

DANIELLE N. SHAPIRO AND ABIGAIL J. STEWART *The University of Michigan*

## Parenting Stress, Perceived Child Regard, and Depressive Symptoms Among Stepmothers and Biological Mothers

*Although stepmothering is a common undertaking in American families, little research has investigated the mental health consequences, and their correlates, associated with adopting a stepmother role. To help fill this gap, the current study examines parenting stress and participants' perceptions of their (step)children's regard toward them and the family as mediators in the relation between parenting role (stepmother or biological mother) and depressive symptoms. Participants included 60 biological mothers and 75 stepmothers living in the United States. Stepmothers reported more depressive symptoms and parenting stress and lower perceptions of child regard than did biological mothers. Further, the relation between parenting role and depressive symptoms was mediated by parenting stress and perceptions of child regard. Results suggest that stepmothers are at risk for depressive symptoms and illuminate possible contributors to this risk, providing important directions for research and intervention.*

The proportion of couples living with stepchildren has nearly doubled since 1991 (Teachman & Tedrow, 2008), and, according to the 2004 census, of the 40 million households with

children, 9% include at least one stepparent (Kreider, 2008). In addition, longitudinal research on divorcing families suggests that within 20 years following marital dissolution, 87% of divorced fathers remarry (Ahrns, 2007), reinforcing demographic research finding that men are more likely than women to remarry (South, 1991). The prevalence of remarriage among divorced men indicates that many families will eventually include a stepmother. Despite the prevalence of stepfamilies, relatively little is known about adults' well-being in stepfamilies. Research on stepfamilies has primarily focused on the experiences and mental health outcomes of children (e.g., Ahrns, 2007; Jeynes, 2007; King, 2007; Sweeney, 2007). In contrast, the experiences of stepparents, and particularly stepmothers, have received less attention despite suggestive evidence that stepparenting can be a challenging and stressful undertaking (Ceballo, Lansford, Abbey, & Stewart, 2004). Stepmothers, perhaps more than stepfathers, are subject to a range of negative stereotypes (Whiting, Smith, Bamett, & Graftsky, 2007) and face challenges such as difficult relationships with biological mothers, conflicted or limited support from spouses, and resistance from stepchildren (Hart, 2009). The unique challenges and stresses related to stepmothering may result in an increased risk for mental health problems, although this link has not yet been tested empirically.

As a first investigation into these issues, this study examines the relation between family

Department of Psychology, University of Michigan, 530 Church Street, Ann Arbor, MI 48109 (daniellshapiro@umich.edu).

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experiences and depressive symptoms in stepmothers and biological mothers. In particular, this study examines the contributions to depressive symptoms of parenting stress and maternal perceptions of children's regard for their family constellation in general and mother or stepmother in particular among biological mothers and stepmothers. Findings from the current study may help to identify the mental health needs of stepmothers and, as a result, improve the functioning and well-being of stepfamilies and stepchildren as well.

Families in general (Hargrove, 2009) and stepfamilies specifically (Hetherington, 1992) have been described in terms of systemic models such that each member of the family participates in multiple dyads (e.g., parent-parent, child-parent, child-child) simultaneously. The dynamics within and between these various dyads are determined by the specific roles (delineated by age and gender) of the people involved in them and affect the functioning of the family system as a whole as well as each individual within it. Family systems theory provides a useful framework to conceptualize how members of families, including stepfamilies, might be differentially affected by each other and the complexities of the dynamics within the family. Along these lines, family researchers have examined the effect of binuclear family arrangements (i.e., biological parents and their partners living in separate households with the children traveling between them) on children and, to a lesser extent, on adults (Stewart, Copeland, Chester, Malley, & Barenbaum, 1997).

Among children, adjusting to a stepfamily has been linked to a variety of internalizing and externalizing problems, including relational, academic, and behavioral problems, poor self-esteem, and substance abuse (Amato, 1993; Amato & Keith, 1991; Jeynes, 2007), highlighting the challenges posed by adapting to a new familial context. Despite the potential difficulty of binuclear family arrangements, identified outcomes for stepchildren are not universally negative (Yu & Adler-Baeder, 2007). This suggests that relational and cultural context may play a role in stepfamily functioning. For example, recent research has indicated that the negative childhood outcomes associated with living in a binuclear family may not extend to all racial and ethnic groups (Adler-Baeder et al., 2010; Moore & Chase-Lansdale, 2001), perhaps because of some cultures' reliance on more

communal parenting norms that can accommodate family constellations involving more than two parenting figures.

Children's experiences in binuclear families may also depend on a range of relational variables, the most important of which is the quality of relationships among the children and their parents and stepparents (King, 2007; Schenck et al., 2009; Yuan & Hamilton, 2006). Although positive family relationships are likely to serve in a protective capacity for children, these relationships may be difficult to establish within the complex context of a binuclear family (Sweeney, 2010). Stepparents tend to be viewed by their families and communities as outsiders with ill-defined and less legally legitimate parenting responsibilities (Sweeney, 2010). As a result of the complexity of stepparenting relationships, stepparents have been found to struggle in establishing positive stepparent-stepchild relationships. For example, stepparents generally find parenting to be more difficult than do biological parents (Ceballo et al., 2004). These experiences, however, and their mental health correlates, may vary as a function of gender and the norms associated with men's and women's participation in parenting. Such norms, which dictate that fathers are the dominant parents who have economic control of the household whereas mothers are the primary caregivers (R. L. Collins, 2011; Trebilcot, 1983), may affect stepfathers' and stepmothers' relationships with their stepchildren as well as their psychological outcomes.

Stepfathering is a complex role, perhaps made more difficult by stereotypes about men's inaptitude for parenting and cultural norms that undermine stepfathers' parenting (Marsiglio & Hinojosa, 2010). Despite these challenges, on the whole, stepfathers have been found to be involved and competent parents who in some, although certainly not all, cases are equally involved in their stepchildren's lives as the children's biological fathers (Adamsons, O'Brien, & Pasley, 2007). These positive relationships and investment in parenting, in addition to other factors such as stepfathers' ability to clearly define their family role, are associated with individual and interpersonal well-being for stepfathers and their families (Fine, Ganong, & Coleman, 1997; Marsiglio, 1992).

In contrast to stepfathers, stepmothers have been found to have greater difficulty consolidating their parenting role to fit within the broader

family structure (Henry & McCue, 2009). Qualitative research has suggested that stepmothers struggle with role ambiguity and a lack of control over family dynamics and logistics (Weaver & Coleman, 2005). A study conducted in Spain found that strains placed on the stepparenting role were linked with poorer psychological functioning in both stepfathers and stepmothers, although stepmothers were at considerably higher risk for the psychological consequences of role strain (Fellmann, Galán, & Lloreda, 2008). In addition to these risks, stepmothers also report higher levels of stress than do stepfathers or biological mothers (Dainton, 1993; Quick, McKerny, & Newman, 1994), which may be related to the unique roles they adopt in their families (Johnson et al., 2008) and may in turn translate into personal and interpersonal problems.

Gendered norms about motherhood (and by extension stepmotherhood) may explain stepmothers' greater difficulty adapting to their parenting role (for review, see Nielsen, 1999). For example, much like biological mothers, stepmothers tend to adopt a "kinkeeper" role that involves organizing family relationships that are, in stepfamilies, more complicated (Schmeeckle, 2007). Often stepmothers attempt to perform this role alongside biological mothers in a culture that assigns little value to shared mothering, which in turn can result not only in less social legitimacy for stepmothers but also strained family relationships (Nielsen, 1999). These issues may be made even more complex and difficult by the residential status of the stepmother, her own marital and parenting history, and a range of other family variables (Weaver & Coleman, 2005). Comparatively, the mixed, and sometimes low, expectations often placed on fathers' and stepfathers' involvement in childrearing (Andrews, Luckey, Bolden, Whiting-Fickling, & Lind, 2004; W. E. Collins, Newman, & McKerny, 1995) may translate into more forgiving norms for stepfathers than those encountered by stepmothers, helping to explain stepfathers' better outcomes.

In a seeming contradiction to the expectation that stepmothers, as women, should maintain a high level of involvement in their new families, they are often subjected to a range of negative gendered stereotypes (Sweeney, 2010). Because of popular fables like *Cinderella* and *Hansel and Gretel*, a particularly salient stereotype is that of the "evil stepmother" (Whiting et al., 2007) who manipulates a benevolent, if slightly

naïve, single man into allowing her into his home only to torture his children. Thus, stepmothers have to balance norms and expectations about motherhood alongside possible assumptions that they are selfish, financially motivated, unnatural, and even mean, all while their stepchildren, other family members, and society as a whole evaluate their adequacy as mothers (Nielsen, 1999).

Given the potential challenges associated with stepmothering, it would be unsurprising if stepmothers were at a higher risk than biological mothers for mental health problems like depressive symptoms, although this possibility has not been adequately addressed quantitatively. In a recent qualitative study conducted in Australia, 10 nonresidential stepmothers described high levels of parenting stress and feelings of powerlessness, which in turn were associated with depressive symptoms (Henry & McCue, 2009), suggesting that stress combined with feelings of insignificance in the family may be associated with depressive symptoms in stepmothers. These connections, however, have not been adequately addressed in a larger and more inclusive sample. In addition, no studies to date have directly compared depressive symptoms and other mental health outcomes in biological mothers and stepmothers, making it difficult to determine whether the risks associated with stepmothering are directly related to the stepmother role or motherhood more generally.

Higher levels of depressive symptoms are a particularly worrisome outcome, not only because of their debilitating effects on individuals, but also because of the well-documented link between maternal depression and child psychological and behavioral outcomes (Ashman, Dawson, & Panagiotides, 2008; Berg-Nielsen, Vikan, & Dahl, 2002). This relation, although in part a result of genetics, is perhaps equally a consequence of decreased parenting efficacy among depressed parents, including lesser sensitivity and attunement to child emotional states (Garai et al., 2009). These parenting concerns are as relevant to stepmother depression as biological mother depression, making understanding and reducing stepmother depressive symptoms an important scientific and clinical issue.

Parenting stress and a lack of acceptance and support from other family members, especially stepchildren, may explain some of the potential differences in mental health outcomes and functioning in step- and biological mothers. Social validation has been linked to a range of mental

health outcomes in adults, and in particular it seems to play an important role in depressive symptom expression (Slavich, O'Donovan, Epel, & Kemeny, 2010). Stepchildren's regard may be an important source of validation for stepmothers, although the potential significance of the stepchild-stepparent relationship has been understudied (Sweeney, 2010). For example, Lansford, Ceballo, Abbey, and Stewart (2001) found that parent-child and marital conflict explained some of the variance in life satisfaction and well-being among parents in stepfamilies, adoptive families, and biological families. If low conflict with stepchildren is helpful to stepparents, it is likely that high regard and support from stepchildren is also a valuable asset to stepmothers. Therefore, we focus here specifically on biological mothers' and stepmothers' perceptions about their children's regard. In other words, we examine their experience (or lack thereof) of acceptance, approval, and high regard from their children or stepchildren about their own parenting as well as family dynamics more broadly. Although likely relevant for both biological mothers and stepmothers, concerns over children's adjustment to and comfort with family arrangements are likely more consequential for stepmothers, given their unique and more vulnerable position in the family. Likewise, the increased stress associated with stepmothering may result in depressive symptoms. Parenting stress (feeling overwhelmed and distressed as a result of both daily and chronic hassles of parenting) is correlated with maternal depression (e.g., Éthier, Lacharité, & Couture, 1995; Quittner, Glueckauf, & Jackson, 1990) and has been associated with maternal, child, and familial well-being more generally (for review, see Webster-Stratton, 1990).

To examine these possibilities, the current study examines two hypotheses. First, we hypothesized that stepmothers would report more parenting stress, replicating earlier research; we also expected them to perceive, less than biological mothers, that their children and stepchildren hold them and the family constellation in high regard and to report higher levels of depressive symptoms. Second, we hypothesized that perceptions of child regard and parenting stress would mediate the relation between biological and stepparent status and depressive symptoms. In other words, although it is likely that stepmothers experience more depressive symptoms than biological mothers,

it was also predicted that these outcomes would be associated with increased stress and concerns about children's regard, which are consequences of the more complicated and challenging step-parenting role.

## METHOD

### *Participants and Procedures*

Thirteen mothers and stepmothers were recruited for a qualitative pilot study, used to inform the development of items measuring perceived child regard, using university e-mail listservs prior to the initiation of the current study.

For the larger, quantitative study we recruited a convenience sample through broad-based online social groups, forums, and listservs aimed at sharing resources and discussing parenting issues among parents in general or mothers in particular. All participants were invited to complete an online survey focusing on parenting and well-being. Surveys for biological mothers and stepmothers were identical except that stepmothers were asked additional demographic questions addressing the length and quality of their stepparenting relationships and were asked to answer about both children and stepchildren in parenting questions. All participants were guaranteed the confidentiality of their responses, provided their informed consent to participate in the study, and were compensated monetarily for their time. The resulting sample included 60 heterosexual biological mothers and 75 heterosexual stepmothers from the Midwestern United States. To be included in the study, participants had to identify themselves as parents or guardians, report their parenting role as either biological mother or stepmother of at least one child between the ages of 3 and 18, and provide identifying information indicating that they currently lived in the United States. Because the experiences of adoptive and lesbian mothers may be different in important ways, participants were excluded from these analyses and retained for separate analysis if their children were adopted or if they were currently in a lesbian relationship.

Table 1 provides demographic information for stepmothers and biological mothers. The stepmother and biological mother samples did not differ in age or economic and racial composition. Both groups were predominantly European American and reported incomes consistent

Table 1. Demographic Information

| Variable                             | Biological Mothers ( <i>n</i> = 60) | Stepmothers ( <i>n</i> = 75) |
|--------------------------------------|-------------------------------------|------------------------------|
| Age in years                         | 35.9 (5.57)                         | 35.05 (7.17)                 |
| Number of children                   | 1.7 (.81)**                         | 2.6 (1.3)**                  |
| Average age of children              | 4.7 (3.62)**                        | 10.54 (4.06)**               |
| Legally recognized marriage          | 92.5%                               | 85.3%                        |
| Annual household income              |                                     |                              |
| > \$40,000                           | 13.3%                               | 10.9%                        |
| \$40,000 – 60,000                    | 16.7%                               | 12.3%                        |
| \$60,000 – 80,000                    | 28.3%                               | 21.9%                        |
| \$80,000 – 100,000                   | 10%                                 | 16.4%                        |
| < \$100,000                          | 31.7%                               | 38.4%                        |
| Race                                 |                                     |                              |
| White                                | 80%                                 | 86.7%                        |
| Asian                                | 5%                                  | 1.3%                         |
| Latina                               | 3.3%                                | 2.7%                         |
| Black or African American            | 1.7%                                | 0%                           |
| Unknown or other                     | 10%                                 | 9.3%                         |
| Years stepparenting                  |                                     | 4.73 (3.09)                  |
| Stepmothers with biological children |                                     | 34.7%                        |
| Involvement in stepparenting         |                                     |                              |
| A little involved                    |                                     | 17.3%                        |
| Moderately involved                  |                                     | 31.5%                        |
| Very involved                        |                                     | 50.7%                        |

Note: Standard deviations are in parentheses.

\*\*Significant group difference at  $p < .01$ .

with middle or upper middle socioeconomic status (approximately one third of both samples reported a family income above \$100,000). The vast majority of participants in both groups reported being in a legally recognized marriage. Stepmothers had significantly more children and stepchildren than biological mothers (about one more on average)  $t(133) = 4.60, p < .001$ . Though the mothers' ages were equivalent, stepmothers' children were on average 6 years older than the children of biological mothers,  $t(131) = 7.85, p < .001$ . Children in stepfamilies ranged in age from 0 to 36, and children in biological families ranged in age from 0 to 21, although all families had at least one child under the age of 18. The range of children's ages in stepfamilies was generally wider; although, on average, stepmothers' reported having older

children, the youngest children in stepfamilies were significantly younger than the youngest children of biological mothers,  $t(131) = 6.231, p < .001$ . In addition, although 34.7% of stepmothers had biological children, no differences were found in any of the outcome measures between stepmothers with biological children and those without. Each of these demographic variables was used as a covariate in preliminary analyses but was not found to meaningfully influence results.

### Measures

**Demographics.** Participants provided their gender, sexual orientation, age, and race or ethnicity. Participants identified their race or ethnicity as an open-ended response, which then was coded into one of five racial categories (see Table 1).

In addition to individual demographics, participants provided information about a range of family demographics, including the number of children and stepchildren they have, the ages of their children, their relationship status, and their estimated household income. Stepmothers were also asked how long they had been stepparenting, the proportion of their stepchildren's lives for which they have been involved, and a self-rating of their level of involvement in parenting their stepchildren. Specifically, stepmothers rated their involvement on a 4-point scale ranging from *not at all involved* to *very involved*.

**Perceptions of child regard.** Participants were asked nine questions about their perception of whether their children or stepchildren, or both, accept and value them and the family constellation as a whole. These questions were derived from qualitative pilot data in which it became clear that a prominent concern for stepmothers is the degree to which their children and stepchildren accept them as parents, children's embarrassment about or discomfort with the family constellation, and children's adjustment to family changes. The 13 mothers and stepmothers who participated in the pilot study were asked open-ended questions about their experiences with and concerns about parenting. For example, one stepmother we interviewed identified a concern that "the kids are embarrassed to talk about our family. . . . [T]he adults in my stepdaughter's life, like her teachers, sometimes have no idea that her youngest sister (her half-sister and my biological daughter) exists." Questions about



mothers' perceptions of children's regard were designed to capture the extent to which the mothers felt that their children or stepchildren appreciated them and were comfortable with the current family structure. These items were intended to measure the (step)mothers' understanding and interpretation of their children's feelings about them, *not* children's feelings themselves. Example items include "One or more of my children (or stepchildren) wishes our family was more 'normal'" and "All of my children (and/or stepchildren) accept me for who I am." The resulting scale was reliable both for stepmothers ( $\alpha = .89$ ) and biological mothers ( $\alpha = .90$ ). All items can be found in Table 2.

Participants rated their agreement with these items on a scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Items were reversed where appropriate so that higher scores represent higher levels of perceived child regard. Scores ranged from 1 to 45 with a mean of 35.56 ( $SD = 8.68$ ).

*Parenting stress.* Participants completed The Parental Stress Scale (see Berry & Jones, 1995, for norming data and a detailed description), which is a series of 18 questions designed to measure the level of stress a participant feels as a parent. Items are scored on a 5-point scale ranging from *strongly disagree* to *strongly agree*. Stepmothers and biological mothers were administered identical versions of the

questionnaire. Stepmothers were instructed to consider both their biological children (where appropriate) and stepchildren while responding. Preliminary analyses did not indicate any difference in parenting stress reported by stepmothers with and without biological children. The Parental Stress Scale was reliable in the current sample both for stepmothers ( $\alpha = .91$ ) and biological mothers ( $\alpha = .88$ ). Scores ranged from 20 to 86 with a mean of 45.53 ( $SD = 13.28$ ) overall. In norming the scale for mothers of nonclinically diagnosable children, Berry and Jones (1995) reported a mean of 37.1 (8.1). The difference between this mean and the mean obtained in our sample results from the significant parenting stress reported by stepmothers. Stepmothers in the sample scored much higher ( $M = 50.89$ ,  $SD = 13.55$ ) than both the normed sample and the biological mothers in our sample ( $M = 38.81$ ,  $SD = 9.38$ ).

*Depressive symptoms.* Participants completed the CES-D (Radloff, 1977), a 20-item measure designed to measure depressive symptoms. Items are scored on a 4-point scale ranging from *rarely or none of the time (less than 1 day)* to *most or all of the time (5–7 days)*. CES-D scores in the present sample were reliable ( $\alpha = .89$ ), and the sum of the items ranged from 0 to 45 with a mean of 12.44 ( $SD = 10.05$ ). A CES-D score of 16 or above is generally accepted as clinically relevant (Radloff, 1977), suggesting that, on the whole, the combined sample did not suffer from clinical levels of depressive symptoms. But 16.9% of biological mothers and 30.7% of stepmothers met this cutoff, highlighting the clinical significance of the depressive symptoms reported by stepmothers in this sample.

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                   |

## RESULTS

All analyses were conducted using the scale or subscale scores of the relevant measures. We initially conducted all analyses including age, race, household income, age and number of children, years stepparenting, involvement in stepparenting, and whether stepmothers have additional biological children (from a previous relationship or current relationship) as covariates. None of the covariates, including whether stepmothers had biological children in addition to stepchildren, meaningfully affected results; they were therefore excluded from the final model.

Table 3. Mean Scores for Parenting Stress, Perceptions of Child Regard, and Depressive Symptoms

| Group                          | Mean Parenting Stress Score | Mean Perceptions of Child Regard Score | Mean Depressive Symptoms Score |
|--------------------------------|-----------------------------|--|--------------------------------|
| Stepmothers                    | 50.89 (13.55)               | 31.42 (8.48)                           | 14.04 (10.54)                  |
| Biological mothers             | 38.81 (9.38)                | 40.82 (5.55)                           | 10.40 (9.08)                   |
| Mean difference ( <i>t</i> )   | 2.15*                       | 6.06**                                 | 7.72**                         |
| Cohen's <i>d</i> (effect size) | -0.38                       | -1.08                                  | 1.36                           |

Note: Standard deviations in parentheses.

\*Significance at  $p \leq .05$ . \*\*Significance at  $p < .01$ .

### *Depressive Symptoms, Parenting Stress, and Perceptions of Child Regard in Stepmothers and Biological Mothers*

All means and standard deviations for parenting stress, perception of child regard, and depressive symptoms can be found in Table 3. Because it was hypothesized that perception of child regard and parenting stress would mediate the relation between parenting role (stepmother or biological mother) and depressive symptoms, as a first step we assessed the relation between parenting role and depressive symptoms. Results indicated that stepmothers reported significantly more depressive symptoms than biological mothers,  $t(132) = 2.0$ ,  $p = .05$ .

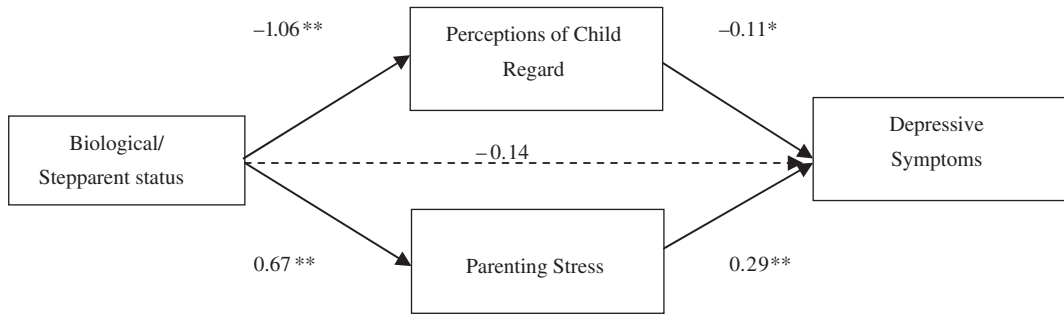
A mediational analysis using bootstrapping (Preacher & Hayes, 2008) was used to assess the proposed mediational model. Bootstrapping is generally considered to be the most accurate measure of mediation available, as it does not rely on often problematic assumptions such as normality (Preacher & Hayes, 2008). Bootstrapping revealed that stepmothers experienced significantly more parenting stress,  $t(132) = 5.79$ ,  $p < .001$ , and significantly less perceived child regard,  $t(132) = 7.59$ ,  $p < .001$ , as hypothesized. The direct effects of both parenting stress,  $t(132) = 4.85$ ,  $p < .001$ , and perceived child regard,  $t = 2.18$ ,  $p < .05$ , on depressive symptoms were also significant. Finally, bootstrap results indicated a significant indirect effect of parenting stress and a marginally significant indirect effect of perceived child regard on depressive symptoms, confirming the proposed mediational model. Specifically, the indirect effect of parenting role through parenting stress was significantly different from 0, with a point estimate of 0.20 and 95% BCa (bias-corrected and accelerated; see Efron, 1987) bootstrap confidence interval of 0.11 to 0.35. Similarly, the indirect effect of parenting role

through perceived child regard was marginally significantly different from 0, with a point estimate of 0.12 and a 95% BCa of 0 to 0.26, although it should be noted that using a normal theory test (i.e., Sobel Test; Sobel, 1982), perceived child regard was a significant mediator,  $z(132) = 2.11$ ,  $p < .05$ . In addition, the direct effect of parenting role on depressive symptoms was rendered nonsignificant,  $t = 1.49$ ,  $p > .1$ , with the inclusion of the mediators. Figure 1 displays the final mediational model with the standardized coefficients associated with each pathway.

## DISCUSSION

The findings of the current study, although based on a relatively small and homogeneous sample, suggest that stepmothers may experience significant levels of parenting stress, perceptions that their (step)children hold them and the family constellation in low regard, and high levels of depressive symptoms, confirming the first of our two hypotheses. Consistent with other research identifying the relational sources of depression (e.g., Holt-Lunstad, Birmingham, & Jones, 2008; Slavich et al., 2010) our second hypothesis was also confirmed: Perceptions of child regard and parenting stress mediated the relation between being a stepmother and depressive symptoms. This finding is consistent with prior research showing that occupying parenting roles that fall outside of prescriptive norms may put mothers at increased risk for mental health problems (Shapiro, Peterson, & Stewart, 2009). Women occupying these roles must manage the shared stresses that all parents face alongside a range of additional possible stressors and concerns, including a lack of social validation both from members of their own families, as observed here, and from their broader

FIGURE 1. PERCEPTIONS OF CHILD REGARD AND PARENTING STRESS AS MEDIATORS OF THE RELATION BETWEEN PARENTING STATUS AND DEPRESSIVE SYMPTOMS.



Notes: \* $p < 0.5$ ; \*\* $p < .001$ ; dashed line represents nonsignificant relation.

communities (Nielsen, 1999; Shapiro et al., 2009). Given the already high (Kreider, 2008; Sweeney, 2010), and likely growing, number of stepmothers and the well-established association between maternal mental health and child mental health (Ashman et al., 2008), identifying the implications of this unique mothering role and improving and maintaining stepmother well-being are important areas for future research and therapeutic intervention.

Empirical research on stepfamilies has traditionally, although not exclusively, focused on the children within them (e.g., Amato, 1993; Amato & Keith, 1991; Higginbotham, Skogrand, & Torres, 2010). This study underscores, as others have (e.g., Coleman, Trolio, & Tyler, 2008), the need to also address the experiences of adults, and stepmothers in particular, in binuclear families. This research also highlights the potentially significant influence of the specific relational context of the stepfamily on its individual members. The stepfamily system may be fundamentally different from the dynamics observed in first marriage families (Sweeney, 2010), and, therefore, the stepfamily system may have unique implications for the psychological well-being of individual family members. The findings of this study reiterate the importance of examining individual subsystems within the stepfamily and suggest that the stepmother-stepchild dyad may be particularly important for individual symptom expression. The dynamics of family dyads, such as the couple or parent-child dyads, have been identified as important markers for family and individual functioning (Hetherington, 1992) and emerge

here as important for stepmother well-being. Therefore, it may be important for researchers to examine not only the stepfamily system as a whole, but also its smaller subsystems.

Although these findings suggest that stepmothers have different experiences than biological mothers, researchers should be wary about generalizing these findings to stepfathers and biological fathers. Although stepfathers face negative stereotypes and role ambiguity (Marsiglio & Hinojosa, 2010), these are likely different from those experienced by stepmothers as a result of gendered norms and expectations surrounding parenting (Coleman et al., 2008). Women in general (Trebilcot, 1983) and stepmothers specifically (Coleman et al., 2008) are subjected to a range of harmful gender norms and stereotypes. Unlike men, women are expected to be competent and natural mothers (Trebilcot, 1983), which may be particularly problematic for stepmothers who occupy challenging and complex parenting roles. Therefore, it is likely that stepfathers experience different levels and sources of stress than do stepmothers, and this stress may differently contribute to mental health (Fellmann et al., 2008).

#### *Implications for Clinical Practice*

In our sample, stepmothers reported higher levels of parenting stress than has been documented among mothers of children with ADHD (Berry & Jones, 1995) and almost double the rate of depression than that reported by biological mothers. In one third of cases, stepmothers' depression was clinically significant. This suggests that



these findings are not only of theoretical significance, but also of potential clinical significance.

The meditational relations among parenting stress, perceived child regard, and depressive symptoms in the present study may indicate the need for targeted clinical interventions with stepmothers that recognize the difficulty of stepmothering and work to help stepmothers manage the stress and concerns that come with this role. Although a certain amount of stress and adjustment may be common among stepmothers, intervention approaches aimed at preparing stepmothers for and helping them to understand and manage the complexity and stress of stepmothering might reduce the risk for depressive symptoms in this group. Such interventions should address the relational source of these stresses and work within the family system to improve individual and familial functioning. Systems-level approaches to addressing stepfamily functioning have been identified as beneficial for children (Higginbotham et al., 2010), and this utility may extend to adults in binuclear families. In particular, it may be especially important for clinicians to facilitate partner and familial support for stepmothers as a means of reducing stepmothers' role ambiguity, stress, and depression. Marital and family therapies have been identified as useful for treating individual depression (for review, see Beach, Jones, & Franklin, 2009), and, given the relational sources of stepmother depressive symptoms identified here, relational interventions, particularly those that involve increasing spousal support and the facilitation of stepparent-child relationships, may be particularly relevant.

In general, clinical practitioners should be aware of the unique issues that stepmothers face, such as managing relationships with children and their biological parents, the gendered implications of adopting a nonnormative mothering role, and the logistical and emotional challenges of stepmotherhood, as well as the psychological consequences associated with these issues, and incorporate them into their work with remarried families.

#### *Limitations and Future Directions*

The present study has several limitations worth noting. First, although many steps were taken to ensure that biological mothers and stepmothers were recruited in equivalent ways, this study used a convenience sample, recruited online,

and therefore does not include women who did not have access to computers and may be subject to sampling or response bias. As a result, the sample obtained for the present study was relatively racially and economically homogeneous, suggesting that these findings may not be generalizable to a more diverse population of women. Because all of the women recruited for this study (both step- and biological mothers) were members of parenting or mothering listservs, they may represent a group specifically seeking social support, perhaps as a result of the experience of high levels of stress, adding another potential source of bias for both groups of mothers.

Second, additional factors outside of those addressed in the current study may influence the relations examined here. For example, in this study we were not able to examine the marital relationship, which has been shown to be related to other factors such as the quality of the stepparent-stepchild relationship (Fine & Kurdek, 1995) and is likely important for family and individual functioning more generally (Hetherington, 1992) but has not been examined in relation to stepmother depressive symptoms. The couple dyad should be examined as a possible contributor, or protective factor, to stepmother well-being. Nor were we able to examine stepmothers' relationships with their stepchildren's biological mothers. Although our results did not suggest a meaningful difference between stepmothers with biological children and those without, future research should address potential differences between these groups more thoroughly. Likewise, the lack of contribution from demographic variables, like the age of children and length of time stepparenting found in this study, merits investigation in larger, more representative samples and with a greater range of measures of mental health. In addition, the current study was limited by its inability to distinguish residential and nonresidential stepmothers and the exclusion of stepfathers. Future research should investigate differences between residential and nonresidential stepmothers as well as relations among parenting stress, perceptions of child regard, and depressive symptoms in stepfathers. The latter would shed light on potential differences among families with either men or women in stepparenting roles. Another important direction for research may be the assessment of new clinical interventions aimed at reducing the stress associated

with stepmothering and thereby improving both individual and family well-being and functioning.

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