

# Identity Development, Social Support, and Motherhood

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IDENTITY DEVELOPMENT, SOCIAL SUPPORT, AND MOTHERHOOD

by

DAYANARA ROSADO

A thesis submitted in partial fulfillment of the requirements  
for the Honors in the Major Program in Psychology  
in the College of Sciences  
and the Burnett Honors College  
at the University of Central Florida  
Orlando, Florida

Summer Term, 2016

Thesis Chair: Dr. Steven L. Berman

## **ABSTRACT**

Adolescent pregnancy creates challenges for this minority population in balancing their motherhood identity with continuing to develop their identity at the adolescent stage, which presents a social problem today. The intent of this thesis is to explore the relationship between identity, adjustment, and social support among college students who were adolescent mothers. The following surveys: Personal Network Matrix (PNM), The Identity Distress Scale (IDS), and The Dimension of Identity Development Scale (DIDS), were administered through the UCF SONA system. Participants were divided into three groups: mothers who had their first child as a teenager (teen mothers;  $n = 6$ ), mothers who had their first child at 20 years or older (older mothers;  $n = 12$ ), and women who have never had children (non-mothers;  $n = 182$ ).

Overall, the results of the study indicated that non-mothers tended to ruminate more than older mothers and the more social support mothers received as an adolescent, the less likely they were to ruminate at the adolescent stage. Moreover, older mothers displayed less identity exploration in breadth than non-mothers and adolescent mothers. Future researchers is needed to further investigate the relationship between social support, adjustment, and identity distress, in order to start building intervention research in assisting adolescent mothers in their struggle with identity development, emotional support, and for the well-being of their offspring.

## **DEDICATIONS**

This thesis is dedicated to the memory of my loving Mama, Ana Vega. You have encouraged me to follow my dreams, taught me to cherish the small things, and love without limits. I hope I am making you proud.

I am grateful for the support my friends and family has given me in every step of the way. Especially my Papa Reynaldo Vega, who has impacted my life in unimaginable ways with his strong loving character.

Most importantly, I want to thank the strongest person I know, my mom, Rosemarie Vega. Without your loving support, I would have never made it to where I am today.

## **ACKNOWLEDGEMENTS**

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## TABLE OF CONTENTS

List of Figures .....	vii
List of Tables .....	viii
Chapter One: Introduction .....	1
Chapter Two: Method .....	7
Participants .....	7
Materials .....	8
Demographic Questionnaire .....	8
The Dimensions of Identity Development Scale .....	8
The Identity Distress Survey .....	8
Personal Network Matrix .....	9
Procedures .....	9
Chapter Three: Results .....	11
Preliminary and Exploratory Analyses .....	11
Hypothesis One: Identity Distress .....	11
Hypothesis Two: Social Support .....	12
Chapter Four: Discussion .....	14
Implications .....	14

Limitations .....	15
Future Studies.....	15
Appendix A: Figures.....	17
Appendix B: Tables .....	19
Appendix C: Approval of Exempt Human Research.....	22
Appendix D: Demographic questionnaire .....	24
Appendix E: DIDS .....	27
Appendix F: IDS .....	29
Appendix G: BSI.....	31
Appendix H: ISM.....	33
Appendix I: PNM.....	35
Chapter Five References .....	37

## LIST OF FIGURES

Figure 1: Representation of Hypothesis Two .....	18
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**LIST OF TABLES**

Table 1: Descriptive Statistic of DIDS, IDS, and PNM ..... 20

Table 2: Interaction of Frequencies between Teen mom and Marital Status ..... 21

## **CHAPTER ONE: INTRODUCTION**

According to Erikson (1968), adolescence is a time of identity formation, when young people explore, select, and solidify the roles, goals, and values, which will serve to give their life direction and meaning. Brubaker and Wright (2006) suggest that getting pregnant and caring for a baby during this period can cause rupture and loss to one's sense of identity. These losses are related to a decreased sense of physical attractiveness as well as feelings of loss of childhood, innocence, respect, and freedom. In a study of young mothers, ages 16 to 21, Hurlbut, Culp, Jambunathan, and Butler (1997) found that self-esteem, a byproduct of healthy identity development, was correlated with the attainment of good parenting skills. Thus, it may be important to help adolescent mothers recover from possible setbacks in their identity development, not only to help them, but indirectly, also to help their children (Macintosh & Callister, 2015). Brubaker and Wright (2006) suggest that caregiving by other family members can not only ease the burden and responsibilities of the adolescent mother, but can also help her to repair the damage that may have been done to her identity development. This finding that family support can affect a young mother's identity was suggested in their qualitative study, but has never been confirmed empirically.

In addition, Lesser, Griffin, and Anderson (1999) found in their qualitative study that older women having their first child also experience a "new" meaning in life. According to Wahn, Nissen, and Ahlberg (2005), age does not matter when describing the significant rite of passage into motherhood. Women experience this transition, regardless of age. However, from previous studies, it is clear that teenage mothers require more social support, although it may not

be clear how much social support teenage mothers need. Wahn and colleagues (2005) described three different aspects of social support: emotional support, informative support, and instrumental support. Based on their qualitative study, social support seems to come from the interaction teenage mothers have with their social network. In a lot of cases, the lack of social support is what disrupts the teenage mother's self-esteem (Mendieta, Jacinito, Fuentes, Leiva, & Trave, 2012). However, not all teenage pregnancies are unplanned. For instance, Wahn and colleagues (2005) conducted a study with twenty teenage pregnant participants, ages ranging from 15 to 19. All twenty participants expressed that becoming a mother was not unplanned but a personal choice, whether it was a cause of a pre-family pattern, seeking new opportunities, or seeking life-fulfillment. In addition, other studies have suggested that many teenage mothers intentionally get pregnant because they feel a sense of loneliness and they want someone to love (Wahn et al., 2005). In this case, teenagers take the responsibility and hardships of being a teenage mother.

A study conducted by Hanna (2001) demonstrated how five teenage mothers took the role of being a mother as an occupation. They adapted themselves around the child's needs, taking responsibility to advance their overall lifestyle, and be a better parent than their own parents. Even though this study demonstrated having a child in adolescent years can potentially give strength and fulfillment to teenage mothers, enhancing identity formation, there is also a challenge in becoming a parent without adequate support (Hanna, 2001). For example, a study conducted by Culp and colleagues (1988) found adolescent mothers to be less responsive to their offspring, This is due to the lack of social support (Mollborn & Morningstar, 2009). Moreover, a

study conducted by Romo and Nadeem (2009) suggested a lack of social support could lead to stress and low self-esteem, disrupting adolescent mothers identity formation.

Erikson (1968) was one of the first theorists to write extensively on identity formation. Marcia (1966) later used two dimensions, identity exploration and identity commitment, to operationalize Erikson's identity formation theory into four identity statuses: (1) Achievement, a commitment made after exploration, (2) Foreclosure, a commitment made without a considerable amount of exploration, (3) Moratorium, an ongoing exploration with little commitment, and (4) Diffusion, a lack of commitment with little efficient exploration (Marcia, 1966). Luyckx, Goosens, Soenens, and Beyers (2006) sought to extend the understanding of exploration and commitment into four factors: (1) Exploration in Breadth, viewed as gathering information on different identity alternatives as a guide to form an ultimate commitment, (2) Commitment Making, viewed as the choices currently made, (3) Exploration in Depth, viewed as gathering additional information on current choices, and (4) Identification with Commitment, viewed as forming a deeper commitment to current choices.

Two years later, Luyckx and colleagues (2008) extended the Luyckx four factor identity formation model with a fifth factor, Ruminative Exploration. Ruminative exploration suggests that exploration is not always a healthy beneficial factor towards identity adjustment (Luyckx et al., 2008). Certain types of identity exploration may be ridden with anxiety and indecision and thus may be unproductive. The study suggested that individuals who scored high on ruminative exploration had difficulty resolving identity issues and making identity commitments. The uncertainty of resolving identity issues could possibly lead to distress (Nolen-Hoeksema, 2000).

Identity distress used in this study is based off the DSM-IV-TR of Identity Problem (American Psychiatric Association, 2000), in which individuals are upset and uncertain regarding the inability to resolve certain identity issues (e.g. long-term goals, career choices, friendships, sexual orientation and behavior, moral values, and group loyalties).

Teenage pregnancy is thought of as a violation of social norms, therefore, increasing negative emotions, (e.g. shame, embarrassment, isolation). Mollborn and Morningstar (2009) found that participants felt distressed even before becoming pregnant. In other words, the longitudinal study reported that teenage mothers' distress levels were higher before pregnancy compared to childless teenagers and remained higher after childbirth into adulthood. Perhaps teenage girls who have higher levels of distress are more at risk of engaging in sexual intercourse without the use of contraceptives, thereby increasing the possibility of becoming pregnant (Collingwood, 2015). Lee (1997) suggests that the stress teenage mothers experience is not hormonal or biological, but rather, that it is largely associated with social contexts of disapproval.

Over the past twenty-three years, the teenage birth rate has decreased from 61.8 per 1000 women in 1991 to 24.2 per 1000 women in 2014 (Hamilton, Martin, Osterman, Curtin, & Mathews, 2015). Even though the teenage birth rate has decreased over the past years, it is still a social problem (Kearney & Levine, 2012). With this in mind, without positive social support, teenage mothers have a higher likelihood to drop out of high school, live in poverty, and remain unmarried as an adult (Kearney & Levine, 2012). Therefore, the present retrospective study addressed the role social support has on teenage mothers' identity distress.

## **Rationale**

The purpose of this retrospective study was to investigate the links between identity, adjustment, and parenting support among adolescent mothers. Recent research has supported the idea that many teenage mothers experience a loss of their sense of identity. When teenage mothers do not have the social support needed, they may start experiencing oppressive feelings of isolation, exclusion, and powerlessness, leading to distress (Reszel, Peterson, & Moreau, 2014). Furthermore, these feelings may also affect the offspring (Hurlbut et al., 1997). With proper support, rather than identity distress and disruption, the mother may acquire a new and stronger sense of identity (Hanna, 2001).

The present study focused on the effects social support had on a teenage mother's identity through state of pregnancy and after birth. This study empirically addressed the role social support had on identity development in motherhood compared to the identity development non-mothers had in regard to social support. Furthermore, this study looked at whether non-mothers go through the same level of distress an adolescent mother goes through, in regard to identity formation and self-direction. Our third group of participants consisted of other first time mothers of 20 years of age or older. It has been shown that regardless of age, mothers experience a "new" meaning in life with their first born. (Lesser et al., 1999).

Two hypotheses were presented. First, it was hypothesized that having a child during adolescence is detrimental to the identity formation process. It was further hypothesized that the greater social support teenage mothers have, the less identity disruption and distress they will

experience. Figure 1 displays an illustrative summary of the hypothesized relationship between variables.

## CHAPTER TWO: METHOD

### Participants

Participants ( $N = 200$ ) consisted of female undergraduate students divided into three categories: mothers who had their first child as a teenager (teen mothers;  $n = 6$ ), mothers who had their first child at 20 years or older (older mothers;  $n = 12$ ), and women who have never had children (non-mothers;  $n = 182$ ). Participants were recruited from the University of Central Florida with the academic year of: Freshman ( $n = 21$ , 10.4%), Sophomore ( $n = 40$ , 19.9%), Junior ( $n = 57$ , 28.4%), Senior ( $n = 78$ , 38.8%), Graduate ( $n = 1$ , 0.5%), Non-degree seeking ( $n = 2$ , 1.0%), and other ( $n = 2$ , 1.0%). The age range of the sample was 18 to 49 ( $M = 22.6$ ,  $SD = 5.6$ ). Racial/ ethnic demographics included: White ( $n = 99$ , 49.3%), Black ( $n = 28$ , 13.9%), Hispanic or Latino/a ( $n = 40$ , 19.9%), Asian or Pacific Islander ( $n = 15$ , 7.5%), Mixed ethnicity ( $n = 17$ , 8.5%), or Other ( $n = 1$ , 0.5%). This study excluded male students and those under the age of 18. Participants' current marital status was: Single ( $n = 171$ , 85.1%), Married ( $n = 11$ , 5.5%), Domestic Partner ( $n = 11$ , 5.5%), Divorced ( $n = 5$ , 2.5%), or Other ( $n = 3$ , 1.5%). Participants who were mothers had their first child between the ages of 16 and 36 ( $M = 22.1$ ,  $SD = 5.6$ ) and their marital status at the time of first child birth was: Single ( $n = 8$ , 42.1%), Married ( $n = 7$ , 36.8%), Domestic Partner ( $n = 3$ , 15.8%) or Other ( $n = 1$ , 5.3%). The number of children that participants had included none (90.5%), one (4.0%), two (2.0%), three (3.0%) and four (0.5%).



## Materials

### *Demographic Questionnaire*

A demographic questionnaire specifically developed for the present study was utilized to obtain general information including age, sex, grade, ethnicity, marital status currently and at time of first child birth, age when/if they had their first child, and number of children.

### *The Dimensions of Identity Development Scale*

The Dimensions of Identity Development Scale (DIDS; Luyckx, et al., 2008) was utilized to assess how individuals describe themselves in respect to future plans and possible life paths. The DIDS consisted of 25 statements such as, “I have decided on the direction I am going to follow in my life”, which was measured on a five-point Likert-type scale, ranging from *strongly disagree* to *strongly agree*. Across different samples, Cronbach’s alpha ranged between .83 and .93 (Luyckx, et al., 2008). For this study, the Cronbach’s alpha for the subscales of the DIDS were: commitment making .95, exploration in breadth .90, ruminative exploration .89, identification with commitment .92, and exploration in depth .65.

### *The Identity Distress Survey*

The Identity Distress Survey (IDS; Berman, Montgomery, & Kurtines, 2004) was utilized to measure distress in relation to identity development, based on the Identity Disorder criteria explained in the DSM-III-R. The IDS consisted of 10 items, which were measured on a five-point Likert-type scale, ranging from *not at all* to *very severely*. The Likert-type scale identified the degree to which they have recently been upset, distressed, or worried over any of the following issues in their life: long-term goals, career choices, friendship, sexual orientation, and

behavior, religion, values and beliefs, and group loyalties. The internal consistency for this measure has been reported as .84 with a test-retest reliability of .82 (Berman et al., 2004). For this study, the Cronbach's alpha was .79.

### *Personal Network Matrix*

The Personal Network Matrix (PNM; Dunst, Trivette, & Deal, 1986), was utilized to measure social support participants receive from various sources. The PNM consisted of 20 items, which were measured on a five-point Likert-type scale, ranging from *not at all* to *all the time*. The Likert-type scale identified the extent to which participants could depend on each source of support (e.g., parents, doctor, and friends). The overall internal consistency for this measure has been reported to be .92 (Carothers, Borkowski, Lefever, & Whitman, 2005). For this study, the Cronbach's alpha was .90.

### Procedures

Participants were recruited through Psychology classes utilizing the SONA system, a web-based research participation system. The survey was given in an online format. Upon reading and accepting the explanation of research, participants proceeded to take the survey anonymously. The participants were then asked to answer the IDS measure and the PNM measure again based on how they felt during their first pregnancy up through and including the first year after their baby's birth. If the participant had never had a baby, they were instructed to answer based on how they remembered feeling during their teenage years (approximately 15 to 19 years old). Participants received course credit for their participation in this study. Alternative

assignments were offered to those who wanted course credit but did not wish to participate in research.

## CHAPTER THREE: RESULTS

### Preliminary and Exploratory Analyses

Descriptive statistics of the means and standard deviations of each measure: DIDS, IDS, and PNM, can be found in Appendix B, Table 1. The preliminary and exploratory analysis between the groups of teen moms, older moms, and non-moms, resulted to have no significant difference within ethnicity,  $\chi^2_{(12)} = 8.69, p = .729$ , and education,  $\chi^2_{(12)} = 9.28, p = .679$ . However, the variation of marital status by motherhood status was significant,  $\chi^2_{(8)} = 89.15, p < .001$ , as shown in Table 2. As can be seen in this table, the vast majority (91.8%) of non-mothers were single, whereas both teen and older mothers were more dispersed across marital status categories.

### Hypothesis One: Identity Distress

It was hypothesized that having a child during adolescence is detrimental to the identity formation process. We tested this hypothesis using a One-way ANOVA (Analysis of Variance) with motherhood as the independent variable and the five identity subscales of the DIDS as the dependent variables. There was no significance difference found between motherhood status groups with regard to Commitment Making,  $F_{(2, 197)} = .89, p = .285$ , Identification with Commitment,  $F_{(2, 197)} = 1.26, p = .285$ , and Exploration in Depth,  $F_{(2, 197)} = 1.29, p = .279$ . However, there was a significant difference between groups with regard to Exploration in Breadth,  $F_{(2, 197)} = 9.94, p < .001$ , and Ruminative Exploration,  $F_{(2, 197)} = 4.95, p = .008$ . A Tukey's HSD (honest significant difference) post hoc analysis revealed that older mothers scored significantly lower in exploration in breadth than teen mothers ( $p = .015$ ) and non-mothers ( $p <$

.001). However, teen mothers and non-mothers did not score significantly different from each other. In regard to Ruminative Exploration, non-mothers scored significantly higher than older mothers ( $p = .007$ ), whereas teen mothers scored in between the other two groups, but not significantly different from them. There was no significant difference between the three groups in regard to identity distress as measured by the IDS,  $F_{(2, 197)} = 2.42, p = .091$ , or psychological symptom score as measured by the BSI-18,  $F_{(2, 197)} = 1.59, p = .207$ . Thus, hypothesis one was only partially supported.

### Hypothesis Two: Social Support

It was hypothesized that the greater social support teenage mothers received, the less identity distress they would experience. Social support was measured in regard to both present time and during the adolescent years using the following support system subscales: average support system ratings, number of ratings of 3 (*somewhat*) or higher, number of ratings at 4 (*a lot*) or higher, and number of ratings at 5 (*all the time*). Pearson Product-Moment correlations were calculated between these support variables and three distress variables: identity distress, ruminative exploration, and psychological symptom score. There were no significant correlations between identity and distress variables; however, given the small number of teen mothers ( $n = 6$ ), correlations were recalculated using the larger motherhood category (all mothers regardless of age at first childbirth;  $n = 19$ ). With this larger grouping, there was still no significant correlations between support variables and identity distress nor symptom score; however, there was a moderate to strong negative correlation between the support subscale of “A lot or higher” and ruminative exploration,  $r = -.50, p = .031$ . Thus, those mothers who experienced the highest

levels of social support reported the lowest levels of ruminative exploration. This serves as partial support of hypothesis two.

## CHAPTER FOUR: DISCUSSION

The purpose of this study was to investigate the relationship between identity, adjustment, and social support among participants who were adolescent mothers. Based on Erikson's stages of social development, the first hypothesis was that having a child at the adolescent stage can disrupt identity formation. The second hypothesis stated that the greater social support adolescent mothers received, the less identity distress they would experience. Both hypotheses were only partially supported.

### Implications

Results showed that non-mothers tend to ruminate more than older mothers in the aspect of constantly exploring different identity options and not committing to a final decision. Teen mothers were not significantly different than the other two groups. However, the lack of findings related to teen mothers might be due to the low number of participants, with only six teen mothers in this study. Previous studies have proposed the idea of adolescent mothers finding their inner strength through the adaption of maternal role (Lesser et al., 1999; Hannah, 2001; Wahn et al., 2005). Therefore, it would be beneficial to replicate this study with a larger population of participants who were adolescent mothers, to further explore the differences between adjustment at the young adulthood stage and at the adolescent stage.

Moreover, there was not a significant difference between the groups of non-mothers and teen-mothers in the aspect of exploring different alternatives as a guide to establishing a final commitment. This could have been due to the lack of participants who were adolescent mothers. However, results showed that older mothers explore less in breadth than non-mothers and teen

mothers. This finding could possibly be because older mothers have already established and solidified their goals (Hoffnung & Williams, 2013). Therefore, future researchers should replicate this study with a larger population of adolescent mothers and older mothers who had a child after the age of 19.

In addition, results showed how teen mothers and older mothers that have high levels of social support ruminate less at the adolescent stage. Due to the lack of participants who were adolescent mothers, this study did not show how well social support and identity distress changed together, if at all. Therefore, future studies should research the relationships between these variables with a larger sample of adolescent mothers.

#### Limitations

There are some limitations of the current study, such as the limited sample of adolescent mothers, which prevents findings to be generalized to the larger population. Moreover, because the study was conducted online, participants could alter their responses and give limited attention to the survey. Furthermore, certain questions on the survey were retrospective, which could alter the data based on the fact that participants had to recall information from their past. Additionally, this study was based on college students which might not be typical of the general population of teenage mothers. Many teenage mothers drop out of school and/or do not attend college. Lastly, this study used correlational data, which does not imply causation.

#### Future Studies

Results of this study may assist in recognizing the lack of teenage mothers going to college; however, the small population of those who do, account as an anomaly that should be

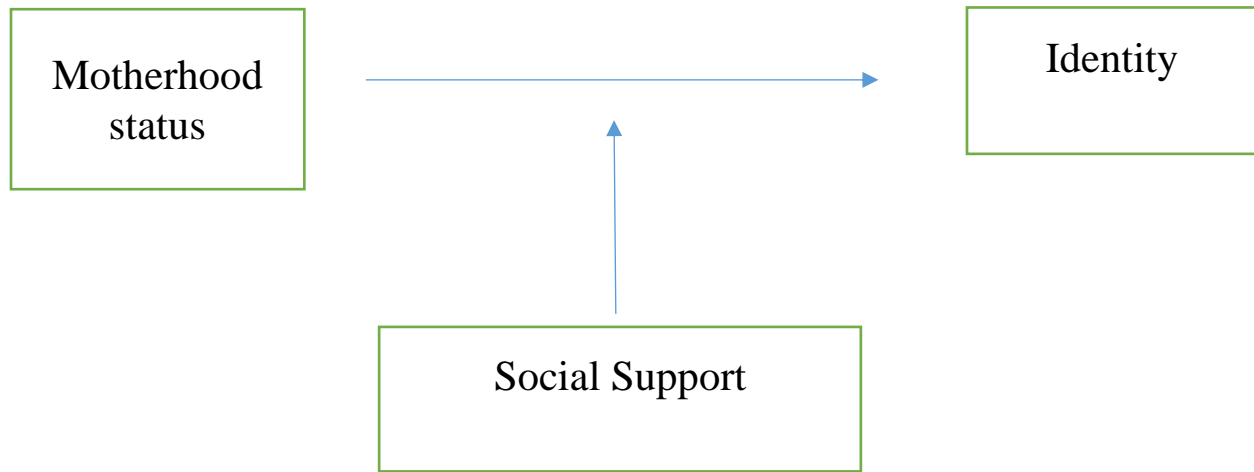


further studied. Future studies should be conducted with a larger, and more diverse sample of college women who had their first child as an adolescent. Due to the different types of social support; instrumental, informational, and emotional, future studies should research the type of effects social support has on adjustment compared with resilience (Hombrados et al., 2012).

Furthermore, previous research has supported the idea that parents may feel their role as non-significant when their children head to college and take momentous steps towards their independence (Friedlander, Reid, Shupak, & Cribbie, 2007). As we know from previous research, support plays an important role in teenage mothers' identity adjustment (Brown & Amankwaa, 2007; Brubaker & Wright, 2006; Friedlander et al., 2007; Kearney & Levine, 2012). Therefore, future studies should investigate the parent's perception of support they give and the perceived support adolescents receive from parental figures.

Many adolescent mothers are at a high risk for psychological distress, mainly depression (Schmidt, Wiemann, Rickert, & Smith, 2006). A study conducted by Schmidt et al. (2006), found that 50% of 623 adolescent mothers, experienced moderate to severe depression symptoms in the last 12 months. Therefore, future studies should test for depression in adolescent mothers. Moreover, it would be beneficial to replicate this study, testing whether identity distress is correlated with the amount of support adolescent mothers receive. Using a longitudinal study may be advantageous because it may bring a new understanding of adjustments of maternal identity for adolescent mothers.

## **APPENDIX A: FIGURES**



**Figure 1: Representation of Hypothesis Two**

A graphic representation of hypothesis two, that social support moderates the relationship between motherhood status and identity development.

## **APPENDIX B: TABLES**

**Table 1: Descriptive Statistic of DIDS, IDS, and PNM**

	Minimum	Maximum	Mean	SD	Skewness	Kurtosis
<u>DIDS</u>						
Commitment Making	1	5	3.99	.78	-.85	1.05
Exploration in Breadth	1	5	3.82	.75	-.58	.46
Ruminative Exploration	1	5	2.91	.96	.11	-.66
Identification with Commitment	2	5	3.87	.71	-.25	-.16
Exploration in Depth	2	5	3.67	.58	.14	-.01
<u>IDS</u>						
Identity Distress	1	5	2.13	.65	1.14	2.84
Identity Distress in teen years	1	5	2.15	.78	.78	.70
<u>PNM - Current</u>						
Overall Support	1	5	2.11	.65	.97	1.47
Number of support systems - Somewhat or higher	0	20	7.06	4.82	.93	.28
Number of support systems - A lot or higher	0	20	3.51	3.16	2.07	6.95
Number of support systems - All the time	0	20	1.24	2.10	4.90	35.74
<u>PNM – In Teen Years</u>						
Overall Support	1	5	1.91	.66	1.14	2.14
Number of support systems - Somewhat or higher	1	20	5.62	4.79	1.18	1.02
Number of support systems - A lot or higher	0	20	2.84	3.04	2.18	7.28
Number of support systems - All the time	0	20	1.23	2.23	4.57	29.63

**Table 2: Cross-tabulation of Frequencies between Motherhood Status and Marital Status**

	Marital Status				
	Single	Married	Domestic	Divorced	Other
Non-Mother	167	6	7	1	1
	91.8%	3.3%	3.8%	0.5%	0.5%
Teen Mother	2	1	2	0	1
	33.3%	16.7%	33.3%	0.0%	16.7%
Older	2	4	2	3	1
Mother	16.7%	33.3%	16.7%	25.0%	8.3%

## **APPENDIX C: APPROVAL OF EXEMPT HUMAN RESEARCH**



University of Central Florida Institutional Review Board  
Office of Research & Commercialization  
12201 Research Parkway, Suite 501  
Orlando, Florida 32826-3246  
Telephone: 407-823-2901 or 407-882-2276  
[www.research.ucf.edu/compliance/irb.html](http://www.research.ucf.edu/compliance/irb.html)

## Approval of Exempt Human Research

From: **UCF Institutional Review Board**  
**#1 FWA00000351, IRB00001138**

To: **Steven L Berman** and Co-PIs if applicable: **Dayanara Rosado**

Date: **February 09, 2016**

Dear Researcher:

On 02/09/2016, the IRB approved the following activity as human participant research that is exempt from regulation:

Type of Review: Exempt Determination  
Project Title: Identity Development in Motherhood  
Investigator: Steven L Berman  
IRB Number: SBE-16-11972  
Funding Agency:  
Grant Title:  
Research ID: N/A

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the [Investigator Manual](#).

On behalf of Sophia Dziegielewski, Ph.D., L.C.S.W., UCF IRB Chair, this letter is signed by:

A handwritten signature in black ink that reads "Joanne Muratori".

Signature applied by Joanne Muratori on 02/09/2016 04:55:09 PM EST

IRB Manager



## **APPENDIX D: DEMOGRAPHIC QUESTIONNAIRE**

## BACKGROUND QUESTIONNAIRE

**Sex:** Select  MALE  FEMALE  TRANSGENDERED or  OTHER

If you answered other to the question above, please specify here. If you did not select other, write NA.

Enter here

**Age:**

**Check your academic year at the University of Central Florida:**

- Undergraduate Freshman
- Undergraduate Sophomore
- Undergraduate Junior
- Undergraduate Senior
- Graduate
- Non-degree seeking
- Other

If you answered other to the question above, please specify here. If you did not select other, write NA.

Enter here

**At what age did you have your first child? If you have not children, write NA.**

Enter here

**Check the ethnic/racial identifier that best describes you:**

- White, (non-Hispanic)
- Black, (non-Hispanic)
- Hispanic or Latino/a
- Asian or Pacific Islander
- Native American or Alaskan Native

- Mixed ethnicity
- Other

If you answered mixed or other to the question above, please specify here. If you did not select other, write NA.

Enter here
------------

**Current Marital Status:**

- Single
- Married
- Domestic Partner
- Divorced
- Widowed
- Other

If you answered other to the question above, please specify here. If you did not select other, write NA.

Enter here
------------

**When you had your first child, what was your marital status:**

- Single
- Married
- Domestic Partner
- Divorced
- Widowed
- Other

If you answered other to the question above, please specify here. If you did not select other, write NA.

Enter here
------------

**How many children do you currently have?**

Enter here
------------

## **APPENDIX E: DIDS**

**DIDS** - The following is a list of statements that many people use to describe themselves. Using the following scale, please rate the degree to which you agree or disagree with these statements.

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree, nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>

1. I have decided on the direction I am going to follow in my life.
2. I have plans for what I am going to do in the future.
3. I know which direction I am going to follow in my life.
4. I have an image about what I am going to do in the future.
5. I have made a choice on what I am going to do with my life.
6. I think actively about different directions I might take in my life.
7. I think about different things I might do in the future.
8. I am considering a number of different lifestyles that might suit me.
9. I think about different goals that I might pursue.
10. I am thinking about different lifestyles that might be good for me.
11. I am doubtful about what I really want to achieve in life.
12. I worry about what I want to do with my future.
13. I keep looking for the direction I want to take in my life.
14. I keep wondering which direction my life has to take.
15. It is hard for me to stop thinking about the direction I want to follow in my life.
16. My plans for the future match my true interests and values.
17. My future plans give me self-confidence.
18. Because of my future plans, I feel certain about myself.
19. I sense that the direction I want to take in my life will really suit me.
20. I am sure that my plans for the future are the right ones for me.
21. I think about the future plans I already made.
22. I talk with other people about my plans for the future.
23. I think about whether the aims I already have for life really suit me.
24. I try to find out what other people think about the specific direction I decided to take in my life.
25. I think about whether my future plans match what I really want.

## **APPENDIX F: IDS**

**IDS** - To what degree have you recently been upset, distressed, or worried over any of the following issues in your life? (Please select the appropriate response, using the following scale).

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
None At All	Mildly	Moderately	Severely	Very Severely

26. Long term goals? (e.g., finding a good job, being in a romantic relationship, etc.)
27. Career choice? (e.g., deciding on a trade or profession, etc.)
28. Friendships? (e.g., experiencing a loss of friends, change in friends, etc.)
29. Sexual orientation and behavior? (e.g., feeling confused about sexual preferences, intensity of sexual needs, etc.)
30. Religion? (e.g., stopped believing, changed your belief in God/religion, etc.)
31. Values or beliefs? (e.g., feeling confused about what is right or wrong, etc.)
32. Group loyalties? (e.g., belonging to a club, school group, gang, etc.)
33. Please rate your overall level of *discomfort* (how bad they made you feel) about all the above issues as a whole.
34. Please rate how much uncertainty over these issues as a whole has interfered with your life (for example, stopped you from doing things you wanted to do, or being happy)
35. How long (if at all) have you felt upset, distressed, or worried over these issues as a whole? (Use rating scale below)

<b>Never or less than a month</b>	<b>1 to 3 months</b>	<b>3 to 6 months</b>	<b>6 to 12 months</b>	<b>More than 12 months</b>
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>

## **APPENDIX G: BSI**



**BSI 18** - Below is a list of problems people sometimes have. Read each one carefully and mark the option that best describes **HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY.**

**A**  
**Not at all**

**B**  
**A little bit**

**C**  
**Moderately**

**D**  
**Quite a bit**

**E**  
**Extremely**

36. Faintness or dizziness
37. Feeling no interest in things
38. Nervousness or shakiness inside
39. Pains in heart or chest
40. Feeling lonely
41. Feeling tense or keyed up
42. Nausea or upset stomach
43. Feeling blue
44. Suddenly scared for no reason
45. Trouble getting your breath
46. Feelings of worthlessness
47. Spells of terror or panic
48. Numbness or tingling in parts of your body
49. Feeling hopeless about the future
50. Feeling so restless you couldn't sit still
51. Feeling weak in parts of your body
52. Thoughts of ending your life
53. Feeling fearful

## **APPENDIX H: ISM**

Please choose the statement that best describes the establishment of the roles, goals, and values that give your life direction and purpose (i.e., answers to the questions: who am I, what do I believe in, and what do I want out of life?):

- I don't know yet what are the roles, goals, and values that will give my life direction and purpose, because I haven't given it much thought.
- Finding direction & purpose in life was never a difficult thing for me, because I feel like I've always known who I am, what I believe in, and what I wanted out of life.
- I've given it a lot of thought, but I still haven't figured out what would be the roles, goals, and values, that would give my life direction and purpose.
- After much consideration and deliberation, I have determined the roles, goals, and values that give my life direction and purpose.

## **APPENDIX I: PNM**

**Personal Network Matrix**

Whenever a person needs help or assistance, he or she generally can depend upon certain persons or groups more than others. Listed below are different individuals, groups, and agencies that you might ask for help or assistance.

For each source listed, please indicate to what extent you could depend upon each person or group if you needed any type of help.

Not at	A little	Somewhat	A lot	All the time
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1. Spouse or partner.....	1	2	3	4	5
2. My children.....	1	2	3	4	5
3. My parents.....	1	2	3	4	5
4. Spouse or partner's parents.....	1	2	3	4	5
5. My sisters/brothers.....	1	2	3	4	5
6. My spouse or partner's sisters/brothers.....	1	2	3	4	5
7. Other relatives.....	1	2	3	4	5
8. Friends.....	1	2	3	4	5
9. Neighbors.....	1	2	3	4	5
10. Church, Synagogue or					

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