband’s ex-wife’s current spouse to pick her stepchildren up from school, but without clear terms, communicating this arrangement to others may be challenging. Furthermore, family law has largely neglected stepparents (Mason, Fine, and Carnochan 2001) and the legal rights of stepparents vary considerable across states (Hans 2002). In their roles and in the eyes of the law, stepmothers occupy an ambiguous space.

Cultural assumptions about parenting have been generally based on models of the biological nuclear family (Ganong and Coleman 1997; Orchard and Solberg 1999). This ‘nuclear family ideology’ asserts that the biological family (i.e., married-parent family) with two biological parents and their children is the ‘ideal’ family type (Coontz 1992). Families are compared to this ideal by themselves as well as others. Families who do not fit this ideal are perceived more negatively (Fine 1986; Fluit and Paradise 1991; Ganong and Coleman 2000; Planitz and Feeney 2009). Stepfamilies in general are rated as

deviant and as having more problems than married-parent families (Ganong, Coleman, and Mapes 1990; Planitz and Feeney 2009). This deviancy discourse is manifested in negative labels given to stepfamily members as well as in negative myths and media images (Dainton 1993; Ganong and Coleman 1997). Stepmother families are especially excluded from positive models of family functioning. As a result, negative assumptions are made regarding stepmothers and the part they play within their families (Ganong and Coleman 1995). Stepmothers are often rated more negatively than women-in-general, such as having fewer positive personality characteristics, being less skilled at childbearing, and having poorer marital/family relationships (Ganong and Coleman 1995). For example, people tend to rate stepmothers more negatively than mothers, even if they grew up in a stepfamily (Fine 1986). The cultural schemas surrounding stepmotherhood generally frame the role as one of exclusion and deviance.

Two negative myths surround the stepmother, one of instant love and the other of being wicked (Dainton 1993). These myths guide perceptions and expectations of those in society as well as of stepmothers themselves (Claxton-Oldfield 2000). The first, the myth of instant love, creates the expectation that, through marriage, a new, instant family is formed comprised of loving members. The second, the myth of the wicked stepmother, depicts her as cruel and vicious, neglecting her stepchildren while pandering to the needs of her new husband. This myth assumes that the stepmother does not want to care for her stepchildren and that they, in fact, represent a burden to her in her new marriage. Taken together, both of these myths can affect how stepmothers are viewed in their role. The first, by assuming an instant family, discounts the difficulties remarried families can experience when creating new parental roles and family norms (Mills 1984).

The second clearly marks the stepmother as an outsider and stresses the impenetrability of the biological bond (Bray and Kelly 1998).

These myths have serious implications for how stepmothers are viewed by others. These assumptions are based on comparisons with biological motherhood and the nuclear family. Stepmothers are clearly afforded less cultural value than biological mothers because they do not fit the expectation of biological motherhood within the nuclear family. The role of stepmother is also perceived as more ambiguous than that of stepfather, suggesting that the ambiguity of the role stems not from being a stepparent, but from being a stepmother (Colman, Ganong, and Cable 1996). The lesser value placed on stepmotherhood and the role ambiguity stems from the centrality of biological motherhood to the definition of womanhood (Ulrich and Weatherall 2000; Pérez and Tórrens 2009). Because being a woman is synonymous with being a biological mother (an expectation that does not exist for men), women who become stepmothers have not fulfilled their role in the expected way (i.e., biology). It is therefore much more difficult for women to ‘mother’ another woman’s children than it is for men to provide a model of caring and companionship to another’s children (Weaver and Coleman 2005).

Thus, compared to biological mothers, stepmothers-only are likely to feel less valued in their role as mother. Because motherhood is defined in terms of biological connection between woman and child, stepmothers-only are automatically excluded from the norms and expectations of biological motherhood. In addition, stepmothers-only face more ambiguity in regards carrying out the motherhood role because the norms guiding behavior are based on biological motherhood.

Double Mothers

Double mothers are women who simultaneously occupy the role of biological mother and stepmother. How these women come to occupy this status, however, can vary. Double mothers may have brought biological children from a previous relationship to a new union with a man who also has children from a previous relationship (i.e., a complex stepfamily). Another possibility is that these are women who did not have children, who partnered with a man who did, and who then had a child within the new union. No estimates are available as to the specific ways in which these relationships form, which reflects a lack of attention to these women. Furthermore, most empirical studies appear to lump these women with either biological mothers or stepmothers, so details regarding their specific experiences are absent (e.g., Hays 1996; Ganong and Coleman 1999, 2000). Of the studies that do specifically acknowledge double mothers in some way, most are concerned with multiple partner fertility (e.g., Monte 2011) or note that some stepmothers also had biological children (e.g., Church 1999). In spite of the lack of attention given to double mothers, their experiences with motherhood likely make them different from biological mothers and stepmothers-only.

The limited research on double mothers indicates that their experiences as stepmothers depend on how their biological children were brought into the stepfamily. This could entail the formation of a complex stepfamily in which a woman with children partnered with a man with children. It could also involve a stepmother-only partnering with a man who had children and new biological children resulting from that union. Ambert (1986) concluded that the addition of biological children to a pre-existing stepfamily (i.e., both partners already had children) detracts from the attachment of stepmothers to stepchildren. Women with both biological and stepchildren may make a

strong distinction between the role of biological mother and the role of stepmother.

Some double mothers have reported losing their patience with their stepchildren more so than their biological children, feeling that their stepchildren are “in the way” and even feeling like their stepchildren do not belong in the family (Ambert 1986:801). This seems to be particularly true for women whose first biological child was born in the current marriage. They may place special meaning on that child and perceive stepchildren as invaders to the intimacy they desire with their biological child (Ambert 1986; Bernstein 1989; MacDonald and DeMaris 1996).

Double mothers have successfully fulfilled the expectation of biological motherhood and, as such, are privy to the cultural esteem afforded to mothers. As mothers, these women are viewed as the central and most appropriate caregiver for their children. These women, however, are also stepmothers. As stepmothers, they are subject to the ambiguity inherent in the stepmother role and to the negative schemas surrounding stepmotherhood. Others may also speculate on potential differences between how they treat (or feel about) their biological children compared to their stepchildren. Thus, the cultural incompatibility of the two roles, biological mother and stepmother, could produce a great deal of role conflict (Visher and Visher 1979). Role strain may also result if double mothers try to meet the hegemonic ideal of motherhood for children with whom they have two distinct relationships. Clearly, this is a unique group of mothers that has been overlooked by previous research. Their differences from other mothers likely create differences regarding their well-being.

Non-Mothers

The number of women who are non-mothers has been steadily increasing since the 1970's (Livingston and Cohn 2010) but to lump all non-mothers into one category

does not provide a clear comparison. The desire for motherhood is multidimensional (Sichter mann 1986; Hey 1989) and women's reasons for childlessness are diverse (Letherby 2002). Although this diversity in non-motherhood exists, the dominant cultural view firmly connects womanhood with motherhood (Letherby 1994). Societal beliefs encourage women to measure their self-worth in terms of their capacity/desire to mother and childlessness – whether by choice or not – is associated with informal sanctioning and social stigma (Callan 1987). The question of whether or not to have children cannot be dismissed by women because “the potential for motherhood is always inside us – not only women's bodies but their psychologies too” (Oakley, McPherson, and Roberts 1984:191). The issue of motherhood is pertinent for women because they are defined in reference to it, whether they are biological mothers or not.

Until fairly recently, the language used to describe women without children has been only in terms of deficiency, as in “infertility” or “childlessness” (Barlett 1996; Letherby 1994; Letherby and Williams 1999). In contrast to this common view of non-mothers, more women are making an active choice to not have children and have been labeled “voluntary childless” or “childfree” (Gillespie 2003; Letherby and Williams 1999). Although these two categories of women are alike in their non-motherhood, their reasons for that non-motherhood are entirely unique.

Involuntary Childless Women

Approximately five percent of US women can be described as involuntary childless (Abma and Martinez 2006). These women are defined by others, and perhaps by themselves, in terms of their lack of children. This category includes women who are medically infertile, who are delaying childbearing (e.g., to finish college or to get settled in a job), or who have a situational barrier that prevents childbearing (e.g., lack of a

suitable partner; McQuillan, et al. 2012). In the past, it was generally assumed that childlessness was mainly involuntary (Rowland 2007). Women's childlessness was blamed on later entry to marriage, remaining unmarried, or on subfecundity (i.e., infertility). Indeed, most research on involuntary childless women has focused on those with a medical diagnosis of infertility. In addition to being a medicalized condition, infertility is also a social experience (Gillespie 2000; Letherby 2002). Women who have fertility troubles not only deal with the struggles of being labeled as reproductively challenged by the medical community, but also with the social stigma that comes from an assumption equates womanhood with motherhood. Not having children as a result of infertility has been framed in terms of tragedy and suffering (Becker and Nachtigall 1992). Moreover, women who are infertile tend to be viewed sympathetically by others because of their inability to conceive (Becker and Nachtigall 1992). Constructing non-motherhood in this way reveals the cultural assumptions surrounding biological motherhood that see it as a natural consequence of marriage or a permanent relationship with a man (Letherby 1994).

Because involuntary childless women desire or intend children at some point, they fall in line with the cultural expectations of biological motherhood. Even though they currently do not have children, they may be actively trying or, at the least, intend to have children at some point in the future. In this way, they are similar to biological mothers in that they expect and want to have children. Involuntary childless women do not reject children or the cultural expectation to have them and, as such, may reap some psychological benefit from it.

Voluntary Childfree Women

Approximately seven percent of US women identify as voluntary childfree (Abma and Martinez 2006). These women do not have, do not want, and do not intend to have children (McQuillan et al. 2012). Being voluntary childfree has emerged as a choice for women following, in part, increases in gender equality and female workforce participation (Ramu and Tavuchis 1986; Bumpass 1990; Jacobson and Heaton 1991; Majumdar 2004). As the role of individual preferences and motivations has increased in childbearing intentions, so have the number of voluntary childfree women (Hakim 2000; Tanturri and Mencarini 2008).

According to Veevers (1980), there are two types of voluntary childfree women. The first is those women who made the decision not to have children at an early age. Women who make the choice to be childfree early in life do so out of the desire for more financial and social freedom and expect to follow their interests and careers to their full potential (Callan 1986). The second type of voluntary childfree women are those who forgo parenthood after a series of decisions to postpone children. These women delay making the decision to have children past the point that they are biologically able to have them. Delaying the decision to have children may provide a way to test a childfree lifestyle and may also develop into a more explicit decision against childbearing (Clark and McAllister 1998). In these ways, voluntary childfree women may come to that status through different paths but the outcomes of being voluntary childfree may be similar.

Despite the fact that many women choose to be childfree, this label carries with it negative cultural connotations. Voluntary childfree women are viewed as unfeminine, deviant, and unnatural due to their perceived rejection of motherhood (Gillespie 2000, 2003). They seemingly go against the cultural expectation that makes womanhood

synonymous with motherhood. These women, however, most likely do not see their choice of non-motherhood as a rejection of motherhood. Rather, they may choose to be childfree because they value personal goals such as career enhancement, higher education, or simply pursuing leisure activities and do not want the responsibility of children taking time away from those pursuits (Majumdar 2004; McQuillan et al. 2008). Some of these women may hold positive beliefs about motherhood, but simply do not choose it for themselves.

Clearly the experiences of women as mothers and non-mothers go beyond our traditional conceptualization of the role of mother and its connection to biology. Many women do become biological mothers, but valuing this type of motherhood over other forms serves to delegitimize the experiences of a diverse group of women. Furthermore, women who do not meet the hegemonic ideals embedded in biological motherhood, regardless of the reason, may nevertheless judge themselves against these ideals as well as be stigmatized by others. Valuing these various mother statuses differently likely has a notable impact on women's well-being.

Chapter 4

MOTHER STATUS AND WELL-BEING

Ideas about the relationship between having children and well-being are abundant in American belief systems. Common beliefs tend to revolve around the idea that children fulfill various social-psychological needs and thus increase satisfaction or happiness whereas people who do not have children experience empty and lonely lives as a result (Bulatao, and Fawcett 1983; Hansen 2012). These ‘common sense beliefs,’ however, do not appear to match actual survey results. In the United States, as well as globally in post-industrial societies, less than one in five individuals strongly adhere to the belief that women need children in order to be satisfied (Inglehart, Diez-Medrano, Halman, and Luijkx 2004). This is ironic given the social stigma applied to women who do not have children by choice or not.

Despite being contradictory to empirical evidence, these beliefs may persist due to a predisposition to view children as a source of satisfaction and happiness (Hansen 2012). This is based on the idea that we are all born with certain drives that lead to certain beliefs. The sex drive may unconsciously operate as a motivation for procreation which may spillover into a strong motivation for parenthood. Furthermore, societies, communities, and families have attached a great deal of value to parenthood, especially for women. Socially, getting married and having children is the morally right thing to do and the ‘best’ way to live. Thus, despite not being empirically true, ideas about the relative benefit of children and the costs of childlessness persist.

Biological Mothers Compared to Non-Mothers

Because of the societal belief that children lead to higher well-being, many studies have been done attempting to document differences across mother status. The most common comparison between mother statuses has been between biological mothers and non-mothers for both life satisfaction and psychological distress. Some studies of life satisfaction and motherhood generally find that mothers are more satisfied than non-mothers (Hanson, et al. 2009; McQuillan, et al. 2007). Hanson et al. (2009) demonstrated that non-mothers, independent of their age, marital status, and level of education, were more dissatisfied with their lives because of their lack of children. Life satisfaction, however, can differ between individuals due to the varying internal psychological influences as well as external influences that affect people's satisfaction (Callen 1987). Thus, comparing biological mothers to all non-mothers does not get at differing psychological motivations between non-mothers. All non-mothers are not the same and the circumstances of that childlessness may matter for individual outcomes.

Acknowledging the variation in non-mothers is essential to yield accurate comparisons with biological mothers. Research suggests that women who choose permanent childlessness should not have lower life satisfaction (Connidis and McMullin 1993; Heaton, Jacobson, and Holland 1999; Letherby 2002; Gillespie 2003). They simply choose not to have children and, assuming they remain in their chosen state, should experience positive well-being. These women tend to experience more freedom, less stress, fewer responsibilities, and greater flexibility with time and money (Connidis and McMullin 1999; Nomaguchi and Milkie 2003; Stanley, Edwards, and Hatch 2003; Park 2005; McQuillan, et al. 2008) which may increase satisfaction. Any differences in satisfaction between voluntary childfree women and biological mothers highlight the

potential for costs associated with having dependent children. Children have psychological costs in terms of worries, fatigue, sacrifice, and loss of personal freedom (Twenge et al. 2003). Children can also have financial and opportunity costs in terms of career, income, and education, especially for women who are more likely than men to experience declines in income and career advancement as a result of motherhood (Budig and England 2001).

Studies comparing the life satisfaction of biological mothers and non-mothers regarding psychological distress are not as consistent in their findings as those regarding life satisfaction. In general, research comparing distress among parents and non-parents finds that parents tend to be more distressed than non-parents (Evenson and Simon 2005; Bures, Koropecj-Cox, and Loree 2009). The research focused specifically on women is equivocal. Some studies find biological mothers are more distressed than non-mothers (Glenn and McLanahan 1982; Barnett and Baruch 1985; Callan 1987; McLanahan and Adams 1987; Umberson and Gove 1989; Ross and Van Willigen 1996; Bird 1997; Angeles 2010), whereas others find biological mothers may be better off than non-mothers (Kandel, Davis, and Raceis 1985; Ross and Huber 1985; Menaghan 1989; Nomaguchi and Milkie 2003). Another group of studies have found no differences in distress between biological mothers and non-mothers (Baruch, Barnett, and Rivers 1983; Cleary and Mechanic 1983; Wethington and Kessler 1989; Connidis and McMullin 1993; Zhang and Howard 2001; Bures, Koropecj-Cox, and Loree 2009).

As with life satisfaction, the failure to consider more nuanced experiences among non-mothers may mask variations in psychological distress. For example, research suggests that women who choose permanent childlessness should not have greater psychological distress (Connidis and McMullin 1993; Bures, Koropecj-Cox, and Loree

2009). Conversely, women who have not chosen non-motherhood may experience greater distress (Callen 1987), especially if they are infertile (Vissing 2002; McQuillan, Greil, White, and Jacobs 2003; Wirtberg, Möller, Hogström, Tronstad, and Lalos 2007). Jeffries and Konnert (2002) demonstrated that voluntary childfree women experienced greater well-being compared to involuntary childless women. The difference appears to lie in the ability to make choices about their fertility. Women whose non-motherhood is due to infertility or another situational barrier have less control, resulting in greater distress.

In sum, prior research generally compares the well-being of non-mothers to biological mothers. However, studies of mothers' and non-mothers' well-being often result in contradictory conclusions regarding the benefits or costs of motherhood or non-motherhood. This is likely due, at least in part, to diverse samples of women, such as the differences between a convenience sample of childless women and a randomly drawn, representative sample. This discrepancy could also be attributed to the lack of harmony between researchers' definitions of childlessness and those of the participants (Jeffries and Konnert 2002). Paying attention to differences between non-mothers adds important empirical depth to our understanding of their experiences.

Comparisons across Different Types of Motherhood

Researchers have largely focused on the differences between biological mothers and non-mothers regarding well-being outcomes. As such, few studies have been conducted regarding outcomes between biological mothers and stepmothers. Theoretically, the ambiguity of the stepparent role may affect the health and functioning of the individual occupying the role (Ganong and Coleman 2004).

Generally, studies have found that stepmothering is more stressful than other family roles (Nielson 1999; Preece and DeLongis 2005). The role that the stepmother inhabits is defined by its ambiguity relative to other family roles. Boss and Greenberg (1984) argued that the role ambiguity, rather than specific events, predicts the subjective experience of stress. If family members cannot determine who is in or out of the family unit, it cannot reorganize around its members to determine the specific roles and tasks of each family member (Boss 1985). This lack of clarity may result in distress (Fine and Schwebel 1991; Craig and Johnson 2010). In a study of nonresidential stepmothers, their participants reported feeling frustrated, angry, and resentful regarding their inability to control the manner in which their nonresidential stepfamily functioned (Henry and McCue 2009). The lack of control felt by stepmother may stem from issues related to living arrangements and visiting schedules of stepchildren (Craig and Johnson 2010). These decisions are often made before the stepmother joined the family or without her input by other entities, such as ex-spouses or court systems, that do not take the stepparent into consideration (Hans 2002). These feelings of helplessness and defeat can lead to high levels of stress, anxiety, and depression (Longmore and DeMaris 1997).

Of the studies that have directly compared mothers and stepmothers, one study compared the well-being (e.g., happiness and depression) of multiple types of mothers to examine the effect of family structure (Acock and Demo 1994). This study found that first-married mothers reported less psychological distress than stepmothers-only and stepmothers-only reported fewer symptoms than single or divorced mothers. Conversely, Acock and Demo (1994) also found that first-married mothers were significantly happier than stepmothers-only, but the difference was small and disappeared when controls were added. Differences between biological mothers and stepmothers-only may also be

attenuated by age. Pudrovska (2009) found that having a stepchild does not negatively affect psychological well-being in middle-age and older adults and that the distresses felt by younger stepmothers may subside with age. Similarly, Evenson and Simon (2005) found that adults living with minor stepchildren did not experience greater distress than other childless adults. In their study, however, it was actually having nonresidential adult stepchildren that increased distress in stepparents relative to childless adults and biological parents.

Some studies, however, do find differences in psychological distress between stepmothers-only and biological mothers. Bures, Koropecj-Cox and Loree (2009), in their study of parenthood and depression, found that social childlessness lead to greater psychological distress than biological childlessness. Their finding could be due to the limited definition we have of motherhood (i.e., defined by biology). Perhaps it is psychologically easier to not have children by any definition than to have children but not in the socially accepted manner.

The well-being of double mothers has largely been overlooked by previous studies. Previous research, however, has linked holding multiple roles to increased well-being (Thoits 1983; Jackson 1997; Chrouser, Ahrens, and Ryff 2006; Martire, Stephens, and Townsend 2000). This may be due to “ego-gratification” which is the sense of being appreciated or needed by diverse role partners (Sieber 1974:576). Individuals who hold multiple roles should be able to procure more resources and privileges than individuals who hold fewer roles. These resources could then be used for status enhancement and increased personal worth, all of which free the individual from constraining demands on their time and sense of self. Roles, however, are closely attached to identities. Thoits (1983) sums these ideas up in her “identity accumulation hypothesis.” This is simply the

idea that identity accumulation (i.e., holding multiple identities) should enhance psychological well-being while identity loss or the lack of identities should impair it. Indeed, Thoits (1983) did find that individuals who held multiple identities did report significantly less psychological distress. Studies of mothers have found that increases in women's roles were advantageous for their health and well-being (Barnett and Baruch 1985; Barnett 2004; Nordenmark 2002, 2004).

The lack of a curvilinear relationship between identity accumulation and distress led Thoits (1983) to conclude that identity involvements do not necessarily result in role strain or conflict. Other studies have argued that problematic outcomes can occur if demands of multiple roles conflict with one another or produce role overload (Glynn, MacLean, Forte, and Cohen 2009). Another hypothesis is that the *quality* of experiences within roles matters more than role *quantity*. Negative experiences in roles have been linked to experiences of role overload and role conflict, as well as distress, measured as depression and anxiety, (Barnett and Baruch 1985; Coverman 1989; Barnett and Marshall 1991; Sachs-Ericsson and Ciarlo 2000; Nordenmark 2002; Barnett 2004; Davis, Sloan, and Tang 2011).

Double mothers occupy two different roles: biological mother and stepmother. As stepmothers, they may experience the ambiguity and stress present in many stepfamilies as members struggle to negotiate group membership and boundaries. As biological mothers, however, double mothers may be more affected by their socially-sanctioned role of mother and experience a boost in life satisfaction. They may also experience distress due to the strain and pressures of caring for children. The compensatory hypothesis argues that the rewards that are associated with one social role may lessen the negative impact of stress within that role or other roles, thereby reducing

the overall negative effect of role-related stress on psychological well-being (Tang, Lee, Tang, Cheung, and Chan 2002). The protective factors on satisfaction found in the role of biological mother may be more important to the well-being of double mothers and help to lessen the negative effects of parental strain and stepmother stress.

Other research, however, has argued that complex stepfamilies should report more stress than simple stepfamilies (Pasley and Ihinger-Tallman 1984; Fine and Schwebel 1991). Stepmothers in simple stepfamilies have only one role to play (e.g., stepmother) while stepmothers in complex stepfamilies have two (e.g., stepmother and biological mother). Demo and Acock (1996), however, examined mothers' well-being by comparing first-married mothers, divorced mothers, stepmothers with biological children who had remarried (i.e., double mothers), and continuously single mothers. They found that the first-married mothers had the highest well-being but were closely followed by double mothers. No significant differences, however, were found between the two types of mothers. Because of the lack of explicit attention to double mothers, it is unclear how holding the roles of biological mother and stepmother will affect their life satisfaction and psychological distress compared to women who occupy only one of those roles.

In sum, much of the research on motherhood and well-being has centered around comparisons between biological mothers and non-mothers. Although useful, this comparison lacks some depth which this study seeks to remedy. Previous research has not adequately taken into account the diverse contexts of motherhood regarding the biological relationship of women to the children they mother. Furthermore, findings regarding mothers' psychological distress have been inconsistent and do not address variations in the circumstances of motherhood and non-motherhood. Findings are mixed regarding the differences between non-mothers. Differences between different types of

mothers (i.e., biological mothers verses double mothers) have not been adequately addressed. Differences in well-being between biological mothers, non-mothers, stepmothers, and double mothers have yet to be understood. Taken together, these categories of women are substantively different and thus should experience different outcomes regarding life satisfaction and psychological distress.

Chapter 5

MEDIATING OR MODERATING: THE ROLE OF IMPORTANCE OF MOTHERHOOD

It has long been the goal of social scientists to understand the relationship between self and structure. Going back to George Herbert Mead's work, we find that this 'self reflects society' assertion implies that "the self is multifaceted, made up of interdependent and independent, mutually reinforcing and conflicting parts (Stryker and Burke 2000:286). We now understand these separate but linked parts as identities. An identity is a set of meanings applied to the self in a social role or situation defining what it means to be who one is (Burke and Tully 1977). Individuals' identities are linked to the social roles they occupy. A role is attached to a set of behavioral expectations and an identity represents the internalization of these expectations (Stryker and Burke 2000). For example, the role of mother has an associated set of behavioral expectations. Stereotypically, we expect a mother to be warm, nurturing, and caring to her children as well as others. Internalized, these expectations become part of her mother identity. If this identity is deemed important, a woman will then base her behaviors around the normative expectations of the identity (Burke 1980; Burke and Tully 1977). Any disruption to the process of identity enactment is likely to cause distress (Marcussen, Ritter, and Safron 2004).

Identity Theory and Behavior

The work exemplified by Sheldon Stryker illustrates the ways in which external social expectations become written on individual identities. Stryker's (1980) identity

theory posits that identities are hierarchically ordered and can be differentiated on the basis of salience (i.e., probability of activating a particular identity). Because identities serve as a cognitive base for defining situations (Stryker and Burke 2000), they operate as a storehouse of information and meanings that allow individuals to interpret experiences. A salient identity is one that holds a substantial weight on behavioral choices. The higher the salience of an identity relative to other identities, the higher the likelihood that behavior will correspond with the expectations associated with that identity. In keeping with the example of a mother, if a woman's identity as a mother represents a highly salient identity, her behaviors will more often align with the expectations of this identity than with any other.

In addition to salience, identities can also be understood in terms of commitment (i.e., strong affective ties to others based on an identity; Stryker 1980). Commitment refers to the degree to which individuals' relationships to others depend on possessing a particular identity and role (Stryker and Burke 1980). The strength of commitment is measured by the costs of losing meaningful relations to others should the identity be lost. Commitment is linked to salience in that salience of an identity reflects commitment to relationships with others. As a mother, a woman holds a strong commitment to others (i.e., children) that is affected by numerous cultural guidelines for her behavior. Internalizing those guidelines leads to a highly salient identity that structures her behavior more so than any other identity. Taken for granted in the example of a mother is the assumption that her children are her biological offspring. More than any other mothering relationship, biological motherhood is one identity that may be particularly salient to many women because it implies an intense, affective commitment that is not expected of other women who have relationships with children (Fox 1998).

The link between identity salience and behavior has been tested and supported by multiple studies (e.g., Callero 1985; Nuttbrock and Freudiger 1991; Stryker and Serpe 1982, 1987). The work by Peter Burke best exemplifies the connection between internal identities and outward behavior. Identities are essentially self-meanings that develop within the context of roles (Burke 1980; Burke and Tully 1977). Identities based on positional roles should provide the individual with a sense of who they are and how they ought to behave (Thoits 1991, 1993). Individuals internalize role expectations and then act them out as a part of salient identities and on the basis of cognitive schemas (Stryker and Serpe 1994). Burke and Reitzes (1981) found that shared meanings between individual identities and cultural role expectations predicted behavior. Specifically, in their study, women with a salient mother identity matched behaviors that corresponded with that identity. Behaviors such as caring for children, managing kin ties, and performing household chores were all a part of women's mother identities and these behaviors did not map onto other roles in life, such as 'friend.' Some women have clearly internalized the behavioral expectations that go along with motherhood and perform them in their daily lives.

If behavior is a function of the relationship between what a person perceives in the situation and the self-meanings held by the individual (Burke 1997; Heise 1979; Stets 1991), one can then view behavior as goal-directed (Stryker and Burke 2000). Individuals alter their behavior to match their own assessed meanings of a situation with cultural meanings. There are four components to the process: 1) identity standard, a set of self-meanings, 2) input from the environment or social situation, such as reflected appraisals or perceptions of meanings, 3) a process that compares the input with the standard, and 4) output (i.e., meaningful behavior; Burke 1991). This identity process

operates by modifying the output (i.e., behavior) in attempts to change the input (i.e., reflected appraisals) to match internal identity standards. This is a continuous loop: individuals continually adjust behavior to keep their reflected appraisals congruent with their identity standard (Burke 1991). The more salient the identity, the more important this process becomes. Women must perform certain tasks and behaviors to match their own identities as mothers with the cultural expectations of them as mothers. Thus having a salient mother identity is indicative of connectedness to role relationships. Women align their behaviors in accordance with their salient mother identity and through social schemas that organize ideas and behaviors around a particular role. The social schemas, however, tend to be organized around the expectation of biological motherhood.

Identities and Distress

If there is a disruption in the identity process, there is potential for distress. Identities play a crucial role in how we predict differential forms of distress (Large and Marcussen 2000). The meanings individuals attach to social roles are paramount to understanding the extent to which stress influences self-concept, well-being, and behavior (Marcussen, et al. 2004). Distress is a function of the meanings that social roles hold for individuals. Distress that occurs in roles that are important or more salient to an individual's sense of self is more likely to have a negative effect on well-being than stress occurring in roles considered less important (Brown, Bifulco, and Harris 1987; Thoits 1991, 1992; Marcussen et al. 2004). The basic premise of this effect is that distress occurs as a result of role-specific stress and this stress is threatening to one's sense of self. For example, if motherhood and the mother identity are particularly salient to women, then stress in that role is more likely to cause distress than stress in, say, the role of worker because the role of mother is more central to women's identities. The

predictive power of ‘identity relevant’ stressors (Thoits 1992) on well-being has been supported in several studies (e.g., Hammen, Marks, Mayol, and deMayo 1985; Hammen Marks, deMayo, and Mayol 1985; Brown, Bifulco, and Harris 1987; Marcussen et al. 2004; Rittenour and Colaner 2012). Other studies, however, have failed to find this association (Thoits 1992) or that identity relevance buffered rather than intensified the effect of role specific stress (DeGarmo and Kitson 1996; Martire, et al. 2000). Thus, the predictive capabilities of identity relevant versus irrelevant stressors may largely be due to the roles being tested.

To understand how identity relevant stressors may impact distress and well-being, it is useful to draw from interruption theory (Mandler 1975). Interruption theory assumes that the interruption of an organized action or thought process results in some degree of autonomic activity, such as changes in heart rate or skin temperature. Individuals experience these changes as distress. Burke (1991, 1996) extended interruption theory to the study of identities. Distress experienced as a result of identity disruption is a function of 1) the degree of salience and commitment of the identity, and 2) the severity of the interruption. Severity is determined by the persistence of the interruption and the salience of the identity. Salient identities that are severely interrupted will create more distress for individuals than non-salient identities or a minor interruption. Because salient identities are highly important identities, individuals are motivated to verify their perceived identities and meanings with the standard cultural meanings of those identities (Burke and Harrod 2005; Swann 1990). When a discrepancy occurs between individual and cultural identity meanings, people are compelled to either alter their behavior or potentially experience an affective change.

The theory of self-discrepancy connects identity theory and identity interruption theory and links them to well-being. This theory proposes two cognitive dimensions that underlie representations of the self (Higgins 1987). Domains of the self are comprised by the traits one actually possesses, the traits one would ideally possess, and the traits one is obligated to possess. Standpoints on the self are represented by the personal or ‘other’ points of view from which one assesses oneself. If ‘how I see me’ does not match ‘how others see me’ in regards to different domains of the self, discrepancies may occur that lead to negative personal outcomes. Thus, disappointment and dissatisfaction are predicted if one’s actual identity does not represent a desired or ideal identity. Anxiety or distress is predicted if one’s actual identity does not match the identity they he or she feels that they ought to have (based on a cultural standard or belief).

Mother Identities and Well-Being

Identity and self-discrepancy theory can be applied to understand differences in well-being across mother status. American women generally believe that having a child is better than remaining childless (Koropecjy-Cox 2002). This belief represents the cultural identity standard. McQuillan et al. (2008) found that, compared to non-mothers, mother’s ‘mother’ identities were more salient than other identities, such as worker. Motherhood is a culturally important identity that has been internalized by many women that overshadows women’s identification as wives (Thoits 1992). Gendered expectations make motherhood an essential aspect of femininity (Rothman 1989) and, unsurprisingly, women tend to place greater importance than their husbands on this parenting role (Thoits 1992; Reitzes and Murtran 1994). Despite being a cultural expectation, however, studies have found that motherhood is not important for all women (Gillespie, 2003; McQuillan et al., 2008). Other identity sources may compete with motherhood, such as

personal goals and work activities (Pérez & Tórrrens, 2009). Thus, not all women may hold a salient mother identity.

Therefore, the importance or value a woman places on a motherhood-related identity may matter for the association between mother status and well-being. It is unclear, though, if this importance will moderate or mediate well-being. A moderating relationship implies that importance of motherhood will affect the direction and/or strength of the association between mother status and life satisfaction and psychological distress (Baron and Kenny 1986). A mediating relationship implies that the association between mother status and life satisfaction and psychological distress is a function of women's importance of motherhood (Baron and Kenney 1986). It is unclear based on previous research how importance of motherhood will operate. Women's importance of motherhood may simply change the direction or degree of their satisfaction or distress, or it may explain changes in satisfaction or distress. Another possibility is that importance of motherhood may moderate the association life satisfaction and psychological distress for some mother statuses and mediate for others. Thus, how exactly women's importance of motherhood operates may depend on the specific mother status.

As a moderator, importance of motherhood would alter the direction or strength of life satisfaction or psychological distress across mother status. If satisfaction and the lack of distress is a function of a match between women's actual self and their ideal self, biological mothers who value motherhood should have greater life satisfaction and lower psychological distress. Likewise, women who are not mothers and do not value motherhood for themselves, such as voluntary childfree women, should also report greater life satisfaction and lower psychological distress. Both of these statuses have achieved their desired mother-role: biological mothers hold a genetically-bound mother

role and voluntary childfree women do not have the responsibilities of caring for children. Because each status holds the role that they desire, their life satisfaction should be high and their psychological distress should be low. In contrast, women who are not mothers but who value motherhood, such as involuntary childless women, may have reduced life satisfaction or greater psychological distress. These women have a mismatch between their actual self and their ideal self in that they have not achieved their desired mother status.

Double mothers and stepmothers-only are in interesting cultural and social positions. Because double mothers are also biological mothers, it could be the case that their actual selves align with their ideal selves in a similar way. The fact that they also have stepchildren may actually add to their identities as mothers. Conversely, women who are stepmothers-only remain at odds with the cultural expectation of biological motherhood, meeting neither the actual or ideal expectation. Even if they view motherhood as personally important, their stepmotherhood does not fit the ideal, which may result in lower life satisfaction or greater psychological distress.

As a mediator, importance of motherhood would account for the association between mother status and life satisfaction and psychological distress. McQuillan et al. (2012) demonstrated that importance of motherhood mediated the relationship between reasons for childlessness and childlessness concerns (i.e., distress created by childlessness). This is reason to believe that importance of motherhood may also mediate well-being across mother status. Women who occupy different mother statuses may differently value motherhood which may influence their well-being. Women who are biological mothers may be more likely than other mother statuses to highly value motherhood either due to selection factors, social desirability, or cognitive dissonance

(McQuillan et al. 2008). Likewise, voluntary childfree women may have a low valuation of motherhood. If they do not value motherhood for themselves, the fact that they are not biological mothers (as is the cultural imperative) should not negatively affect their life satisfaction or psychological distress. In contrast, involuntary childless women may value motherhood but they do not have children. Despite this mismatch between their actual and ideal selves, accounting for their valuation of motherhood might partially explain their life satisfaction or psychological distress.

Again, double mothers and stepmothers-only are unique groups. Like biological mothers, double mothers may also have had a high valuation of motherhood that led them to be mothers. The addition of stepchildren in the lives of these women may amplify their mother-identity so that accounting for their importance of motherhood would explain life satisfaction or psychological distress. As for stepmothers-only, they may experience a discrepancy between their actual and ideal selves in addition to the cultural stigma of being a stepmother and having a mother role without the benefits afforded to biological mothers. Accounting for their importance of motherhood, whether it is high or low, might mediate life satisfaction or psychological distress.

In sum, it is unclear whether importance of motherhood will operate as a moderator or mediator. Importance of motherhood may account for differences in well-being across mother status or it may change the strength or direction of the effect of women's mother status on their well-being. Motherhood clearly represents a salient identity for many women and has the potential to impact their well-being through the lack of identity discrepancy or the presence of a mismatched identity.

Chapter 6

SOCIAL SUPPORT, SELF-ESTEEM, RELATIONSHIP SATISFACTION, AND JOB STATUS AND SATISFACTION: MEDIATING WELL-BEING ACROSS MOTHER STATUS

Although linked, the association between mother status and well-being is likely not direct and several mediators are plausible. Despite experiencing similar events (e.g., motherhood or non-motherhood), individuals do not respond in the same way with the same degree of satisfaction or distress. These variations may be due to differences in access to resources that make it easier to adjust (Pearlin et al. 1981). Occupying different mother statuses may structure access to resources for women, such as social support and self-esteem. Mother status may also affect other life domains such as employment and relationship satisfaction. Taken together, these differences may explain variations in life satisfaction and psychological distress across mother status.

Self-Esteem

Self-esteem has been conceptualized as “the extent to which one prizes, approves, or likes oneself” (Blascovich and Tomaka 1991:115). It is viewed as a personal resource which is central to an individual’s sense of well-being (Headey, Holmstrom, and Wearing 1985). Self-esteem is formed through the processes of reflected self-appraisals, social comparisons, and social attributions (Rosenberg 1979; Rosenberg, Schooler, and Schoenbach 1989). Individuals’ develop self-esteem on the basis of what they think others think of them, by comparing themselves to others, and from observing their own success and failures.

Global self-esteem refers to the individual's positive or negative attitude toward the self as a totality (Rosenberg, Schooler, Schoenbach, and Rosenberg 1995). Human beings have a universal desire to protect and enhance their feelings of self-worth and that the frustration of this desire leads to some degree of psychological distress. Life events, whether discrete or continuous, can lead to negative changes in individual's roles which then wear away the protective elements of self-concept (Pearlin et al. 1981). The relationship between self-esteem and psychological distress is negative (Wylie 1979; Brown 1987; Rosenberg 1985; Rosenberg et al. 1995). High self-esteem protects individuals from the detrimental effects of stress by increasing self-enhancing praise (Taylor 1983; Tennen and Herzberger 1987). Thus, high levels of self-esteem are beneficial for well-being.

Few studies have examined the relationship between motherhood and self-esteem. Of the studies that have been done, Nomaguchi and Milkie (2003) found no differences between parents and non-parents regarding self-esteem. If non-mothers, however, are separated by fertility intentions, however, differences in self-esteem may be present. Voluntary childfree women may have higher self-esteem than involuntary childless women due to the chosen state of their childlessness. For involuntary childless women, not having met their desired role (i.e., motherhood) may result in reduced feelings of self-worth. Furthermore, self-esteem appears to mediate the relationship between fertility distress and well-being (Abbey et al. 1992). For women who wanted children but faced a fertility barrier (i.e., involuntary childless women), their level of self-esteem impacted their overall distress.

Regarding stepmothers-only, Whitsett and Land (1992a) demonstrated that the greater role strain experienced by stepparents, particularly stepmothers, was associated

with lower self-esteem compared to biological parents, a finding that is supported by Nadler (1983). It is unclear if this association holds true for double mothers. Perhaps also being a biological mother represents a protective factor that acts as a buffer to the stain that can come with the stepmother role.

Although few studies have been done on the association between mother status and self-esteem, what work does exist suggests that differences should be present between women who occupy different mother statuses. Any differences might be due to membership of stigmatized groups. Because self-esteem represents a judgment based on reflected appraisals and social comparisons, members of stigmatized groups, such as non-mothers and stepmothers-only, may experience challenges to their self-esteem if they judge themselves negatively with the social expectation. Members of stigmatized groups, however, may avoid threats to their self-esteem by comparing themselves primarily with others of their own stigmatized groups rather than members of the privileged group (Crocker and Major 1989). Members of stigmatized groups may also protect their self-esteem by devaluing selective domains in which the privileged group experiences advantages and valuing other domains in which their group has advantages (Major, Sciacchitano, and Crocker 1993). Therefore, if non-mothers and stepmothers-only are able to alter the group that they compare themselves with, perhaps to others within their own group rather than with biological mothers, they may be able to protect some of their self-concept. Because there has not been much attention paid to self-esteem variations across forms of motherhood, this study will provide a base for how self-esteem operates for these women.

Social Support

Social support is akin to having a ‘personal safety net’ of basic supports that is important for buffering against adverse events (Hartnett and Hartnett 2011). It serves as a coping resource from which people may draw when handling stressful events or circumstances (Thoits 1995). Cohen and Willis (1985) identified four functions of social support. The first is emotional support which conveys that a person is valued for his or her own worth and experiences. Examples include validation of an individual’s feelings and being available when needed. The second function of support is informational support which helps a person to define, understand, and cope with problems. This includes behaviors such as providing a shoulder to cry on and offering advice. The third is companionship support which functions to help distract individuals from their problems or to facilitate positive affective moods. This could include taking a friend to the movies to distract them from their issues. The fourth and last function of social support is tangible support which refers to provisions of financial aid, material resources, and needed services. These include loaning someone money or providing a place to stay.

The degree to which individuals can draw on social connections for support depends on the closeness of their relations and the frequency of interaction (Pearlin et al. 1981). Being able to receive social support from one’s network connections is not simply a byproduct of social relationships. Rather it is a product of successful negotiation and mobilization of personal networks (Offer 2012). Giving and receiving of social support has often been viewed as women’s core or major strategy of coping with stress (Banyard and Graham-Berman 1993; Elliot 2001). Furthermore, it appears that the perception of available social support has a much stronger influence on mental health than does the actual receipt of social support (Wethington and Kessler 1986). Perceived social support

refers to the cognitive assessment or belief that support would be available to them from network members in the event that it is needed (Sarason, Sarason, and Pierce 1990; Dunkel-Schetter and Brooks 2009). Perceived social support has been shown to mediate the stress process (Turner 1983) and to be significantly associated with emotional well-being (Cohen and Syme 1985; Sarason and Sarason 1985; Veiel and Baumann 1992). Thus, social support may help explain differences in well-being.

Studies of social support and motherhood have generally been limited to comparisons between biological mothers in different marital statuses (i.e., Flowers, Schneider, and Ludtke 1996; Hartnett and Hartnett 2011). Married biological mothers have been found to have greater access to social support than single mothers (Flowers et al. 1996). Wan, Jaccard, and Ramey (1996) found that, for married biological mothers, spouses provided the largest proportion of social support. They furthermore concluded that social support from different sources (e.g., grandparents, spouses, friends, and coworkers) contributed a unique amount of variance to married mother's life satisfaction. Differences between biological mothers' social support have also been found regarding socioeconomic status. Offer (2012) found that low-income mothers reported high levels of perceived social support. Mothers who had high levels of psychological distress also experienced lower levels of social support. Hartnett and Hartnett (2011) found the opposite - low-income urban mothers did not perceive high levels of social support. Although there is disagreement as to the exact relationship between socioeconomic status and the level of perceived social support for mothers, what is clear is that there is variation in social support and it is associated with motherhood.

In examining other mother statuses, Ishii and Secombe (1989) studied social support across the life course and found that childless individuals had lower levels of

social support than did individuals with children. This may be due to the ability of children to expand one's support networks by making connections with other parents (see Small 2009). This result could also be attributed to the stigma experienced by childless individuals, regardless of whether that childlessness was chosen or not. It is further unclear as to how differences in chosen childlessness (i.e., voluntary verses involuntary) might impact women's perceived or actual social support.

At a broader level, the difference in social support between mothers and non-mothers found by Ishii and Seccombe (1989) could be due to non-mothers living in a non-normative family. If women are defined by their desire and ability to have children, women who cannot have or do not want children may face stigmatization in society and a lack of understanding from intimate others. This lack of support from close friends and family may lessen non-mothers' abilities to access social support as a coping resource against distress. Thus social support may explain differences in well-being between biological mothers and non-mothers.

Like non-mothers, stepmothers-only also live in a non-normative family structure. In it, they face ambiguous family boundaries and role strain that can create stress. New family members in a stepfamily provide potential sources of social support (Wood and Poole 1983) but this possibly is not often realized due to the unclear norms for steprelationships (Marks and McLanahan 1993). If important persons in their lives cannot understand and empathize with stepmothers-only, this may also limit their abilities to draw on social support in order to cope with the distress seemingly inherent in their role. In their qualitative study, Craig and Johnson (2010) assessed stepmothers-only seeking online support. For these women, being able to access online communities of stepmothers provided them with a way to seek social support that offered stepmother-

stepmother comparisons rather than the more common stepmother-biological mother comparisons. Craig and Johnson speculated that these stepmothers-only sought an online support network because they might have found difficulty accessing support in their face-to-face relationships due to the stereotypes present in society. The people in the networks of these stepmothers may have had difficulty understanding the concerns and issues that the stepmothers faced. Finding other women experiencing similar issues provided a common background and empathy for the stepmothers. Thus stepmothers-only who have access to social support should not have reduced well-being compared to biological mothers.

In the discussion of social support, double mothers are conspicuously absent. It is unclear whether their levels of perceived or actual social support are different from non-mothers or from stepmothers-only. As biological mothers, they may have access to some broader forms of support that seemingly are granted to biological mothers. Yet, as stepmothers, double mothers may also be dealing with ambiguous family boundaries and unclear role expectations which may provide a challenge to intimate relationships where social support could be drawn. Clearly differences in social support are likely to exist across mother statuses. These differences may explain variations in life satisfaction and psychological well-being.

Relationship Satisfaction

Relationship satisfaction represents a specific domain within life satisfaction (Diener 2000). “Domain satisfaction reflects a judgment of a specific aspect of one’s life” (Pavot and Diener 2008:138). Relationship satisfaction also falls under the umbrella term “marital quality – the subjective evaluation of a married couple’s relationship on a number of dimensions and evaluations” (Spanier and Lewis 1980:826). Because

relationship satisfaction has also been shown to be positively correlated with well-being (Tenzer, Murry, Vaughan, and Sacco 2006; Proulx, Helms, and Buehler 2007), it may serve as mediator between mother status and well-being.

Most studies of relationship satisfaction focus on marital relationships and the most common comparison is between parents and non-parents within the context of marriage. Relationship satisfaction has been found to be lower among parents than non-parents (Waldron and Routh 1981; Belsky, Spanier, and Rovine 1983; Rholes, Simpson, Campbell, and Grich 2001; VanLangingham, Johnson, and Amato 2001), especially among parents of young children (Belsky and Hsieh 1998; Feeney, Hohaus, Noller, and Alexander 2001; Kurdek, 1999; Lawrence, Rothman, Cobb, Rothman, and Bradbury 2008; Twenge et al. 2003). Parenthood, however, has also been shown to enhance marital stability (White and Booth 1986; Morgan, Lye, and Condran. 1988).

Comparing parents and childfree couples, Feldman (1981) and Hoffman and Levant (1985) both found no differences in relationship satisfaction between parents and voluntary childfree couples. In contrast, other studies have found that voluntary childfree couples had higher levels of marital satisfaction compared to married couples (Polonko, Scanzoni, and Teachman 1982; Burman and de Anda 1986; Callen 1987; Somers 1993). Thus voluntary childfree women may have higher relationship satisfaction than biological mothers due to not having the strain that children can bring to a relationship.

In contrast to the seemingly satisfied relationships of voluntary childfree women, clinical interpretations and self-help books describe the marital relationships of involuntary childless women as under stress and in crisis (Pfeffer and Woollett 1983). This is attributed to anger, guilt, and blame as the couple deals with difficulty regarding their desire for children. Other studies, however, have documented high levels of love,

support, and communication (Mazor 1984). This is possibly due to involuntary childless couples working through the shared experience of fertility crisis and stigmatization. Exactly what direction this association takes, as well as how involuntary childless women are different from or similar to biological mothers' and voluntary childless women's relationship satisfaction, remains unclear.

Most studies of stepmother's-only relationship satisfaction are done either comparing first marriages to remarriages or assessing relationship satisfaction in remarriage. Roughly 30% of remarriages end in divorce after five years and the probability of a second marital dissolution tends to increase over time (Bramlett and Mosher 2002). Bouchard (2005) found that women whose partner was previously married reported greater declines in relationship quality compared to women whose partner had not been previously married. Vemer, Coleman, Ganong, and Cooper (1989) demonstrated in their meta-analysis of marital satisfaction in remarriage that people in first marriages were more satisfied than people in remarriages, but the differences were minuscule and non-significant. In contrast, Glenn (1981) found higher marital satisfaction in remarriage compared to first marriages. Despite this finding, stepmothers-only may experience greater challenges in their marriages compared to first-married mothers. The ambiguity that characterizes a stepmother role, as well as the role strain that accompanies it, may lead to lower relationship satisfaction for these women. Indeed, this has been supported by Whitsett and Land (1992a) and Vemer et al. (1989).

Stepmother's-only lack of role clarity may not be mitigated by spousal relationships, especially if the spouse does not share her expectations of her role in the family. Additionally, as stepmothers, double mothers may also experience stress on their marital relationship as a result of having to fulfill two seemingly incompatible mother

roles. As biological mothers, they may experience the lower relationship satisfaction that appears to result from raising children and, as stepmothers, they may also be dealing with greater stress on their marriage due to the challenges of raising stepchildren. Therefore, double mother's relationship satisfaction may be lower than that of a stepmother-only. Vemer et al. (1989) however, did not find significant differences in the relationship satisfaction of couples in simple versus complex stepfamilies. How double mothers and stepmothers-only experience their relationships and what that means for satisfaction is unclear.

Taken together, relationship satisfaction should vary across mother statuses and mediate well-being. Voluntary childfree women should report the highest relationship satisfaction along with involuntary childless women due to the stresses that are associated with raising children. Despite not achieving their desired parental status, previous work suggests that involuntary childless women should not have different levels of relationship satisfaction compared to voluntary childfree women and biological mothers. Among mothers, biological mothers should have higher relationship satisfaction compared to stepmothers-only and double mothers due to the added strain that stepchildren can bring to a relationship. Thus, the statuses with higher relationship satisfaction should also have higher life satisfaction and lower psychological distress.

Job and Job Satisfaction

Nearly 60% of all women worked in the paid labor market in 2008 (Bureau of Labor Statistics 2011). Among mothers, employment rates vary depending on the age of their children. Seventy-eight percent of mothers whose children are ages 6-17 worked in the paid labor market in 2008 compared to 64% of mothers with children under the age of six (Bureau of Labor Statistics 2011). As children get older, more women move into the

paid labor market. With the majority of mothers working for pay, how satisfied they are in their jobs may have the ability to explain well-being.

Studies have concluded that employment generally has positive or neutral rather than negative effects on women's well-being (Kessler and McCrae 1981; Barnett and Baruch 1985; Baruch and Barnett 1986; Barnett and Hyde 2001; Klumb and Lampert 2004; Ervasti and Venetoklis 2010; Pittau, Zelli, and Gelman 2010). Simply being employed can be a source of need gratification, particularly for financial needs, which then leads to greater satisfaction (Erdogan et al. 2012). The benefits of employment also appear to extend to working mothers (Aneshensel 1986; Wetherington and Kessler 1989; Pavalko and Smith 1999).

For biological mothers, employment appears to offer benefits to well-being. Several studies have found that biological mothers benefited from increased employment hours in terms of reduced psychological distress, regardless of the number or age of their children (Wetherington and Kessler 1989; Hanson and Sloane 1992; Carrier 1995). Participating in paid employment appears to hold intrinsic value to mothers despite the fact that these women may also hold a demanding role at home (Hochschild 1989, 1997). Biological mothers may find an added sense of purpose and fulfillment through employment that provides a boost to their well-being in spite of the difficulties being an employed mother can create. The benefits of employment for biological mothers may be related to the job satisfaction experienced by these women.

Job satisfaction represents a specific domain within life satisfaction (Diener 2000). It has been conceptualized as the affective attachment of an employee to his or her job (Kalleberg 1977). There are three perspectives regarding the link between job satisfaction and life satisfaction. The bottom-up perspective asserts that job satisfaction

is causally linked to life satisfaction because it is part of life satisfaction (Rice, McFarlin, Hunt, Near, Baldwin, Bommer, and Rubin 2003). In this perspective, fluctuations in job satisfaction are causally associated with changes in life satisfaction because the two constructs are conceptually similar.

The second perspective is the top-down perspective that states that life satisfaction influences job satisfaction (Schmitt and Bedeian 1982; Judge and Watanabe 1993). In this perspective, positive affect in life satisfaction results in a greater number of positive experiences of work and positive interpretations of job conditions. The third perspective is that the relationship between job satisfaction and life satisfaction is spurious. There are several factors that may influence both job satisfaction and life satisfaction, such as income. Furthermore, satisfaction with non-work domains may confound the relationship between job satisfaction and life satisfaction. For example, relationship satisfaction might have the influence to affect them both. Rode (2004) reported findings that support the third perspective. After controlling for core self-evaluations and non-work satisfaction, there was no relationship between job satisfaction and life satisfaction.

In examining the job satisfaction of biological mothers and non-mothers, biological mothers are generally not less satisfied than non-mothers (Roxburgh 1999). Crosby (1982) found that married, employed women with children were more satisfied in their jobs than single employed women or married employed women without children. In contrast, Hodson (1989) found that the ages of children mattered for differences in job satisfaction for mothers in that women with children under six years of age were less satisfied than women without children. Other studies, however, have found that the

number and ages of children have no effect on biological mother's job satisfaction (Wetherington and Kessler 1989; Hanson and Sloane 1992; Carrier 1995).

It is interesting that biological mothers appear more satisfied in their jobs than non-mothers given the likelihood that biological mothers experience a larger 'second shift' in the home than non-mothers (Greenglass, Pantony, and Burke 1989; Hochschild 1989). When biological mothers have difficulty blending work and family, substantial role conflicts can occur (Kelly and Voydanoff 1985; Coverman 1989; Hochschild 1997). Theoretically, this may then reduce job satisfaction due to women having to leave or reduce their work responsibilities in order to care for children. Empirical studies, however, have failed to find this. Employed and non-employed biological mothers do not report differences on the total amount of family stress (Schwartzberb and Dytell 1988; Wethington and Kessler 1989; Roxburgh 1999; Mauno, Kinnunen, and Feldt 2012) or depression (Aneshensel and Pearlin 1989). Rudd and McKenry (1986) found that the extent to which respondents perceived their workload to interfere with their household and employment responsibilities explained job satisfaction. Thus it may be that the difference in satisfaction is based how well women manage their work and family demands and not the actual number of responsibilities. For mothers who cannot balance the demands of each role, distress may arise. In sum, the majority of studies find that mothers benefit from paid employment. Mothers clearly demonstrate the desire for paid employment and choose to do so even with young children.

Most studies of job satisfaction have been conducted comparing the job satisfaction of biological mothers to non-mothers. How job satisfaction varies between non-mother statuses, as well as between stepmothers-only and double mothers remains unclear. Perhaps having the responsibility of caring for any children has the potential to

impact job satisfaction. Therefore, stepmothers-only may be just as affected as biological or double mothers. Findings regarding the job satisfaction of non-mothers have been mixed – they have been found to be more satisfied as well as less satisfied than mothers. The research is inconsistent at best. What is clear, however, is that job satisfaction is related to whether or not women have children and that job satisfaction, in turn, is associated with women's well-being. Thus, differences in job satisfaction are likely to be found across mother statuses and these differences may mediate well-being. Among working women, biological mothers and double mothers may have higher job satisfaction than both groups of non-mothers despite the increased home responsibilities that come with caring for children. By extension, stepmothers-only should also have higher job satisfaction than both groups of non-mothers if the boost to one's job satisfaction comes from caring for children regardless of a biological connection. Thus job satisfaction should mediate the association between mother status and well-being for the three groups of mothers.

Chapter 7

THE CURRENT STUDY

Motherhood represents a highly valued status that all women are expected to achieve. This assumption, though, masks the myriad of ways women can be mothers or hold a mothering relationship with children. This belief assumes that the best (and morally right) mode of motherhood means having biological offspring (Hansen 2012). Although most women do become biological mothers (Dye 2010), this form of motherhood does not represent the only form of motherhood. To complicate this issue further, motherhood is not achieved or desired by all women (Gillespie 2000, 2003). Women who do not want to become mothers are often regarded as selfish and immature while women who desire but have not fulfilled motherhood are defined by their lack of children. Clearly our cultural beliefs regarding motherhood do not accurately reflect the realities of women's lives.

A gap exists between the cultural ideology surrounding motherhood and women's lived experiences as mothers and non-mothers. This gap has the potential to impact how women feel about themselves and their abilities to handle the social pressures surrounding their mother status. The goal of this study is to understand variations in well-being across mother statuses by examining life satisfaction and psychological distress of women who occupy different mother statuses. Figure 1 depicts a conceptual model of the hypothesized associations.

I divided mothers into three categories: biological mothers, stepmothers-only (i.e., women with stepchildren but not biological children), and double mothers (i.e.,

women with both biological and stepchildren). In keeping with the general trend of comparing mothers to non-mothers, I distinguished between two categories of non-mothers separated by their childbearing intentions: voluntary childfree women and involuntary childless women. Each of these five statuses is associated with unique social schemas and societal expectations that have the potential to explain differences in women's well-being. Women who occupy different statuses should also have different levels of life satisfaction and psychological distress (e.g., Hanson, et al. 2009; McQuillan, et al. 2007). Because no previous work has divided women in this way, the goal of the study is to understand if and why variations in satisfaction and distress occur across mother status. Because most women have some sort of close relationship with children, understanding how their well-being may vary across mother status adds important depth to the study of women's roles.

In addition to explaining differences in well-being across mother statuses, I further seek to explore factors that might moderate or mediate well-being. To examine the potential for moderation, I expect that women's motherhood identity will affect their degree of satisfaction or distress. Combining the work on identity theory (Stryker 1980; Burke 1991) and Multiple Discrepancy Theory (MDT; Michalos 1985), women's well-being might depend on the salience of a motherhood identity. How closely a woman's desired motherhood identity matches her actual mother identity should affect her level of well-being. Specifically, women whose desired mother identity matches their actual mother identity should have higher well-being than women whose desired mother identity does not match their actual mother identity. Thus the salience of a woman's mother identity and how closely it resembles her actual mother status should moderate life satisfaction and psychological distress.

The potential for mediation between mother status and well-being will be examined by focusing on the effects of social and personal resources per the theory of fundamental causes (Link and Phelan 1995) and the stress process model (Pearlin, Menaghan, Lieberman, and Mullan 1981), fulfillment in other life domains (Diener, Suh, Lucas, and Smith 1999) such as romantic relationships and work, and the extent to which women define motherhood as important (McQuillan et al. 2008). Access to coping resources (i.e., social support and self-esteem), how satisfied women are with their work and romantic relationships (i.e., relationship satisfaction and job satisfaction), and the amount of importance they place on motherhood should vary across mother status. Women who have higher levels of these resources and greater satisfaction in these life facets should then experience higher well-being. Thus, I expect that these five variables will at least partially account for some of the variation across mother status in life satisfaction and psychological distress.

Controls

In addition to the focal constructs, several other indicators must be taken into account in order to isolate the relationships of interest. Different mother statuses are associated with racial/ethnic variation (Edin and Kefalas 2005; McAdoo 2007), age (Ravanera and Rajulton 2006), education (Lappegard and Ronsen 2005; Ravanera and Rajulton 2006), employment status (Dick 2010; McIntosh, McQuaid, Munro, and Dabir-Alai 2012), self-reported health (Floderus, Hagman, Aronsson, Marklund, and Wikman 2008), economic hardship (Edin and Kefalas 2005; Rowlingson and McKay 2005), and religiosity (Thornton, Axinn, and Hill 1992; Collett and Lizardo 2009).

Regarding the outcome of well-being, previous studies have shown that well-being is associated race (Okun and Stock 1987), age (Helson and Lohmen 1998;

Fernández-Ballesteros, Zamarrón, and Ruíz 2001), education (Ross and Van Willigen 1997; Fernández-Ballesteros, Zamarrón, and Ruíz 2001), employment status (Inglehart 1990), self-reported health (Okun, Stock, Haring, and Witten 1984), economic hardship (Argyle 2001; Fernández-Ballesteros, Zamarrón, and Ruíz 2001), and religiosity (Inglehart 1990). Thus, I will control for each.

Chapter 8

DATA AND METHODS

The Sample

The data for this study come from the National Survey of Fertility Barriers (NSFB). This is a national random-digit-dialing telephone survey designed to study infertility. The total sample included 4,787 women age 25 to 45 in the United States. A “planned missing” design was incorporated to allow for all desired constructs to be measured while minimizing respondent burden. Sampling procedures and selection criteria were used to ensure that the sample would sufficiently represent women from racial/ethnic minority groups as well as women who have or are at high risk for experiencing infertility. Therefore, due to this oversample, a weight variable was used that adjusts the sample to be representative of women age 25 to 45 in the United States.

Lesbians ($n = 42$) and widows ($n = 36$) were dropped from the analysis due to their small case size and the inability to draw a meaningful comparison. The sample was then restricted to those women involved in a married or cohabiting relationship. Because these relationships best represent the ideal form of motherhood, comparison with single mothers would add complexity which is beyond the scope of the current study. Listwise deletion was used to account for missing data^{1,2} ($n = 359$). This left a final analytic sample of 3,125 women.

¹ Eighty-two respondents were lost due to missing values on the weight variable.

² Respondents who had missing data on the variables of interest had significantly lower life satisfaction ($b = -.113$, $p < .05$), lower importance of motherhood ($b = -.265$, $p < .001$), and lower religiosity ($b = -.350$, $p < .01$) compared to respondents with no missing data.

Concepts and Measures

Mother statuses

To understand differences between women who occupy different mother statuses, five were created. Several questions were used to classify women into one of five mutually exclusive categories. Of the respondents who had indicated they had been pregnant, questions were asked regarding the outcome of each pregnancy, up to 10: “Did the pregnancy end in a live birth, a still birth, a miscarriage, or an abortion?” Using these questions, I constructed a dichotomous variable where a value of “1” indicated that the woman had a live birth and a value of “0” indicated that she had not. To capture respondents who had adopted, the following question was used: “Have you ever legally adopted?” Responses included 1 = yes and 5 = no. To ascertain the presence of stepchildren, the respondents who indicated that their husband/partner had been previously married were asked: “Does he have children from a previous relationship?” Response choices included 1 = yes and 5 = no. The two non-mother categories were created using these additional indicators: 1) “Would you, yourself, like to have a baby?” (1 = definitely yes, 2 = probably yes, 3 = probably no, 4 = definitely no), 2) “Do you intend to have a baby?” (1 = yes, 5 = no) and, 3) “If you yourself could choose exactly the number of children to have in your whole life, how many would you choose?” (respondents could indicate 0 – 20 children). Based on women’s responses to these questions, respondents were categorized into one of the five mother status categories.

Live/Adopt Mother ($n = 2,037$) consists of women who have had at least one live birth and whose spouse/partner does not have a child from a previous relationship³. Women who had adopted children ($n = 51$) were also included in this category because adoptive parents have been shown to be similar to biological parents (Hamilton, Cheng, and Powell 2007). Of these women, 241 were in a second or higher order marriage.

Stepmother-only ($n = 109$) consists of women who had not had a live birth, had not adopted, and whose spouse/partner had children from a previous relationship. Only nine of these women (8%) reported that their stepchild or children lived in their home. Most of these women, therefore, are nonresidential stepmothers. These women were also asked how much they agreed with the following statement: “Do you think of this child or these children as if they were your own?” Response choices included 1 = “Completely true,” 2 = “Somewhat true,” and 3 = “Not at all true.” Forty-five (41%) of these women indicated that they considered this statement “completely true,” 39 (36%) indicated that it was “somewhat true,” and 25 (23%) indicated that it was “not at all true”

Double Mother ($n = 565$) consists of women who had at least one live birth or adopted child ($n = 15$) and whose spouse/partner had children from a previous relationship. Only sixty-seven of these women (12%) reported that their stepchild or stepchildren lived in their home. Thus, most of these women are also non-residential stepmothers in addition to being a live/adopt mother. These women were also asked about their agreement with this statement: “Do you think of this child or these children as if they were your own?” Response choices 1 = “Completely true,” 2 = “Somewhat true,” and 3 = “Not at all true.” Two hundred seventy-six (49%) double mothers indicated that

³ Three women were dropped who had had a live birth and whose spouse/partner did not have a child from a previous relationship but indicated that a stepchild lived in their home.

they considered this statement “completely true,” 159 (28%) indicated that it was “somewhat true,” and 121 (21%) indicated that it was “not at all true.”

Voluntary Childfree ($n = 103$) consists of women who had not had a live birth, had not adopted, and whose spouse/partner did not have children from a previous relationship. To indicate their ‘chosen’ childlessness, these women responded that they did not want children and did not intend to have any children. One woman responded was additionally categorized as voluntary childless because she indicated that she did not want children and that her ideal number of children was zero despite responding that she intended to have children. Two of the three necessary variables were deemed sufficient to indicate voluntary childlessness.

Involuntary Childless ($n = 311$) consists of women who had not had a live birth, had not adopted, and whose spouse/partner did not have children from a previous relationship. To indicate their ‘involuntary’ childless status, these women responded that they would like to have children and intended to have children in the future. An additional 78 women were categorized as involuntary childless because they indicated that they wanted children and reported that their ideal number of children was greater than zero, despite the fact that they did not indicate an intention to have children. Furthermore, six women were categorized as involuntary childless because they indicated that they intended children and that their ideal number of children was greater than zero, despite the fact that they didn’t indicate that they would like to have children. Two of the three necessary variables were deemed sufficient to indicate involuntary childlessness for these women.

Dependent variables

Life satisfaction was constructed by averaging responses on four items (McQuillan et al., 2007): 1) “In most ways, my life is close to ideal,” 2) “I am satisfied with my life,” 3) “If my life were over, I would change almost nothing,” and 4) “So far, I’ve gotten the important things I want in life.” All of these items were measured on a 4-point Likert scale (1 = strongly disagree to 4 = strongly agree). All items were coded so that higher values indicated higher agreement. These items form a unidimensional scale with high reliability ($\alpha = .81$).

Psychological distress was measured by a 9-item CESD scale. Respondents were asked to consider their feelings in the previous two weeks: 1) “I was bothered by things that don’t usually bother me,” 2) “I had trouble keeping my mind on what I was doing,” 3) “I felt depressed,” 4) “I felt that everything I did was an effort,” 5) “I felt fearful,” 6) “My sleep was restless,” 7) “I was happy,” 8) “I was lonely,” and 9) “I could not get going.” Response options for all items included 1 = Rarely or never, 2 = Some of the time, 3 = Quite a bit of the time, and 4 = All of the time. Item seven was reverse-coded prior to the scale’s construction so higher scores would indicate greater psychological distress ($\alpha = .80$).

Moderating variable

Importance of motherhood is a scale constructed by averaging responses to four questions. These items are measured on a 4-point Likert scale (1 = strongly disagree to 4 = strongly agree): 1) “Having children is important to my feeling complete as a woman,” 2) “I always thought I would be a parent,” 3) “I think my life will be or is more fulfilling with children,” 4) “It is important for me to have children” and 5) “How important is...raising kids?” The items were coded so that higher values indicate higher agreement. The Cronbach’s alpha is high ($\alpha = .86$). This scale was then mean-centered.

Mediating variables

Self-esteem was constructed by averaging responses on three items indicating the respondent's agreement: 1) "I feel that I do not have much to be proud of," 2) "I am a person of worth at least equal to others," and 3) "All in all, I am inclined to feel that I am a failure." Responses options included 1 = Strongly agree, 2 = Agree, 3 = Disagree, and 4 = Strongly disagree. Item two was reverse-coded prior to the scale's construction so that higher scores on the scale would indicate higher self-esteem. The Cronbach's alpha is high ($\alpha = .82$).

Social support was constructed by averaging responses on four items indicating the availability of different kinds of support. Respondents were asked about the availability of: 1) "Someone to give you good advice about a crisis," 2) "Someone to give you information to help you understand a situation," 3) "Someone whose advice you really want," and 4) "Someone to share your most private worries and fears with." For each indicator, respondents could answer 1 = Often, 2 = Occasionally, 3 = Seldom, and 4 = Never. Items were reverse-coded before the scale was constructed so higher scores would indicate more support. The Cronbach's alpha is high ($\alpha = .85$).

Relationship satisfaction was measured using one item: 1) "Overall, how would you describe your relationship?" Response options were 1 = Very happy, 2 = Pretty happy, and 3 = Not too happy. Items were reverse-coded so higher scores indicated greater satisfaction. Few respondents ($n = 135$, 4%) responded that they were "Not too happy."

Job Status and Satisfaction is represented by three dummy variables indicating that the respondent was unemployed, or, if employed full or part-time, had high job satisfaction or low job satisfaction. To measure job satisfaction, respondents who

indicated that they were employed fulltime or part-time were asked, “On the whole, how satisfied are you with this job?” Response options included 1 = Very satisfied, 2 = Satisfied, 3 = A little dissatisfied, and 4 = Very dissatisfied. This indicator was reverse-coded so higher scores would indicate greater satisfaction. When the dummy variables were created, women were coded as having high job satisfaction if they indicated they were “Very satisfied” or “Satisfied,” and low job satisfaction if they indicated they were “A little dissatisfied” or “Very dissatisfied.” Few respondents ($n = 113$, 3%) responded that they were “Very dissatisfied.”

Control variables

Age of the respondent is measured in years and was mean-centered.

Race/ethnicity is constructed as four dummy variables indicating if the respondent is white non-Hispanic ($n = 2,714$, 68%), black non-Hispanic ($n = 886$, 9%), Hispanic ($n = 669$, 16%), or a member of another racial category, which includes Asian, Pacific Islander, Native American, and other races ($n = 289$, 7%). **Education** of the respondent is measured in years (0 – 22). **Self-reported health** of the respondent was measured by the question “In general, would you say your own health is...” Response choices included 1 = Excellent, 2 = Good, 3 = Fair, and 4 = Poor. The answer choices were reverse-coded so high scores would indicate better health. **Economic hardship** is a scale constructed by averaging and taking the mean of three questions: 1) “During the last 12 months, how often did it happen that you had trouble paying the bills?” 2) “During the last 12 months, how often did it happen that you did not have enough money to buy food, clothes, or other things that your household needed?” and 3) “During the last 12 months, how often did it happen that you did not have enough money to pay for medical care?” Response choices included 1 = Never, 2 = Not very often, 3 = Fairly often, and 4 = Very

often. This is a unidimensional scale with high reliability ($\alpha = .82$). **Religiosity** is a mean scale of four questions: 1) “How often do you attend religious services?” (1 = never, 2 = less than once a year, 3 = once or twice a year, 4 = about once a month, 5 = nearly every week, 6 = every week, 7 = several times a week), 2) “How often do you pray?” (1 = several times a day, 2 = once a day, 3 = several times a week, 4 = once a week, 5 = less than once a week, 6 = never), 3) “How close do you feel to God most of the time?” (1 = extremely close, 2 = somewhat close, 3 = not very close, 4 = not close at all), and 4) “In general, how much do your religious beliefs influence your daily life?” (1 = very much, 2 = quite a bit, 3 = some, 4 = a little, 5 = none). Items two, three, and four were reverse-coded. These items represent a unidimensional scale ($\alpha = .78$) where higher scores indicate greater religiosity.

Data Analysis Strategy

Descriptive and bivariate analyses for all variables are reported in Tables 1, 2, and 3. A series of Chi-Square (marital status and race) and ANOVA (age, education, self-reported health, economic hardship, and religiosity) models were run to examine mean and proportion differences for all control variables across mother status (Table 2). All ANOVA analyses are adjusted to account for unbalanced groups across mother status. To examine the potential for significant differences between the means of all the variables of interest across mother status, ANOVA (life satisfaction, psychological distress, self-esteem, social support, and relationship satisfaction) and Chi-Square (job status and satisfaction) models were run (Table 3). For the ANOVA models in Tables 2 and 3, post hoc Wald hypothesis tests were run using a Bonferroni adjustment for a multiple-comparison test to examine differences between each mother status. Differences between mother statuses are indicated using two-letter abbreviations, “SO” for

stepmothers-only, “DM” for double mothers, “VC” for voluntary childless women, and “IC” for involuntary childless women. Abbreviations were placed next to the means of the dependent, mediating, and moderating variables to signify significant differences on that variable between the mother status listed at the top of the column and the specified abbreviated mother status listed on the mean coefficient.

Next, OLS regression models were run to test for a significant relationship between mother status and the two outcome variables, life satisfaction and psychological distress (Table 4). Mean differences between mother statuses from these results are graphed in Figure 1. OLS regression models were then run to test for mediation by social support, self-esteem, relationship satisfaction, job satisfaction, and importance of motherhood on the relationship between mother status and the two outcome variables. Models were run first to test for significant relationships between mother status and all the hypothesized mediators (Table 5). Then the mediators were included in models predicting life satisfaction (Table 6) and psychological distress (Table 7).

Subsequent models were then run on each outcome separately (Tables 8 and 9) to test for the moderating relationship of importance of motherhood. Post-hoc Wald hypothesis tests were run to determine if the addition of the interaction terms explained additional significant variance. Significant interactions were graphed for life satisfaction (Figure 4) and psychological distress (Figure 5). Additional models were run to allow for the possibility for the mediating indicators to explain the moderating effect for both outcomes (Table 10). Significant interactions were graphed for life satisfaction (Figure 6) and psychological distress (Figure 7).

In Tables 4 to 9, the omitted mother status was altered to test for additional significant differences across mother status. In all models shown in the tables the omitted

reference category is live/adopt mothers. Asterisks show significant differences between live/adopt mothers and all other mother statuses. Two-letter mother status abbreviations next to the column coefficients indicate significant differences between the mother status listed at the top of the column and the specified abbreviated mother status listed on the mean coefficient.

Chapter 9

RESULTS

Descriptive Statistics

Descriptive statistics for all variables included in the analysis are reported in Table 1. It is worth noting that the majority of the sample is white, non-Hispanic (68%), and only 14% of the sample is cohabiting. The average age of the respondents is 35.5 and the average number of years of education is 13.6 years. The respondents in the sample are relatively healthy (mean of 3.1 on a 4-point scale) and have low economic hardship (mean of 1.6 on a 4-point scale).

Bivariate Analysis of Controls across Mother Statuses

Tables 2 and 3 examine the potential for differences in the focal and control variables across mother statuses. These tables report the results from a series of chi-square and ANOVA analyses. These analyses assess whether the proportion or mean of women across each of these categories was significantly different from the proportion/mean that we would expect by chance. Significant differences in reported means are indicated by the two-letter mother status abbreviations.

Table 2 shows significant differences across mother status in race ($X^2 = 200.50$, $p < .001$) and marital status ($X^2 = 179.12$, $p < .001$). Voluntary childfree women are most likely to be white (82%) and double mothers are least likely to be white (60%). Double mothers are most likely to be black (19%) while involuntary childless women are least likely to be black. Both live/adopt (17%) and double mothers (17%) are most likely to be Hispanic while involuntary childless women are least likely to be Hispanic (3%). For women of a race other than white, black, or Hispanic, they are most likely to be voluntary

childfree (12%) and least likely to be double mothers (3%). Regarding marital status, live/adopt mothers are most likely to be married (92%) while stepmothers-only are least likely (63%).

The right column of Table 2 shows the results from an ANOVA analysis which finds significant differences across mother status in age ($F = 51.94$, $p < .001$), years of education ($F = 56.51$, $p < .001$), self-reported health ($F = 8.23$, $p < .001$), economic hardship ($F = 22.36$, $p < .001$), and religiosity ($F = 33.83$, $p < .001$). Post hoc Wald hypothesis tests were also run using a Bonferroni adjustment to examine differences between each mother status. Voluntary childfree women are the oldest group (37.6 years) and involuntary childless women are the youngest group (31 years). Furthermore, the lower mean age of involuntary childless women is significantly different from all other mother statuses. Live/adopt mothers' mean age is significantly lower compared to double mothers and both groups of non-mothers.

Involuntary childless women have the most years of education (15.7 years) while double mothers have the fewest years of education (12.8). Double mothers' mean years of education is significantly lower compared to all other mother statuses. Live/adopt mothers' and stepmothers'-only mean years of education are significantly less than both groups of non-mothers. Regarding self-reported health, involuntary childless women report the best health (mean = 3.26) while stepmothers-only report the worst (mean = 2.92). Involuntary childless women have significantly higher self-reported health compared to both stepmothers-only and double mothers. Double mothers additionally have significantly lower self-reported health compared to live/adopt mothers.

Involuntary childless women also report the least economic hardship (mean = 1.36) and double mothers report the most (mean = 1.77). Double mothers' economic

hardship is significantly greater compared to all other mother statuses. Additionally, live/adopt mothers' economic hardship is significantly higher than involuntary childless women. Lastly, voluntary childfree women have the lowest religiosity scores (mean = -.93) and live/adopt mother have the highest (mean = .08). Voluntary childfree women's religiosity is significantly lower compared to all other mother statuses. Furthermore, involuntary childless women have significantly lower religiosity compared to live/adopt mothers and double mothers.

Bivariate Analysis of Focal Variables across Mother Statuses

Table 3 reports the results for ANOVA and Chi-square analyses for the focal dependent, mediating, and moderating variables, reported in the right column. In addition, this table also shows significant differences between mother statuses across the variables of interest as indicated by superscripts calculated using post-hoc Wald tests with a Bonferroni adjustment. Significant differences between mother statuses are indicated using the two-letter abbreviations.

Well-being

In looking at the mean differences for life satisfaction, differences between mother statuses are clear and are supported by the results of a ANOVA indicating significant differences across mother statuses ($F = 26.58, p < .001$). Live/adopt mothers have the highest mean score for life satisfaction (mean = 3.25) while stepmothers-only have the lowest (mean = 2.95). Involuntary childless women have the second highest mean score (mean = 3.03), followed by voluntary childfree women (mean = 3.06), and then double mothers (mean = 3.10). Live/adopt mothers' mean life satisfaction is significantly higher than all other mother statuses. Furthermore, double mothers' mean life satisfaction is significantly lower than involuntary childless women.

Regarding the means for psychological distress, involuntary childless women have the lowest mean score for psychological distress (mean = 1.56) whereas double mothers have the highest of all the mother statuses (mean = 1.84). The second highest mean value are stepmothers-only (mean μ = 1.79), then live/adopt mothers (mean = 1.65), and voluntary childfree women (mean = 1.61). Results of an ANOVA test for significant mean differences indicates significant differences in psychological distress do exist across mother status ($F = 13.17$, $p < .001$). Specifically, live/adopt mothers have significantly less psychological distress than double mother but significantly more than involuntary childless women. Stepmothers-only also have significantly more distress compared to involuntary childless women. Lastly, double mothers have significantly more psychological distress than both voluntary childfree and involuntary childless women.

Self-esteem

Variations in self-esteem are less dramatic. The highest mean values for self-esteem are for voluntary childfree women (mean = 3.57), followed by involuntary childless women (mean = 3.55), live/adopt mothers (mean = 3.52), double mothers (mean = 3.49), and, lastly, stepmothers-only (mean = 3.38). The results of an ANOVA, however, do indicate significant differences in the mean values of self-esteem across mother statuses ($F = 2.91$, $p < .05$). Upon closer examination, double mothers have significantly lower self-esteem compared to both live/adopt mothers and involuntary childless women. Stepmothers-only and voluntary childfree women do not significantly differ from any other status in their mean score of self-esteem.

Social support

In looking at the mean values for social support, double mothers have the lowest value (mean = 3.55). The second lowest value for social support is for live/adopt mothers (mean = 3.61), then stepmothers-only (mean = 3.65), involuntary childless women (mean = 3.75), and lastly voluntary childfree women (mean = 3.77). The results of an ANOVA indicate significant differences in the mean values of social support across mother statuses ($F = 6.56, p < .001$). All mother statuses have significantly higher levels of social support compared to double mothers. Furthermore, live/adopt mothers have significantly less social support than involuntary childless women.

Relationship satisfaction

Regarding relationship satisfaction, double mothers again have the lowest mean value (mean = 2.43). The next lowest value is for stepmothers-only (mean = 2.48) followed by live/adopt mothers (mean = 2.57), voluntary childfree women (mean = 2.61) and finally involuntary childless women (mean = 2.71) who have the highest value of mean relationship satisfaction. The results of an ANOVA indicate that there are significant differences in the mean values of relationship satisfaction across mother status ($F = 16.32, p < .001$). As with social support, double mothers have the lowest levels of relationship satisfaction compared to all other mother statuses. Additionally, involuntary childless women have significantly higher relationship satisfaction compared to live/adopt mothers and stepmothers-only.

Job status and satisfaction

Significant differences were found in the proportions of women across these three categories of employment and satisfaction than we would expect by chance ($X^2 = 119.94, p < .001$). Because not all of the women in the sample are employed in the labor market,

however, drawing comparisons across job satisfaction is difficult. The three category variable combining job status and satisfaction attempts to overcome this difficulty.

Because I cannot compare the job satisfaction of the employed to the unemployed, I performed supplemental analyses to test for significant differences in the proportion of employed versus unemployed women as well as for differences in job satisfaction among only women who were employed full- or part-time. Using a Generalized Linear Model, I specified a binary outcome (i.e., employed or not employed; high or low job satisfaction) and tested for significant differences between mother statuses. Regarding employment status, live/adopt mothers are most likely to be unemployed (38%), followed by double mothers (31%), stepmothers-only (24%), involuntary childless women (18%), and voluntary childfree women (16%). Live/adopt mothers and double mothers are both significantly more likely to be unemployed compared to all other mother statuses.

These supplemental analyses (not shown) indicated that significant differences in job satisfaction exist among employed women ($X^2 = 18.25$, $p < .01$). Only a few differences emerged in job satisfaction between mother statuses. Involuntary childless women are significantly more likely to have high, rather than low, job satisfaction compared to both live/adopt and double mothers.

Importance of motherhood

The mean values of importance of motherhood are very different when looking across mother statuses. Live/adopt mothers have the highest scores on this indicator (mean = 3.54) while voluntary childfree women have the lowest (mean = 1.85). The second highest score is double mothers (mean = 3.50), followed by involuntary childless women (mean = 3.23) and stepmothers-only (mean = 2.74). The results of an ANOVA indicate significant differences across mother status ($F = 384.67$, $p < .001$). Indeed,

significant differences in the mean scores of importance of motherhood exist in each possible comparison of mother status.

Base Regression of Mother Statuses on Well-Being

Table 4 reports the results for analyses determining the relationship between mother status and life satisfaction and psychological distress controlling for race, marital status, age, education, self-reported health, economic hardship, and religiosity. Results for life satisfaction are reported in Model 1. Compared to the significant differences reported in Table 3, the addition of the control variables explained the significant differences in life satisfaction between double mothers and involuntary childless women. Almost any control variable might be responsible for this spurious relationship; these two mother statuses are significantly different regarding age, education, self-reported health, economic hardship, and religiosity.

Unchanged from Table 3, all mother statuses are significantly less satisfied compared to live/adopt mothers. This trend is easily visible in Figure 2a. Stepmothers-only show the greatest difference in mean life satisfaction scores compared to live/adopt mothers ($b = -.186, p < .01$), which represents a third of a standard deviation of life satisfaction. Voluntary childfree ($b = -.143, p < .05$) and involuntary childless women ($b = -.138, p < .001$) both have .25 standard deviations lower life satisfaction compared to live/adopt mothers. Double mothers show the smallest mean differences in life satisfaction compared to live/adopt mother ($b = -.084, p < .05$), which represents .16 standard deviations of life satisfaction.

The second model shows the relationship between mother status and psychological distress with the controls included. Compared to the significant differences reported in Table 3, the addition of the control variables explained the

significant differences between live/adopt mothers and stepmothers-only and involuntary childless women. This spuriousness could have been eliminated due to the significant differences in age, education, economic hardship, and religiosity between live/adopt mothers and involuntary childless women, as well as the significant differences in age, education, and self-reported health between stepmothers-only and involuntary childless women.

Unchanged from Table 3, double mothers report the highest mean levels of psychological distress which is evident in Figure 2b. In fact, double mother report significantly more psychological distress compared to live/adopt mothers ($b = .126, p < .001$), which represents .25 standard deviations of psychological distress. In addition, double mothers also have significantly higher psychological distress compared to voluntary childfree women ($p < .01$), and involuntary childless women ($p < .001$). These differences represent .32 and .38 standard deviations of psychological distress, respectively. There were no differences in psychological distress between double mothers and stepmothers-only or among live/adopt mothers, stepmothers-only, and non-mothers.

The results of these two models indicate that significant differences between mother statuses are present regarding each indicator of well-being controlling for relevant factors. With regard to life satisfaction, the main differences pertain to live/adopt mothers compared to all other mother statues. Live adopt/mothers report the highest levels of life satisfaction. These analyses suggest that achieving motherhood in the idea way (i.e., biological motherhood) leads to significantly higher life satisfaction compared to achieving motherhood is non-traditional ways or not becoming a mother. With regard to psychological distress, the main differences pertain to double mothers compared to

live/adopt mothers and both groups of non-mothers. Double mothers report significantly higher levels of psychological distress. The next set of multivariate analyses will examine what might explain and moderate these differences in well-being.

The Mediating Effects of Self-Esteem, Social Support, Relationship Satisfaction, Job Satisfaction, and Importance of Motherhood

A variable functions as a mediator to the degree that it accounts for the relationship between an independent variable (e.g., mother status) and a dependent variable (e.g., life satisfaction and psychological distress; Baron and Kenny 1986). To function as a mediator, self-esteem, social support, relationship satisfaction, job status and satisfaction, and importance of motherhood must vary significantly with mother status, significantly affect life satisfaction and psychological distress, and account fully or partially for the relationship between mother status and life satisfaction and psychological distress. Perfect mediation is said to be present when a significant relationship between the independent and dependent variables is completely explained by the mediating variable.

In the current study, five variables are hypothesized to mediate relationship between mother status and life satisfaction and psychological distress: self-esteem, social support, relationship satisfaction, job satisfaction, and importance of motherhood. In the first stage of the analysis, all mother statuses and control variables were regressed on each of the proposed mediating. Results of all these analyses are presented in Table 5.

For self-esteem, no significant differences are found between live/adopt mothers and the other mother statuses. Supplemental analyses indicated that significant differences in self-esteem were found to exist between double mothers and stepmothers-only and involuntary childless women. Double mothers had significantly greater self-

esteem compared to stepmothers-only ($p < .05$) and involuntary childless women ($p < .05$).

For social support, no significant differences emerge between live/adopt mothers and any other mother status. Through alternating the omitted reference category, no additional significant differences were found between mother statuses. Social support does not significantly vary across mother statuses.

For relationship satisfaction, involuntary childless women are the only status that is significantly different from live/adopt mothers ($b = .183, p < .001$). Involuntary childless women are significantly more satisfied in their relationships. Additionally, double mothers had significantly less relationship satisfaction compared to voluntary childfree women ($p < .05$) and involuntary childless women ($p < .001$). Furthermore, stepmothers-only have significantly less relationship satisfaction compared to involuntary childless women ($p < .05$). Overall, differences in relationship satisfaction appear to be greatest between mothers compared to non-mothers.

For job satisfaction, involuntary childless women have significantly lower job satisfaction compared to live/adopt mothers ($b = -.148, p < .05$). Alternating the reference category did not yield any further significant differences between mother statuses. Thus, the only significant differences in job satisfaction appear to be between live/adopt mothers and involuntary childless women.

Finally, for importance of motherhood, double mothers are not significantly different from live/adopt mothers in their importance of motherhood. Voluntary childfree women retain the lowest importance of motherhood scores compared to live/adopt mothers ($b = -1.672, p < .001$). Stepmothers-only also have significantly lower scores of importance of motherhood relative to live/adopt mothers ($b = -.774, p < .001$) as do

involuntary childless women ($b = -.331, p < .001$). These results might be due to a selection effect whereby women who highly value motherhood select into that status earlier and at higher rates than do women who do not value motherhood as highly. Furthermore, through supplemental analyses, many more significant differences emerged between the statuses. Double mothers have higher importance of motherhood compared to stepmothers-only ($p < .001$). Voluntary childfree women have lower importance of motherhood compared to stepmothers-only ($p < .001$) and double mothers ($p < .001$). Involuntary childless women have higher importance of motherhood compared to stepmothers-only ($p < .001$) and voluntary childfree women ($p < .001$), and lower importance of motherhood than double mothers ($p < .001$). Essentially, significant differences in importance of motherhood exist between all mother statuses with the exception of live/adopt mothers and double mothers.

In sum, self-esteem, relationship satisfaction, and job satisfaction vary significantly between some, but not all, mother statuses. In trying to understand why live/adopt mothers report higher levels of life satisfaction, importance of motherhood might provide the most insight, as live/adopt mothers tend to report the highest levels of importance of motherhood. There are not differences in importance of motherhood, however, between live/adopt mothers and double mothers. It is possible that relationship satisfaction might provide some insight into the differences between these groups. In trying to understand why double mothers report higher levels of psychological distress, relationship satisfaction might provide some insights into these differences as double mother report the lowest levels of relationship satisfaction. Since social support does not vary across mother statuses it probably will not operate as a mediator for well-being.

There are also likely to be suppression effects whereby once a mediator is controlled the differences in well-being across mother statuses actually increase. For example, double mothers report the highest levels of self-esteem and importance of motherhood. Controlling for these differences might increase differences in life satisfaction from live/adopt mothers and increase differences in psychological distress compared to all other mother statuses.

Life satisfaction

Table 6 reports the results of analyses aimed at examining the potential for mediating factors on the association between mother status and life satisfaction. Examining Model 1, the base model initially reported in Table 4, all mother statuses have significantly lower life satisfaction compared to live/adopt mothers. I will now discuss each hypothesized mediating variable.

Model 2 tests for mediation by **self-esteem**. Self-esteem is significantly and positive associated with life satisfaction ($b = .321$, $p < .001$). When controlling for self-esteem, all mother statuses remain significantly less satisfied compared to live/adopt mothers. There is, however, partial mediation of the differences in life satisfaction. The coefficient for stepmothers-only is reduced from $b = -.186$ ($p < .01$) to $b = -.148$ ($p < .05$). This represents a 20% reduction from Model 1 and Model 2 [$.20 = (.186 - .148) / .186$]. This partial mediation results from stepmothers-only having slightly lower levels of self-esteem compared to live/adopt mothers (see Table 5). The coefficient for involuntary childless women is reduced from $b = -.138$ ($p < .001$) to $b = -.115$ ($p < .01$). This represents a 17% reduction from Model 1 to Model 2 [$.17 = (.138 - .115) / .138$]. Similar to stepmothers-only, this partial mediation results from involuntary childless women having slightly lower levels of self-esteem compared to live/adopt mothers. When

controlling for self-esteem, the coefficient for double mothers increased from $b = -.084$ ($p < .05$) in Model 1 to $b = -.098$ ($p < .01$) in Model 2. This represents a suppression effect whereby the differences in life satisfaction between double mothers and live/adopt mothers increase when we control for self-esteem. Lastly, self-esteem has no effect on the life satisfaction of voluntary childfree women compared to live/adopt mothers whose coefficient did not dramatically change between Model 1 ($b = -.143$, $p < .05$) and Model 2 ($b = -.137$, $p < .05$).

In sum, self-esteem operates as a partial mediator to explain lower levels of life satisfaction for stepmothers-only and involuntary childless women when compared to live/adopt mothers. Furthermore, because double mothers have higher self-esteem than live/adopt mothers, including it in the model increases the differences in life satisfaction between these two groups. Finally, self-esteem does not explain why live/adopt mothers have higher life satisfaction than voluntary childfree women.

The potential for mediation by **social support** was tested in Model 3. Social support is significantly and positively associated with life satisfaction ($b = .100$, $p < .001$). When controlling for social support, all mother statuses are significantly less satisfied compared to live/adopt mothers. Although each coefficient declined slightly between Model 1 and Model 3, none were very large or changed in level of statistical significance. In sum, social support does not appear to mediate the association between mother status and life satisfaction for any mother status compared to live/adopt mothers. Social support does not vary significantly across mother statuses (see Table 5) and it does not account for any variation in the level of significance in the relationship between mother status and life satisfaction.

The potential for **relationship satisfaction** to operate as a mediator was tested in Model 4. Relationship satisfaction is significantly and positively associated with life satisfaction ($b = .340, p < .001$). After controlling for relationship satisfaction, the coefficient for double mothers is lowered from $b = -.084$ ($p < .05$) to $b = 0.61$ and is reduced to non-significance. This represents a 27% reduction from Model 1 to Model 4 [$.27 = (.084 - .061) / .084$]. This difference represents a full mediating relationship by relationship satisfaction for the life satisfaction of double mothers compared to live/adopt mothers. The other mother statuses, however, remain significantly less satisfied than live/adopt mothers controlling for relationship satisfaction. In fact, the coefficient for voluntary childfree women became larger, from $b = -.143$ ($p < .05$) in Model 1 to $b = -.173$ ($p < .01$) in Model 4. In addition, the coefficient for involuntary childless women became larger, from $b = -.138$ ($p < .001$) in Model 1 to $b = -.200$ ($p < .001$) in Model 4. For both groups of non-mothers, relationship satisfaction creates a suppression effect in that, when accounted for, the differences in life satisfaction between them and live/adopt mothers increases. Finally, the coefficient for stepmothers-only did not dramatically change between Model 1 ($b = -.186, p < .01$) and Model 4 ($b = -.180, p < .01$). Additionally, involuntary childless women have significantly lower life satisfaction compared to double mothers, accounting for relationship satisfaction ($p < .01$).

In sum, the differences in life satisfaction between live/adopt and double mothers are fully mediated by relationship satisfaction. Additionally, relationship satisfaction creates a suppression effect on the differences in life satisfaction between both groups of non-mothers and live/adopt mothers. Both voluntary childfree and involuntary childless women have higher relationship satisfaction than live/adopt mothers (see Table 5). Accounting for this difference widens variation in the life satisfaction between these

groups. Relationship satisfaction furthermore does not alter the life satisfaction of stepmothers-only compared with live/adopt mothers.

The potential for **job status and satisfaction** to operate as a mediator was tested in Model 5. Of women employed full- or part-time, women with high job satisfaction ($b = .261, p < .001$) have higher life satisfaction compared to women with low job satisfaction. Women who are unemployed also have higher life satisfaction compared to women employed full- or part-time with low job satisfaction ($b = .255, p < .001$). Controlling for job status and satisfaction, all mother statuses have significantly lower life satisfaction compared to live/adopt mothers. Job status and satisfaction have virtually no effect on the mean differences in life satisfaction for stepmothers-only ($b = -.186, p < .01$ to $b = -.180, p < .01$), double mothers ($b = -.084, p < .05$ to $b = -.077, p < .05$), or voluntary childless women ($b = -.143, p < .05$ to $b = -.137, p < .05$) compared to live/adopt mothers between Model 1 and Model 4. A partial mediating effect, however, does exist for involuntary childless women compared to live/adopt mothers. The coefficient for these women is reduced from $b = -.138 (p < .001)$ to $b = -.119 (p < .01)$. This represents a 14% reduction from Model 1 to Model 5 ($.14 = (.138 - .119) / .138$). This partial mediation results from the significantly lower job satisfaction of involuntary childless women compared to live/adopt mothers (see Table 5).

In sum, job status and satisfaction operates as a partial mediator to explain the lower levels of life satisfaction for involuntary childless women compared to live/adopt mothers. Job satisfaction does not significantly explain the life satisfaction of stepmothers-only, double mothers, or voluntary childfree women when compared with live/adopt mothers.

With Model 6, the potential for **importance of motherhood** to operate as a mediator was examined. Importance of motherhood is significantly and positively associated with life satisfaction ($b = .266, p < .001$). Importance of motherhood does not explain the life satisfaction of double mothers compared to live/adopt mothers. Their coefficient did not drastically change between Model 1 ($b = -.084, p < .05$) and Model 6 ($b = -.088, p < .05$). Full mediation of the differences in life satisfaction does occur, however, for both stepmothers-only and involuntary childless women. The coefficient for stepmothers-only is lessened from $b = -.186$ ($p < .01$) in Model 1 to $b = -.019$ in Model 6 and is reduced to non-significance. This represents a 90% reduction [$.90 = (.186 - .019) / .186$]. The coefficient for involuntary childless women lessened from $b = -.138$ ($p < .01$) in Model 1 to $b = -.050$ in Model 6 and is also reduced to non-significance. This represents a 64% reduction [$.64 = (.138 - .050) / .138$]. For both stepmothers-only and involuntary childless women, this full mediation results from these groups' significantly lower scores of importance of motherhood compared to live/adopt mothers (see Table 5).

Finally, when controlling for importance of motherhood, differences in life satisfaction between live/adopt and voluntary childfree women reversed direction from $b = -.143$ ($p < .05$) in Model 1 to $b = .302$ ($p < .001$) in Model 6. In Model 6, voluntary childfree women report significantly higher levels of life satisfaction compared to live/adopt mothers. This effect is due to the much lower average scores voluntary childfree women report on importance of motherhood when compared with live/adopt mothers. Furthermore, voluntary childfree women were significantly different from all other mother statuses. Voluntary childfree women had higher life satisfaction than stepmothers-only ($b = .282, p < .05$), double mothers ($b = .390, p < .001$), and involuntary childless women ($b = .352, p < .001$).

In sum, importance of motherhood operates as a full mediator to explain lower levels of life satisfaction for stepmothers-only and involuntary childless women when compared to live/adopt mothers. Furthermore, accounting for the importance of motherhood reveals that voluntary childfree women have higher levels of life satisfaction compared to all other mother statuses.

Model 7 represents a **full model** including all possible mediators and controls regressed on life satisfaction. In looking at the potential mediators in Model 7, most retain their positive significant association with life satisfaction. Self-esteem ($b = .237$, $p < .001$), relationship satisfaction ($b = .298$, $p < .001$), employed women with high job satisfaction (compared to low job satisfaction, ($b = .189$, $p < .001$), unemployed women (compared to employed women with low job satisfaction, ($b = .185$, $p < .001$), and importance of motherhood ($b = .209$, $p < .001$) are all significantly and positively associated with life satisfaction. Social support is no longer significantly associated with life satisfaction ($b = .018$).

Double mothers still report lower life satisfaction than live/adopt mothers when all potential mediators are controlled. Their coefficient did not drastically change between Model 1 ($b = -.084$, $p < .05$) and Model 7 ($b = -.073$, $p < .05$). This result contradicts Model 4 where double mothers' relationship satisfaction mediated their life satisfaction compared to live/adopt mothers. This result in Model 7 is likely due to double mothers' lower relationship satisfaction overriding their higher self-esteem relative to live/adopt mothers.

Additional mediating relationships were also present in Model 7. The coefficient for stepmothers-only lessened from $b = -.186$ ($p < .01$) to $b = .013$ and is reduced to non-significance. This represents a reduction of 93% and indicates full mediation. Although

importance of motherhood is the primary mediator of stepmothers'-only life satisfaction, self-esteem also played a partial mediating role.

The coefficient for involuntary childless women is reduced from $b = -.138$ ($p < .001$) to $b = -.094$ ($p < .01$). This represents a reduction of 32% and indicates partial mediation. Self-esteem, job status and satisfaction, and importance of motherhood all mediate involuntary childless women's life satisfaction in their individual models. Importance of motherhood in particular fully mediated the association. In the full model, however, involuntary childless women have significantly lower life satisfaction from live/adopt mothers when all mediators are controlled. The higher relationship satisfaction of involuntary childless women compared to live/adopt mothers is not enough to cancel out the negative effects of their lower self-esteem, job satisfaction, and importance of motherhood on life satisfaction.

When controlling for all potential mediators, the coefficient for voluntary childfree women again reverses direction, such that voluntary childfree women report the highest levels of life satisfaction compared to all other mother statuses: live/adopt mothers ($b = .187$, $p < .01$), stepmothers-only ($p < .05$) double mothers ($p < .001$), and involuntary childless women ($p < .001$).

To summarize the mediating effects on women's life satisfaction, several conclusions can be drawn. First, differences in life satisfaction between stepmothers-only and live/adopt mothers are fully explained by importance of motherhood and self-esteem. Second, differences in life satisfaction between double mothers and live/adopt mothers that appeared to be fully mediated by relationship satisfaction are more likely a function of these women's lower self-esteem compared to live/adopt mothers. Third, differences in life satisfaction between involuntary child free women and live/adopt

mothers are fully mediated by importance of motherhood, self-esteem and job status and satisfaction. Finally, differences in life satisfaction between voluntary childfree and live/adopt mothers are reversed once importance of motherhood is taken into account. In fact, voluntary childfree women report higher life satisfaction compared to *all* other mother statuses.

Psychological distress

Table 7 reports the results of analyses aimed at examining the potential for mediating relationships between mother status and psychological distress. Model 1, the base model originally reported in Table 4, contains mother statuses and all control variables. As reported earlier, double mothers had significantly more psychological distress than live/adopt mothers and both groups of non-mothers (voluntary childfree and involuntary childless women). There are no differences between stepmothers-only and double mothers or among live/adopt, voluntary childfree women, or involuntary childless women.

Model 2 tests for mediation by **self-esteem**. Self-esteem is significantly and negatively associated with psychological distress ($b = -.112$, $p < .001$). Self-esteem does not explain the differences in psychological distress between live/adopt mothers and double mothers reported in Model 1. Although no evidence for mediation is present, self-esteem does appear to create a suppression effect in the psychological distress of involuntary childless women compared to live/adopt mothers. Their coefficient became larger, from $b = -.066$ in Model 1 to $b = -.074$ ($p < .05$) in Model 2, moving from non-significant to significant. After controlling for self-esteem, involuntary childless women report lower levels of psychological distress compared to live/adopt mothers.

In sum, self-esteem does not operate as a mediator to explain differences in psychological distress across mother status. Although self-esteem varies to a limited degree across mother status (see Table 5), it does not account for significant variation in psychological distress. Despite its lack of mediation, self-esteem does reveal differences in the psychological distress of involuntary childless women compared to live/adopt mothers with involuntary childless women reporting lower distress than live/adopt mothers.

The potential for mediation by **social support** was tested in Model 3. Social support is not significantly associated with psychological distress ($b = -.046$). Social support also does not significantly vary across mother status (see Table 5). Mediation by social support is not demonstrated in these results. The addition of social support does not explain any significant variation in the level of psychological distress across mother status. Thus, social support does not serve as a mediator between mother status and psychological distress.

The potential for mediation by **relationship satisfaction** was tested in Model 4. Relationship satisfaction is significantly and negatively associated with psychological distress ($b = -.181$, $p < .001$). There is evidence of partial mediation of double mothers' distress compared to live/adopt mothers by relationship satisfaction. The coefficient for double mothers lessened from $b = .126$ ($p < .001$) in Model 1 to $b = .113$ ($p < .01$) in Model 4. This represents a 10% reduction [$.10 = (.126 - .113) / .126$]. Furthermore, double mothers have significantly higher psychological distress compared to both voluntary childfree ($p < .05$) and involuntary childless women ($p < .01$) when accounting for relationship satisfaction. This is likely due to the significantly lower relationship satisfaction of double mothers compared to non-mothers (see Table 5).

In sum, relationship satisfaction operates as a partial mediator to explain the higher levels of psychological distress of double mothers compared to live/adopt mothers. It does not, however, explain mean differences in psychological distress between double mothers and voluntary childfree and involuntary childless women. .

Model 5 tests for mediation by **job status and satisfaction**. Of women employed full- or part-time, women with high job satisfaction have significantly lower psychological distress compared to women with low job satisfaction ($b = -.147, p < .01$). Women who are unemployed also have lower psychological distress compared to women employed full- or part-time with low job satisfaction ($b = -.264, p < .001$). Controlling for job status and satisfaction has no effect on the psychological distress of double mothers compared to live/adopt mothers who still have greater psychological distress ($b = .127, p < .001$). Furthermore, double mothers still have significantly higher psychological distress than both voluntary childfree ($p < .01$) and involuntary childless women ($p < .001$).

Although job status and satisfaction do not mediate psychological distress for any mother status, it does create a suppression effect for involuntary childless women. Their coefficient increased from $b = -.066$ in Model 1 to $b = -.068$ ($p < .05$) in Model 5 and changed from non-significant to significant. This is 3% larger [$.03 = (.066 - .068) / .066$]. Controlling for the significantly lower job satisfaction of employed involuntary childless women compared to live/adopt mothers reveals significant mean differences in psychological distress between the two mother statuses. This is likely due to the significantly lower likelihood that involuntary childless women are unemployed compared to live/adopt mothers. Involuntary childless women also have lower

psychological distress compared to stepmothers-only ($p < .05$) and double mother ($p < .001$) controlling for job status and satisfaction

In sum, job status and satisfaction does not explain the higher psychological distress reported by double mothers compared live/adopt mothers, voluntary childfree women, and involuntary childless women. A suppression effect is revealed, however, in the psychological distress of employed involuntary childless women controlling for job status and satisfaction. These women are more likely to be employed and to have lower job satisfaction compared to live/adopt mothers (see Tables 3 and 5). Accounting for these differences reveals significant mean differences in psychological distress between involuntary childless women and live/adopt mothers.

In Model 6, the potential for **importance of motherhood** to operate as a mediator was tested. Importance of motherhood is not significantly associated with psychological distress ($b = -.002$). Controlling for importance of motherhood was inconsequential for explaining differences in psychological distress across mother status.

In sum, mediation by importance of motherhood is not supported. Although significant differences in importance of motherhood exist across mother status (see Table 5), it is not significantly associated with psychological distress. Furthermore, the addition of importance of motherhood does not explain any significant variation in the level of psychological distress across mother status. Thus, importance of motherhood does not serve as a mediator between mother status and psychological distress.

Model 7 represents the **full model** including all potential mediators and control variables. In looking at all the potential mediators in Model 7, all retain the original main effect relationships reported in Model 1. Self-esteem ($b = -.081$, $p < .01$), relationship satisfaction ($b = -.165$, $p < .001$), employed women with high job satisfaction (compared

to low job satisfaction, ($b = -.114$, $p < .05$), and unemployed women (compared to employed women with low job satisfaction, ($b = -.228$, $p < .001$) are all significantly and negatively associated with psychological distress. Social support ($b = -.011$) and importance of motherhood ($b = .017$) are not significantly associated with psychological distress.

Double mothers have significantly higher psychological distress than live/adopt mothers and involuntary childless women when all potential mediators are controlled. The coefficient remains relatively unchanged between Model 1 ($b = .126$, $p < .001$) and Model 7 ($b = .120$, $p < .001$). The mediating effect of relationship satisfaction found in Model 4 for double mothers' distress compared to live/adopt mothers is no longer present.

Including all potential mediators, however, did explain the significant mean differences in psychological distress between double mothers and voluntary childfree women. The elimination of these mean differences could potentially be due to double mothers' higher self-esteem counteracting their lower relationship satisfaction compared to voluntary childfree women. Controlling for both of these indicators erases the mean differences in distress between these two statuses.

To summarize the mediating effects on women's psychological distress, there are several noteworthy points. First, no hypothesized mediator accounts for the mean differences in psychological distress between double mothers and live/adopt mothers and involuntary childless women. Relationship satisfaction appeared to mediate this association but had no effect in the full model. Second, differences in psychological distress between double mothers and voluntary childless women were explained by self-esteem and relationship satisfaction. Third, self-esteem and relationship satisfaction

individually created a suppression effect for the psychological distress of involuntary childless women compared to live/adopt mothers but these effects did not hold in the full model.

Summary of mediating effects for life satisfaction and psychological distress

Several variables were hypothesized to have a mediating effect on the relationship between mother status and well-being. Indeed, only a few of the mediating relationships are supported by the analyses. For both life satisfaction and psychological distress, social support does not operate as a mediator on the association between mother status and well-being. There was no variation in social support across mother status.

First, self-esteem partially mediated life satisfaction but only for stepmothers-only and involuntary childless women compared to live/adopt mothers. For these women, their life satisfaction is partially a function of their self-estimation.

Second, relationship satisfaction appeared to fully mediated life satisfaction and partially mediated psychological distress for double mothers compared with live/adopt mothers. These differences, however, did not hold once self-esteem was also controlled. The lower relationship satisfaction of double mothers compared to live/adopt mothers counteracts their greater self-esteem, eliminating its positive effects. Relationship satisfaction, however, with the added effects of self-esteem accounted for significant mean differences in psychological distress between double mothers and voluntary childfree women.

Third, the last two hypothesized mediators, importance of motherhood and job status and satisfaction, only held a mediating role for life satisfaction. Neither indicator mediated psychological distress. Job status and satisfaction partially mediated life satisfaction for involuntary childless women compared to live/adopt mothers. These non-

mothers have a higher likelihood of being employed and lower job satisfaction if employed compared to live/adopt mothers. This difference partially explains their life satisfaction. Furthermore, importance of motherhood fully mediated life satisfaction for stepmothers-only and involuntary childless women. For women who do not have children, and are not decided against them, their life satisfaction was wholly explained by the amount of importance they place on motherhood.

These analyses on mediation support some, but certainly not all, of the hypothesized mediating relationships between mother status and well-being. Social support does not operate as a mediator for either well-being outcome. Self-esteem, job status and satisfaction, and importance of motherhood mediate life satisfaction while self-esteem and relationship satisfaction mediate psychological distress.

In addition, controlling for relationship satisfaction appeared to magnify differences in psychological distress for involuntary childless women compared to live/adopt and double mothers. Including their self-esteem, however, eliminated this effect. The lower self-esteem of involuntary childless women compared to double mothers offsets their greater relationship satisfaction.

Furthermore, importance of motherhood created a suppression effect in the life satisfaction of voluntary childfree women. Accounting for it increased the differences in life satisfaction between voluntary childfree women and live/adopt mothers. Because voluntary childfree women have much lower scores of importance of motherhood, controlling for this difference explains their higher life satisfaction.

The Moderating Effect of Importance of Motherhood

A moderating variable is a variable that influences the direction and/or strength of the relationship between an independent variable (e.g., mother status) and a dependent

variable (e.g., life satisfaction and psychological distress; Baron and Kenny 1986). A moderating effect is demonstrated if mother statuses and importance of motherhood are shown to be significantly associated with the life satisfaction and psychological distress and, most importantly, if the interaction between the mother statuses and importance of motherhood is significant.

Life satisfaction

Table 8 reports results regarding the interactive effects of importance of motherhood on the association between mother status and life satisfaction. Model 1 represents the base model reported in Table 4. All mother statuses are significantly less satisfied compared to live/adopt mothers and no other differences among the other mother statuses exist.

In Model 2, importance of motherhood was added to the base model for life satisfaction to demonstrate the impact of importance of motherhood on the mother statuses prior to the examination of the moderating effect. Results are identical to Model 6 in Table 6. To test for moderating effects, the interaction terms between mother status and importance of motherhood were added in Model 3. Taken together, the addition of these four interaction terms explained significant additional variance in the model ($F=12.89, p < .001$).

Several interaction terms were significant, including those for stepmothers-only, voluntary childfree women, and involuntary childless women. For ease of interpretation, Figure 3 depicts a graph of the interaction effects. Values for life satisfaction are plotted for each mother status one standard deviation above and below the mean of importance of motherhood. Women who report a low importance for motherhood report a similar level of life satisfaction (within .07 standard deviations). When importance of motherhood is

high, there is more variation in life satisfaction between women who occupy different mother statuses (.82 standard deviations).

Regardless of the value of importance of motherhood, live/adopt mothers are not significantly different from double mothers in their mean scores for life satisfaction. The difference in their means of life satisfaction remains the same if importance of motherhood is low as it does when importance of motherhood is high (.04 standard deviations). In addition to not being significantly different from live/adopt mothers in their mean life satisfaction, double mothers are significantly different life satisfaction from stepmothers-only ($p < .001$), voluntary childfree women ($p < .001$), and involuntary childless women ($p < .01$). This finding highlights the lack of differences between live/adopt mothers' and double mothers' life satisfaction considering variations in importance of motherhood.

When importance of motherhood is one standard deviation below the mean, stepmothers-only, voluntary childfree women, and involuntary childless women all have higher life satisfaction scores compared to live/adopt mothers. These differences, however, are all less than .07 standard deviations of life satisfaction and are inconsequential. At one standard deviation above the mean, mean differences in life satisfaction become much wider.

The life satisfaction of stepmothers-only is .17 standard deviations lower when importance of motherhood is high than when it is low. When importance of motherhood is one standard deviation above the mean, the lower life satisfaction of stepmothers-only represents nearly one standard deviation (.81) difference in life satisfaction compared to live/adopt mothers.

The shift in life satisfaction for voluntary childfree women is very similar to that of stepmothers-only. At one standard deviation above the mean of importance of motherhood, voluntary childfree women had .16 standard deviations less of life satisfaction. Compared to live/adopt mothers with high importance of motherhood, voluntary childfree women are .82 standard deviations lower regarding life satisfaction. It should be noted, however, that only 10 voluntary childfree women report an importance of motherhood score at one standard deviation above the mean so interpretations of the specific group of women should be done with caution.

In contrast to voluntary childfree women, involuntary childless women are interesting in that their life satisfaction becomes higher from one standard deviation below the mean of importance of motherhood to one standard deviation above. Their mean values of life satisfaction become larger by .18 standard deviations. Involuntary childless women, however, still have .39 standard deviations lower life satisfaction compared to live/adopt mothers if importance of motherhood is high.

In sum, this set of analyses provides support for considering women's importance of motherhood when predicting life satisfaction. Importance of motherhood did have a significant moderating effect on mean differences of life satisfaction across mother status. At low levels of importance of motherhood, minute differences in life satisfaction exist across mother status. At high levels of importance of motherhood, however, substantial differences in mean life satisfaction emerge between live/adopt mothers and stepmothers-only and voluntary childfree women. Furthermore, accounting for this moderating effect does not help us understand the distinction between live/adopt mothers and double mothers. These two statuses look very similar, especially relative to other mother statuses, and the inclusion of importance of motherhood does not allow us to understand

how or why they may be different. Importance of motherhood does, however, highlight differences between double mothers and the remaining mother statuses.

Psychological distress

Table 9 reports results regarding the interactive effects of importance of motherhood on the relationship between mother status and psychological distress. As indicated by the base model reported in Table 4, double mothers were the only status that was significantly different from live/adopt mothers. Double mothers show significantly greater psychological distress compared to live/adopt mothers, as well as compared to voluntary childfree and involuntary childless women.

In Model 2, importance of motherhood was added to assess the impact of importance of motherhood on the mother statuses prior to the examination of the moderating effect. Results are identical to Model 6 in Table 7. To test for moderating effects, the interaction terms between mother status and importance of motherhood were added in Model 3. Taken together, the addition of these four variables do not explain a significant amount of variance ($F = 1.32, p < .300$). The interactive effects of importance of motherhood do not appear to have the same effect on psychological distress that they did for life satisfaction.

Only one interaction term was significant in Model 3. Involuntary childless women were the only status whose interaction with importance of motherhood had a significant effect on their psychological distress compared to live/adopt mothers. Figure 4 depicts a graph of the interaction effects. All mother statuses are within .40 standard deviations of one another when importance of motherhood is one standard deviation below the mean. This becomes larger, to .43 standard deviations when importance of motherhood is one standard deviation above the mean. This represents nearly a half a

standard deviation more in the variation between mother statuses as importance of motherhood increases.

Neither double mothers nor stepmothers-only had significantly different levels of psychological distress compared to live/adopt mothers considering variations in importance of motherhood. It is interesting, however, that double mothers' distress remains steady regardless of importance of motherhood while stepmothers'-only distress becomes larger as importance of motherhood increases. Both of these are in contrast to lessening distress for live/adopt mothers as importance of motherhood increases.

The only significant difference in the interaction of mother status and importance of motherhood on psychological distress is between live/adopt mothers and involuntary childless women. When importance of motherhood is one standard deviation below the mean, involuntary childless women show .23 standard deviations less psychological distress than live/adopt mothers. As importance of motherhood becomes higher, however, involuntary childless women report more psychological distress than live/adopt mothers. When importance of motherhood is one standard deviation above the mean, involuntary childless women have .04 standard deviations more psychological distress than live/adopt mothers.

In sum, importance of motherhood does have a significant interactive effect on psychological distress but only for involuntary childless women compared to live/adopt mothers. Importance of motherhood only appears to alter psychological distress for women who want but do not have children. These results further provide evidence that psychological distress and life satisfaction do not operate in the same way for mother statuses. Life satisfaction and psychological distress clearly do not represent two

different ends of a single continuum for well-being. Rather, they are distinct but related constructs.

Summary of moderating effects

Importance of motherhood was hypothesized to have a moderating effect on well-being across mother status. The results of these analyses indicate that a significant moderating relationship exists, but not in the same way for life satisfaction and psychological distress. Importance of motherhood moderates life satisfaction for stepmothers-only, voluntary childfree women, and involuntary childless women compared to live/adopt mothers. As importance of motherhood becomes larger for stepmothers-only and voluntary childfree women, their life satisfaction lessens. Involuntary childless women's satisfaction becomes higher as importance of motherhood becomes higher. Importance of motherhood, however, does not explain the difference in life satisfaction between live/adopt and double mothers.

For psychological distress, importance of motherhood only moderates for involuntary childless women. As their importance of motherhood becomes larger, so too does their psychological distress. For these women, importance of motherhood operates in opposite directions for life satisfaction and psychological distress. The experience of involuntary childlessness for these women appears to have real implications for each construct of well-being. For stepmothers-only and voluntary childless women, high importance of motherhood means reduced life satisfaction but there are no significant effects for their psychological distress. For these two groups of women, their high valuation of motherhood only matters for their life satisfaction and not for their psychological distress. The absence of wanted children detracts from satisfaction but

does not contribute to depression. As a result of these analyses, importance of motherhood does moderate the association between mother status and well-being, but not in an equal way and not for every mother status.

Complete Models

Table 10 reports results of the interaction terms between mother status and importance of motherhood with the addition of all hypothesized mediators regressed on both life satisfaction and psychological distress. These analyses test whether there is any mediation of the moderating relationships. Both models include all control variables.

Life satisfaction

The results for life satisfaction are reported in the first model. Several interaction terms were significant, including those for stepmothers-only, voluntary childfree women, and involuntary childless women. Figure 5 depicts a graph of the interaction effects. When importance of motherhood is one standard deviation below the mean, all mother statuses are clustered within .37 standard deviations of life satisfaction. When importance of motherhood is one standard deviation above the mean, there is much more variation in life satisfaction across mother statuses. In fact, the difference between the highest life satisfaction group, double mothers, and the lowest, voluntary childfree women, is over one standard deviation.

Moving one standard deviation below the mean for importance of motherhood to one standard deviation above, live/adopt mothers and double mothers have a mean score of life satisfaction over half a standard deviation larger, with double mothers having the higher life satisfaction score. The two statuses, however, are not significantly different. Stepmothers-only, however are significantly different from both live/adopt mothers and double mothers. Stepmothers'-only life satisfaction scores lessened .30 standard

deviations of life satisfaction, as importance of motherhood becomes larger, from one standard deviation below the mean to one standard deviation above the mean.

Both voluntary childfree and involuntary childless women have the significantly different life satisfaction compared with live/adopt mothers. Involuntary childless women have slightly higher life satisfaction (.19 standard deviations) as importance of motherhood becomes larger. In contrast to involuntary childless women, voluntary childfree women's life satisfaction scores lessened .16 standard deviations of life satisfaction when importance of motherhood becomes one standard deviation above the mean. Having the lowest level of life satisfaction when importance of motherhood is one standard deviation above the mean, voluntary childfree women are .82 standard deviations lower on life satisfaction compared to live/adopt mothers. There are, however, only 10 voluntary childfree women who report a score on importance of motherhood that is one standard deviation above the mean, so conclusions drawn about them should be done so with caution.

Furthermore, both voluntary childfree and involuntary childless women have significantly different life satisfaction from double mothers when considering variations in importance of motherhood. This again points to the lack of differences regarding life satisfaction between double mothers and live/adopt mothers. Additionally, voluntary childfree and involuntary childless women have significantly different life satisfaction from one another when considering variations in importance of motherhood.

In sum, the results of this model are similar to those reported in Table 8 in the original moderation analysis of the interaction terms on life satisfaction. Although values for life satisfaction have been reduced overall in Figure 5 based on Table 10, the mean differences in life satisfaction for all mother statuses women have remained fairly

consistent regarding scores of importance of motherhood. Thus, the hypothesized mediating variables do not account for the interactive effects of importance of motherhood on life satisfaction across mother status.

Psychological distress

The results for psychological distress are reported in the Model 2. Involuntary childless women are the only significant interaction in the model. No other significant differences between mother statuses were found, despite altering the omitted reference category. Figure 6 depicts a graph of each interaction between mother status and importance of motherhood. When importance of motherhood is one standard deviation below the mean, all statuses are within .34 standard deviations of psychological distress of one another. Moving to the right side of the figure where importance of motherhood is one standard deviation above the mean, all statuses are still within .34 standard deviations of psychological distress. There is not a great deal of differentiation in psychological distress as importance of motherhood increases.

Although no significant differences in life satisfaction exist between these mother statuses, it is interesting to note that as importance of motherhood becomes higher, the psychological distress of live/adopt mothers becomes smaller. Conversely, both stepmothers-only and double mothers show more psychological distress as importance of motherhood becomes higher.

Live/adopt mothers and involuntary childless women represent the only significant mean difference in psychological distress between mother statuses. In examining this significant relationship, one can see that if importance of motherhood is one standard deviation below the mean, involuntary childless women have .15 standard deviations less psychological distress than live/adopt mothers. As importance of

motherhood becomes higher, to one standard deviation above the mean, involuntary childless women have .08 standard deviations more psychological distress than live/adopt mothers. This general pattern was also present in Figure 4 based on Table 9 as the only significant relationship between the interactive terms and psychological distress. Thus, the hypothesized mediators do not account for the interactive effect of importance of motherhood on the psychological distress of involuntary childless women compared to live/adopt mothers.

Summary of complete models

In sum, many of the same patterns that were present in the moderation analysis presented in Tables 8 and 9 were replicated in Table 10, despite the addition of mediating variables. Significant differences in life satisfaction existed between live/adopt mothers and three mother statuses: stepmothers-only, voluntary childfree women, and involuntary childless women. Including the hypothesized mediators, life satisfaction becomes lower as importance of motherhood becomes higher for stepmothers-only and voluntary childfree women. For involuntary childless women, the opposite effect is present. The same associations were present in the moderation analysis reported in Table 8. One significant difference that was not present in Table 8 is the significant difference in satisfaction between voluntary childfree women and involuntary childless women in the interactive effects of importance of motherhood. These two groups are significantly different due to different means on importance of motherhood, but these differences really only exist if both groups highly value motherhood.

Regarding psychological distress, significant differences existed between live/adopt mothers and involuntary childless women. For involuntary childless women,

psychological distress increase as importance of motherhood increases. This same association was present in the moderation analysis reported in Table 9.

In sum, the addition of the hypothesized mediators did not explain any variation in the interactive effects of importance of motherhood. The divergent results of life satisfaction and psychological distress indicate that these two indicators of well-being are not opposite ends of a continuum but rather operate as two distinct measures of mental health.

Chapter 10

DISCUSSION AND CONCLUSION

In the United States, motherhood is often defined by a woman's biological connection to her offspring (Rich 1976; Bernard 1981; Martin 1987; Hays 1996). This form of motherhood is often viewed as an inevitable outcome for women and is one that all women are expected to fulfill (Ussher 1990; Phoenix and Woollett 1991; Ulrich and Weatherall 2000). This idealized form of motherhood, however, does not represent all women's views and experiences within the role. Rather, motherhood can take many forms and the way that each form is viewed by others in society can have consequences for women's experiences and well-being. In the current study, I divided women into three mother statuses: biological mothers, stepmothers-only, and double mothers (women who are both biological and stepmothers). I compared these three mother statuses with two types of non-mothers differentiated by their fertility intentions: voluntary childfree and involuntary childless women. Separating women into categories of motherhood in this way is a novel approach and an attempt to form a deeper understanding of women's experiences in this role.

This goal of this study was to understand how different forms of motherhood are associated with two indicators of well-being: life satisfaction and psychological distress. Life satisfaction was conceptualized as a "cognitive evaluation of one's life" (Diener 1984:550) while psychological distress referred to an unpleasant subjective state associated with depression and anxiety (Mirowsky and Ross 2003). These two constructs were predicted to vary across mother status due to differential fulfillment of needs

(Diener and Lucas 2000) and varying domain satisfactions (González et al. 2010) as well as the unequal distribution of resources (Link and Phelan 1995) and stressors (Pearlin et al. 1981) across society which are linked to adverse mental health effects.

Furthermore, several moderating and mediating variables were tested.

Importance of motherhood was hypothesized to serve a moderating and/or mediating relationship with well-being across mother status. Drawing from identity theory (Stryker 1980; Stryker and Burke 1980) and self-discrepancy theory (Higgins 1987), I argued that motherhood is likely a highly salient identity with a strong affective commitment. Being a salient identity generally leads to behaviors that are in accordance with the identity. If there is a disruption in the identity-behavior process (i.e., not holding a valued role or identity), it is likely to cause distress, particularly if the distress occurs in important roles and identities (Brown, Bifulco, and Harris 1987; Thoits 1991, 1992; Marcussen et al. 2004). Motherhood represents an important cultural identity (Thoits 1992) and many women place great importance on this role (Thoits 1992; Reitzes and Murtran 1994). Therefore, how well women's motherhood-related identities match their actual mother role was projected to impact women's well-being. As a moderator, the amount of importance women placed on motherhood would have altered the strength or direction of their well-being. As a mediator, importance of motherhood would have accounted mean differences in well-being across mother status, with well-being being seen as a function of the amount of value women placed on their own motherhood.

Several other indicators were hypothesized to function as mediators in the association between mother status and well-being. These included self-esteem, social support, relationship satisfaction, and job satisfaction. Applying concepts from the stress process (Pearlin et al. 1981), self-esteem and social represent coping mechanisms that can

aid individuals in offsetting the effects of stress. Because stressors are unequally distributed across societies, those individuals who have access to resources that better equip them to deal with the stressors should have higher well-being. Indeed, the results of this study support the fundamental cause theory (Link and Phelan 1995) as well as the stress process (Pearlin et al. 1981). Although social support did not vary across mother status, self-esteem did and explained mean differences in well-being across mother status.

Relationship and job satisfaction represented specific domain satisfactions that influence broader measures of well-being (Pavot and Diener 2008; Gonzáles et al. 2010). In line with the bottom-up approach to life satisfaction, satisfaction with these specific domains was significantly associated with overall life satisfaction. As a result, both of these factors served as mediators of well-being across mother status.

A series of ordinary least squares regression models were run to test all of the hypothesized associations. Figure 7 depicts a conceptual model of all significant associations. Below is a discussion of the key findings from those results beginning with mothers compared to non-mothers and then moving on to comparisons between groups of mothers. Study limitations and directions for future research are also discussed.

Mothers Compared to Non-Mothers

Previous research comparing biological mothers to non-mothers on well-being resulted in mixed findings. Some studies on life satisfaction found biological mothers to be more satisfied than non-mothers (Hanson, et al. 2009; McQuillan, et al. 2007) or that there are no differences between the groups (Connidis and McMullin 1993; Jeffries and Konnert 2002). Regarding psychological distress, some studies found biological mothers were more distressed than non-mothers (Glenn and McLanahan 1982; Umberson and Gove 1989; Ross and Van Willigen 1996; Angeles 2010), others found biological

mothers to be better of psychologically than non-mothers (Kandel, Davis, and Raceis 1985; Menaghan 1989; Nomaguchi and Milkie 2003), and still others found no differences between biological mothers and non-mothers (Baruch, Barnett, and Rivers 1983; Wethington and Kessler 1989; Zhang and Howard 2001; Bures, Koropecj-Cox, and Loree 2009). With the research being so mixed, this study makes an important contribution in comparing biological mothers to non-mothers but also to comparing different types of non-mothers.

Live/adopt mothers and voluntary childfree women

In examining the two categories of non-mothers, some interesting distinctions emerged in comparison to live/adopt mothers. The life satisfaction or psychological distress of voluntary childfree women compared to live/adopt mothers was not mediated by any hypothesized indicators. Furthermore, the interactive effects of importance of motherhood were only present for life satisfaction but not psychological distress.

Although no mediating effects were found, accounting for all hypothesized mediators, however, uncovered the significantly higher life satisfaction of voluntary childfree women compared to every other mother status. Their greater satisfaction is mostly a function of their lower importance of motherhood and, to a lesser extent, their greater relationship satisfaction compared to live/adopt mothers. This finding is in contrast to previous work that tends to find no differences in life satisfaction between voluntary childfree women and biological mothers (Connidis and McMullin 1993; Jeffries and Konnert 2002).

As an interactive effect, importance of motherhood sheds light on the differences in life satisfaction between voluntary childfree women and live/adopt mothers. If these women do not value motherhood, there are no substantive differences in their life

satisfaction. It is when they both highly value motherhood that differences emerge. At high values of importance of motherhood, voluntary childfree women are less satisfied than live/adopt mothers. This group of voluntary childfree women who highly value motherhood is so small (10 women), however, that conclusions regarding them should be drawn with caution. They represent a unique group: women who do not want or intend motherhood and yet highly value the role. Perhaps it is that they value motherhood so much that they do not feel that they could possibly live up to the ideal that the culture, or they themselves, have set. Therefore, they choose a childfree lifestyle because it frees them from the fear of failure were they to have children and fail to meet the ideal. Another possibility is that women who do not want or intend children might differently interpret the questions that make up the index. What is clear, however, is that importance of motherhood has consequences for voluntary childfree women's life satisfaction relative to live/adopt mothers. With relationship satisfaction, it highlights their greater satisfaction and, by in its interactive effects, makes clear that it only does this if these women also do not value motherhood.

In addition to their greater life satisfaction, voluntary childfree women did not have significantly different levels of distress from live/adopt mothers. This gives support to the idea that chosen childlessness is not a detriment to a woman's well-being (Gillespie 2000, 2003) and, in fact, may increase her satisfaction with her life if she does not value motherhood. Other than the difference regarding life satisfaction and the interactive effect of importance of motherhood, voluntary childfree women were remarkably indistinct from the other mother statuses. Thus, choosing to be childfree does not make a woman more prone to dissatisfaction or depression, despite the cultural beliefs surrounding childlessness (Letherby 2002; Gillespie 2003).

Live/adopt mothers and involuntary childless women

Involuntary childless women, on the other hand, had far more differences with other mother statuses than did voluntary childfree women. Compared to live/adopt mothers, the life satisfaction of involuntary childless women was partially mediated by both self-esteem and job status and satisfaction and fully mediated by their importance of motherhood. In addition, although not significantly different from live/adopt mothers in their levels of distress, involuntary childless women were significantly less distressed compared to double mothers. No hypothesized mediators accounted for this association.

Self-esteem partially mediated life satisfaction for involuntary childless women. Accounting for their reduced self-esteem, involuntary childless women were less satisfied compared to live/adopt mothers. This difference in self-esteem is not supported in prior work that suggests that there are no self-esteem differences between parents and non-parents (Nomaguchi and Milkie 2003) although self-esteem has been shown to mediate the relationship between fertility distress and well-being (Abbey et al. 1992). For these women, perhaps not having children has reduced their feelings of self-worth to such an extent that it has impacted their life satisfaction.

In addition to self-esteem, job status and satisfaction functioned as a partial mediator for the life satisfaction of involuntary childless women compared to live/adopt mothers. As with self-esteem, involuntary childless women's life satisfaction is partially a function of their satisfaction with their paid employment relative to live/adopt mothers. Prior research has suggested that non-mothers are less satisfied in their jobs than mothers (Crosby 1982; Roxburgh 1999), an assertion that is supported here. If employed, involuntary childless women appear to be less satisfied in their work and this

dissatisfaction is causing them to rate their overall sense of satisfaction lower compared to live/adopt mothers.

The most noteworthy findings regarding involuntary childless women are the effects of importance of motherhood on their well-being. Importance of motherhood fully mediates the life satisfaction of involuntary childless women compared to live/adopt mothers but has no effect for psychological distress. Much of the satisfaction of involuntary childless women is a product of the amount of importance that they place on motherhood. This is indicative of a strong mother identity in women that do not have biological children (Koropecjy-Cox 2002).

Furthermore, importance of motherhood moderates both indicators of well-being for involuntary childless women compared to live/adopt mothers. Involuntary childless women who highly value motherhood have lower life satisfaction but higher psychological distress compared to live/adopt mothers. Involuntary childless women do not have significantly different levels of distress compared with live/adopt mothers until an interaction with importance of motherhood is considered. If importance of motherhood is low, involuntary childless women are less distressed than live/adopt mothers.

For involuntary childless women, the effect of importance of motherhood creates an opposite effect for these two indicators of well-being. Women who want children but do not currently have them experience lower satisfaction with their lives and greater distress as a result, if they highly value motherhood. Highly valuing motherhood is indicative of internalized cultural messages equating womanhood with motherhood. The absence of children for involuntary childless women has a substantial and important

effect on their well-being. They seem to be distinctly evaluating their life on their perceived lack of children.

Comparing voluntary childfree and involuntary childless women

In addition to comparing non-mothers to live/adopt mothers, previous research on well-being has compared the different non-mother statuses to one another. This research suggests that women who choose permanent childlessness (i.e., voluntary childfree women) should not have lower life satisfaction (Connidis and McMullin 1993; Jeffries and Konnert 2002) or greater psychological distress (Connidis and McMullin 1993; Bures, Koropecj-Cox, and Loree 2009) compared to women who do not choose childlessness.

The results presented here indicate that voluntary childfree women have significantly higher life satisfaction compared to involuntary childless women, in line with Jeffries and Konnert (2002), but this difference is due to voluntary childfree women's lower importance of motherhood. Accounting for that factor is what uncovers the difference in satisfaction between these two groups. There were, however, no significant differences in psychological distress, offering support to Beckman and Houser (1982) and Connidis and McMullin (1993). Being voluntary childfree indicates choice and agency and this appears to distinguish these two groups of non-mothers in their life satisfaction. Desiring but not having children appears to affect the life satisfaction but not psychological distress of involuntary childless women. Not having children, whatever reason may be given, does not seem to create distress but rather lowers these women's evaluations of life. The reason for childlessness for involuntary childless women may matter, though, as infertility tends to be linked with a great deal of distress (Vissing 2002; McQuillan, Greil, White, and Jacobs 2003; Wirtberg, Möller, Hogström,

Tronstad, and Lalos 2007; see McQuillan et al. 2012 for a discussion of reasons for childlessness).

In sum, these results support prior research that demonstrates that all non-mothers are not the same and their differentiation has implications for their well-being. Voluntary childfree women are more satisfied than live/adopt mothers (if they also do not value motherhood) and do not experience significantly different levels of psychological distress. If childlessness is chosen, it can be beneficial to women's well-being. The life satisfaction of involuntary childless women is largely a product of their self-esteem, job status and satisfaction, and importance placed on motherhood relative to live/adopt mothers. If both statuses value motherhood, involuntary childless women are less satisfied and more distressed compared to live/adopt mothers. Not having children with the intention and desire to do so has consequences for these women's well-being.

Comparisons between Mothers

Some of the striking comparisons from the analysis were between live/adopt mothers and double mothers as well as between live/adopt mothers and stepmothers-only. I will review the key findings for each comparison regarding the well-being outcomes. I will also discuss any demonstrated mediation as well as what it may mean if a proposed mediator did not operate in the expected way.

Live/adopt mothers compared to double mothers

In comparing them to live/adopt mothers, double mothers stand out as a unique group of women. No previous study has been as explicit as this is one in identifying these women as a distinct category of motherhood. Acock and Demo (1996) came close by examining different types of mothers, including stepmothers with biological children (i.e., double mothers). They failed to find significant differences in the well-being

between these women and first-time married biological mothers. By failing to recognize this distinct group, prior research has overlooked potential variations in well-being. In this study, double mothers were not significantly less satisfied compared to live/adopt mothers. They did, however, have significantly higher psychological distress compared to both live/adopt mothers and involuntary childless women. This distress was not mediated by any indicator.

The distress of double mothers was mediated by relationship satisfaction compared to voluntary childfree women. The elimination of these differences could potentially be due to double mothers' higher self-esteem counteracting their lower relationship satisfaction compared to voluntary childfree women. Although no one has specifically examined the relationship satisfaction of these women, remarriages tend to be more unstable (Bramlett and Mosher 2002) and less satisfying than first marriages (Vemer et al. 1989). It is unclear from previous research if having stepchildren in addition to biological children places significantly more strain on a marriage than do biological children alone. Because the divorce rate for remarriages is higher than for first marriages, the possibility that the two types of children cause more strain than only having biological children. Strain can also be created by the realities of stepfamily life, such as custody and visitation and the potential for conflict with the ex-spouse. Although Vemer et al. (1989) did not find differences in relationship satisfaction between couple in simple verses complex stepfamilies, double mothers' clearly have lower relationship satisfaction which is affecting their well-being.

Other hypothesized mediators had no effect on differences in well-being between live/adopt and double mothers. Self-esteem, social support, job status and satisfaction, and importance of motherhood did not have a mediating effect on either the life

satisfaction or psychological distress of double mothers compared to live/adopt mothers. Because no other studies have examined self-esteem across mother statuses, this finding represents a contribution to the study of motherhood and well-being.

The last two proposed mediators, job status and satisfaction and importance of motherhood, also did not operate in the expected manner. Job satisfaction did not mediate well-being for either outcome. This lends support to studies that have found no effect of children on (biological) mothers' job satisfaction (Wetherington and Kessler 1989; Hanson and Sloane 1992; Carrier 1995). It is unclear how stepchildren affect the job satisfaction of employed double mothers but because they are not significantly different from live/adopt mothers in their job satisfaction, and job satisfaction has no impact on their well-being, perhaps that stepchildren's effect is the same as biological children: none. Regarding importance of motherhood, this construct also did not hold a mediating role on the relationship between mother status and well-being. Compared to live/adopt mothers, double mothers' well-being is not a function of the amount of importance these women place on motherhood.

For double mothers compared to other mother statuses, importance of motherhood played a moderating role in the association with life satisfaction, but had no such role in the association with psychological distress. When accounting for the interactive effects of double mothers' importance of motherhood, these women were not significantly different from live/adopt mothers. The value that double mothers place on motherhood is not fundamentally different from that of live/adopt mothers. As a result, their importance of motherhood does not aid in understanding how the life satisfaction of these women might be different from live/adopt mothers. Furthermore, the interactive effect of importance of motherhood caused double mothers to be significantly different from

stepmothers-only, voluntary childfree women, and involuntary childless women. This is similar to the pattern for live/adopt mothers, indicating the lack of difference between these two groups of women with biological children. For these two mother statuses, a selection effect may be operating in that women who highly value motherhood may be more likely to self-select into biological motherhood. Without additional studies, a causal link between one's importance of motherhood and one's actual mother status cannot be made.

In sum, double mothers have lower life satisfaction and greater psychological distress compared to live/adopt mothers. Double mothers were additionally not significantly different from live/adopt mothers regarding the any proposed mediators. Double mothers' importance of motherhood additionally did not have a moderating effect on their well-being compared to live/adopt mothers. These analyses point to some differences in well-being between these two statuses as well as some ways in which differences are absent. Further studies must take into consideration the unique role that double mothers occupy and work to understand how their role influences their well-being.

Live/adopt mothers and stepmothers-only

Little prior research has been done comparing the well-being of stepmothers-only to live/adopt mothers. Acock and Demo (1994) compared the happiness and depression of multiple types of mothers and found that first-married mothers reported less psychological distress and were significantly happier than stepmothers-only but these differences disappeared when controls were added. Similarly, Evenson and Simon (2005) found that adults living with minor stepchildren did not experience greater distress than other childless adults. These studies, however, contradict much of the work

demonstrating high levels of stress, anxiety, and depression that seem to characterize the stepmother role (Fine and Schwebel 1991; Longmore and DeMaris 1997; Craig and Johnson 2010).

The results of the current study indicate that stepmothers-only do not significantly differ in their levels of life satisfaction or psychological distress compared to live/adopt mothers. When potential mediators are considered, self-esteem and importance of motherhood account for all significant influences the life satisfaction of stepmothers-only compared to live/adopt mothers. Social support, relationship satisfaction, and job status and satisfaction do not significantly explain the well-being of stepmothers-only compared to live/adopt mothers. None of these three constructs is associated with significant differences between stepmothers-only and any other mother status. It appears that having only stepchildren does not affect these women's perceived social support, their satisfaction in their intimate relationships, or their satisfaction with their paid employment.

Of the indicators that do have a mediating role on the association with well-being, self-esteem partially mediated life satisfaction for stepmothers-only compared to live/adopt mothers. Because stepmothers-only occupy a stigmatized role as stepmother (Fine 1986; Ganong and Coleman 1995), perhaps they are able to change their perceived comparison group away from biological mothers (the cultural ideal) to other stepmothers (see Crocker and Major 1989; Major et al. 1993). In this way, they protect their self-concept and are not highly affected by not fitting the culturally ideal mother status.

Regarding importance of motherhood, it provided full mediation of stepmothers'-only life satisfaction compared to live/adopt mothers. Accounting for their importance of motherhood, all significant differences in life satisfaction between stepmothers-only and

live/adopt mothers are erased. Stepmothers-only place significantly lower emphasis on the importance of motherhood than do live/adopt mothers. Prior to importance of motherhood being accounted for, stepmothers-only had lower life satisfaction than live/adopt mothers. Once importance of motherhood was included in the model, however, stepmothers-only had higher life satisfaction than live/adopt mothers. Taking into consideration of their lower scores on this construct, we can explain and eliminate the significant differences in life satisfaction between stepmothers-only and live/adopt mothers.

In addition to its role as mediator, importance of motherhood also serves as a moderator of life satisfaction for stepmothers-only compared to live/adopt mothers. Differences in life satisfaction between stepmothers-only and live/adopt mothers only exist if both statuses highly value motherhood. If neither values motherhood, significant differences in life satisfaction are not present. Thus, for stepmothers-only, it is only if they highly value motherhood that they are less satisfied compared to live/adopt mothers. This implies that they are defining motherhood in terms of a biological connection (Rich 1976; Bernard 1981; Martin 1987; Hays 1996) and that perhaps their stepchildren do not 'count' as biological children would.

In sum, although stepmothers-only first appeared to have lower life satisfaction than live/adopt mothers, this difference is largely explained as a function of the amount of importance these women place on motherhood as well as their self-esteem. No significant differences in psychological distress are present between stepmothers-only and live/adopt mothers. The well-being of stepmothers-only thus appears to be a function of how they think about motherhood. Even so, it only has an effect on their satisfaction but not their distress.

Limitations and Future Directions

This study is the first to separate women in to multiple motherhood categories and to examine the implications for well-being. Despite this novel approach, the current study does have several limitations. First, the sample sizes for some of the mother statuses are smaller than would be ideal, so conclusions drawn from them should be made with caution. Future studies should work to build larger samples of women who occupy these statuses.

Second, for the purposes of this study, I constructed five mother statuses although I acknowledge that motherhood can take many other forms (i.e., lesbian mothers, social mothers, and foster mothers). Future research should work to delve deeper into how these types of mothers are unique. I would expect that the well-being of lesbian mothers may be different than that of first-married biological mothers due to their sexual minority status and less accepted family form (e.g., Short 2007). Furthermore, biological mothers should be separated from adoptive mothers. Because there is a different cultural discourse surrounding those women who adopt (Miall and March 2003), women who have only adopted may be different from women who have adopted as well as given birth.

Third, due to the small cell size, I was not able to control for the residency of stepchildren for stepmothers-only and double mothers. Controlling for this aspect of stepmotherhood may impact women's well-being in that residential stepmothers may have higher well-being (Ganong and Coleman 2004).

Fourth, future work should address differences in marital status among mothers and non-mothers. Imbedded in the cultural esteem afforded to biological mothers is the assumption that they are married (Edin and Kefalas 2005) even as over 40% of births are

to unmarried women (Martin et al. 2011). Single mothers represent a sizable portion - 20% - of biological mothers (U.S. Census Bureau 2010). Popular and scholarly depictions of single mothers have remained negative throughout the last century (Usdansky 2009). I would expect that single mothers may have lower well-being compared to married mothers (e.g., Demo and Acock 1994) due to the financial hardship that single mothers disproportionately face (Misra, Moller, Strader, and Wemlinger 2012).

Fifth, this study could not account for the process by which women come to occupy various mother statuses. Perhaps there is some selection of women into a particular status. More work must be done to understand if there are certain mechanisms at work that make it more or less likely that a woman will enter into any given status. Some research has suggested differences in the marriage patterns of single individuals based on their views of children that make them more or less likely to partner with someone who has them (Goldscheider, Kaufman, and Sassler 2009). Other women may be more or less likely to select into biological motherhood depending on how much they value their leisure time (McQuillan et al. 2008). Furthermore, while this study compared well-being across mother statuses, there is likely great diversity within one mother status or another. For example, there are multiple reasons why women are childless (McQuillan et al. 2012) and, depending on a woman's particular reason, there may be differences in well-being.

Sixth, limitations in how some indicators were measured may be constraining their ability to tap into the desired constructs. Specifically, the measures of social support and importance of motherhood may not be measuring what they are intended to capture. First, the individual indicators that make up the measure of social support primarily ask

about emotional and informational support (e.g., giving advice, getting information; Cohen and Willis 1985). Perhaps if there were measures of companionship or material support variation across mother status would have been present. Second, importance of motherhood is comprised of questions aimed at gauging women's own valuation of motherhood. These questions, however, may not be tapping into women's own feelings but rather the cultural attitudes. For example, a woman who is voluntary childfree may interpret the question "I think my life will be or is more fulfilling with children" in a very different way than a woman who is already a biological mother or intends to be. In addition, this measure may also not get at racial/ethnic differences in women's valuation of motherhood. Black and Hispanic women tend to define motherhood behaviorally (i.e., daily caregiving activities) rather than biologically (as is the cultural ideal; Edin and Kefalas 2005). Minority women are also left out of the cultural ideal that tends to privilege white motherhood (Collins 1990).

Conclusion

Despite these limitations, this study advances our understanding of the complexities of motherhood and how the diversity in motherhood has real implications for women's well-being. Traditional family forms are becoming less prevalent, a reality evidenced by the fact that just under half (48.4%) of all households in 2010 consisted of a married man and woman (Lofquist, Lugaila, O'Connell, and Feliz 2012). The number of cohabiting families has been increasing (4.6% of all families in 2000 to 6.6% of all families in 2010) as has the number of same-sex families (0.6% of all families in 2000 to 0.8% of all families in 2010). Families are becoming more diverse and research needs to be able to keep pace with these changing demographics.

As the divorce rate remains steady at 3.6 per 1,000 population (CDC/NCHS National Vital Statistics System 2013) and over one third of all current marriages are remarriages (Karney, Garvan, and Thomas 2003), more individuals will find themselves occupying more complex family roles. For example, 42% of adults are involved in steprelationships (Parker 2011). Complexity will characterize family ties rather than the simplistic ideals of the 1950s. Women, as well as men, are taking on challenging parental and family roles and how we think about family relationships need to keep abreast of these shifting ties. We should support all parenting roles without holding biological or legal stipulations. Understanding how these roles intersect and conflict will be vitally important to understanding family functioning in the twenty-first century.

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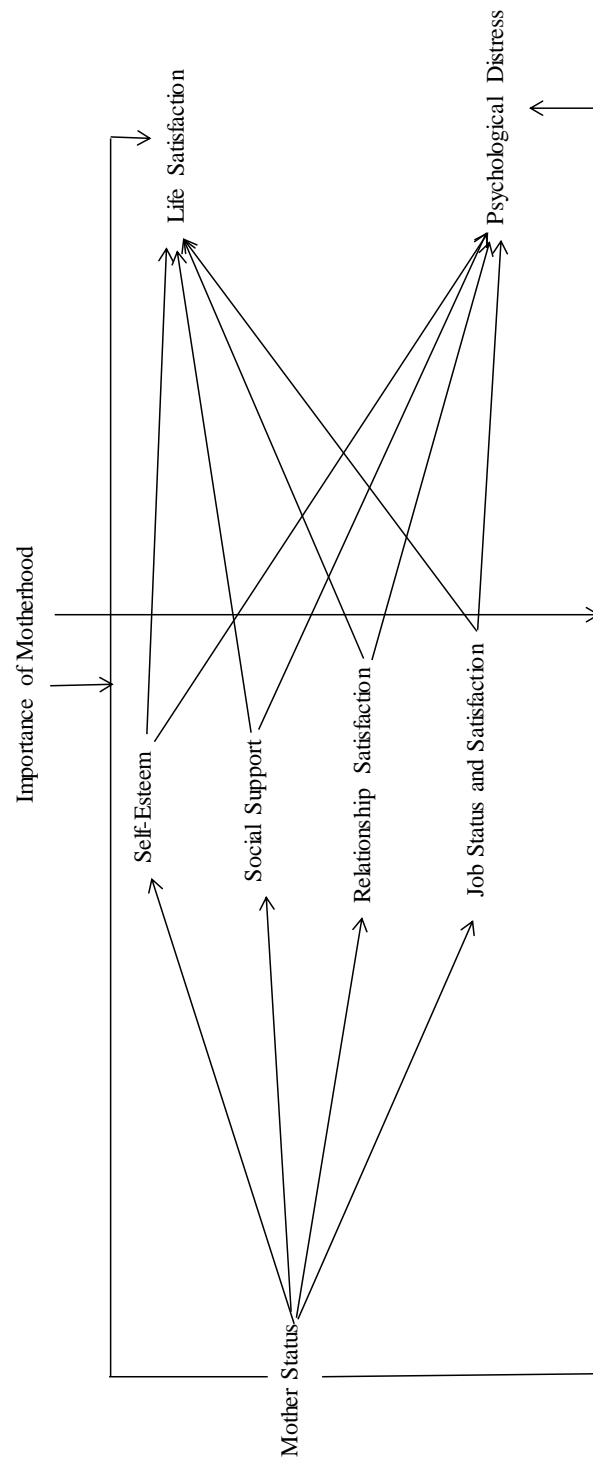


Figure 1.
Conceptual Model of Hypothesized Associations

Table 1
Weighted Descriptive Statistics for Variables in Analysis from the NSFB

	Total Sample			
	Mean/ Proportion	SD	Min	Max
<i>Dependent Variables</i>				
Life Satisfaction	3.19	.57	1	4
Psychological Distress	1.68	.53	1	4
<i>Mediating Variables</i>				
Self-Esteem	3.51	.51	1	4
Social Support	3.61	.65	1	4
Relationship Satisfaction	2.55	.58	1	3
<i>Job Status & Satisfaction</i>				
High Job Satisfaction	.58		0	1
Low Job Satisfaction	.08		0	1
No Job	.35		0	1
<i>Moderating Variable</i>				
Importance of Motherhood	3.45	.56	1	4
<i>Race</i>				
White	.68		0	1
Black	.09		0	1
Hispanic	.16		0	1
Other Race	.07		0	1
<i>Marital Status</i>				
Married	.86		0	1
Cohabiting	.14		0	1
<i>Other Controls</i>				
Age	35.52	5.94	25	45
Education (in years)	13.61	3.04	0	22
Self-Reported Health	3.13	.72	1	4
Economic Hardship Index	1.55	.71	1	4
Religiosity Scale	.00	1.17	-3.36	1.84
n =	3125			

Table 2.
ANOVA / Chi-square Results of Significant Mean Differences in Analysis in the NSFBS, N = 3125

	Mother Statutes						F / Chi-Square
	Live/Adopt Mother (LA)	Stepmother-Only (SO)	Double Mother (DM)	Voluntary Childfree (VC)	Involuntary Childless (IC)		
<i>Race</i>	Mean/ Proportion	Mean/ Proportion	Mean/ Proportion	Mean/ Proportion	Mean/ Proportion		200.50 ***
White	.70	.72	.60	.82	.72		
Black	.06	.16	.19	.03	.08		
Hispanic	.17	.07	.17	.03	.08		
Other Race	.07	.05	.03	.12	.11		
<i>Marital Status</i>							179.12 ***
Married	.92	.63	.71	.73	.76		
Cohabiting	.08	.37	.29	.27	.23		
<i>Other Controls</i>							
Age	35.64 ^{DM, VC, IC}	36.92 ^{IC}	36.29 ^{LA, IC}	37.58 ^{LA, IC}	30.95 ^{LA, SO, DM, VC}		51.94 ***
Education (in years)	13.54 ^{DM, VC, IC}	13.90 ^{DM, VC, IC}	12.78 ^{LA, SO, VC, IC}	15.62 ^{LA, SO, DM}	15.78 ^{LA, SO, DM}		56.51 ***
Self-Reported Health	3.16 ^{DM}	2.92 ^{IC}	3.02 ^{LA, IC}	3.14 ^{LA, IC}	3.26 ^{SO, DM}		8.23 ***
Economic Hardship Index	1.51 ^{DM, IC}	1.53 ^{DM}	1.77 ^{LA, SO, VC, IC}	1.37 ^{DM}	1.36 ^{LA, DM}		22.36 ***
Religiosity Scale	.08 ^{VC, IC}	-.09 ^{VC}	.03 ^{VC, IC}	-.93 ^{LA, SO, DM, IC}	-.50 ^{LA, DM, VC}		33.83 ***
n =	2037	109	565	103	311		

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

SO: Significantly different from stepmothers-only. DM: Significantly different from double mothers.

VC: Significantly different from voluntary childless women. IC: Significantly different from involuntary childless women.

Table 3.
ANOVA / Chi-square Results of Significant Mean Differences of Variables of Interest in Analysis in the NSFB, N = 3125

	Mother Statutes					F / Chi-Square
	Live/Adopt Mother (LA)	Stepmother-Only (SO)	Double Mother (DM)	Voluntary Childfree (VC)	Involuntary Childless (IC)	
<i>Dependent Variables</i>						
Life Satisfaction	3.25 ^{SO, DM, VC, IC}	2.95 ^{LA}	3.03 ^{LA, IC}	3.06 ^{LA}	3.10 ^{LA, DM}	26.58 ***
Psychological Distress	1.65 ^{DM, IC}	1.79 ^{IC}	1.84 ^{LA, VC, IC}	1.61 ^{DM}	1.56 ^{LA, SO, DM}	13.17 ***
<i>Mediating Variables</i>						
Self-Esteem	3.52 ^{DM}	3.38	3.49 ^{LA, IC}	3.57	3.55 ^{DM}	2.91 *
Social Support	3.61 ^{DM, IC}	3.65 ^{DM}	3.55 ^{LA, SO, VC, IC}	3.77 ^{DM}	3.75 ^{LA, DM}	6.56 ***
Relationship Satisfaction	2.57 ^{DM, IC}	2.48 ^{DM, IC}	2.43 ^{LA, SO, VC, IC}	2.61 ^{DM}	2.71 ^{LA, SO, DM}	16.32 ***
<i>Job Status and Satisfaction</i>						119.94 ***
High Job Satisfaction ^a	.56 ^{IC}	.66	.59 ^{IC}	.74	.66 ^{LA, DM}	
Low Job Satisfaction	.06	.10	.10	.10	.16	
No Job ^b	.38 ^{SO, DM, VC, IC}	.24 ^{LA, DM}	.31 ^{LA, SO, VC, IC}	.16 ^{LA, DM}	.18 ^{LA, DM}	
<i>Moderating Variable</i>						
Importance of Motherhood	3.54 ^{SO, DM, VC, IC}	2.74 ^{LA, DM, VC, IC}	3.50 ^{LA, SO, VC, IC}	1.85 ^{LA, SO, DM, IC}	3.23 ^{LA, SO, DM, VC}	384.67 ***
n =	2037	109	565	103	311	

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

a: Significant differences are among employed women, compared to those with low job satisfaction.

b: Compared to women who are not employed.

SO: Significantly different from stepmothers-only. DM: Significantly different from double mothers.

VC: Significantly different from voluntary childless women. IC: Significantly different from involuntary childless women.

Table 4.
OLS Regression of Life Satisfaction and Psychological Distress and Mother
Status using the NSFB

	Life Satisfaction	Psychological Distress
	Model 1	Model 2
	<i>b</i>	<i>b</i>
Mother Statuses ^a		
Stepmother-Only	-.186 ** [.064]	.077 [.072]
Double Mother	-.084 * [.038]	.126 *** ^{VC, IC} [.038]
Voluntary Childfree	-.143 * [.068]	-.043 ^{DM} [.057]
Involuntary Childless	-.138 *** [.036]	-.066 ^{DM} [.034]
Race ^b		
Black	-.240 *** [.044]	-.054 [.036]
Hispanic	-.065 [.039]	-.131 ** [.044]
Other Race	-.075 [.059]	-.020 [.044]
Marital Status ^c		
Cohabiting	-.195 *** [.044]	.035 [.043]
Other Controls		
Age	.001 [.002]	-.002 [.002]
Education (in years)	.004 [.005]	-.031 [.005]
Self-Reported Health	.140 *** [.019]	-.190 *** [.021]
Economic Hardship Index	-.139 *** [.021]	.157 *** [.022]
Religiosity Scale	.041 *** [.011]	-.013 [.012]
Constant	3.008 *** [.105]	2.067 *** [.118]
Number of Observations	3125	3125
Adjusted R-squared	.164	.161
F - Value	24.82	22.00

*p<0.05, **p<0.01, ***p<0.001 Standard errors reported in brackets.

SO: Significantly different from stepmothers-only. DM: Significantly different from double mothers.

VC: Significantly different from voluntary childless women. IC: Significantly different from involuntary childless women.

a: Omitted category is live/adopt mothers. b: Omitted category is low job satisfaction.

c: Omitted category is white non-Hispanic. d: Omitted category is married.

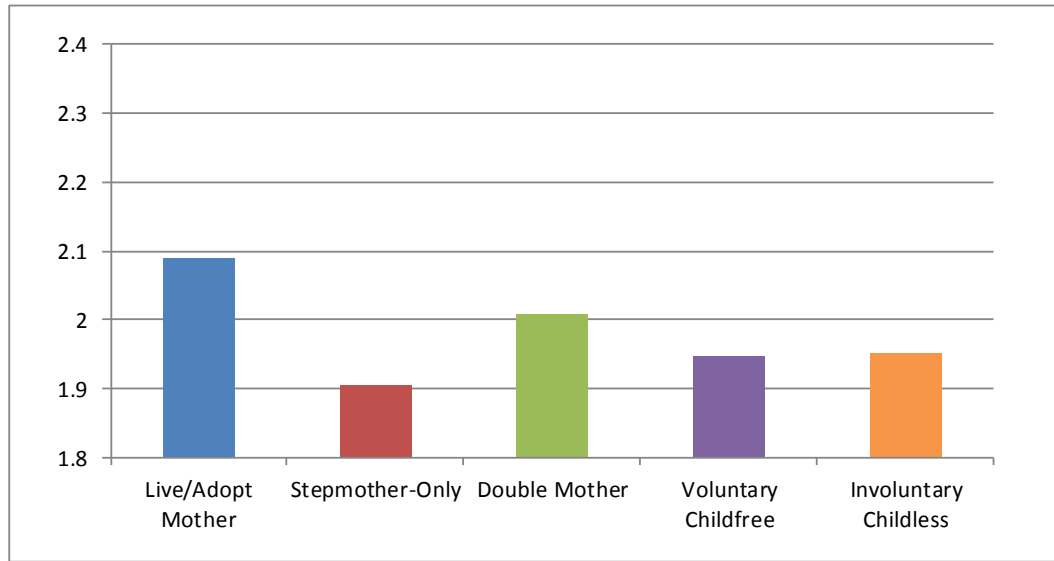


Figure 2a.
Mean Differences in Life Satisfaction from OLS Regression (Table 4)

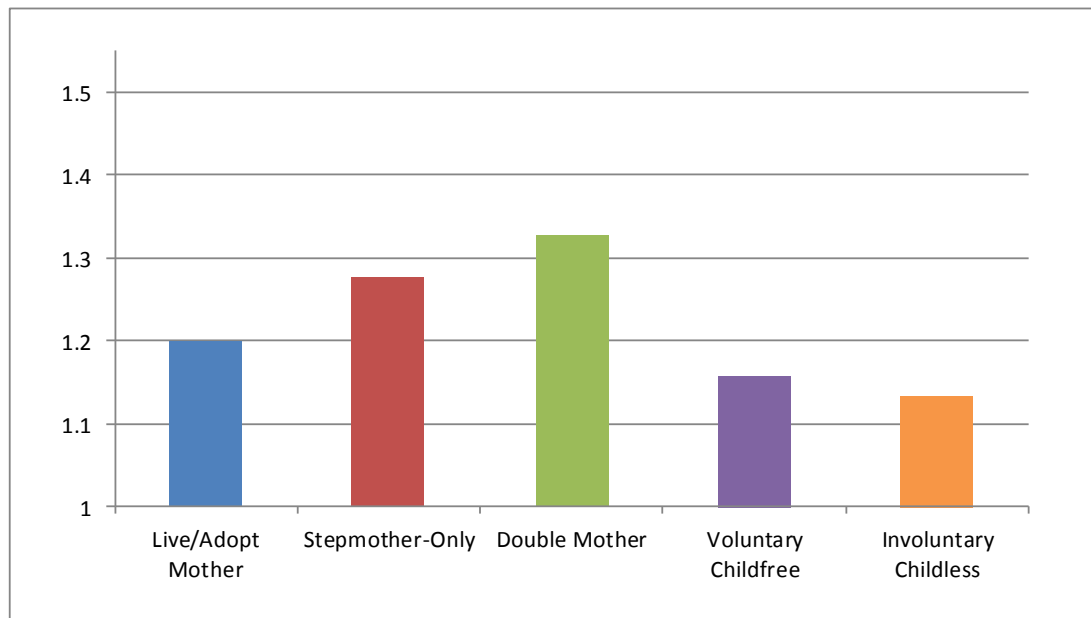


Figure 2b.
Mean Differences in Psychological Distress from OLS Regression (Table 4)

Table 5.
OLS Regression of Mediators and Mother Status using the NSFHB

	Self - Esteem	Social Support	Relationship Satisfaction	Job Satisfaction	Importance of Motherhood
	Model 1	Model 2	Model 3	Model 4	Model 5
	b	b	b	b	b
Mother Statuses^a					
Stepmother-Only	-.119 ^{DM} [.074]	.077 [.069]	-.020 ^{IC} [.074]	.008 [.095]	-.774 ^{***} DM, VC, IC [.088]
Double Mother	.044 ^{SO, IC} [.031]	.044 [.042]	-.067 ^{VC, IC} [.042]	-.018 [.067]	.015 ^{SO, VC, IC} [.032]
Voluntary Childfree	-.018 [.066]	.096 [.065]	.090 ^{DM} [.061]	-.032 [.101]	-1.672 ^{***} SO, DM, IC [.071]
Involuntary Childless	-.071 ^{DM} [.041]	.053 [.039]	.183 ^{***} SO, DM [.041]	-.148 [*] [.065]	-.331 ^{***} SO, DM, VC [.046]
Race^b					
Black	-.052 [.045]	-.278 ^{***} [.065]	-.253 ^{***} [.063]	-.146 [*] [.069]	-.234 ^{***} [.036]
Hispanic	-.175 ^{***} [.035]	-.384 ^{***} [.058]	-.065 [.047]	-.030 [.069]	-.159 ^{***} [.037]
Other Race	-.209 ^{***} [.073]	-.416 ^{***} [.085]	-.038 [.073]	.013 [.081]	.041 [.043]
Marital Status^c					
Cohabiting	-.059 [.037]	-.119 [*] [.053]	-.056 [.045]	-.027 [.072]	-.011 [.039]
Other Controls					
Age	-.003 [.002]	-.003 [.003]	.001 [.003]	.016 ^{***} [.004]	-.004 [.002]
Education (in years)	.037 ^{***} [.005]	.042 ^{***} [.007]	-.014 [*] [.006]	.009 [.008]	.014 ^{***} [.004]
Self-Reported Health	.088 ^{***} [.018]	.070 ^{**} [.025]	.107 ^{***} [.022]	.088 ^{**} [.034]	.039 [*] [.018]
Economic Hardship Index	-.064 ^{***} [.019]	-.047 [.029]	-.106 ^{***} [.026]	-.102 ^{**} [.038]	-.005 ^{***} [.017]
Religiosity Scale	.010 [.010]	.047 ^{***} [.012]	.043 ^{***} [.013]	.030 [.021]	.073 ^{***} [.011]
Constant	2.845 ^{***} [.106]	3.012 ^{***} [.163]	2.619 ^{***} [.140]	3.059 ^{***} [.175]	3.267 ^{***} [.090]
Number of Observations	3125	3125	3125	2137 ^d	3125
Adjusted R-squared	.144	.176	.081	.050	.325
F - Value	21.50	17.68	11.79	6.31	69.03

^a p<0.05, ^b p<0.01, ^c p<0.001. Standard errors reported in brackets.

SO: Significantly different from stepmothers-only. DM: Significantly different from double mothers. VC: Significantly different from voluntary childless women. IC: Significantly different from involuntary childless women.

a: Omitted category is live/adopt mothers. b: Omitted category is low job satisfaction. c: Omitted category is white non-Hispanic. d: Omitted category is married.

Table 6.
OLS Regression of Life Satisfaction and Mother Status using the NSFB

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6	Model 7
	<i>b</i>	<i>b</i>	<i>b</i>	<i>b</i>	<i>b</i>	<i>b</i>	<i>b</i>
Mother Statuses ^a							
Stepmother-Only	-.186 ** [.064]	-.148 * [.061]	-.194 ** [.065]	-.180 ** [.064]	-.180 ** [.065]	.019 ^{VC} [.074]	.013 ^{VC} [.065]
Double Mother	-.084 * [.038]	-.098 ** [.035]	-.088 * [.037]	-.061 ^{IC} [.034]	-.077 * [.037]	-.088 * ^{VC} [.035]	-.073 * ^{VC} [.030]
Voluntary Childfree	-.143 * [.068]	-.137 * [.063]	-.152 * [.067]	-.173 ** [.061]	-.137 * [.066]	.302 *** ^{SO,DM,IC} [.085]	.187 ** ^{SO,DM,IC} [.072]
Involuntary Childless	-.138 *** [.036]	-.115 ** [.036]	-.143 *** [.036]	-.200 *** ^{DM} [.034]	-.119 ** [.036]	-.050 ^{VC} [.038]	-.094 ** ^{VC} [.036]
Self-Esteem		.321 *** [.029]					.237 *** [.025]
Social Support			.100 *** [.022]				.018 [.018]
Relationship Satisfaction				.340 *** [.021]			.298 *** [.020]
High Job Satisfaction ^b					.261 *** [.048]		.189 *** [.043]
No Job ^b					.255 *** [.044]		.185 *** [.040]
Importance of Motherhood						.266 *** [.029]	.209 *** [.024]
Race ^c							
Black	-.240 *** [.044]	-.223 *** [.043]	-.212 *** [.043]	-.154 *** [.040]	-.231 *** [.044]	-.178 *** [.042]	-.092 * [.040]
Hispanic	-.065 [.039]	-.009 [.037]	-.026 [.039]	-.043 [.035]	-.070 [.039]	-.022 [.037]	.033 [.032]
Other Race	-.075 [.059]	-.007 [.060]	-.033 [.060]	-.062 [.051]	-.085 [.059]	-.086 [.059]	-.022 [.051]
Marital Status ^d							
Cohabiting	-.195 *** [.044]	-.176 *** [.040]	-.183 *** [.044]	-.176 *** [.041]	-.189 *** [.044]	-.192 *** [.042]	-.156 *** [.036]
Other Controls							
Age	.001 [.002]	.000 [.002]	.000 [.002]	-.001 [.002]	-.001 [.002]	.001 [.002]	.000 [.002]
Education (in years)	.004 [.005]	-.008 [.004]	.000 [.005]	.009 * [.004]	.005 [.005]	.000 [.004]	-.004 [.004]
Self-Reported Health	.140 *** [.019]	.112 *** [.019]	.133 *** [.019]	.104 *** [.017]	.140 *** [.019]	.132 *** [.018]	.078 *** [.017]
Economic Hardship Index	-.139 *** [.021]	-.118 *** [.019]	-.134 *** [.021]	-.103 *** [.019]	-.132 *** [.021]	-.137 *** [.020]	-.085 *** [.018]
Religiosity Scale	.041 *** [.011]	.038 *** [.011]	.036 ** [.011]	.026 * [.010]	.037 *** [.011]	.022 [.011]	.007 [.010]
Constant	3.008 *** [.105]	2.084 *** [.119]	2.707 *** [.130]	2.118 *** [.106]	2.740 [.111]	2.140 *** [.128]	.614 *** [.139]
Number of Observations	3125	3125	3125	3125	3125	3125	3125
Adjusted R-squared	.164	.235	.175	.273	.178	.211	.360
F - Value	24.82	38.16	23.57	40.82	24.66	30.86	56.56

*p<0.05, **p<0.01, ***p<0.001. Standard errors reported in brackets.

SO: Significantly different from stepmothers-only. DM: Significantly different from double mothers. VC: Significantly different from voluntary childless women. IC: Significantly different from involuntary childless women.

a: Omitted category is live/adopt mothers. b: Omitted category is low job satisfaction. c: Omitted category is white non-Hispanic. d: Omitted category is married.

Table 7.
OLS Regression of Psychological Distress and Mother Status using the NSFB

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6	Model 7
	<i>b</i>	<i>b</i>	<i>b</i>	<i>b</i>	<i>b</i>	<i>b</i>	<i>b</i>
Mother Statuses ^a							
Stepmother-Only	.077 [.072]	.063 [.070]	.080 [.073]	.073 [.071]	.081 ^{IC} [.072]	.075 [.080]	.083 [.074]
Double Mother	.126 *** ^{VC,IC} [.038]	.130 *** ^{VC,IC} [.037]	.128 *** ^{VC,IC} [.038]	.113 ** ^{VC,IC} [.038]	.127 *** ^{VC,IC} [.037]	.126 *** ^{VC,IC} [.038]	.120 *** ^{IC} [.037]
Voluntary Childfree	-.043 ^{DM} [.057]	-.045 ^{DM} [.056]	-.038 ^{DM} [.058]	-.026 ^{DM} [.057]	-.038 ^{DM} [.056]	-.045 ^{DM} [.078]	.006 [.071]
Involuntary Childless	-.066 ^{DM} [.034]	-.074 * ^{DM} [.034]	-.063 ^{DM} [.034]	-.033 ^{DM} [.033]	-.068 * ^{SO,DM} [.034]	-.068 ^{DM} [.037]	-.035 ^{DM} [.034]
Self-Esteem		-.112 *** [.028]					-.081 ** [.027]
Social Support			-.046 [.025]				-.011 [.022]
Relationship Satisfaction				-.181 *** [.022]			-.165 *** [.021]
High Job Satisfaction ^b					-.147 ** [.051]		-.114 * [.050]
No Job ^b					-.264 *** [.048]		-.228 *** [.047]
Importance of Motherhood						-.002 [.032]	.017 [.028]
Race ^c							
Black	-.054 [.036]	-0.06 [.034]	-.067 [.035]	-.100 ** [.033]	-.052 [.035]	-.054 [.037]	-.096 ** [.034]
Hispanic	-.131 ** [.044]	-.150 *** [.044]	-.149 *** [.045]	-.143 *** [.042]	-.127 *** [.043]	-.131 ** [.044]	-.154 *** [.044]
Other Race	-.020 [.044]	-.043 [.047]	-.039 [.045]	-.027 [.044]	-.009 [.044]	-.035 [.043]	-.039 [.045]
Marital Status ^d							
Cohabiting	.035 [.043]	.029 [.042]	.030 [.043]	.025 [.041]	.038 [.041]	.035 [.043]	.023 [.039]
Other Controls							
Age	-.002 [.002]	-.002 [.002]	-.002 [.002]	-.002 [.002]	.000 [.002]	-.002 [.002]	.000 [.002]
Education (in years)	-.031 [.005]	.002 [.005]	-.001 [.005]	-.005 [.005]	.000 [.005]	-.003 [.005]	.001 [.005]
Self-Reported Health	-.190 *** [.021]	-.180 *** [.021]	-.187 *** [.021]	-.170 *** [.020]	-.184 *** [.020]	-.190 *** [.021]	-.159 *** [.019]
Economic Hardship Index	.157 *** [.022]	.150 *** [.022]	.155 *** [.022]	.138 *** [.022]	.146 *** [.021]	.157 *** [.022]	.124 *** [.021]
Religiosity Scale	-.013 [.012]	-.012 [.012]	.011 [.012]	-.005 [.012]	-.013 [.011]	-.013 [.013]	-.006 [.011]
Constant	2.067 [.118]	2.390 *** [.137]	2.207 *** [.155]	2.543 *** [.133]	2.235 [.123]	2.073 *** [.162]	2.845 *** [.200]
Number of Observations	3125	3125	3125	3125	3125	3125	3125
Adjusted R-squared	.161	.171	.164	.196	.182	.161	.219
F - Value	22.00	21.48	20.62	27.86	22.20	20.68	23.37

*p<0.05, **p<0.01, ***p<0.001. Standard errors reported in brackets.

SO: Significantly different from stepmothers-only. DM: Significantly different from double mothers. VC: Significantly different from voluntary childless women. IC: Significantly different from involuntary childless women.

a: Omitted category is live/adopt mothers. b: Omitted category is low job satisfaction. c: Omitted category is white non-Hispanic. d: Omitted category is married.

Table 8.

OLS Regression of Life Satisfaction and Mother Status using the NSFB

	Model 1	Model 2	Model 3
	<i>b</i>	<i>b</i>	<i>b</i>
Mother Statuses ^a			
Stepmother-Only	-.186 ** [.064]	.019 VC [.074]	1.294 *** [.236]
Double Mother	-.084 * [.038]	-.088 * VC [.035]	-.053 [.268]
Voluntary Childfree	-.143 * [.068]	.302 *** CSSO [.085]	1.257 *** [.231]
Involuntary Childless	-.138 *** [.036]	-.050 VC [.038]	.826 ** [.208]
Importance of Motherhood		.266 *** [.028]	.354 *** [.038]
Stepmother X IOM			-.441 *** DM [.082]
Double Mother X IOM			-.011 SO, VC, IC [.078]
Voluntary Childfree X IOM			-.434 ** DM [.093]
Involuntary Childless X IOM			-.263 *** DM [.062]
Race ^b			
Black	-.240 *** [.044]	-.178 *** [.042]	-.156 *** [.041]
Hispanic	-.065 [.039]	-.022 [.037]	-.014 [.036]
Other Race	-.075 [.059]	-.086 [.059]	-.077 [.059]
Marital Status ^c			
Cohabiting	-.195 *** [.044]	-.192 *** [.042]	-.185 *** [.041]
Other Controls			
Age	.001 [.002]	.000 [.002]	.000 [.002]
Education (in years)	.004 [.005]	.000 [.004]	-.001 [.004]
Self-Reported Health	.140 *** [.019]	.130 *** [.018]	-.126 *** [.018]
Economic Hardship Index	-.139 *** [.021]	-.137 *** [.020]	-.133 *** [.019]
Religiosity Scale	.041 *** [.011]	.022 * [.011]	.021 [.011]
Constant	3.008 *** [.105]	2.140 *** [.0128]	1.842 *** [.155]
Number of Observations	3125	3125	3125
Adjusted R-squared	.164	.210	.225
F - Value	24.82	30.86	26.35

*p<0.05, **p<0.01, ***p<0.001 Standard errors reported in brackets.

SO: Significantly different from stepmothers-only. DM: Significantly different from double mothers.

VC: Significantly different from voluntary childless women. IC: Significantly different from involuntary childless women.

a: Omitted category is live/adopt mothers. b: Omitted category is low job satisfaction.

c: Omitted category is white non-Hispanic. d: Omitted category is married.

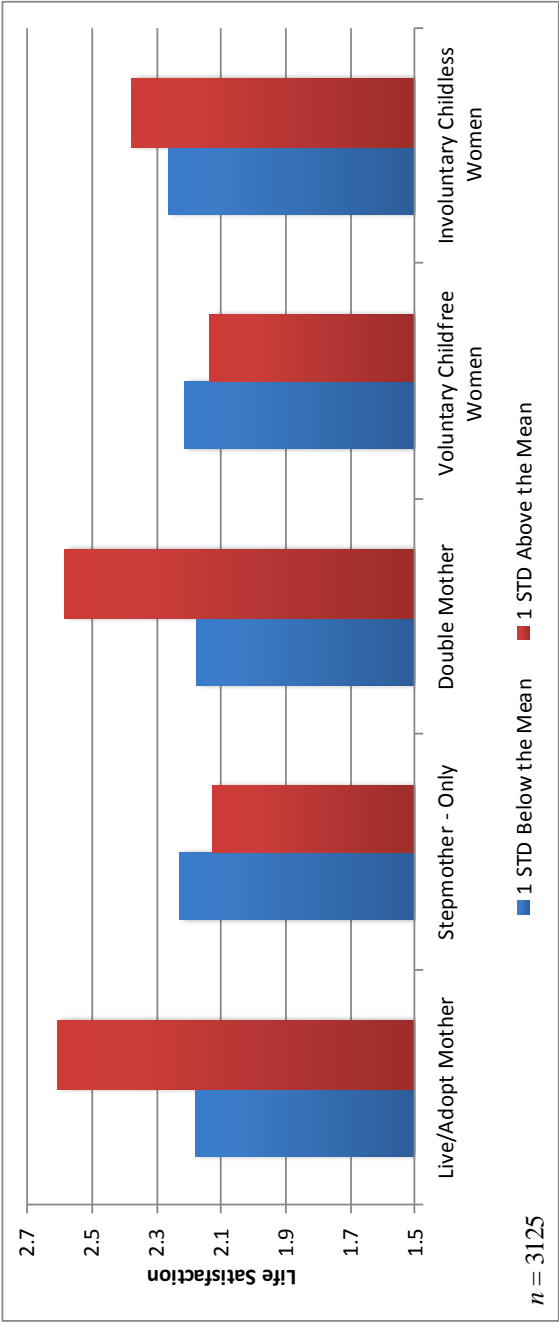


Figure 3.
Moderation of Life Satisfaction by Importance of Motherhood Across Mother Statuses

Table 9.
OLS Regression of Psychological Distress and Mother Status using the NSFB

	Model 1	Model 2	Model 3
	<i>b</i>	<i>b</i>	<i>b</i>
Mother Statuses ^a			
Stepmother-Only	.077 [.072]	.075 [.080]	-.371 [.278]
Double Mother	.126 *** VC, IC [.038]	.126 *** VC, IC [.038]	.010 [.307]
Voluntary Childfree	-.043 ^{DM} [.057]	-0.045 ^{DM} [.078]	-.258 [.217]
Involuntary Childless	-.066 ^{DM} [.034]	-.066 ^{DM} [.036]	-.467 * [.198]
Importance of Motherhood		-.002 [.032]	-.038 [.045]
Stepmother X IOM			.153 [.104]
Double Mother X IOM			.033 [.087]
Voluntary Childfree X IOM			.082 [.079]
Involuntary Childless X IOM			.121 * [.058]
Race ^b			
Black	-.054 [.036]	-.054 [.037]	-.061 [.037]
Hispanic	-.131 ** [.044]	-.131 *** [.044]	-.133 ** [.044]
Other Race	-.020 [.044]	-.020 [.044]	-.021 [.044]
Marital Status ^c			
Cohabiting	.035 [.043]	.035 [.043]	.032 [.043]
Other Controls			
Age	-.002 [.002]	-.002 [.002]	-.002 [.002]
Education (in years)	-.031 [.005]	-.031 [.005]	-.002 [.005]
Self-Reported Health	-.190 *** [.021]	-.190 *** [.021]	-.188 *** [.021]
Economic Hardship Index	.157 *** [.022]	.157 *** [.022]	.156 *** [.022]
Religiosity Scale	-.013 [.012]	-.013 [.012]	-.012 [.013]
Constant	2.067 *** [.118]	2.073 *** [.162]	2.194 *** [.204]
Number of Observations	3125	3125	3125
Adjusted R-squared	.161	.161	.162
F- Value	22.00	20.68	16.66

*p<0.05, **p<0.01, ***p<0.001 Standard errors reported in brackets.

SO: Significantly different from stepmothers-only. DM: Significantly different from double mothers.

VC: Significantly different from voluntary childless women. IC: Significantly different from involuntary childless women.

a: Omitted category is live/adopt mothers. b: Omitted category is low job satisfaction.

c: Omitted category is white non-Hispanic. d: Omitted category is married.

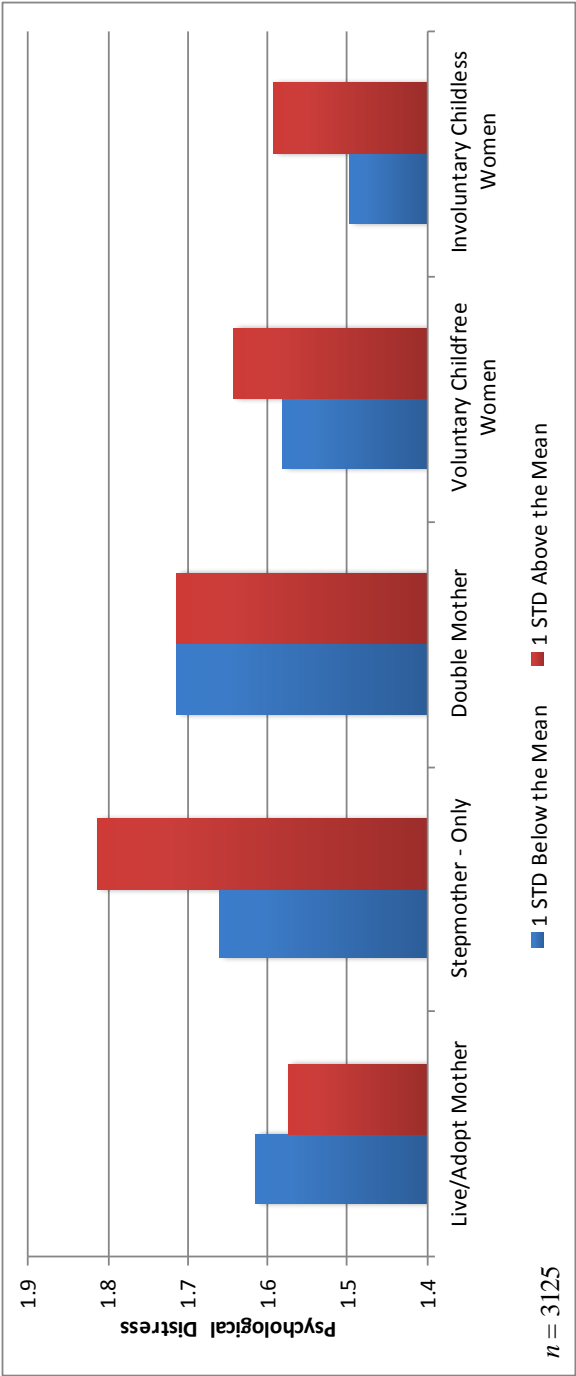


Figure 4.
Moderation of Psychological Distress by Importance of Motherhood Across Mother Statuses

Table 10.
OLS Regression of the Mediating Effect of Importance of Motherhood on
Moderating Relationships between Life Satisfaction and Psychological
Distress and Mother Status using the NSFB

	Life Satisfaction	Psychological Distress
	Model 1	Model 2
	<i>b</i>	<i>b</i>
Mother Statuses ^a		
Stepmother-Only	.971 *** [.214]	-.213 [.258]
Double Mother	.048 [.217]	-.028 [.265]
Voluntary Childfree	.987 *** [.186]	-.121 [.186]
Involuntary Childless	.531 ** [.189]	-.386 * [.183]
Importance of Motherhood	.283 *** [.033]	-.013 [.040]
Stepmother X IOM	-.330 *** DM [.073]	.100 [.096]
Double Mother X IOM	-.035 SO, VC, IC [.063]	.042 [.075]
Voluntary Childfree X IOM	-.364 *** DM, IC [.075]	.040 [.069]
Involuntary Childless X IOM	-.187 *** DM, VC [.056]	.106 * [.054]
Self-Esteem	.227 *** [.025]	-.078 ** [.027]
Social Support	.014 [.018]	-.010 [.022]
Relationship Satisfaction	.296 *** [.020]	-.165 *** [.021]
High Job Satisfaction ^b	.183 *** [.040]	-.229 *** [.047]
No Job ^b	.185 *** [.043]	-.113 * [.050]
Race ^c	.	.
Black	-.078 * [.039]	-.100 ** [.034]
Hispanic	.035 [.031]	-.154 *** [.043]
Other Race	-.020 [.051]	-.038 [.045]
Marital Status ^d		
Cohabiting	-.151 *** [.036]	.021 [.039]
Other Controls		
Age	.000 [.002]	.000 [.002]
Education (in years)	-.004 [.004]	.001 [.005]
Self-Reported Health	.076 *** [.016]	-.158 *** [.019]
Economic Hardship Index	-.083 *** [.018]	.123 *** [.021]
Religiosity Scale	.007 [.010]	-.006 [.012]
Constant	.415 ** [.155]	2.934 *** [.231]
Number of Observations	3125	3125
Adjusted R-squared	.368	.219
F - Value	49.17	19.74

*p<0.05, **p<0.01, ***p<0.001 Standard errors reported in brackets.

SO: Significantly different from stepmothers-only. DM: Significantly different from double mothers.

VC: Significantly different from voluntary childless women. IC: Significantly different from involuntary childless women.

a: Omitted category is live/adopt mothers. b: Omitted category is low job satisfaction.

c: Omitted category is white non-Hispanic. d: Omitted category is married.

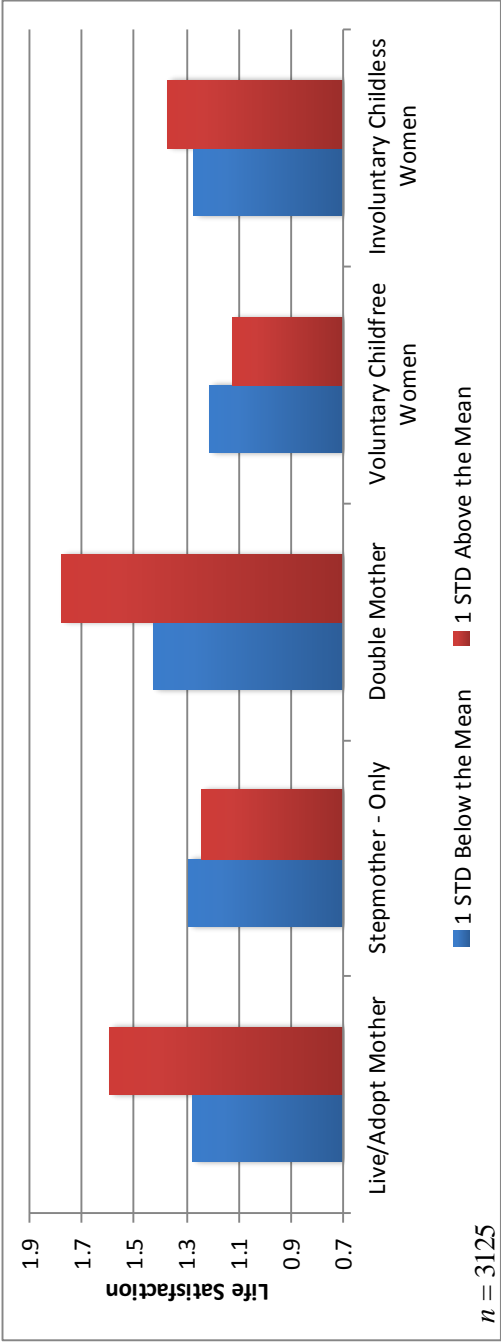


Figure 5.
Mediation of Moderating Relationships of Life Satisfaction and Mother Statuses

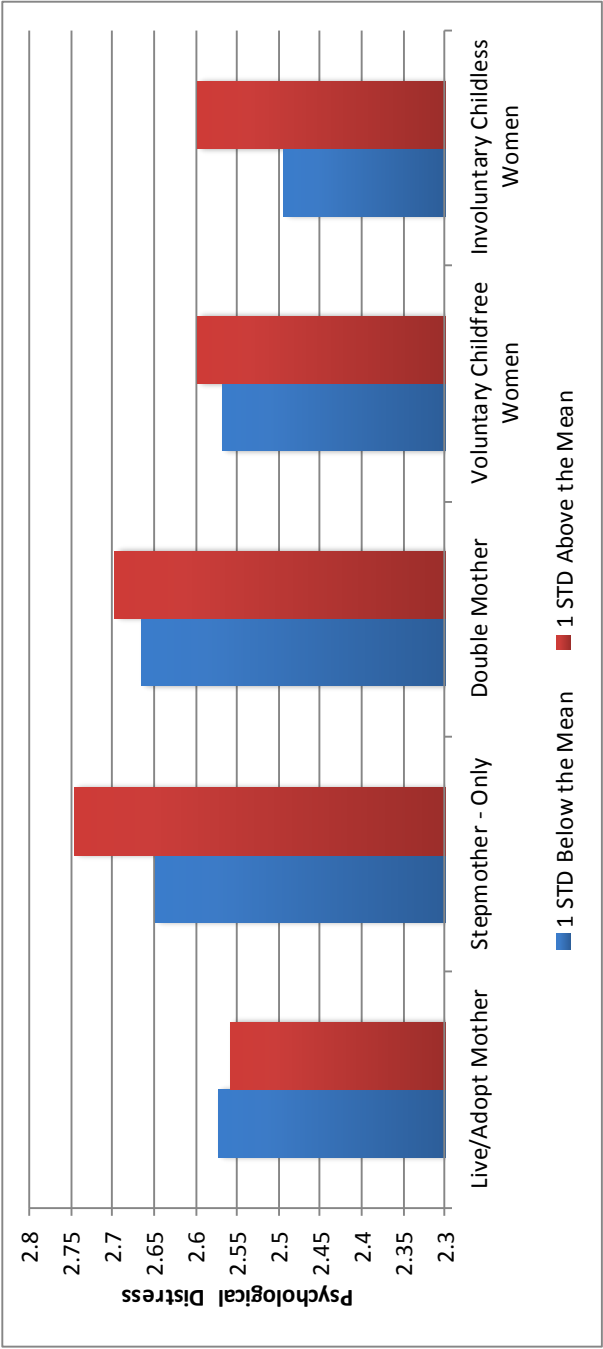


Figure 6.
Mediation of Moderating Relationships of Psychological Distress and Mother Statuses

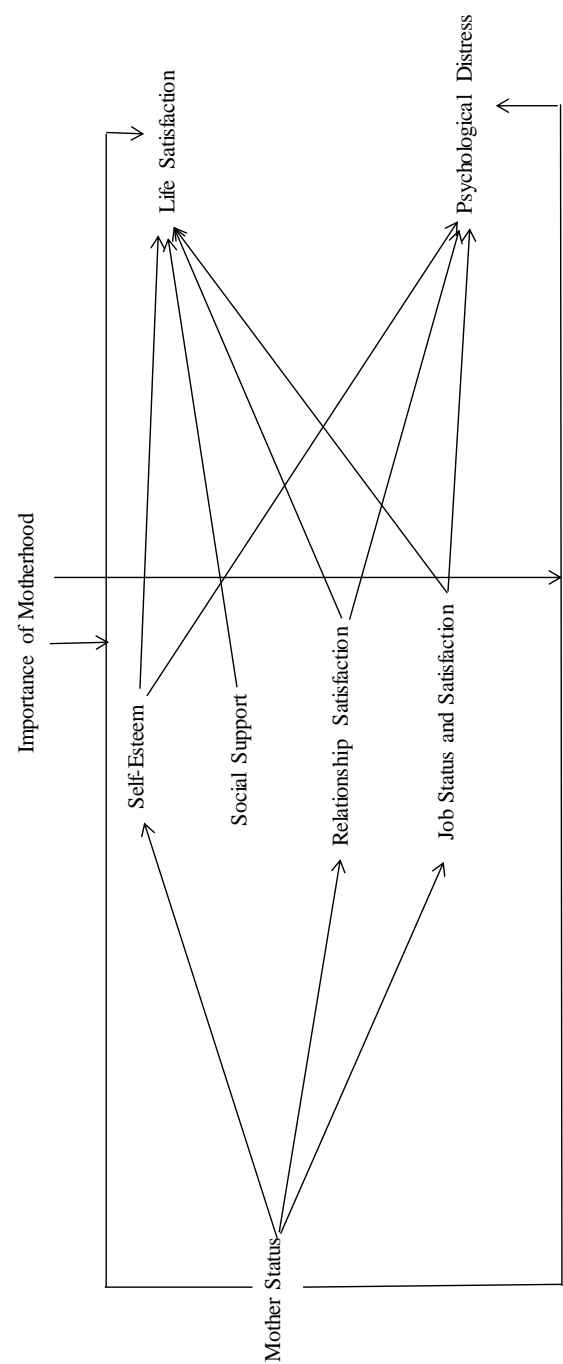


Figure 7.
Conceptual Model of Found Associations

APPENDIX A

FREQUENCY OF IMPORTANCE OF MOTHERHOOD BY MOTHER STATUS

Appendix A.

Frequency of Importance of Motherhood by Mother Status

Value	Total	Mother Statuses				
		Live/Adopt Mother Only	Childless Stepmother	Double Mother	Voluntary Childfree	Involuntary Childless
1	15		1		14	
1.2	1				1	
1.25	15		1		14	
1.4	2		1		1	
1.5	21		8	1	9	3
1.6	3	1	1		1	
1.67	3				3	
1.75	31		8		19	4
1.8	2				1	1
2	42	5	10	2	16	9
2.2	6	2	3			1
2.25	50	14	10	4	5	17
2.33	2			1		1
2.4	7	2	2		1	2
2.5	70	26	7	17	4	16
2.6	6	4	1	1		
2.67	5	3	1			1
2.75	136	81	8	21	3	23
2.8	20	10	1	3	1	5
3	347	216	10	74	2	45
3.2	56	39		10		7
3.25	459	306	9	99	5	40
3.33	6	5		1		
3.4	34	25		7		2
3.5	339	232	15	61		30
3.6	30	19	1	9		1
3.67	3	2				1
3.75	414	285	3	85	1	40
3.8	53	32		14		7
4	948	728	8	155	2	55
3125		2037	109	565	103	311

APPENDIX B

MEDIATION OF LIFE SATISFACTION USING CONTINUOUS MEASURE OF JOB SATISFACTION

Appendix B.

OLS Regression of Life Satisfaction and Mother Status using the NSFB

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 1	Model 6
	<i>b</i>	<i>b</i>	<i>b</i>	<i>b</i>	<i>b</i>	<i>b</i>	<i>b</i>
Mother Statuses ^a							
Stepmother-Only	-.190 ** [.070]	-.154 * [.065]	-.201 ** [.070]	-.189 ** [.072]	-.190 ** [.072]	-.019 [.076]	-.023 [.072]
Double Mother	-.082 [.044]	-.091 * [.040]	-.084 [.044]	-.055 IC [.040]	-.079 [.042]	-.088 * VC [.041]	-.068 [.036]
Voluntary Childfree	-.164 * [.077]	-.164 * [.072]	-.170 * [.076]	-.200 ** [.070]	-.158 * [.072]	.178 DM, IC [.094]	.088 [.079]
Involuntary Childless	-.148 *** [.040]	-.124 ** [.040]	-.147 *** [.040]	-.202 *** DM [.037]	-.126 ** [.040]	-.093 * VC [.042]	-.115 ** [.038]
Self-Esteem		.316 *** [.032]					.237 *** [.029]
Social Support			.102 *** [.024]				.018 [.022]
Relationship Satisfaction				.323 *** [.023]			.284 *** [.022]
Job Satisfaction					.138 *** [.020]		.103 *** [.018]
Importance of Motherhood						.201 *** [.030]	.164 *** [.026]
Race ^b							
Black	-.139 ** [.045]	-0.134 ** [.044]	-.119 ** [.044]	-.082 [.043]	-.118 ** [.044]	-.093 * [.043]	-.029 [.041]
Hispanic	-.079 [.047]	-0.018 [.042]	-.041 [.047]	-.041 [.041]	-.075 [.045]	-.045 [.044]	.038 [.035]
Other Race	-.075 [.072]	-0.004 [.076]	-.036 [.073]	-.061 [.060]	-.076 [.073]	-.080 [.073]	-.008 [.066]
Job Status ^c							
Part-Time Employment	-.010 [.037]	.000 [.035]	-.003 [.037]	-.027 [.035]	-.002 [.037]	-.016 [.036]	-.016 [.032]
Marital Status ^d							
Cohabiting	-.124 * [.051]	-.113 * [.046]	-.108 * [.052]	-.126 ** [.048]	-.120 * [.051]	-.123 * [.049]	-.111 *** [.043]
Other Controls							
Age	-.001 [.003]	.000 [.002]	.000 [.003]	-.001 [.002]	-.003 [.003]	-.001 [.003]	-.002 [.002]
Education (in years)	.008 [.006]	-.004 [.006]	.004 [.006]	.013 * [.005]	.007 [.006]	.005 [.006]	-.001 [.005]
Self-Reported Health	.137 *** [.021]	.117 *** [.021]	.133 *** [.021]	.109 *** [.019]	.125 *** [.021]	.129 *** [.020]	.080 *** [.019]
Economic Hardship Index	-.152 *** [.025]	-.130 *** [.023]	-.145 *** [.025]	-.114 *** [.025]	-.138 *** [.026]	-.152 *** [.025]	-.090 *** [.023]
Religiosity Scale	.018 [.012]	.015 *** [.012]	.015 ** [.012]	.009 [.011]	.014 [.012]	.002 [.012]	-.009 [.011]
Constant	2.947 [.122]	2.011 *** [.132]	2.615 *** [.138]	2.086 *** [.125]	2.521 [.135]	2.305 [.140]	.585 *** [.160]
Number of Observations	2137	2137	2137	2137	2137	2137	2137
Adjusted R-squared	.135	.209	.145	.248	.168	.164	.341
F - Value		26.21	16.11	32.22	18.64	18.09	40.08

*p<0.05, **p<0.01, ***p<0.001 Standard errors reported in brackets.

SO: Significantly different from stepmothers-only. DM: Significantly different from double mothers. VC: Significantly different from voluntary childless women. IC: Significantly different from involuntary childless women.

a: Omitted category is live/adopt mothers. b: Omitted category is low job satisfaction. c: Omitted category is white non-Hispanic. d: Omitted category is married.

APPENDIX C

MEDIATION OF PSYCHOLOGICAL DISTRESS USING CONTINUOUS MEASURE OF LIFE SATISFACTION

Appendix C.
OLS Regression of Psychological Distress and Mother Status using wave 1 of the NSFB

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6	Model 7
	<i>b</i>	<i>b</i>	<i>b</i>	<i>b</i>	<i>b</i>	<i>b</i>	<i>b</i>
Mother Statuses ^a							
Stepmother-Only	.044 [.060]	.035 [.059]	.048 [.061]	.043 [.060]	.043 [.061]	.081 [.066]	.081 [.065]
Double Mother	.108 ** IC [.042]	.110 ** VC, IC [.041]	.109 *** IC [.042]	.094 * [.041]	.105 ** VC, IC [.040]	.107 * IC [.042]	.092 * IC [.039]
Voluntary Childfree	-.019 [.061]	-.019 ^{DM} [.059]	-.017 [.062]	.000 [.060]	-.024 ^{DM} [.058]	.055 [.076]	.078 [.070]
Involuntary Childless	-.024 ^{DM} [.037]	-.030 ^{DM} [.038]	-.024 ^{DM} [.037]	.005 [.037]	-.044 ^{DM} [.036]	-.012 ^{DM} [.038]	-.006 ^{DM} [.037]
Self-Esteem		-.075 *** [.034]					-.043 [.031]
Social Support			-.038 [.029]				-.001 [.027]
Relationship Satisfaction				-.170 *** [.025]			-.154 *** [.025]
Job Satisfaction					-.129 *** [.022]		-.115 *** [.022]
Importance of Motherhood						.043 [.030]	.050 [.026]
Race ^b							
Black	-.023 [.039]	-0.024 [.039]	-.030 [.039]	-.052 [.038]	-.042 [.038]	-.013 [.039]	-.057 [.037]
Hispanic	-.068 [.052]	-.083 [.052]	-.082 [.050]	-.088 [.049]	-.072 [.049]	-.061 [.052]	-.090 * [.046]
Other Race	.016 [.056]	-.001 [.058]	.002 [.056]	.009 [.055]	.017 [.057]	.015 [.056]	-.001 [.057]
Job Status ^c							
Part-time Employment	.013 [.035]	.011 [.035]	.011 [.035]	.022 [.033]	-.006 [.034]	.012 [.035]	.012 [.033]
Marital Status ^d							
Cohabiting	-.018 [.045]	-.021 [.045]	-.024 [.045]	-.017 [.043]	-.021 [.043]	-.018 [.045]	-.021 [.041]
Other Controls							
Age	-.001 [.003]	-.002 [.003]	-.002 [.003]	-.001 [.002]	.001 [.002]	-.001 [.003]	.000 [.002]
Education (in years)	-.003 [.006]	.000 [.007]	-.001 [.006]	-.005 [.006]	-.002 [.006]	-.003 [.006]	-.003 [.006]
Self-Reported Health	-.167 *** [.024]	-.162 *** [.025]	-.166 *** [.025]	-.153 *** [.023]	-.156 *** [.023]	-.169 *** [.025]	-.143 *** [.023]
Economic Hardship Index	.127 *** [.026]	.122 *** [.026]	.124 *** [.027]	.107 *** [.025]	.114 *** [.026]	.127 *** [.026]	.094 *** [.025]
Religiosity Scale	.001 [.014]	.002 [.014]	.002 [.014]	.005 [.013]	.005 [.013]	-.003 [.014]	.005 [.013]
Constant	2.009 [.133]	2.232 *** [.151]	2.131 *** [.165]	2.642 *** [.141]	2.406 *** [.144]	1.870 *** [.147]	2.744 *** [.199]
Number of Observations	2137	2137	2137	2137	2137	2137	2137
Adjusted R-squared	0.105	.110	.106	.142	.140	.106	.173
F - Value	10.83	10.380	10.250	10.420	14.410	12.870	13.440

*p<0.05, **p<0.01, ***p<0.001 Standard errors reported in brackets.

SO: Significantly different from stepmothers-only. DM: Significantly different from double mothers. VC: Significantly different from voluntary childless women. IC: Significantly different from involuntary childless women.

a: Omitted category is live/adopt mothers. b: Omitted category is low job satisfaction. c: Omitted category is white non-Hispanic. d: Omitted category is married.

APPENDIX D

ORDINAL LOGISTIC REGRESSION OF RELATIONSHIP SATISFACTION

Ordinal Logistic Regression of Relationship Satisfaction		
	Model 1	
	<i>b</i>	<i>OR</i>
Mother Statuses ^a		
Stepmother-Only	-.070 [.263]	.932 ^{IC}
Double Mother	-.200 [.146]	.801 ^{IC}
Voluntary Childfree	.272 [.245]	1.313
Involuntary Childless	.762 [.181]	2.143 *** ^{SO, DM}
Race ^b		
Black	-.842 [.194]	.430 ***
Hispanic	-.223 [.171]	.800
Other Race	-.115 [.241]	.892
Marital Status ^c		
Cohabiting	-.161 [.161]	.851
Other Controls		
Age	.005 [.010]	1.001
Education (in years)	-.050 [.011]	.952 *
Self-Reported Health	.379 [.080]	1.461 ***
Economic Hardship Index	-.371 [.090]	.690 ***
Religiosity Scale	.169 [.049]	1.185 ***
Cut1	-3.434 [.514]	
Cut2	-.599 [.479]	
Number of Observations	3125	
Pseudo R-squared	.049	

*p<0.05, **p<0.01, ***p<0.001 Standard errors reported in brackets.

SO: Significantly different from stepmothers-only. DM: Significantly different from double mothers.

VC: Significantly different from voluntary childless women. IC: Significantly different from involuntary childless women.

a: Omitted category is live/adopt mothers. b: Omitted category is low job satisfaction.

c: Omitted category is white non-Hispanic. d: Omitted category is married.

APPENDIX E

MULTINOMIAL LOGISTIC REGRESSION OF JOB STATUS AND SATISFACTION

Appendix E.
Multinomial Logistic Regression of Job Satisfaction

	Model 1			
	Unemployed compared to Low Job Satisfaction		High Job Satisfaction compared to Low Job Satisfaction	
	<i>b</i>	<i>RRR</i>	<i>b</i>	<i>RRR</i>
Mother Statuses ^a				
Stepmother-Only	-.663 [.425]	.515	-.228 [.357]	.796
Double Mother	-.601 [.293]	.549 *	-.293 [.277]	.746
Voluntary Childfree	-.764 [.460]	.466	-.192 [.391]	.825
Involuntary Childless	-1.205 [.284]	.300 ***	-.513 [.233]	.599 *
Race ^b				
Black	-.610 [.257]	.511 **	-.238 [.229]	.788
Hispanic	.247 [.305]	1.280	.275 [.296]	1.316
Other Race	.565 [.477]	1.760	.680 [.462]	1.973
Marital Status ^c				
Cohabiting	-.447 [.264]	.640	-.089 [.240]	.915
Other Controls				
Age	-.015 [.016]	.985	.043 [.015]	1.044 **
Education (in years)	-.162 [.042]	.851	-.015 [.038]	.985
Self-Reported Health	-.123 [.141]	.884	.117 [.131]	1.124
Economic Hardship Index	-.210 [.114]	.811	-.429 [.113]	.651 ***
Religiosity Scale	.316 [.103]	1.371	.152 [.098]	1.164
Constant	4.767 [.737]		2.681 [.683]	
Number of Observations	3125			
Pseudo R-squared	.077			

*p<0.05, **p<0.01, ***p<0.001 Standard errors reported in brackets.

a: Omitted category is live/adopt mothers. b: Omitted category is low job satisfaction.

c: Omitted category is white non-Hispanic. d: Omitted category is married.