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Lenee Nicole Kehnt
Walden University, leneekehnt@gmail.com

Magy Martin

Don Martin

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Perceived Child Regard, Parenting Stress, and Depressive Symptoms of Nonresidential and Residential Stepmothers

Dr. Lenee Kehnt[1], Dr. Magy Martin[2] & Dr. Don Martin[3]
[1]Department of Psychology, Walden University, Minneapolis, Mn.
[2]Department of Psychology, Walden University, Minneapolis, Mn.
[2]Department of Counseling, School Psychology and Educational Leadership
Youngstown State University, Youngstown, Ohio

Abstract: *An analysis of covariance was used to determine whether differences existed between nonresidential and residential stepmothers regarding parental stress, perceived parental regard, and depressive symptoms. The participants selected for the study were both nonresidential and residential stepmothers, 18 years and older. Participants completed a web-based survey that administered three different instruments: The Perceived Child Regard Questionnaire, the Parental Stress Scale, and the Center for Epidemiologic Studies Depression Scale-Revised. A total sample size of 94 nonresidential stepmothers and 79 residential stepmothers completed the survey. Results indicated no significant differences in parental stress and depressive symptoms due to custody status. However, there was a significant effect noted between nonresidential and residential stepmothers about perceived child regard.*

1. Introduction

Separation and divorce are a common phenomenon in marriages in Western societies, fracturing the two-parent home environment[6,37]. Other nuclear families which consist of a biological mother, father and biological children may lose a spouse or parent to death, leaving a single parent. Regardless of the cause of single parenthood, some individuals may choose to remarry and form a blended family[10,52]. These families may be simple or complex, simply meaning one spouse has children from a previous relationship; or complex, which both spouses have children from a prior relationship[8,19]. There are also instances where stepmothers or stepfathers do not have any biological children of their own, suggesting that stepfamily dynamics vary greatly[8]. Some researchers have shifted their focus to the role of the stepmother and how that role affects family and individual functioning[36,40,42]. Furthermore, current research has found that stepmothers experience more anxiety and depressive symptoms than do biological mothers[24,42]. However, less is known about the mental health of nonresidential or residential stepmothers.

There are several overarching problems that may lead to a stepmother's propensity to develop stress, and depressive symptoms including loyalty bind, financial hardship, dysfunctional parenting plans, and the lack of a sound support system[4,20,50]. The issue with the current findings is that most researchers have grouped stepmothers as a single unit, rather than examining the unique experiences of stepmothers based on custody allocations of their stepchildren[8,27]. There are nonresidential and residential stepmothers, each with her own set of experiences that may cause distress[7,33]. Stressors that residential stepmothers incur are based on whether a biological mother is deceased or has abandoned the children.

2. Literature Review

2.1 Implications of Residential Stepmothers: Upon an examination of childhood bereavement, it can be concluded that the loss of a parent is associated with mental health problems in approximately 25% of the time in post-loss adolescence[47]. Children who experienced a death in their family were at risk of distress and dysfunction in the form of emotional problems, such as depression, anxiety, post-traumatic stress disorder, somatic complaints, and behavioral outbursts[45]. Symptoms include separation distress, preoccupation with thoughts about the loved one, a sense of purposelessness, numbness, bitterness, and inability to accept the loss. Furthermore, it might be challenging when a father remarries quickly after the death of his previous spouse[49]. In the subsequent blended family, the death of a biological mother could create communication

problems and the need to re-evaluate the role of the biological mother[11,14]. While it can be concluded that children experience a unique set of stressors about grief, no research concludes that the biological mother's death might affect the stepmother's mental health[16]. It may be hypothesized that the stepmother may experience discomfort in negotiating the deceased mother's presence into the new family formation[15].

Contrarily, a stepmother may be assuming the primary caregiving role in the event of parental abandonment; it is necessary to examine the parenting issues that can occur as a result[18]. Children could create an emotional barrier between themselves and the stepmother in order to avoid the potential pain of abandonment from reoccurring [33]. The stepmother may also have issues disciplining the child when parenting challenges occur[33].

2.2 Implications of Nonresidential Stepmothers: Alternatively, nonresidential stepmothers may have a specific set of problems that are relatively different from that of a residential stepmother. These problems stem from the part-time position of a nonresidential stepmother and the presence of an active, biological mother[7,26]. The constant presence of a woman who first established a family with their spouse can inflict tremendous emotional distress on a stepmother[12, 43]. When a stepmother enters the picture with her own set of parenting ideals, it can feel challenging to the biological mother[48,49]. Stepmothers may feel pressured to conform to the biological mother's interference in their household to maintain peace, just because the expectations are ill-defined[7,31].

When stepmothers do not conform to the biological mother's parenting standards, they often face boundary issues. Children desire biological relationships foremost[17]. Children are also willing to demonstrate inclusivity, depending on the quality of the stepparent relationship[17,34]. The problem of boundary violation occurs when a stepmother's inclusivity is achieved, but she cannot determine what constitutes the difference between the responsibilities assumed by a biological mother and herself[13,17,38]. In situations where both step and biological mothers want to be part of the child-rearing process, the relationship between the two women can become quite complicated.

Another distressful factor in maintaining part-time custody status is that fathers may take on a "laissez-faire" role in parenting[28]. Fathers engaged in more leisure activities compared to active parenting when they only had weekend visitation[1]. This phenomenon occurs when biological fathers spend more time having fun with their children, rather than maintaining parental standards of regular discipline[1]. Similarly, nonresidential fathers who have experienced less conflict because of low-pressure interaction are likely to keep that parenting method intact for two purposes[30]. One purpose is to keep a healthy, functioning relationship with their biological children; the second purpose is to alleviate potential conflict with the birth mother[30,44]. Often, the permissive parenting that some fathers might engage in with the nonresidential role can become extremely stressful for stepmothers [23].

2.3 Perceived child regard: Seminal research regarding perceived child regard between biological mothers and stepmothers noted potential differences in perceived child regard between nonresidential and residential stepmothers[42]. Formative insight on father-led families which involve nonresidential biological mothers[22]. When discussing perceived child regard, the theory of evaluating the degree of "closeness" a stepchild feels with their residential stepmother warrants discussion. In this type of household, adolescents that live with their fathers report closeness with their father first, then their residential stepmother[21,22]. Lastly, the researcher stated that in some cases that a residential stepmother may experience a closer relationship than the adolescent has with their nonresidential biological mother[5,22]. It may be hypothesized that in these types of households, positive child regard would likely be established between a residential stepmother and their stepchild.

Everyday talk with stepchildren could create relational satisfaction[40]. Furthermore, when a stepchild believes that a stepparent accommodates the relationship with warm, communicative efforts, they are more likely to feel a positive affiliation with the new family dynamic[40]. Although this research provides innovative information on the relationship between communication and stepparent-stepchild regard, the author did not distinguish the different types of custody arrangements and its effects on positive/negative communication. The research left a gap that is worthy of exploration.

3. Methodology

3.1 Participants

The target population included nonresidential and residential stepmothers above the age of 18 years. The study was administered via a questionnaire on the internet; therefore, the location of the participants varied. The researcher sought the participation of 70 nonresidential stepmothers, and 70 residential stepmothers. However, A total of 173

participants completed the entire survey, 94 nonresidential stepmothers and 79 residential stepmothers. The adjusted sample size was sufficient for further analysis. Participants were recruited from several Facebook groups including #DoctoralMomLife, Stepparenting Success, The Not-So-Wicked Stepmother, and Stepparent Magazine. The following descriptive statistics were examined: age, ethnicity, income, the number of biological children, the number of stepchildren, the years spent stepparenting and the level of involvement including nonresidential and residential custody status.

3.2 Instrumentation:

*Demographics scale***.** A demographics scale was administered to the participants in order to analyze specific covariates noted throughout the study. Age, race, household income, number of stepchildren, years spent step-parenting, custody status (i.e., nonresidential or residential level of care), and how many biological children are present in the home were quantified appropriately in SPSS 24.0. Furthermore, demographic information was imperative to this study because the researcher sought to understand if there was any type of influence of the covariates on the remaining variables.

Perceived Child Regard Questionnaire. The Perceived Child Regard Questionnaire was developed by Shapiro and Stewart [42]. The assessment is relevant to the study because it accurately reflected how stepmothers view their relationships with the biological children and stepchildren in the household. The scale demonstrates reliability for stepmothers *(α* = .89) and biological mothers (*a*=.90*)*. The scale was determined reliable for biological mothers and stepmothers as a population.

Parental Stress Scale. The PSS was determined a reliable instrument (α = .83), as examined in a sample of 233 participants. The interim correlation was .23, while the mean item-whole correlation was .43, proving solid, internal consistency. Test-retest reliability was evaluated over six weeks, and a significant correlation of .81 was obtained [3].

Center for Epidemiologic Studies Depression Scale, Revised (CES-D-R). The Center for Epidemiologic Studies Depression Scale, Revised (CES-D-R) was devised by Radloff [35]. The scale is appropriate for measuring depressive symptoms of participants throughout two weeks. Per the CES-D-R, scores for their sample were determined to be reliable (*α* = .89), and the sum of items ranged from 0 to 445, with a mean of 12.44 (*SD* = 10.05).

3.3 Demographic Characteristics

Of the responses that did meet the study inclusion criteria, the following descriptive statistics were examined: age, ethnicity, income, the number of biological children, the number of stepchildren, the years spent stepparenting, and the level of involvement including nonresidential and residential custody status. The descriptive statistics of the respondent's characteristics are presented in Table 1.

Table 1: Descriptive Statistics of Demographical Data

Variable	*n*	%
Age		
18-30	49	28.32
31-40	92	53.18
41-50	22	12.72
51-60	10	5.78
Ethnicity		
Asian or Asian American	2	1.16
Black or African American	6	3.47
Hispanic or Latino	22	12.72
White or Caucasian	143	82.66
Income		
Above $40,000	144	83.24
Between $10,001 and $20,000	3	1.73
Between $20,001 and $30,000	10	5.78

Between $30,001 and $40,000	15	8.67
Under $10,000	1	0.58
Number of Children		
0	71	41.04
1	25	14.45
2	40	23.12
3	18	10.40
4	17	9.83
5 and above	2	1.16
Number of Stepchildren		
1	68	39.31
2	65	37.57
3	30	17.34
4	7	4.05
5 and above	3	1.73
Years Spent Stepparenting		
1-5 years	99	57.23
6-10 years	43	24.86
above 10 years	27	15.61
Less than one year	4	2.31
Level of Involvement		
Nonresidential custody allocated on a part-time basis	94	54.34
Residential lives with stepchildren	79	45.66

3.4 Descriptive Statistics of Continuous Variables: The continuous variables of interest were calculated through sums of the relevant survey items. The PSS consisted of 18 items with possible scores for perceived stress scores ranging from 18 to 90. The PCR consisted of 9 items with possible scores for perceived stress scores ranging from 9 to 45. The CESD-R consisted of 20 items with possible scores for depressive symptoms scores ranging from 20 to 80.

Perceived stress scores ranged from 23.00 to 83.00 with M = 47.03 (SD = 12.73, SE_M = 0.97). Perceived child regard scores ranged from 9.00 to 45.00 with M = 32.43 (SD = 8.45, SE_M = 0.64). Depressive symptoms scores ranged from 22.00 to 74.00 with M = 38.03 (SD = 11.02, SE_M = 0.84.

The skewness and kurtosis values were explored for the variables. When the skewness is greater than 2 in absolute value, the variable is asymmetrical about its mean. When the kurtosis is greater than or equal to 3, then the variable's distribution is markedly different from a normal distribution and is considered to be an outlier [51]. The skewness and kurtosis values were not outside the thresholds. Outliers were explored through use of standardized values, with z = 3.29 standard deviations being used as the threshold for an outlier. None of the variables had outlying values. Descriptive statistics for the continuous variables of interest are presented in Table 2.

Table 2
Descriptive Statistics for the Continuous Variables

Variable	*M*	*SD*	SE_M	Skewness	Kurtosis
Perceived stress	47.03	12.73	0.97	0.41	-0.19
Perceived child regard	32.43	8.45	0.64	-0.49	-0.53
Depressive symptoms	38.03	11.02	0.84	0.90	0.48

3.5 Reliability

Cronbach's alpha tests of reliability and internal consistency were run on the subscales. The Cronbach's alpha calculates the mean correlation between each pair of items and the number of items making up the scale. Results for the Cronbach's alpha met the acceptable threshold for reliability. Results for the reliability analysis are presented in Table 3.

Table 3:Reliability Statistics

Variable	*n*	α
Perceived stress	18	.92
Perceived child regard	9	.91
Depressive symptoms	20	.92

3.6 Preliminary Data Analysis

Before the analysis of the research questions, a Pearson Correlation Analysis was computed to assess the relationship between the covariates and the dependent variables. Age was significantly correlated with perceived regard (r = -.20, p = .007). Likewise, the number of children was significantly correlated to perceived regard (r = -.15, p = .047) and parental stress (r = -.26, p = .001). Also, the number of stepchildren was significantly correlated to perceived regard (r = -.28, p < .001) and parental stress (r = .17, p = .030). All the covariates were still included in the ANCOVA models. Table 4 presents the findings of the correlation's coefficients.

Table 4:Correlations Between Demographics and Study Variables

Demographic Variable	Perceived regard	Parental stress	Depressive symptoms
Age	-0.20**	-0.00	-0.06
Black vs White	-0.00	-0.08	-0.06
Hispanic vs White	0.02	-0.07	-0.08
Asian vs White	0.04	-0.10	-0.13
Income	-0.04	0.07	-0.08
Number of children	-0.15*	-0.26**	-0.08
Number of stepchildren	-0.28**	0.17*	0.09
Years step-parenting	-0.00	-0.11	-0.14

Note. * Denotes correlation is significant at .05. ** Denotes correlation is significant at .01.

3.7 Assumptions Testing

Since an ANCOVA was conducted for each research question, the assumptions must be addressed for each analysis. The assumptions of univariate normality of residuals, homoscedasticity of residuals, independence between the covariates and independent variables, and homogeneity of regression slopes were assessed. Kolmogorov-Smirnov tests were utilized to determine whether the distributions of the Perceived Child Regard questionnaire, the PSS, and the CESD-R were significantly different from a normal distribution. Table 5 displays the distributions. All three variables did not differ from normal distribution: Perceived Child Regard questionnaire (D = 0.09, p = .094), PSS (D = 0.08, p = .275), and CESD-R (D = 0.10, p = .064).

Table 5: Kolmogorov-Smirnov Test Results

Variable	*D*	*p*
Perceived Child Regard	0.09	.094
PSS	0.08	.275
CESD	0.10	.064

Additionally, the Levene's test was conducted for the total of the Perceived Child Regard questionnaire by the level of care (nonresidential or residential custody status). The

Levene's test for equality of variance is traditionally used to assess whether the homogeneity of variance assumption was met[25]. The homogeneity of variance assumption requires the variance of the dependent variable will be approximately equal in each group. The result of Levene's test was not significant, $F(1, 171) = 0.50$, $p = .482$, indicating that the assumption of homogeneity of variance was met. A Levene's test was conducted for the PSS by custody status. The result of Levene's test was not significant, $F(1, 171) = 0.34$, $p = .563$, showing that the assumption of homogeneity of variance was met for that scale as well. Lastly, the Levene's test was used for the CESD-R by custody status. The result of Levene's test was not significant, $F(1, 171) = 0.79$, $p = .376$, indicating that the assumption of homogeneity of variance was met for the depressive symptoms.

Normality was evaluated using a Q-Q scatterplot [2,9]. The Q-Q scatterplot compares the distribution of the residuals with a normal distribution (a theoretical distribution which follows a bell curve). In the Q-Q scatterplot, the solid line represents the theoretical quantiles of a normal distribution. Normality can be assumed if the points form a relatively straight line. The Q-Q scatterplot for the PSS is presented in Figure 1. Likewise, the Q-Q scatterplot for the Perceived Child Regard Questionnaire is represented in Figure 2. Normality for the CESD-R is noted in Figure 3.

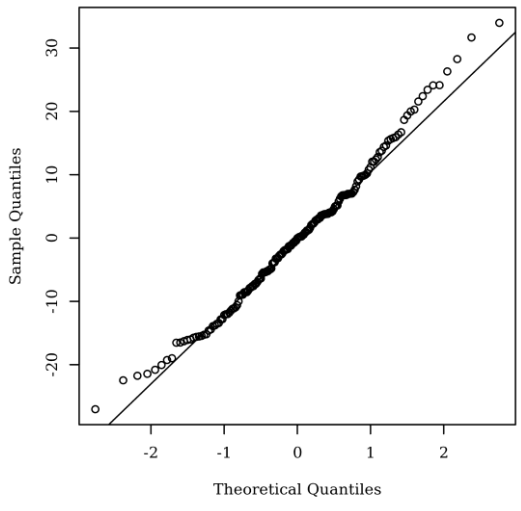

Figure 1. Q-Q scatterplot testing normality for the PSS.

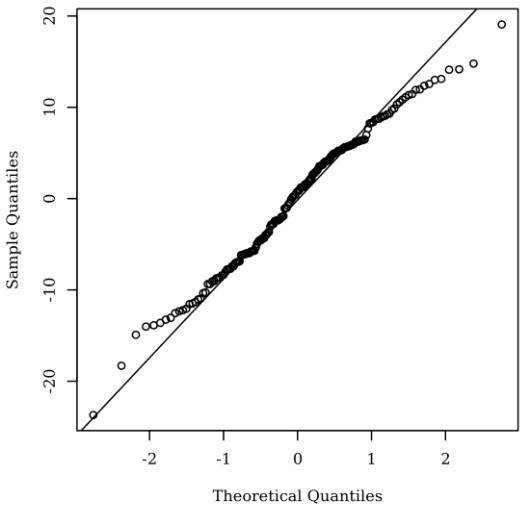

Figure 2. Q-Q scatterplot testing normality for the PCR.

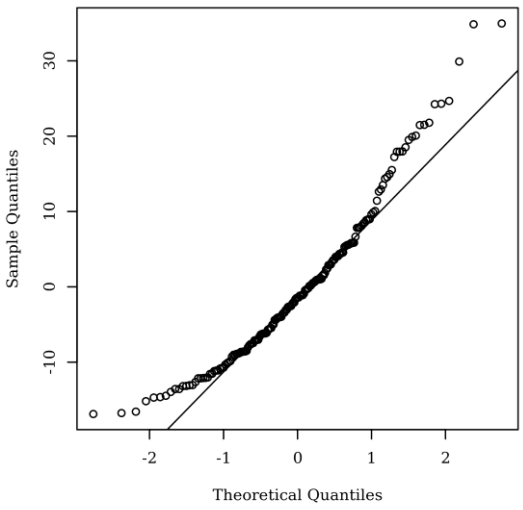

Figure 3. Q-Q scatterplot testing normality for the CESD-R.

Homoscedasticity. Homoscedasticity was evaluated by plotting the residuals against the predicted values [2.9]. The assumption of homoscedasticity was met because the points appeared randomly distributed with a mean of zero and no apparent curvature. Figure 4 presents a scatterplot of predicted values and model residuals for the PSS. Subsequently, Figures 5 and 6 represent the Perceived Child Regard Questionnaire and CESD-R accordingly.

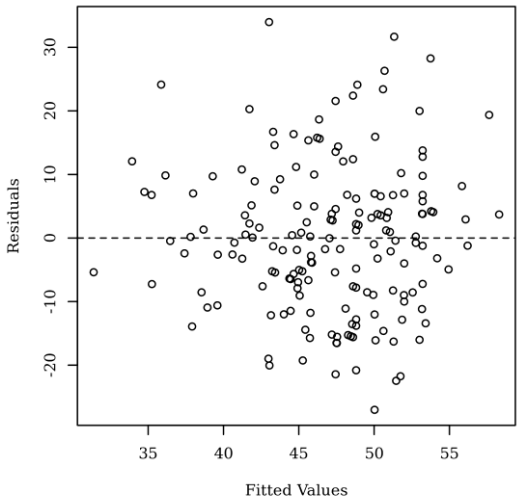

Figure 4. Residuals scatterplot testing homoscedasticity for the PSS.

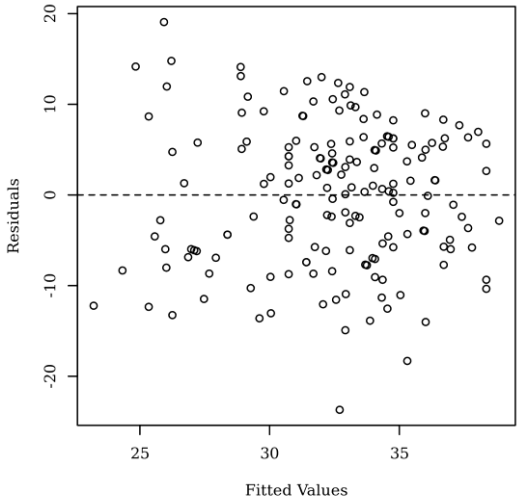

Figure 5. Residuals scatterplot testing homoscedasticity for the PCR.

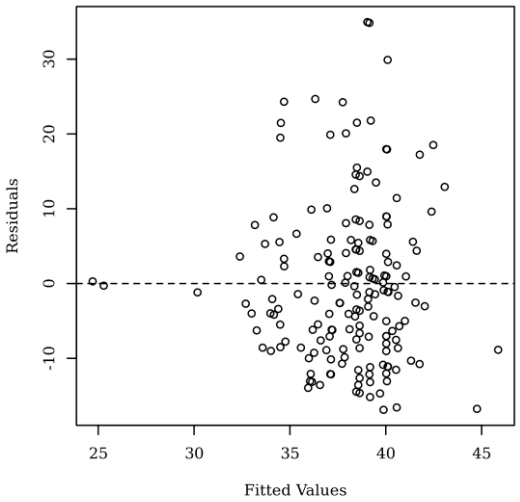

Figure 6. Residuals scatterplot testing homoscedasticity for the CESD-R.

Covariate-IV independence. Each independent variable and covariate must be independent of each other[29]. For each covariate, an ANOVA was run between the groups of each independent variable with the covariate as the dependent variable to determine independence[9]. The following independent variables and covariates are not likely independent from one another and violate the assumption for all three scales (covariate-IV): The number of children-level of involvement ($F(1,171) = 6.22$, $p = .014$). All remaining covariate-IV pairs were not significant and met the assumption.

Homogeneity of regression slopes. The assumption for homogeneity of regression slopes was assessed by rerunning the ANCOVA, but this time including interaction terms between each independent variable and covariate [9]. The following independent variables and covariates had significant interactions and violated the assumption: Level of involvement-number of stepchildren ($F(1,155) = 5.05$, $p = .026$). All remaining covariate and independent variable interactions were not significant and met the assumption. Therefore, the covariate will be included into the model with a level of caution.

4.0 Results

Three separate ANCOVA analyses were executed to address the research questions. An ANCOVA is appropriate when assessing for differences in a continuous variable between groups while controlling for additional variables. The first research question examined the relationship between parental stress and the level of involvement in step-parenting while controlling for

the covariates of age, ethnicity, income, number of children, number of stepchildren, and years spent step parenting. The scores from the PSS and demographics questionnaire were utilized. The hypotheses for the analysis were:

$H1_0$. Parental stress will not be significantly different between nonresidential and residential stepmothers, taking the age, race, household income, number of children, and years spent step parenting into account as covariates.

$H1_A$. Parental stress will be significantly different between nonresidential and residential stepmothers, taking the age, race, household income, number of children, and years spent step parenting into account as covariates.

The results of the ANCOVA suggested that there were no significant differences in parental stress by the level of involvement while controlling for demographics, $F(1, 163) = 0.01$, $p = .913$ (Table 6). Thus, the null hypothesis for the first research question was confirmed. The means and standard deviations are presented in Table 7.

Table 6: Perceived Stress Analysis of Covariance

Term	*SS*	*df*	*F*	*p*	η_p^2
Level of Involvement	1.73	1	0.01	.913	0.00
Age	137.60	1	0.96	.329	0.01
Black	360.33	1	2.51	.115	0.02
Hispanic	109.05	1	0.76	.385	0.00
Asian	436.12	1	3.04	.083	0.02
Income	268.29	1	1.87	.173	0.01
Number of children	2297.07	1	16.00	< .001	0.09
Number of stepchildren	1405.15	1	9.79	.002	0.06
Years spent stepparenting	149.18	1	1.04	.310	0.01
Residuals	23401.41	163			

Note: Analysis of Variance Table for PSS by level of involvement while controlling for age, Black vs. White, Hispanic vs. White, Asian vs. White, income, number of children, number of stepchildren, and years spent stepparenting.

Table 7: PSS by Level of Involvement

Combination	Marginal Means	*SE*	*n*
Nonresidential custody allocated on a part-time basis	47.13	1.25	94
Residential lives with stepchildren	46.92	1.37	79

Note. Marginal Means, Standard Error, and Sample Size for PSS by level of involvement while controlling for age, Black, Hispanic, Asian, income, number of children, number of stepchildren, and years spent stepparenting

The second research question investigated the relationship between perceived child regard and custody status while controlling for the covariates of age, ethnicity, income, number of children, number of stepchildren, and years spent step parenting. The scores from the perceived child regard questionnaire and demographics questionnaire were utilized. The hypotheses for the analysis were:

H_02. Perceived child regard score will not be significantly different between nonresidential and residential stepmothers, taking the age, race, household income, number of children, and years spent step parenting into account as covariates.

H_A2. Perceived child regard score will be significantly different between nonresidential and residential stepmothers, taking the age, race, household income, number of children, and years spent step parenting into account as covariates.

The results of the ANCOVA suggested that there were significant differences in perceived child regard by level of involvement while controlling for demographics, $F(1, 163) = 8.30$, $p = .004$, $\eta_p^2 = 0.05$. The results suggest that the scores on the perceived child regard were higher for women who reside with their stepchildren on a full-time basis (Table 8). The results of the analysis reject the null hypothesis for the first research question, the alternative is confirmed. The means and standard deviations are presented in Table 8, Table 9 and Figure 7.

Table 8: Perceived Child Regard Analysis of Variance

Term	*SS*	*df*	*F*	*p*	η_p^2
Level of Involvement	525.06	1	8.30	.004	0.05
Age	257.81	1	4.08	.045	0.02
Black	86.00	1	1.36	.245	0.01
Hispanic	9.96	1	0.16	.692	0.00
Asian	4.53	1	0.07	.789	0.00
Income	12.42	1	0.20	.658	0.00
Number of Children	145.77	1	2.31	.131	0.01
Number of Stepchildren	765.24	1	12.10	< .001	0.07
Years spent Stepparenting	48.26	1	0.76	.384	0.00
Residuals	10305.35	163			

Note. *Analysis of Variance Table for PCR_Total by Level of Involvement While Controlling for Age, Black, Hispanic, Asian, Income, Number Of Children, Number of Stepchildren, and Years spent Stepparenting*

Table 9: Perceived Child Regard by Level of Involvement

Combination	Marginal Means	*SE*	*n*
Nonresidential custody allocated on a part-time basis	30.79	0.83	94
Residential lives with stepchildren	34.38	0.91	79

Note. Marginal Means, Standard Error, and Sample Size for PCR_Total by Level of Involvement Controlling for Age, Black, Hispanic, Asian, Income, Number of children, number of stepchildren, and years spent Stepparenting.

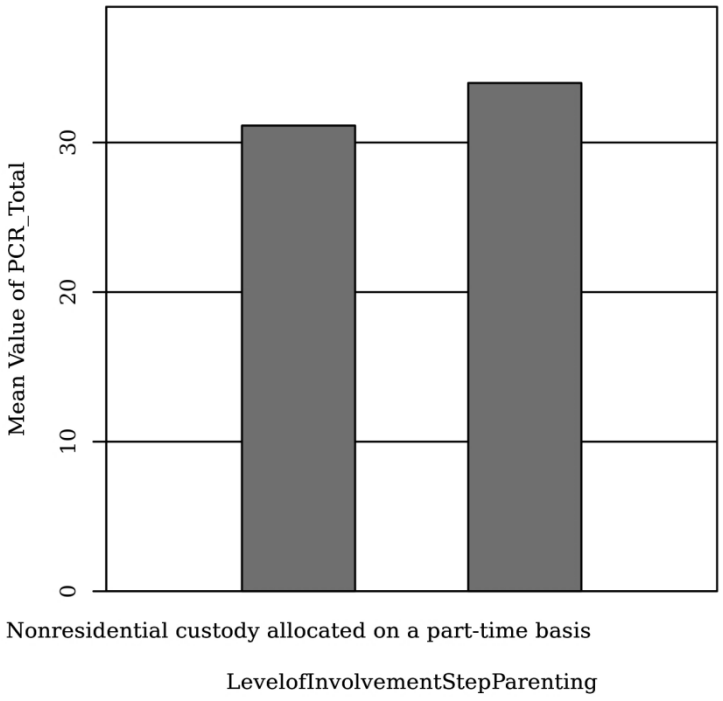

Figure 7. Mean of PCR total by level of involvement.

The third research question examined the relationship between depressive symptoms and the level of involvement in step-parenting while controlling for the covariates of age, ethnicity, income, number of children, number of stepchildren, and years spent step parenting. The scores from the CESD-R and demographics questionnaire were utilized. The hypotheses for the analysis were:

H03. Depressive symptoms will not be significantly different between nonresidential and residential stepmothers, taking the age, race, household income, number of children, and years spent step parenting into account as covariates.

HA3. Depressive symptoms will be significantly different between nonresidential and residential stepmothers, taking the age, race, household income, number of children, and years spent step parenting into account as covariates.

The results of the ANCOVA were not significant, $F(1, 163) = 0.10$, $p = .751$, indicating there were no significant differences in depressive symptoms by level of involvement while controlling for demographics. The means and standard deviations are presented in Table 10 and 11.

Table 10: CESD-R Analysis of Variance

Term	*SS*	*df*	*F*	*p*	η_p^2
Level of involvement	12.11	1	0.10	.751	0.00
Age	0.45	1	0.00	.951	0.00
Black	89.26	1	0.74	.389	0.00
Hispanic	120.35	1	1.00	.318	0.01
Asian	283.68	1	2.37	.126	0.01
Income	77.67	1	0.65	.422	0.00
Number of children	150.15	1	1.25	.265	0.01
Number of stepchildren	294.37	1	2.46	.119	0.01
Years spent stepparenting	209.18	1	1.75	.188	0.01
Residuals	19538.93	163			

Note. Analysis of Variance Table for the CESD-R by the level of stepparenting while controlling for age, Black, Hispanic, Asian, income, number of children, number of stepchildren, and years spent stepparenting

Table 11: CESD-R by Level of Involvement

Combination	Marginal Means	*SE*	*n*
Nonresidential custody allocated on a part-time basis	37.79	1.14	94
Residential lives with stepchildren	38.33	1.25	79

Note. Marginal Means, Standard Error, and Sample Size for CESD-R by the level of involvement while controlling for Age, Black, Hispanic, Asian, Income, number of children, number of stepchildren, and years spent stepparenting.

4.1 Post-Hoc Analysis

The results of the second research question required a post-hoc analysis since there was a significant effect found. To further examine the differences among the variables, *t*-tests were calculated between each pair of measurements. For the main effect of custody status, the mean of the total for the perceived child regard scale for nonresidential stepmothers ($M = 30.79$, $SD = 8.05$) was significantly smaller than for residential stepmothers who live with stepchildren on a consistent basis ($M = 34.38$, $SD = 8.06$), $p = .004$. A post-hoc analysis was not required for the first and third research question since there were no significant effects found while conducting the ANCOVA for each.

5.0 Discussion

It is interesting to note that even though the lived experiences are vastly different between nonresidential and residential stepmothers, there was not a significant effect found on either the concepts of parental stress or depressive symptoms based on custody status. The more common view would be that residential stepmothers would more likely be stressed than nonresidential parents

simply due to the raising of children daily as a non-biological parent. There could be some explanations for this result. Most likely the answer is closely correlated to our second finding. If parents find their relationships satisfying with a child whether biological or not, then possibly they are less stressed and less depressed than anticipated. It is often assumed that a non-residential parent has a more natural relationship with a child because they are often eliminated from the day to day difficulties in raising a child. Our findings seem to contradict this opinion. It may be that closeness to the child is developed from these encounters, and even though some may be difficult, this involvement creates a bond.

Thus, our second research question sought to sought if nonresidential and residential stepmothers perceived child regard differently because of custody status. As explained previously, it was necessary to control other factors that might influence perceived child regard including age, ethnicity, income, number of biological children, number of stepchildren, and years spent step parenting.

Similar to our view, it was speculated that everyday interaction with stepchildren could create relational satisfaction[40]. One might assume that residential stepmothers spend more time engaging in everyday conversations with their stepchildren, while nonresidential mothers may not get that same opportunity for daily interaction. The findings from this study cannot solidify that assumption since it was not an analyzed factor; however, one plausible explanation for the findings may rest in this communication factor. Additionally, psychologists have long discovered that continued interaction makes the heart grow fonder and not distance as folklore suggests. Our results can be heartening for many step parents who are concerned that their relationships with stepchildren will not be fruitful mainly if they are with these children daily. They suspect their relationships will be fraught with conflict and distance. Our findings suggest that many residential step parents are indeed close to their children and find these relationships quite satisfying.

6.0 References

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