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

Lenee Nicole Kehnt
Walden University

Walden University

College of Social and Behavioral Sciences

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Lenee Nicole Kehnt

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Review Committee
Dr. Magy Martin, Committee Chairperson, Psychology Faculty
Dr. Lisa Scharff, Committee Member, Psychology Faculty
Dr. Jessica Hart, University Reviewer, Psychology Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
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Abstract

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MS, Walden University, 2014

BS, Everest University, 2011

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

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Abstract

The dynamics of the modern blended family is a topic of considerable interest in family research. The purpose of this quantitative study was to understand how parental stress, perceived parental regard, and depressive symptoms affect nonresidential and residential stepmothers. Family Systems Theory provided an appropriate lens for this research study. An analysis of covariance was used to determine whether differences existed between nonresidential and residential stepmothers in terms of parental stress, perceived parental regard, and depressive symptoms. The second goal was to determine whether the covariates of age, ethnicity, household income, time spent stepparenting, and the number of biological and stepchildren affected the variables in a meaningful way. 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 pertaining to perceived child regard. These findings provide a valuable direction for researchers who wish to further explore stepfamily concepts especially concerning variables that may attribute to the differences in custody status and perceived child regard. As well as provide psychoeducation for stepfamilies and their community.

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Dedication

To my husband, Jeremi Kehnt, you are the sole reason why I finished this degree. You were my greatest supporter, the love of my life, and my best friend. Your commitment to our family made my educational dream a reality. Since your death two years ago, I spent many nights wondering how I was going to survive without you, let alone have the strength to finish. I still believe you are by my side, pushing me to complete our goals and dreams. This dissertation is dedicated to you, and all my work from this point on is in your honor. I know you will always watch over your wife and children, Jeremi. We will forever love you and hold you in our hearts until we can see you again.

Bryan, Remi, and my angel daughter, Sophia: this is for you. Bryan and Remi, you have sacrificed the most in terms of precious time. I promise you that your sacrifice is not in vain. You can do anything you set your mind to; I have shown you that you can accomplish much in the face of tremendous adversity. This is my greatest legacy for you. Bryan and Remi, you are capable of great things; I love you both beyond comprehension.

To my parents, Gayle and Leonard Badalamenti. You have shown me how to raise my children well, and work hard. You have instilled a sense of solidarity in our family; I hope I make you proud. To my brothers, sisters, sisters-in-law, niece, nephews, aunts, uncles, and cousins- you are the light in my days; there is no one I'd rather be a family with than all of you. I love you guys.

To my stepson. You are the reason I wrote about stepparenting; our relationship taught me what an important topic it is for families today. Your brother, sister, and I will always love you.

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I would like to thank Dr. Magy Martin, my committee chair. Dr. Martin has been patient, committed, and kind throughout my journey. She has provided me with honest feedback professionally. I am incredibly grateful she has given me the opportunity to complete a dissertation under her mentorship. I would also like to express my gratitude towards my committee methodologist, Dr. Lisa Scharff. Dr. Scharff has challenged me to increase my skill set in several areas and has guided me to become a more thoughtful researcher. My appreciation, Dr. Scharff, for pushing me to become a well-rounded scholarly writer. My committee has exemplified what it means to have a professional support system while completing a dissertation under the most strenuous of personal circumstances. For your patience, I thank both of you. I am also grateful to Dr. Jessica Hart, the university reviewer assigned to my committee, for thoroughly overseeing my work.

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Chapter 1: Introduction to the Study

Introduction

Separation and divorce are a common phenomenon in marriages in Western societies, fracturing the two-parent home environment (Rosand, Slinning, Roysamb, & Tambs, 2014). Some 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 thus form a blended family. Blended families may be simple or complex, simple meaning one spouse has children from a previous relationship; or complex, which both spouses have children from a prior relationship (Jamison, Coleman, Ganong, & Feistman, 2014). Some researchers have shifted their focus to the role of the stepmother and how that role affects family and individual functioning (Riness & Sailor, 2015; Schrodt, 2016; Shapiro & Stewart, 2011). Inversely, stepmothers experience more anxiety and depressive symptoms than do biological mothers (Riness & Sailor, 2015; Schrodt, 2016; Shapiro & Stewart, 2011).

Although the available research is pivotal for understanding stepmothers' experiences and stressors with the new family dynamic, it lacks a discussion of many fundamental issues. One such issue is that stepmothers are grouped as a single entity, instead of elaborating on at least two categories of stepmothers. That is, nonresidential stepmothers whose stepchildren live primarily with their biological mothers and residential stepmothers, whoe stepchildren live primarily with their biological fathers (Cordiano, 2015; Jensen, Lombardi, & Larson, 2015; Murtorinne-Lahtinen & Jokinen, 2017; Shapiro & Stewart, 2011). There is limited information on the importance of

potential covariates in the relationship between stepmotherhood and mental health, such as a stepmother's age, ethnicity, household income, time spent stepparenting, and the number of biological and stepchildren that are cared for.

This study sought to fill a gap in the research by comparing residential and nonresidential stepmothers and the aforementioned covariates presence on perceived child regard, parental stress, and depressive symptoms. Race and income may affect parental stress in biological parents (Dijkstra-Kersten, Biesheuvel-Leliefeld, van der Wouden, Penninx, & van Marwijk, 2015; Hounkpatin, Wood, Brown, & Dunn, 2015; Nomaguchi & House, 2013). However, Shapiro and Stewart (2011) noted an opposing viewpoint about the influence of demographic factors such as the stepmother's age, ethnicity, household income, time spent stepparenting, and the number of children cared for in the stepparenting relationship on parental stress. This analysis adds to the body of literature by presenting an analysis of these covariates to determine their influence and statistical significance on perceived child regard, parental stress,and depressive symptoms in both residential and nonresidential stepmothers.

Chapter 1 contains a summary of the study and presents the foundation that warranted the study. This chapter includes the background of the problem, the problem statement, the purpose of the study, the research questions, and the corresponding hypotheses, as well as an introduction to the theoretical framework. The chapter also includes operationalized definitions, assumptions, scope and delimitations, limitations, and significance of the study.

Background of the Problem

The remarriage divorce rate in the United States is higher than the divorce rate for first marriages (Pace, Shafer, Jensen, & Larson, 2015). Issues such as financial hardship, dysfunctional parenting plans, and the prior spouses' mismanagement of time can adversely affect a blended family household (Lucier-Greer, Adler-Baeder, Ketring, Harcourt, & Smith, 2012; A. Miller & Cartwright, 2013; Pace et al., 2015; Wilmarth, Nielsen, & Futris, 2014). While certain issues are concerning for all members of the stepfamily, some researchers have chosen to focus on the stepmother, as this role is exceptionally afflicted.

Parental Stressors

Researchers agree that a stepmother would benefit from a sound support system (Riness & Sailor, 2015; Shapiro & Stewart, 2011). The truth, however, is that a stepmother's ability to form an adequate support system can be problematic (Kumar, 2017; E. Visher & Visher, 2013). Another common issue is that most stepmothers face role conflict due to society's pressure to conform to gender expectations (Jensen, Shafer et al., 2017). When a stepmother conforms to society's standards, the biological mother often becomes threatened or envious by the new woman's attempts to parent the biological mother's children (Shapiro, 2014). This leads to boundary violations between stepmothers and biological mothers. These types of stressors, such as inadequate support and role conflict, have a propensity to exacerbate mental health concerns in some stepmothers (Shapiro & Stewart, 2011).

Parental stress and custody status. Current researchers in the stepfamily field have examined stepmothers as a single unit, rather than evaluating distinct types of step-

motherhood (Jensen, Shafer et al., 2017; Riness & Sailor, 2015; Shapiro, 2014; Shapiro & Stewart, 2011). Doodson and Davies (2014), however, broached the topic of differences based on custody. For instance, residential stepmothers face unique stressors that arise when raising stepchildren who have faced the death or abandonment of a biological mother (Brown, Fite, & Poquiz, 2016; Ozor & Mgbenkemdi, 2017). Likewise, nonresidential stepmothers have distinct challenges, such as a perceived lack of control in their household due to the presence of a biological mother as a result of a previous divorce (Doodson, 2014). Doodson and Davies concluded that differences in custody status can create different types of challenges for stepmothers.

Covariates and parental stress. Only one pivotal article presented the argument that ethnicity influences parental stress. Nomaguchi and House (2013) reported that Black, Asian, and Hispanic mothers experience more parental stress than White mothers. These researchers did not mention, however, whether they focused on diverse types of mothers such as stepmothers (Nomaguchi & House, 2013). In two separate studies, Shapiro and Stewart (2011) and Shapiro (2014) noted that demographic factors as covariates did not significantly impact parental stress levels in stepmothers. This study sought to clarify whether age, race, household income, number of children, and years spent stepparenting affects the parental stress levels of nonresidential and residential stepmothers.

Perceived Parental Regard

Another topic of focus within this study was perceived parental regard. A stepmother may perceive that her stepchildren have either positive or negative feelings toward her. A stepchild may communicate emotional responses to their stepmother

through everyday talk (Schrodt, 2015). Everyday communication may show that the stepmother is either accommodating or unaccommodating of their relationship, which can lead to a positive or negative perception of the stepparent-stepchild relationship (Speer, Giles, & Denes, 2013).

Custody status and covariates' influence on perceived parental regard. No current researchers in the stepfamily literature acknowledged a difference in the way that a nonresidential or residential stepmother perceives her interactions with her stepchildren. Moreover, researchers have not demonstrated whether any of the stepmother's demographic information may affect her ability to perceive regard in a meaningful manner. In fact, Shapiro and Stewart (2011) distinctly advised that further research is needed to explore the differences between residential and nonresidential stepmothers, and their relationship to parenting stress, perceptions of child regard.

Depressive Symptoms

There is an abundance of literature on stepmothers who experience depressive symptoms. According to Shapiro and Stewart (2012), the potential challenges that stepmothers face may make them more susceptible to mental health problems, such as depression and anxiety. Lucier-Greer et al. (2012) demonstrated that higher levels of depressive symptoms among stepmothers are particularly worrisome because of the debilitating effect that they can have on stepmothers' overall quality of life. Stepmothers' depression may be associated with higher levels of remarriage instability, tension, disagreements, and criticism in the remarriage (Lucier-Greer et al., 2012).

Custody status and depressive symptoms. A distinction exists between types of stepmothers and their experiences with depression and anxiety (Doodson & Davies, 2014;

Henry & McCue, 2009). Doodson and Davies (2014) found that residential stepmothers experience more anxiety and depressive symptoms than their nonresidential counterparts because they have daily stressors stemming from their full-time involvement with their stepchildren. In earlier research conducted by Henry and McCue (2009), nonresidential stepmothers were shown to experience a significant amount of stress due to a perceived lack of control over their household as a result of interference from biological mothers.

The covariates presence on depressive symptoms. Little is known about how the covariates of age, ethnicity, household income, number of children, and years spent stepparenting affect stepmothers' depressive symptoms. Researchers have articulated seminal findings regarding household income and depressive symptoms, and how the two concepts are correlated (Dijkstra-Kersten et al., 2015; Hounkpatin et al., 2015); however, no other articles were found to address any other demographic factors about depressive symptoms. It is imperative to note that limited demographic variables were chosen for analysis in this study rather than a copious questionnaire that included topics such as education level or employment status. The reason for this choice was to protect the anonymity of the participants (Frankel & Siang, 1999). However, a minimal amount of information was required for analysis, and the least identifiable demographics were chosen.

Gap in the knowledge base. There are two notable gaps in the literature base. Shapiro and Stewart (2011) addressed the need to distinguish between nonresidential and residential stepmothers and their experiences with parental stress, perceived child regard, and depressive symptoms in the limitations section of their study. The reason why Shapiro and Stewart (2011) mentioned the need to distinguish between nonresidential and

residential stepmothers, is to draw attention to any potential differences because of custody status. Only one study distinguishes the roles of stepmothers based on custody status (Doodson & Davies, 2014). Another gap noted throughout the extensive literature review was the fact that there is a discrepancy in current research about the influence of demographic factors on the variables of parental stress, perceived child regard, and depressive symptoms of nonresidential and residential stepmothers (Dijkstra-Kersten et al., 2015; Hounkpatin et al., 2015; Nomaguchi & House, 2013; Shapiro, 2014; Shapiro & Stewart, 2011). As such, there was a clear need for this study to address the gaps in research. Secondly, the results of this study helped provide a mechanism for social change by bringing essential knowledge and understanding to mental health professional. Also, by providing psychoeducation to the community of stepfamilies that are affected by mental health issues.

Problem Statement

Stepmothers experience a significant level of anxiety and depressive symptoms; more so than biological mothers (Doodson & Davies, 2014; Shapiro & Stewart, 2011). It is evident that stepmothers are exposed to several issues unfamiliar to biological mothers. Several distinct problems, including role conflict, boundary violations, lack of an adequate support system, and negative child regard, may create a prime environment for a stepmother to develop a considerable amount of stress (Kumar, 2017; Pace et al., 2015; Riness & Sailor, 2015). Due to the unique challenges that present themselves in stepfamilies, this stress can cause a severe decline in the stepmother's mental health. Most researchers have grouped stepmothers as a single unit, overlooking the distinct varieties that are evident based on custody allocations of their stepchildren (Doodson &

Davies, 2014). There are nonresidential and residential stepmothers, each with her own set of experiences that may cause distress (Brown et al., 2016; Doodson, 2014; Ozor & Mgbenkemdi, 2017; Spuij, Dekovic, & Boelen, 2015). It is unknown, however, whether the difference in custody status has the propensity to influence issues such as parental stress, perceived parental regard, or depressive symptoms in stepmothers.

This study resolved some of the conflicting findings of the researchers, noting the influence of the covariates (Dijkstra-Kersten et al., 2015; Hounkpatin et al., 2015; Nomaguchi & House, 2013; Shapiro, 2014; Shapiro & Stewart, 2011). In both circumstances, it was beneficial to know if the presence of these factors had any leverage on the stepmother's exposure to overwhelming stressors or depressive symptoms. These factors have created a gap in the literature base that is worthy of exploration. As such, this study was conducted to answer several questions that may become a cornerstone for further research in the field.

Purpose of the Study

The purpose of this quantitative, causal-comparative study was to examine whether perceived child regard, parenting stress and resulting depressive symptoms differ between nonresidential and residential stepmothers. The study was conducted to determine whether there is a significant difference between the independent variable in the study, which is the classification of stepmothers as nonresidential and residential, and the dependent variables, which include measures of perceived child regard, parenting stress, and resulting depressive symptoms. Age, race, household income, number of children, and years spent stepparenting were considered as covariates. These results were

used to address the need for further understanding of previously studied variables, which Shapiro and Stewart (2011) identified.

Research Questions and Hypotheses

The following research questions and hypotheses guided this quantitative, causal-comparative study:

RQ1. Is there a difference in parental stress between nonresidential and residential stepmothers, taking the age, race, household income, number of children, and years spent stepparenting into account as covariates?

$H_0 1$. Parental stress will not be significantly different between nonresidential and residential stepmothers, taking the age, race, household income, number of children, and years spent stepparenting into account as covariates.

$H_A 1$. Parental stress will be significantly different between nonresidential and residential stepmothers, taking the age, race, household income, number of children, and years spent stepparenting into account as covariates.

RQ2. Is there a difference between the perceived child regard score of nonresidential and residential stepmothers, taking into account age, race, household income, number of children, and years spent stepparenting as covariates?

$H_0 2$. 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 stepparenting into account as covariates.

$H_A 2$. 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 stepparenting into account as covariates.

RQ3. Is there a difference in depressive symptoms between nonresidential and residential stepmothers, taking the age, race, household income, number of children, and years spent stepparenting into account as covariates?

H_03. Depressive symptoms will not be significantly different between nonresidential and residential stepmothers, taking the age, race, household income, number of children, and years spent stepparenting into account as covariates.

H_A3. Depressive symptoms will be significantly different between nonresidential and residential stepmothers, taking the age, race, household income, number of children, and years spent stepparenting into account as covariates.

Theoretical Framework

The purpose of choosing the correct theory to undergird a research investigation is to provide a clear understanding of the topic under consideration (Ngulube, Mathipa, & Gumbo, 2015). Additionally, the theoretical framework drives the creation and focus of the research questions. Therefore, the selection of family systems theory (Bowen, 1978) for this study provided a crucial step in the advancement of research in the stepfamily field.

Family Systems Theory

Family systems theory (Bowen, 1978) was chosen as the theoretical framework for this study. Bowen (1978) suggested that the family operates as a system, and one family member cannot operate independently from the emotional and the intellectual enacted by the familial unit (Bowen, 1978). The purpose of using this framework was to add to the existing theoretical base regarding stepfamilies, as well as give an appropriate

lens for understanding the research questions because they involved stepmothers, who hold an integral role in the family dynamic.

Theoretical proposition. Bowen's (1978) family systems theory includes eight interlocking concepts including differentiation of self, triangles, nuclear family emotional system, family projection process, multigenerational transmission process, sibling position, emotional cutoff, and societal emotional process. Each concept leads to varying degrees of anxiety in the individuals who comprise the family unit (Bowen, 1976). Bowen (1976) suggested that once the anxiety surpasses short bursts, it can create long-term tension that results in family dysfunction, mental health issues, and social illness. The eight interlocking concepts can explain several different issues that are relevant to marital discord, child rearing, and divorce. Bowen's eight interlocking concepts are thoroughly evaluated in Chapter 2.

Relationship of family systems theory to this study. Family systems theory Bowen;s work (1976, 1978) offered an appropriate theoretical orientation for this study. A stepfamily represents an entire system that ranges in complexity depending on everyone who is joined by the new unions (Bowen, 1978). The theory is important in understanding that a stepmother-stepchild subsystem may impact the mental health of the stepmother. Many of Bowen's (1978) interlocking concepts are crucial for understanding the study's research questions. For example, one of this study's research questions was about a stepmother's propensity to develop parental stress. Bowen's (1976) concept of triangulation was useful in understanding how some issues causing parental stress may occur. In Chapter 2, I fully discuss the application of family systems theory to the

variables of perceived child regard, parental stress, and depressive symptoms among nonresidential and residential stepmothers.

Nature of the Study

This study used a quantitative approach, which allowed an examination of the differences in perceived child regard, parental stress, and depressive symptoms amongst nonresidential and residential stepmothers. The residential status of stepmothers was the independent variable. The dependent variables included perceived parental regard, parenting stress, and depressive symptoms. Three self-report survey instruments were employed to gather data for this study: the Perceived Child Regard Questionnaire (Appendix A), the Parental Stress Scale (PSS; Appendix B), and the Center for Epidemiologic Studies Depression Scale-Revised (CESD-R; Appendix C). The researcher garnered permission to use the Perceived Child Regard Questionnaire (Appendix H) and the PSS (Appendix I). The CESD-R is labeled for use in the public domain due to the death of its author; therefore, permission was not required to use this instrument for research. A demographics questionnaire was presented to the participants (Appendix D) to address several covariates of the study. It must be noted that no causal conclusions with the results of this study can be made. There may be differences between the groups; however, the conclusions may not be purely related to the custody status itself, and the results may be influenced by several other factors.

Definition of Terms

Blended family. A blended family is another term for stepfamily, or a family consisting of a couple, their mutual children, and children from prior relationships (Jamison et al., 2014).

Differentiation of self. Bowen (1978) stated that the ability to become self-differentiated from the family resides on an individual's intellectual and emotive capabilities.

Disneyland dad. Disneyland Dad is a term used to describe a nonresidential father who chooses to spend more time having fun with his children, rather than taking an active disciplinary role (Bastaits, Ponnet, Van Peer, & Mortelmans, 2014).

Emotional cutoff. Emotional cutoff occurs when one person within the family dynamic decides to reduce contact or cut off from the family entirely (Bowen, 1978). Typically, divorce is one common type of emotional cutoff.

Family projection process. The family projection process occurs when parents project their issues onto their children.

Multigenerational transmission process. The concept of the multigenerational transmission process entails how each child assumes their parent's attributes because of their upbringing (Bowen, 1978).

Nonresidential stepmother. A nonresidential stepmother is a stepmother who assumes parental responsibilities based on the father's shared parenting arrangement. A nonresidential stepmother may engage in parental care on a part-time basis (Riness & Sailor, 2015).

Nuclear family emotional system. Bowen (1978) credited the emotional system on influence from the previous generations, and how each of the parents in the nuclear family system was raised.

Nuclear family. The nuclear family refers to an intact family from a first marriage which has not been subjected to divorce or death. All members of the family are biologically connected or adopted by the married couple (Jamison et al., 2014).

Parallel parenting. Parallel parenting is an arrangement in which divorced parents disengage from one another, have limited direct contact, and parent their households as they deem fit without imposing their viewpoints in the other's household (Jamison et al., 2014).

Perceived parental regard. Perceived parental regard is a negative or positive opinion of a parenting relationship based on verbal or nonverbal communication (Shapiro & Shapiro & Stewart, 2012).

Residential stepmother. Residential stepmothers engage in routine daily care of their stepchildren because of the biological mother's absence or father's primary custody agreement (Riness & Sailor, 2015).

Sibling position. Sibling position was coined by Walter Toman (Haefner, 2014). Toman (1962) stated that adult relationships are often characterized by earlier relationships, specifically regarding birth order and sex distribution of siblings.

Societal emotional process. Societal emotional process acknowledges how the familial emotional process is like societal functioning. Society adheres to regression regarding environmental stressors such as epidemics, crisis, and economic forces by its members responding to instability (Bowen, 1978).

Stepfamily. A stepfamily is a family formed based on remarriage of a divorced or widowed individual. The family includes one or more children (Guzzo, 2017).

Triangulation. Triangulation is the emotional pattern between a minimum of three people within the family dynamic (Bowen, 1978).

Assumptions

This study involved six assumptions. (a) All participants provided honest responses to the study's assessments and questionnaires. (b) Participants had a sincere interest in the research and did not participate under coercion. (c) All participants understood the purpose, procedures, potential risks, and benefits of their involvement by reading informed consent, as all necessary procedures were outlined to the study participants (Bryman & Bell, 2015). (d) The respondents answered the questions to the best of their knowledge by recalling their experiences in parental regard, stress, and possible depressive symptoms.

The participants were informed that they could withdraw from the study at any time. Within the consent forms, all participants acknowledged their understanding that their anonymity was protected. (e) Since the participants agreed to participate anonymously, the researcher assumed that the social desirability bias was mitigated (Connelly, 2013). (f) The purposive sample represented a larger sample of nonresidential and residential stepmothers since the survey drew from some far-reaching social media groups.

Scope and Delimitations

The study was open to anyone who considered herself to be a stepmother, whether married, unmarried, or cohabiting in heterosexual or homosexual relationships. The data yielded 173 participants, 94 nonresidential and 79 residential stepmothers. This study was also delimited to stepmothers; stepfathers were excluded. The decision to exclude the

stepfather's perspective of parental stress and depressive symptoms may create a gap for future research (Shapiro & Stewart, 2012).

Limitations

Challenges in conducting this study included the sampling technique, potential weaknesses of the scales, and participant bias. First, a convenience sampling technique was used through the internet to recruit candidates for the study; therefore, this study was limited to those who had access to a computer and the internet, or an internet-enabled phone. Shapiro and Stewart (2012) stated that response bias might exist based on the chosen method of data collection. It was necessary to identify possible limitations of this study so that future researchers have a thorough understanding of previous research challenges and how they were mitigated (Shipman, 2014).

Stepmothers who were experiencing parental stressors and depressive symptoms were more likely to respond to an invitation to participate in this study than well-adjusted stepmothers who were experiencing a beneficial arrangement. Similarly, parties who were happily co-parenting may not have been inclined to participate and offer countering perspectives. As a result, data collection may have included the participants' personal biases that were reflective of their own experiences, or of others within their environment. To abrogate the weakness of biases, I administered the questionnaires to groups who were not specifically seeking social support for their blended family.

This study was also limited to the definition of child regard, parental stressors, and depressive symptoms as measured using the Perceived Child Regard Questionnaire, the PSS, and CESD-R. A possible limitation was the inherent weakness of the scales

themselves as they pertain to stepmothers, although previous researchers had conducted a thorough evaluation of the reliability and validity of each scale.

Significance of the Study

Significance to Theory

Bowen's (1978) family systems theory was an appropriate lens with which to examine the intricacies of stepfamily relationships. Although the role of the stepmother was the focus of this study, it was necessary to understand how each subsystem influenced her perceptions and experiences of the dynamic (Bowen, 1978). This study added to the theory by providing understanding of how a nonresidential and residential stepmother could experience different roles within the system, based on the unique conditions that are warranted by custody status. I conducted a thorough examination of the literature to explore how the prevalent interlocking concepts can influence issues such as parental stress, perceived child regard, and depressive symptoms in each distinct group of stepmothers.

Contribution to Practice

The significant phenomenon of divorce or parental death in American families, and the subsequent remarriage of parents, offers researchers many opportunities to examine blended families. The results of this study could be used in many ways in the therapeutic setting. Since significant differences were found between nonresidential stepmothers and residential stepmothers in terms of parental regard, it is helpful for clinicians to think systematically and acknowledge possible challenges that could arise from each role (Papernow, 2017). Secondly, the findings could prompt clinicians to provide specific elements of psychoeducation to their clients (Papernow, 2017).

Significance to Social Change

Individual parenting roles should be thoroughly evaluated so that researchers and clinicians are aware of how each person and her individual needs influence the family dynamic. Social change is needed in this area of study due to the limited resources for blended families. The limited research on the roles of stepmothers and the implications for the individuals were the inspiration for this study.

The results of this study have consequences for positive social change by understanding the position of stepmothers regarding child regard, parental stress, and depressive symptoms. Secondly, because statistics indicated that the number of blended families is growing (Bowers, Ogolsky, Hughes, & Kanter, 2014), this study was undertaken to provide insight for mental health professionals about nonresidential and residential stepmothers. The goal of this study was to bring awareness of the need for targeted preventive care of nonresidential and residential stepmothers so that future therapeutic efforts could lead to healthy well-being for family members and better family dynamics. In turn, the awareness of needed preventive care could ultimately lead to a healthier society by means of well-adjusted stepmothers and their families.

Summary

Chapter 1 concludes that stepmothers experience several distinct problems, including role conflict, boundary violations, lack of an adequate support system, and negative child regard that may influence levels of parental stress, depressive symptoms, and an overall decline in the stepmother's mental health. Secondly, most researchers have grouped stepmothers as a single unit, thus overlooking differences in custody status, which in turn prompted the need for this research study. Lastly, it was necessary to

undertake this study to clarify if certain demographic factors presented an influence in issues regarding parental stress, perceived parental regard, or depressive symptoms in stepmothers.

The chapter included the background, problem statement, purpose, research questions and corresponding hypotheses, the theoretical framework, and nature of the study. The chapter also included definitions of frequently used terms to cue readers throughout the study. Included was a description of the assumptions, delimitations, and limitations of the study, as well as an excerpt dedicated to the significance of the research needed. In Chapter 1, there was a brief overview of the major propositions of stepfamily research, as well as a call for the need to contribute to the growing field of blended family research and treatment.

Chapter 2 includes a lengthy literature review of current research and trends in the blended family forum. A thorough review of Bowen's (1978) family systems theory is presented as the theoretical lens that framed the comprehensive review of each variable examined throughout this study. Additionally, the chapter provides an in-depth look at the nature of the study and a discussion of why the study was needed to fulfill the gap in the literature.

Chapter 2: Literature Review

Introduction

Shapiro and Stewart (2012) reported that stepmothers experience more depressive symptoms and parenting stress than biological mothers; however, there is still a lack of research on the differences in stepmothers based on custody status. The purpose of this study was to examine the relationship between parental stress, perceived child regard, and depressive symptoms among nonresidential and residential stepmothers. The study included the covariates of age, race, household income, number of children, and years spent stepparenting. Since approximately 40–50% of all first marriages end in divorce (DeLongis & Zwicker, 2017), the need for research in the field of stepfamilies is imperative. Especially significant is the fact that 70–80% of people remarry following a divorce or death of a spouse (McNamee, Amato, & King, 2014).

This literature review includes up-to-date research on stepmothers and their unique parenting perspectives. It focuses on nonresidential and residential stepmothers and their potential stressors. A brief analysis of the covariates' presence on stress is included along with an analysis of a stepmother's perceived parental regard and how the covariates might influence how a stepmother evaluates her relationship with the children living in her household. Lastly, current research highlights how the experiences of nonresidential and residential stepmothers may affect the potential to develop depressive symptoms because of their experiences in the modern stepfamily dynamic (Doodson & Davies, 2014).

The chapter begins with the literature search strategy followed by a thorough evaluation of family systems theory and its relevance to this study. A discussion of how

current stepfamily studies have showcased the theory as a theoretical lens to view numerous topics is offered. Two large gaps in the current literature are explored. The discussion includes how each of the previously mentioned variables may affect stepmothers differently according to their unique custody status experiences, and how the variables may be influenced by the presence of several demographic factors.

Literature Search Strategy

when examining and framing the problem of how nonresidential and residential stepmothers experience stressors and depressive symptoms. The literature review used the following databases: PsycINFO, PsycARTICLES, SAGE Premier, Google Scholar, SocINDEX with full-text, and researchgate.net. The following key research terms, variations, and combinations were used: as the following: *stepmothers, stepchildren, remarriage, remarriage stressors, blended family, stepfamily, ex-spouses and remarriage, stepmother's roles*, *American stepfamilies*, *stepmother's expectations, parental stress and stepmothers, parentage and parental stress, stepmother's age and parental stress, ethnicity and parental stress,* and *race and parental stress.* A similar search for parental regard was also conducted, including the following terms *parental regard, child regard, parental regard and stepmothers, child regard and stepmothers, parental and child regard and nonresidential stepmothers, parental regard and residential stepmothers, parental regard and age,* and *parental regard and household income*.

The second combination of terms included the concepts of family systems theory. The following key terms combination was that of family systems theory: *family systems theory, family systems theory triangulation, triangulation, triangulation in remarriages,*

triangulation in blended families, triangulation in stepfamilies, differentiation of self, differentiation of self in stepfamilies, nuclear family emotional process, nuclear family emotional process in stepfamilies, family projection process, family projection process in stepfamilies, multigenerational transmission process, multigenerational transmission process in stepfamilies, emotional cutoff, emotional cutoff in stepfamilies, sibling position, sibling position in stepfamilies, societal emotional process, societal emotional process in stepfamilies. Lastly, the following terms and phrases were used: *depression, depression in remarriages, depression, and divorce, depression and stepmothers*, and *depression in stepfamilies*. *Parental regard, perceived parental regard, parental regard and stepfamilies, parental regard and stepchildren,* and *parental regard and stepmothers* were utilized to gather literature about the dependent variables.

The scope of the literature review was from 1978–2017. All results were restricted to peer-review studies and full-text articles, excluding dissertations. All studies were relative to the independent and dependent variables, inclusion criteria from the research within the time span previously noted.

Theoretical Orientation Foundation

The theoretical framework upon which this study was based is family systems theory, proposed by Bowen. Bowen summarized that individuals could not be explained thoroughly, without acknowledging their familial development as an emotional system (1978). Bowen's research is pivotal in the sense that he understood that members of the family interact and respond to each other based on their roles and relationship agreements (1978).

Major Theoretical Proposition

Bowen introduced eight interlocking concepts within the theory, triangulation, differentiation of self, nuclear family emotional system, family projection process, multigenerational transmission process, emotional cutoff, sibling position, and societal emotional process (Bowen, 1978). Over the past few decades, using a systems metaphor has aided in helping researchers understand adult adaption and childhood development alike (Cox & Paley, 1997). Likewise, the approach is useful in understanding how there are multiple sources of influence such as the eight interlocking concepts present, which can greatly affect the inherent qualities of the family unit (Cox & Paley, 1997).

Triangulation. Triangulation is the emotional pattern between a minimum of three people within the family dynamic (Bowen, 1978). For instance, Korja et al. (2016) reported that the relationship between a mother and father could directly influence the parent-child relationship, also that the family alliance is reliant upon marriage satisfaction. It is the mother's satisfaction that will secure family coordination, rather than the father's satisfaction (Korja et al., 2016). In this situation, all members have the desire to interact with one another in the spirit of family alliance. When the mother perceives marital satisfaction, the children are not victims of triangulation but rather cohesion (Korja et al., 2016).

Contrarily, divorce and remarriage can have undesirable problems because of triangulation. Kerr and Bowen (1988) stated that a stable twosome could become destabilized because of a third (or more) persons. A child may feel torn between two divorced parents, often suffering from being emotionally pulled from one parent in favor of the other (Beebe & Sailor, 2017). According to Valls-Vidal, Garriga Alsina, Pérez-

Testor, Guàrdia-Olmos, and Iafrate (2016), when children are caught in between their parents and are suffering from triangulation, they are likely to fear love withdrawal and poor autonomy with their fathers. Triangulation may cause unhealthy emotional outcomes in family members who have experienced divorce and subsequent remarriage (Petren, Ferraro, Davis, & Pasley, 2017).

Differentiation of self. Bowen (1978) stated that the ability to become self-differentiated from the family resides on an individual's intellectual and emotive capabilities. There are individuals who rely less on intellectual functioning and are heavily reliant on the automatic emotional system. Bowen stated that those individuals are reluctant to differentiate themselves from the family unit, are less flexible, and more dependent on the family connection. Alternatively, there are those who display more intellectual functioning and can adapt better without so much reliance on the familial unit (1978). Due to the variance in individual intellect and emotional reasoning, one may be more or less likely to rely on family approval or acceptance (1978).

Nuclear family emotional system. Bowen (1978) credited the emotional system on influence from the previous generations, and how each of the parents in the nuclear family system was raised. Bowen stated that marital conflict arises when one partner does not adapt or refuses to give in for the benefit of the marriage. The researcher noted that marital conflict could cause such an intense connection between the couple that the children are often outside of that dynamic emotionally (Bowen, 1976). Secondly, there may be dysfunction in one spouse, where one over functions and one may under function due to physical, social, or emotional impairment (Bowen, 1978). Likewise, a significant amount of anxiety and tension can be experienced within the family dynamic due to an

impairment in one or more of the children. The family may choose to become much more inclusive of one another, thus cutting off extended family members for several reasons (Bowen, 1978).

Family projection process. The family projection process occurs when parents project their issues onto their children. Bowen (1978) stated that there are definite limits of undifferentiation on marital conflict, illness in a spouse, and projection onto the children. For instance, if the child is impaired in some emotional or intellectual way, levels of undifferentiation are likely in marital conflict or projection of the children (1978). Consequently, if a child requires the most care, there will be lesser degrees of involvement within the marriage and other children (1978).

Multigenerational transmission process. The concept of the multigenerational transmission process entails how each child assumes their parents' attributes because of their upbringing (Bowen, 1978). The more (or less) that a child assumes in the process of differentiation is individualistic; however, Bowen's (1978) theory suggests that each child assimilates certain characteristics as a result of their parent's influence. Bowen reported that each child transmits the attributes of their parents to the younger generation by selecting mates at the level of differentiation of self that matches their own. These generational patterns can strengthen and weaken depending on the individualistic perspective of the parents that supersede the generation before (Bowen, 1978).

Emotional cutoff. Emotional cutoff occurs when one person within the family dynamic decides to reduce contact or cut off from the family entirely (Bowen, 1978). Typically, divorce is one common type of emotional cutoff. Titelman (2014) stated that society expects two divorcing spouses to cutoff and move on. However, the family

reconfigures substantially, and it adjusts to accept the divorce (Titelman, 2014). There are times that an emotional cutoff is not experienced by spouses, but rather by a child in the family dynamic (Bowen, 1978). When these types of circumstances occur, the emotionally reactive people may try to make new relationships to accommodate the needs that are deprived in the family of origin (Bowen, 1978).

Sibling position. It is important to note that Bowen (1978) adopted the concept of sibling position from another researcher (Haefner, 2014; Toman, 1962). Walter Toman (1962) stated that adult relationships are often characterized by earlier relationships, specifically regarding birth order and sex distribution of siblings. Bowen agreed with Toman's birth order theory in the manner that birth order is necessary for understanding the development of some personality traits (Haefner, 2014). When the child becomes an adult, Bowen theorized that it is to the benefit of the marrying couple if they share the same birth order (Haefner, 2014).

Societal emotional process. Bowen (1978) introduced the societal emotional process to acknowledge how the familial emotional process is like societal functioning. The researcher stated that the society adheres to regression in terms of environmental stressors such as epidemics, crisis, and economic forces by its members' responses to instability (Bowen, 1978). Kim-Appel and Appel (2015) concluded that the anxious tendencies in family units resemble the anxious responses in society.

Research-based Analysis of Theory in Similar Studies

Bowen's (1978) family systems theory has been instrumental in understanding the family dynamic. Kerr and Bowen (1988) stated that the family is a critical component in understanding individual development because many psychological issues are rooted in

the family of origin. Since so many individual issues have a propensity to permeate adult unions, the research on how the family systems theory influences marriage is abundant (Bowen, 1978; Kerr, 1981; Kerr & Bowen, 1988).

Self-differentiation is an individual's ability to intelligently distinguish one's mental processes from that of the family of origin, which is increasingly important when a couple begins their marital union (Javadi, Abadi, Lashgari, & Ahangrkani, 2015). The most successful marriages often occur when two people display a healthy level of self-differentiation from their family of origin. Contrarily, if one or both individuals are undifferentiated, the marriage may have a higher tendency to fail (Javadi et al., 2015).

Another concept that influences marriages is the nuclear family emotional system. Bowen (1978) suggested that four patterns exist that manage emotional connectedness in a marriage. One pattern is *conflict*, which can range from light argument to physical assault (Papero, 2014). The second pattern is *distance*, which entails a couple choosing silence or preoccupation when engaging in a familial conflict. The third pattern is *over adequate-inadequate reciprocity;* this situation occurs when the inadequate spouse gives the over adequate spouse more responsibility and authority in the marriage (Papero, 2014). The last pattern occurs when the spouses focus on the needs of the child to alleviate anxiety, allowing them to interact cooperatively over a shared interest (Papero, 2014). The mechanics of the nuclear family emotional system can be found in varying degrees in all families, and the process is largely influenced by how the spouses were raised by their parents (Papero, 2014).

Use of Theory in Similar Studies

Family systems theory and child-rearing in nuclear families. The multigenerational transmission process provides valuable insight into child-rearing processes in nuclear families. Recent research has indicated that emotionally warm and supportive parenting may be a result of intergenerational transmission (Madden et al., 2015). Likewise, the new generation of parents may be overly aggressive like the generation prior and this type of parenting has the propensity to carry through for generations (Savelieva et al., 2017). Multigenerational transmission and its effects on parenting occur for several reasons. One explanation is that parents set out to teach their children how to parent their young (Savelieva et al., 2017). Secondly, a child who is raised in a nurturing environment can pick up on the sentiment, which later affects their attachment with their children (Madden et al., 2015). Lastly, parental caregiving is reflective of the child's own personality and antisocial behaviors, thus affecting their parenting strategies with the next generation (Savelieva et al., 2017). Conclusively, parents will partially assimilate their childhood experiences into their parenting strategy whether it is affectionate or aggressive.

Family systems theory and divorce. Divorce is an emotionally taxing event which varies in its degree of complexity. According to Titelman (2014), divorce is not a clean break that the spouses undergo smoothly. In fact, there are numerous layers to uncoupling, and it may be very intense depending on the emotional forces at work (Titelman, 2014). According to family systems theory, those experiencing a divorce go through varying levels of emotional cutoff but cannot fully break away if there are children involved. An adaption process must occur in the midst of the divorce where the

couple individuates from the former spouse (Bowen, 1978). Secondly, the children and extended family must adapt while remaining connected to both parents (Titelman, 2014).

Family systems theory and post-divorce parenting. Triangulation is another important concept noted in the divorce process. Triangulation in the divorce process occurs when spouses attempt to bring their children into the interpersonal conflict with the other spouse (Fosco & Bray, 2016). Triangulation occurs because of maladjustment of the spouses who fail to implement a healthy co-parenting dynamic (Petren et al., 2017). Some of the ways that triangulation begins is as simple as one parent undermining the other, one sabotaging the other's parenting ability, criticizing one another in front of the children, and engaging in hostile behavior post-divorce (Lamela, Figueiredo, Bastos, & Feinberg, 2016). Numerous researchers report that triangulation has a distressing outcome on the child's social functioning (Bowen, 1978; Fosco & Bray, 2016; Kerr & Bowen, 1988; Lamela et al., 2016; Petren et al., 2017). Children are more susceptible to mental health issues and low academic levels when they are forced to internalize their parents' maladaptive behaviors (Yárnoz-Yaben & Garmendia, 2016).

The Rationale for the Use of Family Systems Theory

The family systems theory by Murray Bowen (1978) gives an appropriate foundation for understanding how stepfamilies operate as a complete system, even though the family unit appears fragmented by divorce and remarriage. As such, everyone's personality in the system is a result of the eight interlocking concepts which comprise their unique perspective. The eight interlocking concepts answer many questions pertaining to the problems that may arise from family discord as well (Bowen, 1978).

Relationship of Family Systems Theory to this Study

From a systematic perspective, the blended family is full of complexities that are woven together by intrafamilial and extrafamilial relationships (Hadfield & Nixon, 2013). To understand the complexities of the stepfamily, one must acknowledge four important assumptions of family systems theory (Dupuis, 2010). One assumption is that all relationships are interconnected at some level. Secondly, every familial system interacts in their environment, and the environment in which they live influences their behavior. The third assumption is that a family system must be viewed as a whole rather than a group of individuals. Lastly, the system itself is a metaphor for the entire family unit (Dupuis, 2010). For example, a child cannot be a separate individual without the influences of a biological mother, biological father, biological siblings any less than they separate from their stepparents, stepsiblings, and half-siblings. Every individual in the stepfamily is connected by their relationships with one another, yet there are numerous subsystems experienced within the stepfamily (Dupuis, 2010). A husband and wife are considered a subsystem; a parent-child relationship is a subsystem, the biological parents are a subsystem, as are biological siblings, and all step-relationships (Dupuis, 2010). Each dynamic has its own unique characteristics and influences on the other subsystems.

The interlocking concepts presence in stepfamilies. According to the Bowenian theory (1978), one can attribute much of the complexities to the spousal subsystem in the remarriage. One of the most important family systems concepts used to understand problems occurring in the remarriage is self-differentiation (Faber, 2004). People who maintain a high degree of self-differentiation can distinguish their current relationship from the emotional connections of their last marriage (Faber, 2004). Those who are

seemingly undifferentiated bring several issues into the new marriage that may have originated in the prior marriage such as problems with trust, sensitivity to conflict, instability, or chronic anxious tendencies (Faber, 2004). In the worst of circumstances relating to differentiation, a person may not see the current spouse as independent from their last spouse (Faber, 2004). Family systems theory demonstrates the same principles in the family of origin, first marriage, or subsequent marriages that one person does not act independently from the family system regardless of their level of differentiation (Bowen, 1978).

Research is abundant in the concept of triangulation in stepfamilies, much like divorce. Numerous researchers cite triangulation as one of the concepts that can create tension, anxiety, and stress within the stepfamily (Faber, 2004; Schrodt, 2016; Wood, 2015). There are many situations where triangulation can occur: biological mother/biological father/child triad, biological father/stepmother/stepchild triad, biological mother/stepmother/child triad, husband/wife/sibling triad, and each one may cause a considerable amount of communicative dysfunction within the new family dynamic (Francia & Millear, 2015; Merenda, 2015). Bowen's concepts of triangulation are useful in understanding this study's discussion of parental stressors. Specifically, the issue of loyalty binds within the family unit. Additionally, triangulation maybe helpful in understanding hardships associated with negatively perceived parental regard.

Literature Review Related to Key Variables

Understanding the complicated dynamics of the modern stepfamily begins with the acknowledgment of its presence in the United States. Recent research has reported that approximately 40% to 50% of all first marriages end in divorce (DeLongis &

Zwicker, 2017). While this percentage represents a high number of nuclear families that dismantle because of divorce, it does not preclude the fact that the individuals in the former couple do not remain single for child-rearing years (DeLongis & Zwicker, 2017). After the initial divorce or death, researchers have stated that approximately 70% to 80% of people remarry (McNamee et al., 2014). In fact, McNamee et al. (2014) concluded that most divorced men and women remarry quickly, with an average of four years in between marriages. Furthermore, the same researchers concluded that the family dynamic is subject to further complexity because up to 70% of remarriages are subject to a second divorce. Quite simply, the dissemination of the nuclear family may not only occur once. The kinship may be divided several times throughout the lifespan of the immediate family (McNamee et al., 2014). Researchers have stated that remarriages are more influenced by factors that are not present during first marriages, including the presence of former partners, and parenting issues with children to whom the parents are not biologically connected (Hiyoshi, Fall, Netuveli, & Montgomery, 2015; Jensen, Shafer et al., 2017).

Parental Stress	
• Cordova et al., 2014 • Fox & Shriner, 2014 • Garneau & Pasley, 2017 • Higginbotham, Tulane, & Skogrand, 2012 • Jamison et al., 2014 • Jensen & Harris, 2016 • Kumar, 2017 • A. Miller & Cartwright, 2013 • Murtorinne-Lahtinen, & Jokinen, 2017	• Pace et al., 2015 • Riness & Sailor, 2015 • Suanet, van der Pas, & van Tilburg, 2013 • Scarf, 2013 • Schrodt,2016 • E. Visher & Visher, 2014 • Weaver & Coleman, 2005 • Wilmarth et al., 2014 • L. Zeleznikow & Zeleznikow, 2015
Stressors of Residential Stepmothers	
• Brown et al., 2016 • Doodson & Davies, 2014 • Neilson, 2004	• Ozor & Mgbenkemdi, 2017 • Spuij, Dekovic, & Boelen, 2015
Stressors of Nonresidential Stepmothers	
• Bastaits, Ponnet, Van Peer, & Mortelmans, 2014 • DeGreeff & Platt, 2016 • Doodson, 2014 • Greenwood, 2017	• Hutton, 2014 • Jensen & Howard, 2015 • King, Thorsen, & Amato, 2014 • Modecki et al., 2015
Covariates on Depressive Symptoms	
• Nomaguchi & House, 2013 • Stewart, 2014 • Shapiro & Stewart, 2011	
Perceived Parental Regard	
• Brummelman et al., 2014 • Kanat-Maymon, Roth, Assor, & Raizer, 2016 • Schrodt, 2016 • Urick & Limb, 2015	
Parental Regard and Custodial Status of Stepmothers	
• Shapiro & Stewart, 2011	
Covariates on Perceived Parental Regard	
• Assor, Israeli-Halevi, Freed, Roth, & Deci, 2007 • Assor, Kanat-Maymon, & Roth, 2014 • Inguglia, Ingoglia, Liga, Lo Coco, & Lo Cricchio, 2015 • Shapiro & Stewart, 2011	
Depressive Symptoms	
• Crane et al., 2013 • Gotlib, Joormann, & Foland-Ross, 2014	
Depressive Symptoms of Residential Stepmothers	
• Doodson & Davis, 2014	
Depressive Symptoms of Nonresidential Stepmothers	
• Henry & McCue, 2009	
Covariates on Depressive Symptoms	
• Dijkstra-Kersten et al., 2015 • Fernández-Niño, Manrique-Espinoza, Bojorquez-Chapela, & Salinas-Rodríguez, 2014 • Hounkpatin et al., 2015	

Figure 1. Literature review matrix.

The complicated problems that the stepfamily experiences are troubling because they can cause a significant decline in the wellbeing of each member of the new household (Papernow, 2017). In fact, one member of the household is largely subjected to stepfamily pressure, the stepmother. Shapiro and Stewart (2012) suggested that stepmothers experience more depressive symptoms than biological mothers because of encountering negatively perceived child regard and exacerbated parental stressors. Neglecting the challenges faced by stepmothers is a concern because their lack of emotional regulation can cause mental health decline and remarriage failure (Suanet et al., 2013).

Parental Stress

Parental stress has also been studied in determining factors that influence the lived experiences of stepmothers. Key components in understanding the effects of parental stress on stepmothers include role conflict, loyalty binds, financial constraints, the lack of support, and resources (Suanet et al., 2013; Weaver & Coleman, 2005). A brief analysis of the following information highlights stressors that are experienced by most stepmothers, regardless of custody status.

Role conflict. The crux of the role conflict occurs because of society's gender expectations of women. Jensen, Shafer et al. (2017) suggested that women were primarily responsible for maintaining kinship links by organizing family functions and arranging family schedules and traditions. The problem is that stepmothers range in their ideas of what kinship is supposed to be within the blended family, thus inflicting a significant amount of stress (Jensen, Shafer et al., 2017). The continued strain that society imposes,

by suggesting that women need to maintain kinship as displayed in nuclear families, has created role conflict and stress in stepmothers overall (Jensen, Shafer et al, 2017).

Loyalty binds. Another contributing factor to parental stress is the concept of loyalty binds. A loyalty bind occurs when children feel that they are betraying their biological parent if they like or love their stepparents (Scarf, 2013). If a child is engaged in a loyalty bind between their biological mother and stepmother, the effects on the latter relationship can be devastating (E. Visher & Visher, 2014). Researchers have concurred that loyalty binds can create a coalition of a mother/child dyad against the outsider, which would be the stepmother (Martin-Uzzi & Duval-Tsioles, 2013; Schrodt, 2016). Stepmothers feel a considerable amount of stress to alleviate the tension in the strained relationship due to loyalty binds, and they try to act civilly with the biological mother (E. Visher & Visher, 2014). Even though this is the best solution to alleviate loyalty binds, it may not always be a feasible option.

Financial hardship. One large contributing factor to parental stress within the stepfamily is finances. Financial worry is a large component of married life and is a firm predictor of divorce (Wilmarth, Nielsen, & Futris, 2014). Financial hardship is experienced by many blended families because some husbands have prior commitments to their first family via child support and alimony (Bellou, 2017). Even if the stepmother has an ex-spouse who pays support to her biological children, there still may be financial discord (Higginbotham, Tulane, & Skogrand, 2012). Additionally, like nuclear families, remarriage brings together two individuals with different earning capacities and two different spending backgrounds (Higginbotham et al., 2012). From the onset of the relationship, money must be analyzed and properly distributed. Financial distress may

lead to arguments for the remarried couple primarily because some of the resources are distributed outside of the home to external influences (Higginbotham et al., 2012).

Parenting plan. One stressor that causes dysfunction in a blended family is the implementation of a unified parenting approach. Parental unification refers to cohesive expectations and rules about how the household functions (Pace et al., 2015). A. Miller and Cartwright (2013) agreed with that sentiment, stating that in an ideal blended family, stepparents and biological parents would form a united coalition when raising their children. Garneau and Pasley (2017) found that even if the remarried parents devise a cohesive parenting plan in their respective households, most children refer to the rules and routines with which they are most familiar. Stepmothers may feel left out of important child-rearing decisions, which may leave them susceptible to depressive symptoms if the biological father is not inclusive enough (Murtorinne-Lahtinen & Jokinen, 2017).

Further, the failure of parents to share a commitment to the unified parenting strategy may create a considerable amount of dysfunction between households as well (Jamison et al., 2014). Researchers agree that a household's parenting plan can be quickly thwarted by creating insider/outsider positions (Pace et al., 2015; Scarf, 2013). Children tend to disrespect a stepparent's disciplinary decisions because they are not biologically related, thus creating a position where the stepparent is outside of the child-rearing process (Pace et al., 2015). In summation, when a unified parenting plan is unobtainable, a considerable level of stress may be experienced.

Lack of support. Another factor that affects parental stress is the lack of support available for stepparents. A positive support system can be a beneficial buffer to a

stepmother's mental health (Riness & Sailor, 2015; Shapiro & Stewart, 2012). The benefits of pre-marital and marital therapy are supported, despite family structure or remarriage issues (Cordova et al., 2014; Fox & Shriner, 2014; Jensen & Harris, 2016). Some blended families, however, do not receive the support that they need from the mental health community. Kumar (2017) argued that the treatment protocol for blended families in therapy is often inadequate. E. Visher and Visher (2014) echoed Kumar's findings, concluding that 51% of blended families had a negative outcome in therapy because of professionals who lacked proper training in the unique family dynamic. As a result, blended families are left with no idea of what to expect of their familial situation and no instructions on how to deal with the problems they face (L. Zeleznikow & Zeleznikow, 2015). Although mental health treatment can serve as a moderating factor of parental stress and depression, a valid concern is if the treatment protocol will properly serve the alternative family structure (Kumar, 2017).

Specific Stressors of Residential Stepmothers

Only 8% of stepmothers in the United States live with their stepchildren year-round because of death or abandonment of the biological parent (Neilson, 2004). Each circumstance has the capability of creating a stress-laden environment with children who not only have to adapt to a new stepmother, but also must accept painful realities regarding their biological mothers (Neilson, 2004). Residential stepmothers experience more diverse stressors than their nonresidential counterparts because of their full-time status in a motherly role (Doodson & Davies, 2014). Due to that realization, it is imperative to explore the stressors caused by death or abandonment.

Deceased biological mothers. The impact of a mother's death can be particularly detrimental to a child (Hollingshaus, & Smith, 2015). Spuij et al. (2015) mentioned that children who experienced a parent's death 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. Additionally, prolonged grief disorder (PGD) is likely to be present in children who have lost their mother (Spuij et al., 2015). Symptoms include separation distress, preoccupation with thoughts about the loved one, a sense of purposelessness, numbness, bitterness, and inability to accept the loss. While there is some literature regarding the implications of parental death and its effect on surviving children, there is no literature suggesting how this loss affects remarried biological fathers or stepmothers (Hollingshaus & Smith, 2015; Spuij et al., 2015).

Parental abandonment. Since 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. The first issue that Ozor and Mgbenkemdi (2017) identified is that children can create an emotional barrier between themselves and the stepmother so that it acts as a precautionary measure to avoid potential pain of abandonment from reoccurring. Likewise, Brown et al. (2016) stated that because abandonment is a life event that is linked to psychological distress, stepmothers may be faced with maladjustment problems in their stepchildren. Such problems often lead to mental health concerns of the child, who may display anxiety or low self-esteem (Brown et al., 2016). The stepmother may also have issues disciplining the child when parenting challenges occur (Ozor & Mgbenkemdi, 2017). It must be noted that the research available in biological mother abandonment and stepmother challenges is scarce, so no

conclusive evidence on how they can affect a stepmother-stepchild relationship can be determined. It is possible to hypothesize that the effects of parental abandonment may create a stressful situation for stepmothers.

Specific Stressors of Nonresidential Stepmothers

Nonresidential stepmothers may have a specific set of problems that are relatively different from that of a residential stepmother. The problems stem from the part-time position of a nonresidential stepmother and the presence of an active, biological mother (Doodson, 2014). Scholars have found that the constant presence of a woman who first established a family with their spouse can inflict tremendous emotional distress on a stepmother (Doodson, 2014; Hutton, 2014). Participants in Hutton's (2014) study reported their experience of being stepmothers of nonresidential stepchildren as filled with various challenges that were extremely stressful, especially during the initial stages of stepfamily formation. When a stepmother enters the picture with her own set of parenting ideals, it can feel challenging to the biological mother (Doodson, 2014). Stepmothers may feel pressured to conform to the biological mother's interference in their household to maintain peace, simply because the expectations are ill-defined (Doodson, 2014).

Boundary violations. Alternatively, when stepmothers do not conform to the biological mother's parenting standards, they often face boundary issues. Jensen and Howard (2015) found that children desire biological relationships foremost, but are also willing to demonstrate inclusivity, depending on the quality of the stepparent relationship. 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 (Jensen & Howard, 2015). 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 (Doodson, 2014). A biological parent may feel envious because a stepmother has entered the picture (DeGreeff & Platt, 2016). Envy has been argued as an effect tough to acknowledge and work through (Greenwood, 2017). As a result, if the establishment of a cooperative relationship between the women is blocked with jealousy, it may have potentially harmful outcomes for all (Greenwood, 2017).

Part-time fatherhood. Another distressful factor in maintaining part-time custody status is that fathers may take on a "laissez-faire" role in parenting. Bastaits et al. (2014) posited that fathers engaged in more leisure activities compared to active parenting when they only had weekend visitation. The *Disneyland Dad* phenomenon occurs when biological fathers spend more time having fun with their children, rather than maintaining parental standards of normal discipline (Bastaits et al., 2014). Similarly, Modecki, Hagan, Sandler, and Wolchik (2015) stated that nonresidential fathers who have experienced less conflict because of low-pressure interaction are likely to keep that parenting method intact for two purposes. 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 (Modecki et al., 2015). Often, the permissive parenting that some fathers might engage in with the nonresidential role can become extremely stressful for stepmothers (King, Thorsen, & Amato, 2014).

The Covariates on the Parental Stress of Stepmothers

The presence of covariates such as age, race, household income, number of children, and years spent stepparenting will be examined in the analysis of this study. Nomaguchi and House (2013) showed that African-American, Asian, and Hispanic mothers experience more parental stress than Caucasian biological mothers. While the results of their research were seminal in noting racial-ethnic differences in parental stress, the researchers did not include stepmothers at all. In fact, no research has been conducted to determine whether the ethnic-racial differences in stepmothers affect their experiences with parental stress.

Contrary to Nomaguchi and House (2013), Shapiro (2014) conducted a study on stepparents and parental stress, taking into consideration gender, marital quality, and views of gender roles. Shapiro found that some of the mentioned covariates did not significantly impact her study. It is interesting to note that the original research conducted by Shapiro and Stewart (2011) indicated the same findings, that the covariates analyzed did not have a significant impact on parental stress. Little research has been done to further analyze the significance, or lack thereof, of covariates based on these three studies with conflicting results.

Perceived Parental Regard

The current research trends show two types of parental regard, unconditional and conditional (Brummelman et al., 2014; Kanat-Maymon, Roth, Assor, & Raizer, 2016). Unconditional parental regard has beneficial outcomes on childhood development, especially for children who exude low self-esteem (Brummelman et al., 2014). Contrarily, parents who conditionally regard their children put them at risk for emotional

setbacks by experiencing shame, insecurity, and worthlessness (Brummelman et al., 2014). There are two articles that provide some research on parental regard and blended families that are worthy of discussion.

Urick and Limb (2015) discussed the quality of the parent-child dyad and its effects on the stepparent-stepchild relationship, which is appropriate for the discussion of stepparent regard. The researchers concluded that if a biological parent has a positive relationship with their children, it is more likely that the stepfamily will have a satisfactory experience overall (Urick & Limb, 2015). While the previously mentioned research does not specifically provide a direct link to perceived parental regard in the stepparent-stepchild dyad because of positive or negative biological relations, it leaves a gap that warrants further investigation.

The second article explains how stepparent-stepchild communication is imperative to develop positive regard in the relationship. Schrodt (2016) stated that every day talk with stepchildren could create relational satisfaction. Furthermore, when a stepchild feels that a stepparent accommodates the relationship with warm, communicative efforts, they are more likely to feel a positive affiliation with the new family dynamic (Schrodt, 2016). Although the article provides innovative information on the relationship between communication and stepparent-stepchild regard, the researcher did not distinguish the different types of custody arrangements and its effects on positive/negative communication. Again, the research leaves a gap that is worthy of exploration.

Parental regard and custodial status of stepmothers. There is a lack of studies focusing on the impact of custody status of stepmothers and its relationship to parental

regard. In seminal research provided by Shapiro and Stewart (2011), it was suggested that the perception of positive parental regard could mediate a stepmother's depressive feelings. However, Shapiro and Stewart noted that their study did not differentiate stepmothers according to custody status. The research was inconclusive if positive parental regard is achieved through infrequent or frequent interaction in the stepmother-stepchild dyad. This study will attempt to answer if custodial status affects perceived parental regard in stepmothers and their stepchildren.

The covariates of perceived parental regard. Even though several researchers focused on the concept of parental regard (Assor, Israeli-Halevi, Freed, Roth, & Deci, 2007; Assor, Kanat-Maymon, & Roth, 2014; Inguglia, Ingoglia, Liga, Lo Coco, & Lo Cricchio, 2015), much of the research that is available concludes how children experience their biological parent's attitudes or involvement in their lives, not vice-versa. Shapiro and Stewart's (2011) study was unique in that they sought to understand the biological or stepmother's perceived parental regard from their children's perspective. As such, the research was limited to the topic of children's regards of their stepmother's parenting abilities, much less research involving any of the covariates discussed in this study. The results of this current study will provide some clarity on how the covariates affect parental regard, which may generate further interest in the area.

Depressive Symptoms

Depression is a common disorder that affects more than 121 million people worldwide (Cooney, Dwan, & Mead, 2014). Of that staggering number, 17% of those individuals that experience depression is women who have experienced at least one episode of a major depressive disorder in their lifetime (American Psychiatric

Association [APA], 2013). Additionally, the relapse rate for depressive disorder shows that at least 50% to 70% of those who have experienced the disorder will experience depressive symptoms again (APA, 2013). The statistics demonstrate the gravity of depression as a mental illness that can cause tremendous distress in many, including stepmothers. Depression affects most facets of life, including couple relationships, parenting and family functioning, and even functional impairments, such as work absenteeism and lost productivity (Crane et al., 2013).

Gotlib, Joormann, and Foland-Ross (2014) found that if a stepmother experiences recurring depressive episodes, she might become prone to developing schemas based on a certain set of expectancies that come to pass. Entertaining negativity and filtering out positive stimuli could also heighten the risk for depressive symptoms. Distorted cognition and rumination become problematic for stepmothers, particularly if they ruminate on the distressful situations that a stepfamily naturally incurs (Gotlib et al., 2014). A problematic cycle will ensue if a stepmother develops maladaptive schemas because of experiencing depressive episodes, and long-term impairment may be the outcome if steps are not taken to ensure mental health (Gotlib et al., 2014).

Depressive symptoms of residential stepmothers. With a unique set of stressors prevalent, it is no surprise that residential stepmothers can experience a decline in their well-being. Doodson and Davies's (2014) study was a pivotal mark in distinguishing anxiety and depression among four diverse types of stepmothers. The researchers specifically noted that residential stepmothers with biological and stepchildren residing in the home (noted as full-complex stepmothers) experience more depressive symptoms than biological mothers (Doodson & Davies, 2014). Furthermore, Doodson and Davies

stated that that this occurrence may take place because they experience unique challenges on a daily basis.

Depressive symptoms of nonresidential stepmothers. Formative research provided by Henry and McCue (2009) demonstrated that nonresidential stepmothers present a unique set of challenges that can lead to depressive symptoms over time. One interesting viewpoint the researchers noted was that depressive symptoms could be influenced by the presence of inequity between the first and second family (Henry & McCue, 2009). Secondly, a lack of control in the child-rearing process, court proceedings, and financial matters may lead to depressive symptoms in the nonresidential stepmother. Henry and McCue stated there are mediating factors that can influence depressive symptoms in nonresidential stepmothers. One mediating factor is if the nonresidential stepmother demonstrates positive self-esteem; the reason is that she can perceive inequality more effectively than a stepmother with low self-esteem. If a nonresidential stepmother can have some sense of control in their household, it may mediate depressive symptoms (Henry & McCue, 2009). Conclusively, residential and nonresidential mothers have vastly different experiences that may cause depressive symptoms.

The covariates of depressive symptoms. Research on factors that are associated with depressive symptoms is scarce. For instance, there is pertinent research available that shows a notable relationship between income and depressive symptoms (Dijkstra-Kersten et al., 2015; Hounkpatin et al., 2015). Several researchers have suggested that not only can household income affect depressive symptoms, but a lack of psychosocial well-being and income inequality within the community can lead to depressive symptoms as

well (Fernández-Niño, Manrique-Espinoza, Bojorquez-Chapela, & Salinas-Rodríguez, 2014; Hounkpatin et al., 2015). Despite the evidence provided on the relationship between income and depressive symptoms, these findings have not been applied to the context and experiences of stepmothers.

Summary and Conclusions

An exploration of the residential status of a stepmother and its relationship with parental stress, perceived child regard, and depressive symptoms has been featured in the literature review of this study. The literature review rendered several key components in the exploration, including the fact that most stepmothers experience similar stressors such as role conflict, loyalty binds, financial hardship, issues with parenting plans, and lack of support available (Pace et al., 2015; Riness & Sailor, 2015; Shapiro & Stewart, 2012). Furthermore, stepmothers experience different stressors based on their custody status, such as the ability to cope with children's abandonment issues or grief (Brown et al., 2016; Ozor & Mgbenkemdi, 2017; Spuij et al., 2015) and nonresidential stepmothers' lack of control regarding parenting issues or potential boundary violations (Doodson, 2014; Hutton, 2014; Jensen & Howard, 2015). Notably, the research lacked understanding how the residential status can affect the relationship dynamics of the stepmother and the children.

This review demonstrated that a need exists to evaluate how nonresidential and residential stepmothers may differ regarding their views of the stepmother-stepchild relationship, and what that perception may mean in the development of depressive symptoms. According to the research, full-time stepmothers experience a higher rate of depression due to their stressors and challenges. Henry and McCue (2009) concluded that

a nonresidential stepmother incurs depressive symptoms for distressing issues caused by the presence of inequity between first and second families, and lack of control.

Interestingly, a thorough search of each covariate (age, race, household income, number of children, years spent stepparenting), related to parental stress, perceived child regard, and depressive symptoms, reflected the lack of literature focused on these factors. However, there was one article that emphasized race and parental stress (Nomaguchi & House, 2013), and two articles found about income and depressive symptoms (Dijkstra-Kersten et al., 2015; Hounkpatin et al., 2015). This study was conducted to fill the gap in the literature by studying how each covariate may exacerbate or mitigate parental stress and depressive symptoms. Additionally, each previously mentioned covariate was explored to see if there is an influence positive or negative parental regard, parental stress, and depressive symptoms.

Chapter 3 presents an in-depth discussion of the methodology for this study. A causal-comparative quantitative design was employed to examine the relationship between perceived child regard score, parental stress score, and depressive symptoms of nonresidential and residential stepmothers. The covariates of age, race, household income, number of children, and years spent stepparenting were analyzed. Chapter 3 describes, in detail, the procedure required to conclude this study's contribution to necessary research in the field of blended families.

Chapter 3: Research Method

Introduction

The purpose of this quantitative, causal-comparative study was to examine whether perceived child regard, parenting stress, and resulting depressive symptoms differ between nonresidential and residential stepmothers. The results of this study were used to determine whether a significant difference existed between the independent variable in the study, which was the classification of stepmothers as nonresidential and residential, and the dependent variables, and which included measures of perceived child regard, parenting stress, and resulting depressive symptoms. Age, race, household income, number of children, and years spent stepparenting were considered as covariates. In this chapter I describe the research method. The target population and description of the sample are included. A detailed account of the collection procedures is discussed in depth. Also included in this chapter is information about data analysis, validity, and ethical procedures.

Research Design and Rationale

An online setting was used in this quantitative study, which employed a cross-sectional, causal-comparative research design. The variables in this research design were the following: the independent variable was the classification of stepmothers based on the nonresidential or residential custody status of their stepchildren; the dependent variables were the scores for perceived child regard, parental stress, and depressive symptoms. Additionally, the covariates of age, race, household income, number of children, and years spent stepparenting were analyzed to see if a meaningful relationship was noted between the dependent variables.

The design choice was consistent for advancing research in the field for several reasons. First, the choice of quantitative analysis over qualitative analysis was simple. The study was set to expand current research by Shapiro and Stewart (2011) by examining the limitations of their study. Those researchers used a quantitative analysis for the basis of their research; this study simply followed suit. Furthermore, this study involved a cross-sectional design because data in the study were collected at one point in time, thus leaving no time constraints. A descriptive research design is focused on identifying potential differences between independent groups regarding the dependent variables (Mertens, 2014). A nonexperimental design was used because I sought to identify any associations between the variables pertaining to the research questions. There was no manipulation of the independent variables or use of interventions in the study; therefore, there were no significant time nor resource constraints.

Methodology

Population

For this study, 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.

Sampling and Sampling Procedures

A nonprobability sample design was appropriate for selecting participants. Specifically, I used a convenience sampling technique using social media groups to gather stepmothers from within the United States. The inclusion criteria were nonresidential and residential stepmothers above the age of 18 years old. The exclusion

criterion was those below that age range, as well as mothers who were not stepmothers. A convenience sampling technique allowed the researcher the ability to gather all potential participants who were willing and available to participate in the study (Cooper & Schindler, 2014).

The statistical software of G*Power 3.1.9.2 was used to conduct a power analysis to estimate the statistically appropriate sample size (Faul, Erdfelder, Buchner, & Lang, 2007) using a moderate effect size of .25 (Trochim, 2006). Faul et al. (2007) explained that using a .95 confidence interval is appropriate for confirming an alternative hypothesis because it gives a good representation of the unknown population parameter. A significance value of $p < .05$ was considered in order avoid making a type I error and subsequently rejecting the null hypothesis (Trochim, 2006). The G*Power analysis, with a statistical power of at .80, resulted in a needed sample size of 128, with 64 nonresidential stepmothers, and 64 residential stepmothers. The G*Power calculation is presented in Appendix D. A total sample size of 94 nonresidential stepmothers and 79 residential stepmothers completed the survey.

Procedures for Recruitment, Participation, and Data Collection

Participants were recruited from various social media outlets that stepmothers utilize by posting a recruitment advertisement. The social media site, Facebook, has several groups providing support for stepmothers. The recruitment letter was sent out to the following Facebook groups: #DoctoralMomLife, Stepparenting Success, The Not-So-Wicked Stepmother, and Stepparent Magazine. All recruiting conducted through social media were approved by the site's administrative team. The demographic information

that was collected from potential participants are age, race, household income, number of biological and stepchildren, and years spent stepparenting.

Informed consent. Participants were asked a series of screening questions to ensure they qualified for the inclusion criteria set for the study. Participants were able to review the criteria and click "I consent" as part of an agreement that they did indeed qualify for participation in the study. In every research study, it is necessary to highlight how the participants will be protected and informed by consent. All potential participants were informed of the nature of the study, the purpose of the research, and all procedures involved. They were informed about the risks and benefits of the study and were informed that participation was voluntary and that they could quit the study at any time without consequence. The anonymous nature of participation was explained.

Potential participants were provided with contact information should they have further questions. Furthermore, the participants were able to provide an implied consent via a drop-down list in which they could choose "I consent". If they did not consent, they could check "I do not consent." The participants were then directed to a debriefing screen provided by "Skip Logic," service provided by SurveyMonkey. SurveyMonkey is a cloud-based software program that serves clients by promoting online survey development. SurveyMonkey provides a forum where researchers can attract participants using social media and other web-based outlets. The SurveyMonkey website is HIPAA-compliant, ensuring that data remain safe, and it is also integrated with SPSS 24.0, which was used to analyze data efficiently. SurveyMonkey assures participants anonymity by allowing the researcher to set up choices that exclude all participant information such as first name, last name, email address, and IP address.

After collecting the required samples each from both nonresidential and residential stepmothers, the survey was closed. Once the participants completed the questionnaires on SurveyMonkey, the participants will be provided with a short synopsis of the results once the final study has been approved by Walden University and published by Proquest. Also, the researcher's contact information was provided in case any questions were raised. The contact information was an email address that was designated for research purposes. No further follow-up procedures (additional interviews or treatments) were required from participants. However, if any participant felt that she had been adversely affected by their participation, resources for therapeutic services were provided.

Instrumentation

Demographics scale. A demographics scale was administered to the participants in order to analyze certain 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. There is a discrepancy between researchers previously noted in factors of race, income, and their effects on parental stress and depression (Dijkstra-Kersten et al., 2015; Hounkpatin et al., 2015; Nomaguchi & House, 2013; Shapiro, 2014; Shapiro & Stewart, 2011). The discrepancy in current literature noted the need to use a demographics scale. 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.

An issue with using a nominal scale was quantifying the information that is subjected to analysis. The questions and answers to the demographics scale were coded by defining them in the SPSS. The variables in the demographic questionnaire were defined according to the numerical values assigned in the questionnaire itself located in Appendix G. For instance, for the question "what is your age range?," the term "age" was assigned to the field VAR0001 (Rudestam & Newton, 2014). The question had the following choices available for the participants to answer: (a) 18-30 years old, (b) 31-40 years old, (c) 41-50 years old, (d) 51-60 years old, (e) 61 years old and above. The next step was to assign each option a numerical value in SPSS 24.0 (Rudestam & Newton, 2014). In this circumstance, the answer of 18-30 years old was assigned the numerical value of 1, as the questionnaire implied. The process was repeated with each question until completed, then proper analysis of the covariates was conducted. The only variable that needed to be dummy-coded due to its ordinal value was ethnicity. Since most participants reported they were White (82.66%), that ethnicity was coded at "zero". The remaining ethnicities were coded as "one," as their own separate variables. Lastly, an issue of reliability and validity regarding the demographics scale was addressed. According to Trobia (2008), a demographics scale is a single-item measurement; therefore, reliability was not measured. Likewise, validity makes sure what the study intends to measure is measured. Trobia (2008) states that a demographics scale will measure what the researcher is intending to measure, so validity was not an issue.

Perceived Child Regard Questionnaire. The Perceived Child Regard Questionnaire was developed by Shapiro and Stewart in 2011. 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. Permission to utilize the scale was granted by Dr. Shapiro on February 6, 2017. According to Shapiro and Stewart, the scale demonstrates reliability for stepmothers *(α* = .89) and biological mothers (*α*=.90*)*. The scale was determined reliable for biological mothers and stepmothers as a population; however, for this study, it was only necessary to account for the reliability pertaining to stepmothers.

Parental Stress Scale. The Parental Stress Scale (PSS) is a scale that was developed by Berry and Jones in 1995. The scale is appropriate for measuring the stress levels of the participants who are classified as nonresidential and residential stepmothers, particularly because the scale addresses concerns of child-rearing. 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 a six-week period, and a significant correlation of .81 was obtained (Berry & Jones, 1995). Berry and Jones concluded that convergent validity was demonstrated by significant correlations, with the Perceived Stress Scale and Parenting Stress Index. Known-group validity was determined by a comparison of scores from mothers participating in a nonclinical and clinical group, scores proved significantly different (Berry & Jones, 1995). Shapiro and Stewart (2011) determined the PSS was reliable with stepmothers *(α* = .91), in addition to biological mothers (*α* = .88). This study involved the use of the PSS to measure parenting stress and compare the scores between nonresidential and residential stepmothers.

There was a notable difference between the mean that Berry and Jones (1995) reported using their scale with biological mothers and the mean that Shapiro and Stewart

(2011) noted using the PSS with stepmothers and biological mothers. Berry and Jones reported a mean of 37.1 (8.1) for biological mothers upon concluding their research. Shapiro and Stewart found $M = 50.89$ and $SD = 13.55$ for stepmothers, and $M = 38.81$, $SD = 9.38$ for biological mothers. The difference was attributed to the level of parental stress stepmothers reported versus the level of stress biological mothers reported (Shapiro & StewartShapiro & Stewart, 2011).

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 in 1977. The scale is appropriate for measuring depressive symptoms of participants over the course of a two-week period. Radloff died in 2016, so permission to utilize the CES-D-R could not be obtained. However, the scale is noted for use to research in the public domain, so permission is not required. Per the CES-D-R, scores for their sample were determined to be reliable ($\alpha = .89$), and the sum of items ranged from 0 to 445, with a mean of 12.44 ($SD = 10.05$). Originally, Radloff reported the scale had demonstrated an elevated level of internal consistency for the clinical and general population. Coefficient alpha and the Spearman-Brown method determined internal consistency, at about .85 for the general population, and a higher level of internal consistency for the clinical population reported at about .90 (Radloff, 1977). Construct validity was established by patterns of correlations, with several other self-report measures, by correlations with clinical rating scales for depression and relationships with other variables that support validity.-The scale has been adapted to reach a wide population of children, adolescents, and older adults and has been noted for use among a wide range of racial and ethnic differences (Eaton, Muntaner, & Smith, 2002).

Operationalization

Demographics. A demographics questionnaire was used in the study to capture characteristics of the participants included in the study (Appendix G). The information was used as covariates for the analysis. The demographic information retrieved from the participants included age, ethnicity, household income, number of stepchildren, years spent stepparenting, custody status (i.e., nonresidential or residential level of care), and how many biological children are present in the home. Not all possible demographical information was obtained from the participants because there was a desire to protect the anonymity of their participation in the study.

Perceived child regard. The variable of perceived child regard is defined by a mother's self-awareness of the children's feelings towards her, and the family unit. The variables was measured using the Perceived Child Regard Questionnaire (Shapiro & Stewart, 2011). The scale was used to help measure the perception stepmothers on child regard. The Perceived Child Regard Questionnaire includes nine questions about a mother's perceptions about her children's acceptance of her parental role. Participants were required to rate their perceptions on a Likert scale ranging from 1 *(strongly disagree*) to 5 (*strongly agree*). One sample item on the Perceived Child Regard Questionnaire is: one or more of our children disapproves of their parent's life choices.

Parenting stress. In this study, parenting stress was defined as a psychological and physiological response created by environmental factors related to stepfamily living. Parenting stress was measured using the Parental Stress Scale (PSS; Berry & Jones, 1995). The PSS is a short, self-report inventory to measure the differences in stress levels that parents of young children encounter (Berry & Jones, 1995). The PSS has 18 items

that focus on three different themes: positive emotional benefits, sense of fulfillment, and negative components of parenting as presented in Appendix B (Berry & Jones, 1995). Stepmothers answered each question on a Likert-type scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). One sample item of the parental stress scale is: I feel close to my child(ren).

Depressive symptoms. Depressive symptoms are defined per the American Psychiatric Association's *DSM-5* (*DSM-5*, 2013). The symptoms are depressed moods or a loss of pleasure in activities, lack of concentration, weight changes, reoccurring thoughts of death, feelings of worthlessness, and changes in sleep patterns (*DSM-5*, 2013). Furthermore, five or more symptoms would need to be present for 2 weeks or more to be considered a depressive episode (*DSM-5*, 2013). Depressive symptoms were measured by the CES-D-R. The CES-D-R is a 20-question, self-report measure intended to represent the severity of depression symptoms (Cole, Rabin, Smith, & Kaufman, 2004). Participants are required to rate questions on a Likert-type scale ranging from *people are unfriendly* to *I felt lonely* regarding how they perceived the previous 2 weeks (Cole et al., 2004). Items are scored on a 4-point scale ranging from *not at all or less than one day* (numerical value 0) to nearly every day for two weeks (numerical value 4). The range of scores is from 0 to 60, with higher scores reflecting higher stress levels accordingly. One sample question from the CES-D-R is: My appetite was poor.

Data Analysis Plan

All data gathered in the study was imported into SPSS 24.0 to prepare for data analyses. Demographic characteristics were presented using descriptive statistics. An analysis of covariance (ANCOVA) was conducted in this study; therefore, there are some

assumptions to address. According to Field (2014), linearity, normality, homogeneity of regression slopes, independence of the covariate and treatment effects are biases that are potentially present when running an ANCOVA. An appropriate method of data cleaning was conducted to control for potential bias. The solutions used to correct these types of issues in the analyses were the Kolmogorov-Smirnov and Levene's test, followed by a traditional post-hoc analysis.

The variables of perceived child regard, parental stress, and depressive symptoms using scale or subscale scores calculated from the survey instruments were presented. There was an analysis of the following covariates: age, race, household income, number of children, years spent stepparenting, the level of involvement in stepparenting (e.g., nonresidential or residential level of care), and whether the stepmother has additional biological children. The research questions and hypotheses for this study were:

RQ1. Is there a difference in parental stress between nonresidential and residential stepmothers, taking the age, race, household income, number of children, and years spent stepparenting into account as covariates?

$H_0 1$. Parental stress will not be significantly different between nonresidential and residential stepmothers, taking the age, race, household income, number of children, and years spent stepparenting into account as covariates.

$H_A 1$. Parental stress will be significantly different between nonresidential and residential stepmothers, taking the age, race, household income, number of children, and years spent stepparenting into account as covariates.

RQ2. Is there a difference between the perceived child regard score of nonresidential and residential stepmothers, taking into account the age, race, household income, number of children, and years spent stepparenting as covariates?

$H_0 2$. 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 stepparenting into account as covariates.

$H_A 2$. 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 stepparenting into account as covariates.

RQ3. Is there a difference in depressive symptoms between nonresidential and residential stepmothers, taking the age, race, household income, number of children, and years spent stepparenting into account as covariates?

$H_0 3$. Depressive symptoms will not be significantly different between nonresidential and residential stepmothers, taking the age, race, household income, number of children, and years spent stepparenting into account as covariates.

$H_A 3$. Depressive symptoms will be significantly different between nonresidential and residential stepmothers, taking the age, race, household income, number of children, and years spent stepparenting into account as covariates.

For each of the three research questions posed in this study, an ANCOVA was conducted to determine whether there was a difference between nonresidential and residential stepmothers on perceived child regard, parental stress, and depressive symptoms, while controlling for the effect of age, race, household income, number of children, and years spent stepparenting. An ANCOVA is appropriate in determining the

difference between two identified groups, while controlling for the effect of covariates (Field, 2014). The ANCOVA ensures that the differences between the dependent variables are based on the independent variable and not because of the impact of the covariates. Though the main analysis itself was comprised from the multiple regression model procedures, there are some additional options that were taken. The options of descriptive statistic, parameter estimates, and homogeneity tests were observed. Through this analysis, the researcher determined which of the two groups had significantly higher scores as opposed to the other. The significance level of .05 was used for all analyses.

Table 1

Summary of Data Analysis Procedures

RQ	Statistical Test	Independent Variable	Dependent Variable	Covariate
RQ1	ANCOVA	Nonresidential or Residential	Parental Stress	Age, race, household income, number of children, years spent stepparenting
RQ2	ANCOVA	Nonresidential or Residential	Perceived Child Regard	Age, race, household income, number of children, years spent stepparenting
RQ3	ANCOVA	Nonresidential or Residential	Depressive Symptoms	Age, race, household income, number of children, years spent stepparenting

Procedures

Rationale for covariates. The analysis of covariates was important in this study because there are several differences that can be caused by age, race, household income, number of stepchildren, years spent stepparenting, or custody status of the children. The reason for the analysis was because current research found on some of the variables was conflicting, particularly in terms of race and income levels of parents and its effects on

parental stress and depressive symptoms (Dijkstra-Kersten e t al., 2015; Hounkpatin et al., 2015; Nomaguchi & House, 2013; Shapiro, 2014; Shapiro & Stewart, 2011). In this circumstance, running an ANCOVA was the optimal choice for exuding statistical control of the variables (Field, 2014).

Interpretation of results. The main analysis was comprised from the multiple regression model. The options of descriptive statistic, parameter estimates, and homogeneity tests were utilized. Per Field (2013), key parameter estimates were established at the p-value of <0.0005. Likewise, Field recommended that the confidence interval be set at 95%.

Threats to Validity

External Validity

External validity can be compromised if an investigator fails to follow the script, influences participant answers, or if participants give answers they assumed were socially desired. To counteract that potential problem, the questionnaires were administered via a portal and link on the SurveyMonkey website to eliminate investigator error, influence, and social desirability. It was also important that generalizations not be made in this study. Data was conducted using a social media forum called Facebook, more specifically within several groups including: #DoctoralMomLife, Stepparenting Success, The Not-So-Wicked Stepmother and Stepparent Magazine. Because of selective data collection, the researcher excluded a portion of the population who do not have access to the Internet.

Internal Validity

The idea of internal validity was a reason for concern in this study. Campbell and Stanley (1963) stated that internal consistency ensures that the dependent variable is not

affected by any explainable reason other than the independent variable. One major threat to this study was the differential selection of participants. Since the participants wer selected from a non-randomized sample, group differences could occur and affect the outcome (Campbell & Stanley, 1963). To counteract the concern, the ANCOVA included an analysis of demographic data obtained from the participants. While Campbell and Stanley (1963) acknowledged that there are 12 common threats of internal validity, this study avoided a large majority, simply because it was not an experimental study. The study itself did not involve manipulation of the participants in any manner (St. Clair, Cook, & Hallberg, 2014).

Another major threat to the study was researcher bias. It must be acknowledged that the researcher conducting this study was a nonresidential stepmother in the same age that was requested from participants. It can be argued that there was a highly emotive reason that the study topic was chosen (Barford, 1997). Therefore, in the spirit of honesty, the internal validity that was threatened by researcher bias must be addressed (Mehra, 2002). Pannucci and Wilkens (2010) stated that to counteract bias in data collection, the researcher must be blinded to reduce exposure status to participants. Data collection was done through Survey Monkey which is a third-party entity, reducing the researcher's exposure to participant selection. Secondly, interpretation is another element where researcher bias may be present (Pannucci & Wilkens, 2010). Counteracting that notion was prevalent in the methodology of choice. A quantitative analysis was employed so that known confounders could be controlled (Pannucci & Wilkens, 2010).

Construct Validity

Psychometrically sound instruments were used in the study. The Perceived Child Regard Scale determined reliability for stepmothers (α = .89). Moreover, the PSS demonstrated reliability with stepmothers (α = .91), and the CES-D-R was reliable at α =.89. All scales demonstrated appropriate levels of internal validity as well. Understanding and scoring the questionnaires was uncomplicated, such that the instruments were likely discourage investigator error. Additionally, the use of anonymous questionnaires addressed potential validity threats by eliminating the need for social desirability. Second, SPSS version 24.0 for Windows was used to analyze the data. SPSS was chosen to reduce the chances of statistical error (Field, 2014).

Ethical Procedures

The study is seminal for researchers who analyze blended families and contribute to the field in a positive manner. The study involved human subjects and all ethical procedures were considered in the study. All aspects of the study were evaluated using the following concepts for ethical compliance with the American Psychiatric Association's standards (APA, 2010).

Institutional Permissions

Per the APA (2010) code of ethics, standard 8.01, Institutional Review Board approval is required to conduct research. Walden University's protocol stands by ethical standards and the Institutional Review Board will not grant credit to students who do not obtain its approval. The investigation methods the researcher used in the study were compliant with Walden's IRB's application and the approval process before conducting any research with participants. The IRB approval number was 07-12-18-0334700.

Ethical Issues in Recruitment Materials

The survey focused on collecting data related to perceptions of stepmothers on child regard, parenting stress, and depressive symptoms. The researcher informed the participants that the focus of the study was on perceived child regard, parenting stress, and depressive symptoms from their role as either a residential or nonresidential stepmother.

The participants were provided an informed consent form (Appendix F) before data collection. The participants were informed of all procedures, and the time it would take to complete the study. Through the informed consent, the participants were provided with information on how to contact the researcher and the researcher's advisors in order to address questions or concerns with participation or the subsequent results. Standard 3.10 of the APA code of ethics requires that consent illustrate eight factors within the document, informing participants on several issues including the availability of potential incentives (APA, 2010). The researcher acknowledged that there were no secondary interests in the study, other than Walden University, nor additional sources of funding that must be identified. The participants acknowledged that there were no benefits to participation in this study, other than their contribution to current research. Only participants who signed the informed consent form were directed to the survey questions.

Ethical Issues Pertaining to Data Collection

Two ethical considerations pertaining to data collection were imperative. One concern is that the participants engage in the study upon their own free will (APA, 2010). Participants were encouraged not to skip any item in the survey questionnaires; however, they did have the ability to withdraw from the study at any point without negative implications. Partially answered surveys were not included in the analysis, and collection

continued until 140 questionnaires were completed. Secondly, there may have been a minimal risk of discomfort to some individuals that may be associated with participation in the study. In case participants experienced stress or discomfort upon completing the questionnaires, they were referred to a professional practitioner for assistance.

Treatment of Data

The data was anonymously collected from the participants. One concern of collecting data anonymously is how the participants will acknowledge the informed consent without signing their name to the survey instrument (Kosinski, Matz, Gosling, Popov, & Stillwell, 2015). To address this issue, the participants were asked to select from a drop-down menu after reviewing their informed consent. If they did not agree, they were redirected to a debriefing page via Skip Logic. If they agreed, they continued with the survey. Secondly, another concern is violating anonymity with a demographics questionnaire that has the propensity to include potentially identifying answers. To prevent a possibility of identification, certain questions were purposely left out of the questionnaire. For instance, the location of the participants, marital status, and educational level were not requested.

Writing and disseminating research. The APA (2010) is clear about reporting research results. Standard 8.10 states that if psychologists find errors in their data after publication, they must take steps to remedy the problem (APA, 2010). To the best of the researcher's ability, the results of this study are accurate. Results were computed using a computer program (SPSS 24.0 for Windows) with a thorough evaluation to check for errors. It must be noted that if errors are found

later, all necessary steps will be taken to remedy the issue including, but not limited to, issuing a correction, retraction, or erratum (APA, 2010).

According to APA Standard 6.02 (APA, 2010), the researcher must maintain confidentiality in all activities about the handling of records, no matter what type of medium is utilized. To assure that the research is stored ethically, data was secured in a locked filing system. Additionally, the computers that the researcher utilized are password protected and access to others is denied. All data collected will be destroyed appropriately within a five-year timeframe.

Summary

Chapter 3 presented the research methods employed for this study. The study was a nonexperimental, quantitative study which examined the relationship between the independent variable of nonresidential and residential stepmothers, and the dependent variables of parental stress, perceived child regard, and depressive symptoms. The analysis included the covariates of age, race, household income, number of children, and years spent stepparenting. The research design, setting, sample, and instrumentation were described in detail. A demographic questionnaire was given to all participants. The chapter included a detailed explanation of the sampling strategy, a non-probability, convenience sample targeting nonresidential and residential stepmothers. Instrumentation was discussed, including details about the Parental Stress Scale, CESD-R, and the Perceived Child Regard Scale. The researcher discussed the reliability and validity of the instruments. Ethical considerations were thoroughly evaluated to ensure the rights and protection of the participants.

Chapter 4 will provide a presentation and a discussion of the results of the data analyses.

Chapter 4: Analysis

Introduction

The purpose of this quantitative, causal–comparative study was to examine whether perceived child regard, parenting stress, and resulting depressive symptoms differed between nonresidential and residential stepmothers. Three scales were used to address the research questions: the Perceived Child Regard Questionnaire, the PSS, and the CES-D-R. Specifically, the research questions and hypotheses of the study were:

RQ 1: Is there a difference in parental stress between nonresidential and residential stepmothers, taking the age, race, household income, number of children, and years spent stepparenting into account as covariates?

H_01. Parental stress will not be significantly different between nonresidential and residential stepmothers, taking the age, race, household income, number of children, and years spent stepparenting into account as covariates.

H_A1. Parental stress will be significantly different between nonresidential and residential stepmothers, taking the age, race, household income, number of children, and years spent stepparenting into account as covariates.

RQ 2: Is there a difference between the perceived child regard score of nonresidential and residential stepmothers, taking into account the age, race, household income, number of children, and years spent stepparenting as covariates?

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 stepparenting 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 stepparenting into account as covariates.

RQ 3: Is there a difference in depressive symptoms between nonresidential and residential stepmothers, taking the age, race, household income, number of children, and years spent stepparenting into account as covariates?

H_03. Depressive symptoms will not be significantly different between nonresidential and residential stepmothers, taking the age, race, household income, number of children, and years spent stepparenting into account as covariates.

H_A3. Depressive symptoms will be significantly different between nonresidential and residential stepmothers, taking the age, race, household income, number of children, and years spent stepparenting into account as covariates.

The hypotheses were tested by conducting three separate analyses of covariance (ANCOVA). An alpha level of $\alpha = .05$ of was used to evaluate the significance of the results. This chapter presents the method for collecting the data and the results of the data analysis for addressing the research questions and hypotheses. First, the details of the data collection are presented, including descriptive statistics of the sample. Then the results of the analysis are presented. Finally, this chapter ends with a summary of the findings.

Data Collection

Data for this study was collected by posting a recruitment letter and the link to the SurveyMonkey survey on a social media forum called Facebook. The study was then posted to several groups on Facebook including: #DoctoralMomLife, Stepparenting

Success, The Not-So-Wicked Stepmother, and Stepparent Magazine. The data was collected from a total of 217 participants participated between July 12, 2018 and July 15, 2018. Once data collection was complete, the raw data was inputted into SPSS. The point of saturation for this survey was 70 nonresidential and 70 residential stepmothers. All participants reviewed the informed consent, 215 participants accepted the consent, and two participants declined. Out of 215 participants, 173 surveys were fully completed. The remaining surveys (n = 42) were not scored nor included in any of the statistical analyses.

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. Ninety-two (53%) stepmothers reported an age range of 31-40 years old. White or Caucasian stepmothers represented 143 (83%) of participants. The most frequently observed category of income was stated to be $40,000 and above ($n$ = 144, 83%). Seventy-one (41%) stepmothers had no biological children of their own. Sixty-eight (39%) stepmothers reported one stepchild. Stepmothers with nonresidential custody allocated on a part-time basis constituted 54% (n = 94) of the sample. The descriptive statistics of the respondent's characteristics are presented in Table 2.

Table 2

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

Note. Due to rounding errors, percentages may not equal 100%.

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=2.43 (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 than a normal distribution and is considered to be an outlier (Westfall & Henning, 2013). 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 3.

Table 3

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

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 (Brace, Kemp, & Snelgar, 2006). The alpha values were interpreted through the guidelines suggested by George and Mallery (2010) where $\alpha > .9$ Excellent, $\alpha > .8$ Good, $\alpha > .7$ Acceptable, $\alpha > .6$ Questionable, $\alpha > .5$ Poor, $\alpha < .5$ Unacceptable. Results for the Cronbach's alpha met the acceptable threshold for reliability. Results for the reliability analysis are presented in Table 4.

Table 4

Reliability Statistics

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

Data Screening

After closing the survey, the raw data was input into SPSS version 24.0 for Windows. It was determined that 42 surveys were incomplete; therefore, that data was removed from further analyses. 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.

Preliminary Data Analysis

Prior to the analysis of the research questions, a Pearson Correlation Analysis was computed to assess the relationship between the covariates and the dependent variables. Pearson correlations are appropriate when assessing the relationships between continuous level variables (Pagano, 2009). 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 5 presents the findings of the correlation's coefficients.

Table 5

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.

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 6 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 6

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 (Levene, 1960). 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 (Bates, Mächler, Bolker, & Walker, 2014; DeCarlo, 1997; Field, 2009). 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 2. Likewise, the Q-Q scatterplot for the Perceived Child Regard Questionnaire is represented in Figure 3. Normality for the CESD-R is noted in Figure 4.

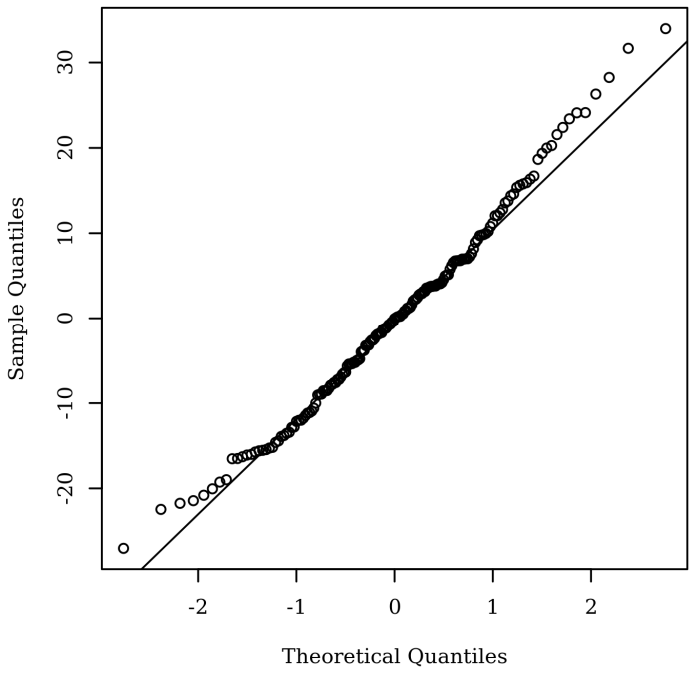

Figure 2. Q-Q scatterplot testing normality for the PSS.

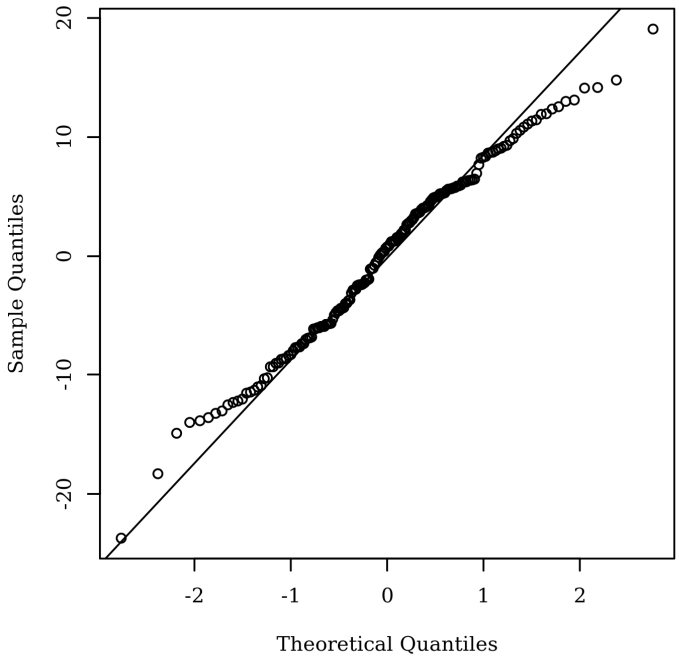

Figure 3. Q-Q scatterplot testing normality for the PCR.

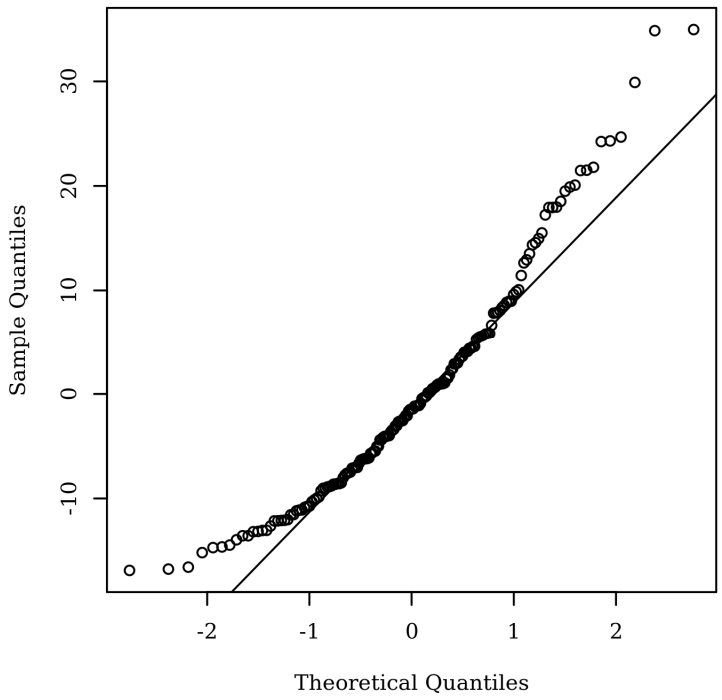

Figure 4. Q-Q scatterplot testing normality for the CESD-R.

Homoscedasticity. Homoscedasticity was evaluated by plotting the residuals against the predicted values (Bates et al., 2014; Field, 2009; Osborne & Waters, 2002). The assumption of homoscedasticity was met because the points appeared randomly distributed with a mean of zero and no apparent curvature. Figure 5 presents a scatterplot of predicted values and model residuals for the PSS. Subsequently, Figures 6 and 7 represent the Perceived Child Regard Questionnaire and CESD-R accordingly.

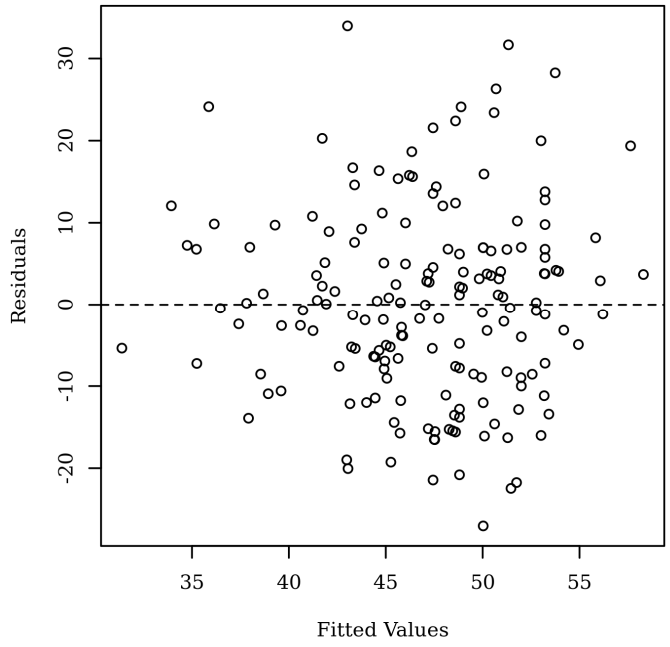

Figure 5. Residuals scatterplot testing homoscedasticity for the PSS.

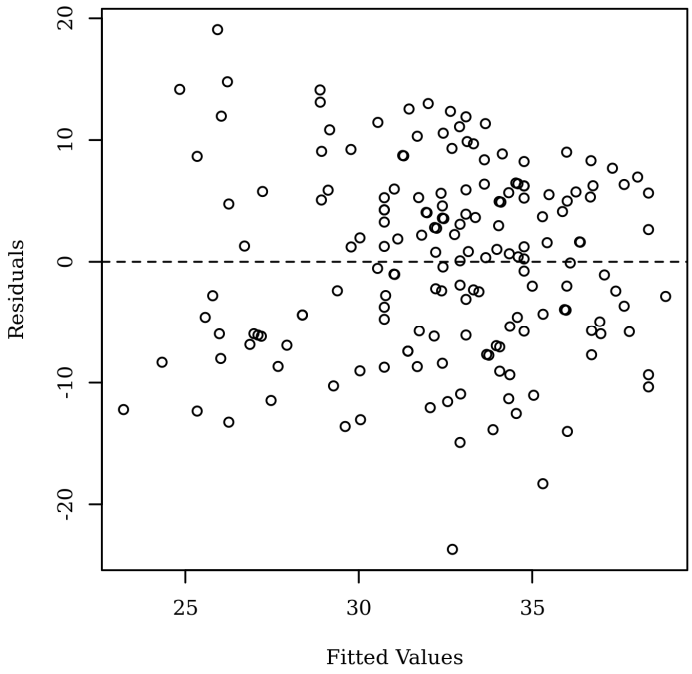

Figure 6. Residuals scatterplot testing homoscedasticity for the PCR.

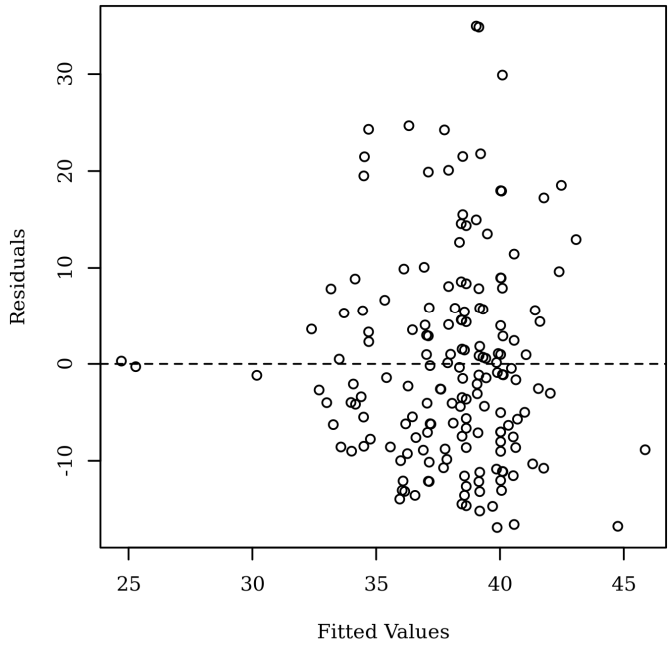

Figure 7. Residuals scatterplot testing homoscedasticity for the CESD-R.

Covariate-IV independence. Each independent variable and covariate must be independent of each other (Miller & Chapman, 2001). For each covariate, an ANOVA was run between the groups of each independent variable with the covariate as the dependent variable to determine independence (Field, 2009). 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 (Field, 2009; Stevens, 2009). 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.

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 stepparenting while controlling for the covariates of age, ethnicity, income, number of

children, number of stepchildren, and years spent stepparenting. 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 stepparenting 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 stepparenting into account as covariates.

The results of the ANCOVA suggested that there were not significant differences in parental stress by level of involvement, while controlling for demographics, $F(1, 163) = 0.01$, $p = .913$ (Table 7). Thus, the null hypothesis for the first research question was confirmed. The means and standard deviations are presented in Table 8.

Table 7

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 8

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 stepparenting. 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 stepparenting 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 stepparenting 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 are reside with their stepchildren on a full-time basis (Table 9). 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 10 and Figure 9.

Table 9

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 10

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.

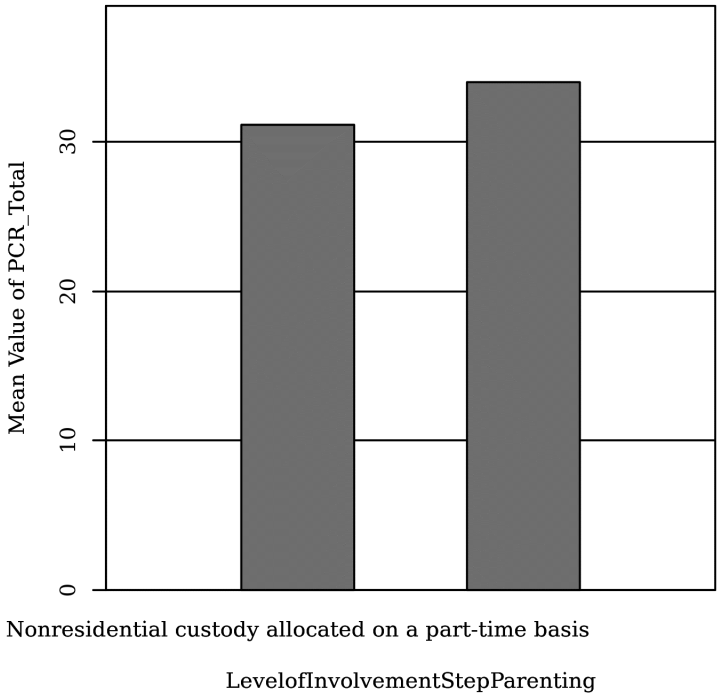

Figure 9. Mean of PCR total by level of involvement.

The third research question examined the relationship between depressive symptoms and the level of involvement in stepparenting while controlling for the covariates of age, ethnicity, income, number of children, number of stepchildren, and years spent stepparenting. 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 stepparenting 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 stepparenting into account as covariates.

The results of the ANCOVA were not significant, $F(1, 163) = 0.10$, $p = .751$, indicating there were not significant differences in depressive symptoms by level of involvement, while controlling for demographics. The means and standard deviations are presented in Table 11 and 12.

Table 11

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 12

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 level of involvement while controlling for Age, Black, Hispanic, Asian, Income, number of children, number of stepchildren, and years spent stepparenting.

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.

Summary

An ANCOVA was conducted for each of the proposed research questions. For the first research question, the ANCOVA results showed that there was no significant effect noted, confirming the null hypothesis (H_02). The analysis showed a significant effect for the second research question which rejected the null hypothesis (H_01). The last ANCOVA conducted for the third research question also showed there was no significant effect presented. The null hypothesis was not rejected in that analysis either (H_03).

Chapter 5 presents a summary of the study. A discussion of the purpose for this study and an explanation of how it was conducted is included. Conclusions are made from the findings, and the subsequent impact on social change. Lastly, the recommendations for further research and future action are evaluated.

Chapter 5: Discussions, Conclusions, and Recommendations

Introduction

The purpose of this quantitative, causal-comparative study was to examine whether perceived child regard, parenting stress, and resulting depressive symptoms differed between nonresidential and residential stepmothers. The study was conducted to determine whether there was a significant difference between the independent variable in the study, the classification of stepmothers as nonresidential and residential, and the dependent variables, which included measures of perceived child regard, parenting stress, and resulting depressive symptoms. Age, race, household income, number of children, and years spent stepparenting were highlighted as covariates and controlled for in the analyses. The study was conducted to fill in gaps featured in the literature base regarding potential differences in experienced faced by nonresidential and residential stepmothers.

Three research questions were proposed in this study. The first question asked if there were any differences between the parental stress of nonresidential and residential stepmothers, while controlling for covariates such as the stepmother's age, race, household income, number of children, and years spent stepparenting. The second research question sought to learn if there were any differences in the nonresidential and residential stepmothers' scores as they pertain to perceived child regard while controlling for the previously mentioned covariates. Lastly, the final research question asked if there was a difference between nonresidential and residential stepmothers' scores on a depressive symptoms scale while controlling for the covariates.

Several key articles provided the basis for the research questions. The available research on the stepmother's experiences and stressors with the new family dynamic is

plentiful. A variety of theories have been proposed to explain how stepmothers' experiences differ from biological mothers, and how the role might affect mental health in a significant manner (Doodson, 2014; Henry & McCue, 2009; Hutton, 2014; Jensen & Howard, 2015; Shapiro & Stewart, 2011) However, many researchers grouped stepmothers together as a single entity, instead of elaborating on the different categories of stepmothers, such as nonresidential stepmothers and residential stepmothers, who have unique experiences based on custody status (Doodson & Davies, 2014).

Limited information exists on the importance of potential covariates in the relationship between stepparenthood and mental health, such as a stepmother's age, her ethnicity, the time she spends stepparenting, or the number of children for whom she cares. Race and income may affect parental stress in biological parents (Dijkstra-Kersten et al., 2015; Hounkpatin et al., 2015; Nomaguchi & House, 2013). However, Shapiro and Stewart (2011) noted an opposing viewpoint about the influence of the stepmother's age, ethnicity, household income, time spent stepparenting, and the number of children cared for in the stepparenting relationship. The different findings presented in the research called for further examination in this study.

In conclusion, this study was conducted to fill a gap in the research by determining whether there were any differences between residential and nonresidential stepmothers with respect to perceived child regard, parental stress, and depressive symptoms. The final chapter provide an interpretation of the findings as they relate to the literature review. The chapter also features a discussion of the theoretical framework's relationship to the results. Chapter 5 includes the limitations of this study and the

recommendations for future research. Lastly, the chapter presents the implications for social change.

Interpretation of the Findings from the Lens of Current Research

The Findings of Parental Stress

The first research question pertained to parental stress between nonresidential and residential stepmothers, taking age, race, household income, number of children, and years spent stepparenting into account as covariates. The analyses confirmed the null hypothesis, showing there was not a significant effect between nonresidential and residential stepmothers on the concept of parental stress.

A review of the literature demonstrated that nonresidential stepmothers experience unique stressors that stem from part-time custody and the presence of an active, biological mother (Doodson, 2014). There are two main components that may influence parental stress of nonresidential stepmothers: boundary violations and the father's permissive parenting style. Two key researchers found that the constant presence of a woman who first established a family with their spouse can inflict tremendous emotional distress on a stepmother (Doodson, 2014; Hutton, 2014). Nonresidential stepmothers may experience stress if they do not conform to the biological mother's parenting standards, thus creating boundary issues. The problem of boundary violation occurs when a nonresidential stepmother's inclusivity is achieved, but she cannot determine what constitutes the difference between the responsibilities assumed by a biological mother and herself (Jensen & Howard, 2015). Lastly, another stressor that a nonresidential stepmother may face is when the biological father neglects active parenting because of his part-time status. One purpose why this occurs is because

biological fathers want to keep a healthy, functioning relationship with their biological children; the second purpose is to alleviate potential conflict with the birth mother (Modecki et al., 2015). Often, the permissive parenting that some fathers might engage in with the nonresidential role can become extremely stressful for nonresidential stepmothers (King et al., 2014).

Likewise, residential stepmothers experience stressors that are individual to their roles as a full-time caregiver. Sometimes stepmothers assume the role of a primary caregiver as the result of the biological mother's death. Spuij et al. (2015) mentioned that children who experienced a parent's death were at risk of distress and dysfunction in the form of emotional problems, such as depression, anxiety, posttraumatic stress disorder, somatic complaints, and behavioral outbursts. However, there is currently no research to date that notes how the death of a biological mother can impact a stepmother's ability to experience parental stress. Additionally, a stepmother may be assuming the primary caregiving role in the event of parental abandonment. Brown et al. (2016) stated that because abandonment is a life event that is linked to psychological distress, stepmothers may be faced with maladjustment problems in their stepchildren. Such problems often lead to mental health concerns of the child, who may display anxiety or low self-esteem (Brown et al., 2016). The stepmother may also have issues disciplining the child when parenting challenges occur (Ozor & Mgbenkemdi, 2017). It is possible to hypothesize that the effects of parental abandonment may create a stressful situation for residential stepmothers, but there is no evidence to conclude that assumption. Conclusively, the findings in this study demonstrated that even though current research suggests unique experiences that might influence a nonresidential or residential stepmother's parental

stress scores, there was no evidence found to solidify the likelihood that custody status affects each type of stepmother's experiences of parental stress uniquely.

The Findings of Perceived Child Regard

The second research question sought to answer 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 have an influence on perceived child regard including age, ethnicity, income, number of biological children, number of stepchildren, and years spent stepparenting. Through the first set of analyses, the null hypothesis regarding this research question was rejected. There was a significant effect noted between nonresidential and residential mothers and their perception of the relationship they have with their stepchildren. The literature review offered key insight to why a significant difference in perceived child regard occurred between nonresidential and residential stepmothers.

According to the current research trends noted in Chapter 2, there are two types of parental regard, unconditional and conditional (Brummelman et al., 2014; Kanat-Maymon et al., 2016). In this study, the researcher did not examine whether either type of stepmother exuded unconditional or conditional regard due to a difference in custody allocated. However, it would be a worthwhile endeavor if a future researcher would like to provide an in-depth study of how conditional or unconditional stepmothers' regard is based on the time allotted with their stepchildren. This study's findings will bring a unique perspective to any future research conducted in this area, because of the notable significance of this finding.

Secondly, one pivotal article may have key insight to understanding how stepparent-stepchild communication is imperative to developing positive or negative regard in the relationship. Schrodt (2016) stated that every day talk with stepchildren could create relational satisfaction. The key factor to note here is that residential stepmothers reported a higher sense of perceived regard over their nonresidential counterparts. Perhaps Schrodt's article could be the foundation for understanding why. One might assume that residential stepmothers spend more time engaging in every day 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.

The Findings of Depressive Symptoms

The last research question sought to answer if nonresidential and residential stepmothers experienced a difference in depressive symptoms based on custody status. Age, race, household income, number of children, and years spent stepparenting were controlled covariates in the analysis. The analysis confirmed the null hypothesis, showing there was not a significant effect noted between nonresidential and residential stepmothers on the scores of the CESD-R.

Henry and McCue (2009) explained that a nonresidential stepmother's depressive symptoms may be influenced by the presence of inequity between the first and second family. Secondly, a lack of control in the child-rearing process, court proceedings, and financial matters may lead to depressive symptoms in this particular type of stepmother. Doodson and Davies's (2014) pivotal article on the wellbeing of different types of

stepmothers revealed that residential stepmothers with biological and stepchildren residing in the home (noted as full-complex stepmothers) experience more depressive symptoms than biological mothers. However, it is interesting to note that the researchers concluded that the different types of stepmothers did not differ in the mean levels of depression and anxiety (Doodson & Davies, 2014). The same concept of depressive symptoms experienced by nonresidential and residential stepmothers was confirmed in this study as well; no difference in the mean levels was noted.

The articles by Doodson and Davies (2014) and Henry and McCue (2009) provide an excellent foundation for learning about the experiences of nonresidential stepmothers, residential stepmothers, and depressive symptoms. However, it is not enough to conclude that differences in custody status are a sole factor in causing depressive episodes in stepmothers who participated in this study. The analysis of the third research question confirms that while experiences are vastly different between the two different types of stepmothers, no significant effect was found in CESD-R scores regarding depressive symptoms based on custody status alone.

Theoretical Orientation and the Findings

As mentioned in Chapter 2, the blended family is full of complexities that are woven together by intrafamilial and extrafamilial relationships (Hadfield & Nixon, 2013). Therefore, Bowen's (1978) family systems theory is an excellent lens from which to view the findings from this study. Bowen suggested that one family member cannot act independently from the family unit. For example, a child cannot be a separate individual without the influences of a biological mother, biological father, and biological siblings;

likewise, their relationships with their stepparents, stepsiblings, and half-siblings cannot be separated from their individuality (Dupuis, 2010).

Bowen (1978) explained eight interlocking concepts that affect family functioning. Those eight concepts include triangulation, differentiation of self, nuclear family emotional process, family projection process, multigenerational transmission process, emotional cutoff sibling position, and societal emotional process. The research is vocal on how several of these concepts pertain to the process of uncoupling and remarriage. According to the Bowenian theory (Bowen, 1978), one of the most common issues in a blended family is triangulation. Numerous researchers cite triangulation as one of the concepts that can create tension, anxiety, and stress within the stepfamily (Faber, 2004; Ganong & Coleman, 2017; Schrodt, 2016; Wood, 2015). Numerous situations are possible in which triangulation can occur: biological mother/biological father/child triad, biological father/stepmother/stepchild triad, biological mother/stepmother/child triad, husband/wife/sibling triad, and each one may cause some communicative dysfunction within the newly formed stepfamily (Francia & Millear, 2015; Merenda, 2015). Therefore, it is relatively easy to understand how triangulation could affect the nonresidential or residential stepmother's perceived child regard, especially when every day communication might be an important factor (Schrodt, 2016). This may particularly be the case when a child is triangulated between a biological mother and stepmother.

Even though no significant effects where found between nonresidential and residential stepmothers in terms of parental stress and depressive symptoms, it is important to note how family systems theory is worthy to explain key factors contributing to these mental health concerns. According to Titelman (2014), divorce is not a clean

break with smooth transitions for the spouses. Individuals experiencing a divorce go through varying levels of emotional cutoff but cannot fully break away if there are children involved. An adaption process occurs where one former spouse differentiates from the other (Bowen, 1978). Secondly, the children and extended family must adapt to the changing dynamic while remaining connected to both parents (Titelman, 2014).

Emotional cutoff is not a clear-cut action and can become extremely harmful to the well-being of every member in the blended family (Bowen, 1978). If re-coupling occurs while the nuclear family is still adapting to this transition, a high level of parental stress may be created for any new outsider, including the stepmother. If any level of tension is apparent between members of the nuclear family and stepfamily, the concept of emotional cut-off may have the propensity to cause or exacerbate depressive symptoms in stepmothers as well, especially if a stepmother has the tendency to ruminate over the problematic occurrences (Gotlib et al., 2014). Conclusively, this study adds to the theoretical base by explaining how nonresidential and residential stepmothers do not act independently from the other members of the blended family. However, Bowenian concepts cannot be solely attributed to the findings simply because the scales did not include specific questions to deem a causal relationship.

Limitations of the Study

Shapiro and Stewart (2011) provided an excellent study that noted important findings between biological and stepmothers regarding perceived child regard, parental stress, and depressive symptoms. This study attempted to extend Shapiro and Stewart's research by using the same scales to measure the outcomes of nonresidential and residential stepmothers. As such, this study has several limitations that must be

addressed. First, it must be noted that there were no differences in the manner that nonresidential and residential stepmothers were recruited. A convenience sample was utilized, and recruiting was conducted through social media. Specifically, recruiting was done in several Facebook groups that include stepmothers. Therefore, this study did not include stepmothers who do not have Internet or access to social media platforms. Furthermore, since some recruiting took place in groups where most stepmothers sought support for various stepfamily issues, it is possible that a degree of bias was prevalent among both types of stepmothers.

Secondly, it is important to state that this was an anonymous study that protected participants by avoiding any potential questions that might compromise a breach. While the study appeared to be somewhat diverse according to reported ages, ethnicities, and income levels, the findings are not generalizable to all stepmothers since many demographic factors were excluded. Location, sexual orientation, and marital status are some factors not presented in the demographics questionnaire, so it is impossible to know whether those factors have any significant influence on the results of the study.

Lastly, this study was limited to the definition of child regard, parental stressors, and depressive symptoms measured using the Perceived Child Regard Questionnaire, the PSS, and the CESD-R. A possible limitation is the inherent weakness of the scales themselves as they pertain to stepmothers, since the terminology used in the scales is not specific to blended families. More specifically, the questions do not distinguish between biological mothers and stepmothers.

Recommendations

Certain demographic factors were purposely excluded from the demographic questionnaire and analysis to protect anonymity of the participants. Future researchers may extend the research to learn how the couple dyad and subsequent relationship satisfaction may affect the outcome on perceived child regard, parental stress, and depressive symptoms of stepmothers. There are several possible variables mentioned throughout current research that would add a fascinating component to the literature base if further studies commence. Variables such as role conflict, financial hardship, lack of support, or the biological mother's influence on the new stepfamily should be individually examined as they may influence a stepmother's propensity to perceive child regard, parental stress or depressive symptoms in a differently (Bellou, 2017; Doodson, 2014; Garneau & Pasley, 2017; Higginbotham et al., 2012; Hutton, 2014; Jensen, Shafer et al., 2017; Kumar, 2017; Wilmarth et al., 2014).

Since current research notes the different experiences between nonresidential and residential stepmothers, variables that are unique to the role are worthy of exploration. For instance, it would be beneficial to know how a biological mother's death might influence a stepmother's perception of child regard, parental stress, or depressive symptoms. The current literature expresses how challenging it might be for grieving children (Spuij et al., 2015), but there is nothing available suggesting how such an occurrence can affect a blended family in its entirety. Likewise, the information regarding a biological mother's abandonment and its subsequent effects on a stepmother is non-existent. Any further research would be a great asset in understanding the unique

complexities that accompany the role of stepmother, as well as potential mental health challenges that can subsequently occur.

Implications for Social Change

McNamee et al. (2014) explained that 70-80% of people remarry following the initial divorce or death of a spouse. These statistics acknowledge the desperate need for fresh research in the field of stepfamilies. The results of this study added to the literature base by explaining the unique experiences of nonresidential and residential stepmothers. Particularly since there was a significant effect noted in this study between perceived child regard based on custody status, further research that examines why the phenomenon occurred is warranted. As such, this study began to provide insight for mental health professionals about the unique complexities experienced by nonresidential and residential stepmothers, perhaps in the development of conditional and unconditional child regard. The goal of this study was to bring awareness of the need for targeted preventive care and ongoing support of each type of stepmother and their families. The more that is understood about the challenges of stepfamily dynamics, the more encouragement can be provided to strengthen and stabilize the newly formed unit through appropriate tools and strategies.

Conclusion

In this study, a sample of anonymous nonresidential stepmothers (n = 94) and residential stepmothers (n = 79) fully completed the survey. The purpose of this research was to see if any differences exist between the two types of stepmothers in regard to perceived child regard, parental stress, and depressive symptoms as a result of custody status. First, a demographics questionnaire was given to the participants to see if there

was a reason to control for certain covariates. Indeed, after a Pearson's correlational analysis was conducted, age was significantly related to perceived regard as well as the number of biological children and stepchildren. Parental stress was also significantly related to the number of biological children and stepchildren. Secondly, the Perceived Child Regard Questionnaire was used to measure perceived child regard. Third, the PSS was administered to the participants to measure parental stress. Lastly, the CESD-R was used to measure depressive symptoms among nonresidential and residential stepmothers.

Three subsequent ANCOVAs were conducted to answer each of the research questions. The first research question sought to answer if there was a difference in parental stress experienced by the two types of stepmothers based on custody status while the covariates were controlled. The null hypothesis was confirmed, and no significant effect was noted. The same outcome occurred for the third research question which asked if depressive symptoms differed among nonresidential and residential stepmothers while controlling for the covariates. Again, the null hypothesis was confirmed; no significant effect was noted. However, the second research question sought to answer if there was a difference between nonresidential and residential stepmothers in terms of perceived child regard while controlling for the covariates. The null hypothesis was rejected in this case, and a significant effect was noted.

The body of literature up until the point of this study has provided decades worth of knowledge on potential issues that arise in modern day stepfamilies. Issues under consideration included role conflict (Jensen, Shafer et al., 2017), violation of biological parent's boundaries (Jenson & Howard, 2015), and financial complications (Higginbotham et al., 2012). Additionally, only Doodson and Davies (2014) provided an

in-depth analysis of the different types of stepmothers (full-complex, full-simple, part-complex, and part-simple). This study echoed Doodson and Davies's findings in term of depressive symptoms experienced; there was no significant effect noted between nonresidential and residential stepmothers. However, upon the recommendation of Shapiro and Stewart (2011), the researcher went a step further to see if perceived child regard and parental stressors were affected because of custody status. This study adds to the existing literature base by confirming that a difference exists in terms of perceived child regard. Likewise, a difference was not found in terms of parental stress because of custody status.

The results contribute to social change in two ways. First, the findings should be disseminated among the groups that acknowledged this study, which in turn may inform the larger stepparent community. Second future researchers should be encouraged to dissect this information and determine if specific variables uniquely affect concepts of perceived child regard, parental stress, and depressive symptoms among the several distinct types of stepmothers presented. If both facets occur successfully, then social change can be enacted in therapeutic treatment by encouraging practitioners to tailor their stepfamily treatment plans in an efficacious manner accordingly.

In summation, the findings of this study signify a small portion of the needed research in this field. Years of research are dedicated to the stepfamily field, but each new finding encourages future researchers to answer the call of why such phenomena occur. Each study provides a promising hope in understanding how to strengthen each blended family. Each new study can provide an outlet for encouraging stepfamily success.

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Appendix A: Perceived Child Regard Questionnaire

Table 2. *Perceived Child Regard Items*

Item Number	Item Content
1	One or more of my children is embarrassed to talk about our family with their friends
2	One or more of my children disapproves of my life choices
3	All of my children are proud to be in our family
4	One or more of my children is ashamed of our family
5	All of my children are comfortable introducing me to their friends
6	One or more of my children wishes I was not their parent
7	All of my children accept me for who I am
8	One or more of my children wishes our family was more ''normal''
9	One or more of my children does not fully accept me as their parent

Appendix B: Parental Stress Scale

Parental Stress Scale

The following statements describe feelings and perceptions about the experience of being a parent. Think of each of the items in terms of how your relationship with your child or children typically is. Please indicate the degree to which you agree or disagree with the following items by placing the appropriate number in the space provided.

1 = Strongly disagree 2 = Disagree 3 = Undecided 4 = Agree 5 = Strongly agree

____ 1. I am happy in my role as a parent.

____ 2. There is little or nothing I wouldn't do for my child(ren) if it was necessary.

____ 3. Caring for my child(ren) sometimes takes more time and energy than I have to give.

____ 4. I sometimes worry whether I am doing enough for my child(ren).

____ 5. I feel close to my child(ren).

____ 6. I enjoy spending time with my child(ren).

____ 7. My child(ren) is an important source of affection for me.

____ 8. Having child(ren) gives me a more certain and optimistic view for the future.

____ 9. The major source of stress in my life is my child(ren).

____ 10. Having child(ren) leaves little time and flexibility in my life.

____ 11. Having child(ren) has been a financial burden.

____ 12. It is difficult to balance different responsibilities because of my child(ren).

____ 13. The behavior of my child(ren) is often embarrassing or stressful to me.

____ 14. If I had it to do over again, I might decide not to have child(ren).

____ 15. I feel overwhelmed by the responsibility of being a parent.

____ 16. Having child(ren) has meant having too few choices and too little control over my life.

____ 17. I am satisfied as a parent.

____ 18. I find my child(ren) enjoyable.

Scoring

To compute the parental stress score, items 1, 2, 5, 6, 7, 8, 17, and 18 should be reverse scored as follows: (1=5) (2=4) (3=3) (4=2) (5=1). The item scores are then summed.

Reference: Berry, J. O., & Jones, W. H. (1995). The Parental Stress Scale: Initial psychometric evidence. Journal of Social and Personal Relationships, 12, 463-472.

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Appendix C: Center for Epidemiologic Studies Depression Scale (CESD)

Center for Epidemiologic Studies Depression Scale Revised (CESD-R-20)

About: This scale is a self-report measure of depression. Questions measure 8 different subscales, including:

Sadness (Dysphoria): (Q. 2, 4, 6), *Loss of Interest (Anhedonia):* (Q. 8, 10), *Appetite:* (Q. 1, 18), *Sleep:* (Q. 5, 11, 19), *Thinking / concentration:* (Q. 3, 20), *Guilt (Worthlessness):* (Q. 9, 17), *Tired (Fatigue):* (Q. 7, 16), *Movement (Agitation):* (Q. 12, 13), *Suicidal Ideation*: (Q. 14, 15)

Items: 20

Reliability:
Internal consistency for the CES-D-20 = (Cronbach's α=0.85 – 0.90)
Test-retest reliability for the CES-D-20 = (0.45 - 0.70).

Validity: The CES-D was moderately correlated to the Hamilton Clinician's Rating scale and the Raskin Rating scale (.44 to .54).

Scoring:

	Not at all or less than one day = 0	1-2 days = 1	3-4 days = 2	5-7 days = 3	Nearly every day for 2 weeks = 4
Questions 4, 8, 12, & 16	4	3	2	1	0
All other questions	0	1	2	3	4

The total score is calculated by finding the sum of 20 items. Scores range from 0-60. A score equal to or above 16 indicates a person at risk for clinical depression.

Meets criteria for Major depressive episode: Anhedonia or dysphoria nearly every day for the past two weeks, and symptoms in an additional 4 DSM symptom groups noted as occurring nearly every day for the past two weeks;

Probable major depressive episode: Anhedonia or dysphoria nearly every day for the past two weeks, and symptoms in an additional 3 DSM symptom groups reported as occurring either nearly every day for the past two weeks, or 5-7 days in the past week;

Possible major depressive episode: Anhedonia or dysphoria nearly every day for the past two weeks, and symptoms in an additional 2 other DSM symptom groups reported as occurring either nearly every day for the past two weeks, or 5-7 days in the past week;

Subthreshhold depression symptoms: People who have a CESD-style score of at least 16 but do not meet above criteria;

No clinical significance: People who have a total CESD-style score less than 16 across all 20 questions.

References:

Radloff, L. S. (1977). The CES-D scale: A self report depression scale for research in the general population. *Applied Psychological Measurements*, 1, 385-401.

Center for Epidemiologic Studies Depression Scale (CESD)

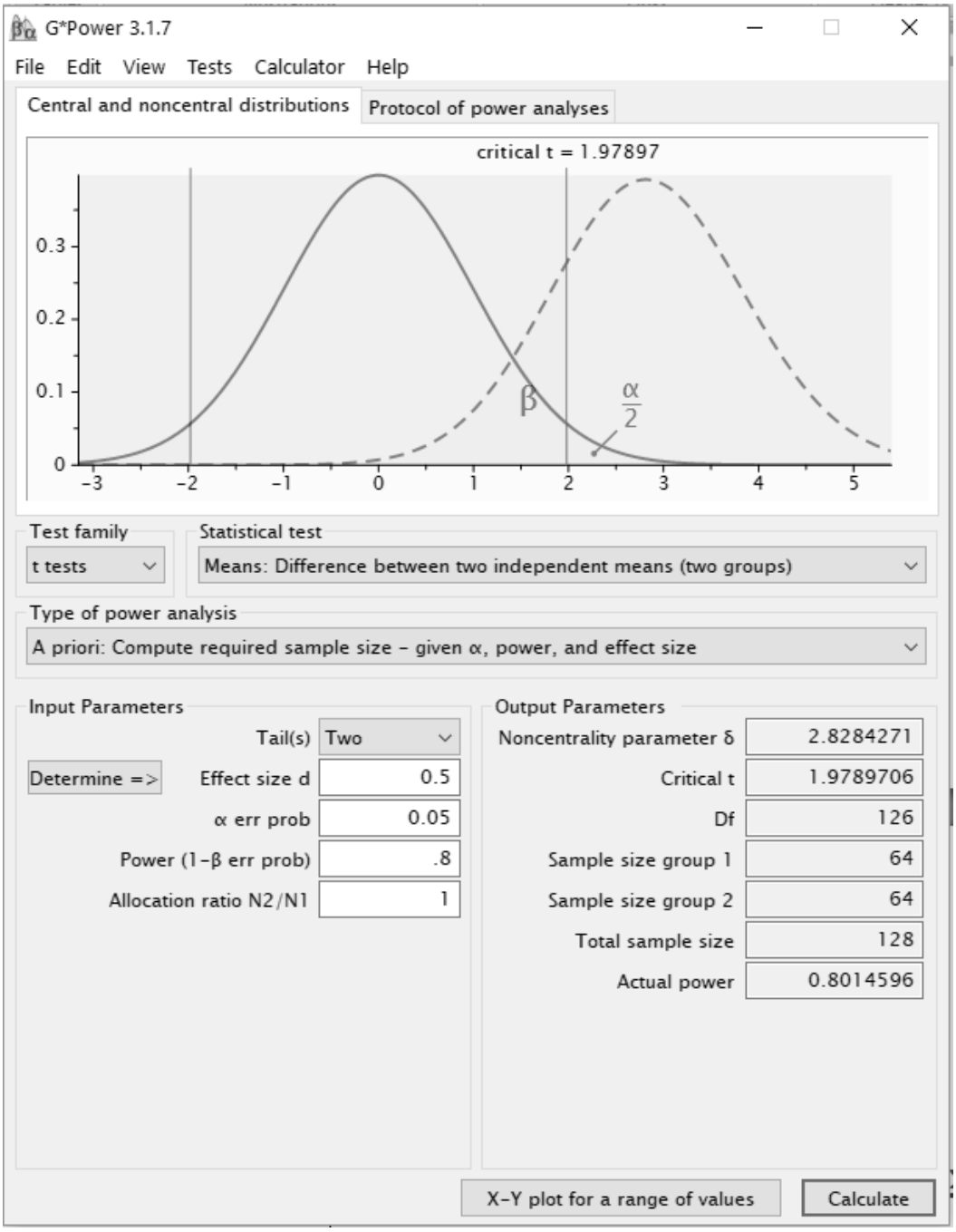
Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week.

1 = Rarely or None of the Time (Less than 1 Day)
2 = Some or a Little of the Time (1-2 Days)
3 = Occasionally or a Moderate Amount of Time (3-4 Days)
4 = Most or All of the Time (5-7 Days)

During the past week:

	Rarely or none of the time (less than 1 day)	**Some or a little of the time** (1-2 days)	**Occasionally or a moderate amount of time** (3-4 days)	**Most or all of the time** (5-7 days)
1. I was bothered by things that usually don't bother me.	□	□	□	□
2. I did not feel like eating; my appetite was poor.	□	□	□	□
3. I felt that I could not shake off the blues even with help from my family or friends.	□	□	□	□
4. I felt that I was just as good as other people.	□	□	□	□
5. I had trouble keeping my mind on what I was doing.	□	□	□	□
6. I felt depressed.	□	□	□	□
7. I felt that everything I did was an effort.	□	□	□	□
8. I felt hopeful about the future.	□	□	□	□
9. I thought my life had been a failure.	□	□	□	□
10. I felt fearful.	□	□	□	□
11. My sleep was restless.	□	□	□	□
12. I was happy.	□	□	□	□
13. I talked less than usual.	□	□	□	□
14. I felt lonely.	□	□	□	□
15. People were unfriendly.	□	□	□	□
16. I enjoyed life.	□	□	□	□
17. I had crying spells.	□	□	□	□
18. I felt sad.	□	□	□	□
19. I felt that people dislike me.	□	□	□	□
20. I could not get "going".	□	□	□	□

Appendix D: G*Power Calculation



Appendix E: Demographics Questionnaire

A. What is your age range?

1. 18-30 years old
2. 31 to 40 years old
3. 41 to 50 years old
4. 51 to 60 years old
5. 61 years old and above.

B. What is your ethnicity?

1. White
2. African American
3. Hispanic
4. Asian
5. Other

C. What is your annual household income?

1. less than $10,000
2. $10,001-$20,000
3. $20,001-$30,000
4. $30,001-$40,000
5. above $40,000

D. How many biological children do you have?

1. 1
2. 2
3. 3
4. 4
5. 5 and above

E. How many stepchildren do you have?

1. 1
2. 2
3. 3
4. 4

5. 5 and above

F. How many years have you spent step-parenting?

1. less than 1 year
2. 1-5 years
3. 6-10 years
4. above 10 years

G. What is your level of involvement in step-parenting?

1. nonresidential level of care
2. residential level of care