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***UNDERSTANDING THE STEPMOTHER'S ROLE – QUANTIFYING THE
IMPACT ON QUALITY OF LIFE AND MENTAL HEALTH. HOW
STEMMOTHERS' ADAPTABILITY IS MEDIATED BY COPING STYLE,
SOCIAL SUPPORT AND RELATIONSHIP SATISFACTION***

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***A THESIS SUBMITTED IN FULLFILLMENT OF THE REQUIREMENTS
OF THAMES VALLEY UNIVERSITY FOR THE DEGREE OF DOCTOR
OF PHILOSOPHY***

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ABSTRACT

Growth in stepfamily research in recent years has mirrored the growth in the number of stepfamilies in society, however research specific to the role of the stepmother has been recognised to be limited (Coleman, Ganong & Fine, 2000). This study has been designed to address this limitation by conducting a mixed methods approach to research on stepmothers in order to understand the effects of the stepmother role on women's wellbeing. The research was conducted on a representative stepmother sample of two hundred and fifty stepmothers and eighty biological mothers. The sample was further segmented by residency of the stepchildren and family complexity, to identify differences both between stepmothers and biological mothers, and between different types of stepmother. Results indicated that stepmothers display significantly higher depression and anxiety than biological mothers together with lower perceived social support when compared with biological mothers, particularly from extended family and friends. They were also found to engage in significantly more maladaptive coping mechanisms than biological mothers. The adaptability of stepmothers to their role was found to be predicted by their satisfaction in their spousal relationship and the length of the relationship. The findings from the qualitative study suggested that stepmothers' anxiety was predominantly related to the presence of the biological mother, the stepchildren and the inherent difficulties with the role itself; with social support from extended family members also affected by the enduring relationship between the stepmother's in-laws and the biological mother. Further significant differences between the four identified types of stepmother were also found leading to the recommendation that future research recognises and distinguishes between stepmother led families, based on their family complexity and the residency of the stepchildren. The evidence overwhelmingly identifies an urgent need for stepfamily interventions that will facilitate the development of more effective functioning stepfamily units via education and support.

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Table of contents

CHAPTER 1

10

<i>A Review of Stepmother Related Research</i>	10
1.1 Introduction.....	10
1.2. Generic Family/Stepfamily Research Models.....	12
1.2.1 <i>Evolutionary / Biosocial Perspective</i>	13
1.2.2 <i>Family Boundary Ambiguity.....</i>	14
1.2.3 <i>Family Systems Theory</i>	15
1.2.4 <i>Role Theory</i>	15
1.2.5 <i>Comprehensive Multidimensional Models</i>	16
1.2.6 <i>Intergroup Conflict</i>	17
1.2.7 <i>Stepfamily Cycle</i>	17
1.2.8 <i>Gender Stratification Perspective</i>	18
1.2.9 <i>Interdependence Perspective</i>	19
1.2.10 <i>Problem Oriented versus Normative Perspective</i>	20
1.2.11 <i>Summary of Stepfamily Research Models</i>	22
1.3 Stepfamily Types.....	23
1.4 Stresses within Stepfamilies	27
1.5 Mental health wellbeing of Stepfamilies	28
1.6 Quality of Life within Stepfamilies	31
1.7 Marital satisfaction within stepfamilies	32
1.8 Mediating Factors to the Stepfamily Roles	34
1.8.1 <i>Age and sex of Stepchildren.....</i>	35
1.8.2 <i>Mutual children</i>	36
1.8.3 <i>Stepfamily Complexity.....</i>	37
1.8.4 <i>Residency of Stepchildren</i>	38
1.8.5 <i>Length of Relationship</i>	39
1.8.6 <i>Attachment Style</i>	40
1.8.7 <i>Coping Skills within Stepfamilies</i>	41
1.9 Dynamics of a successful stepfamily	42
1.10 Critical Evaluation and Summary of Existing Literature.....	45

CHAPTER 2

50

<i>Development of Research Hypotheses and Design</i>	50
2.1 Introduction.....	50
2.2 Identifying a representative stepfamily sample	51
2.3 Differentiation between stepfamily types.....	54
2.4 Stepfamily Research Models.....	55

2.5	Evaluation of research limitations and of current research.....	56
2.6	Aims of the research	57
2.7	Research variables	59
2.8	Research question and hypotheses	62
2.9	Design methodology	64
2.10	Project Phases	66
2.11	Conclusion	69

CHAPTER 3

70

<i>The Design and Administration of Survey Instruments</i>		70
3.1	Introduction.....	70
3.2	Item Generation	70
3.2.1	Literature Review	71
3.2.2	Focus Groups	71
3.2.3	Key Informant Interviews	72
3.2.4	Expert Opinion or Review	73
3.3	Pre-testing methods	73
3.3.1	A pilot or Trial study	74
3.3.2	Cognitive Interviews	75
3.3.3	Behaviour coding	76
3.3.4	Response Latency	77
3.3.5	Vignette analysis.....	77
3.3.6	Formal respondent debriefings	77
3.4	Methods employed in the administration of survey instruments.....	78
3.4.1	Face to face structured interviews	79
3.4.2	Postal Survey	79
3.4.3	Telephone Survey	80
3.4.4	Electronic and internet based surveys	81
3.5	Sampling Methodologies	83
3.6	Psychometric Evaluation of an Instrument	84
3.6.1	Reliability.....	85
3.6.2	Validity.....	86
3.7	Conclusion	89

CHAPTER 4

91

<i>Phase 1: Development of Stepmother Adaptability Scale (SAS).....</i>		91
4.1	Introduction.....	91
4.2	Generating Items for the Stepmother Adaptability Scale (SAS)	91

4.3	Pre-testing of the SAS	98
4.4	Administration of the SAS	102
4.5	Conclusion	102

CHAPTER 5

105

<i>Phase 2: A pilot study to compare the mental health wellbeing and quality of life of stepmothers and biological mothers</i>		105
5.1	Introduction.....	105
5.2	Method	106
5.2.1	Sample	106
5.2.2	Materials	108
5.2.3	Procedure.....	113
5.3	Results	115
5.3.1	Descriptive Statistics.....	115
5.3.2	Depression and Anxiety	117
5.3.3	Quality of Life	118
5.4	Discussion	119

CHAPTER 6

123

<i>Phase 3: Methodology for the large scale quantitative study and the resultant sample demographics.....</i>		123
6.1	Introduction.....	123
6.2	Participant Recruitment.....	123
6.3	Sample Characteristics	127
6.3.1	Age of Participants	132
6.3.2	Marital Status	132
6.3.3	Length of time with Partner	132
6.3.4	Analysis of Stepchildren within Sample	133
6.3.5	Biological Children	135
6.3.6	Time spent by stepchildren each month with father and stepmother	135
6.3.7	Residency of Stepchildren	135
6.3.8	Employment	136
6.3.9	Socio Economic Grouping	136
6.3.10	Education	137
6.4	Materials.....	139
6.5	Procedure.....	139
6.6	Analysis Plan	140
6.6.1	Assumptions of Parametric data	140
6.6.2	Missing Data.....	140
6.6.3	Determining Validity and Reliability of the Questionnaire	141
6.6.4	Testing for differences between the study groups	141
6.6.5	Testing for Relationships between study variables	142

6.6.6	Reporting Results	143
6.7	Conclusion	143
CHAPTER 7		147
<i>Psychometric Analysis of the Stepmother Adaptability Scale (SAS)</i>		147
7.1	Introduction.....	147
7.2	Factor Analysis.....	147
7.3	Validity and Reliability of Stepmother factors.....	153
7.3.1	Data distribution	153
7.3.2	Validity.....	154
7.3.2.1	Concurrent Validity	154
7.3.2.2	Discriminant Validity	155
7.3.3	Reliability.....	156
7.3.3.1	Internal Consistency.....	156
7.3.3.2	Test Retest Reliability	156
7.4	Discussion	157
CHAPTER 8		159
<i>The Effect of Role Complexity and Stepchildren's Residency on the stepmother's wellbeing</i>		159
8.1	Introduction.....	159
8.2	Descriptive Statistics	161
8.3	Analysis of differences within the sample in terms of quality of life, mental health wellbeing, relationship satisfaction and Stepmother Adaptability (SAS)	163
8.4	Discussion	170
CHAPTER 9		180
<i>The effect of mediating factors on the stepmother's adaptability and wellbeing</i>		180
9.1	Introduction.....	180
9.2	Analysis of the mediating effect of stepfamily characteristics on stepmother wellbeing	182
9.3	Multivariate analysis – the influence of stepfamily factors on stepmother adaptability	190
9.4	Discussion	195
CHAPTER 10		203

<i>Phase 4: A qualitative study on the role of the stepmother – investigating factors recognised to be related to their adaptability to the stepmother role</i>	203
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10.1 Introduction.....	203
10.2 Method	205
10.2.1 Participant Recruitment	205
10.2.2 Description of Participants	205
10.2.3 Materials	206
10.2.4 Procedure	210
10.2.5 Thematic Analysis	211
10.3 Results	213
10.3.1 Stepmother Anxiety	213
10.3.2 Change in the relationship over time	231
10.3.3 Social Support from friends and family	235
10.3.4 Birth of a baby within the stepfamily	240

CHAPTER 11

250

<i>Discussion and Conclusions</i>	250
11.1. Introduction.....	250
11.2 Discussion of research findings	250
11.2.1 Evaluation of Stepmother Adaptability using the SAS	251
11.2.2 Stepmother Mental Health Wellbeing	253
11.2.3 Relationship Satisfaction	255
11.2.4 Social Support	256
11.2.5 Coping Mechanisms	258
11.2.6 Mutual Children	259
11.3 Implications for policy and practice.....	260
11.4 Limitations of Thesis.....	269
11.5 Conclusion	273
11.6 Future Directions	274

REFERENCES

279

Appendix 1: Prior Qualitative Stepmother Study	320
Appendix 2: Stepmother Questionnaire Battery	321
Appendix 3: Covering Letter sent to participants	345
Appendix 4: Focus Group Interview Schedule	347
Appendix 5: Questionnaire for Focus Group	350
Appendix 6: Transcribed focus group interviews	353

INTRODUCTION

The following thesis describes research conducted to investigate the role of the stepmother. The studies were undertaken from a psychological perspective to quantify the impact on the stepmother's wellbeing and quality of life, together with the affect of both psychosocial mediating variables such as the level of social support and the coping mechanisms predominantly employed by the stepmother and family variables such as the age of the stepmother, the length of the relationship, the complexity of the family and the residency of the stepchildren. The findings are referenced with respect to recognised social family theories including family systems theory (Bowen, 1966), Role theory (Visher & Visher, 1979), the Interdependence perspective (Sabatelli & Shehan, 1993) and Intergroup Conflict (Banker & Gaertner, 1998).

Psychological based research on stepmothers has been widely recognised to be limited (Coleman & Ganong, 1990; Coleman, Ganong & Fine, 2000) when compared to other family roles. Consequently our understanding of the stepmother role remains unclear, with many of the findings inconclusive. Coleman et al (1990) suggested that the inconsistency in the evidence may be related to the lack of segmentation between stepfamily types and by the lack of regard to other mediating factors such as the age of the stepmother or stepchildren, or the length of the relationship. The present research has therefore been conducted in an effort to address these limitations and enhance the body of research on the role of the stepmother.

CHAPTER 1

A Review of Stepmother Related Research

1.1 Introduction

Historically, stepfamilies were formed when adults remarried and one or both had children from a previous marriage. However social and demographic shifts including the growth of the number of women having children outside of marriage, an increase in couples cohabiting rather than marrying, increases in non-residential parental involvement and shared physical custody of children after divorce, have caused many stepfamily researchers to re-evaluate what constitutes a stepfamily (Bumpass, Raley & Sweet, 1995; Stewart, 2005) and to adopt a much more inclusive definition. De'Ath (1997) suggests a more appropriate stepfamily definition may be:

'A stepfamily is a family created by two adult partners, one or each of whom already has a child from a previous relationship; the offspring from a former marriage ended by separation, death or divorce; a former cohabitation or extra marital affair. A stepfamily may include resident stepchildren or partially resident children who live primarily with their other parent and children of the two adults, who are half siblings to the stepchildren. The stepfamily relationships exists, even when the adults and children have not met each other or live together, and extends to grandparents, aunts, uncles and cousins'. (p. 267)

Despite recognising the changing nature of stepfamilies, researchers have been somewhat constrained by the definition of stepfamilies in national census in both America (U.S Census, 2005) and the UK (Office for National Statistics (ONS), 2001), which continue to define stepfamilies in terms of households only, where a household reflects the individuals who live there on a permanent basis only. This definition excludes many stepfamilies, particularly those that care for their stepchildren on a shared or part time basis. Whilst women are still usually granted primary care of children following a divorce in both the US (Cancian & Meyer, 1998) and in the UK (Ferri & Smith, 1998), the predominant residential

stepfamily involves the biological mother and stepfather (U.S census, 2005; ONS, 2001). Non residential stepfamilies are therefore largely stepmother led, with the majority of these families being excluded from national statistics in both the UK and U.S.

As a result of these changing family patterns, stepfamilies now represent the fastest growing family type in the UK (Economic and social research council – ESRC, 2004). Despite this, accurate statistics for stepfamily populations continue to be very difficult to define. There are approximately 700,000 stepfamilies in the UK according to the ONS (2001), representing approximately 10% of all families, however the ESRC (2004) suggests the actual figures for stepfamilies are much higher this, with up to 30% of the population now forming part of a stepfamily. The most recent figures from the General Household Survey in the UK (Fido, Gibbins, Hurt, Matthews & Thomas, 2006) show that 86% of stepfamilies are stepfather households, with children from the woman's previous relationship; 11% of stepfamilies are headed by a residential stepmother and biological father and 3% are stepfamilies where both the adults have children from prior relationships.

The United States shows similar trends with the American divorce rate now reaching a normative level averaging about 50% (Carter & McGoldrick, 2005). Recent figures show that approximately half of marriages annually are remarriages for one or both partners and the majority (approximately 65%) of those adults have children from a previous relationship (Chadwick & Heaton, 1999). Figures taken from the 2000 US census, show almost 4.4 million stepchildren (8% of all children) living in stepfamilies in America (Kreider, 2003). Of these, 17% were living with stepmothers (Kreider & Fields, 2005). The census also recognises that it may have only identified a proportion of stepchildren given the fact that families may have been incorrectly categorised depending on whether the biological or stepparent completed the census form (Kreider, 2003). More recent census figures (US census, 2005) suggest however that the number of children residing in stepfamilies has grown significantly with 12.2 million children now residing with a stepparent, stepsibling or half sibling, representing 17% of all children.

As the number of stepfamilies has increased so has the associated research. A search of all family and divorce related journals since 1999 yielded a total of 142 articles related to stepfamilies. Of these, 17 were related in some way to the research of stepmothers specifically. This can be compared with a similar review of stepfamily articles published from 1987 to 1999 by Orchard and Solberg (1999), which identified less than 10 articles relating to the stepparent role in its entirety (encompassing stepmothers and stepfathers) out of the 133 articles related in some way to stepfamily research. These findings suggest a modest trend towards more fully addressing the role of stepmothers.

This chapter describes the research conducted largely over the past two decades on the role of the stepmother in a stepfamily. Whilst this is done in relation to stepfamily dynamics this review should not be considered an exhaustive survey of all stepfamily literature, but it provides a focussed review of specific stepmother related research.

1.2. Generic Family/Stepfamily Research Models

A number of theoretical tools have been used by stepfamily researchers as frameworks on which to develop an understanding of stepfamily dynamics. The most widely used and recognised models are identified in Table 1.1 and further described in the section below.

Table 1.1: Theoretical Models for Stepfamily Research

Theoretical Model	Implementation of Model
Evolutionary/Biosocial perspective	Daly & Wilson, 1996; Popenoe, 1994; Stewart, 2005
Family Boundary Ambiguity	Boss & Greenberg, 1984; Stewart, 2005
Family Systems Theory	Bowen, 1966; Hetherington and Clingempeel, 1992
Role Theory	MacDonald & DeMaris, 1996; Rogers & White, 1993
Multidimensional devel models	Fine & Kurdek, 1994;
Intergroup Conflict	Allport, 1954; Banker & Gaertner, 1998
Stepfamily Cycle	Papernow, 1984
Gender Stratification Perspective	MacDonald & DeMaris, 1996
Interdependence Perspective	Sabatelli & Shehan, 1993
Problem oriented vs normative perspective	Coleman & Ganong, 1990

1.2.1 Evolutionary / Biosocial Perspective

The evolutionary perspective draws on the view that stepfamilies do not function as well as two parent families because some family members are not biologically related to one another. Popenoe (1994) suggests that we have predispositions to invest more time and energy into caring for biological offspring to ensure they have the best chance of surviving and thriving. Whilst some research has provided evidence in support of this theory, suggesting that stepfathers interact in a more positive way with their biological children (Flinn, 1988); and that children are more likely to be killed and abused by stepfathers than biological fathers (Daly & Wilson, 1996). It should be noted that this research was conducted on a South Sea Island (Flinn, 1988) and the findings should therefore be treated with some caution as the sample was not representative. Despite its intuitive appeal, this theory is rarely used in isolation as it is impossible to prove or disprove (Stewart, 2007), yet it has been referenced in an effort to explain some stepfamily behaviour such as the decline in stepfathers' involvement with stepchildren following the birth of a biological child (Stewart, 2005).

1.2.2 Family Boundary Ambiguity

Family boundary ambiguity relates to the lack of clarity as to who is included and who is excluded from the family (Boss & Greenberg, 1984) and is expected to be high among remarried couples with children (Boss, 1980a). It refers to a 'state when family members are uncertain in their perception of who is in or out of the family or who is performing what roles or tasks within the family system' (Boss, 1987, p709). Further Boss (1980b, 1987) has suggested that boundaries have both physical and psychological dimensions which foster a sense of identity that differentiates the members of a group from one another and from other groups. The theory purports that boundary ambiguity, is related to increased family stress and overall family dysfunction (Boss, 1987; Boss and Greenberg, 1984; Minuchin, 1974). Specifically, Boss (1980a) suggests that some consensus about family membership must occur before the family can function optimally. If the family is unable to clearly identify its membership it has difficulty determining the roles and rules by which to live.

Some clinical literature on remarriage suggests that unclear family boundaries are more common in remarriages than in first marriages (Messinger, 1976; Robinson, 1980; Walker and Messinger, 1979). This research also suggests that ambiguous boundaries in remarriage result from the need for boundaries to have more flexibility and the need to redefine membership. Pasley and Ihinger-Tallman (1989) also found a difference in boundary ambiguity within remarried couples, with more ambiguity present in non-residential stepmother led stepfamilies.

Similar findings were reported in a more recent study (Stewart, 2005), with stepfamilies with non resident children and more structurally complex stepfamilies (where both adults are biological and step parents) showing the highest ambiguity. Ambiguity among stepfamilies with a shared child was less prevalent and Stewart (2005) concluded that these findings were consistent with previous clinical observations and research suggesting that the addition of a biological child encourages family integration (Beer, 1992; Bernstein, 1989; White & Booth, 1985).

1.2.3 Family Systems Theory

Family systems theory, originally developed by Bowen (1966), emphasises the connectedness between family members (Klein & White, 1996) and rather than simply focussing on biological relatedness, a family systems approach focuses on 'primary relationships' within the family unit, taking into consideration obligations, commitment and interdependence (Scanzoni & Marsiglio, 1991). These 'primary relationships' may include individuals not living within the household and not related by blood or marriage and they may similarly exclude biologically related family members, depending on the connectedness between the family members. A number of studies have focused on family definitions by asking family members to name those in their family. A study by Furstenberg (1987) found almost a third of children in the study failed to mention a residential stepparent among their family members. Children were also significantly more likely to omit stepsiblings than biological siblings. Similar findings in terms of the number of children in the family were found in studies by Pasley and Ihinger-Tallman (1989) and Stewart (2005). Whilst this theory offers a framework by which to model stepfamily behaviour and guide research (eg., Whiting et al, 2007), it has not been widely referenced in stepfamily research. It has however been used as a reference model on which to develop intervention programs in the form of stepparenting education courses (eg., Bosch, Gebeke & Meske, 1992).

1.2.4 Role Theory

Role theory (McDonald et al, 1996) suggests that everyday life is based around living up to expectations of different roles, with individuals assuming many different roles depending on their social circumstances. When applied to stepfamily dynamics individuals assume multiple roles such as stepmother and biological mother or stepfather and biological father. Role theory has been used to suggest that it is the resultant conflict between these roles within stepfamilies that causes increased stress. Visher and Visher (1979) suggested that when stepmothers have biological children for the first time they experience intense

role conflict as they try to assume both the stepmother and biological mother role simultaneously. A later study by McDonald and DeMaris (1996) found that this conflict was evident in both stepmothers and stepfathers when they became biological parents for the first time. Research into the issues faced by stepparents (Beaudry, Parent, Saint-Jacques, Guay & Boisvert, 2001) suggested that the difficulties within stepfamilies revolve around the roles of the spouse, the parent and the stepparent, impacting on the marital satisfaction within the relationship. The use of role theory to explain stepfamily behaviour has not been widely used (Stewart, 2007) however it could potentially be used to explain differences between different types of stepfamilies based on their complexity. Role theory suggests that the more roles an individual is expected to play, the more conflict they are likely to experience. Consequently, according to this theory stepfamilies with more complex households, would suffer the most stresses. Whilst some research has suggested this to be the case (eg., Clingempeel & Brand, 1985; Schultz, Schultz & Olson, 1991), there are many other variables (eg. Age and sex of stepchildren, residency of stepchildren, marital status and length of relationship) that could impact on the overall family wellbeing and these interactions have not been comprehensively researched or integrated within this theory.

1.2.5 Comprehensive Multidimensional Models

There are two well documented comprehensive models, created to reflect the complex relationships within stepfamilies: (1) The Multidimensional Cognitive Developmental Model (Fine & Kurdek, 1994) and (2) The Multilevel-multivariable-developmental perspective (Clingempeel, Brand & Segal, 1987). Whilst both aim to identify the different dimensions of stepfamily life such as the type of stepfamily unit and the development stages of the stepfamily, the model developed by Clingempeel et al (1987) has some potential advantages over the model developed by Fine and Kurdek (1994) as it recognises the potential impact of variables outside the immediate stepfamily such as extended family and friends and external variables such as the media or the legal system. These models however have not been adopted by researchers to develop stepfamily research (Stewart, 2007).

1.2.6 Intergroup Conflict

Based on the contact hypothesis (Allport, 1954), which supports the view that bringing members of opposing social groups together will improve intergroup relations, this theory was implemented by Banker and Gaertner (1998) to explain the importance of viewing stepfamilies as a single entity rather than two separate units, divided along biological lines. Papernow (1993) noted that a distinct phase of stepfamily development was the drawing together of two distinct families to form a stepfamily. At the time of this formation, the two groups have little or no common ground. Banker and Gaertner (1998) suggest that the stepfamily can then be viewed as an intergroup situation where the reduction of intergroup bias and conflict are important goals. The study carried out by Banker and Gaertner (1998) found much to support this hypothesis, suggesting that the stepfamily development was much improved if the stepfamily members perceived their family unit as a single entity rather than based along biological lines. Whilst this theory has received little supportive evidence within stepfamily research, it offers a tenable explanation of behaviour within the stepfamily.

1.2.7 Stepfamily Cycle

In a developmental approach to stepfamilies, Papernow (1984) identified seven stages of normal stepfamily development, which follow one another chronologically. Progression from one stage to the next depends upon a degree of success in meeting the challenges of the previous stage. The first three stages (fantasy, assimilation, and awareness) form a group which Papernow (1984) calls the Early Stages. This is the stage where the family begins to form and is characterised by the aspirations of the family members for their new beginning and the formation of a new family unit, setting new boundaries and expectations. The middle stages, consisting of 'mobilisation' and 'action', describes a phase of restructuring within the family to accommodate the changes felt in the early stages, usually as the stepparent presses for changes in order to become a more equal partner and member of the family. Papernow (1984) suggests that this can be a period of conflict when differences have to be resolved within the family.

The later stages however, are characterised by greater intimacy, where all family members feel accepted and part of the new family unit. Families vary widely in the length of time they take to progress through the cycle but Papernow (1984) points out that no family she studied took less than 4 years. Moreover, seven years was the average period of time for progression and some families remained trapped in the early stages after as long as 12 years, with divorce resulting in a number of families that had failed to progress. Papernow (1984) based her theoretical framework on interviews with 50 stepfamilies, many of whom were drawn from her own clinical practice. Stewart (2007) suggests that one must be cautious of relying on a largely clinical sample on which to base broad assumptions, however Papernow (1984) maintained that her sample was generalisable as her clinical respondents were often healthier than the non clinical.

A study by Arnaut, Fromme, Stoll and Felker (2000) found evidence in support of Papernow (1984) although they found that the period of 'fantasy' ran concurrently with feelings of divided loyalties. In addition, criticism was directed at Papernow's model for not taking into account the effects of previous periods of divorce/death and single parenting which may influence the development of the family. The concept of a stepfamily cycle provides a useful tool to explain the behaviour and development of stepfamilies and has been incorporated within recognised stepfamily education programs (eg., Taylor & Taylor, 2003; Visher & Visher, 1997).

1.2.8 Gender Stratification Perspective

This perspective defines roles and duties along gender lines and thus typically defines the immediate care of children and household duties, including the extra work which may accompany the presence of stepchildren, as the primary responsibility of the mother (MacDonald & DeMaris, 1996). Researchers have subsequently suggested that it is because of these extra responsibilities that stepmothers experience greater difficulty in rearing stepchildren than stepfathers (Brand & Clingempeel, 1987; Visher & Visher, 1979), however there is no evidence from stepmothers themselves to support this view.

1.2.9 Interdependence Perspective

According to the Interdependence Perspective (Sabatelli & Shehan, 1993), individuals experience rewards and costs from their relationships with others. In the case where rewards exceed the costs, individuals are more likely to be committed to these relationships and to maintain them. However, it is not just the ratio of rewards to costs that influences individual's behaviours, it is also the balance of rewards and costs that they experience compared to what they believe that they can expect (ie. comparison level) or compared to what they believe they could obtain, in an alternative relationship. The rewards and costs of family life may change dramatically upon entering a stepfamily and if such a change is perceived to reduce the benefits and increase the costs, conflict levels may increase in the family. Individuals in stepfamilies, because of their varied family experiences, may also have quite different comparison levels. Some may be quite used to accepting new resource restrictions (eg., lack of personal space), while others may find the new arrangements unacceptable. These imbalances can result in greater feelings of anger at the situation and resentment between the stepparents and their stepchildren.

Although this theory is well recognised it has not been widely used to explain stepfamily behaviour, probably due to the inherent difficulty in establishing the link between the theory and the associated behaviour. The measurement of the costs and rewards of a relationship are purely subjective and as such, difficult to quantify and compare across individuals and stepfamilies. A study by Ceglian and Gardner (2000) found evidence to suggest that some stepmothers, particularly those that had been identified as having an anxious attachment, felt an inequality between what they were investing into the relationship and what they were receiving from the relationship. This led to feelings of anger and resentment towards the stepchildren. The fact that the researchers did not refer to the interdependence perspective theory by way of explanation lends to support to the view that these theoretical models are not utilised widely in stepfamily research (Stewart, 2007).

1.2.10 Problem Oriented versus Normative Perspective

Two fundamental approaches to stepfamily research have been recognised. These have been termed the problem oriented perspective and the normative perspective (Coleman & Ganong, 1990).

The Problem Oriented perspective assumes that biological families offer the best outcomes for family members and research is therefore directed at understanding the differences between step and biological families. This was the most prevalent approach during the 1980s (Coleman & Ganong, 1990) and was based on the premise that stepfamilies are fundamentally different from nuclear families. As such, studies focused on identifying the differences between stepfamilies and traditional nuclear families, with the underlying assumption that the nuclear family offers the ideal family norm. These studies were also identified as ‘between family structure’ designs. The Problem Oriented perspective has received some criticism (Coleman & Ganong, 1990) given that it assumes firstly that the stepfamily will inherently suffer from issues simply because of its status and secondly that all nuclear families offer the best outcomes for all members of the family. Research using this approach (eg., Ceballo, Lansford, Abbey & Stewart, 2004; Fisher, Leve, O’Leary & Leve, 2003; MacDonald et al, 1996; O’Connor et al, 1998; Stewart, 2005) has also tended to ignore individual differences within the stepfamilies such as the sex age and number of stepchildren, the presence of additional biological children and the length of time the stepfamily has been formed. As the studies tend to focus on problems rather than strengths there is also a lack of research examining the processes in stepfamilies which help the stepfamily to function well and develop into successful family units.

Esses and Campbell (1984) suggested that researchers and practitioners have been biased in viewing stepfamilies as a less functional form of the traditional nuclear family and argued that it would be more useful to examine differences between stepfamilies who are functioning well and those in distress, rather than using couples in nuclear or traditional families as controls for couples in stepfamilies. The difficulty with this approach is how to define and subsequently

identify 'successful' stepfamilies by which to compare the less well functioning families.

The Normative Perspective (Coleman et al, 1990) assumes that stepfamilies are a fundamentally different family structure and should be studied as such and not compared with other family types. This approach assumes that stepfamilies are inherently different from other family types, such as nuclear families, but makes no comparison between the family types. Instead, it examines the processes within the stepfamily itself, sometimes termed a 'within family' perspective. It does not assume that the stepfamily will lead to negative outcomes but attempts to describe and understand the dynamics of step-relationships. Research has predominantly focused on describing and understanding stepfamily relationships and is underpinned by family systems theory, family development and social exchange models (Coleman et al, 1990). Examples of studies in this area include the comparison of non residential and residential stepparent-child relationships (Ambert, 1986); the impact of the birth of children within the marriage on existing relationships in the stepfamily (Ahrons & Wallisch, 1987; Ganong & Coleman, 1988; White et al, 1985) and the affect of time on the step-relationships (Guisinger, Cowan and Schuldborg, 1989).

Both the problem oriented and normative approaches to stepfamily research have been well used and documented in much of the stepfamily research (eg., Brown, 1987; Ceballo et al, 2004; Fisher et al, 2003; Ceglian & Gardner, 2000; Church, 1999; Knox & Zusman, 2001; Lansford, Ceballo, Abbey & Stewart, 2001, MacDonald et al, 1996). There are clearly advantages and disadvantages to each approach. Although the problem oriented perspective has been criticised for suggesting that stepfamilies are in some way 'deviant' compared to biological families they remain a minority group when compared to biological families and as such there is much benefit to be gained from understanding any differences in their behaviour or wellbeing from such family types. It could be argued that this type of research has its place within stepfamily research but should be used with some caution and perhaps in parallel with a normative perspective.

1.2.11 Summary of Stepfamily Research Models

The review has provided a comprehensive overview of stepfamily models and theories and whilst there are several related theories that could offer a framework for stepfamily research, they have been applied in only a small number of relevant studies.

Whilst family systems theory (Klein & White, 1996) and the stepfamily cycle (Papernow, 1984) have not been used widely in investigative research they have been used to provide a framework by which to develop intervention programs for stepfamilies with significant success (Bosch et al, 1992; Taylor et al, 2003; Visser et al, 1997). The theories described have been used to explain findings in a limited number of studies (eg., Stepfamily cycle: Papernow, 1993; Role Theory: Beaudry et al, 2001; Visser et al, 1979; Boundary ambiguity: Pasley et al, 1989; Stewart, 2005; Family Systems theory: Whiting et al, 2007) however they offer the potential to be used in a much more cohesive way to provide easier comparison between stepfamily studies.

The identification of the two methodological approaches to stepfamily research: the problem oriented and the normative approach, have been used much more extensively to distinguish between different types of research. The distinction between the approaches offers a clear model by which research can be delineated (Coleman et al, 1990) and whilst few studies have referenced the theory directly, the models can be used to segment the studies into those that have used either a between family approach to identify differences *between* stepmothers and other family types such as biological or adoptive mothers (eg., Ceballo, Lansford, Abbey & Stewart, 2004; Fisher, Leve, O'Leary & Leve, 2003; Lansford, Ceballo, Abbey & Stewart, 2001; MacDonald et al, 1996; O'Connor et al, 1998; Stewart, 2005); or a within family approach to identify differences *within* the different stepmother roles (eg., Brown, 1987; Ceglian & Gardner, 2000; Church, 1999; Knox & Zusman, 2001; Michaels, 2006; Morrison et al, 1985; Orchard & Solberg, 1999; Weaver & Coleman, 2005).

1.3 Stepfamily Types

A number of researchers (Berger, 1995; Church, 1999; Erera-Weatherly, 1996) have attempted to develop stepfamily models in order to fully understand the different ways stepfamilies view their family structure. Rather than attempt to define stepfamilies along a structural basis, these researchers have attempted to define stepfamilies using information from the way the families identify themselves. These models are described in the following section.

Berger (1995) attempted to define a model of stepfamilies in which she identified three distinct types, termed ‘Integrated families’, ‘Invented families’ and ‘Imported families’. A description of these types is shown in Table 1.2.

Table 1.2: Definition of family types as identified by Berger (1995)

<i>Family Type</i>	<i>Profile</i>
Integrated Family	Both spouses have been previously married and both have children from their previous relationship - of adolescent age or above. Couple are focused on their relationship primarily. They are not trying to recreate the traditional nuclear family.
Invented Family	The focus is on building the new family and raising the children. All children are treated as though part of this ‘new’ family, with the husband expected to fulfil the parental role with the children from his wife’s previous relationship. The past is treated as though it never existed.
Imported Family	A continuation of the original family. Typically the couple have no children in this relationship – only children from previous relationships. Their primary focus is on the couple relationship.

Berger (1995) suggests that research on stepfamilies should consider the different identified types of families rather than treat stepfamilies as a single homogenous group. Her definitions of stepfamilies can be contrasted with a further study by Church (1999), who focussed on the stepmother’s perception of ‘family’ and

defined a model which identified five different types of stepfamilies, based on stepmothers' views. These were termed, Nuclear, Extended, Couple, Biological and No family types. Table 1.3 shows an overview of these definitions.

Table 1.3: Definition of Family types as identified by Church (1999)

<i>Family Type</i>	<i>Profile</i>
Nuclear	Belief that the nuclear family is the ideal model for a family. The stepmother defines their family to include both the biological and stepchildren. They generally want to be referred to as 'Mum' and want to 'appear' to the outside world as a nuclear family.
Extended	New family encompasses previous family, creating extended network of 'family' members. However, stepmother does not cast herself as a mother to her stepchildren; rather she is an addition to the biological parents and not a replacement.
Couple	Couple relationship is of primary importance. Stepmother views her relationship with stepchildren as secondary and as one of friendship.
Biological	'Family' is defined along a biological basis. Stepchildren are not considered as part of their family. Typically the household becomes split into 2 disparate families, each consisting of the biological parent and their children.
No family	Stepmother feels like an outsider to the family. Relationships with stepchildren are problematic. This group cast themselves as the 'wicked stepmother' and are generally unhappy in their relationship.

When comparing the models developed by Berger (1995) and Church (1999), it becomes evident that there are many similarities between them. Church's (1999) 'Nuclear' family appears to mirror Berger's (1995) 'invented' family, with both types attempting to replicate the traditional nuclear family. Church's (1999) 'extended' family closely resembles Berger's (1995) 'imported' family type, where the family is extended to include both old and new members. Finally,

Church's (1999) 'couple' family type can be compared to Berger's (1995) 'integrated' family type. Church (1999) concluded that there is not a single model for a stepfamily, but a number of ways to define one. Her findings support Berger (1995) in both conclusions and stepfamily model definitions. Church (1999) argues that it is important that these diversities are recognised and it is not assumed that there is a 'correct' way for stepfamilies to interact.

A further study (Erera-Weatherley, 1996) focused on developing stepfamily models based on the parenting style adopted by the stepparents. A description of these types is shown in Table 1.4.

Table 1.4: Definition of stepparenting styles by Erera-Weatherley (1996)

<i>Stepparenting Style</i>	<i>Profile</i>
Birth Parent Style	Stepfathers who adopted this style believed that step and biological parenthood were identical and their behaviour and feelings toward their stepchild were identical to those experienced toward their own child. This style was only adopted by stepfathers and not stepmothers.
The super good stepmom	These stepmothers went out of their way to be a good stepmother in order to dispel the wicked stepmother myth.
The detached stepparent	These stepparents were minimally involved in their stepchildren's lives and the detachment tended to follow unsuccessful attempts to implement one of the more active stepparent styles. Stepmothers in this category tended to be non residential.
The uncertain stepparent	These stepparents expressed doubt, uncertainty and distress in their role, seeking guidance and reassurance. This style was adopted primarily by stepfathers who lacked previous parenting experience.
The friendship style	Most stepparents adopting this non-parental style expressed a sense of genuine acceptance of the stepchildren and wanted to be a friend rather than a parent to their stepchild.

The study findings (Erera-Weatherley, 1996) showed that these styles were developmental, with stepparents trying different styles before eventually adopting a preferred style. Of the five stepparenting styles identified in the study, the most effective, based on the accounts of both stepparents and their spouses, was the friendship style. The study found that stepmothers who attempted the super good stepmom style generally failed to set appropriate limits or enforce discipline which resulted in resentment toward the stepchild and spouse. Further conflict was evident in stepparents who adopted the birth parent style and the detached stepparent led to animosity and alienation between the stepchild and the stepparent. Stepparents who adopted the uncertain style perceived more stress in the role and had weaker relationships with their stepchildren.

Evaluation of these studies shows that none had a sufficiently large or diverse sample to include examples of all types of stepfamily. Berger (1995) conducted a qualitative study on a sample of 63 white, middle class couples. All couples within the study had to belong to stepfamily households, that is, they must have at least one stepchild residing in the family on a permanent basis. By definition, this would then exclude any stepfamilies where the children resided on a part time basis, which is recognised to be the case for the majority of stepmothers (Stewart, 2007). Similar criticisms can be made of the Erera-Weatherley study (1996) which consisted of 32 couples, all containing residential stepchildren. This research also included a very high proportion of professional, highly educated individuals, thus introducing a potential sample bias. In addition to ignoring non residential stepparents, there were also very small numbers of residential stepmothers included in the study, with the sample comprised predominantly of residential stepfather led stepfamilies.

The qualitative study by Church (1999) was similarly biased towards white, middle class professional, including a very high proportion of residential stepmothers (71%), which is atypical of current trends. Church (1999) suggests that the low proportion of non residential stepmothers identified for the study may be related to the fact that non residential stepmothers don't view themselves as stepmothers, although there remains much evidence to suggest that this is not the case (Ambert, 1986; Doodson & Morley, 2006; Guisinger et al, 1989;

Hetherington & Henderson, 1997), leaving the study highly biased towards capturing views of residential stepmothers only.

1.4 Stresses within Stepfamilies

There is significant consensus between stepfamily researchers and clinicians that there is a high level of stress involved in being a stepparent (Burgoyne & Clark, 1984; Hetherington, 1993; Pasley & Ihinger-Tallman, 1988) and that the stresses are greater for stepmothers than stepfathers (Ahrons & Wallisch, 1987; Furstenberg & Nord, 1985; MacDonald & DeMaris, 1996; Morrison & Thompson-Guppy, 1985).

Many of the stresses experienced in stepfamilies are unique to their family type, such as role conflict (see section 1.2.4) and may include conflicts between divorced parents (Bray and Hetherington, 1993), reduced family cohesion (Bray and Berger, 1993), the assumption of new roles and relationships (McGoldrick and Carter, 1988), conflicts surrounding the distribution of financial resources between the two households (Crosbie-Burnett & Ahrons, 1985; Fishman, 1983) and conflicts between subsystems of the stepfamily (eg stepparents and stepchildren, biological children and stepchildren; McGoldrick and Carter, 1988).

In 1978 Cherlin stated that the stress experienced by stepparents was in part caused by the absence of clear social norms helping them define their role within their new families. Cherlin (1978) conceptualised stepfamilies as an 'incomplete institution' due to the lack of norms and institutional support for stepfamilies. Visher, Visher and Pasley (2003) suggested that as the roles within stepfamilies are undefined so too are the measures of success or failure.

The issue of role ambiguity is a well recognised and researched issue within stepfamilies (eg., Orchard & Solberg, 1999; Weaver & Coleman, 2005), with research suggesting that the stepmother often lacks a role model and whatever expectations she does have of herself, tend to be unrealistic. As a consequence some stepmothers may feel frustrated in trying to fill a largely undefined role for

which they have no training. Fine (1995) suggests that given the relative infrequency of stepmothers living with their stepchildren (18% of all stepfamilies: Coleman & Ganong, 1990) it can be argued that stepmothers have fewer socially accepted role prescriptions than stepfathers which may lead to greater role ambiguity.

The majority of stepmothers have non residential stepchildren, currently estimated to be 82% in the UK (ONS, 2001) and 80% in America (Kreider & Fields, 2005), yet paradoxically most research on stepmothers is based on those with residential stepchildren (Stewart, 2007). Researchers that have considered the two types of stepmother have predominantly found the non residential stepmother to suffer the most stress (Ambert, 1986; Fine, 1995; Fine and Schwebel, 1991; Guisinger et al, 1989; Hetherington and Henderson, 1997), suffering greater ambiguity and feelings of loss of control. Consequently, this would suggest that the stress reported by stepmothers has been under represented in the majority of stepfamily literature.

1.5 Mental health wellbeing of Stepfamilies

As early as the 1940s, researchers were investigating the effects of stress in stepfamilies on the mental health wellbeing of stepmothers. Pfleger (1947) studied stepmothers whose stepchildren were being treated in a child guidance clinic. Of the 27 stepmothers seen, 23 showed evidence of anxiety, believed to be at a level great enough to affect their ability to cope with the situation. A study by Nadler (1977) on the psychological stress of stepmothers found similar results. The study focused on 48 stepmothers and 24 biological mothers, looking specifically at feelings of anxiety, depression and anger regarding family relations. Nadler (1977) found that stepmothers experienced significantly higher levels of anxiety in their family relations than biological mothers, which she claimed was due to interpersonal conflicts that appear unsolvable. She purported that the origin for this psychological stress can be found in the failure to find support within either the family or society for the individual's role within the stepfamily.

A study by Morrison and Thompson Guppy (1985) sought to look further at the effect of the role of stepmother on the mental health of women. The study was based on the clinical assessment of twenty two stepmothers, all of whom had requested help from psychiatrists for their problems as stepmothers, related either to their stepchildren or their marriage. The majority of stepmothers (nineteen) in this study were experiencing identity confusion regarding the stepmother's role and feelings of helplessness and ineffectiveness in the home. They reported feeling exhausted under the pressures and expectations in the family situation. Morrison and Thompson Guppy (1985) concluded that they had identified a syndrome which includes symptoms of distress precipitated by psychosocial stressors for stepmothers. They found no evidence for depression in any of the subjects and concluded that the stepmothers were reacting to inherently difficult and complex situations. Whilst fourteen participants were reported as suffering from anxiety, the study does not clarify whether this is at a level above recognised norms. It concludes that the signs of distress are attributable to the adjustment to stepfamily life and not mental illness. These findings mirrored the findings of Nadler (1977), with both studies reporting anxiety in the stepmothers but not depression. Morrison and Thompson-Guppy (1985) suggested further studies focus on the differences between well adjusted and troubled stepmothers in remarried families, in line with the normative approach to understanding stepfamily dynamics (Coleman & Ganong, 1990). More recent research on mental health wellbeing of stepfamilies was undertaken by O'Connor and Insabella (1999) which compared first married couples with stepfather only families and complex stepfamilies with stepmothers and stepfathers. The study found evidence to suggest that stepmothers in complex stepfamilies had significantly greater feelings of depression than women in other family types but these were below clinical levels. In the UK New Stepfamilies study (Smith, 2008) resident mothers in stepfamilies were found to have depression at twice the levels of mothers in two parent families.

The effects on mental health have been shown to affect not just the adults within the stepfamilies but the children also. A study by Barrett and Turner (2005) to investigate whether family type is associated with differences in mental health problems, found significantly lower levels of depressive symptoms among young

adults from mother-father families compared to other family norms including stepfamilies and single parent families. Barrett et al (2005) conducted further analysis to determine the mediating effect of socioeconomic resources, family support and exposure life events and traumas on individuals' depression. Respondents from stepfamilies were found to report more stressful life events and less supportive family relationships; however there was no difference between individuals from stepfamilies and mother-father families in terms of socioeconomic resources. They conclude that individuals' mental health wellbeing, regardless of family structure, is protected by strengthening family support and reducing levels of stress associated with their family type.

A study investigating the relationship between depression in pregnancy and family type (O'Connor, Hawkins, Dunn, Thorpe & Golding, 1998) suggested that women in single parent families and stepfamilies were more than twice as likely to report depression as women in biological families. Elevated levels of depression were partly but not entirely explained by risks in the social environment, including life events and social support and also by socioeconomic risks, notably financial resources. The fact that life events and the absence of social support were the most robust predictors of depression is consistent with many previous reports within and outside family research literature (eg., Barrett et al, 2005; Brown, Harris & Hepworth, 1994; Paykel, 1994).

Summary

The evidence presented from these studies had suggested that stepmothers suffer from increased anxiety (Morrison et al, 1985; Nadler, 1977; Pfleger, 1947) and depression (O'Connor et al, 1998) when compared to norms and other family types. Other studies have provided evidence to show that individuals in stepfamilies have higher depression levels than those in first families (Barrett et al, 2005) and complex stepfamilies have higher depression levels than simple or first families (O'Connor et al, 1999). Overall, these findings suggest that the mental health wellbeing of stepfamilies, and particularly stepmothers, is negatively affected by stepfamily life, with factors including social support, an increase in life events and socioeconomic status mediating their perceived

depression and anxiety (Barrett et al, 2005; O'Connor et al, 1998). However, the studies analysing anxiety, in addition to being very dated, are limited in terms of sample size and representativeness (Morrison et al, 1985; Nadler, 1977; Pflieger, 1947). The studies analysing depression levels were also inconsistent in their definition of stepfamilies. O'Connor et al (1999) differentiated between complex and simple stepfamilies, however Barrett et al (2005) and O'Connor et al (1998) provided no differentiation. Only one study (O'Connor et al, 1998) reported specifically on the depression levels of stepmothers. Further studies investigating the mental health wellbeing of stepmothers, to identify any significant differences *within* recognised types of stepmother and *between* stepmothers and biological mothers, utilising a representative stepmother sample, would significantly enhance this area of research.

1.6 Quality of Life within Stepfamilies

Quality of Life has been defined by the World Health Organisation (WHO, 1998) as

'an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept incorporating the individual's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationships to salient features of the environment.'

This definition reflects the view that quality of life refers to a subjective evaluation, incorporating the individual's perception of their physical health (including their dependence on medicines, mobility, energy, pain and sleep patterns), their psychological health (including their bodily image, negative and positive feelings, self esteem and personal beliefs), their social relationships (including social support, personal relationships and sexual activity) and their environment (including financial resources, health and social care, home environment and participation in leisure activities). Whilst research in the area of quality of life has increased over recent years there is no evidence of any

research to understand the perceived quality of life of individuals specifically within stepfamilies.

Whilst there is no published research on the quality of life of stepfamilies, there is evidence to suggest a link between mental health wellbeing and quality of life, with depressed individuals perceiving a worse subjective quality of life than those without depressive symptoms (Masthoff, Trompenaars, Van Heck, Hodiament & De Vries, 2006; Pyne, Patterson, Kaplan, Ho, Gillin, Golshan, & Grant, 1997). These differences were most evident in their perceptions of health, role limitations, social relationships and psychological wellbeing (Goldney, Fisher, Wilson & Cheok, 2000).

Hansson (2002) suggested that while there had been research into the effects of depression on perceived quality of life, there was rather less research focused on the effect of anxiety on quality of life. One recent study (Hickey, Carr, Dooley, Guerin, Butler and Fitzpatrick, 2005) compared the quality of life of individuals with depression or anxiety with a control group. Their findings suggested that individuals with diagnosed depression reported the lowest quality of life, while those with anxiety disorders still reported some difficulties but less severe than the depressive group. As expected, the control group showed the highest quality of life, in all domains.

Given the body of evidence suggesting a correlation between quality of life measures and mental health wellbeing and research suggesting reduced mental health wellbeing within stepmothers, further research investigating the quality of life on stepmothers would be beneficial to identify any significant differences between this family type and recognised norms.

1.7 Marital satisfaction within stepfamilies

Marital satisfaction is one of the most widely studied variables across family research (Vemer, Coleman, Ganong & Cooper, 1989). Family researchers consider the married couple relationship to be the most important relationship in the family (Belsky, 1984; Minuchin, 1974), with a good marriage providing a

supportive framework to the family unit. A high proportion of the research into marital satisfaction has focused on remarriages, in an effort to understand where differences may lie between first and subsequent marriages and identifying the issues within remarriages (Hobart, 1991; O'Connor et al, 1999; White & Booth, 1985).

A number of studies (Hobart, 1991; O'Connor et al, 1999; White & Booth, 1985) have drawn comparisons between first marriages and remarriages, using the Problem Oriented Perspective as described by Coleman and Ganong (1990), with the inherent assumption that first marriages provide the norm on which to measure marital satisfaction. Despite the growing interest in remarriage satisfaction, results from studies have been generally conflicting (Hobart, 1991; Kurdek, 1989; O'Connor et al, 1999; White et al, 1985). These studies have failed to find a difference between first and second marriages on measures on marital adjustment and marital related conflict. A meta analysis on remarital satisfaction found evidence from 16 studies to suggest that people in first marriages report greater satisfaction than those in remarriages, however the differences were small and not significant (Vemer, Coleman, Ganong & Cooper, 1989).

A longitudinal study of divorced, remarried and non divorced families, conducted by Hetherington (1993), found that in the first two years of a remarriage, remarried couples reported higher marital satisfaction than longer married, never divorced couples. However, over time, no differences in marital satisfaction were found. In support of these findings, Guisinger et al (1989) found evidence that remarital satisfaction appears to decrease over time.

Another perspective is that remarriage itself is not the cause of the additional stress, it is the presence of children (Hartin, 1990; Ihinger-Tallman & Pasley, 1987; Messinger & Walker, 1981; Whitsett & Land, 1992). The presence of stepchildren in the remarried household and problems associated with the relationships between the stepparent and stepchildren appear to affect the stability of second marriages. For example, White and Booth (1985) found the presence of stepchildren was related to an increase in marriage breakdown rates.

For couples with no stepchildren in the household, marriage breakdown rates did not differ from first marriage breakdown rates. Thus it is possible that the high dissolution rate of second marriages is caused by conflict between family members rather than marital distress per se (Lawton & Sanders, 1994). Pill (1990) suggests that children in the remarriage may make it more difficult for the couple to find enough time to solidify their relationship and so strengthen the marital bond.

A study by Hobart (1991) found evidence to suggest that there are more issues within the remarriage relating to issues surrounding biological children brought into the current relationship by the father than by the mother. A study by Knox and Zusman (2001) found evidence that marrying a man with children from a previous relationship was significantly related to a decrease in marital satisfaction. The study also found that support from family and friends in the new relationship improved the women's perception of their marriage and wellbeing.

In conclusion, the research on the marital satisfaction of stepfamilies provides no clear consensus on whether remarried couples are any different in their marital happiness than first married couples (Vemer et al, 1989). Evidence has shown important differences in stepfamilies as a function of how long they have been together (Hetherington, 1993; Bray & Berger, 1993), this may be significant in the measurement of marital satisfaction. MacDonald and DeMaris (1996) comment '*the effects of remarriage and the presence of stepchildren may be significant for short term marriages but non significant for long term marriages.*' (p.389). No recent research in the area of marital satisfaction within stepfamilies has addressed both the potential differences within the identified stepfamily types and the relative length of the stepfamilies relationships which may be influential in more fully understanding marital satisfaction in stepfamilies.

1.8 Mediating Factors to the Stepfamily Roles

In their review of stepfamily research, Coleman, Ganong and Fine (2000) recognised that in the previous decade more attempts had been made to reflect

the complexity of stepfamilies, taking into consideration factors such as the age and sex of the stepchildren and stepparents, the household configuration and socioeconomic status. The following section describes the advances in research in these areas.

1.8.1 Age and sex of Stepchildren

Research has shown that the age of children when entering the stepfamily can have a significant effect on the overall success of the family unit (Fine, Coleman & Ganong, 1998; Hetherington, Cox & Cox, 1982; Marsiglio, 2004). It can also have an impact on the development of the stepparent-stepchild relationship and the potential for bonding. When children are less than 9 years of age there is a greater likelihood of acceptance of the stepchild by the stepparent and acceptance of the stepparent as a parent by the stepchild (Fine et al, 1998; Hetherington et al, 1982; Marsiglio, 2004). A further study looking at the age of children within stepfamilies by Kurdek (1990) found evidence to suggest child age accounted for an additional 10% of the variance in mother's severity of psychological distress. Relative to mothers with older children, mothers with 1 – 5 year olds reported more severe symptoms including anxiety, obsessive compulsive behaviour, depression and hostility.

A study by Clingempeel, Brand and Ievoli (1984) focused on the effect of the sex of stepchildren on the dynamics within the stepfamily. The research found evidence to suggest that the stepparent-stepdaughter relationships in both stepmother and stepfather families were more problematic than stepparent-stepson relationships. All children in this study were between ages 9 to 12. Self reports from stepchildren and stepparents and ratings by biological parents all revealed lower scores on love and higher scores on detachment for stepparent-stepdaughter relationships. However, a significant limitation of this study is the limited sample size of only sixteen stepmothers.

In conclusion, the evidence suggests that relationships between stepparents and stepchildren are likely to be strongest when children enter a stepfamily at a younger age (Fine et al, 1998; Hetherington et al, 1982; Marsiglio, 2004),

however mothers with younger stepchildren have also reported lower mental health wellbeing. Further research is needed to understand the relationship between the age of the stepchildren and the affect on stepmothers' mental health wellbeing, together with any differences based on stepfamily complexity and the residency of the stepchildren.

1.8.2 Mutual children

A limited amount of research has been conducted over the years to investigate the effects of a child born into the remarriage, with resultant evidence largely conflicting. Ganong and Coleman (1988) conducted a study to investigate whether a mutual baby strengthened emotional ties in remarriage. They found no difference between stepfamilies who had had joint children and those that hadn't. Moreover, evidence from other studies has suggested that a mutual child has a disruptive impact on step-relationships (Berman, 1980; Visser & Visser, 1979). A more recent study by Stewart (2005) reported that the addition of a half sibling is not beneficial to stepchildren and that childbearing lessens involvement with existing children. The study also showed that stepfamilies with mutual children have lower boundary ambiguity than other stepfamily types. In a study directed at understanding parenting aspects of both biological and stepchildren, MacDonald and DeMaris (1996) found evidence to suggest that if the mutual child is the first biological child born to either the stepfather or stepmother, they will struggle to appreciate or enjoy the company of their stepchildren, however they found no evidence to indicate that the birth of a mutual biological child had an effect on stepparents perception of difficulty in rearing their stepchildren. The findings also suggested that the addition of a mutual child led to more role conflict for the spouse who has just become a biological parent, as they struggle to cope with the combined step and biological parent roles. In addition, stepfathers have also been shown to experience cognitive dissonance with respect to resources for all the children following the birth of a biological child (Clingempeel, Colyar & Hetherington, 1994; MacDonald & DeMaris, 1996).

In conclusion, research conducted to determine the effect of the birth of a mutual child, suggests a largely negative (eg., Berman, 1980; MacDonald et al, 1996;

Visher et al, 1979) or at best neutral impact (Ganong et al, 1988; Stewart, 2005) on the wellbeing of the stepfamily. However, the majority of these studies were carried out on stepfamilies with residential stepchildren (eg., Ganong, 1988; MacDonald et al, 1996; Stewart, 2005). Given that the majority of stepmothers care for their stepchildren on a part time basis (U.S census, 2005; ONS, 2001), future research should take into consideration the stepchildren's residency in addition to family complexity (ie. whether one or both adults has biological children from previous relationships).

1.8.3 Stepfamily Complexity

A number of researchers have addressed the issue of differences within stepfamily structures by identifying differences between stepfamilies where only one adult has prior children, referred to as simple stepfamilies; and stepfamilies where both adults bring children from previous relationships, referred to as complex stepfamilies (eg., Clingempeel et al, 1985; Fine et al, 1993; Ganong et al, 1999; Johnson, Wright, Craig, Gilchrist, Lane & Haigh, 2008; O'Connor et al, 1999; Schultz, Schultz & Olson, 1991).

Complex stepfamilies have been found to experience lower marital satisfaction and higher stress than simple stepfamilies (Clingempeel et al, 1985; Schultz, et al, 1991), suggesting that individuals in complex stepfamilies have significantly more relationships to deal with than those in simple stepfamilies.

Role ambiguity has also been found to be higher in complex stepfamilies than simple stepfamilies (Fine & Schwebel, 1991; Stewart, 2005), with findings suggesting that the heightened role ambiguity is due to the fact that both parents in the stepfamily are both biological parents *and* stepparents. White (1998) found evidence of heightened ambiguity regarding family membership in complex stepfamilies, with greater discrepancies reported on the number of siblings in the family.

A difference between stepfamilies based on their complexity has also been found in their marital happiness, with a higher remarriage divorce rate limited to

complex stepfamilies (White & Booth, 1985) and greater perceived happiness in the relationship for simple stepfamilies (Clingempeel, 1981). A meta analysis of marital satisfaction conducted by Vemer et al (1989) found a small difference in marital satisfaction between simple and complex stepfamilies, with simple stepfamilies reporting slightly increased satisfaction in their relationships, however they concluded that the differences were very small and not conclusive.

Despite evidence suggesting that complex stepfamilies suffer from more difficulties in the remarriage than simple stepfamilies, a limited amount of research has suggested the opposite. Brown (1987) found that complex stepfamilies had less difficulty in adapting to life in the stepfamily than those in other types of stepfamilies, with the role becoming easier over time. Brown (1987) suggested that this may be due to the fact that as each adult is both a stepparent and biological parent they can more fully empathise and understand the conflicting demands experienced by their partners.

In conclusion, whilst a number of studies have provided evidence in support of differences between stepfamilies based on family complexity, they have generally failed to differentiate between stepfather or stepmother led simple stepfamilies (Schultz et al, 1991; Stewart, 2005, White et al, 1985) and those that addressed this distinction have been conducted on unrepresentative samples (eg., Brown (1987) relied on a sample of only fifty one stepmothers which were then categorised into complex or simple stepfamily types). Future research should consider the potential differences within stepfamilies based on their complexity of stepchildren and biological children, employing a representative stepfamily sample.

1.8.4 Residency of Stepchildren

Research findings suggest that non residential stepparenting is more stressful and is a less rewarding or positive experience for women than residential stepparenting (Ambert, 1986) and families with non residential stepchildren suffer heightened boundary ambiguity (Stewart, 2005). However, research is very limited in this area, with studies relying on small, unrepresentative samples

on which to base their findings. The study by Ambert (1986) for example contained only ten residential stepmothers out of a total sample of one hundred and nine stepparents.

Given that the majority of stepmothers are non residential (refer to section 1.1), it would be beneficial to identify significant differences in stepparenting experiences based on the residency of the stepchildren.

1.8.5 Length of Relationship

Papernow (1984) stated that stepfamilies take time to develop and grow into successful family units. Evidence from Papernow (1984) suggests that it takes an average of seven years for a stepfamily to become a well functioning, cohesive family unit.

There is consistent evidence from both clinical and non clinical samples that the first several years can be turbulent for stepfamilies (eg., Bray & Kelly, 1998) and remarriages are at greatest risk for divorce in the first 5 years (Clarke & Wilson, 1994). Bray and Kelly (1998) observed a developmental pattern of three cycles of turbulence, adjustment and the re-emergence of turbulence across time in their sample of 100 stepfamilies. However, predictable patterns found across a larger representative sample of stepfamilies show a more general pattern of 1 – 2 years of disorganisation and turbulence followed by 1 – 3 years of stabilisation (Hetherington & Kelly, 2002)

In addition, there is evidence to suggest that stepchildren reject stepparents who engage in discipline and control early in the relationship (Bray & Kelly, 1998; Ganong, Coleman, Fine & Martin, 1999). In contrast, when stepparents engage in supportive behaviours with stepchildren, the relationship was often more affectionate than if no such efforts were made (Bray & Kelly, 1998; Hetherington & Clingempeel, 1992).

Some researchers have found that non residential stepmother-stepdaughter relationships can become more positive in time (Clingempeel & Segal, 1986),

findings are generally inconclusive (Guisinger et al, 1989) and are probably mediated by several factors that have not been assessed empirically (Hetherington & Henderson, 1997). Factors such as number of stepchildren, number of stepmother's biological children, age and gender of stepchildren and frequency of stepchildren's visits, as well as individual characteristics of stepchildren and stepmothers such as personality, attitude and willingness to build a relationship (Ganong & Coleman, 1994) are likely to be important variables to consider when studying the quality of the stepmother-stepchild relationship over time.

1.8.6 Attachment Style

The research discussed has clearly shown that stepmothers can suffer a great deal of stress (eg., Dainton, 1993; Fine & Schwebel, 1991; Nielsen, 1999; Orchard & Solberg, 1999), but that stepfamilies can be successful given time and effort (Visser & Visser, 1979). Ceglian and Gardner (2000) carried out research in an effort to understand whether certain personality types are more adept at coping with the stresses of stepfamilies than others and therefore able to form more successful stepfamilies. They used a model developed by Currier (1982) known as the 'Stepmother spiral' which describes the potential for a downward spiral in the stepmother/stepchild relationship. Currier believes that the cultural contradictions of the cruel stepmother on the one hand and stepmothers instantly loving their stepchildren on the other, set the stage for the stepmothers disappointment, guilt and eventual resentment of the stepchildren.

Ceglian and Gardner (2000) found evidence to suggest that 'anxiously attached' stepmothers feel a certain imbalance to their relationship with their stepchildren, with the stepmothers feeling that they are putting more into the relationship than they are receiving from their stepchildren (as described by the Interdependence Perspective: Sabatelli & Shehan, 1993). They also found evidence to suggest that 'avoidantly attached' stepmothers had fewer feelings of inadequacy and insecurity than secure and anxious groups. Although the 'avoidantly attached' had lower levels of feeling unappreciated and disrespected by their stepchildren, they indicated that they were more likely to feel resentful and treat their

stepchildren unfairly. These individuals appeared to be coping well, however Gardner (1995) found that although the ‘avoidantly attached’ tend to report that they are not experiencing any problems, they have higher levels of depression. Just as the avoidant tend to avoid interpersonal conflict in marriage, the theory would also suggest that they are avoiding a stepmother-stepchild relationship (Ceglian & Gardner, 1999).

1.8.7 Coping Skills within Stepfamilies

‘Coping is defined as an individual’s efforts to manage those demands appraised as either taxing or exceeding available resources’ (Folkman, Lazarus, Dunkel-Schetter, DeLongis & Gruen, 1986).

Two broad functions of coping have generally been emphasized: problem focused and emotion focused (Lazarus & Folkman, 1984). *Problem focused coping* involves attempts to change the environment to reduce the stress; *emotion focused coping* involves changing the response to or interpretation of the situation. Other research has identified a further type of strategy which can be termed ‘avoidance focused coping’ (Billings & Moos, 1981; Higgins & Endler, 1995). This coping style can be positive or negative depending on whether the task is simply avoided (negative) or the task is performed in such a way that avoids the possibility of the negative stressor (positive). When coping with stressors that are primarily interpersonal, an additional function has been identified. This function, termed *relationship focused coping*, describes coping strategies that are intended to manage, regulate or preserve relationships during stressful periods. (O’Brien & DeLongis, 1996).

Research has focussed on identifying differences between the coping styles of first married and remarried couples. Brown, Green and Druckman (1990) found that remarried couples use different coping styles and were more likely to seek counselling than those in first marriages. Whitsett and Land (1992) reported that stepfamily couples cope with problems more actively than do other marital couples, being more likely to draw from past experiences, deal with stressors and ‘ventilate’ their feelings.

There is some evidence that remarried couples may possess poorer conflict resolution and problem solving skills than couples in first marriages (Larson & Allgood, 1987), however, whether this means that remarried couples are typically deficient in their use of coping strategies or whether they are merely overwhelmed by the degree of stress in their lives is unclear. A further study (DeLongis & Preece, 2002) found evidence to suggest that wives who reported greater use of confrontation to cope with family stressors tended to have husbands who subsequently reported a decrease in closeness to their stepchildren. This result suggests a dynamic which may involve promoting the disengaged parenting style typical of stepfathers, identified by Hetherington (1993). DeLongis et al (1992) also found that wives whose husbands reported higher levels of withdrawal reported an increase in tension between their own children and a decrease in closeness with their stepchildren. They concluded that wives' use of confrontation and husbands' use of interpersonal withdrawal are related to the deterioration of emotional relationships with children in stepfamilies. More recent research has suggested that compared to first time married couples, stepfamily couples were less positive, less negative and more likely to withdraw from communication (Halford, Nicholson & Sanders, 2007).

The findings from these studies suggest that stepfamilies may utilise different coping strategies than first families (eg., Brown et al, 1990; Whitsett et al, 1992) and possess less effective conflict resolution skills (eg., Larson et al 1987), however there is little research dedicated to understanding why this should be the case. Further research would be beneficial in understanding the coping strategies used by stepfamilies and identifying differences between stepfamily types, based on family complexity and the residency of stepchildren. This research could be enhanced by identifying the likely causes of any differences in effective or maladaptive coping strategies.

1.9 Dynamics of a successful stepfamily

Many stepfamilies develop into successful and happy family units. Coleman and Ganong's (1990) meta-analysis of stepfamilies in the 1980's concluded that despite more research now being conducted on stepfamilies and their unique

dynamics, very little was known about the dynamics within a ‘successful’ stepfamily. Some researchers (Ganong et al, 1999; Hetherington & Kelly, 2002; Papernow, 1993; Visher & Visher, 1996; Visher et al, 2003) have sought to address this question and this body of research is presented in the following section.

Research indicates that successful couples in stepfamilies have realistic expectations about stepfamily dynamics and development, with an emphasis on the time necessary to establish roles and to determine their family’s particular functioning pattern for success (eg., Hetherington et al, 2002; Papernow, 1993; Visher et al, 1996; Visher et al, 2003). A study by Ganong, Coleman, Fine and Martin (1999) showed that stepparent – stepchild relationships are more often characterised by liking and affection when the stepparents focus on developing friendships with the children before they attempt to discipline and set rules for them. The data further suggested that one to one strategies work best to develop this relationship, regardless of the activity and these are even more effective if the activity is chosen by the child.

Visher and Visher (1990) sought to address this issue and identified six characteristics of successfully integrated stepfamilies. Firstly, they found that couples must mourn the losses of previous relationships in order to move onto a new relationship. Secondly, expectations must be realistic. The adults must accept that they are not trying to replicate a nuclear family and not to expect ‘instant love’ between the stepparents and stepchildren. Dainton (1993) found that counsellors working with stepmothers suggest that many women are surprised and dismayed when they don’t feel immediate love for their stepchildren.

Visher and Visher’s third characteristic of successful stepfamilies is focused on a strong couple relationship. Their research found that stepfamilies headed by a strong united couple created stability for the stepfamily. They also found evidence to suggest that creating new family rituals (4th characteristic) helped to bind the family together as a new functioning unit.

The final two characteristics concerned both the step relationships that formed and the merging of the two separate households into one. They found that in successful stepfamilies, the step relationships had become well established, with clear roles and responsibilities.

A study on self perceived successful stepfamilies found a number of common themes including flexibility, respect, patience, communication and a sense of humour (Kelley, 1992). The families seemed to understand that it takes time for a family to gain a sense of identity and believed that the first two years of the remarriage were the most difficult and presented the biggest challenges. In addition, a study investigating the predictors of family success found evidence to suggest that a supportive environment with extended family, friends and community to be the most beneficial to the development of the stepfamily (Knaub, Hanna & Stinnett; 1984). Support for the importance of social support in stepfamily success was provided by a recent study from Michaels (2006). This qualitative study of 7 couples stressed the importance of pre-marital counselling for the couples together with widespread acceptance of their new family from family and friends. In addition, social support was identified as essential to successful stepmothers in a recent study adopting a family systems approach to reflect the interdependence of the family unit (Whiting, Smith, Barnett & Grafsky, 2007). Whiting et al (2007) found evidence that positive communication, attitudes and marital quality are essential in developing a successful stepmother role.

In summary, the evidence suggests that the success that stepparents achieve in integrating themselves smoothly into a new family and their satisfaction with their situation may to a large extent depend on their own expectations and conceptions of stepfamily life. Stepparents who believe that stepfamily life should mirror a traditional nuclear family are likely to encounter more difficulties than those with more realistic expectations and a more flexible family model (Keshet, 1990; Marsiglio, 1992; Pill, 1990).

1.10 Critical Evaluation and Summary of Existing Literature

The literature presented provides an extensive review of stepmother related research, conducted predominantly over the past two decades. Whilst the studies have covered many aspects of the stepmother role, the literature can be segmented into four distinct areas of research, namely;

1. The development of theoretical research models designed to define and understand stepfamily behaviour. Examples include family boundary ambiguity, family systems theory and role theory.
2. The identification of stressors affecting the success and development of the stepmother in her role.
3. The effect on a stepmother's wellbeing and relationship due to the increased stressors
4. The impact of mediating variables on the development of the stepfamily and stepmother in her role. These may include the complexity of the stepfamily, the residency of the stepchildren, the length of the relationship and the age and sex of the stepchildren.

The development of research in these four areas are further analysed in the following section.

Theoretical Research Models

Whilst a number of theories or models (such as family boundary ambiguity, role theory or family systems theory) have been associated with stepfamily development, the use of these theories has remained inconsistent across stepmother research (Stewart, 2007). Consequently, further stepmother research using a recognised theory on which to base assumptions and findings would be beneficial, allowing easier comparison between subsequent research.

The identification and definition of two distinct approaches to stepfamily research (ie. the problem oriented approach and the normative perspective: Coleman & Ganong, 1990), allowed research to be segmented based on whether

the study was comparing stepfamilies with first family norms or whether it was comparing differences within stepfamily types. Whilst both approaches have been used independently in research (eg., Research using a within family approach includes Brown, 1987; Church, 1999; Knox et al, 2001; Michaels, 2006, research adopting a between family approach includes Fisher et al, 2003; Lansford et al, 2001; O'Connor et al, 1998; Santrock & Sitterle, 1987), using them simultaneously would potentially offer increased benefits to compare stepfamily behaviour with families with only biological children and between different types of stepfamilies. Whilst some studies have addressed multiple family types (O'Connor, Dunn, Jenkins & Rasbash, 2006; O'Connor, Hawkins, Dunn, Thorpe & Golding, 1998; Lansford, Ceballo, Abbey & Stewart, 2001), many of these studies have utilised existing national studies such as the NSFH in America (eg., MacDonald et al, 1996; Stewart, 2005) or the Avon Longitudinal Study of Parents and Children – ALSPAC in the UK (eg., O'Connor et al, 1998), which only recognised families in households. Consequently this has lead to problems in identifying a representative sample in some family types such as non residential stepmothers (O'Connor et al, 1998). Further research on stepmothers should clearly identify the different types of stepmother family, differentiated by residency *and* complexity. This has not been addressed in past research and would offer clear understanding of differences not simply between stepmothers and biological mothers, but between the different stepmother types.

Many of the studies on stepmothers have been largely qualitative in nature (eg., Michaels, 2006; Santrock et al, 1987; Weaver and Coleman, 2005). When trying to identify issues associated with the role or dynamics of successful stepmothers, qualitative studies may prove more fruitful, whereas when trying to assess the impact of such stresses on mental health wellbeing or marital satisfaction, quantitative studies may be more appropriate. This would provide more robust evidence to identify any significant differences both *between* stepfamilies and first families and *within* stepfamily types. Stewart (2007) suggests that theories supported by both qualitative and quantitative evidence should provide the best explanations of stepfamily life. Consequently, it is suggested that future research into stepmothers explores the use of mixed methods as a methodological approach.

Stressors affecting the development and success of the stepmother

The existing literature discussed within this chapter has identified many issues for women taking on the role of stepmother. A recent study aimed at understanding the issues affecting stepmothers and their ability to succeed in their role, asked a number of recognised stepfamily ‘experts’ to name the primary issues for stepmothers (Whiting et al, 2007). The panel of experts identified and agreed on 5 areas (Table 1.5: Research associated with key stepmother issues).

Table 1.5: Research associated with key stepmother issues

Recognised Issue	Associated Research
Lack of clearly defined role	Fine, Coleman and Ganong, 1998; Church, 1999; Fine, 1995; Weaver and Coleman, 2005; Orchard and Solberg, 1999
Husbands expectations of stepmother role	Orchard and Solberg, 1999; Fine, Coleman and Ganong, 1998; Coleman, Ganong and Fine, 2000; Schultz, Schultz and Olson, 1991
Issues related to the biological mother	Whiting et al, 2007; Clingempeel and Segal, 1986; Schultz et al, 1991; Buunk and Mutsaers, 1999
Lack of support and feedback	Michaels, 2006; Knaub, Hanna and Stinnett, 1984; Whiting et al, 2007
Quality of the marriage relationship	Vemer et al, 1989; Hobart, 1991; Kurdek, 1989; Hetherington, 1993; Guisinger et al, 1989

Whilst there exists a plethora of research in identifying these issues, many of the studies on stepmothers have been carried out on non representative samples, based on small sample sizes from similar socioeconomic backgrounds (eg., Ambert, 1986; Brown, 1987; Church, 1999; Clingmpeel et al, 1984; Clingempeel and Segal, 1986; Erera-Weatherley, 1996; Fine et al, 1998; Morrison et al, 1985). Many of these studies were also completed a significant time ago, with much

research taking place in the 1980's. Further research is thus warranted in some of these identified problem areas, utilising a wider more generalisable sample.

The effect on the woman's wellbeing due to the increased stressors.

A number of studies have focussed on quantifying the impact on the mental health wellbeing of stepmothers and their associated marital satisfaction within the remarriage. Despite significant research on the marital satisfaction of stepfamilies, there remains no consensus on whether remarried couples are any different in their marital happiness than first married couples (Vemer et al, 1989). Surprisingly, this area has not received recent investigation and would benefit from a rigorous study, taking into consideration the different types of stepfamilies. Similarly, there is little recent evidence on the effect of the stepmother role on women's mental health wellbeing. Previous research indicated increased anxiety within stepmothers (eg., Morrison et al, 1985; Nadler, 1977, Pflieger, 1947) and a more recent study (O'Connor et al, 1998) has indicated increased depression for stepmothers over women from biological families. Hence, this area would benefit from a large scale study of stepmothers to understand the impact on their mental health wellbeing.

Mediating Variables

The final area to consider is the effect of mediating factors on stepfamily dynamics. Mediating factors have been shown to include the age and sex of stepchildren (eg., Clingempeel et al, 1984; Fine et al, 1998), the affect of mutual children (eg., Ganong et al, 1988; Stewart, 2005), residency of the children (Ambert, 1986; Fine et al, 1991), complexity of the stepfamily (Clingempeel et al, 1985; Schultz et al, 1991) and length of the relationship (eg., Bray & Kelly, 1998). Given the complexity of stepfamilies, research taking into consideration the many possible family configurations and mediating variables can still be considered limited. For example, whilst a study may control for the age of the stepmother, there may be significant differences in their length of marriage or ages of their stepchildren. Future studies into the area of stepmothers would undoubtedly benefit from research into the effect of family variables such as

those identified above, to understand any effect on the wellbeing of the stepmother and development of the stepfamily.

In summary, research in the area of stepmothers remains relatively scarce and is predominantly based on North American samples and carried out by North American researchers. Very little research on stepmothers or even stepfamilies, has been conducted in the UK to date but includes Doodson et al (2006), Dunn et al (2005), O'Connor et al (1998), O'Connor et al (1999) and O'Connor et al (2006). Although there are similarities between the two countries in terms of the growth of stepfamilies (U.S census, 2005; ONS, 2001), without dedicated research and supportive evidence there should not be an inherent assumption that stepfamily behaviour is comparable between the countries. Consequently, there is a need to direct future research to develop a greater understanding of stepmother behaviour in the UK.

Coleman et al's (2000) review of the literature across the 1990's commented upon the relative lack of research directed towards stepmother behaviour and despite more recent research in the US (eg., Ceglian et al, 2000; Michaels, 2006; Knox et al, 2001; Stewart, 2005; Weaver et al, 2005; Whiting et al, 2007) our understanding of the stepmother role remains unclear, with much of the research inconclusive. It has been suggested (Coleman & Ganong, 1990) that inconsistency in the evidence could be caused by a lack of segmentation between stepfamily types. For example it may be that only certain types of stepmother suffer from increased anxiety or lower marital satisfaction rather than all stepmothers. Current research in the areas of stepmothers' marital satisfaction and mental health wellbeing would greatly increase our knowledge on the impact of the stepmother role, particularly if the research differentiated between the various recognised stepmother types (ie. Simple, complex, residential and non residential) and used well proven theoretical approaches. The effect of mediating variables should be addressed to provide a more comprehensive understanding of the dynamics in complex stepfamilies.

CHAPTER 2

Development of Research Hypotheses and Design

2.1 Introduction

This chapter will address some of the key methodological issues with existing stepmother related research. It will then identify the scope of the present research designed to address these recognised limitations and form the resultant research question and associated hypotheses. Finally, it will discuss the chosen design methodology and subsequent project phases.

In their review of 1980s research on remarriage and stepfamilies, Coleman and Ganong (1990) identified a number of problems with existing research. These included sampling problems, ignoring family complexity, an implicit nuclear family ideology and inherent stepfamily household definition. They believed that inconsistent findings were the result of over reliance on clinical reports, small samples and a lack of differentiation of stepfamily types (Coleman & Ganong, 1990). Whilst it is recognised that this research is old, many of these issues were still present in a similar review of literature ten years later (Coleman, Ganong & Fine, 2000). There was also a recommendation from the authors (Coleman et al, 2000) that further research should focus on the differences *within* stepfamily groups and not simply between stepfamilies and biological families, identifying factors that contribute to healthy and adaptive functioning in stepfamilies. They further suggested that a mixed methods approach to research would offer significant benefits, using a triangulation of methods incorporating both qualitative and quantitative research to capture family processes. Triangulation is a term used to explain the application of multiple methods for analysing the same phenomena, gaining a broader and more complete understanding of the subject (Cresswell, 2003; Bryman, 2004; Flick, 2002; Patton, 2002).

Coleman et al (2000) suggested that more rapid advances in the knowledge about stepfamily process would be gained if researchers used and explicitly identified

the theoretical considerations underlying their work. This review examines recent research to determine to what extent these problems persist.

2.2 Identifying a representative stepfamily sample

A major difficulty in stepmother research has been in obtaining a representative sample of stepfamilies. Collins, Newman and McKenry (1995) attribute this difficulty to stepfamilies' 'demographic anonymity'. As discussed in the previous chapter (section 1.1) the national census in the UK (ONS, 2001) and America (U.S census, 2005) currently only classify *residential* families and stepfamilies which exclude the vast majority of stepmother led stepfamilies. With the exception of stepfamily associations, there are no groups where stepfamilies might constitute a relatively high proportion of families. Thus researchers face a major hurdle in studying stepfamilies as they first need to identify them. In their review of stepfamily studies, Coleman and Ganong (1990) found that research on stepfamilies had largely sampled white, middle class individuals who resided in stepfather households. A review of stepfamily research in the following decade suggested that this situation hadn't changed significantly. There had been significantly more research focused on stepfathers' relationships with children than stepmothers' (Coleman, Ganong & Fine, 2000) and with the exception of demographic studies (eg. Spanier & Furstenberg, 1982) and studies based on national surveys (eg., MacDonald et al, 1996; White, 1998) the research had excluded ethnically and socioeconomically diverse groups.

A number of different sampling techniques have been used to recruit stepfamilies into research studies. Earlier studies (eg., Morrison & Thompson Guppy, 1985; Pfleger, 1947) often relied on clinical reports (or samples) which resulted in small heterogeneous samples containing a high proportion of stepfamilies with relationship problems. These small samples critically lacked the statistical power to identify any significant differences in outcome measures.

One of the more commonly used sampling techniques in stepfamily research predominantly in the 1980's was to identify stepfamilies through marriage records (Clingempeel, 1981; Clingempeel, Brand & Ievoli, 1984; Ganong &

Coleman, 1988; Kurdek, 1989), usually by sending out letters to those whose marriage notices had been published in newspapers. However, using marriage records produced very low response rates. Kurdek (1989) reported a response rate of 18% to a request for participation and of those who agreed only 38% returned a questionnaire. This led Kurdek to warn that such approaches to sampling are likely to under-represent certain types within the population, his sample being almost exclusively white and well educated. In addition, by their very nature, using marriage records excludes families who remain unmarried and choose to cohabit.

Stepfamily associations are a valuable potential source of stepfamilies to recruit for research programs (Fine & Kurdek, 1995; Knox & Zusman, 2001; Orchard & Solberg, 1999). Fine and Kurdek (1995) for example recruited a sample from the members of the Stepfamily Association of America and obtained a response rate of 37%, while Orchard and Solberg (1999) reported a return rate of 64% with a resultant sample of 265 stepmothers. However, there are no assurances that these samples reflect an unbiased sample of the population as there may be a tendency for members to come from families who are experiencing problems. Furthermore these are families who choose to identify themselves as stepfamilies. Ganong, Coleman and Kennedy (1990) found evidence that the 'step' label is perceived negatively by many families and as such they may not wish to associate themselves with such an organisation.

Large scale cohort and national surveys have however, been able to obtain larger and more representative samples of stepfamilies. In the United States, the National Survey of Families and Households (NSFH) has been the source of data for a number of studies of stepfamilies (eg., Ceballo et al, 2004; Lansford et al, 2001; MacDonald et al, 1996; Stewart, 2005; White, 1998). The NSFH (Sweet & Bumpass, 2002) is a national sample of over thirteen thousand households and includes a main cross-section of over nine thousand households plus an oversampling of blacks, Puerto Ricans, Mexican Americans, single-parent families, families with step-children, cohabiting couples and recently married persons. Data was gathered using face to face interviews on a randomly selected

adult member in each household, with self administered questionnaires for the partners of the primary adult informant.

In the United Kingdom, three large scale family studies have been used to add to our research knowledge on stepfamilies. Ferri and Smith (1998) analysed data on stepfamilies using the National Child Development Study (NCDS), a national longitudinal birth cohort from 1958; the Avon Longitudinal Study of Parents and Children (ALSPAC), has been used to analyse differences between stepfamilies and first families (eg. O'Connor et al, 1998). The most recent study on stepchildren and stepparenting was conducted for the Department of Health (Smith, Robertson, Dixon, Quigley & Whitehead, 2001) and involved the identification of newly formed stepfamilies using a sample drawn from London based schools. These studies are extremely valuable to further our understanding of stepfamily behaviour and wellbeing as they are the only such studies to be conducted on the UK population. The use of longitudinal data is also of considerable benefit, enabling more complex analysis to take into account developmental and historical factors. However despite offering a more representative sample than other methods discussed above, these large scale studies have been shown to suffer from a lack of representation of stepmothers or stepmother only families (O'Connor et al, 1998; Robertson, 2008; Stewart, 2005, & White, 1998).

Some studies have adopted a mixed methods approach to data collection, employing a wide variation of potential sources for recruiting participants. Hetherington (1989) for example recruited stepfamilies via marriage licenses, random phone calls, radio, television and newspaper features, churches, YMCA and special family groups and associations in her single study, while Fine, Coleman & Ganong (1998) reported employing several methods including advertising in local newspapers, directly contacting known individuals and the snowballing technique using existing participants. In a study investigating the emotional consequences of coping in stepfamilies DeLongis and Preece (2002) recruited stepfamily couples by means of radio and newspaper advertisements, school newsletters and several local stepfamily groups which resulted in an initial sample of 154 couples.

In summary, obtaining representative samples of stepfamilies continues to prove difficult. Previous research has found that those who respond to requests for volunteers are unlikely to be representative of stepfamilies in general, being biased toward white, middle class, well educated respondents (eg., Church, 1999; Erera-Weatherley, 1996; Orchard & Solberg, 1999; Weaver & Coleman, 2005). Some sampling techniques, such as those using stepfamily associations or clinical groups will tend to recruit those who are or have experienced problems or have a particular interest in stepfamily issues. Other techniques such as advertising in publications or on websites would exclude those who have don't have access to computers, have limited funds or are unable to read. In order to minimise these limitations it is believed that a mixed methods approach to sampling would be the most beneficial, reaching different groups of the population through a multi media, multi organisation campaign.

2.3 Differentiation between stepfamily types

Although studies based on the deficit comparison model have become less common (Coleman & Ganong, 1990), the nuclear family remains the implicit norm for evaluating stepfamilies. Consequently, limited attention has been given to the structural complexity and diversity within stepfamilies. As representative stepfamily samples are difficult to recruit, low-incidence stepfamily types have been under-represented in the literature, leading to fewer studies reporting on stepmother households, households where both adults are stepparents, non residential stepfamily households and cohabiting stepfamilies (Coleman et al, 2000). Further research has continued to show the same patterns of limited segmentation, particularly for stepmother led stepfamilies. Whilst Church (1999) made attempts to recruit both residential and non residential stepmothers to their study, their resultant sample suggested the majority of participants (71%) were residential, which is the reverse of the known demographics (Stewart, 2007), suggesting their sample was significantly biased. Lansford et al (2001) included stepmother led families but excluded non residential families and made no distinction between simple and complex families; Further studies have similarly either failed to consider family complexity in relation to stepmother research or

residency of the stepchildren (Knox & Zusman, 2001; O'Connor, Dunn, Jenkins & Rasbash, 2006; Whiting, Smith, Barnett & Grafsky, 2007). By excluding groups of stepmothers (eg., non residential) or failing to recognise potential differences between stepmother types (eg., those that have biological children and those that don't) research findings may be considered in some way biased in that they have not used a representational sample or recognised significant family characteristics.

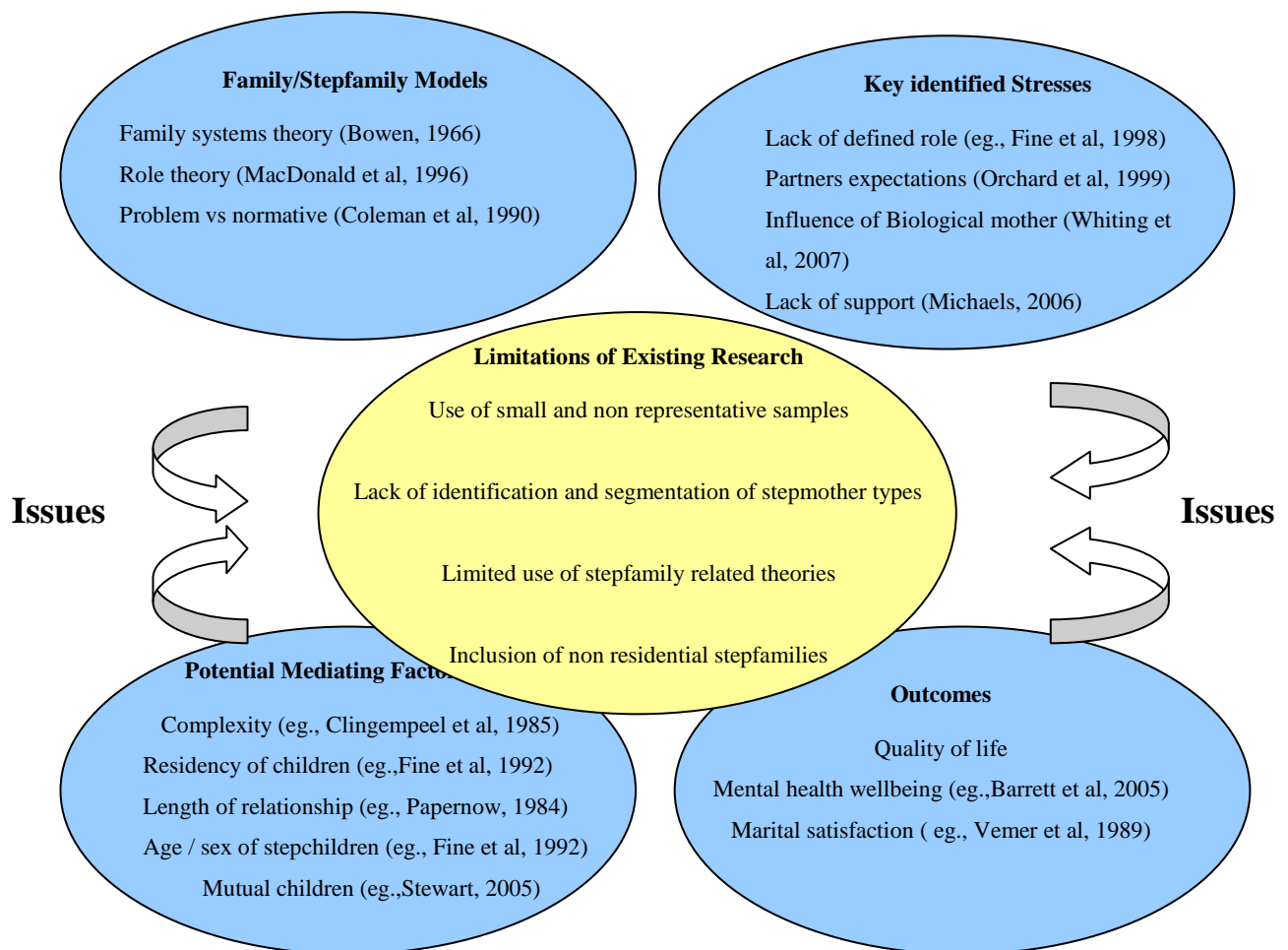
2.4 Stepfamily Research Models

A number of theoretical tools have been used as frameworks on which to develop an understanding of stepfamily dynamics including Family boundary ambiguity (Boss et al, 1984), role theory (McDonald, et al, 1996) and intergroup conflict (Banker et al, 1998). Refer to section 1.2 for a more detailed description of the recognised theories and models. These theories are used to describe typical stepfamily behaviour and are supported by associated research. For example family boundary ambiguity (Boss et al, 1984) refers to the perception of individuals of their family membership. Boss et al (1984) suggest that stepfamilies would experience higher boundary ambiguity than first families due to the lack of clarity on roles within the stepfamily and several studies have found evidence in support of this theory (eg., Pasley et al, 1989; Robinson, 1980; Stewart, 2005; Walker et al, 1979). Role theory (McDonald et al, 1996) has been used to explain additional stress experiences by stepparents due to the conflict in their biological and step parenting roles, however there has been little application of this theory within stepfamily research (Beaudry et al, 2001). Similarly, whilst Banker et al (1998) turned to intergroup conflict to explain the difficulties experienced by individuals who define their family based on biological relatedness, this theory has not been used in other stepfamily research. Whilst these theories have been used to explain findings in some stepfamily studies, they have been applied and referenced in related research in only a limited way (Stewart, 2007) and as such offer the potential to be used in a more cohesive, structured way.

2.5 Evaluation of research limitations and of current research

The methodological issues raised in sections 2.1 to 2.4 above have identified a number of key limitations with existing research including first and foremost the limited research on stepmother led stepfamilies when compared to research on other stepfamily relationships. The associated difficulty in obtaining a representative stepmother sample and the importance of differentiating between different stepfamily types are also issues needing addressing further to provide more representative research on stepmother led stepfamilies . Clearly, it would be advantageous for any new research on stepmothers to take into consideration these issues and design a plan of research to address some of these areas. Figure 2.1 illustrates the key research directions within stepmother related studies together with the identified current limitations.

Figure 2.1: Identification of Limitations in Existing Stepmother Research



By segmenting literature related to stepmother behaviour, existing research can be considered broadly in terms of three areas. These can be categorised as: the types of stresses affecting stepfamilies, the affect of mediating factors on those stresses and the effect of an individual's role in a stepfamily on psychosocial factors such as depression and anxiety. All these variables could then be considered within the context of recognised stepfamily theories and models of behaviour. While significant research has suggested stepmothers suffer from a number of stresses related to their role in the stepfamily which can lead to a decrease in mental health wellbeing and relationship satisfaction and further that these stresses are mediated by specific family characteristics (refer to sections 1.4 to 1.8), the lack of sample representativeness and segmentation of the types of stepmother families reduces the quality of the evidence. New research, identifying the major stressors for stepmothers and the associated impact on their wellbeing, whilst understanding the impact of mediating variables and referencing recognised stepfamily theories on a representative stepmother sample would significantly improve our understanding of stepmother behaviour.

2.6 Aims of the research

The primary focus of the research undertaken for this doctorate was directed towards understanding the issues specifically affecting stepmothers in the formation and development of successful stepfamilies, with a particular focus on the impact on their quality of life and mental health wellbeing. The following section provides an account of the key considerations which were required to be made when designing the current research.

Sample Size

One of the limitations of existing stepmother research, as previously highlighted, is the lack of representational used in the studies, both in terms of size and generalisability. It was felt that the present research should be based on a sample size determined using power analysis (G*Power: Erdfelder, Faul & Buchner, 1996) to calculate appropriate sample sizes. Such a sample would enable

examination into variations in stepfamily structure and provide robust quantitative analysis.

Representative Community Sample

In order to achieve a more representative stepmother sample the participants were recruited from a wide source of potential stepmothers in a similar way to that reported by Hetherington (1989). This included the use of newspaper and magazine features, public service organisations such as the YMCA and schools; and special interest groups such as parenting and family organisations.

Differentiation between stepmother types

Existing stepmother related research has largely neglected to segment stepmothers based on their family complexity and whether they form a stepfamily household or whether they care for their stepchildren on a part time basis. The present research has attempted to address this issue by ensuring that stepmothers are grouped by both of these measures, yielding a total of 4 stepmother types. Figure 2.2 (Segmentation of stepmother types by residency and complexity illustrates the definition of the types) below illustrates recognised stepmother types that will be considered in the research.

Figure 2.2: Segmentation of Stepmother types by residency and complexity

	Residency	
Family Complexity	<p>Full time complex</p> <ul style="list-style-type: none"> - <i>Stepchildren reside on a full time basis with their stepmother</i> - <i>Stepmother has biological children from a prior relationship</i> 	<p>Part time complex</p> <ul style="list-style-type: none"> - <i>Stepchildren reside on a part time basis with their stepmother</i> - <i>Stepmother has biological children from a prior relationship</i>
	<p>Full time simple</p> <ul style="list-style-type: none"> - <i>Stepchildren reside on a full time basis with their stepmother</i> - <i>Stepmother does not have any biological children from a prior relationship</i> 	<p>Part time simple</p> <ul style="list-style-type: none"> - <i>Stepchildren reside on a part time basis with their stepmother</i> - <i>Stepmother does not have any biological children from a prior relationship</i>

2.7 Research variables

Stepfamily research has historically tended to largely ignore the impact of family variables on the overall wellbeing of stepfamily members (Coleman et al, 2000). Whilst it is recognised that there are difficulties in obtaining a sample for which these variables are fixed, it is suggested that research will be advanced if this issue is better addressed. Hence, one of the aims of the present research was to investigate the mediating effect on stepmothers' wellbeing of variables including the sex of a stepchild, the presence of mutual children, the length of the stepfamily relationship, social support perceived by the stepmother and the adoption of effective coping mechanisms. The variables investigated within the present research are discussed below.

Quality of Life

Quality of life research has expanded over recent years, with associations suggested between quality of life and mental health wellbeing variables (eg., Masthoff et al, 2006; Pyne et al, 1997), however whilst research has been

conducted on the mental health wellbeing of stepmothers (eg., Morrison et al, 1985; Nadler, 1977; O'Connor et al, 1999), there has been no specific research directed at understanding the quality of life perceived by stepmothers.

Mental health wellbeing

A number of early studies investigated the effects of depression and anxiety on stepmothers' wellbeing (eg., Morrison et al, 1985; Nadler, 1977; Pflieger, 1947) and whilst all found evidence of lowered mental health wellbeing among stepmothers the studies were conducted on small, clinical samples. More recent research (O'Connor et al, 1999) compared depression levels across different family types, with evidence that stepmothers suffer significantly more depression; however this study only considered complex stepmother families.

The residency of the stepchildren

A limited amount of research has been conducted to understand differences in stepparenting based on the residency of the stepchildren. The research has predominantly found evidence to suggest that non residential stepparenting is more stressful and less rewarding for women than residential stepparenting (Fine et al, 1991; Ambert, 1986), however these studies were conducted on extremely limited samples, with Ambert (1986), for example, relying on only ten residential stepmothers from a total sample of 109 stepparents.

Adaptability of stepmothers to their role and the impact of stress associated with their role in the stepfamily

Many studies have provided evidence to suggest that stepparenting is associated with a high level of stress (Burgoyne et al, 1984; Hetherington, 1993; Pasley et al, 1988), with greater stress for stepmothers than stepfathers (Ahrons et al, 1987; MacDonald et al, 1996; Morrison et al, 1985). This increased stress has been shown to be in areas relating to the definition of the stepmother's role in the family, to the relationship with the biological mother, lack of support and unrealistic expectations from their partner (Crosbie-Burnett et al, 1985; McGoldrick et al, 1988; Whiting et al, 2007).

Relationship Satisfaction

A number of studies have compared marital satisfaction between first marriages and remarriages with often contradictory findings. Many of these studies have concluded that there is no significant difference between the groups in terms of satisfaction in the marriage (eg., Hobart, 1991; Kurdek, 1989; O'Connor et al, 1999; Vemer et al, 1989; White et al, 1985) however some studies have suggested that marital satisfaction may be related to the presence of stepchildren, rather than the remarriage itself. Hobart (1991) for example found evidence to suggest that stepmothers may perceive more issues in the remarriage related to their stepchildren than stepfathers in the same situation and Knox and Zusman (2001) reported evidence to support that stepmothers suffer from decreased marital satisfaction related to issues with their stepchildren. Many of these studies suffer a number of limitations, in terms of both limited samples and their reliance on responses from married couples only.

Mediating Effect of length of relationship

There has been significant evidence to suggest that the first few years in a relationship can be difficult for stepfamilies as they struggle to define their roles and responsibilities within the family (eg., Bray et al, 1998; Clarke et al, 1994; Papernow, 1984), however there are inconsistencies in the research over whether relationships between stepchildren and stepparents become closer or more distant over time (Ganong et al, 1994).

Differences between stepdaughter and stepson relationships

Limited previous research has suggested that stepdaughter relationships are more problematic than stepson relationships (Clingempeel et al, 1984), although it was noted these findings were based on a sample of only sixteen stepmothers.

Presence of Mutual Children

Previous research has been conducted to investigate the effects of the birth of a mutual child on stepfamily relationships; however results have largely been conflicting. Researchers have found evidence to suggest that the birth of a new child can have a disruptive influence on step-relationships (Berman, 1980; Visser & Visser, 1979); and that the addition of a half sibling is not beneficial to stepchildren and lessens involvement of stepparents with existing children

(Stewart, 2005). Further research has been directed at understanding the effects of a mutual child on the stepmother, particularly when this was their first biological child. MacDonald et al (1996) found evidence to suggest that if the mutual child was the first biological child for the stepparent they would subsequently struggle to appreciate or enjoy their stepchildren. These findings suggest a largely negative impact of the birth of a child however Ganong and Coleman (1988) found no differences between the strength of emotional ties of families with mutual children and those without.

Mediating effect of a social support network

A good social support network, comprised of both family and friends has been identified as essential for successful stepfamilies (Whiting et al, 2007), with the absence of social support conversely identified as a reliable predictor of depression (Brown et al, 1994; Paykel, 1994).

Mediating effect of coping styles adopted by stepmothers

Previous research has suggested that stepfamilies use different coping styles to first families and are more likely to seek counselling than first married couples (Brown et al, 1990). In addition, research has suggested that remarried couples engage in more active coping strategies (Whitsett et al, 1992) but that they also possess poorer conflict resolution and problem solving skills than couples in first marriages (Larson & Allgood, 1987).

2.8 Research question and hypotheses

Recognising the limitations of previous stepmother related research (refer to section 2.5) and the aims of the present research as described in the previous section, the overarching research question can be summarised as follows.

‘Do stepmothers experience lower wellbeing than biological mothers and is there a difference between different types of stepmother in terms of their overall wellbeing?’

The research question will be explored with the following hypotheses.

Hypothesis 1: Given that previous research has suggested differences in mental health wellbeing between stepmothers and biological mothers (eg., Morrison et al, 1985; Nadler, 1977), it was hypothesised that there would also be a difference in their perceived quality of life.

Hypothesis 2: It was hypothesised that stepmothers would report a lower mental health wellbeing, as measured by depression and anxiety, than biological mothers, with stepmothers in more complex stepfamilies reporting the lowest mental health wellbeing among stepmother groups.

Hypothesis 3: It was hypothesised that there would be a difference between the mental health wellbeing (as measured by depression and anxiety) of non residential and residential stepmothers, however as the existing evidence is somewhat limited the hypothesis is non directional.

Hypothesis 4: It was hypothesised that there would be an association between stepmothers' mental health wellbeing and their adaptability to their role in the stepfamily; and that adaptability would differ based on the residency of the stepchildren and the family complexity.

Hypothesis 5: It was hypothesised that relationship satisfaction would not be significantly different between stepmothers and biological mothers, however it was further hypothesised that there would be a difference in relationship satisfaction between the identified stepmother types (based on residency and family complexity).

Hypothesis 6: It was hypothesised that there would be a relationship between the length of time the stepfamily have been together, and both stepmother's wellbeing (as measured by depression and anxiety) and adaptability to their role as a stepmother.

Hypothesis 7: It was hypothesised that the sex of the stepchild would have an effect on stepmother wellbeing.

Hypothesis 8: It was hypothesised that the presence of mutual children would have a significant effect on the stepfamily dynamics, particularly when this was the first biological child for the stepmother.

Hypothesis 9: It was hypothesised that the presence of social support would lead to increased wellbeing and quality of life for the stepmothers.

Hypothesis 10: It was hypothesised that there would be a difference in coping styles adopted by stepmothers compared to biological mothers, with further differentiation between the stepmother types (as defined by family complexity and residency of the stepchildren).

2.9 Design methodology

A cross sectional design survey was chosen in order to address the research question and associated hypotheses presented above. Cross sectional designs (Baltes, 1968), sometimes referred to as ‘correlational designs’ or ‘normative designs’, involve the collection of information from a group of participants at a point in time, with data being examined to detect relationships amongst the variables. Whilst a recognised limitation of this design is in the difficulty in establishing the direction of the effect of the association, it offers a relatively low cost method of gathering data and has high response rates when compared to alternative methods (Breakwell, Hammond & Fife-Shaw, 2000). In cross sectional designs it is important to have a sufficiently large sample size as the sample size places limits on the extent to which differences within the group can be examined, especially if some variables have a very low frequency of occurrence. In the stepmother population, statistics suggest that over 80% of stepmothers care for their stepchildren on a part time basis (Fido et al, 2006). In a sample of one hundred stepmothers therefore less than twenty would be likely to be carrying out their role in a full time capacity. It was therefore essential that the study aimed to recruit a large sample in order to be able to detect any differences

between the stepmother types. As the research aim was to explore differences between the different identified stepmother types and between stepmothers and biological mothers it was also necessary to obtain data from first families in addition to the stepmother sample.

In designing the cross sectional survey further consideration was made to the methods to be used in the design and development of the survey. A number of design approaches have been adopted in previous stepmother research and were considered for the present study. The majority of published stepmother related studies to date have collected data using self report questionnaires or structured interviews (Banker & Gaertner, 1998; Beaudry, Boisvert, Simard, Parent & Blais, 2004; Ceglian & Gardner, 2000; Hetherington & Clingempeel, 1992; Knox & Zusman, 2001; Orchard & Solberg, 1999). Some studies have also included observational measures (Bray & Berger, 1993; Hetherington & Clingempeel, 1992) and further studies have relied on semi structured interviews with stepmothers, to determine their views of stepfamily life (Berger, 1995; Church, 1999; Doodson & Morley, 2006; Michaels, 2006; Weaver & Coleman, 2005; Whiting et al, 2007). Self administered questionnaires have a number of limitations compared to semi structured interviews (Burgoyne & Clark, 1984; Coleman & Ganong, 1990). The amount of information that can be collected by a self administered questionnaire is limited by considerations such as the size of the questionnaire and the need for simple layout and instructions to the participants (Jackson et al, 2001). Another possible issue with self report questionnaires is social desirability bias (Coleman et al, 1990), with the problem exacerbated when exploring topics seen to be socially stigmatising.

An interviewing approach may minimise this effect, as it allows the interviewer to examine the possible effect of these social stereotypes on stepmothers' perceptions and on their responses to questions regarding stepfamily life (Drolet & Morris, 2000). However interviews introduce further issues such as the inherent additional cost of conducting interviews for large samples and the potential to introduce interviewer bias via their responses or reactions to the participants (Rea & Parker, 2005). It may also dissuade individuals from participating due to the intrusive nature of the interview (Groves, Couper,

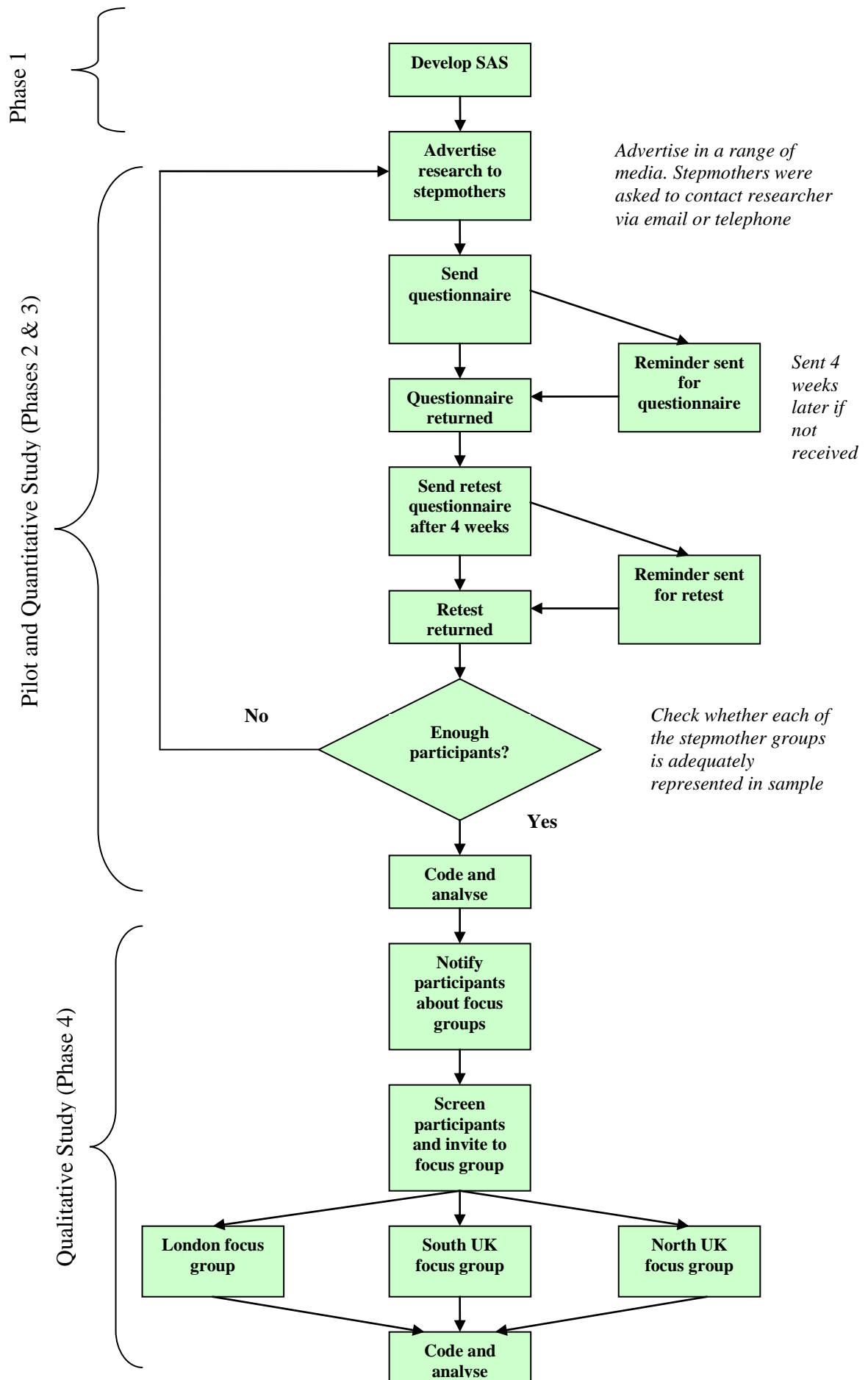
Lepkowski, Singer & Tourangeau, 2004). This approach is also likely to be more stressful for the participant and does not offer any anonymity (Rea et al, 2005).

Taking into consideration the recognised advantages and limitations of the various methodologies for survey design it was decided to employ a self administered questionnaire to gather data from participants for the present research, utilising existing psychometrically sound instruments where possibly. Examination of the research hypotheses suggested that whilst the majority of them could be tested using existing instruments, measuring mental health wellbeing, quality of life and relationship satisfaction; the measurement of stepmother adaptability had not been assessed by an existing measure. This required the development of a new measure to capture stepmothers' perceived difficulties in adapting to their role within the stepfamily. This was termed the Stepmother Adaptability Scale or SAS.

2.10 Project Phases

Whilst a questionnaire approach was selected for the initial phase of the research, it was decided to additionally incorporate a qualitative component to facilitate a mixed methods approach to the research program. Coleman et al (2000) suggested that this type of approach to stepfamily research may help address limitations in existing research, with qualitative research offering significant benefits in terms of its ability to examine the experiences, perceptions and reflections of stepmothers and quantitative research being used to determine whether these findings are generalisable to the stepmother population.

The present study was therefore designed in four stages. The first stage of the study involved the development of the stepmother adaptability scale (SAS), with the second phase consisting of a pilot study to pre-test the SAS and provide evidence of differences between stepmothers and biological mothers in mental health wellbeing. The third phase was planned as the large scale quantitative study on a representative stepmother sample. The fourth phase was planned to be a qualitative study, implemented via a series of focus groups with stepmothers. A flowchart describing this research process is given in the figure overleaf.



Phase 1: Development of SAS

The first phase of the project was the development of a new instrument designed to measure stepmother adaptability. This was termed the Stepmother Adaptability Scale or SAS.

Phase 2: Pilot Study

A quantitative study was planned to compare a small sample of stepmothers and biological mothers on measures of mental health wellbeing and quality of life. The aim of this study was to pre-test the SAS and provide indicative results of any significant differences between the mental health wellbeing of stepmothers and biological mothers.

Phase 3: Large Scale quantitative Study

A quantitative study was planned with a representative sample in order to determine evidence of differences between stepmother types (based on the residency of the stepchildren and the complexity of the stepfamily) and also between stepmothers and biological mothers in areas of mental health wellbeing, quality of life, relationship satisfaction, social support and coping mechanisms. The study also facilitated the identification of mediating factors within the stepmother sample including the length of the couple relationship, the age of the stepmother, the amount of contact with the stepchildren and the presence of children born into the stepfamily, which may increase the adaptability of stepmothers to their role in the family and would be more likely to lead to integrated, successful stepfamilies.

Phase 4: Focus Groups

A series of focus groups were planned with a stepmother sample with the aim of identifying key issues affecting the cohesion of the stepfamily and adaptability of the stepmother to her role, building on the findings from the earlier project phases.

2.11 Conclusion

This chapter has identified the limitations of previous research and attempted to address some of these within the planned research program. Studies focused on stepmothers, particularly those that care for their stepchildren on a part time basis, have received scant attention within the body of stepfamily research. Furthermore, any research that has been conducted has tended to have relied on small, unrepresentative stepmother samples. Results from many of these studies, looking at the effects of the stepmother role on the women's mental health wellbeing, relationship satisfaction and the mediating effects of family and demographic variables have been conflicting, with some researchers suggesting that these variations may have resulted in the lack of consideration for the different types of stepfamily (ie. simple or complex; residential or part time).

The present research has therefore been designed to address some of these recognised limitations. The stepmother sample was segmented by both residency of the stepchildren and family complexity in order to understand the potentially different stresses within each defined group. The aim of the research was therefore to provide a comprehensive understanding of the differences both *within* stepmother types and *between* stepmothers and biological mothers in terms of their mental health wellbeing, quality of life, relationship satisfaction, coping styles and levels of social support and identify the effect of mediating family and demographic variables on these measures.

The following chapter describes the considerations made in designing the research to fully address the research question and hypotheses.

CHAPTER 3

The Design and Administration of Survey Instruments

3.1 Introduction

The previous chapter identified a need to develop a new instrument to measure stepmother adaptability. The aim of this chapter is therefore to provide an overview of the recognised methodological approaches to the construction, pre-testing and administration of scientifically sound survey instruments. The chapter will firstly evaluate methods employed for generating items for survey instruments, pretesting and administering survey instruments and secondly, it will discuss the recognised methods available for evaluating the psychometric properties of the instrument.

The relative strengths and limitations of each methodology are assessed and used as the criteria for developing the SAS, which is subsequently described within Chapter 4.

3.2 Item Generation

Items can be generated from a number of sources in the development of a new instrument. These include consultation with experts in the field, feedback from members of the targeted population through focus groups or interviews and through a review of associated literature (Bowling, 1997; Priest, McColl, Thomas & Bond, 1995). Bowling (1997) recommends that significant consideration should also be given to the type of question, language used and order of items as these may all introduce response bias. A well constructed questionnaire should engage participants by presenting interesting and non controversial items at the start of a questionnaire and questions which introduce ambiguity by using complex language or double negatives should be avoided. Whilst free text or open questions allow participants to expand on answers and provide more in depth responses, such material can be

difficult to analyse and subsequently interpret (Polgar & Thomas, 1995). The methods considered for item generation are further described below.

3.2.1 Literature Review

Reviewing existing published literature in the field of study is widely recognized as offering a valuable means of identifying appropriate questionnaire items (Bowling, 1997; Priest et al, 1995; Rattray & Jones, 2007). The key benefit to basing questionnaire items on previous research is that items are based on empirical findings and are therefore characteristic of the sample in question. The wide availability of electronic databases and search tools over recent years has increased accessibility and therefore the viability of this method of item generation.

3.2.2 Focus Groups

The main purpose of focus group research is to draw upon participants' attitudes, feelings, beliefs, experiences and reactions in a way in which would not be feasible using other methods, such as observation, one-to-one interviewing, or questionnaire surveys. In addition to offering unique opportunities in data collection for researchers, focus groups can also benefit participants. The opportunity to be involved in decision making processes (Race, Hotch & Parker, 1994), to be valued as experts, and to be given the chance to work collaboratively with researchers (Goss & Leinbach 1996) has been shown to be empowering for many participants. Kitzinger (1995) suggests that if a group works well and trust develops between group members then the group may explore solutions to a particular problem as a unit more effectively than as individuals. However, it is recognised that not all participants will experience these benefits, as focus groups can also be intimidating at times, especially for inarticulate or shy members (Krueger & Casey, 2000).

Despite the clear benefits of focus groups there are recognised limitations. The researcher, or moderator, for example, has less control over the data produced than

in either quantitative studies or one-to-one interviewing (Morgan, 1988) and by its nature, focus group research is open ended and cannot be entirely predetermined. Focus groups are also limited in terms of their ability to generalise findings to a whole population due to the small numbers of people participating (Krueger et al, 2000). The method of focus group discussion may also discourage some people from trusting others with sensitive or personal information or may introduce an element of conformity or influence to responses due to the social pressure of the group (Sommer & Sommer, 2002).

The recommended number of people per focus group is usually six to ten (MacIntosh 1991, Cho, Davis, Sullivan and Fisher, 1995), but some researchers have used up to fifteen people (Goss & Leinbach, 1996) or as few as three or four (Kitzinger 1995). Focus group sessions usually last from one to two hours and are typically held in a neutral location (Powell & Single, 1996) and facilitated by a trained moderator. The moderator, or in some cases, a second observer, acts as the recorder.

3.2.3 Key Informant Interviews

Key informant interviews are in depth interviews with individuals selected on the basis of their unique knowledge in a given field (Jackson & Furnham, 2001). The aim is to gather detailed information on a topic to inform the researcher and therefore assist in the development of the questionnaire. No rigid guidelines exist on the number of interviews that should be conducted although it is generally accepted to continue to interview until no new items or themes are being generated, i.e. sample to redundancy (Jackson et al, 2001). Jackson and Furnham (2001) suggest that the interviewers should conduct as many representative interviews as possible within time, budget and availability constraints, suggesting that a realistic figure would be in the order of 10 interviews.

3.2.4 *Expert Opinion or Review*

This method involves seeking the input of recognized experts in the field under study (Sprenkle & Piercy, 2005). Clearly, such individuals would offer the best and most recent knowledge in their given area and would be well placed to provide comment on the questionnaire items. The method can be utilized both in the development stage of the tool and in pre-testing. However, it relies on the experience and knowledge of the ‘experts’ and may not be as useful as other methods when investigating a relatively new or under researched area (Sprenkle et al, 2005).

3.2.5 *Evaluation of item generation methodologies*

Whilst any one of the above methods may be employed to generate items or areas for inclusion within the SAS, a more comprehensive instrument is likely to be developed if methods are simultaneously employed, allowing both existing and new areas to be explored by the new tool. A review of stepfamily literature found scant evidence of methods employed for generating items for questionnaires, although it should be recognized that there have been very few new questionnaires created in this area. Literature reviews have been cited in some studies (eg., Ambert, 1986, Buunk et al, 1999) and experts were asked to provide input to new questionnaires developed by Whiting et al (2007) and Beaudry et al (2001).

3.3 Pre-testing methods

Once a new instrument has been designed it needs to be evaluated. Pre-testing provides the only way to identify issues with a questionnaire, such as difficulty in interpreting and comprehending questions (eg., Drennan, 2003; Tourangeau, Rips & Rasinski, 2000) before deploying it to the targeted population. It is therefore an essential part of the research processes. Newly designed instruments will almost certainly contain statements which are ambiguous or unclear and may have omitted important research areas (Tourangeau et al, 2000). Whilst it is important to write

questions succinctly within questionnaires this may also inadvertently introduce ambiguity or confusion. By pre-testing the questionnaire on a small group of individuals and asking for their comments on wording and clarity, many of these potential issues can be removed from the tool (Jackson et al, 2001; Rea et al, 2005).

The following section discusses a number of alternative approaches to pre-testing a survey or questionnaire.

3.3.1 A pilot or Trial study

Conventional pre-testing takes the form of a small scale implementation of the draft questionnaire, which is designed to assess critical factors including questionnaire clarity, comprehensiveness and acceptability from an ethical or moral perspective. The sample size for the pre-test is generally recommended to be in the range of ten to forty participants (Rea and Parker, 2005), however for very large surveys it is not uncommon for the pre-test to contain a larger sample.

Jackson et al (2001) recommend that the survey conditions should be kept as close as possible to those under which the actual survey will be conducted. Researchers should also ask participants to report their reactions to and criticisms of the survey after they have completed it.

A number of potential issues have been identified with the use of this form of pre-testing. Specifically, there is no evidence to suggest that this method identifies major problems within the questionnaire (Presser, Rothgeb, Couper, Lessler, Martin, Martin and Singer, 2004). Whilst some issues can be identified such as missing answers or refusals to answer it is difficult to identify respondents misreading or misunderstanding questions (Converse and Presser, 1986).

3.3.2 *Cognitive Interviews*

Questionnaire design involves developing wording that is clear, unambiguous and permits respondents to answer the question posed (Bowling, 1997), however a number of problems in relation to understanding and successfully completing questionnaires have been identified. These problems generally include participants' difficulty with interpretation and comprehension of questions, retrieval of answers (the mental processes that respondents use to arrive at the information needed) and judgment and social desirability in relation to how much information the participant is comfortable disclosing (Drennan, 2003; Pasick, Stewart, Bird & D'Onofrio, 2001; Tourangeau et al, 2000). These problems may result in participants not following instructions, providing obvious incorrect answers and failing to answer questions (Drennan, 2003).

Cognitive interviewing (also known as verbal protocols or think aloud interviewing) is an amalgamation of cognitive psychology and survey methodology in the identification of questions that may elicit response error (Dillman, 2000). The overall aim is to use cognitive theory to understand how participants perceive and interpret questions and to identify potential problems that may arise in prospective survey questionnaires. The process involves analysis of participants' verbal reports during the pretesting phase of questionnaires prior to distribution and use in the main data collection stage (Dillman, 2000). A significant amount of research in cognitive interviewing has suggested that respondents must comprehend a question, perform mental processing to determine whether and how to find the answer, and produce a response that incorporates some element of judgement as to what they want to reveal and what the question was seeking (Tourangeau et al, 2000; Willis, DeMaio & Harris-Kojetin, 1999)

The procedure for carrying out cognitive interviews is through semi structured in-depth interviews, the purpose of which is to identify overall problems with the questionnaire (Drennan, 2003). The process involves an interviewer asking a survey

participant to think out loud as they go through a questionnaire and tell them everything they are thinking, with the interviewer asking probing questions of the participant to find out their thoughts (Dillman, 2000).

The process and analysis of cognitive interviews has been criticized because of their artificiality and subjectiveness. The fact that they are not grounded in theory and variability in the process of interviewing and analysis of data are considerations that need to be taken into account prior to undertaking this method of pretesting (Drennan, 2003). Cognitive interviews have also been criticized in relation to the false environment it adds to participants who would not normally think aloud, be probed or observed when completing questionnaires (Dillman et al, 2000). The presence of a researcher may also create a distraction, resulting in artificiality of the overall process (Willis et al, 1999). Whilst this method offers a way of identifying potential issues it is wholly reliant on the interpretation of the interviewer (Presser et al, 2004).

3.3.3 Behaviour coding

This was developed in the 1960s by Charles Cannel and can be used to evaluate both interviewers and questions. The method involves monitoring interviews or transcripts for a subset of the interviewer and respondent's verbal behaviour in the question asking and answering interaction. Questions identified by high frequencies of certain behaviour such as the interviewer not reading the question verbatim or the respondent requesting clarification are viewed as requiring modification. Whilst behaviour coding is useful for identifying respondent difficulties that are expressed by the participant it is unlikely to identify differences between respondents in the interpretation of questions (Presser et al, 2004).

3.3.4 *Response Latency*

This refers to the delay between the end of the interviewer's reading of a question and the beginning of the respondent's answer, with the theory proposing that longer delays signal uncertainty and identification of possible issues with the instrument. Presser et al (2004) suggests that response latency may be useful in identifying participants whose answers might be problematic. However it is unclear from this evidence whether response latencies can help researchers identify problematic *questions* or simply the answers. In light of the mixed evidence about the impact of problem questions on response latencies (Bassili & Scott, 1996) the usefulness of response latencies for evaluating questionnaires remains unclear.

3.3.5 *Vignette analysis*

These are hypothetical scenarios that participants evaluate and can be useful in exploring how participants think about concepts, whether their interpretation of concepts are consistent with those that were intended and diagnosing other question wording problems (Presser et al, 2004). It can help researchers to discover differences in participant comprehension or interpretation of a question. Additionally, it can be used to identify missed or misreported information (Presser et al, 2004).

3.3.6 *Formal respondent debriefings*

This method has been used extensively as a supplement to the conventional pre-testing where participants are interviewed after they have completed the questionnaire in an effort to identify issues in completing the questionnaire. More recent research in this area has suggested approaching this activity in a more standardized manner in order to reveal both the meanings of questions and the reaction that participants have to the questions (Presser et al, 2004). In the same way as Vignette analysis, respondent debriefings are believed to help researchers to

discover differences in participant comprehension or interpretation of questions (Presser et al, 2004).

3.3.7 Evaluation of pre-test methods

An advantage of both vignettes and respondent debriefing questions is that they reveal hidden problems of meaning that respondents and interviewers may be unaware of and that do not necessarily result in interviewing difficulties. This advantage is shared by cognitive interviewing but not by pre-testing methods that do not probe respondents' interpretations such as behaviour coding. A combination of methods would potentially offer the most comprehensive understanding of the effectiveness of the questionnaire but as always this needs to be balanced by the inherent costs of time (for both interviewer and respondent) and finances. Very little data was available from existing stepfamily studies involving questionnaire development on methods employed for pre-testing. Neither Knox et al (2001) nor Whitsett and Land (1992) provided any indication of a pre-test for their new instruments; Ambert (1986) reported that she conducted a small pilot study but provided no additional details. Although the use of cognitive interviews was considered for the present research this was ultimately rejected due to the inherent lack of standardization of analysis and interpretation. Additionally, for the stepmother population it was felt that this form of pre-test may prove too invasive and lead to a reduction in recruitment of participants to the research given the potentially sensitive nature of the questions.

3.4 Methods employed in the administration of survey instruments

A number of alternative survey administration methods are recognised including face to face, postal, telephone and electronic surveys. These are further described and evaluated below.

3.4.1 Face to face structured interviews

Conducting interviews on an individual basis offers a number of advantages to the researcher. There is compelling evidence to suggest that when an interviewer conducts a face to face conversation with a participant, the interviewer's non verbal engagement in the process of exchange is likely to be infectious (eg., Chartrand & Bargh, 1999). Furthermore, by observing non verbal behaviour during discussions individuals have been shown to be less competitive, less contradicting, more empathetic and more generous to one another when interactions are face to face (Poole, Shannon & DeSanctis, 1992; Siegel, Dubrovsky, Kiesler & McGuire, 1986). There is also evidence to suggest that face to face contact increases collaboration and a clearer understanding between parties (Drolet & Morris, 2000). The technique also allows the interviewer to probe for more detail or offer more assistance to the participant in explaining complex questions (Groves et al, 2004). Critically, this method also allows the interviewer to include 'hard to reach' participant groups who may be excluded from other methods due to their location or socioeconomic status (Groves et al, 2004). This method has also been shown to deliver a higher response rate than telephone interviewing (Aneshensel, Frerichs, Clark & Yokopenic, 1982; de Leeuw, 1992; Hox & de Leeuw, 1994). However, these advantages must be balanced against a number of limitations. The cost of administering surveys in this manner is high both financially and in time. Hague and Jackson (1995) suggest that conducting face to face interviews costs approximately 10 times that of telephone interviews alone. The method also has the potential to introduce interviewer bias and may also dissuade potential participants due to the intrusive nature of the interview, as discussed in the survey design section above (Groves et al, 2004).

3.4.2 Postal Survey

This involves the dissemination of printed questionnaires through the mail to a sample of identified participants within the sample populations. The participants are asked to complete the questionnaire on their own and return by mail to the

researcher. This is a relatively cost effective method of data collection, requiring no training of interviewers or associated travel costs. The completion of the questionnaire is relatively quick for the participant and the results easy to analyse (Bowling, 1997). It also allows some level of anonymity to the participant and leaves no room for the introduction of interviewer bias. There is much evidence to suggest that participants are more willing to report socially embarrassing attitudes, beliefs and behaviours when reporting circumstances assure anonymity or there is greater 'social distance' between themselves and the interviewers (eg., Aquilino, 1994; Himmelfarb & Lichteig, 1982; Holbrook, Green & Krosnick, 2003; Paulhus, 1984).

There are however a number of recognised disadvantages to this approach (Schwarz, 1996; Schwarz, Knauper, Hippler, Noelle-Neumann & Clark, 1991; Tourangeau, Rips & Rasinski, 2000; Yun & Trumbo, 2000). Whilst the administration costs are lower than data collection methods that require more direct interaction between the researcher and participants they are more expensive than methods employed using electronic delivery methods (Yun & Trumbo, 2000). It assumes that the researcher and participants share underlying assumptions about language and interpret statement wording in a similar manner, with no opportunity to explain or expand on confusing or complex questions (Schwarz, 1996; Schwarz et al, 1991; Tourangeau et al, 2000), although this should have been identified in the pre-test phase. The use of closed questions may restrict the depth of participant response (Bowling, 1997) and thus the quality of data collection may be diminished or incomplete.

3.4.3 Telephone Survey

Administration of a survey via the telephone offers many practical advantages including reduced costs and greater economies on interviewer time than equivalent face to face methods (Holbrook et al, 2003). It also offers some level of anonymity to the participant (albeit at lower levels than postal methods) which has been shown to decrease response bias through social desirability (eg., Aquilino, 1994;

Himmelfarb & Lickteig, 1982; Holbrook, Green & Krosnick, 2003; Paulhus, 1984). However, although costs are reduced as no travelling is required, they remain significant. In addition to the cost of the completed telephone calls, there are inevitably many which remain unanswered, engaged or terminated early. Some estimates have suggested that this can apply to as much as 50% of all calls (Bowling, 1997). Smith (1995) suggests that due to the introduction of new technologies such as call blocking and number display telephone response rates may continue to fall whereas face to face response rates may be less susceptible to such declines. There is also less control over telephone interviews than via face to face interviews. Holbrook et al (2003) report that telephone interviewing may increase the likelihood of respondents reducing the time and effort they devote to generating their answers, leading to an overall decline in response quality. Furthermore conducting interviews via the telephone does not allow the possibility of establishing credibility or trust between the respondents and interviewers (Drolet and Morris, 2000) in the same way that face to face interviews allow. Questionnaires or surveys that are relatively short and straightforward lend themselves more to this approach than more complex surveys which would be more difficult to conduct over the telephone (Bowling, 1997).

3.4.4 Electronic and internet based surveys

These relatively new approaches to surveys have increased over recent years and together offer a number of unique advantages to researchers (Graham, Papandonatos, Bock, Cobb, Baskin-Sommers, Niaura & Abrams, 2006). An electronic survey is one which is delivered to the participant via their computer and email. The survey is then completed on the computer and returned to the researchers. Internet based surveys are accessible from a website and completed on line. Data is subsequently automatically retrieved from the completed questionnaire. Both methods offer increased convenience for both participant and researcher, allowing the questionnaires to be distributed quickly and cost effectively (Graham et al, 2006).

A growing body of evidence suggests that reliability and validity of data obtained using questionnaires administered via the internet are generally consistent with results obtained through paper and pencil administered questionnaires (Davis, 1999; Gosling, Vazire, Srivastava & John, 2004; Denscombe, 2006; Pouwer, Snoek, Van de Ploeg, Heine & Brand, 1997; Ritter, Lorig, Laurent & Matthews, 2004; Leung & Kember, 2005). Cross method consistencies have been demonstrated for numerous psychological and behavioural constructs including self esteem (Robins, Trzeniewski, Tracy, Gosling & Potter, 2002), personality (Buchanan & Smith, 1999) and health status and behaviours (Ritter et al, 2004). The majority of evidence therefore suggests no discernable difference in these methods and even when differences were found between responses via the web or on paper, they were not significant (Carini, Hayek, Kuh, Kennedy & Ouimet, 2003). These findings generally provide confidence in the use of the internet to administer questionnaires however, they underline the need to compare traditionally developed instruments with those designed or adapted for electronic use before making assumptions about the given psychometric properties of the tool.

The technique has also been shown to reduce the occurrence of missing data, particularly for sensitive data (Pouwer et al, 1997) and offers the lowest levels of social desirability (Joinson, 1999). However a major disadvantage in the use of technology in this way is the exclusion of certain populations. This method is only open to participants with computers and email access and thus excludes many potential participants, particularly lower socioeconomic groups who do not have ready access to technology (Knox & Zusman, 2001).

3.4.5 Evaluation of administration methods

A review of stepfamily and stepmother literature suggested the majority of quantitative studies have implemented a postal method for distributing the questionnaires (eg., Beaudry, Parent, Saint-Jacques, Guay & Boisvert, 2001; Buunk

& Mutsaers, 1999; Ceglian & Gardner, 200; Gold, Gubenzner & West, 1993; Knaub, Hanna & Stinnett, 1984; Orchard & Solberg, 1999; Whitsett & Land, 1992). All studies had a sample size in excess of 100 participants which perhaps suggests a less time intensive approach to data collection. A smaller number of studies (eg., Shultz et al, 1991; Whiting et al, 2007) used an interview approach to gather the participants' responses, however these were typically conducted on much smaller sample sizes, with 70 participants in the former study and only 9 participants in the latter. Only one study was found which had adopted an electronic approach to data collection (Knox & Zusman, 2001), with the questionnaire available via a web site for completion by stepmothers on line. Knox et al (2001) suggested that the use of the internet as the only method of data collection may have introduced bias into the sample, permitting only those with access to computers and the internet to participate, however there was no evidence to support this statement. Further studies appear to have adopted a mixed approach to the survey approach, using a combination of postal distribution and interviews (Fine et al, 1998) or postal distribution combined with collecting the participants responses via the telephone (Ambert, 1986).

3.5 Sampling Methodologies

Whilst the most accurate way of collecting information about a specific study group would be to survey each individual within the group, this solution is clearly impractical for larger groups, such as the planned stepmother sample. The aim therefore is to collect information from only some individuals from the identified group, ensuring that the individuals, or sample, offer a true reflection of the characteristics of the group under study. Jackson and Furnham (2001) suggest that there are two broad types of sample, namely probability and non probability samples. Within a probability sample each member of the population has an equal probability of being selected, whereas with a non probability sample some individuals have a higher chance than others of being selected. Methods of probability sampling include simple random sampling (the researcher uses random

number generators to generate a list of respondents) and stratified random sampling (the population is first divided into specific subgroups before random selection takes place within each subgroup). Non probability methods include opportunistic sampling (obtaining sample in a completely unsystematic way), systematic sampling (where a list of participants is drawn up and every nth name is selected) and finally purposive sampling (where the sample is selected from groups who are known to have special qualifications).

Whilst non probability sampling is recognized to be generally easier to perform (Breakwell et al, 2000), it may also lead to greater error in the results of the study. The method by default involves some degree of selection, either by accident or by design; hence participants do not have an equal chance of being selected.

The stepmother literature reviewed in Chapter 1 suggests that the majority of studies have relied on a form of non probability sampling, using a mixture of local newspapers or radio (eg., Buunk et al, 1999; Fine et al, 1998, Schultz et al, 1991), members from the Stepfamily Association of America (eg., Orchard et al, 1999, Gold et al, 1993) or other stepfamily related websites such as the Second Wives Club (eg., Knox et al, 2001). The subsequent recruitment whilst effective can lead to a sample which has inherent bias. Recruitment has been achieved using probability sampling; however it requires significantly more resources. A study by Beaudry et al (2001) used systematic sampling to call potential participants using random telephone numbers. Over eighteen thousand calls were made, leading to a recruitment sample of just 410. A further study (Whitsett & Land, 1992) attempted to employ a randomized sampling plan but had to revert to non probability sampling as the original recruitment proved insufficient.

3.6 Psychometric Evaluation of an Instrument

The development of a valid and reliable questionnaire is highly dependent on its demonstrable psychometric properties (Breakwell et al, 2000). The reliability of an

instrument is related to the amount of random measurement error, with high reliability resulting from low random error. The validity of an instrument relates to its ability to measure the characteristic being investigated (Breakwell et al, 2000; Cooper, 2002). Assessing the validity of a test therefore requires a precise knowledge of the psychological domain under consideration to ensure the test is measuring the characteristic that the researcher believes they are measuring (Breakwell et al, 2000). The following validity and reliability measures were considered for use in the present research to determine the psychometric properties of the newly designed questionnaire.

3.6.1 Reliability

Reliability is the consistency of a measure and the degree to which an instrument measures the characteristic it has been designed to capture each time it is used under the same condition and with the same subjects (Breakwell et al, 2000). There are two ways that reliability is usually measured. These are referred to as internal reliability and external reliability.

Internal Reliability (or consistency) is measured using Cronbach's alpha coefficient (Cronbach, 1951), which provides a measure of inter-item consistency within a scale by describing how well a group of items focuses on a single area. A high alpha value signifies that the items are likely to represent a single factor. Nunnally (1978) suggests that reliability coefficients should be greater than 0.7 before a researcher can assume sufficient reliability. Given that a co-efficient of 0.7 represents only 70% of variance and 30% error, Breakwell et al (2000) recommend considering the number of items within the test in addition to the coefficient in order to increase overall reliability. If a scale is comprised of only a few items and has a low reliability coefficient it is unlikely to have enough items to reliably assess the underlying characteristic and is likely to be unreliable (Breakwell et al, 2000).

Test Retest Reliability refers to the extent to which the instrument provides the same results for a participant on multiple occasions (Cooper, 2002). The timing of such retests is critical; if the retests are provided too close to the original test, the participant may recollect their original responses; however if the retest is given too long after the original test, there may well be significant changes in environmental and social aspects which may affect the results (Breakwell et al, 2000). Recent literature suggest retests typically occur after a period of between 1 and 6 weeks after the initial test (eg., Whisman, Beach, & Snyder, 2008; Wood, Linley, Maltby, Baliousis & Joseph, 2008; Phillips & Rosenberg, 2008; Hettema, Miller, Tonigan & Delaney, 2008) Recommended criteria for test retest is recognised to be $r = 0.8$ or greater (Kline, 2000).

3.6.2 Validity

There are several methods used to assess an instruments overall validity. Cronbach (1971) suggests that these methods fall within three types of approaches, namely, content validation, criterion validation and construct validation.

Content validation is a subjective evaluation and incorporates face and content validity. This is the most basic form of validity and refers to the extent to which the instrument looks at face value as though it measures what it was intended to and focuses on the extent to which an instrument adequately probes the various aspects of the area it's designed to measure (Breakwell et al, 2000).

Criterion validation involves testing the hypothesised relationship with related (convergent or concurrent validity) and non related constructs (discriminant validity) (Cronbach, 1971). Convergent validity refers to the extent to which the instrument correlates with other instruments designed to measure related constructs. Cohen's (1988) recommendations, suggest that $r = 0.2$ represents a weak correlation, $r = 0.5$ represents a moderate correlation and $r = 0.8$ represents a strong correlation; however other researchers have adopted different interpretations of convergent

validity. Clark and Watson (1991) in a review of depression and anxiety scales suggested that whilst values of $r > 0.65$ represented good convergent validity, values of $r < .40$ were deemed to be unreliable. A further study on depression instruments by Watson, O'Hara, Simms, Kotov, Chmielewski and McDade-Montez (2007) identified correlations of $r = 0.6$ as demonstrating strong convergent validity, $r = 0.5$ as good and $r = 0.3$ as low.

Discriminant Validity refers to the degree to which the instrument does not correlate with dissimilar unrelated scales. A successful evaluation of discriminant validity shows that a test of a concept is not highly correlated with other tests designed to measure theoretically different concepts (Campbell & Fiske, 1959).

The third approach defined by Cronbach (1971) is *Construct Validity*. This involves the identification of multiple dimensions underlying the test items. Factor analysis is commonly used in this approach. It should however be noted that whilst Cronbach (1971) uses this definition of methods for assessing validity, construct validity is sometimes used as the definition for criterion validation (Cooper, 2002; Friedman & Schustack, 2003).

3.6.3 Factor Analysis

Factor analysis is a term used to describe a technique developed to locate underlying dimensions in the data set (Breakwell et al, 2000). There are two fundamental approaches to factor analysis which differ in the communality estimates that are used, factor analysis and principal components analysis (Field, 2000). Factor analysis derives a mathematical model from which factors are estimated whereas principal components analysis assumes that all the variance is common variance and as such the communality of every variable is 1. Principal components analysis (PCA) was used in the present study as the two techniques have been recognised to generate very similar solutions when there are more than 20 variables in the analysis (Guadagnoli & Velicer, 1988; Stevens, 1992). Whilst PCA is also conceptually less

complex than Factor analysis it is still recognised as a psychometrically sound procedure (Field, 2000).

Factor rotation is necessary to maximize the loading of each variable on one of the extracted factors whilst minimizing the loading on other factors (Kline, 1994). There are two types of rotation termed orthogonal and oblique. Orthogonal rotation involves a transformation that forces the underlying factors to be uncorrelated with each other, whereas oblique rotation allows the factors to be correlated (Breakwell et al, 2000). To ensure the variables under study are not highly correlated with each other, tests for multicollinearity are required (Breakwell et al, 2002). Whilst mild multicollinearity is not considered a problem for factor analysis (Field, 2000) it is important to avoid a situation in which the variables are highly correlated or perfectly correlated (singularity). Field (2000) recommends that variables which are found not to correlate with other variables should be excluded from the factor analysis. Bartlett's test of sphericity, using the Kaiser-Meyer-Ohlin (KMO) is used to identify analyses where all variables are found to correlated with themselves and have only low correlations with other variables. The KMO should be greater than 0.5 if the sample is adequate (Field, 2000).

There are several recognised methods for identifying factors within factor analysis. Two of these, the Kaiser-Guttman (Guttman, 1954; Kaiser, 1960) and Cattell's (1966) scree test are widely used and are available within statistical software packages. A further two methods, Velicer's (1976) minimum average partial or MAP method and Horn's (1965) parallel analysis are less well used but have been considered to potentially offer more accurate results (Zwick & Velicer, 1986). The MAP method (Velicer, 1976) identifies the number of factors that can be extracted to explain the maximum amount of variable within the dataset. Whilst this method has been recognised as being based on sounder theoretical rationale it has been shown to underestimate the true number of factors (Hayton, Allen & Scarpello, 2004). Parallel analysis (Horn, 1965) compares the eigenvalues observed in the real data with those found from random data. The factors retained include those where

the eigenvalues are greater than those which would have occurred when factoring random data. Zwick et al (1986) found this method to offer good accuracy in identifying factors. The Kaiser-Guttman method is based on the principal that 'a factor must account for at least as much variance as an individual variable' (Nunnally & Bernstein, 1994), therefore this method extracts factors with an eigenvalue of greater than 1 which is the average of all eigenvalues. This method has however been found to overestimate factors (Zwick et al, 1986). Catell's (1966) scree test also relies on eigenvalues, with a plot used to represent the eigenvalues against the identified factors. A characteristic graph is represented, with a steep decline followed by a plateau. This is referred to as a *scree plot* (Cattell, 1966) and can be used to identify significant factors by selecting those factors that lie within the steep descent and rejecting those along the plateau as non significant (Cattell, 1966). This method has been criticised for its subjectivity (Zwick et al, 1986) however Stevens (1992) suggests that the scree plot provides a reliable criterion for factor selection with samples of 200 or greater. Field (2000) suggests following Kaiser's (1960) criterion such that all factors with an eigenvalue of greater than 1 are retained when the sample size exceeds 250 and the average communality is greater than or equal to 0.6.

For each factor identified in factor analysis a number of items are associated. The correlation between the factor and each item is known as the factor loading and indicates the degree to which an item is a true measure of the factor in question (Kline, 1994). Loadings $> .71$ are regarded as excellent, $> .63$ very good, $> .55$ good, $> .45$ fair and $> .32$ as weak (Kline, 1994).

3.7 Conclusion

The literature presented in this chapter has identified well recognised approaches to questionnaire construction and administration and their application within stepfamily literature, together with their known strengths and limitations. The design

approaches adopted for the present study are presented in the following chapter which describes the detailed development of the SAS.

Chapter 4

Phase 1: Development of Stepmother Adaptability Scale (SAS)

4.1 Introduction

This chapter describes the development of the new instrument designed to measure stepmother adaptability (SAS). The instrument was designed taking into consideration the recognised advantages and limitations of the methodologies presented in the previous chapter. The methodologies selected are discussed with relevance to the requirements of the SAS.

4.2 Generating Items for the Stepmother Adaptability Scale (SAS)

A literature review was used to generate items for the SAS, relying predominantly on the findings of a previous qualitative study on stepmothers by the author (Doodson et al, 2006). Further items were identified from related literature which had incorporated either a questionnaire element on a stepfamily population (Beaudry et al, 2001) or adopted an interview approach to researching a stepmother sample (Smith, 1990).

In order to explore the stepmother role and identify factors contributing to the spousal relationship and the stepmother-stepchild relationships, a qualitative study was carried out by the author prior to the current research (Doodson et al, 2006). The aim of the research was to understand the experiences of stepmothers, the factors that contribute to the development of the stepfamily and their aspirations for change. The study comprised of a convenience sample of eight stepmothers, with a mean age of 36 years who had been stepmothers an average of 5.9 years. Three participants had children from previous relationships, four had no children from previous relationship but had since had children within the current relationship; and one participant had no biological children. All the participants were interviewed

independently, using a semi structured interview process. The stepmothers were asked to discuss their experiences and views in a number of areas to understand their relationship and feelings towards their stepchildren, their feelings about being a stepmother, the cohesion within their reformed family and their relationship with their partner. The interviews were intended to stimulate conversation on the women's views and feelings on being a stepmother and to identify any areas of concern or stress in their family life. A copy of the published paper can be found in Appendix 1.

The stepmothers in the study (Doodson et al, 2006) clearly had difficulty in defining the members of their 'family' and frequently excluded their stepchildren from their definition of family, including only family members to whom they were biologically related. The majority of the participants expressed frustration related to the ambiguity of their role. They found their role difficult to understand, with no clear guidelines or role models. Whilst many felt they had been able to develop bonds with their stepchildren they commented that these were inferior to the bonds with their biological children. They also had difficulty in discussing their problems with their partners.

The findings from this exploratory study were subsequently used in the development of the stepmother adaptability instrument for the present study. Whilst the views of several stepmothers suggested difficulties with their role in the stepfamily it was felt that a quantitative study would provide further evidence that these views reflected the wider stepmother population. Items were generated from participant feedback in the qualitative study (Doodson et al, 2006) and grouped into four distinct areas capturing participant's views on 'Feelings about being a stepfamily'; 'Feelings about stepchildren'; 'Feelings about being a stepmother' and 'Feelings on partnership'. All items were answerable on a 5 point Likert scale. The four questionnaire sections are described more fully below.

‘Feelings about being in a stepfamily’

This section contained 15 questions related to the stepfamily dynamics and aimed to capture the stepmothers’ views on their family life. Questions addressed the inclusivity of family members (eg., ‘I think of my family as myself, my partner and all my children including stepchildren’), the differences between the family members (eg., my stepchildren have different values to us’) and the level of involvement of the stepmother in the family unit (eg., I am always included in my stepchildren’s school events such as sports day or parents evening’). Many of these questions were identified directly through the stepmothers’ responses in the qualitative study (Doodson et al, 2006) which suggested that stepmothers who didn’t perceive their stepchildren as ‘belonging’ to their family suffered from increase stress and poorer development of the stepfamily unit. The aim of this section within the instrument was therefore to provide quantifiable evidence of the affect on stepmothers’ wellbeing. The items are listed in Table 4.2.

Table 4.2: Feelings about being in a stepfamily

- | |
|--|
| <ol style="list-style-type: none">1. I think of my family as myself, my partner and all the children, including stepchildren.2. A family holiday should always involve all our children including my stepchildren3. My ideal Christmas day would involve all our children including my stepchildren.4. I think stepfamilies are an accepted part of society5. None of my family or friends really understand the difficulties stepfamilies have6. I am always included in school events such as sports day or parents evening7. I have great support from my family8. My stepchildren would be better behaved if they lived with us all the time9. My stepchildren have different values to us.10. I know I can rely on my friends to support me.11. When my stepchildren visit it feels like there are two separate families in the house12. I don’t think stepparents should attend school events13. My stepchildren will always go to their father rather than me if they have a problem14. I expect the children to look at me as a mother figure to them15. I feel I do a better job with my stepchildren than their own mother |
|--|

Questions 1 – 3 related directly to questions raised and discussed within the qualitative study conducted by Doodson and Morley (2006). Refer to Appendix 1, questions B.1, B.15 and B.16. Questions 4, 14 and 15 were drawn from a qualitative study by Smith (1990) and questions 6, 9 & 12 were drawn from the questionnaire by Beaudry et al (2001) assessing the difficulty between couples in stepfamilies. The remaining questions (5, 7, 8, 10, 11, 13) were identified directly from the interviews with the stepmothers in the study by Doodson et al (2006).

‘Feelings about stepchildren’

This section contained 12 questions related to the relationship between the stepmother and her stepchildren, including the strength of the bond (‘eg., I love my stepchildren’) and the development of the relationship over time (eg., ‘My relationship with my stepchildren has improved over the time I’ve known them.’). These questions were drawn primarily from the exploratory qualitative study (Doodson et al, 2006). Previous studies have suggested that children have a significant effect on the remarriage (eg., Hartin, 1990; Ihinger-Tallman et al, 1987; Whitsett et al, 1992), this section has therefore been included in the questionnaire to quantify the effect of stepchildren on stepmothers’ wellbeing. The questions are listed in Table 4.3.

Table 4.3: Feelings about stepchildren

1. I have a good bond with my stepchildren
2. I have a better relationship with my children than my stepchildren
3. My rel'ship with my stepchildren has improved over the time I've known them.
4. I enjoy my stepchildren's company
5. I treat my stepchildren as though they are my own
6. I love my stepchildren
7. I wish I didn't have stepchildren
8. I think my stepchildren respect me
9. My stepchildren regularly show me affection
10. I resent my stepchildren
11. I look forward to my stepchildren's visits
12. I don't believe my stepchildren appreciate what I do for them

Question 2 was drawn directly from Smith (1990), however the remaining questions were identified during the interviews with the stepmothers in Doodson et al (2006).

'Feelings about being a stepmother'

This section contained 15 questions relating to the stepmother role. A great deal of research has suggested that role ambiguity is one of the most significant causes of stress for stepmothers, with an absence of social norms or role models on which to base their behaviour (eg., Cherlin, 1978; Mason, 1998; Orchard & Solberg, 1999; Weaver & Coleman, 2005). These findings were also apparent in the qualitative study by Doodson et al, (2006) and the resultant questions were predominantly derived from this study. This section of the questionnaire was therefore designed to capture the stepmother's view on the clarity of her role (eg., 'I feel completely at ease as a stepmother') and ease in fulfilling her family obligations (eg., I resent taking on the additional household burden associated with my stepchildren'). The questions are listed in Table 4.4

Table 4.4: Feelings about being a stepmother

1. I feel completely at ease as a stepmother
2. Being a stepmother is much harder than I ever imagined.
3. I feel uncomfortable as a stepmother
4. I'm happy to tell people I'm a stepmother
5. I consider myself a good stepparent
6. I resent taking on the additional household burden associated with my stepchildrn
7. I feel sad when I think how different my life would be if we weren't a stepfamily
8. I try and avoid telling people I'm a stepmother
9. I often wonder if I'm being a good stepmother
10. I feel its difficult to know what a stepparent is supposed to do
11. I sometimes fear I am the 'wicked stepmother' of the Cinderella story
12. I feel inadequate as a stepmother
13. I'm often confused as to how much or when to parent my stepchildren
14. I sometimes hesitate in my interactions for fear they will think I'm the wicked stepmother
15. I think my stepchildren love me

Questions 1, 2 & 12 were related directly to questions raised and discussed within the qualitative study conducted by Doodson and Morley (2006) (ref Appendix 1, questions B.10 & B.12). Question 3 was drawn from Smith (1990) and questions 6, 10 & 13 were drawn from Beaudry et al (2001). The remaining questions were identified during the interviews with some of the stepmothers (Doodson et al, 2006).

'Feelings about your partnership'

This section contained 11 questions relating to the couple relationship and in particular, their relative agreements over disciplining the children (eg., 'I take joint responsibility for disciplining my stepchildren with my partner') and support from the spouse (g., 'I find it hard to raise problems about my stepchildren with my

partner’). Doodson et al (2006) found evidence to suggest that stepmothers found it difficult to discuss issues related to their stepchildren’s behaviour with their partner. Consequently, this relationship was explored via a number of related questions identified from the qualitative study. Previous research has also suggested that one of the main area causing additional stress for stepmothers is the biological mother (eg., Schulz et al, 1991; Buunk & Mutsaers, 1999). Further questions were therefore included to measure the stepmother’s feelings of resentment towards the biological mother. The questions are listed in Table 4.5.

Table 4.5: Feelings about your partnership

1. My partner should be responsible for disciplining his children
2. My partner always supports me when I discipline my stepchildren
3. I feel uncomfortable disciplining my stepchildren
4. My partner and I have similar views on rules and discipline
5. I take joint responsibility for disciplining my stepchildren with my partner
6. My partner is really supportive of the way I look after his children
7. I find it hard to raise problems about my stepchildren with my partner.
8. My partner and I work together to resolve problems
9. I’m comfortable with my partner’s relationship with his children’s mother
10. I resent the time my partner spends with his ex partner
11. My partner and I have regular disagreements over my stepchildren

Questions 1, 5, 7 & 8 were related directly to questions raised and discussed within the qualitative study conducted by Doodson and Morley (2006) (ref Appendix 1, questions B.18 & B.19). Questions 9 & 10 were drawn from Buunk et al (1999) and the remaining questions were identified from the questionnaire used in Beaudry et al (2001).

The complete SAS therefore comprised of 53 questions relating to the adaptability of the stepmother.

4.3 Pre-testing of the SAS

A pilot study was selected as the pre-test method for pre-testing the SAS. Whilst some researchers have questioned the effectiveness of pilot studies for pre-testing instruments (eg., Presser et al, 2004; Converse et al, 1986), this method was chosen as it provided the opportunity to assess the clarity, comprehensiveness and acceptability of the SAS together with the ability to perform simple statistical analysis to evaluate differences between stepmothers and biological mothers in psychosocial measures. As the identification and recruitment of stepmothers has been recognised as an issue in many previous studies (eg., Coleman et al, 2000), the pilot study also offered the opportunity to view the effectiveness of alternative approaches to advertising the research and subsequent recruitment.

Whilst a full psychometric analysis of the instrument to assess its validity and reliability was conducted on the larger scale study and is therefore reported within the third phase of the research, the pilot study was used to measure face and content validity and identify any missing or confusing areas within the questionnaire. The assessment of content validity is a largely subjective operation and focuses on the extent to which an instrument adequately probes the various aspects of the area it is designed to measure. This was carried out by analyzing the comments received back from the participants in the study (refer to table 4.6: Participants' comments on stepmother questionnaire content and structure). Participants were asked to provide written comments on both the effectiveness of the tool in measuring their experiences and feelings as a stepmother; and to identify any areas they felt were omitted from, or inadequately covered within, the questionnaire.

These comments were analysed and appropriate action taken. Overall no changes were felt necessary for the instrument; however, the comments suggested a number of areas which may be more fully addressed via qualitative analysis. For example several participants expressed a desire to include more emphasis on their relationship with the biological mother and extended family members such as

grandparents and siblings. It was felt that these areas could be more fully explored within the focus groups planned for the fourth and final phase of the research. Table 4.6 describes the comments received from the participants together with recommendations.

Table 4.6 Participants Comments on Stepmother Questionnaire content and structure

	<i>Participants written comments from completed questionnaires</i>	<i>Action Taken</i>	<i>Participant ID</i>
Overall structure	Found filling in the questionnaire to be ‘therapeutic’.	None	A49
	Wanted to be able to answer ‘sometimes’ or ‘occasionally’ and didn’t feel her answers always reflected her state at all times.	None	A72
General comments on overall questionnaire construction	Feels that some of the questions were irrelevant as the biological mother hasn’t been in contact since she left the family.	The instrument has been designed to cope with the different types of stepmother. However a question was included to ask participants that care for their stepchildren on a residential basis whether the biological mother is deceased or simply not the full time carer	A75, A62
	Participant felt that her answers would have been very different had she completed the questionnaire 15 years ago – when she first became a stepmother.	This is one of the purposes of the study – to understand effects of time on the stepmother and her adaptability to the role.	A46
	Had difficulty answering questions relating to friends as she doesn’t feel she has any since severing all ties with her past one remarriage	No changes made. The questionnaire should capture these feelings within the social support section.	A24
	There were no questions about the relationship with partners ex wife (biological mother) which is where the	Questions were included (ref 5.9 and 5.10), it was also felt that this area can be more fully explored in focus	A20, A19, A11,

	<p>participants felt the main problems lay</p> <p>The relationship between the children's extended family (eg., Grandparents) not dealt with</p> <p>No research on Parental alienation syndrome (PAS) / emotional abuse</p> <p>Didn't think this questionnaire gave a true insight into being a stepmother, would like to be involved in further research involving focus groups</p> <p>Thinks that the questionnaire misses out on the conflict between feelings for your own children and stepchildren and how this influences your behaviour.</p> <p>Fairness of treatment for children and stepchildren – very important in stepfamilies</p>	<p>groups.</p> <p>Again, will be more fully dealt with in focus groups.</p> <p>There is no evidence that PAS exists and it is outside the scope of this research</p> <p>Will ensure the participant is invited to participate in qualitative research.</p> <p>Addressed in section 3 of questionnaire but may be more appropriately addressed in focus groups.</p> <p>Discussion for focus groups</p>	<p>A3,A5, A6, A31</p> <p>A3, A6</p> <p>A13, A6</p> <p>A33</p> <p>A46</p> <p>A46</p>
Section 2	Q12 and 13: are dependent on situation (related to being thought of as a 'mother' to stepchildren). Feels she has a different role from mother not a competing role	The instrument has been designed to deliberately address the issue of stepmothers wanted to be thought of as the stepchildren's mother. The results should highlight this and any subsequent effect on wellbeing.	A46
Section 3	Felt her opinions can vary with each child and the questionnaire doesn't allow for this.	As only one participant commented here no changes were made but this will be explored in focus groups.	A80

4.4 Administration of the SAS

A postal method for the data collection was selected for both the pre-testing of the SAS and the full quantitative study as this offered the most economical and efficient way to reach the population (Bowling, 1997). Given the potential sensitivity of information required from the stepmothers it was felt that by introducing greater social distance between the researchers and the participants this would encourage the participants to be more open with their responses (Himmelfarb et al, 1982; Green et al, 2003; Paulhus, 1984). For these reasons interviews were rejected as a means of data collection, which would also be extremely time consuming for a large sample. An electronic or internet approach to delivery was also rejected, primarily because of the unknown effect on psychometric properties of the measures to be used in the instrument together with the potential bias introduced by restricting participation to those with access to technology, as acknowledged by Knox et al (2001). The recognized limitations of the postal approach were minimized by adopting many of the recommendations identified by Nachmias and Nachmias (1981) to increase the response rate including the use of an accompanying cover letter to explain the purpose and importance of the study, a stamped return envelope, attention to the questionnaire format to ensure it used appropriate titling, font and colour and timely reminders sent to encourage participants to return the questionnaires.

4.5 Conclusion

This chapter has described the development of the Stepmother Adaptability Scale (SAS). The principle mechanism adopted for generating items for the new scale was the use of findings from a previous published study by the author (Doodson et al, 2006). This qualitative study explored the stepmother role to identify difficulties experienced by the stepmothers and factors that contributed to the development of the stepfamily. The stepmother adaptability scale (SAS) was therefore used to provide supportive evidence of the generalisability of these findings to the stepmother population.

Items were generated for the SAS in four distinct areas, capturing the stepmother's views on her feelings about being part of a stepfamily; feelings about her stepchildren; about the role itself and on her spousal partnership, with the themes were extracted from the earlier qualitative study (Doodson et al, 2006). The four identified areas were supplemented by items drawn from related studies from Smith (1990), Beaudry et al, (2001) and Buunk et al, (1999).

Once the instrument had been developed it was distributed to stepmothers using purposive sampling (Jackson et al, 2001) and administered via the post. Given the recognised difficulties in identifying stepmothers, particularly non residential stepmother led families (Fido et al, 2006; ONS, 2001), this was believed to offer the most economical and efficient way of reaching a stepmother population, while recognising the potential sensitivity of the data (Himmelfarb et al, 1982; Green et al, 2003).

A pilot study was selected as the pre-test method for the SAS for a number of reasons. First and foremost it offered both the opportunity to identify any missing or confusing areas within the instrument before using it in the large scale study (Phase 3 of the project). Secondly it offered the opportunity to view the effectiveness of the recruitment procedures. Previous research on non residential stepmothers has been limited (eg., O'Connor et al, 1998; Schultz et al, 1991; Stewart, 2005), consequently, one of the principal aims of the recruitment for the present study was to ensure that all types of stepmothers were represented (ie. Residential, non residential, complex and simple). Finally, the pilot study also provided the opportunity to conduct preliminary analysis between the stepmother and biological mother groups to justify the next phase of the research. The results from the pre-test suggested good face and content validity with negligible changes required based on participants' feedback. The instrument was therefore judged appropriate for use within the planned study. Whilst the pilot study afforded the opportunity to conducted preliminary psychometric analysis, the full reliability and validity analysis of the instrument was

subsequently conducted on the representative stepmother sample and is reported within the third phase of the research.

CHAPTER 5

Phase 2: A pilot study to compare the mental health wellbeing and quality of life of stepmothers and biological mothers

5.1 Introduction

The pilot study was conducted for two purposes. Firstly it was designed as the method of pretesting for the SAS, to identify any issues with the instrument in terms of content and structure. Secondly it was used as a pilot study to provide an indication of potential differences in mental health wellbeing and quality of life between stepmothers and biological mothers, thus justifying the planned research on a representative sample. This chapter describes the analysis conducted between the stepmother sample and the biological mother samples recruited for the pilot study.

The aim of the analysis was to identify any differences between the two groups in terms of mental health wellbeing, as measured by depression and anxiety, and perceived quality of life. Previous research has suggested that stepmothers may suffer from an increase in depression and anxiety when compared to both biological mothers and recognised norms (eg., Ferri et al, 1998; Morrison et al, 1985; O'Connor et al, 1998; Pfleger, 1947), however these studies have been either limited in terms of sample or representativeness of stepmothers (ie. a greater focus on residential stepmothers). There has also been contradictory evidence over whether these women were suffering from heightened depression or anxiety. Whilst this pilot study can clearly not address the limitations of the samples in these studies, the aim is to clearly identify any differences between the groups in terms of depression and anxiety. This would then provide more confidence to the larger planned study in comparing the differences in these measures between the different stepmother family types. Furthermore, as discussed in chapter 1, there has been no research conducted to understand the quality of life of stepmothers. Research has suggested a link between mental health wellbeing and quality of life (eg., Masthoff et al, 2006;

Hickey et al, 2005; Pyne et al, 1997), with lowered mental health wellbeing correlating with a lowered quality of life. The aim of this pilot study was therefore to establish whether there was a difference between the stepmothers and biological mothers in terms of quality of life, thus justifying the planned analysis between the identified stepmother types within the larger study.

This study therefore partially addressed the hypotheses 1 & 2 of the research, namely, that stepmothers would suffer a lower mental health wellbeing (as measured by depression and anxiety) than biological mothers. The study also begins to investigate the differences in perceived quality of life between stepmothers and biological mothers, which were identified in the first research question within the planned research.

5.2 Method

5.2.1 *Sample*

The recruitment of the stepmother sample was anticipated to be difficult, as previous research has indicated that the identification of stepmothers is both problematic and time consuming (Ferri & Smith, 1998; Stewart, 2007). Consequently, one of the aims of this pilot study was to understand the effectiveness of different types of recruitment. The use of websites, magazines, local papers and word of mouth were utilized to varying degrees of success. A total of 30 stepmothers and 30 biological mothers were recruited for the study. Of these thirteen stepmothers were recruited through advertising the research on family oriented websites (Parentline plus and The British Second wives club); an equal number were recruited through an article in a national women's magazine (Psychologies), one was recruited through a local newspaper (Maidenhead Advertiser) and three via word of mouth. The biological mothers were recruited predominantly through word of mouth (18 participants) and via the stepmothers themselves (12 participants).

Inclusion Criteria

Women were considered eligible to take part in the research if they were either married to or co-habiting with a partner who had children from a prior relationship. The women must also have seen these children on a regular basis. The stepmother may have looked after her stepchildren on a part time or full time basis and she herself may or may not have had children of her own. There were no limits on age of participants.

Biological mother participants were included if they were either married to or co-habiting with their partner and had children within the relationship. No age limits were set.

Description of Participants

The average age of the stepmother and biological mother groups were 37 years (SD 6.8, range 25 – 51yrs) and 40 years (SD 5.39, range 31 – 51yrs) respectively. Despite the fact that the biological mothers were older than the stepmothers, the difference was not significant. One stepmother and one biological mother declined to give their ages.

Within the stepmother sample, 20 (67%) were married; the remaining 10 participants (33%) were cohabiting with their partners. The majority of biological mothers (27; 90%) were married with 3 participants cohabiting (10%).

The average length of relationship for the stepmother group was 5.1yrs (SD 3.2, range 2 – 15 years) and for the biological mother group 14.9yrs (SD 6.2, range 3 – 28 years). The difference in length of relationship between the groups was significant ($z = -5.5$, $p < .001$), however these results would be expected given the populations under study (ie. stepfamilies are formed following the dissolution of previous relationships and as such are likely to be of shorter duration than first marriages/relationships).

Demographics showed that 23 of the stepmothers were working either part time or full time and 19 of the biological mothers were similarly employed. The remaining participants in both groups were currently not in paid employment. Within the stepmother group, 18 had children of their own in addition to their stepchildren, while 12 participants had no biological children.

No distinction was made within the stepmother group between stepfamily types or residency of the stepchildren as the sample size was insufficient to allow for further segmentation.

5.2.2 *Materials*

The questionnaire battery consisted of three sections.

The first section was designed to capture demographic information on the participants. This included general demographics such as age, marital status, employment status, occupation details and length of marriage or partnership, together with more specific background information related to the stepfamily. The participant was asked to provide the age and sex of all stepchildren and biological children, list the primary residence of the stepchildren and the average number of days during a month that their stepchildren visited.

The second section was the stepmother adaptability scale (SAS) which was developed specifically for this study. This is fully described in the previous chapter.

The third section of the questionnaire battery was comprised of existing psychosocial measures designed to capture participants' mental health wellbeing, quality of life, social support, relationship satisfaction and coping skills. The following existing measures were chosen due to their demonstrated high reliability and validity.

Mental health wellbeing (Depression and Anxiety)

Previous stepmother research has suggested that stepmothers suffer from both increased depression (eg., O'Connor et al, 1998) and anxiety (Morrison et al, 1985) and as such both measures were sought from a recognised instrument. Additionally the chosen instrument must be suitable for use on a non clinical population and demonstrate good psychometric properties. For these reasons the Hospital Anxiety and Depression Scale (HADS) (Zigmond & Snaith, 1983) was chosen. It has demonstrated good reliability and validity with internal consistency (α) of 0.90 for depression and 0.93 for anxiety (Moorey, S., Greer, S., Watson, M., Gorman, C., Rowden, L., Tunmore, R., Robertson, B., & Bliss, J. (1991), concurrent validity (anxiety $r = 0.54$; depression, $r = 0.79$) and construct validity (Moorey et al, 1991). This instrument has been validated for use in a general population and is easy to administer and interpret, being comprised of 14 items, 7 measuring anxiety and 7 measuring depression), each with a 5 point Likert scale.

Quality of Life

As discussed in previous chapters, there is no evidence of previous research assessing the quality of life of stepmother or indeed other members of stepfamilies. Consequently the present study aims to evaluate stepmothers' perceived quality of life and compare both between the stepmother groups and between stepmothers and biological mothers. Two well recognised instruments were considered for the study, the European Quality of life instrument (EUROQOL Group, 1990) and the Quality of Life measure developed by the World Health Organisation (WHOQOL group, 1998). The decision to use the instrument developed by the WHOQOL group was made based on feedback from subject experts as part of the questionnaire development and the availability of a shortened form instrument known as the WHOQOL-Bref (Skevington, Lofty & O'Connell, 2004). This instrument demonstrated good psychometric properties with internal consistency ranging from $\alpha = 0.66$ to $\alpha = 0.84$ and test-retest reliability from $r = 0.66$ to $r = 0.87$ (Skevington et al, 2004). The instrument separates the QoL measure into four distinct scales assessing *physical QoL* (measuring facets including pain, energy and sleep patterns),

psychological QoL (incorporating self esteem, negative and positive feelings, bodily image and appearance), *Social QoL* (measuring personal relationships and social support) and *Environmental QoL* (focusing on home and work environment, financial resources and health and social care) as well as providing an overall quality of life score. The instrument is comprised of 26 items, each with a 5 point Likert scale.

Relationship Satisfaction

The Dyadic Adjustment Scale (DAS) (Spanier, 1976) is one of the most well used and recognised instruments for measuring marital wellbeing, having been used in over one thousand empirical studies (Hunsley, Best, Lefebvre & Vito, 2001) and was initially considered to measure the marital satisfaction of the stepmothers. However following advice from subject experts the Kansas Marital Satisfaction (KMS) scale (Schumm, Paff-Bergen, Hatch, Obiorah, Copeland, Meens, Bugaighis, 1986) was selected for the present study. The KMS has been shown to demonstrate psychometric properties as good as the DAS but utilizes only three questions within the scale which helped minimize the overall questionnaire length. The KMS has undergone rigorous testing for internal consistency (Grover, Paff-Bergen, Russell & Schumm, 1984; Schumm, Nichols, Schectman & Grigsby, 1983; Schumm, Scanlon, Crow, Green & Buckler, 1983), test-retest reliability (Mitchell, Newell & Schumm, 1983), criterion related validity (Schumm, Anderson, Benigas, McCutchen, Griffin, Morris & Race, 1985) and concurrent and discriminant validity (Schumm et al, 1986).

Coping Styles

One of the aims of the present research was to identify whether the adoption of different coping strategies affected the ability of the stepmother to cope within her role. An instrument known as the COPE inventory (Carver, Scheier & Weintraub, 1989) was finally selected. This measure has good proven psychometric properties and allows measurement of problem and emotion focused coping as defined by Lazarus and Folkman (1984). Carver et al (1989) reported internal consistency co-

efficients from -.45 to 0.92 and test retest reliability from -0.46 to -0.86. It has also been validation for use on the general population. The instrument has a total of 60 items, each with a 4 point Likert scale.

The COPE scale utilizes fifteen subscales, each comprised of four distinct questions. The subscales address both emotion focused coping and problem focused coping styles (Lazarus et al, 1984) but in addition assesses coping styles which have been associated with helplessness (Mental disengagement and behavioural disengagement) and maladaptive coping mechanisms (Focus on venting of emotions). It is hypothesized that the use of these coping styles would lead to lower mental health wellbeing. Table 5.1 lists each of these subscales together with an example question.

Table 5.1: Coping subscales

Coping Subscale	Type of coping mechanism	Description	Example statement
Positive reinterpretation and growth	Emotion focused	Thinking about the stressor in positive terms, about what can be learnt from the experience.	'I try to grow as a person as a result of the experience'
Mental disengagement	¹	A variation of behavioural disengagement. Utilizes activities to prevent thinking about the stressor.	'I daydream about things other than this'
Focus on and venting of emotions	²	A tendency to focus on the stress and ventilate feelings	'I get upset and let my emotions out'
Use of instrumental social support	Problem focused	Seeking advice, assistance or support	'I try to get advice from someone about what to do'
Active coping	Problem focused	Taking steps to remove or reduce stressor's effects	'I concentrate my efforts on doing something about it'
Denial	Emotion focused	Denying the reality of the event, acting as though the stressor does	'I say to myself 'this isn't real'

		not exist.	
Religious coping	Emotion focused	Tuning to religion under stress for emotional support, positive growth or active coping.	'I put my trust in God'
Humour	³	Use of humour to deal with the stressor and make it more manageable.	'I laugh about the situation'
Behavioural Disengagement	¹	Reducing effort to deal with the stress, even giving up on goals. Closely identified with helplessness	'I admit to myself that I cant deal with it and quit trying'
Restraint	Problem focused	Waiting for an appropriate opportunity to deal with the stressor, not acting prematurely.	'I restrain myself from doing anything too quickly'
Use of Emotional Social support	Emotion focused	Seeking moral support, sympathy or understanding	'I discuss my feelings with someone'
Substance use	³	Use of alcohol or drugs to deal with the stressor.	'I use alcohol or drugs to make myself feel better'
Acceptance	Emotion focused	Accepting the reality of the situation.	'I get used to the idea that it has happened'
Suppression of competing activities	Problem focused	Putting aside other projects to avoid distractions	'I keep myself from getting distracted by other thoughts or activities'
Planning	Problem focused	Thinking about how to cope with the stressor	'I make a plan of action'

Notes

1. coping tendencies that are associated with helplessness and a poor coping outcome. These are not associated with either emotion or problem focused coping mechanisms.
2. Possible maladaptive coping mechanism if engaged in over a long period of time (Carver et al, 1989).
3. Not associated with either emotion or problem focused coping strategies but engaged in by people to alleviate symptoms of stress.

Social Support

Recent stepmother research has provided evidence to suggest that social support is essential to successful stepmothers (Michaels, 2006; Whiting et al, 2007). The present study aims to measure the perceived levels of social support available to stepmothers, identifying any differences between the stepmother types and between stepmothers and biological mothers. The Multidimensional scale of Perceived Social Support (MSPSS), developed by Zimet, Dahlem, Zimet & Farley (1988) was selected for the present study as it allows social support to be measured across three dimensions: support by significant other, support by family and support from friends. The instrument has well documented strong psychometric properties with internal reliability ranging from 0.85 to .091 and test-retest reliability from $r = 0.72$ to $r = 0.85$ (Zimet et al, 1988). There are 12 items within the instrument, each with a 7 point Likert scale.

A copy of the stepmother questionnaire battery used in the pilot study is provided in Appendix 2.

The questionnaire battery given to the biological mothers was identical to the one given to the stepmothers but excluded the SAS and stepfamily related demographic questions.

5.2.3 Procedure

Ethical approval for the study was initially sought from the University ethics committee by submitting an outline proposal of the research. Following ethical approval, the research was advertised through a number of family oriented websites, magazines, newspapers. Stepmothers interested in participating were requested to contact the university via either telephone or email. They were told that the research would expect them to complete a confidential questionnaire covering their experiences as a stepmother. If they consented to participate in the research they were asked to supply their postal address and a pack containing a covering letter and

a hard copy of the questionnaire was sent to them in the post. A copy of the corresponding biological mother questionnaire was also sent to them, which they were asked to give to a friend or relation.

The covering letter thanked the participants for their planned participation in the research and encouraged them to contact the researchers if they had any further concerns or questions. It was also made clear to them that they could at any time withdraw from the research if they had any worries or simply changed their minds about participating. Participants who expressed a need for assistance in completing the form were offered telephone or face to face help. These questionnaires were then completed by the participants with the help of the researchers.

Reminders were sent to potential participants if the completed questionnaire hadn't been returned after 4 weeks.

Data management

All requests for the questionnaire were stored on an Excel database which captured the participants' name, contact details and date when the questionnaire was first sent to them. Further dates recording when the questionnaire was returned were also captured on the database. In this way, questionnaires could be tracked and reminders sent in a timely manner. To comply with data protection legislation (Data Protection Act, 1998) all returned questionnaires were coded and anonymised by the author and the original questionnaires stored securely. Participants were assured that their confidentiality would be protected.

Planned Analysis

Once the completed questionnaires were received the data was entered into 'SPSS' and coded. Participant's confidentiality was maintained via the use of unique identifiers replacing their names.

Subscale and summary scores were calculated for established instruments according to their respective scoring algorithms. Any missing data was coded within SPSS (code '99') and as such was excluded from further analysis. When the missing data affected variable score totals (eg., Depression, quality of life) the participant was necessarily excluded from analysis including these variables. Analysis to determine differences between the groups was carried out with a t-test. Non parametric data was analysed using Mann Whitney.

5.3 Results

The aim of this study was to determine whether there was a difference between the family types (stepmother and biological mother) on measures of mental health wellbeing and quality of life.

5.3.1 Descriptive Statistics

The data for both the stepmother and biological mother groups showed a normal distribution, with only the psychological quality of life for stepmothers and the physical quality of life for the biological mother group displaying a negative skew. Table 5.2 below provides the means and standard deviation of the study variables. There was no significant difference between the ages of the stepmothers and biological mothers however the mean age of the stepmother group (38.5 years) was slightly lower than mean age of the biological mother group (40.1 years). There was a significant difference between the two groups in terms of the lengths of their relationships, with biological mothers registering significantly longer partnerships (14.9 years vs 5.1 years). The stepmothers in the study had between 1 and 3 stepchildren each, with their ages ranging from 6 years to 35 years. The stepmothers also had between 0 and 4 biological children, while biological mothers had between 1 and 4 children each. Scores for depression and anxiety, as measured on the HADS scale (Snaith et al, 1994), can be between 0 and 21 with higher scores representing more depression and anxiety. It can be seen from table 5.2 that the stepmother group

registered a broader range of depression and anxiety scores than biological stepmothers, with higher means in both measures. In terms of quality of life, the stepmother group registered lower means than the biological mother group in each of the four domains.

Table 5.2: Descriptive Data for the study variables

<i>Variable</i>	<i>Possible Range</i>	<i>Stepmothers (n = 30)</i>			<i>Biological mothers (n = 30)</i>			<i>Analysis^{3,4}</i>
		<i>Actual Range</i>	<i>M</i>	<i>SD</i>	<i>Actual Range</i>	<i>M</i>	<i>SD</i>	
<i>Age of part</i>	n/a	25 - 51	38.53	6.38	31 - 51	40.1	5.39	t = -1.9
<i>Time in rel</i>	n/a	2 - 15	5.12	3.22	3 - 28	14.86	6.23	z = -5.5***
<i>No. stepch</i>	n/a	1 - 3	1.90	.72	-	-	-	-
<i>Age stepch</i>	n/a	6 - 35	16.28	6.67	-	-	-	-
<i>Bio childrn</i>	n/a	0 - 4	1.54	1.02	1 - 4	2.13	.73	-
<i>Depression</i>	0 – 21 ¹	0 - 14	5.87	3.82	0 - 7	3.9	2.32	z = -2.1*
<i>Anxiety</i>	0 – 21 ²	1 - 18	8.77	4.58	0 - 12	6.03	3.05	z = -2.4*
<i>QoL phys</i>	4 - 20	12 - 20	16.54	2.01	12.57-19.43	17.33	1.64	t = -1.67
<i>QoL Psych</i>	4 - 20	8 - 18	14.16	2.52	12.67-18.67	15.48	1.82	t = -2.3*
<i>QoL Social</i>	4 - 20	8 - 20	14.90	3.32	10.67 - 20	16.07	2.53	t = -1.5
<i>QoL Envir</i>	4 - 20	10 - 19	15.48	2.66	12.50- 19.50	15.93	1.75	z = -.48

Notes. 1.. NORM values for HADS depression: mean = 3.68 SD = 3.07; 2. NORM values for HADS anxiety: mean = 6.14, SD = 3.76. 3. t test for parametric data, Mann Whitney for non parametric 4. z scores quoted (instead of u) as sample size greater than 20. * $p < .05$, ** $p < .01$, *** $p < .001$

The socioeconomic status of the participants was recorded using the National Statistics Socio economic classifications (NS-SEC). The sample showed a bias towards the higher classes with traditional and modern professions over represented, while semi and unskilled occupations were under represented, as shown in table 5.3.

Table 5.3: Sample expressed in terms of employment categories as defined in NS-SEC

<i>NS-SEC classification</i>	<i>No. of participants</i>
1. Managerial and professional occupations	47 (78%)
2. Intermediate occupations	5 (15%)
3. Small employers and own account workers	3 (5%)
4. Lower supervisory and technical occupations	0
5. Semi routine and routine occupations	1 (2%)

5.3.2 Depression and Anxiety

In order to test for differences between the stepmother and biological mother groups, t-tests or equivalent non parametric tests (Mann-Whitney) were conducted. The stepmother group showed significantly higher levels of depression ($z = -2.1, p < .05$) and anxiety ($z = -2.4, p < .05$) than the biological mother group (ref Table 5.2).

Although there is ‘no single, generally accepted, cut-off score for HADS (Herrman, 1997, p.21), Snaith et al (1994) recommend that for anxiety and depression alike, raw scores of between 8 and 10 identify mild cases, 11 – 15 identify moderate cases and 16 and above, severe cases. Normative scores, derived from a sample drawn from the general population were also identified by Crawford, Henry, Crombie & Taylor et al (2001). This study resulted in a mean score of 6.14 for anxiety and 3.68 for depression. Comparing these scores with the means recorded in the present study (refer to Table 5.4 below) suggests that while depression and anxiety scores for biological mothers are similar to recorded norms and are within recognised normal levels (Snaith et al, 1994), stepmothers registered greater depression and anxiety than norms (Crawford et al, 2001), with anxiety levels suggesting mild clinical anxiety (Snaith et al, 1994).

*Table 5.4: Depression and Anxiety means for study compared with normative values
(Crawford et al, 2001)*

Variable	Normative value (Crawford et al (2001)	Mean for stepmother group	Mean for biological mother group
Depression	3.68	5.87	3.9
Anxiety	6.14	8.77	6.03

A relationship was also found between anxiety and the length of time a stepmother had lived within the stepfamily, with anxiety decreasing over time ($r = -.4$, $n = 29$, $p < .05$). The same relationship was not seen within the biological mother group (ie. Lowered anxiety levels with women in longer term relationships), indicating that although stepmothers exhibit greater anxiety levels than biological mothers these appear to be mediated over time within the relationship. No such relationship was found between depression levels and the length of the relationship.

5.3.3 Quality of Life

T-tests were conducted to test for differences in quality of life between stepmothers and biological mothers. Significant differences were found between the groups in only the psychological domain, ($t(57) = -2.32$; $p < .05$), with stepmothers reporting significantly lower psychological QoL (mean = 14.16) than biological mothers (mean = 15.48). These findings suggest that stepmothers have lower self esteem, more negative feelings and poorer bodily image than biological mothers. No significant differences were found in the remaining three quality of life domains (physical, social and environmental), however the means for the stepmother group was lower in each domain than the biological mother group.

Correlations were also conducted between the four quality of life domains and anxiety and depression. Significant correlations were found between all measures with the exception of the social quality of life domain and anxiety as shown in table

5.5 below, suggesting heightened depression and anxiety is correlated with a lower quality of life. This was found for both stepmothers and biological mothers.

Table 5.5: Correlations between mental health wellbeing and Quality of life

	<i>QoL physical</i>	<i>Qol Psych</i>	<i>QoL social</i>	<i>QoL Env</i>
	<i>r</i>	<i>r</i>	<i>r</i>	<i>r</i>
<i>Depression</i>	-.55**	-.53**	-.38*	-.59**
<i>Anxiety</i>	-.56**	-.49**	-.23	-.44*

N = 60; * = $p < 0.05$; ** = $p < 0.01$

5.4 Discussion

The pilot study was primarily designed to identify any differences in the mental health wellbeing and quality of life between stepmothers and biological mothers. It also offered a way of testing the recruitment methods of stepmothers to identify those that successfully target stepmothers in a relatively unbiased way.

Recruitment Sources

The use of appropriate family oriented websites and women's magazines proved successful in attracting participants to the research; however, as anticipated they tended to attract more participants from the higher socioeconomic classes, leading to a bias in the sample. These findings suggested that future recruitment methods should continue to identify and utilize family oriented websites and national women's publications however where possible, magazines should include a readership comprised of the lower socioeconomic groups to reduce sample bias. Additional recruitment methods should be identified which also avoid the need for computer or internet access, again to reduce any inherent bias in the stepmother sample. These findings were addressed in the subsequent quantitative study by targeting publications including 'Take a Break', 'Families' and 'Oneup' magazines which have either a lower socioeconomic readership or are distributed free within the community. Organisations including the YMCA, Family Friends and The

Thames Valley Mediation Service were also targeted to increase potential responses from lower socioeconomic groups. A description of all the media used in the study is provided in chapter 6, section 6.2.

Despite some concerns about the difficulty of identifying and recruiting stepmothers (eg., Ferri & Smith, 1998; Stewart, 2007), the stepmothers in the pilot study were both happy to participate and to provide their contact details in order to take part in further research. The offer to provide information to the stepmothers on the findings of the study proved to be an excellent incentive, with most participants expressing a desire to be sent details of the research findings as they became available.

Mental health wellbeing

The results offered a preliminary view of the impact of becoming a stepmother on a woman's mental health and quality of life. In support of hypothesis 2, the findings suggested that there are significant differences in both depression and anxiety between the groups, with stepmothers showing the higher scores in both depression and anxiety. These findings also support previous research (Ferri & Smith, 1998; Morrison & Thompson-Guppy, 1985; O'Connor et al, 1998, Pfleger, 1947), suggesting that taking on the role of stepmother has a significant negative impact on a woman's mental health wellbeing. However, the results indicated that although stepmother's depression levels were elevated they were largely within normal limits (Snaith & Zigmond, 1994). Anxiety levels for stepmothers however were found to be outside normal limits, falling within 'mild anxiety' as defined by HADS (Snaith & Zigmond, 1994). This offers some support to the findings of Morrison and Thompson Guppy (1985) which suggested stepmothers weren't suffer from heightened depression, but that their decreased mental health wellbeing was more closely linked with anxiety.

A mediating factor for anxiety within the stepmother sample appeared to be the length of time the woman had lived as a stepmother, with anxiety decreasing over time. The same relationship was not seen within the biological mother sample,

suggesting that perhaps the proportion of anxiety attributed to stepfamily living decreases as the woman learns to adapt to stepfamily life. These findings were supportive of previous research (Brown, 1987), which found evidence to suggest that the longer a woman had been a stepmother, the less difficult her role became.

Quality of Life

No known research to date has been conducted into the Quality of Life of stepmothers; however previous research has suggested that heightened depression is linked with lower perceived quality of life (Hickey et al, 2005; Hansson, 2002). The present study found much to support this with strong negative correlations between depression and quality of life. Stepmothers in the study were also found to be suffering from both a lowered quality of life and increased depression levels, when compared to the biological mother sample. These findings provide evidence in support of the research question defined to understand perceived differences in quality of life between stepmothers and biological mothers.

Limitations of current study

Whilst this pilot study has provided evidence to suggest that women taking on the stepmother role face a potential negative impact on their mental health wellbeing and quality of life, it does little to aid our understanding of how these factors may be mediated and thus help women cope with their role within the stepfamily. The study also suffered a number of limitations in terms on sample size and distribution. Given the nature of the study (ie. pilot), the sample sizes were relatively small and although matched on some variables such as mothers age, there were significant differences in the stepmother and biological mother samples based on marital status, length of relationship and employment status. Despite attempting to recruit participants through a number of varied sources, the resultant sample showed inherent bias towards professional and managerial occupations. As already discussed, future recruitment should focus more resources at the lower socioeconomic classes in an effort to reduce this bias.

Further Research

The findings within this study support the hypothesis that the mental health wellbeing of stepmothers will be lower than mothers within nuclear families. The research clearly showed that there were differences *between* stepmother and biological mother groups, however further research should be directed at understanding the different stresses *within* the different stepmother types, to determine if family complexity or residency of the stepchildren impacts on stepmother wellbeing.

Given that the pilot study has provided valuable evidence to indicate stepmothers do suffer increased pressures affecting their wellbeing, a further larger scale study was justified, with the aim of reducing the inherent biases within this study. The aim of the larger study needs to differentiate not just between stepmothers (defined as a single entity) and biological mothers, but between the different *types* of stepmother led families, based on their complexity (ie. whether one or both partners have prior children) and the residency of the stepchildren (ie. whether they reside with their stepmother on a full time or part time basis). The planned study would thus provide valuable evidence on the differences between these groups together with a more detailed understanding of the effect of mediating factors such as time, age of stepmother and stepchildren, social support and coping styles on the women's ability to adapt to the stepmother role.

CHAPTER 6

Phase 3: Methodology for the large scale quantitative study and the resultant sample demographics

6.1 Introduction

The pilot study (Chapter 5) provided evidence of differences between stepmothers (taken as a single homogenous group) and biological mothers, supporting the hypotheses that there are differences in mental health wellbeing and quality of life between the groups, with stepmothers reporting lower scores in both psychological dimensions. The study also provided evidence of differences in the perceived quality of life between stepmothers and biological mothers. In addition, the findings provided further justification for the large scale study addressing differences within identified stepmother types, with residency of the stepchildren and stepfamily complexity affecting psychosocial factors.

This study was designed to address all the hypotheses identified for the present research (refer to section 2.7). The results relating to these hypotheses are described in subsequent chapters (8 & 9) however this chapter describes the methods utilised for recruiting the stepmother and biological mother sample to the large scale study together with the planned analysis. It also describes the resultant sample demographics.

6.2 Participant Recruitment

The recruitment campaign began in October 2006 and ran until Jun 2007. A total of 321 questionnaires were requested and posted to potential participants. Of these, 250 were completed and returned, yielding a high return rate of 77.9%. 78 biological mother questionnaires were completed and returned. It is unknown how many biological mother questionnaires were actually distributed as this was mainly

controlled via the stepmother sample and thus depended on how many stepmothers chose to hand out the questionnaire to a friend or relative.

Women were eligible to take part in the research if they were either married to or co-habiting with a partner who had children from a prior relationship. The women must also have seen their stepchildren on a regular basis. The stepmother may look after her stepchildren on a part time or full time basis and she herself may or may not have had children of her own. There were no limits on age of participants. Biological mothers were included if they were either married to or co-habiting with their partner and had children within the relationship.

The identification of stepmothers was recognised to be one of the key challenges for the study (ref Chapter 3). Findings from the pilot study suggested that family oriented websites and national women's magazines were likely to be a good source of potential participants. In order to recruit a sample that reflected the stepmother population, publications with readership across socioeconomic groups were selected and the use of websites was limited to enable participation to those without access to computers or the internet. A wide number of potential recruitment options were considered using non probability sampling with family oriented websites, magazines/newspapers supplemented with recruitment from community based organisations. Table 6.1 shows the recruitment methods used.

Table 6.1: Stepmother Recruitment

Recruitment source	Description
<i>Parentlineplus.co.uk</i>	Parentline Plus is a national charity that works for, and with, families. They offer help and support through a range of free, flexible, responsive services – designed by parents, for parents.
<i>The British second wives club.co.uk</i>	This is an organization specifically offering support, advice and friendship for second wives and stepmothers. Whilst the audience of this organization is well matched to the research it was recognised that the women who use this site may not be

	representative of stepmothers in the general population by displaying more dissatisfaction with their role. These were the experiences of researchers in a previous study which solely utilized this organization as a stepmother recruitment source (Knox et al, 2001).
<i>Stepfamilies.co.uk</i>	This is a website offering advice and support to stepfamilies. While it recognizes the issues stepfamilies are likely to face it is designed to help them cope more effectively in their families.
<i>The stepfamily coach.co.uk</i>	An organization offering support and counselling for stepfamilies. As with the previous organization, although it is likely to attract stepfamily members who need support in their roles the focus is on helping individuals in stepfamilies.
<i>Mumsnet.co.uk</i>	Offers an online meeting place for mothers, with advice on any issue relating to parenting. This organization was chosen as it has a broad audience and is aimed at all mothers. This however, may deter stepmothers who don't perceive themselves in this role from joining.
<i>Childless stepmothers.co.uk</i>	This offers an online support group for women whose partners have children from previous relationships but who have no biological children of their own. This organization was chosen as it offered an extremely targeted approach to recruiting 'simple' stepmothers who may not be otherwise identified.
<i>Psychologies magazine</i>	This is a magazine that has a broad female readership, aimed women aged between 25 and 45 years. It offers articles about lifestyles and relationships that have a basic psychological basis but are written to interest the general population.
<i>Take a break magazine</i>	This is a weekly national magazine that is aimed at women across all age ranges. Its readership is aimed predominantly at lower socioeconomic groups. It was selected particularly for this reason.
<i>Families magazine</i>	This is a magazine which is offered free to readers and is generally available at public places such as leisure centres, doctors' surgeries and libraries. It is an excellent source for families on local amenities and activities as well as offering advice on parenting

	issues. This was considered a very appropriate media as it has a broad readership and is available at no charge.
<i>Oneup magazine</i>	This is a specialized magazine aimed at single parents and stepfamilies. It offers advice and support to families as well as identifying activities in local areas. The magazine is generally offered free by local councils. This publication was selected due to its targeted audience.
<i>The Guardian Newspaper</i>	This national newspaper was selected as it offered a very large broad readership. The article was placed in a supplement on families. Whilst the paper is aimed at higher socioeconomic classes it offered a very wide target readership.
<i>Local Newspaper</i>	An article was placed in a local (Maidenhead, Berkshire) newspaper. The publication is published weekly in the community and has a very large readership which spans all socioeconomic groups.
<i>YMCA</i>	Women attending parenting courses run by the organization were targeted directly to and stepmothers identified and invited to participate in the research. Clearly this approach would select only those women who had recently had biological children but was felt to offer a more direct way of recruiting those women who may not respond to articles in the media.
<i>Family Friends</i>	This is a free service offered to communities and provides a 'helping hand' in whatever way is needed. Whilst this is a service offered to all individuals it is predominantly taken up by lower socioeconomic classes. Stepmothers were identified within the clients and informed about the research.
<i>Thames Valley Mediation Service</i>	This is a service offered to families and couples who need support in their relationships.
<i>School Newsletters</i>	An article explaining the research on stepmothers was included in newsletters for two schools. The first school selected was a secondary school in Preston, Lancashire, with pupils from largely lower socioeconomic classes. The second school was a junior school in Maidenhead, Berkshire with mixed SECs.

Biological mothers were recruited to the study predominantly via the stepmothers. The stepmothers were asked to invite a friend or colleague to complete a questionnaire. This method was chosen with the aim of matching the stepmother and biological mother samples (ie. in age, socio economic class etc). Additional biological mothers were also recruited via local schools and word of mouth.

A total of 250 stepmothers and 78 biological mothers were recruited to the study, making a total sample size of 328. Given that sample size is recognised to affect the overall standard error associated with a variable (Breakwell et al, 2000), with standard error decreasing as sample size increases, analysis was carried out to ensure that the sample size was appropriate for the planned study. G*Power (Erdfelder, Faul & Buchner, 1996) is a power analysis program which computes required sample sizes based on given research parameters. The present study divided the stepmothers into four distinct groups (as described in Table 6.2), with a fifth group comprised of biological only mothers. Assuming a total of five groups within the study, an analysis using G*Power (Erdfelder, et al, 1996) recommended a total sample size of 305 participants, suggesting that the resultant sample size of 328 was adequate.

As discussed, a number of diverse media were used to publicise the study. Table 6.2 shows the percentage of the sample recruited through each method.

Table 6.2: Sample Recruitment

	Family websites	Charged magazines	Free magazines	Direct targeting	Schools	unknown
Sample (% age)	39	38	5	8	1	9

6.3 Sample Characteristics

Stepmothers were segmented by family complexity into four distinct groups as described in Table 6.2 (Definition of Stepmother Groups and Descriptive statistics); identifying full time complex, full time simple stepmothers, part time complex and part time simple stepmothers. A biological mother group was also included to allow comparison both *within* stepmother types and *between* stepmothers and biological mothers.

The segmentation showed that the largest group in the study was part-time simple stepmothers with a total of 140 participants (43%). These women care for their stepchildren on a part time basis, with the children residing for the majority of the time with their biological mother. They do not have biological children of their own. The smallest represented stepmother group was full time complex stepmothers with a total of 17 participants (5%). These women care for their stepchildren in a full time capacity and also have biological children of their own. Given that the majority of children reside with their biological mother following the breakdown of a relationship (Cancian et al, 1998) it would be expected that full time stepmothers would represent a smaller sample within the stepmothers. The two remaining stepmother groups: full time simple and part time complex both represented approximately 14% of the sample with 45 and 47 participants respectively. The full time simple stepmothers care for their stepchildren on a full time basis but have no biological children of their own, whereas the part time simple stepmothers only care for their stepchildren on a part time basis but also have biological children of their own. Biological mothers represented the remaining 24% of the sample with 78 participants.

The sample was further segmented to identify those stepmothers who had biological children from within the current relationship (termed ‘mutual’ babies) distinctly from biological children from prior relationships. A description of these groups is also given in Table 6.3.

The sample was drawn from UK residents, with demographic data suggesting a wide geographic base. Whilst significant effort was made to recruit participants from all known socioeconomic groups (as defined within the National Statistics Economic classification - NS-SEC), it became clear during data collection that the data was skewed towards participants from the higher socioeconomic groups. Similar sample bias has been reported in numerous previous studies involving stepmothers (eg., Ambert, 1986; Ceglian et al, 2000; Church, 1999; Morrison et al, 1985; Orchard et al, 2000; Weaver et al, 2005). Despite attempting to positively recruit from a diverse socioeconomic background, other researchers have similarly struggled to attain a representative socioeconomic sample (eg., Whitsett & Land, 1992). Further efforts were directed towards facilitating participation from lower socioeconomic groups in the present study via direct involvement with parenting groups and charities helping lower income families. Although this provided some success in redressing the balance, higher socioeconomic groups were still over-represented in the sample.

The following section describes the sample further in terms of family and demographic characteristics. These are also represented in Table 6.4: Social and demographic characteristics provided at the end of the section.

Table 6.3: Definition of Stepmother Groups and Descriptive statistics

Stepmother Groups				Further segmentation of stepmother groups			
Stepmother Definition	Description	No.	%	Stepmother Definition	Description	No.	%
Full Complex	The stepchildren live full time with their biological father and stepmother. In addition the stepmother has children of her own, through a previous relationship and may also have children with her current partner.	17	5.2	Full Complex mutual	Stepchildren reside with biological father/stepmother. Stepmother has children from previous relationship and children within current relationship.	2	0.6
				Full Complex	Stepchildren reside with biological father/stepmother. Stepmother also has children from previous relationship. No children within current relationship.	15	4.6
Full Simple	The stepchildren live full time with their biological father and stepmother. The stepmother has no biological children from previous relationships but may have children with her current partner.	45	13.8	Full simple mutual	Stepchildren reside with biological father/stepmother. Stepmother has no children from previous relationship but couples have children from current relationship.	15	4.6
				Full Simple	The stepchildren live full time with their biological father and stepmother. The stepmother has no biological children	30	9.2

Stepmother Groups				Further segmentation of stepmother groups			
Type	Description	No.	%	Type	Description	No.	%
Part Complex	The children do not reside with their biological father and stepmother but visit regularly. The stepmother has children of her own through a previous relationship and may also have children with her current partner.	47	14.4	mutual	Stepchildren visit their biological father & stepmother on part time basis. Stepmother also has children from previous relationship and the couple have children from the current relationship.	7	2.2
				Part Complex	Stepchildren visit biological father & stepmother on part time basis. Stepmother also has children from previous rel. No children from current relationship.	38	11.7
Part Simple	The children do not reside with their biological father and stepmother but visit regularly. The stepmother has no biological children from previous relationships but may have children with her current partner.	140	42.8	Part Simple mutual	Stepchildren visit their biological father & stepmother on part time basis. Stepmother has no children from previous relationship but the couple have children from current relationship.	48	14.8
				Part simple	The children do not reside with their biological father and stepmother but visit regularly. The stepmother has no biological children of her own.	92	28.3
Biological	Biological Children only. No stepchildren	78	23.9	Biological	Biological children only. No stepchildren	78	23.9
Total		327 ¹		Total		325 ¹	

Note. 1. One participant failed to provide sufficient information about their children/stepchildren to determine their group and three participants failed to provide sufficient information to confirm a further segmented group. These individuals were thus excluded from any one stepmother group

6.3.1 Age of Participants

Analysis of the total sample suggested a non normal distribution. Further tests on the separate groups suggested that it was only the part simple stepmother group which was not normally distributed, with significantly younger participants. Further analysis showed that the average age of the stepmothers (taken as a single group) and biological mother group was 37.7 years (SD 8.5) and 38.8 years (SD 5.6) respectively, with no significant difference between the groups. However when the stepmothers were analysed by group (full complex, full simple, part complex and part simple) a significant difference was found between the groups (Refer to Table 5.3), with part time simple stepmothers significantly younger than all other stepmother groups ($\chi^2 = 31.71$, $df = 4$, $p < .001$). Three stepmothers and one biological in the sample omitted to give their ages.

6.3.2 Marital Status

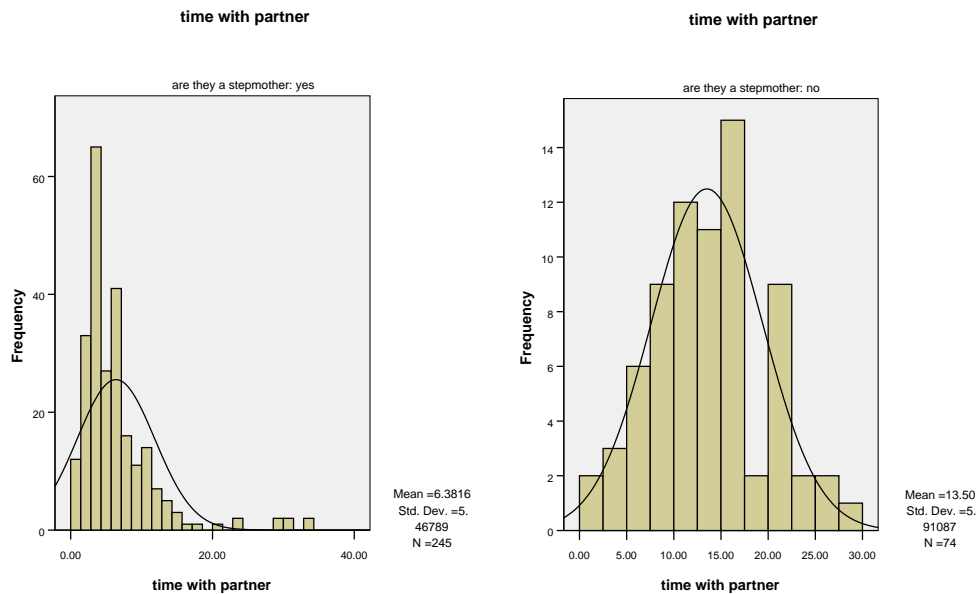
Within the stepmother sample 157 (63%) were married (mean age: 39.65yrs) and 92 (37%) were co-habiting (mean age: 34.42yrs). Within the biological mother group, 66 (86%) were married and 11 (14%) were co-habiting. One stepmother and one biological mother declined to give their marital status.

6.3.3 Length of time with Partner

The relationship length for the stepmother groups was not normally distributed, however the biological mother group showed a normal distribution. For stepmothers as a single group, the average length of time the women had been in a relationship was 6.4 years, with the shortest time recorded as 1 year and the longest time being 33 years. In contrast, the average length of relationship for the biological mothers was 13.5 years, with the shortest relationship being of 2 year duration and the longest 28 years. 5 stepmothers and 4 biological mothers declined to give details.

The stepmother sample was clearly skewed towards the shorter timeframe (See Figure 6.1 below) whereas the biological mother sample shows a normally distributed sample.

Figure 6.1: Length of time with current partner in Years



Further analysis of the stepmother sample indicated that 18% of the participants ($n = 44$) had been in their relationship for 2 years or less, 37% ($n = 92$) between 2 and 5 years, 30% ($n = 76$) between 5 and 10 years and 13% ($n = 33$) for over 10 years.

6.3.4 Analysis of Stepchildren within Sample

248 stepmothers provided details of their stepchildren including both their ages and sex. 2 women omitted to answer. The average number of stepchildren each stepmother had was 2, with a minimum of 1 child and a maximum of 6. Table 6.5 below shows the distribution of children.

Table 6.5: No. of stepchildren within stepfamilies

No. of stepchildren	No. of stepmothers	Percentage
1	83	34
2	110	44
3	37	15
4	12	5
5	4	2
6	2	1

The current average age of the eldest child of each stepmother in the sample was 15 years, with the youngest being 2 years and the oldest 48 years.

The age of the stepchildren at the start of the relationship is also of interest to the study as previous research has shown that this can have a significant effect on the success of the relationship (Hetherington, 1993; Kurdek, 1990). Taking into account the length of the stepmothers' relationships and the age of the eldest stepchild, it was calculated that the average age of the eldest stepchild when the women entered the stepfamily was 8.7yrs with a range of 0 through to 31 years. In order to help analyse this information further, the age of the eldest stepchildren at the start of the relationship were also calculated using four 'bands', based on pre school (0 – 4), junior school (5 – 10), secondary school (11 – 17) and adult (18+). Table 6.6 below shows the results of this analysis.

Table 6.6: Analysis of age of eldest stepchild

Age category (yrs)	At start of relationship		Present Day (2008)	
	No. of stepmothers	%	No. of stepmothers	%
Pre-school (0 – 4)	62	25	5	2
Junior (5 – 10)	107	44	73	30
Secondary (11 – 17)	54	22	99	40
Adult (18+)	21	9	70	28

The above sample was based on the responses of 244 stepmothers with 6 omitting to answer.

6.3.5 *Biological Children*

The sample was equally distributed between stepmothers who had biological children (either within the current relationship or in previous relationships) and those that hadn't, with 51% and 49% respectively. Out of 247 stepmothers (3 did not provide information), 75 participants had given birth to children within the current relationship.

6.3.6 *Time spent by stepchildren each month with father and stepmother*

Participants were asked to record on average, the number of days/nights in a given month their stepchildren would stay with them. A total of 237 stepmothers responded (13 declined to answer), yielding an average of 13.3 days per month, utilizing the full range of days from 0 through to 31. However the mean value will be significantly affected by those participants who care for their stepchildren on a full time basis and those that have shared care. On further analysis it can be seen that when excluding full time and shared care participants, the mean is 6.8 days per month. The largest percentage of participants recorded that their stepchildren spent a total of 4 days/nights with them each month (12%) and suggested visitation occurred every other weekend. A high proportion of participants also recorded visitation of either 6, 8 and 10 days per month.

6.3.7 *Residency of Stepchildren*

Participants were asked to record their stepchildren's primary residency and were given the options of father/stepmother, mother, shared care or other.

The majority of participants, 60%, (n = 150) recorded that their stepchildren lived with their biological mother full time; 25% (n = 63) noted that the stepchildren lived with their father/stepmother; 10% (n = 25) suggested that they had shared care of their stepchildren, divided equally between the biological mother and father. A further 5% (n = 11) recorded 'other'. 1 participant omitted to answer. It should also be noted that 7% (n = 11) of the full time stepmothers

were caring for their stepchildren on a full time basis following the death of their biological mother.

6.3.8 *Employment*

Participants were asked to indicate whether they were currently employed or not. Three stepmothers and ten biological mothers failed to provide details. Table 6.7 provides further details on employment of stepmothers and biological mothers in the sample, compared with the national average (ONS, 2005).

Table 6.7: Employment within stepmother and biological mother sample.

	Stepmothers		Biological mothers		UK Nat'l average (ONS, 2005)
	Sample no.	%	Sample no.	%	%
Full time employed	134	54	17	25	29
Part time employed	70	28	21	31	39
Not w'king/housewife	43	17	30	44	32

The results clearly show that the situation is reversed between stepmothers and biological mothers with the majority of stepmothers working full time and the majority biological mothers remaining at home with the children.

6.3.9 *Socio Economic Grouping*

Participants' occupation type was recorded and analysed using the National Statistics Socio Economic Classification (NS-SEC). This method for recording employment categories utilizes 5 bands of employment type: management, intermediate, small employers, lower supervisory and semi routine/routine. A 'housewife' category was also included for the purposes of this study. Table 6.8 provides further analysis of NS-SEC by stepmother type.

Table 6.8: NS-SEC for stepmothers and biological mothers

Categories	Stepmothers		Biological mothers		UK stats for women	
	participant	(%)	participant	(%)	Average UK (%)	Regional range
Managerial	130	52	35	47	33	25–40
Intermediate	32	13	8	11	10	9–12
Small employers	20	8	2	3	8	5–10
Lower sup	10	4	1	1	9	6–12
Routine/semi rout	14	6	4	5	23	15–29
housewife	44	18	25	33	17	13–23

The stepmother sample, when compared with the UK average for women, suggests a bias in the managerial category, however the percentage of intermediate, small employers and housewives were comparable between the present sample and UK mean. The other main bias in the present sample was seen in the routine/semi routine workers with only 6% compared with 23% as the UK mean.

6.3.10 Education

Analysis of the participants in terms of their educational levels suggests a relatively high attainment across all groups. The majority of stepmothers in each group had received tertiary education, with the highest percentage (87%) registered by part time simple stepmothers (see Table 6.4). The complex stepmother groups (part and full time) showed the lowest level of educational attainment.

Table 6.4: Social and demographic characteristics

Characteristics	Full Complex(n=17)	Full simple(n=45)	Part complex(n=47)	Part simple(n=140)	Biological(n=78)	p
Age(yrs) mean (SD)	44.82(10.17)	36.56(7.65)	41.71(8.06)	35.91(7.95)	38.81(5.62)	<.001
Marital status						<.001
- married	16 (94%)	28 (64%)	30 (64%)	83 (59%)	66 (85%)	
- cohabiting	1 (6%)	17 (36%)	17(36%)	57 (41%)	11(14%)	
Years in relationship	10.41(10.36)	5.92(3.57)	5.82(5.35)	6.22(5.03)	13.5(5.91)	<.001
Age eldest stepchild	20.41(10.14)	14.91(7.64)	15.59(7.93)	14.24(8.10)	-	<.05
Employment						
- full time	8 (50%)	19 (42%)	31 (66%)	76 (54%)	17 (25%)	
- part time	3(19%)	12 (27%)	11 (23%)	44 (32%)	21 (31%)	
- housewife	5 (31%)	14 (31%)	5(11%)	19 (14%)	30 (44%)	
NS-SEC						
- managerial	12 (71%)	33 (73%)	34 (72%)	112 (80%)	54 (75%)	
- intermediate	1 (6%)	6 (13%)	6 (13%)	15 (11%)	11 (15%)	
- small emp	2 (12%)	-	3 (6%)	5 (4%)	-	
- lower sup	-	2 (4%)	-	3 (2%)	3 (4%)	
- rout/semi rout	2 (12%)	3 (7%)	1 (2%)	3 (2%)	4 (6%)	
Education						<.01
- secondary	5 (36%)	11 (26%)	13 (37%)	15 (13%)	11 (19%)	
- tertiary	9 (64%)	32 (74%)	22 (63%)	103 (87%)	47 (81%)	

6.4 Materials

Participants' responses were captured using the questionnaires developed for the present research. The stepmother participants were given the questionnaire battery which comprised of the newly developed stepmother adaptation questions together with existing psychosocial measures to capture participants' mental health wellbeing, quality of life, social support, relationship satisfaction and coping skills. Biological mothers were given a questionnaire which incorporated the same psychosocial measures but excluded the specific stepmother adaptation questions. Background data was gathered from both types of participants. The questionnaires were identical to those used in the pilot study but incorporated minor changes in line with comments received from stepmothers from the pre-testing (refer to table.4.5).

The study was designed to address all the hypotheses developed for the present research (refer to section 2.7) and as such included existing instruments to measure mental health wellbeing (HADS, Zigmond et al, 1983), Quality of life (WHOQOL-Bref, Skevington et al, 2004), relationship satisfaction (KMS, Schumm et al, 1986), coping styles (COPE, Carver et al, 1989) and social support (MSPSS, Zimet et al, 1988). Refer to chapter 5 section 5.2.2 for a description of each of these instruments. The results relating to the hypotheses are described in chapters 8 & 9. The measures designed to address the adaptability of the stepmothers however were developed for this research and as such require analysis to determine their validity and reliability. This analysis is described in chapter 7.

6.5 Procedure

The study was conducted in the same way as the pilot study. Refer to section 5.2.3 for details.

6.6 Analysis Plan

Data from the stepmother and biological mother questionnaires was analysed using the procedures described below. The data was entered into SPSS and assessed for the quantity and distribution of missing data. There was no evidence of any systematic bias.

6.6.1 Assumptions of Parametric data

The distributions of variables were inspected. For interval data, any non normal distributions were identified by checking skewness and kurtosis. The values for skewness and kurtosis were converted to z scores to standardise them. Resultant values less than 2 were considered to be normally distributed (Field, 2000). Further checks for normality were carried out by inspection of normal probability plots and applying the one sample Kolmogorov-Smirnov test to the data. Data was also checked to confirm that all groups had the same variance using Levine's test of homogeneity of variance.

6.6.2 Missing Data

SPSS provides a choice to either exclude cases with missing data, or estimate a value. Tabachnick and Fidell (1996) suggest that if the missing data are not normally distributed or the sample size after exclusion is too small then estimation should be considered. However, this can lead to significant results that would otherwise be non significant. For this reason it was therefore decided to exclude cases with missing data. Missing data was coded with a value of '99' within SPSS and the cases excluded from further analysis.

6.6.3 Determining Validity and Reliability of the Questionnaire

A description of the psychometric tests used in the study are described in chapter 3, section 3.6.

Internal consistency was measured using Cronbach's alpha (Cronbach, 1951), with a coefficient of 0.70 or above used to represent factor reliability.

Retests were provided to participants after a period of 1 month. Correlation analysis was carried out between the two sets of results from the participants.

Concurrent validity was demonstrated by correlating the SAS with HADS (Zigmond et al, 1983) and KMS (Schumm et al, 1986) with significant correlations between $r = 0.2$ and $r = 0.8$ to represent weak through to strong concurrent validity (Cohen, 1988).

Discriminant Validity was demonstrated by correlating the SAS with the Family Environment Scale (Moos et al, 1994), with the criteria satisfied by finding no significant correlations between the measures .

Principal components analysis (PCA) with Oblique rotation (direct oblimin) was used in the present study. Bartlett's test of sphericity, using the Kaiser-Meyer-Ohlin (KMO) was used to test that there were relationships between the variables included in the present analysis. The KMO should be greater than 0.5 if the sample is adequate (Field, 2000).

6.6.4 Testing for differences between the study groups

Hypotheses relating to differences between the mother groups were assessed using either t-tests (to test for differences between two means) or ANOVA (to test for differences between several means) for normally distributed data. Non parametric

data was similarly analysed using either Mann-Whitney or Kruskal-Wallis respectively. Whilst ANOVA identifies differences between the groups being analysed it does not identify which of the groups are significantly different, this is achieved using a post hoc test. Post hoc tests consist of pairwise comparisons that are designed to compare the different combinations of the groups (Field, 2000). There are many post hoc tests available, with each recognised for different attributes. These include limiting errors in rejecting the null hypothesis (type 1 error), limiting errors rejecting an effect that exists (type 2 error) and differences in group sizes and population variances (Field, 2000, Toothaker, 1993). Tukey was selected as the post hoc method for the present study as it has good statistical power and as such demonstrates low type 2 error whilst maintaining control over type 1 error (Field, 2000).

6.6.5 Testing for Relationships between study variables

Hypotheses investigating relationships between psychosocial variables such as stepmothers' mental wellbeing and their adaptability to their role; and demographic and family specific variables such as the age of the stepmother, the sex of the stepchildren and the length of the couple relationship were assessed using correlation analysis. Pearson's correlation coefficient was used when the data was normally distributed and non parametric data was analysed using Spearman's Rho.

Family and demographic variables that were significantly associated with the stepmothers' adaptability were subsequently entered into regression analysis to determine whether the variables predicted the ability of the stepmother to adapt to her role and how much variance could be attributed to those variables (Breakwell et al, 2000). Given that there are several possible predictors to stepmother adaptability multiple regression was used (Field, 2000). There are a number of methods of regression, which differ based on the method of selection of the predictors. Methods include hierarchical (where predictors are selected and ordered by the researcher based on previous findings and expectations), forced entry (where all predictors are

forced into the model simultaneously) and stepwise methods (where predictors are entered into the model based on mathematical criterion) (Field, 2000). Whilst Field (2000) recommends avoiding stepwise methods as they exclude the researcher from the decision making process, Breakwell et al (2000) suggests that this is an appropriate and acceptable methodology. Forced entry regression was chosen for the present study as there was no previous research to suggest any ordering (Field, 2000).

6.6.6 Reporting Results

Relationships at the $p < 0.05$ levels are treated as significant in the analysis, although at times statistically non significant results are also described. Statistically non significant results are reported when the results suggest an underlying trend in the data. With respect to the correlations, Cohen (1988) proposed that as a guide a correlation coefficient (r) of 0.2 might be regarded as a small effect size, $r = 0.5$ as a medium effect size and $r = 0.8$ as a large effect size. However Cohen (1988) acknowledges that the effect sizes are also dependent on the variables under consideration and thus these should be only taken as a guideline. It is therefore important to note both the size of the correlation (r) as well as its significance (p).

6.7 Conclusion

Previous studies have found the recruitment of stepmothers to be problematic (Church, 1999; Erera-Weatherley, 1996; Orchard et al, 1999; Weaver et al, 2005), particularly in the identification of simple stepmother households (O'Connor et al, 1998; Stewart, 2005; White, 1998). The present research however found that all identified types of stepmother were willing to be associated, and assist with, research on stepmothers. In particular, the largest group of stepmothers who participated in the trial were part time simple (43%), who have been under represented in much of the previous stepmother related research (eg., O'Connor et al, 1998; Stewart, 2005; White, 1998). This is probably explained by the fact that these women only care for

their stepchildren on a part time basis and as such would be excluded from research that addresses only stepfamily households (eg., Ceballo et al, 2004; Lansford et al, 2001; MacDonald et al, 1996).

The study also yielded a high return rate for the stepmother questionnaires (77.9%), with previous studies only reporting return rates of around 60% (Gold et al, 1993; Knaub et al, 1984; Orchard et al, 1999). This may be explained by a number of factors. Firstly, the stepmothers were targeted using purposive non-probability sampling. Consequently, questionnaires were only sent out to stepmothers who had responded to an advertisement for participants. A much lower return rate would have been expected for probability sampling (Beaudry et al, 2001). Whilst no monetary inducements were provided, the stepmothers were offered access to the results of the study. The feedback from the participants suggested that this was a real incentive due to the lack of help and information for stepmothers. In order to increase the response rate, the present study also included an accompanying letter setting out clear objectives for the research, an affiliation to the university and timely reminders, all of which have been shown to increase return rates (Nachmias et al, 1981).

The resultant sample was 328, divided into five groups indentifying full time complex stepmothers, full time simple stepmothers, part time complex stepmothers, part time simple stepmothers and biological mothers (refer to table 6.2). The stepmother sample was biased towards part time complex stepmothers, with almost 43% of the stepmothers falling within this group definition. However, it was felt that this was an appropriate representation of the total stepmother population, with the majority of stepmothers adopting a part time stepparenting role with many of those women not having biological children (Kreider & Fields, 2005). This group has also been under represented in previous research as the stepchildren are not resident in the household and as such are not included in national statistics (ONS, 2001). The relatively small percentage of full time stepmothers in the study was also felt to reflect the stepmother population, with few biological fathers being granted

residency of their children (ONS, 2001) and hence a lower proportion of stepmothers assume a residential stepparenting role.

Whilst the ages of the stepmother and biological mother groups were comparable, there was a significant difference between the ages of the various stepmother groups, with the part time simple group significantly younger than the remaining groups. Whilst there is no research to support this, it is suggested that these findings are likely to be reflective of stepmother characteristics in the general population with simple stepmothers being younger on average than complex stepmothers. Whilst the present study found part time simple stepmothers to be significantly younger than the other groups it was noted that both simple stepmother groups were younger than the complex groups (refer to table 6.3). In terms of their marital status, just under two thirds of the stepmothers in the study were married (63%). Whilst this was lower than the percentage of biological mothers who were married, these results reflect those found in previous research (e.g., Ferri et al, 1998; Haskey, 1994). The stepmother and biological mother samples also differed in terms of the length of their relationship; however this would be expected given that the stepfamily is a second partnership.

The majority of stepmothers reported having two stepchildren (44%, with a range of between 1 stepchild (34%) and 6 stepchildren (1%). The average age of the stepchildren was 15 years, with the majority of stepmothers reporting stepchildren of secondary school age (11 – 17yrs). Approximately half of the sample reported having biological children (51%), with seventy five of these women having biological children within their current relationship.

In terms of residency, the majority of the sample reported that their stepchildren lived predominantly with their biological mother (60%), with 25% stating that their stepchildren lived with them and a further 10% had shared care of their stepchildren with the biological mother. The remaining 5% included those stepfamilies where the stepchildren have left home. Whilst there are no accurate statistics for stepfamily

statistics in the UK due to the exclusion of non residential households (ONS, 2001), 18% of stepfamilies in the UK are recognised to be residential stepmother families (ONS, 2001) suggesting that the present results are representative of the population.

Despite significant attempts to recruit a stepmother sample representative of all socioeconomic groups, there remained bias towards the professional and managerial professions (refer to table 6.7). Previous research has suggested that stepmothers may be more highly qualified than biological mothers (Ferri et al, 1990) however these findings were based on a limited sample of residential stepmothers ($n = 33$). Alternative explanations for these findings may be that lower socioeconomic classes are less inclined to actively seek help or advice or alternatively do not experience the same level of distress as more educated women. Socioeconomic bias is more likely to be reduced by recruiting from direct sources such as parenting groups or community organisations; however the current study found that recruitment from these groups to be extremely difficult, with stepmothers either unwilling to be identified or reluctant to take part in the study.

Once the sample had been obtained, the next stage of the research was to analyse the data. The analysis was planned in stages due to the presence of both new scales with untested psychometric properties and the use of existing psychosocial measures. Firstly factors relating to the stepmothers adaptability to her role were identified using factor analysis. Further analysis was conducted to determine the psychometric properties of these measures. This analysis is described within chapter 7. When the stepmother adaptability factors had been identified and validated they could be further analysed along with existing measures of mental health wellbeing, quality of life, relationship satisfaction, social support and coping styles to identify differences between the types of mother in the sample and relationships between the study variables, thus addressing the research hypotheses described in chapter 2. The results from this analysis are described in chapters 8 and 9.

CHAPTER 7

Psychometric Analysis of the Stepmother Adaptability Scale (SAS)

7.1 Introduction

This chapter describes the analysis conducted on the SAS to firstly determine the significant factors within the scale; and secondly to verify the psychometric properties of the newly identified factors. These new factors related to the stepmothers' adaptability may then be used in further analysis to test the hypothesis that stepmothers' wellbeing is related to their ability to adapt to their role and to determine whether there is a difference between the stepmother types.

7.2 Factor Analysis

The data from the completed questionnaire batteries was used to establish the reliability and validity of the new stepmother adaptability scales. The following section describes this analysis and validation process.

To determine underlying themes of stepmother's expectations and experiences, expressed through the stepmother specific questions (sections 2, 3, 4 & 5 in the questionnaire battery), a principal components analysis was conducted.

All variables from sections 2, 3, 4 and 5 were entered into the analysis, with the options specified in section 6.6.3. Field (2000) recommends examining the inter-correlation between the variables to identify any variables that do not correlate with any other variables and variables that correlate highly with other variables. Either of these scenarios is an indication of potential problems with the factor analysis. If variables do not correlate with others then factor analysis will be unable to identify underlying factors. Conversely, if the variables correlate too highly this is an

indication of multicollinearity. Whilst mild multicollinearity is not considered a problem for factor analysis, it is important to avoid extreme multicollinearity as it suggests that the variables are too similar and are in effect measuring the same thing (Field, 2000). Further examination of the correlations matrix suggested that several variables showed a very low correlation with other variables and were consequently removed (refer to Table 7.1). Whilst none of the correlations was larger than 0.8, the determinant of the correlation matrix was smaller than 0.00001 and as such multicollinearity was identified. The correlation matrix was inspected and items with high correlations were identified and duplicate variables deleted (refer to table 7.1). This process was repeated until the determinant lay within the recommended limits (ie. > 0.00001). Singularity was not considered a problem with the data as no correlations of greater than 0.9 were found between variables.

Table 7.1: Items Removed from SAS

- 2.3. My ideal Christmas day would involve all our children
- 2.4. I think stepfamilies are an accepted part of society
- 2.7. I have great support from my family
- 2.8. My stepchildren would be better behaved if they lived with us all the time
- 2.10. I know I can rely on my friends to support me.
- 2.11. When my stepchildren visit it feels like there are two separate families
- 2.12. I don't think stepparents should attend school events
- 2.14. I expect the children to look at me as a mother figure to them
- 2.15. I feel I do a better job with my stepchildren than their own mother
- 3.2. I have a better relationship with my children than my stepchildren
- 3.4. I enjoy my stepchildren's company
- 3.6. I love my stepchildren
- 3.7. I wish I didn't have stepchildren
- 3.9. My stepchildren regularly show me affection
- 3.11. I look forward to my stepchildren's visits
- 3.12. I don't believe my stepchildren appreciate what I do for them
- 4.1. I feel completely at ease as a stepmother

- 4.2. Being a stepmother is much harder than I ever imagined.
 - 4.3. I feel uncomfortable as a stepmother
 - 4.4. I'm happy to tell people I'm a stepmother
 - 4.10 I feel it is difficult to know what a stepparent is supposed to do
 - 4.15. I think my stepchildren love me
 - 5.1. My partner should be responsible for disciplining his children
 - 5.2. My partner always supports me when I discipline my stepchildren
 - 5.3. I feel uncomfortable disciplining my stepchildren
 - 5.5. I take joint responsibility for disciplining my stepchildren with my partner
 - 5.6. My partner is really supportive of the way I look after his children
 - 5.9. I'm comfortable with my partner's relationship with his children's mother
 - 5.10. I resent the time my partner spends with his ex partner
-

The Kaiser-Meyer-Olkin (KMO) statistic varies between 0 and 1, with a value close to 1 indicating that patterns of correlations are relatively compact and so factor analysis should yield distinct and reliable factors. Kaiser (1974) recommends accepting values greater than 0.5, however values closer to 1 are recognised as more likely to yield distinct factors. The KMO for the present study was found to be 0.90 and as such was considered acceptable.

Bartlett's test of sphericity (Field, 2000) was used to test that there were relationships between the variables included in the analysis, with a significant result reflecting that the matrix is not an identity matrix and as such relationships between the variables exist. A significant result was found for the analysis ($\chi^2 = 2621.89$, $p < 0.001$) and factor analysis was therefore judged to be appropriate.

Using the above criteria and suppressing loadings less than 0.4 (Stevens, 1992) a total of 5 factors were identified in the pattern matrix. These were named: Stepchildren Bond, Role Ambiguity, Spousal Support, Role Resentment and Stepfamily Integration. The factors and associated variables are provided in table 7.2.

Table 7.2: Stepmother subscales and factor loadings (using PCA and Oblimin with Kaiser Normalization)

Responses ranged from strongly agree (5) to strongly disagree (1) ²	M	SD	Missing N	Factor Loading	Cronbach's alpha	Retest Reliability coefficient (r)
Factor 1: Stepchildren Bond	17.75	4.29			0.80	.908**
2.13 My stepchildren will always go to their father rather than me if they have a problem ¹	3.03	1.42	1	-.539		
3.1 I have a good bond with my stepchildren	3.65	1.14	4	.697		
3.3 My relationship with my stepchildren has improved over the time I've known them	3.78	1.15	4	.801		
4.5 I consider myself to be a good stepparent	3.83	.93	4	.469		
3.8 I think my stepchildren respect me	3.54	1.06	8	.607		
Factor 2: Role Resentment	14.06	4.39			0.75	.919**
2.5 None of my family or friends really understand the difficulties stepfamilies have	3.55	1.20	1	.576		
3.10 I resent my stepchildren	2.67	1.34	5	.680		
4.6 I resent taking on the additional household burden associated with my stepchildren	2.89	1.27	4	.700		
4.7 I feel sad when I think how different my life would be if we weren't a stepfamily	3.19	1.34	3	.718		
4.8 I try and avoid telling people I'm a stepmother	3.92	1.07	3	.578		
Factor 3: Spousal Support	15.77	4.86			0.81	.877**
5.8 My partner and I work together to resolve problems	3.67	1.12	1	.679		
5.4 My partner and I have similar views on rules and discipline	3.28	1.28	1	.764		
5.7 I find it hard to raise problems about my stepchildren with my partner ¹	3.14	1.46	3	-.485		
5.11 My partner and I have regular disagreements over my stepchildren ¹	3.17	1.40	4	-.434		
2.9 My stepchildren have different values to us ¹	2.50	1.21	3	-.564		

Factor 4: Role Ambiguity	16.62	5.04			0.84	.778*
4.13 I'm often confused as to how much or when to parent my stepchild	3.47	1.29	6	.777		
4.14 I sometimes hesitate in my interactions for fear they think I'm the wicked stepmother	3.27	1.35	4	.683		
4.12 I feel inadequate as a stepmother	2.98	1.33	3	.757		
4.11 I sometimes fear I'm the wicked stepmother of the Cinderella story	3.34	1.37	3	.572		
4.9 I often wonder if I'm being a good stepparent	3.56	1.06	3	.868		
Factor 5: Stepfamily Integration	12.51	4.18			0.76	.811**
2.6 I am always included in school events such as sports day or parents evening	2.38	1.49	5	.784		
3.5 I treat my stepchildren as though they are my own	3.28	1.30	4	.530		
2.1 I think of my family as myself, my partner and all the children including stepchildren	3.76	1.29	2	.583		
2.2 A family holiday should always involve all our children including my stepchildren	3.07	1.41	3	.696		

Notes. ** $p < 0.001$ 1. items were reverse coded. 2. All items were reverse coded initially to ensure 'agreement' indicated a high score and 'disagreement' a low score.

Stepmother Adaptability Factors

The factor 'Stepchildren Bond' focuses on the development of a positive relationship with the stepchildren, which is identified through respect, affection and love. A high score indicates that the stepmother feels a close bond with her stepchildren.

The factor 'Role ambiguity' focuses on the stepmother's unease within her role and is typified by feelings of inadequacy, hesitant actions with the stepchildren and fear of becoming the wicked stepmother. A high score indicates high ambiguity.

The factor 'Spousal Support' focuses on the supportive nature of the couple relationship and addresses children's discipline, ability to raise issues freely and a desire to work together to resolve issues. A high score indicates good spousal support.

The factor 'Role resentment' is typified by resentment and a longing for a more traditional family. This subscale measures the difficulty the stepmother shows in her acceptance of her role in the stepfamily. A high value indicates higher resentment.

The factor 'Stepfamily Integration' represents how closely the stepmother views the stepfamily as a single entity including all family members. A high score reflects a well functioning, integrated stepfamily.

All five factors express to an extent how well the stepmother is coping in her role within the stepfamily. It could be argued that they are demonstrating the 'adaptability' of the stepmother to her role. Three of the factors reflect a positive development (integration, bond with stepchildren & spousal support), with a high score implying that the stepmother is adapting well to her role. The remaining two factors (role ambiguity and role resentment) reflect a negative aspect to the role, with a high score indicative of problems in adapting to the role. An overall

measurement of adaptability can therefore be gained by combining the positive factors and then adding the reverse scores of the two negative factors (Role ambiguity and role resentment) to provide overall stepmother adaptability. The new scale was therefore referred to as the Stepmother Adaptability Scale or SAS.

7.3 Validity and Reliability of Stepmother factors

Following factor analysis to identify the significant factors associated with stepmother adaptability, further analysis was conducted to determine the reliability and validity of the new measures. The findings are discussed in the following section.

7.3.1 Data distribution

The distribution of the new factors was inspected to check for normality (refer to section 6.6.1 for analysis plan). The descriptive statistics for the factors are shown in table 7.2 below. Analysis suggested that only one factor, ‘stepchildren bond’ showed negative skew. All other factors showed no skewness but had a flat distribution (high kurtosis). The analysis from the K-S test however suggested that none of the factors demonstrated a normal distribution ($p < .05$).

Table 7.2: Descriptive statistics of Stepmother Adaptability Factors

SAS Factor	n	M	SD	Z _{skewness}	Z _{kurtosis}
Stepchildren bond	240	17.75	4.29	3.17	1.59
Role Ambiguity	244	16.62	5.04	1.06	2.80
Spousal support	244	15.77	4.86	1.61	2.80
Role resentment	241	14.46	4.39	.006	2.84
Stepfamily integration	240	12.51	4.18	.25	2.69
Total SAS	224	64.82	17.27	.67	2.73

7.3.2 Validity

7.3.2.1 Concurrent Validity

Concurrent or convergent validity refers to the extent to which the instrument correlates with other instruments designed to measure related constructs. Given that there are no existing measures of this stepmother adaptability concurrent validity was assessed by analysing the new construct with existing constructs measuring wellbeing (Depression and anxiety) and relationship satisfaction as it was felt these were similar constructs. A table containing all correlations is provided in Table 7.3.

Findings suggested that all five factors and the total SAS were associated with relationship satisfaction. All factors apart from stepfamily integration were significantly correlated with depression and all factors apart from stepfamily integration and stepchildren bond were significantly associated with anxiety. The significant associations were found with correlations between $r = .17$ and $r = .53$ suggesting weak to moderate concurrent validity (Cohen, 1988). Concurrent validity was demonstrated although the strength of the correlations suggests that some factors within the SAS are not highly correlated with the HADS and the KMS.

Table 7.3: Correlations between stepmother adaptability factors and existing psychosocial measures

		Depression (HADS)	Anxiety (HADS)	Relationship satisfaction (KMS)
Stepchildren bond	r	-.21**	-.112	.33***
	p	.001	.084	.000
	N	237	239	227
Role resentment	r	.37***	.27***	-.46***
	p	.000	.000	.000
	N	238	240	229

Spousal support	r	-.33***	-.17**	.53***
	p	.000	.008	.000
	N	241	243	231
Role ambiguity	r	.24***	.27***	-.19**
	p	.000	.000	.003
	N	241	243	231
Stepfamily integration	r	-.10	-.05	.22**
	p	.12	.44	.001
	N	237	239	228
Total stepmother adaptability	r	-.34***	-.25***	.45***
	p	.000	.000	.000
	N	221	223	213

* = $p < .05$; ** = $p < .01$; *** = $p < .001$

7.3.2.2 *Discriminant Validity*

Discriminant Validity refers to the degree to which the instrument does not correlate with dissimilar unrelated scales (Cronbach, 1971). A subscale from the family environment scale (FES, Moos & Moos, 1994) was initially used as a measure of discriminant validity as it was believed that this scale should be sufficiently different from the SAS factors as the scales are measuring different constructs. This scale however was found to correlate with all the SAS factors. Further analysis with existing wellbeing measures (ie. HADS and KMS) also showed significant correlations. These findings suggested that the FES was not a good measure of discriminant validity, given that both the new SAS and the existing wellbeing scales all showed high correlations to the instrument.

In order to identify an alternative measure of discriminant validity the suitability of other measures within the questionnaire battery were assessed. One of the coping measures within the COPE scale (Carver et al, 1989) measured whether participants turn to religion when trying to cope with a problem was identified. This was selected as a suitable measure of discriminant validity, incorporating no measurement of wellbeing and therefore unlikely to show any correlation with wellbeing measures.

A correlation with this scale and an existing measure of wellbeing (HADS) showed no correlation and as such further analysis on the stepmother adaptability scale was considered appropriate. Correlations with the coping subscale and the stepmother adaptability factors also suggested no relationship (with $r = 0.01$ to $r = 0.06$) and hence discriminant validity was demonstrated.

7.3.3 Reliability

7.3.3.1 Internal Consistency

Internal consistency for each factor was calculated using Cronbach's alpha coefficient. The results are provided in [Table 7.2](#). Cronbach's alpha is used to measure whether the items in a scale are measuring the same construct. A high correlation between the items indicates that the items are measuring the same construct, whereas a lower score suggests a greater amount of error and low reliability. Subscale values for all six factors ranged from 0.75 to 0.84 which all fell within the criteria (Breakwell et al, 2000; Nunnally, 1978) which recommend alpha co-efficients of above 0.7.

7.3.3.2 Test Retest Reliability

In order to test the reliability of the SAS, a number of respondents were asked to repeat the questionnaire as part of the test-retest reliability measure. A total of 89 completed retests were returned, representing 35.6% of sample. The questionnaires were completed between 4 and 8 weeks after completion of the first questionnaire.

Correlations were carried out on all SAS scales. The reliability coefficients for the subscales were found to be between $r = 0.78$ and $r = 0.92$ and are shown in [Table 7.2](#), which suggests that all factors apart from one are within the recommended criteria of $r = 0.8$ for test retest (Kline, 2000).

7.4 Discussion

Principal components analysis was used to factor analyse the items in the SAS. The analysis identified five distinct factors: Stepchildren Bond, Role Ambiguity, Spousal Support, Role Resentment and Stepfamily Integration. The resultant scale comprised of 24 items after 29 items were removed due to low correlation between factors and evidence of multicollinearity. Tests to determine the KMO (Kaiser, 1974) and Bartlett's test of sphericity (Field, 2000) suggested the data was appropriate for factor analysis. The resultant factor loadings on each of the five factors were all satisfactory with a high percentage of the items ($> 79\%$) considered good to excellent (Kline, 1994).

Concurrent validity was determined by correlating the SAS factors with existing measures of depression and anxiety (HADS; Zigmond et al, 1983) and relationship satisfaction (KMS; Schumm et al, 1986). The SAS factors were found to correlate with both these scales with values of r ranging from 0.17 to 0.53, which suggest weak to moderate correlations between the SAS and existing measures of mental health wellbeing and relationship satisfaction. These findings suggest that the SAS is not measuring the same constructs as mental health wellbeing or relationship satisfaction but is moderately correlated with them. As such, the results are considered appropriate given that the SAS has been designed to measure the level of adaptability the stepmother perceived to her role, rather than simply her mental health wellbeing or happiness within her relationship.

Discriminant validity proved more difficult to demonstrate with the new SAS displaying significant correlations with the family environment scale (FES, Moos et al, 1994). However, further analysis confirmed that the FES was also highly correlated with other psychosocial scales such as the HADS and the KMS and as such was unsuitable for testing the instrument's discriminant validity. One of the coping scales - 'turning to religion' within the COPE instrument (Carver et al, 1989) was instead selected to measure discriminant validity. This scale showed no

correlation with existing wellbeing measures (HADS and KMS) or the SAS, suggesting good discriminant validity.

Internal reliability was determined for the SAS through measuring internal scale consistency (Cronbach's alpha). All SAS factors showed strong internal consistency ($\alpha = 0.75$ to 0.84) suggesting high reliability with all values higher than the recommended minimum of $r = 0.7$ (Breakwell et al, 2000; Nunnally, 1978). External reliability was measured using retests which were distributed one month after the initial questionnaire. The reliability coefficients for the subscales using the retests were also found to be strong, ranging from $r = 0.78$ through to $r = 0.94$. Recommended criteria for test retest is recognised by Kline (2000) to be $r = 0.8$, however although one subscale (Role Ambiguity) fell slightly below the recommended limit, the remaining four subscales reflected high external reliability and thus demonstrated adequate test retest reliability.

On the basis of the psychometric evaluation discussed it was therefore deemed appropriate to incorporate the SAS as part of the analysis presented in the following chapters.

CHAPTER 8

The Effect of Role Complexity and Stepchildren's Residency on the stepmother's wellbeing

8.1 Introduction

The findings from the pilot study (described in Chapter 5), suggested significant differences between the mental health wellbeing of stepmothers and biological mothers, with stepmothers showing both higher depression and anxiety than biological mothers. Additionally, when addressing the quality of life (QoL) of both mother groups, the study indicated that stepmothers were significantly more likely to show a decreased psychological QoL when compared with biological mothers, suggesting reduced self esteem, increased negative feelings and poorer bodily image and appearance (Skevington et al, 2004). Whilst the stepmothers' QoL in the remaining areas (physical QoL, social QoL and environmental QoL) was lower than that reported by the biological mother group, the differences were not significant.

These findings provided support to the hypotheses proposing that there would be a difference in the perceived QoL between stepmothers and biological mothers (hypothesis 1) and that stepmothers would suffer a decrease in mental health wellbeing when compared to biological mothers (hypothesis 2). The study findings however were limited due to the size of sample within the study ($n = 60$). Whilst the study provided evidence of a difference between two mother groups, stepmothers and biological mothers, the sample size was insufficient to allow further subdivision of the stepmother group to determine whether there were significant differences based on whether the stepmother cares for the stepchildren on a full time or part time basis or whether or not the stepmother has biological children of her own.

The aim of the present study was to build on the findings of the pilot study, utilizing a larger stepmother sample to allow segmentation between full and part time

residency and complexity of the stepfamily to quantify any differences between the groups in terms of mental health wellbeing, quality of life and relationship satisfaction. In addition, analysis was conducted to determine any differences between the stepmother types in terms of their ability to adapt to their role within the stepfamily, using the newly validated SAS instrument.

Quality of Life

In terms of the perceived quality of life of stepmothers, it was hypothesised that there would be a difference in the quality of life of stepmothers compared with biological mothers (hypothesis 1).

Mental health wellbeing

It was hypothesized that there would be a difference in stepmother wellbeing based on the complexity of the stepfamily (hypothesis 2), with complex stepmothers registering the greatest impact to overall wellbeing, as suggested by the majority of previous research (eg., Clingempeel, 1981; Doodson et al, 2006; Fine et al, 1991; Santrock et al, 1987; Stewart, 2005). These findings would be explained in relation to the model developed by Boss and Greenberg (1984) on Family Boundary Ambiguity, suggesting greater ambiguity regarding family membership in more complex families. Role theory (Visher & Visher, 1979) may also be used to explain the increased stress in complex stepfamilies, which is related to the ongoing conflict between the roles of biological mother and stepmother. It was also hypothesized that there would be a significant difference in stepmother wellbeing based on the residency of the stepchildren (hypothesis 3). Previous research has suggested that part time stepparenting is more stressful (Fine et al, 1991) and less rewarding (Ambert, 1986), with more role ambiguity caused by the lack of permanence in the family unit (Stewart, 2005).

Relationship Satisfaction

A further aim of the current study was to provide confirmatory findings regarding the comparison of first married and remarried couples in terms of relationship

satisfaction. Whilst some earlier studies have considered either complexity of the stepfamily (eg., Ambert, 1986; Furstenberg et al, 1984) or residency of children (eg., Clingempeel et al, 1985; Ganong and Coleman, 1988), the current study addressed the combination of these factors to understand the impact on relationship satisfaction. The resultant hypothesis therefore is that stepmothers would have comparable relationship satisfaction to biological mothers (hypothesis 5).

8.2 Descriptive Statistics

The sample characteristics are fully described within Chapter 6. Table 8.1 provides the descriptive statistics for the stepmother and biological mother groups for the study variables (Mental health wellbeing, QoL, SAS and relationship satisfaction). Comparisons of these variables were conducted across all mother groups, including biological mothers, whereas comparison of SAS scores were, by the nature of the variables, only conducted across the stepmother groups.

Evaluation of the normality of the data suggested that none of the variables in the study were normally distributed. Depression showed a positive skew, suggesting that the majority of the sample perceived themselves to have low depressive symptoms. Anxiety was similarly skewed although to a lesser degree. Relationship satisfaction and the quality of life measures were negatively skewed suggesting the majority of participants were largely content within their relationships and perceived a high quality of life. Only one adaptability factor (stepchildren bond) was skewed, however all the study variables resulted in a significant K-S test suggesting that they should be treated as non parametric data.

Table 8.1: Descriptive Data for Study Variables

Study Variable	Type of Mother																		Analysis ¹
	Full Complex			Full Simple			Part Complex			Part Simple			Stepmothers			Biological			
	N	M	SD	N	M	SD	N	M	SD	N	M	SD	N	M	SD	N	M	SD	
Depress(3.68 ²)	17	6.47	3.67	45	6.42*	4.63	47	5.19	4.11	137	5.46	3.93	247	5.66	4.09	76	4.21	3.58	X ² =11.18*
Anxiety (6.14 ²)	17	8.88	3.43	45	8.24	4.74	47	8.28	5.04	139	8.68*	4.16	249	8.54	4.37	76	6.54	3.96	X ² =11.76*
QoLPhy(73.5 ³)	17	71.08	20.25	44	72.32	17.80	47	77.62	15.51	138	75.78	15.59	247	75.19	16.32	78	77.15	15.42	X ² =3.91
QoL–Ps(70.6 ³)	17	56.72	20.59	45	56.48*	19.27	47	64.91	17.06	139	62.97	16.84	249	61.67	17.77	78	67.04	15.22	X ² =11.15*
QoL–So(71.5 ³)	17	66.67	22.63	45	57.78*	23.93	47	70.39	21.48	138	68.72*	20.90	248	66.77	22.07	78	72.22	24.80	X ² =11.40*
QoL–E (75.1 ³)	17	68.57	20.51	45	69.03	17.37	47	72.33	14.19	139	71.14	14.92	249	70.82	15.34	78	71.26	12.76	X ² = .77
QoL Total	17	263.0	76.46	44	253.8*	61.72	47	285.25	57.62	138	279.62	57.47	247	274.75	60.31	78	287.67	55.39	X ² =10.41*
Stepch bond	15	16.53	4.67	44	18.68	4.04	45	17.44	4.19	135	17.71	4.37	239	17.77	4.30	-	-	-	X ² =3.90
Role resentm	16	14.50	4.08	44	15.05	4.56	45	13.89	3.88	135	14.45	4.56	240	14.46	4.40	-	-	-	X ² =2.13
Spousal Supp	16	15.56	4.93	44	15.80	5.40	45	14.93	4.92	138	16.07	4.69	243	15.78	4.87	-	-	-	X ² =1.67
Role ambig	16	18.44	5.24	45	16.00	5.63	45	15.96	5.45	137	16.85	4.66	243	16.63	5.05	-	-	-	X ² =3.39
Stepfam Integ	16	14.81	3.23	44	15.34*	4.55	41	12.98	3.39	138	11.17	3.78	239	12.49	4.18	-	-	-	X ² =38.29***
Total SAS	14	65.14	18.55	41	68.95	18.99	40	64.75	15.19	128	63.48	17.23	223	64.81	17.31	-	-	-	X ² =2.67
Rel sat	17	14.00	5.34	43	15.91	4.57	44	16.93	4.35	132	16.74	4.33	237	16.41	4.49	73	16.63	4.07	X ² =6.05

Notes. * = sig < .05; ** = sig < .001; *** = sig .001

1. Kruskal-Wallis (X^2 value reported) used for non parametric data.
2. NORM values for depression and anxiety (Crawford et al, 2001).
3. NORM values on WHOQOL-BREF (Hawthorne, Herrman and Murphy, 2006)

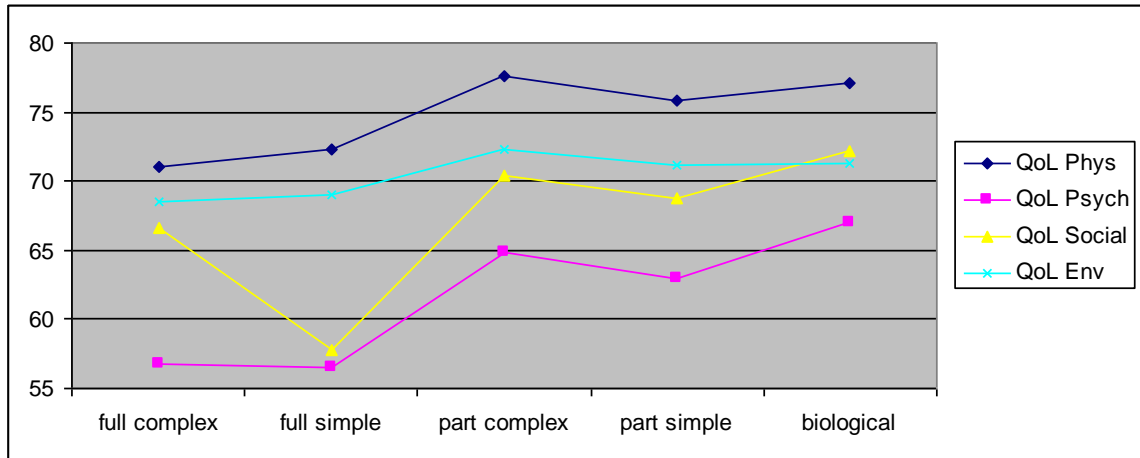
8.3 Analysis of differences within the sample in terms of quality of life, mental health wellbeing, relationship satisfaction and Stepmother Adaptability (SAS)

Hypothesis 1: It was hypothesised that there would be a difference in the perceived quality of life between stepmothers and biological mothers.

A significant difference was found between the stepmothers and biological mothers in the psychological quality of life dimension, with stepmothers recording a significantly lower score ($z = -.230, p < 0.05$). No significant differences were found in any of the remaining quality of life dimensions (social, physical or environmental QoL) or overall QoL. These results were comparable with those found in the pilot study. When compared with recorded NORM values for the quality of life domains (Hawthorne, Herrman & Murphy, 2006), there was a noticeable reduction in the psychological QoL of stepmothers.

Analysis across all stepmother types and biological mothers however, showed a significant difference in overall QoL ($X^2 = 10.41, df = 4, p < .05$), with full time simple stepmothers registering significantly lower QoL than the remaining groups. Further differences were found in both the psychological QoL between the groups ($X^2 = 11.15, df = 4, p < .05$) and the social QoL ($X^2 = 11.40, df = 4, p < .05$), with full time simple stepmothers registering significantly lower than the other groups in both these factors.

Figure 8.1: Means plots of QoL factors for mother groups



Although neither the physical or environmental quality of life measures were statistically significant, it can be seen from the means plot (Figure 8.1) that the trend appears to suggest that full time stepmothers perceive a lower quality of life than part time stepmothers across all factors.

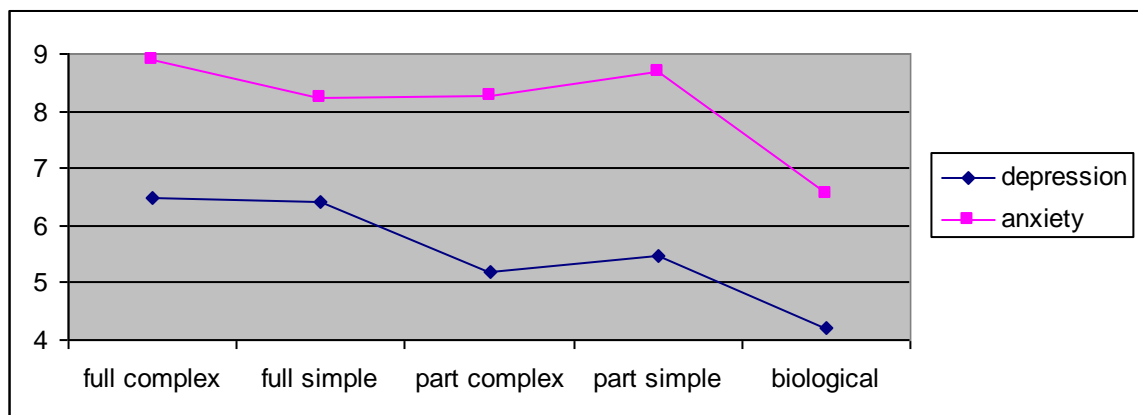
Hypothesis 2: It was hypothesised that stepmothers would report a lower mental health wellbeing, as measured by depression and anxiety, than biological mothers, with stepmothers in more complex stepfamilies reporting the lowest mental health wellbeing among stepmothers.

A significant difference was found in both levels of depression ($z = -2.86$, $n = 323$, $p < 0.01$) and anxiety ($z = -3.19$, $n = 325$, $p < 0.001$) between stepmothers (taken as a single group) and biological mothers, suggesting stepmothers suffer increased depression and anxiety when compared to biological mothers. These findings show the same trends as those in the pilot study with both depression and anxiety significantly higher for stepmothers than biological mothers. When comparing these results with recognized NORM values on the HADS scale (Crawford et al, 2001), the present results for the biological mother sample were comparable with recorded norm values, however values for stepmothers were higher than the norm, with the

mean value for anxiety of the stepmother group (8.54) outside recognized normal levels of anxiety suggesting 'mild anxiety' levels (Snaith & Zigmond, 1994).

Analysis taking into consideration the different types of stepmother (based on residency of stepchildren and family complexity) indicated a significant difference between the groups in levels of depression ($X^2 = 11.18$, $df = 4$, $p < .05$), with post hoc analysis confirming that full complex stepmothers showed the highest depression levels. As can be seen from the means plot in Figure 8.2, all stepmother groups showed a higher level of depression than the biological mother group, with the full time stepmother groups recording higher depression than the part time stepmothers. All groups however fell within recognized non clinical levels (a score of between 0 and 8) as defined by HADS (Snaith & Zigmond, 1994).

Figure 8.2: Means plot of depression and anxiety by type of mother



For anxiety, it was the part time simple stepmothers who showed significantly higher levels ($X^2 = 11.76$, $df = 4$, $p < .05$) when compared with the other groups (although full complex stepmothers displayed the highest anxiety the difference was not significant between the groups due to the small number of participants in this group). However, as for depression, all stepmother groups showed a higher level of anxiety than the biological mother group (refer to Figure 8.2). Unlike depression however, all stepmother groups recorded anxiety at a level considered to be outside

the recognized normal levels by HADS (greater than 8.0), suggesting all stepmother groups were showing signs of mild anxiety.

Hypothesis 3: It was hypothesised that there would be a difference in mental health wellbeing (as measured by depression and anxiety) between non residential and residential stepmothers.

As can be seen from figure 8.2 above, the depression levels for residential stepmothers were the highest of all stepmother and biological mother groups, with full time complex stepmothers showing significantly higher levels. However, whilst anxiety levels for all stepmother types were higher than reported NORMS (Snaith and Zigmond, 1994), it was the part time simple stepmothers rather than the residential stepmothers who reported significantly higher anxiety with a mean of 8.68 (NORM = 6.14).

The present study segmented stepmothers based on the residency of the stepchildren with only two options: residential or part time. Clearly, for those stepchildren who live with their father and stepmother on a part time basis, contact time may vary from only occasional days to shared care with the biological mother. Consequently, further analysis was conducted to understand whether this variation in contact affected stepmother welfare. The results are illustrated in Table 8.3 below. Depression was found to correlate positively with the number of days in every month the stepchildren spent within the stepmother household, suggesting that as the time increased, so did the depressive symptoms of the stepmother ($r = .18$, $n = 234$, $p < 0.01$). Similar results were found for the stepmothers' quality of life, with all factors apart from environmental QoL showing a significant reduction as contact time increases (refer to Table 8.3). Relationship satisfaction was also found to have a significant relationship with contact time. The findings suggest that wellbeing is negatively affected as contact time increases; however it should be noted that the many of the variables reflect only a weak correlation.

Figure 8.3: correlation matrix of wellbeing variables with contact time

	Wellbeing variables ²							
	Depression	Anxiety	QoL- Phys	QoL- Psych	QoL- soc	QoL- Env	QoL- Total	Rel Sat
Contact ¹	.18**	.063	-.18**	-.24***	-.21**	-.12	-.24***	-.16*

Notes. 1. refers to the number of days per month the stepchildren spend with their stepmother and father. 2. correlation reported using Spearman rho. * < .05, ** < .01, *** < .001.

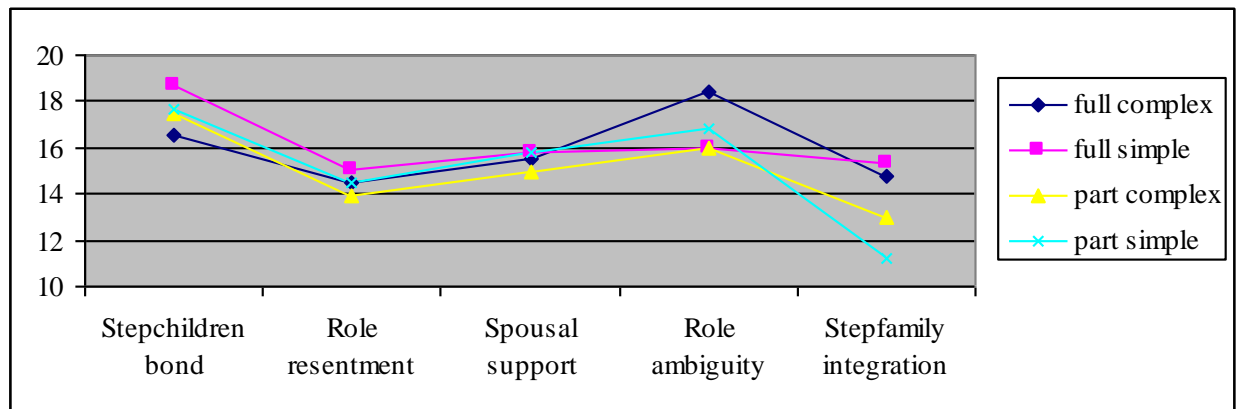
As earlier findings had suggested that full time stepmothers suffered greater depression and lower quality of life than part time stepmothers this association between contact time and depression could simply be a reflection of the differences between residential and part time stepmothering. In order to determine whether this correlation held for part time stepmothers, rather than being influenced by the residential stepmothers the analysis was repeated for part time simple stepmothers only (n = 140). A significant correlation remained between depression and contact time with the stepchildren (r = .188, p < .05) and psychological quality of life and the contact time (r = -.245, p < .01), suggesting that stepmothers' depression increases with contact time with their stepchildren.

Hypothesis 4: It was hypothesised that there would be an association between stepmothers' mental health wellbeing and their adaptability to their role in the stepfamily; and that adaptability would differ based on the residency of the stepchildren and family complexity.

Findings reported in chapter 7 (refer to table 7.3) indicated a significant association between overall stepmother adaptability with depression (r = -.34***), anxiety (r = -.25***) and relationship satisfaction (r = .45***), indicating increased adaptability is related to higher mental health wellbeing and relationship satisfaction. Further analysis was conducted for each of the five factors of the SAS identified by factor

analysis (refer to Chapter 7), namely: Stepchildren bond, Role Resentment, Spousal Support, Role Ambiguity & Stepfamily integration.

Figure 8.4 Means plot of SAS variables by stepmother type



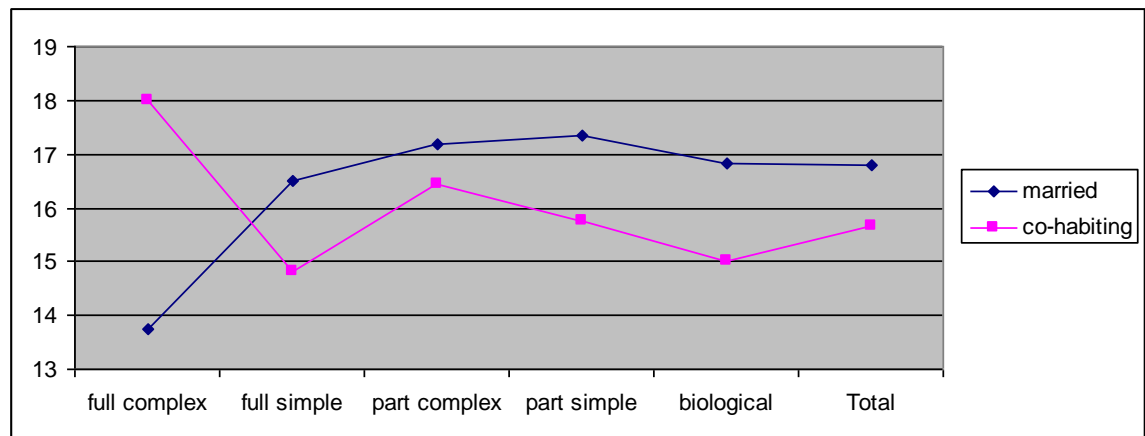
No significant differences were found between four of the SAS factors (Stepchildren bond, Role resentment, Spousal Support and Role Ambiguity) and the overall SAS. However a significant difference was found between the different types of stepmother in the ‘Stepfamily integration’ factor ($X^2 = 38.29$, $df = 3$, $p < .001$). Post hoc analysis confirmed that full time stepmothers have the most integrated stepfamilies when compared with part time stepmother families. Refer to Figure 8.4 for the means plots of the SAS factors for each of the stepmother types.

Hypothesis 5: It was hypothesised that relationship satisfaction would not be significantly different between stepmothers and biological mothers, however it was hypothesised that there would be a difference in relationship satisfaction between the identified stepmother types (based on residency and family complexity).

A comparison of all stepmothers in the study with biological mothers on perceived relationship satisfaction found no significant difference between the two mother groups. Overall, relationship satisfaction for married stepmothers taken as a single group and biological mothers was found to be almost identical ($m = 16.41$, $SD = 4.49$ and $m = 16.63$, $SD = 4.07$ respectively) with very little difference in

relationship satisfaction between stepmothers and biological mothers and within the stepmother groups. A further comparison within the stepmother groups also found no significant difference in relationship satisfaction. Whilst married women reported higher satisfaction in their relationship than those cohabiting (ref Figure 8.5), none of the differences were significant.

Figure 8.5: Relationship satisfaction for study groups



Note. only 1 stepmother in the study was classified as a full time complex cohabiting stepmother and as such their rel sat score cannot be considered representative of this stepmother type.

Previous research (Crane, Middleton & Bean, 2000) has suggested that a total score of 17 or above on the KMS (Schumm et al, 1986) indicates that the individual is not distressed in their relationship, whereas a score of 16 or lower indicates some degree of relationship distress. Analysis of the relationship satisfaction for the groups using the cut off points for relationship satisfaction and distress (Crane et al, 2000) further suggest that roughly half of the full time stepmothers were experiencing some form of relationship distress (52.9% for full time complex stepmothers & 46.5% for full time simple stepmothers); whereas only about one third of part time stepmothers were suffering similar levels of distress (34.1% for part time complex stepmothers and 37.1% for part time simple stepmothers) which are at comparable levels to biological mothers (34.2%).

8.4 Discussion

Early stepfamily research tended to concentrate on differences between stepfamilies and non stepfamilies, sometimes referred to as a ‘between family’ approach (eg., Nadler, 1977), more recent research has attempted to segment stepfamilies in an effort to understand differences from a ‘within family’ approach (eg., Ambert, 1986; Brown, 1987; Vemer et al, 1989). However, these studies have typically segmented stepfamilies along one factor such as residency of the children or the complexity of the relationship (ie. whether one or both partners have biological children). It has been suggested that the lack of or minimal segmentation of stepfamilies and members of stepfamilies can go some way to explaining the mixed or inconsistent findings of previous studies (Berger, 1995).

The present study has attempted to segment stepmother types based on whether they have biological children of their own that they bring into the relationship *and* whether the stepmother cares for her stepchildren on a full time or part time basis. There have been many conflicting findings on differences between stepfamilies groups and it was hoped that by performing a more rigorous segmentation, using a large representative sample, supportive evidence could be provided to identify significant differences both between the stepmother types and between stepmothers and biological mothers.

Previous studies have provided evidence to suggest that complex stepfamilies experience lower relationship satisfaction (Clingempeel & Brand, 1985) and poor adjustment to stepfamily life (Schultz et al, 1991). A study by Brown (1987) however found conflicting evidence to suggest that it is complex stepmothers who have *less* difficulty in adjusting to the stepmother role. In terms of the residency of the stepchildren, evidence from previous studies has suggested that residential or full time stepmothers report higher levels of relationship satisfaction and overall wellbeing (Guisinger et al, 1989; Hetherington & Henderson, 1997). A further study

(Ambert, 1986) found evidence to suggest residential stepmothers develop closer relationships with their stepchildren than part time stepmothers.

The present study focused on mental health wellbeing and quality of life as measures of stepmother adjustment within the stepfamily. In addition, the five Stepmother Adaptability Scale (SAS) factors, identified through factor analysis, were included in the analysis to investigate differences in women's adaptability to the stepmother role based on stepchildren's residency and complexity of the family.

Evidence was found to suggest that both residency and family complexity affected stepmothers' ability to cope with the demands of their role, with a detrimental affect on their mental health wellbeing and quality of life. This is discussed in the following section.

The impact on a stepmother's quality of life based on the family complexity and residency of the stepchildren

The study found no evidence to suggest that stepmothers as a single group have a lower perceived overall quality of life than biological mothers, however stepmothers were found to suffer significantly lower psychological QoL than biological mothers, providing some support to hypothesis 1 that there would be a difference in the quality of life of stepmothers and biological mothers. When the individual stepmother groups were considered separately to determine if there were any differences within the stepmother types, women who care for their stepchildren on a residential basis and had no biological children of their own were shown to have significantly lower overall QoL than other stepmother groups and biological mothers. Full time simple stepmothers were also found to have significantly lower quality of life in both the psychological and social domains, suggesting that they suffer lower self esteem and lower mood than part time stepmothers. The impact on their perceived social quality of life suggests that they perceive they have inadequate social support from their spouse and family and friends.

Whilst previous research (eg., Fine et al, 1991; Ambert, 1986; Stewart, 2005) had suggested that part time stepparenting is more stressful than residential stepparenting and is consequently less rewarding and inherently has more role ambiguity for the stepparent, the present findings indicate that the nature of the full time stepmother role may have a more detrimental impact on the overall wellbeing of the stepmother in terms of their self esteem, mood and the availability of a good support infrastructure. It is suggested that this may be due to the greater overall impact on women who assume a full time stepmother role and who don't have biological children of their own.

The impact on a stepmother's mental health wellbeing based on the family complexity and residency of the stepchildren

Stepmothers were found to have significantly higher depression and anxiety than biological mothers, providing support to hypothesis 2. When analyzing the mental health wellbeing of the individual stepmother groups however it was the residential stepmothers who had significantly higher depression. These findings were contradictory to hypothesis 3 which had theorised that it would be the part time stepmothers who would report the lowest mental health wellbeing.

However, when considering the affect on the women's anxiety the findings suggested that the residency of the children did have a bearing, with part time simple stepmothers suffering significantly increased anxiety when compared to other stepmother groups. These findings provide some support to hypothesis 3 which suggested that part time stepmothers would have lower mental health wellbeing. However the present study findings suggest that it may be a combination of the residency *and* family complexity which increases the women's anxiety. Whilst previous research has focused on depression as a measure of mental health wellbeing, there is limited previous research focusing on the effect of anxiety on stepmother wellbeing (Morrison et al, 1985; Nadler, 1977; Pflieger, 1947). These

studies found evidence to suggest that stepmothers suffer increased anxiety at levels great enough to affect their ability to cope, however they were conducted on relatively small samples (all with less than 50 stepmothers) and as such the evidence cannot be considered representative of stepmothers. The present study provides more robust evidence to suggest that stepmothers do suffer increased anxiety at degrees considered to be within mild clinical levels (Zigmond & Snaith, 1983). The study also suggested that within stepmothers, it is the part time simple stepmothers who suffer the most significant heightened anxiety, although it was noted that all stepmother groups were above normal levels. The part time simple stepmother group is also the youngest within the study and with age shown to correlate with anxiety levels (anxiety decreasing with mother's age) it is perhaps not surprising that this group is affected most by heightened anxiety. One could postulate that these stepmothers are not only the youngest but also lack experience with children (having no biological children), and are therefore more predisposed to be anxious about how to behave and deal with their stepchildren.

Whilst all stepmother groups showed depression levels above those shown by biological mothers, all groups were within normal or expected levels of depression (Zigmond & Snaith, 1983). Previous research by Morrison and Thompson-Guppy (1985) suggested that stepmothers were not suffering depression as such but were simply reacting to difficult and complex situations. The present research suggests that although stepmothers suffer a heightened depression (when compared to a biological mother sample) they fall within non clinical levels and therefore finds some support for the findings of Morrison et al (1985).

As previously discussed one of the key advantages of the present study over and above previous research is the differentiation of stepmother type and complexity of role. The findings suggested that whilst stepmothers in general appear to show heightened depression when compared to biological families; there is a significant difference within stepmother types with full time stepmothers being affected the most. While it is reasonable to suggest that the heightened depression can be

partially explained by the combined effects of socioeconomic factors, social support and life events (O'Connor et al, 1998), the evidence from the present study also suggests that the full time nature of the role has a significant effect on the stepmothers' wellbeing. Full time stepmothers by nature of their role, take on more responsibility with their stepchildren, taking care of them in a full time capacity, coupled with taking care of their own children and general household duties the evidence implicates that these women are prone to displaying greater depression levels potentially resulting from the increased pressures.

The combination of results from the analysis of depression and anxiety of the stepmothers provides an insight into the different stresses affecting mental health wellbeing of stepmothers. The study provides evidence that the full time nature of the stepmother role appears to place additional demands on the stepmother which in turn increases perceived depression levels. The increase, whilst significant, is within acceptable limits, whereas anxiety is shown to increase for all stepmothers, over and above levels seen for biological mothers, and is significantly higher for those women who take on the stepmother role without prior experience of biological children.

Differences in stepmother's adaptability based on family complexity and residency of the stepchildren

The stepmothers in the study were assessed in terms of their adaptability to their role based on the five factors of the SAS. The results suggested that only one of the factors was significantly different between the identified stepmother types, namely, Stepfamily integration. No significant differences were found in the remaining four factors or in the overall SAS. The results are discussed below.

Despite the increased depression and impact on quality of life for residential stepmothers, the study findings suggested that residential stepmothers had developed stepfamilies which they perceived as more integrated than part time stepfamilies, with stepchildren being considered truly part of their families. Stepfamilies where

the children only reside on a part time basis are more fluid in nature, with stepchildren not being considered part of the family by many of these stepmothers. Previous research has suggested that if stepfamily members include all family members and avoid separating the family along biological lines then intergroup conflict is reduced and the stepfamily is allowed to develop more effectively (Banker et al, 1998). Clearly this is harder to achieve in stepfamilies where the stepchildren spend less time, however stepmothers should be encouraged to include all their stepchildren in their definition of their family and so facilitate the development of their new stepfamily.

Given that residential stepmothers spend more time with their stepchildren it would be reasonable to assume that they would perceive a stronger bond with their stepchildren than part time stepmothers. However no significant differences were found between the groups. Whilst full time simple stepmothers reported the strongest bond with their stepchildren, full time complex stepmothers reported the weakest bond of all the stepmother groups. The same pattern was evident for part time, with complex stepmothers showing a weaker bond than simple stepmothers. The results suggest a possible trend whereby complex stepmothers, regardless of stepchildren's residency appeared to show a weaker bond with their stepchildren. This may be explained by the fact that these women were struggling to cope with the diverse roles of biological mother and stepmother, as defined within Role Theory (Visher et al, 1979). Stepmothers who don't have any biological children have no conflict in terms of giving love and attention to their stepchildren. It could be postulated that women who have their own biological children find it more difficult to devote time and attention to their stepchildren for fear it will impact on their relationships with their own children.

Relationship satisfaction differences between identified stepmother types and biological mothers

Much research has been conducted on relationship satisfaction with contradictory results (reference [Chapter 1](#) for complete literature review). A meta analysis on remarital satisfaction found evidence from 16 studies (Vemer, et al, 1989) to suggest that although people in first marriages report greater satisfaction, the differences are small and not significant. The present study supports this view and that presented in hypothesis 5, suggesting that there is no significant difference in relationship satisfaction between stepmothers and biological mothers. Although not significant, the research did suggest that full time complex stepmothers suffer the lowest relationship satisfaction within stepmothers as a whole. Previous research has focused predominantly on the complexity of the step relationships, suggesting that simple stepfamilies are happier within their relationships (Clingempeel, 1981; Clingempeel & Brand, 1985). Others have focused on the residential element of the stepparent role, suggesting that couples without residential children would find greater relationship satisfaction (Pasley & Ihinger-Tallman, 1982). The present study found evidence in partial support of all of these previous studies but crucially, the differences are only seen when combining complexity and residency. The findings suggest that residency has the greatest bearing on relationship satisfaction with part time stepmothers finding more happiness within their spousal relationship. These findings directly contradict an earlier study by Ambert (1986) which found evidence to suggest residential stepmothers had greater relationship satisfaction. It was noted however, that this study (Ambert, 1986) relied on a relatively small sample of residential stepmothers ($n = 10$) and as such may not be truly representative of residential stepmothers.

The present study found support to hypothesis 5 that there would not be a significant difference between stepmothers and biological mothers in levels of relationship satisfaction. However, the related extended hypothesis that there would be a

difference between the stepmother types was not supported, with no differences found between any of the groups.

Summary

The present findings suggest wellbeing to be lower for residential stepmothers (showing an increase in depression and lower psychological quality of life), however this is tempered with heightened anxiety for part time simple stepmothers. The present study suggests that it is not the nature of the residency of the stepchildren solely that differentiates, but a combination of residency and family complexity. The study found evidence to suggest that the amount of time stepchildren spend with their stepmother and father affects the stepmother's wellbeing, with depression increasing and QoL and relationship satisfaction reducing as the contact increases. Anxiety however showed no association with the amount of contact time. These results suggest that the additional contact with the stepchildren increases the stress for the stepmothers, both physically and emotionally. The lack of association between anxiety and contact time suggests that for those women who suffer increased anxiety, this is more simply related to the presence of the stepchildren and the inability of the stepmother to cope with their parenting role.

The overall findings for mental health wellbeing suggest that whilst higher depression is linked with stepmothers it is at levels which are recognised to be within normal boundaries. Anxiety however was found to be raised in all stepmother groups and reached levels that could be considered outside the normal recognised range for the general population (Snaith et al, 1994). These findings suggest that further research is needed to understand the causes of this raised anxiety and identify ways of reducing the stepmothers' anxiety to within recognised, normal levels.

Anxiety is recognised as a common complaint among both the general and clinical populations. Symptoms of anxiety can include irritability, excessive worrying, difficulty concentrating, avoidance of situations, increased dependency, restlessness and excessive alertness (Blackburn, 1984). It can be regarded as a basic emotion

(Plutchik, 1980; Russell, 1991) and has an important function in relation to survival. Trait anxiety has been well recognised as one of the major dimensions of personality in most contemporary theories (eg., Cattell, Eber & Tatsouka, 1970; Costa & McCrae, 1985) and further evidence has suggested that genetic factors contribute approximately 30% of the variance of trait anxiety, with environmental factors contributing the remaining variance.

There is reasonable evidence to suggest that life events play a role in anxiety disorders. A study by Barrett (1979) found that anxious patients reported significantly more undesirable events than controls and a further study by Finlay-Jones and Brown (1981) found that anxious patients were more likely to have experienced at least one severe event in the previous 12 months. In a review of further studies, Andrews (1988) concluded that increased anxiety tended to follow an especially severe period of stress.

Turning to the current study, it could be concluded that the stepmothers have suffered increased stress in the creation of their stepfamilies, which may have been precipitated by the breakdown of previous relationships. However this does not explain why part time simple stepmothers should show the highest anxiety. Butler, Fennell, Robson & Gelder (1991) suggest that anxiety is maintained by anxious thoughts, where individuals 'catastrophise' and distort the possible outcomes and probability of these outcomes. This is exacerbated by a lack of self confidence and a reduced belief in their ability to carry out the activities successfully. This explanation could be very clearly applied to the inexperienced stepmothers, particularly those that have no biological children and have little experience of parenting. Butler et al (1991) further suggest that this heightened anxiety can be controlled by learning to recognize the anxious thoughts and taking appropriate action to reduce the perceived threat.

Whilst it is recognised that anxiety is cognitive in nature (Beck & Emery, 1985; Beck & Clark, 1988), the cognition is not the direct cause of the anxiety. In the case

of the stepmothers, the cause of their initial anxiety is in the adoption of their role as a stepmother and their belief that they can't carry out their role effectively. If these women were given help and support in firstly understanding the cause of their anxiety and subsequently in coping with the demands of their role it should be feasible to reduce their associated anxiety to within normal levels (Snaith et al, 1994).

In considering the ability of the stepmother to adapt to their role in the stepfamily, differences were found between the stepmother types based on the residency of the stepchildren. Women who cared for their children in a full time capacity showed a greater family integration. Whilst no significant differences were found between the groups in the remaining SAS factors or in the overall SAS, full time residency appeared to be slightly more beneficial in terms of helping the stepmother adapt to her role.

Finally, in terms of relationship satisfaction, the study found no evidence to suggest there is any difference between stepmothers and biological mothers or within the different stepmother types, providing support to previous research (Hobart, 1991; Kurdek, 1989; O'Connor et al, 1999; White et al, 1985).

CHAPTER 9

The effect of mediating factors on the stepmother's adaptability and wellbeing

9.1 Introduction

The findings reported in the previous chapter showed significant differences between stepmothers and biological mothers in terms of their mental health wellbeing and quality of life, with stepmothers registering higher depression and anxiety and lower quality of life than biological mothers. The amount of time the stepmother had contact with the stepchildren was also shown to affect the stepmother's wellbeing, with depression, relationship satisfaction and quality of life being related to contact with the stepchildren. Relationship satisfaction was found to be equivalent for stepmothers and biological mothers suggesting no difference between the groups in terms of satisfaction with their spousal relationship.

The aim of this chapter is to investigate the role of mediating factors on the overall wellbeing of stepmothers and satisfaction within their role. These factors were separated into two distinct groups; demographic based variables and measures based on social support and coping mechanisms used by the stepmother. The demographic variables included within the analysis were the stepmothers' age; the age and sex of the stepchildren; the presence of mutual children; the marital status and contact with the stepchildren. The influence of social support and coping styles was also analysed to determine the effect of these variables on stepmothers' wellbeing and role adaptability.

Effect of Demographic Variables on Stepmother wellbeing

Previous research has suggested that the problems experienced by the stepfamily are mediated by numerous and varied socioeconomic and family type variables. Some research has suggested that the majority of difficulties experienced by stepfamilies

are related to the children (White & Booth, 1985), with children's age (Fine et al, 1998) or sex (Clingempeel et al, 1984) influencing the perceived issues. Further studies have focused on the impact of mutual children born into the stepfamilies (Ganong & Coleman, 1988; Rosenbaum et al, 1977; Visher & Visher, 1979) with contradictory findings. Whilst some research found no difference in the remarriage dependent on whether the couple had mutual children (Ganong et al, 1988), other research found evidence to suggest that a mutual child would have a disruptive impact on step relationships (eg., Berman, 1980; Visher & Visher, 1979). Research has also found evidence that the birth of a mutual child only has a significant effect on the remarriage if it is the *first* biological child for either parent (MacDonald et al, 1996).

It was hypothesised for the present study that the individual characteristics of the stepfamily, such as length of the relationship (hypothesis 6), the sex of the stepchildren (hypothesis 7) and presence of mutual children (hypothesis 8) would have a mediating effect on stepmother wellbeing.

Effect of Support mechanisms on Stepmother wellbeing

Given the wealth of evidence from previous research (see Chapter 1, sections 1.8 & 1.9) which shows that social support is a reliable predictor of psychological status (Knox et al, 2001; Sarason, Levine, Basham & Sarason, 1983; Wilcox, 1981) and that remarried couples use different coping mechanisms and have poorer conflict resolution skills than first married couples (Brown et al, 1990; DeLongis et al, 2002), it was hypothesized that the wellbeing of stepmothers would be significantly affected by the amount of social support available to the stepmother (hypothesis 9) and the coping mechanisms adopted by them (hypotheses 10).

9.2 Analysis of the mediating effect of stepfamily characteristics on stepmother wellbeing

The following section describes the results of the analysis conducted to determine the effect of the stepfamily characteristics on the stepmother's wellbeing. Analysis was carried out to determine if the stepmothers mental health wellbeing, quality of life or adaptability to her role was affected by the stepmother's age, the length of the current relationship, the number, age and sex of stepchildren, the presence of mutual children and the stepmother's employment status.

Hypothesis 6: It was hypothesised that there would be a relationship between the length of the relationship, mother's wellbeing (as measured by depression and anxiety) and adaptability to their role as a stepmother.

Analysis of the study sample, including stepmothers and biological mothers, showed a significant correlation between the length of the relationship and mental health wellbeing, with anxiety and depression lower for those women who have been in their relationships for longer ($r = -.167$, $n = 315$, $p < .01$ and $r = -.23$, $n = 317$, $p < .01$ for depression and anxiety respectively). However when the stepmothers and biological mothers were analysed separately it was only the biological mother group for which the significant association remained ($r = -.269$, $n = 73$, $p < .05$ for depression and $r = -.315$, $n = 73$, $p < .01$ for anxiety).

A relationship was also found between the age of the stepmother and anxiety levels, ($r = -.133$, $n = 246$, $p < .05$), suggesting that younger stepmothers display increased anxiety. The environmental quality of life was found to correlate positively with both the age of the stepmother and the time in the relationship ($r = .139$, $n = 246$, $p < .05$; $r = .128$, $n = 244$, $p < .05$ respectively), suggesting that factors relating to the home environment and the financial position of the couple increase with age and the length of the relationship.

The factors related to stepmothers' adaptability were analysed to determine any relationship between them and the age of the stepmother and the length of the relationship. Table 9.1 shows the resultant correlations. A negative relationship was found between the length of the relationship and role ambiguity and role resentment such that stepmothers who had been in a relationship for a longer period of time reported lower resentment and ambiguity. A relationship was also found with overall adaptability, suggesting that there is higher role adaptability for stepmothers who have been in their role longer. A further relationship was found between the age of the stepmother and role ambiguity, with older stepmothers recording less ambiguity in their role than younger stepmothers.

Table 9.1: Correlations between Stepmother adaptability variables and time in relationship and age of stepmother

Family characteristic	Stepchild ren bond	Role Ambiguity	Spousal support	Role Resentment	Stepfamily integration	SAS Total
Length of relationship	.030	-.171**	.058	-.176**	.075	.143*
Stepmothers' age	-.068	-.188**	-.038	-.090	-.046	.038

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

Whilst these relationships were all significant, it should be noted that all had a relatively weak effect size with $r < 0.4$ (Cohen, 1988) for all significant associations, suggesting only limited evidence in support of the hypothesis that there would be a relationship between the length of the stepmother's relationship and the adaptability of the stepmother to her role and mental health wellbeing.

Hypothesis 7: It was hypothesised that the sex of the stepchild would have an effect on stepmother wellbeing.

In an effort to reduce the possibility of introducing confounding variables caused by multiple stepchildren, a sub sample of the stepmother group was formed, containing all stepmothers who had a single stepchild ($n = 82$). Stepmothers who had a female stepchild were then compared against stepmothers with a male stepchild in terms of mental health wellbeing, QoL and relationship satisfaction. No significant differences were found between these two groups although a closer inspection of the means highlighted an underlying trend whereby mental health wellbeing, quality of life and relationship satisfaction were all higher for women with a male stepchild than those with only a female stepchild.

Hypothesis 8: It was hypothesised that the presence of mutual children would have a significant effect on the stepfamily dynamics, particularly when this was the first biological child for the stepmother.

Analysis, using two way unrelated ANOVA was conducted to determine if there was a difference in wellbeing between stepmothers who had given birth to children within the current relationship and those that had only stepchildren and biological children from previous relationships (for complex stepmother types). No significant differences were found for stepmothers' mental health wellbeing (as measured via depression or anxiety), their relationship satisfaction, their quality of life or their adaptability to their role, based on their family type and whether they had given birth to a child within the relationship.

However, some of the sample groups had a very low number of participants, with only 4 full time complex stepmothers and only 7 part time complex stepmothers having mutual children. Consequently, whilst there were no significant differences observed between the groups, a comparison of the means reflect some potential trends in the stepmothers adaptability measures. Table 9.2 shows the means for

stepmothers' anxiety by stepmother type and based on the presence of mutual children. It can be observed that part time complex stepmothers with mutual children perceived higher anxiety than those without mutual children, whereas the opposite was true for part time simple stepmothers, with higher anxiety seen for those stepmothers who didn't have any mutual children.

Table 9.2: Anxiety means for stepmother groups with and without mutual children

	Full Complex			Full Simple			Part Complex			Part Simple		
	N	M	SD	N	M	SD	N	M	SD	N	M	SD
-mutual child	5	7.0	2.45	15	8.2	3.32	7	10.14	3.44	48	7.75	3.97
-no child	12	9.67	3.55	30	8.27	5.36	38	7.68	5.10	91	9.18	4.19

No sig differences between groups. **Bold** text indicates suggested trends in the results

A similar trend was found in stepmothers' role ambiguity (refer to table 9.3), with part time complex stepmothers reporting higher ambiguity if they had mutual children than if they didn't, with the converse for part time simple stepmothers. Previous analysis of stepfamily integration (refer to section 8.3) has found significantly higher integration for full time stepmothers. Whilst further analysis to determine whether there was a difference in stepfamily integration for stepmothers who had mutual children did not find a significant difference, both full time simple and full time complex stepmothers with mutual children reported higher stepfamily integration than those without mutual children as shown in table 9.3.

Table 9.3: Role Ambiguity and Stepfamily integration means for stepmother groups with and without mutual children

SAS factor	Study Variable	Full Complex			Full Simple			Part Complex			Part Simple		
		N	M	SD	N	M	SD	N	M	SD	N	M	SD
Role Ambiguity	-mutual child	4	19.0	7.12	15	16.7	6.56	7	20.3	4.19	47	16.1	4.78
	-no child	12	18.3	4.85	30	15.6	5.19	37	15.2	5.39	90	17.3	4.58
Stepfamily integration	-mutual child	4	16.0	2.83	15	16.5	3.64	7	13.3	2.43	47	11.1	3.49
	-no child	12	14.4	3.37	29	14.7	4.89	33	13.0	3.60	91	11.2	3.94

n = number of participants; M = mean; SD = standard deviation; **bold** indicates potential trend. No sig differences found.

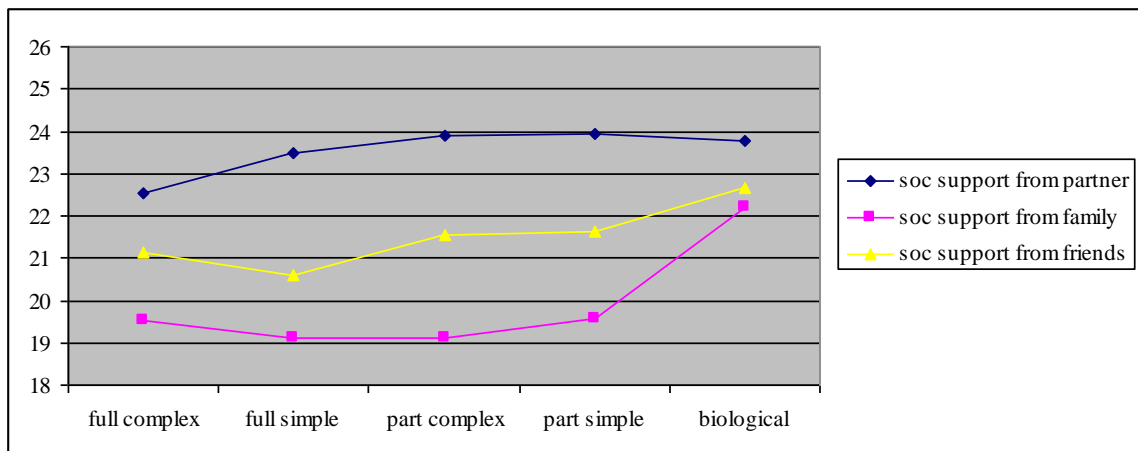
These findings although not significant, suggest that the birth of a child has little overall affect on the stepmother's wellbeing, however for those women who haven't had biological children (simple stepmothers), the birth of their first child may help to reduce any perceived ambiguity and anxiety regarding their parenting role. The birth of a mutual child for full time stepmothers may also increase their perception of a unified family.

Hypothesis 9: It was hypothesised that the presence of social support would lead to increased wellbeing and quality of life for the stepmothers.

Analysis was undertaken to determine if there was a difference in perceived Social Support between stepmothers and biological mothers. The data showed that stepmothers report an overall lower social support than biological mothers ($z = -3.17, p < .01$) together with significantly lower social support from family members ($z = -3.69, p < .001$) and friends ($z = -2.27, p < .05$). There was no significant difference in perceived social support from their partner between the two groups.

Following this initial analysis, more detailed analysis looking at the stepmother types and biological mothers was conducted. These findings suggested a significant difference in support from family members between the groups, with part time simple stepmothers reporting significantly lower social support than biological mothers ($\chi^2 = 13.75$, $df = 4$, $p < .01$), however inspection of the means plot (refer to Figure 9.1) suggests that all stepmothers show decreased support from family members when compared with biological mothers. In addition, there were no significant differences found between the groups in terms of social support received from either their partner or friends.

Figure 9.1: Means plot of social support for stepmothers and biological mothers



Note. Y axis represents score on MSPSS (Zimet et al, 1988), X axis represents stepmother types

To address the hypothesis that the presence of social support would be associated with increased wellbeing for stepmothers, correlations were conducted between the social support factors and mental health wellbeing (measured by depression and anxiety), quality of life and relationship satisfaction. Significant correlations were found between each of the social support subscales (social support of significant other, friends, family and total) and all of the relevant study variables (depression, anxiety, quality of life and relationship satisfaction) as shown in Table 9.4, suggesting a strong positive relationship between social support and overall wellbeing.

Table 9.4: Correlations matrix of social support, wellbeing QoL and relationship satisfaction

	Social support			
	Partner (r)	Friends (r)	Family (r)	Total (r)
Depression	-.38***	-.37***	-.28***	-.41***
Anxiety	-.25***	-.29***	-.23***	-.31***
QoL – phys	.24***	.27***	.23***	.29***
QoL – Psych	.36**	.34***	.30***	.40***
QoL – social	.41***	.42***	.32***	.46***
QoL – Env	.31***	.28***	.22***	.32***
QoL – Total	.40***	.41***	.33***	.46***
Rel’n satisfaction	.45***	.22***	.21***	.34***

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

Hypothesis10: It was hypothesised that there would be a difference in coping styles adopted by stepmothers compared to biological mothers, with further differentiation between the stepmother types (as defined by family complexity and residency of the stepchildren).

Participants’ coping styles were recorded using the COPE scale (Carver et al, 1989). The COPE scale utilizes fifteen subscales which assess both emotion focused coping and problem focused coping styles (Lazarus et al, 1984) but in addition assesses coping styles which have been associated with helplessness (‘Mental disengagement’ and ‘behavioural disengagement’) and maladaptive coping mechanisms (‘Focus on venting of emotions’) (Carver et al, 1989).

A comparison of stepmothers and biological mother in each of the fifteen coping styles found no significant differences between the groups in either of the emotion or

problem focused coping styles, however analysis suggested significant differences in two factors, mental disengagement ($z = -2.16, p < .05$) and venting of emotions ($z = -3.28, p < .01$), with stepmothers significantly more likely to use these coping mechanisms. Further analysis to determine if there was a difference in the use of these coping styles between the stepmother groups found part time stepmothers use the coping mechanism ‘venting of emotions’ significantly more than full time stepmothers or biological mothers ($\chi^2 = 12.09, df = 4, p < .05$).

These findings suggest that stepmothers have a greater tendency to rely on maladaptive coping mechanisms than biological mothers and this is more pronounced for those women in a part time stepmother role.

Further analysis was conducted to determine whether there was an association between maladaptive coping mechanisms and stepmother wellbeing. The two coping mechanisms, ‘mental disengagement’ and ‘venting of emotion’ were correlated with the adaptability factors, depression, anxiety and relationship satisfaction. These are summarised within Table 9.5. The analysis suggested that the use of these recognised maladaptive coping mechanisms was associated with decreased mental health wellbeing, relationship satisfaction and lower stepmother adaptability.

Weak relationships were found between the coping mechanisms of ‘Mental disengagement’ and ‘venting of emotion’ and both the age of the woman ($r = -.14^*$; $r = -.17^{**}$ respectively), and the length of the relationship ($r = -.13^*$; $r = -.26^{***}$), suggesting that the use of these mechanisms is lower for older women and those that have been in relationships for a longer period of time.

Table 9.5: Correlation matrix of coping styles, wellbeing and adaptability variables

	COPE - Mental disengagement (r)	COPE - Venting of emotions (r)
SAS - Bond with steps	-.11	-.13*
SAS – Spousal support	-.12	-.16*
SAS – Role Ambiguity	.16*	.18**
SAS – Role resentment	.24**	.23**
SAS – Int stepfamily	-.09	-.10
SAS Total	-.21**	-.24**
Depression	.14*	.24***
Anxiety	.24***	.32***
Relationship satisfaction	-.15**	-.03

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

9.3 Multivariate analysis – the influence of stepfamily factors on stepmother adaptability

Analysis of stepmother adaptability has identified both differences between the stepmother types (eg., lower stepfamily integration in part time stepmother stepfamilies reported in section 8.3) and relationships between adaptability factors and stepfamily characteristics (eg., lower role ambiguity and resentment the longer the stepmother is part of the stepfamily) which are reported earlier in this chapter. However it is not clear from these analyses whether any of the stepfamily or stepmother characteristics, such as the length of the relationship or age of the stepmother, predict stepfamily adaptability. Further analysis using multiple regression was therefore identified as a means of identifying predictor variables for stepmother adaptability.

Multiple regression builds a predictive model to the data being analysed and uses the model to predict values of the dependent variables from independent variables (Field, 2000). In the present analysis, the dependent variables are the stepmother adaptability factors and the independent variables are the family and demographic variables. Variables were initially selected for the analysis if they were found to correlate significantly with the SAS factors. Stepmother characteristics were stepmother age, type, relationship satisfaction, depression, anxiety and quality of life. Stepfamily characteristics were the length of the relationship, amount of contact with the stepchildren, the number of stepchildren and the age of the eldest stepchild. External support mechanisms included social support of the partner, family and friends and coping mechanisms included mental disengagement, venting of emotion, behavioural disengagement, positive growth, active coping, substance use, suppressing competing activities, planning, denial, humour and acceptance. The correlations between these variables and SAS are shown in Table 9.6.

The family and demographic variables that were significantly associated with the stepmothers' adaptability were entered into regression analysis to determine whether any of the variables predicted the ability of the stepmother to adapt to her role and how much variance could be attributed to the variables (Breakwell et al, 2000). The analysis was conducted using the options specified in chapter 6, section 6.6.5.

Each correlation analysis was used to determine entry into the multivariate analysis with all correlations at $p < 0.05$ being selected with the order as described in table 9.6. Although the variables were known to correlate with the SAS factors, there was no previous research to suggest any ordering and as such forced entry was used as the entry method (Field, 2000) in which all the predictors are forced into the model simultaneously.

Table 9.6: Summary of Significant associations between stepmother's adaptability and predictor variables

	Stepchild Bond r	Spousal support (r)	Role Ambiguity (r)	Stepfamily integration (r)	Role resentment (r)	Total SAS ®
Stepmother's age	-	-	-.188**	-	-	-
Relationship satisfaction	.325***	.531***	-.194**	.215**	-.464***	.450***
Depression	-.205**	-.330***	.243***	-	.370***	-.337***
Anxiety	-	-.170**	.272***	-	.271***	-.245**
Physical QoL	-	.231***	.204**	-	-.310***	.258***
Psychological QoL	.270***	.328***	-.285***	.127*	-.408***	.384***
Social QoL	.234***	.368***	-.157*	.199**	-.443***	.358***
Environmental QoL	-	.277***	-.248***	.131*	-.310***	.294***
Length of relationship	-	-	-.171**	-	-.176**	.143*
Contact with stepchildren	-	-	-	.43***	-	-
Age of eldest stepchild	-	-	-	-	-.185**	-
Social support - partner	.205**	.236***	-	-	-.247***	.178**
Social support - family	.178**	.133*	-.132*	-	-.224**	.170*
Cope-mental disengage	-	-	.156*	-	.242***	-.212**
Cope-vent emotion	-.131*	-.156*	.182**	-	.233**	-.231**
Cope – Behav disengage	-.239**	-.272***	.211**	-.175**	.271***	-.328***
Cope – Pos growth	.148*	.262***	-.223**	.149*	-.328***	.291***
Cope – Active	.144*	.175**	-.239***	.178**	-.292***	.267***
Cope – substance	-.130*	-.202**	.166*	-.236***	.166*	-.220**
Cope – planning	.130*	.176*	-.272***	.138*	-.267***	.260***

* p < .05, ** p < .01, *** p < .001 ‘-’ indicates a non significant correlation. The remaining COPE subscales not included in the above matrix showed no sig correlations to SAS factors.

Multicollinearity was rejected for the model based on tolerance and variable inflation factor (VIF) values in the model. Menard (1995) suggests that tolerance values below 0.1 are an indication that collinearity exists and Myers (1990) recommends reviewing variables in the regression analysis if the VIF is above 10 as this also suggests collinearity. In the present analysis, tolerance values were all greater than 0.1 and the VIF was between 1 and 3 for all variables. The Durbin-Watson statistic tests for correlations between errors and can vary between 0 and 4, with a value of 2 indicating that the residuals are uncorrelated. Field (2000) suggests that values of between 1 and 3 should be treated as acceptable. The Durbin-Watson statistic was 2.2 in the present analysis suggesting that the residuals are uncorrelated. Plots to test for heteroscedasticity and non linearity suggested no issues with the model. The data was therefore considered appropriate for regression analysis. The results of the regression for each of the SAS factors are presented in table 9.7.

The model explained a relatively small amount of variance (15%) for two SAS factors (Stepchildren bond and Role ambiguity), however it accounted for between 34% and 43% for the remaining factors (Spousal support, Role resentment and Integrated stepfamily) and 38% of variance in the overall SAS. Relationship satisfaction remained a significant predictor for all of the measures of adaptability except Role ambiguity. Similarly, the length of the relationship was found to be a predictor for increased Spousal support and an integrated stepfamily. In terms of the stepchildren, increased contact with the stepchildren was found to be a predictor of a more integrated stepfamily and overall adaptability. The age of the stepchildren was also a predictor of the integration of the stepfamily with younger stepchildren facilitating the integration. Social support from family members was found to be a significant predictor of lower resentment of their role. In terms of coping mechanisms, an increased reliance on mental disengagement was found to be a significant predictor of increased resentment to their role in the stepfamily and lower overall adaptability. The use of positive growth as a coping mechanism was predictive of more support from the spouse, a more integrated stepfamily, reduced feelings of resentment and increased overall adaptability.

Table 9.7 Results of hierarchical regression to predict stepmothers' role adaptability

Predictor variables	Stepchildren bond	Spousal support	Role ambiguity	Role Resentment	Integrated stepfamily	Total SAS
	Coefficient / t	Coefficient / t	Coefficient / t	Coefficient / t	Coefficient / t	Coefficient / t
Length in rel	.096 / 1.0	.179 / 2.15*	-.126 / -1.33	-.107 / -1.35	.247 / 2.92**	.145 / 1.69
Contact time	.134 / 1.95	.102 / 1.75	.018 / .264	-.003 / -.058	.500 / 8.33***	.178 / 2.97**
Eldest stepch age	-.041 / -.424	-.12 / -1.45	.012 / .13	-.089 / -1.12	-.264 / -3.12**	-.069 / -.809
Anxiety	.128 / 1.38	.115 / 1.47	.175 / 1.90	-.072 / -.94	.162 / 1.98*	.062 / .763
Rel satisfaction	.253 / 2.87**	.446 / 5.94***	-.087 / -1.00	-.268 / -3.74***	.196 / 2.56*	.330 / 4.23***
Psychological QoL	.235 / 2.22*	.185 / 2.08*	-.179 / -1.71	-.142 / -1.64	.107 / 1.15	.223 / 2.43*
Social QoL	-.044 / -.39	.050 / .53	.087 / .796	-.146 / -1.64	.149 / 1.54	.039 / .399
Soc sup - family	.135 / 1.86	.076 / 1.22	-.1.08 / -1.48	-.185 / -3.10**	.040 / .62	.120 / 1.92
Soc sup - friends	-.124 / -1.5	-.246 / -3.57***	.12 / 1.48	.201 / 3.01**	-.101 / -1.41	-.214 / -3.07**
Cope – ment dis	-.042 / -.61	-.062 / -1.05	.105 / 1.53	.181 / 3.20**	-.030 / -.49	-.136 / -2.26*
Cope – Vent emot	-.13 / -1.8	-.09 / -1.46	.026 / .267	.081 / 1.36	-.099 / -1.56	-.121 / -1.90
Cope – Pos growth	.104 / 1.38	.191 / 2.99**	-.104 / -1.40	-.226 / -3.68***	.154 / 2.34*	.20 / 3.05**
	Adjusted R ² = .15	Adjusted R ² = .37	Adjusted R ² = .15	Adjusted R ² = .43	Adjusted R ² = .34	Adjusted R ² = .38
	F(12,187)=3.97***	F(12, 190)=11.04***	F(12,190)=4.012**	F(12,187)=13.58***	F(12,191)= 9.51***	F(12,177)=10.61***

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

Variables excluded (not significant predictors of any SAS factors): stepmother age, depression, physical QoL, Env QoL, social support – spouse; and coping mechanisms of behavioural disengagement, planning, substance use, active.

9.4 Discussion

A number of factors have been identified as potential mediating factors on the effects of step-parenting. Previous research has suggested that the absence of social support is a strong predictor of depression (Paykel, 1994) and can act as a buffer between stressful life events and symptoms of stress (Zimet et al, 1988), and further research in the area of coping mechanisms has identified differences in coping styles between first married and remarried couples (Brown et al, 1990), with stepfamilies using more active coping styles (Whitsett et al, 1992).

Much research has focused on the presence of children in remarried couple families, with some research suggesting that stepfamilies with residential children are the least satisfied (Pasley et al, 1982) and that the majority of difficulties experienced by stepfamilies are related to their stepchildren (White & Booth, 1985). Research has suggested difficulties may be dependent on age of the stepchildren (eg., Fine et al, 1998), sex of the stepchildren (eg., Clingempeel et al, 1984) or on whether there is a mutual baby in the stepfamily (eg., Ganong & Coleman, 1988). The following section discusses the findings from the present study on these factors and the relative impact on overall stepmother wellbeing and adaptability to the role.

Stepmother Age and length of the relationship

While the findings from the study suggested that younger stepmothers perceive more anxiety and role ambiguity, stepmother age was not found to be a significant predictor in stepmother adaptability when other factors were considered. The length of the relationship was associated with ambiguity, with findings suggesting that role ambiguity subsides over time, as the women define their role in the family. Time was also found to be a significant predictor of role resentment, with the stepmothers becoming less resentful of their stepmother role over time. These findings provide support to the hypothesis (6) that there is a relationship between time in the relationship and stepmothers' adaptability to their role and to previous research

which has suggested that stepfamilies take time to develop and bond (eg., Papernow, 1984; Bray et al, 1998; Hetherington et al, 2002).

Effect of contact time with the stepchildren on stepmother wellbeing

When considering the effect of contact time with their stepchildren, a significant relationship with depression, relationship satisfaction and psychological and social quality of life was observed. These findings suggest that stepmothers are more likely to report increased depression levels as the contact time increases, with their psychological and social quality of life decreasing accordingly. The amount of contact time was also found to be a significant predictor of stepfamily integration, with more contact predicting a more integrated stepfamily and higher overall adaptability. These findings produce a dichotomy for stepfamilies, with increased contact with stepchildren offering both advantages in terms of increased stepfamily development and disadvantages in relation to the stepmother's mental health wellbeing.

Mutual child

Evidence in this area has been somewhat conflicting historically, with some research suggesting a mutual baby will have a positive effect on the remarriage (Rosenbaum & Rosenbaum, 1977) while other research suggests the opposite to be true (Visser & Visser, 1979).

The present study investigated whether the presence of a mutual child had any effect on the relationship satisfaction or mental health wellbeing of stepmothers. No significant differences were found between those women who had had children in their current relationship and those who had not for any of these variables (depression, anxiety or relationship satisfaction), suggesting that mutual babies in themselves have no discernable affect on the stepmother's wellbeing or happiness within the remarriage. However, there was limited evidence, particularly in terms of

role ambiguity, to suggest that if the child is the first biological child of the stepmother then this helps the stepmother to adapt to her role in the stepfamily by reducing role ambiguity and lowering her overall anxiety. While previous research has suggested that the birth of a first biological child can increase role conflict as they try to assume both the biological mother and stepmother roles simultaneously (eg., Visher & Visher, 1979; McDonald et al, 1996), the findings from this study suggest that the birth of a first biological child helps the stepmother by reducing their perceived ambiguity with their parental role and their associated anxiety. A possible explanation of this is that, having not previously experienced the parental role, stepmothers may feel confused about their responsibilities and boundaries and worried about parenting their stepchildren. The birth of their own child gives them the confidence in their abilities and this helps reduce their ambiguity and anxiety as a stepmother. Conversely, the birth of a child within the relationship for women who already have biological children seems to have the opposite effect, with an increase in both anxiety and ambiguity. It could be postulated that for these women, the addition of a child to the already complex stepfamily causes further conflict for the stepmother as she struggles to deal with the differing relationships in the family.

These findings provide limited support to hypothesis 8. Whilst no significant differences were found between stepfamilies with and without mutual children in the study variables, the birth of a mutual child did offer some support in terms of reduced ambiguity and anxiety for stepmothers for whom this was their first biological child.

Social support

Previous research has found substantial evidence to suggest that perceived social support is a good reliable predictor of psychological status (Knox & Zusman, 2001; Sarason et al, 1983; Sarason et al, 1985; Wilcox, 1981). The present study finds much to support this view. Social support was seen to correlate strongly with all the psychosocial variables in the study, suggesting that social support is linked to an

increase in mental health wellbeing, relationship satisfaction and quality of life providing strong evidence in support of the given hypothesis (9).

Stepmothers were found to have significantly lower social support than biological mothers, particularly from family members and friends. These findings may be explained in a number of ways. Firstly, as these results are self reported, stepmothers may in fact be receiving the same level of support as biological mothers but perceive the help differently, expecting more support from extended family members. Alternatively, family members may not be providing as much support for stepfamilies. This may be due to extended family commitments, in-laws may feel the need to provide support to the biological mother rather than the stepmother for example or relationships between extended family members may have been adversely affected by the separation, divorce or remarriage. Thirdly, the stepmother may refrain from asking for help from extended family members for fear of rejection or wanting to cope without asking for help. Further qualitative research may be of use in understanding the causes behind these findings. However, the study shows that despite the reduced level of family support, over time support is seen to increase, suggesting that longer term relationships would suffer less from the effects of reduced support.

Similar results were also found for social support from friends, with stepmothers recording lower social support than biological mothers. It is unclear from the research why this would be so but comments from several participants when completing the questionnaire suggested that in choosing to start a relationship with their partner they had to physically move and thus had lost touch with many of their friends. A possible explanation for these findings may therefore be explained by the change in circumstances of the stepmothers, coupled with the increased responsibilities which may impact on their free time and ability to socialize and discuss issues with friends. Social support from family members was also found to be a significant predictor of stepmother adaptability, with increased support from family members predicting lower role resentment. Unfortunately, as the study

shows, stepmothers typically receive significantly less support from family members than biological mothers, which may in turn reduce their adaptability and development of the stepfamily.

Previous research from O'Connor et al (1998) found evidence that stepmothers' depression and anxiety was mediated by their perceived levels of social support, with higher levels of support linked to greater mental health wellbeing. Further research has also identified a link between women's perception of their success in their stepmother role and strong support from family and friends who have accepted the new family unit (Michaels, 2006; Whiting et al, 2007). The evidence therefore suggests that stepmothers would benefit from help in increasing the support they receive from family and friends and in understanding the associated benefit to their wellbeing.

Coping Styles

The COPE scale (Carver, Scheier & Weintraub, 1989) was used within the present study as it incorporates several scales within emotion and problem focused coping mechanisms together with additional scales which although not directly associated with either mechanism are recognized to be well used coping mechanisms.

Coping can be defined along two dimensions: firstly coping as a dispositional trait, ie. the way a person is predisposed to cope with stressors; secondly the way a person copes to a specific stressor which may be termed episodic or situational. The COPE scale can be used in either of these formats. The present study utilized the former as the study aimed to look at the way the stepmothers dealt with stress within her role rather than to specific stressful events.

Analysis of coping styles between stepmothers and biological mothers suggested that stepmothers engaged in significantly more maladaptive coping styles (eg., mental disengagement and venting of emotion). There was no difference between

the groups in their use of the remaining coping mechanisms, providing no support for the previous research suggesting that stepmothers engage in more active coping mechanisms (Whitsett et al, 1992).

Further analysis between the types of stepmother indicated subtle differences in their use of coping mechanisms. Whilst no difference was found in the way stepmothers used positive coping mechanisms, part time stepmothers (both simple and complex) were found to engage in the negative coping style referred to as ‘venting of emotion’ significantly more than other stepmother groups. Indeed, all stepmother groups were shown to engage in these styles more than biological mothers. Both venting of emotion and mental disengagement, were also found to correlate with the age of the women, suggesting that these styles are adopted by younger stepmothers. Given that the part time simple stepmother group were the youngest within the sample it is perhaps not surprising that this group shows the greatest use of these negative coping styles. When focusing on the length of the spousal relationship, the same negative coping styles were seen to correlate, suggesting that mental disengagement and venting of emotion is more prevalent at the beginning of the relationships, whereas restraint and acceptance were used more effectively in longer relationships.

When considering the effect of coping mechanisms on overall wellbeing, the findings suggested that the use of recognised maladaptive coping mechanisms, such as mental and behavioural disengagement and venting of emotions resulted in significantly decreased mental health wellbeing, relationship satisfaction and lower stepmother role adaptability.

The study found much to support hypothesis 10, that stepmothers would engage in different coping styles to biological mothers. There was further evidence to suggest that those who engaged in maladaptive coping styles suffered lower mental health wellbeing and adaptability to the stepfamily.

Summary

The aim of this study was to identify significant mediating factors to stepmother wellbeing. The findings suggest that a number of family specific factors adversely affect the stepmother's ability to cope, together with a number of additional support mechanisms.

Social support was clearly seen to be an issue for stepmothers, with significantly lower scores than biological mothers. Given that social support was shown to strongly correlate with mental health wellbeing within the present study and has been shown to be linked to mental health wellbeing in previous research (Sarason et al, 1983, 1985; Zimet et al, 1988) it is essential to understand why stepmothers perceive they have such relatively low social support. Further research is therefore needed to understand whether this is predominantly driven by factors within or outside the stepmother's control.

A number of coping mechanisms have been shown to correlate both positively and negatively with mental health wellbeing (measured by depression and anxiety) in the present study. The trends suggest that if stepmothers can learn to adopt more positive coping styles, embracing social support, acceptance, planning and active coping rather than the more negatively recognized mechanisms such as mental and behavioural disengagement and venting of emotions then this is likely to have a positive impact on their wellbeing. Further research adopting a qualitative approach is likely to yield further coping mechanisms that have been implemented by successful stepmothers in learning to adapt to their role.

Current research has yielded significant evidence in support of mediating factors for the wellbeing and relationship satisfaction of stepmothers, however further research is needed to understand the causes of the increased stress on stepmothers, which has been shown to lead to lower mental health wellbeing when compared with biological mothers and recognised norms. Additionally further research should focus on the

underlying causes of the reduced social support network that stepmothers report. These factors were subsequently investigated via a series of focus groups with stepmothers and the findings are presented in the following chapter.

CHAPTER 10

Phase 4: A qualitative study on the role of the stepmother – investigating factors recognised to be related to their adaptability to the stepmother role

10.1 Introduction

The data from this research has identified a number of significant differences both between stepmothers and biological mothers; and between different types of stepmother, including lower mental health wellbeing, psychological QoL and social support for stepmothers than biological mothers and the use of different coping mechanisms between the mother types. Further differences within the stepmother types suggested that their family complexity and the residency of the stepchildren affected the stepmothers' mental health wellbeing. These findings are fully described in chapters 8 & 9. However, whilst this research has identified differences between the groups and an understanding of the role of mediating variables such as time or the presence of mutual children, the findings have a number of limitations.

Firstly, although the research has shown that stepmothers display poorer mental health wellbeing than biological mothers, there is no evidence to show that the stepmother role is causal to the anxiety and depression, or any understanding of the underlying causes of perceived stepmother anxiety. Similarly, the research has found that stepmothers report lower social support than biological mothers, particularly from extended family, however further research is needed to understand the issues as perceived by the stepmothers. A number of the findings in the research were inconclusive, with non significant results potentially related to the small sample sizes. In particular, the analysis conducted to understand the effect of a mutual baby on the stepmother wellbeing found no significant differences between the groups however the results suggested that stepmothers for whom the mutual baby was the first biological child may find some benefit in terms of lowered anxiety and reduced role ambiguity. The research has also shown a relationship between time and factors

related to stepmother adaptability, suggesting that stepmothers who have been part of a stepfamily for several years experience lower role ambiguity and resentment. These findings support previous research (eg., Hetherington et al, 2002; Papernow, 1993; Visser et al, 1996; Visser et al, 2003) which has suggested such a relationship between time and development of the stepmother role (Bray et al, 1998; Hetherington et al, 2002; Papernow, 1984), however the present findings do not offer an insight into how stepmothers adapt to their place in the stepfamily. In conclusion, whilst the use of quantitative analysis allows differences between groups to be identified it does not describe any changes in characteristics over time (Breakwell et al, 2000) such as the feelings of stepmothers prior to the birth of a mutual child and following the birth or the changes in the stepmothers perceptions of being part of a stepfamily over time.

To address these limitations a qualitative study was conducted using focus groups to discuss the identified issues with stepmothers. As the earlier study found evidence of significant differences between stepmother types, the focus groups were conducted on a single type, namely part time simple stepmothers. Such a bias sample was considered appropriate for this study to ensure that the participants in each of the focus groups would have similar stepfamily characteristics and thus reduce the presence of potentially confounding variables. Part simple stepmothers were selected for the study as they had displayed the greatest anxiety of all study groups (refer to chapter 8, section 8.3) and registered the greatest change in adaptability following the birth of a mutual child (refer to Chapter 9, section 9.2). They are also the most commonly occurring stepmother type in the population. The aim of the study was to gain an understanding of the stepmothers' perceived causes of anxiety within their role; to identify the underlying causes of reduced social support reported by stepmothers; the stepmothers experiences of the birth of a baby born into the stepfamily, particularly in understanding any differences before and after the children were born; and finally to elicit the stepmothers' views on the development of their stepfamily over time.

10.2 Method

10.2.1 Participant Recruitment

Participants were recruited to the study in September 2007 and the focus groups were conducted in October 2007.

The study was limited to stepmothers who were acting in a part time role and had no biological children from previous relationships (part time simple). Stepmothers who had participated in the quantitative study and indicated that they were willing to participate in further research were contacted via email and asked if they would be willing to participate in the focus groups. A total of three focus group locations were identified across the UK in order to maximize participation of women around the country. Fifteen stepmothers took part in the focus groups, which were held in London, Reading and Leeds. Refer to Table 10.1 for a description of the participants.

10.2.2 Description of Participants

The sample was fifteen women aged between 30 and 69 years ($m = 40.3$ yrs) who had been stepmothers an average of 8.5 years, ranging from between 2 and 12 years (the exception being one stepmother, Suzanne, who had been a stepmother for 31 years). Six further participants (four at Leeds and two at Reading) were expected to come to the focus groups but were then unable to attend due to personal or family commitments. All participants were part time simple stepmothers, having entered their present relationships without biological children. One participant, Ellie, was however acting in a more residential capacity to her stepchild. The majority ($n = 9$) of the sample have since had children within the relationship, and one was currently pregnant with her first child. Most of the participants were married to their partners ($n = 12$). A description of all participants is given in Table 10.1.

Table 10.1: Description of participants

<i>Focus Group</i>	<i>Assigned name¹</i>	<i>Age (yrs)</i>	<i>Length of rel'n (yrs)</i>	<i>Stepchildren</i>			<i>Biological children</i>		<i>Marital status</i>
				<i>Contact (days/mth)</i>	<i>Ages (yrs)</i>	<i>Sexes (M or F)</i>	<i>Sexes M /F</i>	<i>Ages (yrs)</i>	
London	Anne	30	10	12	21,17	M,F	F	4	Married
	Julie	38	8	2	22,18	F,M	F,M	3,3	Married
	Jemma	33	3.5	12	29,21,8	M,M,F		-	Married
	Tessa	45	6	10	17,14,14	M,M,F		-	Married
	Carolyn	37	2	10	8	M	M	5wks	Married
	Eleanor	49	10	2	18,17,15	F,F,M	M,M	9,4	Married
	Suzanne	69	31	n/a	39,35	M,M	F	29	Married
Reading	Norah	42	7	15	15,14,11,11	F,M,M,M	F,F	4,2	Married
	Ellie	38	5	20	11	M	M	1	Married
	Fiona	40	12	0 ³	16	F	M,M	10,7	Married
	Poppy	33	5	15	7	F		-	Co-hab
Leeds	Sandra	42	9	8	9	M		-	Married
	Joy	42	11	8	18	F		-	Co-hab
	Alison	30	4	4	10,8	M,F	M,M	3,1	Married
	Cassie	37	7	4	13,11	M,F		-	Co-hab

Notes.

1. All participants' names were changed to maintain confidentiality
2. Jemma was expecting her first child
3. Fiona's stepdaughter was currently estranged from the family but historically has visited her stepmother on a weekend/holiday basis

10.2.3 Materials

An interview schedule was developed to provide direction and uniformity across the focus groups. The four main questions focused on the causes of stress or anxiety for the women within their stepmother role, the support they felt they received from family and friends, the affect a new baby had on the family dynamics and how they felt they had adapted to their role over time.

The data from the present research has shown that stepmothers display significantly higher anxiety and depression than biological mothers (refer to chapter 8, section 8.2). Within the stepmother group, part time simple stepmothers displayed the highest anxiety, however the mean anxiety for all stepmothers was found to exceed the recognised anxiety levels for women in the UK (Crawford et al, 2001). Consequently, the aim of the qualitative research was to identify the participants' primary concerns and anxieties related to their role in the stepfamily.

The second area to explore within the study was the issue of support. The quantitative study found evidence to suggest that stepmothers have significantly lower perceived support than biological mothers, particularly from family members, with part time simple stepmothers reporting the lowest levels of support (refer to chapter 9, section 9.2). The issue of social support was included within the interview schedule to identify specific problems with their support infrastructure.

The third question area addressed within the interview schedule was related to the birth of children within the stepmother's present relationship. Previous research has been contradictory, with some studies finding no difference in the remarriage dependent on whether the couple had children together (Ganong et al, 1988) and others reporting a disruptive influence to the step relationships (eg., Berman, 1980, Visser et al, 1979). Analysis in the present quantitative research did not find any significant relationships (refer to chapter 9, section 9.2), but suggested a potential trend in the data with the birth of mutual children reducing role ambiguity and resentment. However these results do not reflect any changes in the stepfamily dynamics prior to and following the birth of a mutual child. The participants were therefore asked to reflect on the impact of the mutual child on their role as a stepmother.

The final area to be considered within the focus groups was the relationship between time and stepmother adaptability. Previous research has suggested that stepfamilies take time to bond and develop, with the first two years being the most difficult (Bray

et al, 1998; Hetherington et al, 1992; Papernow, 1984). The present quantitative research found evidence in support of these findings, with stepmothers' becoming less resentful and finding less ambiguity in their role the longer they were part of a stepfamily (refer to chapter 9, section, 9.2). The focus groups were used to investigate this issue more fully to understand any coping strategies employed by the stepmothers and how they learn to adapt to their role. The question areas discussed within the focus groups are provided in table 10.2.

A short questionnaire was also developed for the study and used to capture participants' personal details including their age, marital status, contact time with their stepchildren and the ages and sex of their step and biological children. This questionnaire also required their signature to confirm their agreement to participate in the research. A copy of the questionnaire is provided in Appendix 5.

Table 10.2: Interview schedule: Experiences as a stepmother

A. Background Questions

Please complete the background questionnaire given and sign to confirm your agreement to the conditions of the focus group. Discuss any issues with the participants regarding recording and use of the material from the focus group.

B.1 Causes of Anxiety for stepmothers

Stepmothers have been shown to show increased levels of anxiety over and above women in biological families. I would like to know your feelings on this and whether you have felt particularly anxious about aspects of your role.

What are the main issues you feel you have to deal with as a stepmother?

How do you deal with these, what are your coping mechanisms?

B.2 Social Support

Social support ie. help from your partner, friends and family, has been shown to help individuals cope better with day to day problems. I am interested in understanding how you use social support and whether you feel you have the relevant support.

B.3 Affect of a new baby in the family

There has been a lot of research focusing on the change in the family with the introduction of a new baby. I am interested in understanding how the birth of a baby changed the family dynamics for you. If you have had a baby since becoming a stepmother could you talk to me about your experiences.

B.4 Changes in the Role over time

Much research has focused on the effect of time on the stepmother role. I am interested in understanding if you have noticed a change in your behaviour and those in your family over time, particularly for those of you who have been in a relationship for several years.

Close: Thank them for participation

10.2.4 Procedure

Ethical approval for the study was initially sought and subsequently granted by the University ethics committee by submitting an outline proposal of the research. Three separate university locations were identified for the focus groups across the UK to widen participation. Part time single stepmothers who had expressed an interest in participating in further research in the questionnaire survey were contacted via email and asked if they would participate in one of the planned focus groups. Stepmothers who responded were given details of the focus group venue, start time and expected duration. No incentives were provided.

On arrival, the participants were welcomed and offered refreshments and allowed a short time to meet other participants. The participants were assured of confidentiality and the procedure for participating in the study was explained to them. They were asked to complete the short questionnaire which also captured their written consent to their participation in the study. The participants were told that they would be asked a number of questions about their role as a stepmother and to answer as honestly and fully as they saw fit. The focus groups were taped both audibly and visually to aid identification of participants. Each interview lasted between 1 and 2 hours.

Questions were posed to the participants in the order in which they appear in the Interview Schedule (ref Appendix 4). At the end of the discussion, the participants were thanked for attending the focus group and their participation in the research.

The taped interviews were transcribed verbatim and analysed using thematic analysis. Underlying themes were identified by the primary researcher and reviewed independently by a further researcher to provide interrater reliability. The transcribed interviews are provided in Appendix 6.

10.2.5 Thematic Analysis

Thematic analysis (Boyatzis, 1998) was selected as the method for analysing the data derived from the focus groups. The rationale for selecting thematic analysis rather than other recognised qualitative methods such as grounded theory (eg., Glaser, 1992; Strauss & Corbin, 1998) or Interpretative phenomenological analysis (IPA; eg., Smith & Osborn, 2003) was due to its recognised flexibility. Whilst thematic analysis can be used in an inductive or ‘bottom up’ approach (eg. Frith & Gleeson, 2004) to investigate an under researched area, it can also be applied in a deductive or ‘top down’ approach (eg., Boyatzis, 1998; Hayes, 1997). This is particularly useful for providing a more detailed account on a particular theme, relating to a specific area of interest within the data. Given that the aims of the study were to investigate stepmother’s views on the four specific areas of the stepfamily development thematic analysis was selected, utilising a deductive approach.

Thematic analysis is a method for identifying, analysing and reporting patterns or themes within data (Boyatzis, 1998; Braun & Clarke, 2006). A theme captures something important about the data and represents some level of patterned response or meaning within the data set (Boyatzis, 1998; Braun et al, 2006), which requires judgement from the researcher in terms of its relevance to the study.

Phases of Thematic Analysis (Boyatzis, 1998; Marks & Yardley, 2003)

The first phase of thematic analysis involves the researcher familiarising themselves with the data, through transcription, reading and re-reading of the data. Initial codes are then generated, coding interesting features of the data in a systematic way across the entire data set. The codes are then collated into themes, gathering all data relevant to each potential theme. These are then reviewed and used to generate a systematic map of the analysis, which checks that the codes all map appropriately onto the recognised themes. The report is then generated from the themes, selecting

compelling extract examples and relating findings back to the research question and associated literature.

10.3 Results

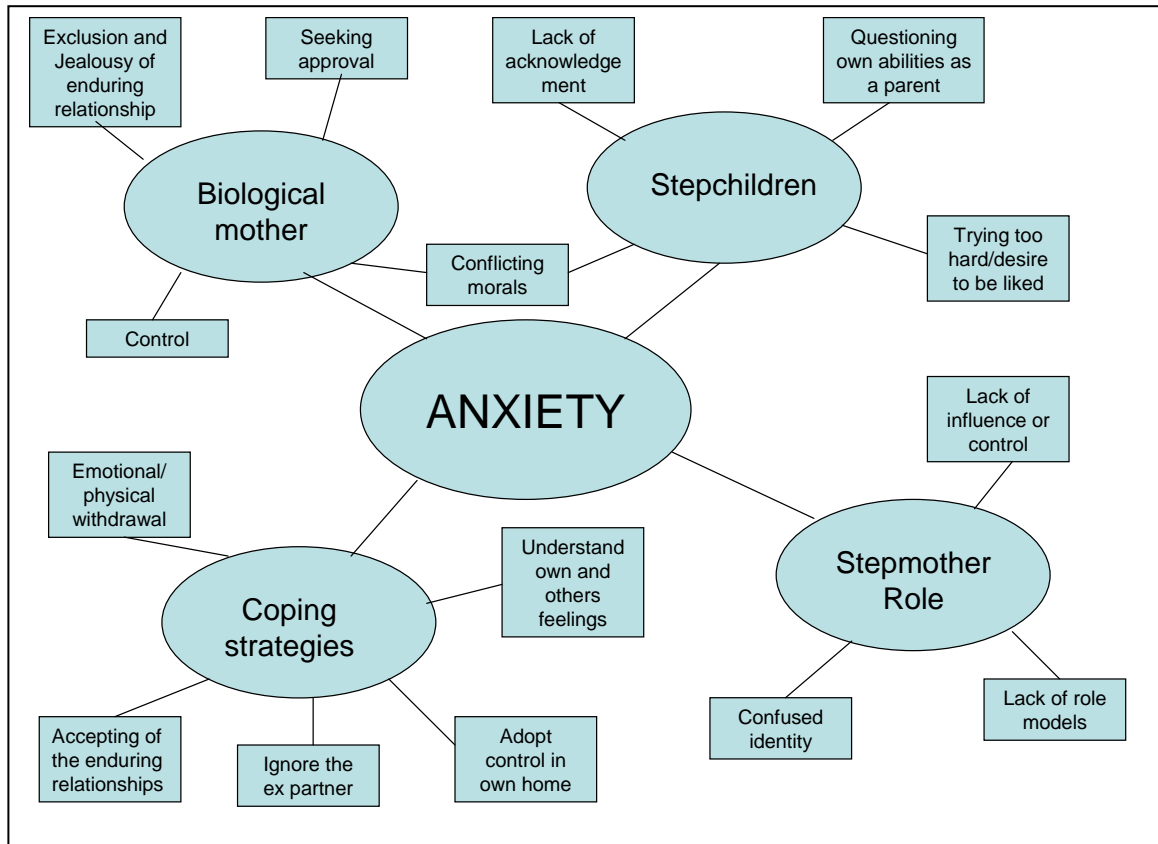
The taped focus groups were transcribed and analysed to identify codes and common themes within the data (Braun & Clarke, 2006). Analysis was only conducted on the data related to the four areas being researched: anxiety, the present of mutual children, social support received by the stepmother and the change in their views on their relationships in the stepfamily over time. A thematic map was created for each of these four themes which are discussed in the following section.

10.3.1 Stepmother Anxiety

One of the principal aims of this study was to develop a more comprehensive understanding of the difficulties women face when adapting to their role as a stepmother. Findings from the questionnaire study (refer to chapter 8) suggested that stepmothers display significantly higher anxiety than biological mothers. The aim of the present study was to identify aspects of the stepmothers' role which may lead to this increased anxiety.

Participants in each of the three focus groups were asked if they had felt anxious about any aspects of their role (refer to table 10.2, question B1) and how they had coped with these feelings. The results were coded using thematic analysis (section 10.2.5) and a thematic map constructed of the main themes and associated codes (figure 10.1). Three main themes were identified, suggesting heightened anxiety with their relationship with their stepchildren, with their stepchildren's biological mother and with the stepmother role. A fourth theme was identified as the coping mechanisms employed by the stepmothers to deal with their difficulties. An explanation of these themes together with examples from the data is provided in the following section.

Figure 10.1: Thematic mapping of anxiety



10.3.1.1 *Stepmothers' anxiety with the biological mother*

The majority of participants spoke of their anxiety towards the biological mother. These worries related to seeking approval, resenting their perceived control and enduring relationship, feeling excluded from family decisions and conflicting morals between themselves and the biological mother. These are discussed and evaluated in the following section.

Seeking Approval

Several of the participants expressed concern that their stepchildren would talk negatively about them and they were eager not to be viewed as 'the wicked stepmother' and seemed to be in some way 'seeking approval' from the biological

mother on their care of the children. The biological mother's opinion seemed to be of primary importance as illustrated by Poppy,

'My anxieties are not what other people think of me but what actually goes back to her real mother. My partner and I tend not to have rows about how Jess (the stepdaughter) is brought up but they tend to be centred on her biological mother.'

While this was a concern shared by many of the stepmothers, women who had been in their roles longer suggested that their anxiety diminished over time as they gained in confidence. As Carolyn commented

'I was anxious about what went back to the mother about me but over time I realised this was my house and I wasn't as worried.'

Conflicting morals

Conversely, despite seeking some form of approval, many of the stepmothers clearly held very negative views on the biological mothers, with criticisms of their parenting abilities, morals and values. Many of these opinions were formed without them having built any form of relationship with the biological mother on which to base their views. Norah had tried to understand her perspective but found it difficult and ultimately both women have continued to ignore the other's presence with communication limited to between the biological parents.

'I try and see it from her point of view as well sometimes. I try and put myself in her position....but you know I'd never end up like that. She just kind of leaves me out of the equation. She talks to Andy and he talks back to her.'

While some women such as Norah have the confidence in their abilities as stepmothers not to be concerned about how the biological mother perceives them, others displayed a conflict, wanting both the acknowledgement from the biological mother for their support in caring for the stepchild, while simultaneously belittling

the biological mother in terms of her parenting abilities and morals. This was illustrated by Poppy who commented

'My anxiety is that she will have nothing to do with me. I think she is a sham and if I were her and behaved like that I would be thoroughly ashamed.'

Exclusion and jealousy at enduring relationships

Whilst many of the stepmothers had effectively chosen a route of non communication with the biological mother as in the case of Norah, others felt that they were ignored or even rejected by the biological mother. This caused them to feel hurt and angry at the situation. Poppy for example felt that as she hadn't been in any way responsible for the dissolution of her partner's former marriage she should be treated with more respect by the biological mother, while another participant, Tessa, spoke of her need to seek counselling to help her understand her feelings of rejection together with the ongoing disagreements between the biological parents from which she felt excluded.

Other participants shared these feelings of exclusion and isolation within the family. Due to the enduring relationship between their partner and their stepchildren's biological mother, many expressed feelings of sadness at being left out of discussions about the children which left them feeling frustrated and envious of the perceived intimacy. As Anne commented,

'There's an intimacy you don't share. You want to say like, I'm here to. You get caught up in how they must be feeling but then you say, hey, I'm here too, I matter.'

And Suzanne agreed that whilst it is easier for the children if the biological parents can maintain a good relationship, this can lead to more resentment from the stepmother.

'It can be easier if your husband has an amicable relationship with his ex wife but this can become cosy, too cosy, with them.'

Control

Other participants also spoke of the ongoing control they felt the biological mother exerted in their lives. Many expressed some frustration that there was constant interference in the way they dealt with their stepchildren. As Carolyn commented

'The ex wife always has that control, you know whether it's 9 O'clock on Saturday morning asking to talk to the children, you know they're always there.'

Alison found the constant pressure to comply with the biological mother significantly affected her confidence in her abilities to parent her stepchildren. She commented

'because my confidence had been knocked so badly....you're not allowed to do this, they're my children, you can't pick them up from school....the ex wife dictated everything.'

The stepmothers' feelings about the biological mother appear to be a combination of desiring acceptance from them about their role in their stepchildren's lives together with frustration with the biological mother's interference and perceived control of their relationship with the children. Many of the participants had clearly sought ways of dealing with this issue and had developed numerous coping strategies, which varied in effectiveness. These are discussed later in this section (ref section 10.3.1.4).

Given the absence of clear social norms or role definition for stepmothers (Cherlin, 1978), clinicians (Visher et al, 2003) have purported that it is therefore difficult for stepmothers to measure their success or failure in the role. This may explain the need for stepmothers in the present study to seek approval from the biological

mother. Without any acknowledgement of their role as a stepmother and no clearly defined role on which to measure their success, the stepmothers' feelings of anxiety were sustained. It was only by gaining recognition or approval from another source, such as their partner, that the women in the study were able to feel more confident in their abilities as a stepmother.

Several of the stepmothers in the study spoke of feeling excluded from the relationship involving their partner, their stepchildren and the biological mother. These difficulties can be explained using family systems theory (Bowen, 1966), which examines the family in terms of various subsystems, each of which can impact other subsystems and the overall family system (Minuchin, 1974). Stepfamily researchers have used family systems theory to explain the ways in which the forming of a new family system through remarriage may have influences on the other aspects of the family (eg., Bray et al, 1993; Hetherington, 1991). In the present research, the biological mother's involvement in the triangular relationship with her children and ex-partner had a negative impact on the wellbeing of the stepmother who felt excluded from the biological family unit. However stepmothers who accepted the presence of the biological mother in their family system reported less related anxiety. It is postulated therefore that stepmothers who are able to adopt a more flexible approach to family membership are more likely to benefit from reduced anxiety towards the biological mother.

10.3.1.2 Anxiety with the stepchildren

A number of participants expressed anxiety about their relationship with their stepchildren. These worries included a desire to be liked, lack of acknowledgement, questioning of their own parenting abilities and conflicting morals and rules.

Questioning own parenting abilities

None of the stepmothers in this study had biological children of their own before becoming stepmothers and this appeared to influence their perceived anxiety related

to their stepchildren. One of the participants, Jane, had been a stepparent for many years and had clearly developed a close relationship with her stepdaughter, however she recalled the anxiety she felt at the beginning of the relationship.

'Well, I've been a stepmother for 11 years and when I think back to the beginning I didn't really have any experience of children, I did work with children but it's not the same thing and I was worried.'

Another participant, Alicia, felt her confidence as a stepmother had been affected so badly that she now questioned her ability as a mother to her own children. In the interview she was very agitated and tearful for much of the time.

'Well a lot of my insecurities were based on whether I would be able to look after my own children because my confidence had been knocked so badly'

Conflicting morals/values

Several of the participants spoke of the different values they felt they held from their stepchildren which they found difficult to deal with. Alison and Claire commented on their frustration that their stepchildren appeared to be spoilt, having duplicate possessions at both their parents' households. Claire felt that this had led her to feel less affection to her stepchildren.

'My anxiety is really that I don't like my stepchildren, which is a horrible thing to say. In my opinion they are quite spoilt – they have everything at their mums and everything at their dad's and they have a lot of people giving them things, giving them money. They are quite materialistic and that's not me....I would bring them up differently if they were my children.'

Another participant found the only way to cope with the conflicting opinions regarding her stepchildren's behaviour was to remove herself from the decisions. As she stated

'Lucy's a teenager and she's sleeping with boyfriends and all these sort of things but I moved back from that stuff as well. I think, she's not my daughter at the end of the day. ...I don't envisage for a minute my daughter having sex at 15 but you know, Andy's kind of OK with it.'

Desire to be Liked

Many of the participants felt they had tried too hard in their role in the early stages of their relationship with their stepchildren in an effort to be liked by them. Over time they felt that they learnt to withdraw to some extent and found that this helped reduce their anxiety which in turn improved their relationships with their stepchildren. As Carolyn and Anne commented

'You just want the children to like you so you try and help and be there.'

'Yes, but I think you do too much and you need to take a step back – it was only when I did that things improved. Sarah has spent the last two years being a pain, just being a typical teenager...and it's not been easy, so much so that I said to David that I was going to take a step back.'

These findings suggest that stepmothers need to find a balance to their role such that they are able to relax when the stepchildren visit whilst still retaining some level of control.

Acknowledgement of their Role

The stepmothers in the study spoke of their desire to be successful in their role and were willing to devote a significant amount of time and effort to achieve that. However, several of them spoke of their frustration when their support was not acknowledged by anyone. Poppy was anxious to be acknowledged specifically as a parent to her stepdaughter but was frustrated by her lack of status at her stepdaughters' school and by the biological mother. Norah acted as a main carer for

her four stepchildren as both biological parents worked full time. She was therefore responsible for taking them to school, cooking all their meals and ensuring they went to all their extra curricular activities. Whilst she was happy to take on that role she was frustrated by the lack of recognition on her role. As she stated

'You pick them up from school when they're sick, so you do all that and for a long time I wanted some sort of recognition or acknowledgement.'

Fiona spoke of her disappointment at her support not being recognised by her stepdaughter. Despite trying hard to build a strong relationship with her stepdaughter she now felt rejected and had withdrawn emotionally and physically from the relationship. She commented.

'I'm now very hardened to the relationship. I am really not interested. My stepdaughter doesn't interest me; she is very hurtful, very hurtful. Lack of acknowledgement was my biggest thing.'

One stepmother found however that she had successfully addressed the issue of recognition over time in realising that children are unlikely to show their appreciation for the support they are given so she turned to her partner for the recognition of her role. This had given her a great deal of satisfaction and helped her deal with the practical and emotional tasks involved in caring for her stepchildren. As she commented

'Once I'd made that decision it was much easier. I said to my husband, look I need appreciation from you, I want you to come home and take me out to dinner or something.'

The stepmothers' anxieties towards their stepchildren may be explained through the application of the Interdependence Perspective (Sabatelli et al, 1993). This theory purports that individuals experience rewards and costs from their relationships with

others, with an imbalance leading to a change in behaviour in order to redress the balance. This was demonstrated in the way several stepmothers spoke of ‘trying too hard’ and then withdrawing their physical and emotional support from their stepchildren. The downward spiral can be considered to begin with the desire to be appreciated by their stepchildren, when their support isn’t acknowledged this leads to an imbalance such that the costs are perceived to be higher than the rewards for the stepmother. Some stepmothers clearly addressed this by reducing their perceived costs (ie. by reducing their physical or emotional support). The findings from the present study suggest that stepmothers anxiety with their stepchildren can be reduced by finding ways of increasing the stepparenting rewards, through appreciation and acknowledgement (either directly from the stepchildren or more realistically from their partner) or decreasing the ‘costs’ through reducing their physical or emotional involvement. The need to rebalance the perceived costs and rewards of stepparenting may also be considered in terms of setting realistic expectations in developing relationships with their stepchildren. Previous research has indicated that successful couples in stepfamilies have realistic expectations about stepfamily dynamics and development, with an emphasis on the time necessary to establish roles and to determine their family’s particular functioning pattern for success (eg., Hetherington et al, 2002; Papernow, 1993; Visher et al, 1996; Visher et al, 2003).

10.3.1.3 *Anxiety with the Stepmother Role*

The third area which caused anxiety to the participants was in their role as a stepmother, which was related to their perceived lack of control, their confused identity and the lack of any recognised role models.

The lack of role models for stepmothers was an issue discussed in all the focus groups. The absence of a role model for stepmothers in turn led to *confusion* about the role, in particular, whether the role was one of parenting or merely friendship. Stepmothers predominantly felt that they had less control over their stepchildren

which in turn led to increased frustration about behaviour that they couldn't address and increased arguments with their partners. Several stepmothers spoke about having to deal with their stepchildren defying them due to the fact that they weren't their biological parent.

'he (stepson) used to say to me in the early days, you are not my mother. I would say, I am the mother in this house Adam and like it or not these are my rules.'

Norah's comments suggest that she was able to gain control by defining her role within a fixed domain and thus assert her authority within the stepfamily.

Jemma spoke of her frustration in having no guidance or role model on which to base her experiences. Whilst she didn't want to replace her stepdaughter's biological mother she did feel she played a strong parenting role within her stepdaughters' life.

'I think the problem is that there are no role models for stepmothers, you know what a mother and father are supposed to do but not a stepmother. The anxiety is trying to define your role. It's not a mum but it is a parent. I think stepparents can be just as close (as parents) and three parents are better than two, you know it's like two is the magic number, well it's not, three can be better.'

In reflecting these views, Jemma was attempting to define her own role in her stepfamily. She wanted to be seen as a parent but didn't want to replace the biological mother. She felt her role supported both the existing parenting roles and attempted to define her role by forging a relationship with the biological mother. This is demonstrated in the way she dealt with the issue of her stepdaughter's birthday parties.

'Her birthday's coming up and her mother and I have organised it together and have done for the past few years. After the first year, we said that there were two

choices, either we had two separate parties or we had a joint party where we were all present, her three parents.'

There was agreement from other stepmothers in terms of the stepmother role as a parent, which is reflected in the comments from Norah,

'I find that I parent my stepchildren more than either parent. Both parents work full time so I do the school pickups and the school lunches and all of that.'

Here, Norah's definition of parenting is largely dictated by physical support rather than emotional. She found that she was responsible for the day to day wellbeing of her stepchildren. Whilst she was happy to assume these responsibilities she struggled with the lack of recognition.

Conversely, other participants felt that their role was not a parenting one, with one participant, Poppy, wanting to be thought of as a friend to her stepdaughter, despite viewing her stepdaughter as an integral part of her family.

'I wanted a very grown up relationship with Jess. I wanted her to be my friend. When she was three she said should I call you mum and I said no, you already have a mum, I'm Poppy, but as far as I'm concerned she is my daughter.'

However, whilst Poppy was anxious to stress that she didn't want to be a parent to her stepdaughter conversely she thought of her as her daughter and was happy to be mistaken for the child's mother.

'I hate explaining to people that she's my stepdaughter, it's just easier to say she's my daughter. Oddly she looks quite like me.'

Her views suggest that she struggles with her identity and definition of her relationship with her stepdaughter. Another participant expressed her frustration at

not being able to be involved in the development of her stepdaughter's values because she felt she wasn't her parent. Fiona commented

'I personally have strong values and it's about what's right and wrong and she needs telling its wrong but I can't be the one because I'm not a parent.'

During the discussion, Fiona spoke of her sadness at the change in their relationship, searching for reasons for the breakdown. Her views suggest that she was happy to be perceived as a mother figure to her stepdaughter and compares herself to the child's biological mother, reflecting her increasing unhappiness at the distancing of the relationship over the years.

'We used to be really close, she used to call me her second mum, but when you say about parenting skills I personally don't think she gets a great deal of parenting at home as her mum treats her like her best friend.'

One participant, Suzanne, also spoke of her confusion both as a stepmother, but latterly as a step grandmother. She clearly felt uneasy as a grandmother and felt she had no real place within the extended family. Sadly, neither her partner nor stepson provided any support for her position.

'Sometimes he calls me 'her' because I'm not his nana or grandma. He has the full compliment and he doesn't really need another one.'

Whilst there was general agreement that the stepmother role lacks definition both within some stepfamilies and within the wider society, many of the participants spoke of the importance of creating their place within the family and developing their unique set of family rules, with communication being of utmost importance. AsJane commented,

'I think they have different worlds where they have different rules. We would say, well these are the rules here and initially I would say that I went with whatever Paul said but as we became more of a family we would discuss things together.'

The stepmothers anxieties relating to the lack of a clearly defined role is an issue which has been well recognised in stepmother literature (eg., Church, 1999; Fine, 1995; Fine et al, 1998; Orchard et al, 1999; Weaver et al, 2005) and was recognised as the one of the primary issues for stepmothers by stepfamily experts in a study by Whiting et al (2007). The findings from the present study suggest that whilst stepmothers suffer anxiety in identifying and developing their role in the stepfamily, they can reduce their anxiety if they are able to more clearly define their role through communication between their partner and stepchildren and through the development of their own family rules.

10.3.1.4 Coping strategies to adapt to stepmother role

During the focus groups, while explaining the issues they face in adapting to their role, several stepmothers discussed a number of positive and negative coping strategies they had adopted to deal with their anxieties. Negative coping strategies involved withdrawal from relationships with their stepchildren and a lack of relationship with biological mother. Positive coping strategies were identified as an acceptance of existing relationships, an increase in communication with their partner to discuss their difficulties, taking control within their own home and an increasing effort to understand the issues from different family members' perspectives.

Negative coping strategies

A number of participants coped with the difficult relationships within the wider stepfamily by effectively ignoring or having no relationship with the biological mother. Whilst this approach had resulted in successful outcomes for the stepfamily units, one stepmother expressed some concern that the lack of relationship between

her and the biological mother would become more of an issue over time. Julie was also worried about the effect of this situation on her stepchildren's relationship with her biological children (their half siblings).

'I have no relationship with the ex wife. My stepson had his 18th birthday party recently that she organized and he (husband) went which was OK but there are a lot of things - weddings for example which I suspect I won't be invited to. I've chosen this route so he (husband) isn't in the middle, perhaps it's the cowardly way out.'

As she had never had any form of relationship with her stepchildren's biological mother she couldn't envisage this changing, however she was becoming increasingly concerned that this would become more problematic as her biological children became older and were included in family events that she was excluded from. Other stepmothers had adopted this avoidance approach over time in an effort to reduce the animosity between the stepmother and biological mother as described by Alison below

'I used to speak to her (biological mother) but now I don't at all. He (husband) acts as the go between for us. He tries to keep the peace.'

This approach was also adopted by Norah who had become increasingly frustrated with the communication between the stepchildren's biological mother. However, Poppy found that she was hurt and confused by the lack of communication between herself and her stepdaughter's mother.

'My anxiety is due to the fact she will have nothing to do with me and I was nothing to do with their marriage dissolving.'

These findings suggest that this coping strategy can be effective at lowering stepmothers' perceived anxiety and distress related to interactions with the

stepchildren's biological mother; however it is only effective if it is the approach selected by the stepmother and not one imposed on them by the biological mother.

Three of the stepmothers spoke of their withdrawal from their interactions with their stepchildren in an effort to deal with the increasing animosity. Whilst for two stepmothers this had led to a more distant relationship with their stepchildren, in the third case this reduced the immediate difficulties and helped foster a stronger relationship over time. Claire's struggle with her feelings for her stepchildren had led her to reduce her contact with them over time, such that she now tends to avoid spending time with them when they come to stay.

'I chose to stay in on those weekends (with the stepchildren) every other weekend, certainly at first, whereas now I find I'm opting out.'

Fiona, who has recently severed contact with her stepdaughter following a series of rows regarding her behaviour, began to withdraw from a parenting role also once she felt she had no influence over her stepdaughter.

'I've come to the conclusion that it doesn't matter what I think about parenting, it doesn't matter what I think about behaviour, it doesn't matter what I think about right and wrong, I don't carry any influence whatever on my stepchild.'

Whilst these stepmothers have withdrawn emotionally and physically from their stepchildren in order to cope with their negative feelings, developing some distance in the relationship was found by Anne to have significantly strengthened her bond with her stepchildren over time. She found that by reducing her involvement and lowering her expectations in short term she was able to build a stronger relationship with her stepchildren by spending time with them through choice rather than need. As she stated

'I didn't have children when I became a stepparent and none of my friends had children so they didn't understand the commitment of being a stepparent. You find yourself living with your partner and he has his children coming to stay every Wednesday so I have to be there to help and my friends want to go out and they just don't understand. But I think sometimes you do too much and you need to take a step back – it was only when I did that that things improved'.

The behaviour of the participants who had engaged in negative coping strategies, such as ignoring the biological mother and in some cases withdrawing emotionally and physically from interacting with their stepchildren, can be explained through the interdependence perspective (Sabatelli et al, 1993). These women modified their behaviour towards either the biological mother or their stepchildren to reduce their perceived costs to balance with their perceived rewards. The findings from the study suggested that when the change was initiated by the stepmother, the outcome was positive, as demonstrated by Julie and Norah, however if the change was instigated by the biological mother or stepchildren, the withdrawal coping mechanism was not associated with a positive outcome in terms of anxiety and adaptability to the role (eg., Alicia). These findings provide some support to the quantitative study reported in chapter 9, which found evidence that maladaptive coping strategies such as behavioural and mental disengagement were associated with weaker stepmother adaptability.

Positive coping strategies

Some of the stepmothers' spoke about their recognition of the situation and the necessity to accept that there are enduring relationships with family members outside of their immediate family unit, such as the biological mother or grandparents. Jemma acknowledged that whilst this was not always a positive experience it was necessary.

'A big part of putting your children first is that you accept there are relationships between all members of the family. The thing is you know that there are past

relationships and there is going to be a certain amount of heartache and you just have to accept it.'

This stepmother, together with several other participants suggested that they had developed a form of co-parenting role with the biological mother. In doing so they formed allegiances with the biological mother, putting aside their differences for the sake of their stepchildren. One stepmother found that this approach had benefited their stepchildren and led to a more harmonious relationship for all the adults.

'Although she isn't my favourite person because she's caused a lot of problems in the past, fundamentally she loves Erin and I love Erin and we've got over it because of that and she has to speak to me. We've got a relationship but it's not great.'

These stepmothers suggested that they had found it helpful to try and see things from others perspectives, particularly their stepchildren and the biological mother. This had helped them adopt a more reasonable approach to co-parenting within the wider stepfamily unit. As Norah stated

'I try and see it from their point of view as well sometimes...it must be difficult for her at times, she must look at me and think oh go away!'

For Julie, whilst she was sad to have been excluded from her stepson's 18th birthday celebrations she recognised how difficult it would have been for him to invite her

'I mean I think Charles felt quite bad for his 18th but it just wasn't worth it for him.'

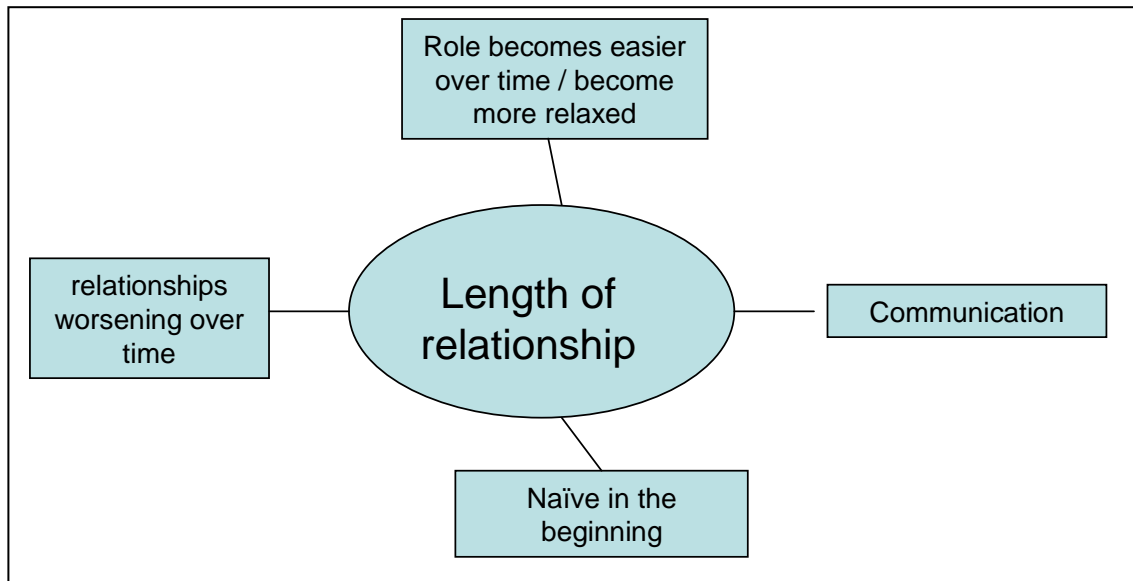
The use of positive coping strategies in this way appears to have had a beneficial affect on the stepmothers perception of the development of their stepfamily, with 'co-parenting' between the biological mother and stepmother in particular being welcomed by the stepmothers who had adopted this approach.

The findings from the present study suggested that some stepmothers had adopted a coping mechanism whereby they accepted the presence of enduring relationships between their partner and their stepchildren's biological mother. These stepmothers developed some form of relationship with the biological mother in an effort to reduce conflict within the family. This flexible approach to stepparenting has been shown to be associated with successful stepfamily development (Kelley, 1992). One participant for example spoke of jointly arranging birthday parties for their stepchildren with the biological mother, whereas others had taken control of arranging contact with their stepchildren from their partners. Women who adopted these coping mechanisms suggested that these strategies had helped them adapt to their role within the stepfamily.

10.3.2 Change in the relationship over time

The findings from the quantitative study conducted to measure stepmothers' adaptability to their role suggested a relationship between time in the relationship and stepmother adaptability, as measured by their role ambiguity and role resentment (refer to chapter 9, section 9.2). One of the principal aims of this study was therefore to gather stepmothers' views on the changes in the stepfamily over time. The participants in the focus groups were asked whether their views and experiences of being a stepmother had changed over the time they had acted in their role (see Table 10.2, question B4). As for anxiety, the results were coded using thematic analysis and a thematic map constructed of the main themes and associated codes (see Figure 10.2).

Figure 10.1: Thematic mapping of length of relationship



There were two main opposing views within the discussions, with several stepmothers suggesting that they were finding their role easier over time, while others suggested that as time passed, they were finding it more difficult to cope. Stepmothers who had found an improvement over time suggested that communication between themselves and their partner on their feelings and needs in the relationship were essential in developing a successful stepfamily. Others suggested that they had been naïve in their initial expectations and found the first eighteen months the hardest period of adaptation. One stepmother felt that getting married had cemented her position within the family and helped her feel truly accepted. These themes are discussed further below.

Communication

Stepmothers in one of the focus groups discussed the importance of communication in building the relationships within the stepfamily. Some of the participants had

found it hard to raise issues with their partners early on in their relationships but over time realised that it was more important to discuss these issues than let them fester. As Norah commented

'I think we've just got better at doing it, at talking, at me being brave enough to say things. You know in the early days he'd say things like, it's easier when all the children are here and now I'll say, do you know, it's not Andy, it's a damn sight harder!'

Relationships worsening over time

Unfortunately several of the stepmothers in the study felt that rather than improve over time, their relationship with their stepchildren had declined. Fiona explained that she had consciously decided to reduce her contact with her stepdaughter due to increasing problems and Alicia had found that since the birth of her own biological child, there had been more arguments between herself and her stepchildren resulting in reduced contact. Whilst on the surface Claire was maintaining a relationship with her stepchildren she was increasingly frustrated by the lack of affection she felt for them after eight years together.

'I've been trying for 8 years and I'm not sure I'm there yet. I've just found it so difficult, so difficult. I think if I were a mother it might be easier, I really do find it difficult. I'm waiting for it to become easier.'

Role becomes easier over time

The majority of the participants however recognised an improvement over time in their relationships with their stepchildren and their ability to cope with the role of stepmother. One stepmother felt that her perspective had shifted over time such that she shared in her husband's desire for her stepchildren's happiness and success. Several stepmothers spoke of feeling that they were more able to relax as they became more familiar with their role. As Eleanor said

'It does get more relaxing, it does get easier. There are fewer flashpoints as they get older.'

Several stepmothers commented that the early part of their relationship, particularly within the first two years, was the most difficult when everyone is defining their role within the family and getting to know each other. As Jemma commented

'I think the first 18 months are really stressful when you're not quite in the family, you're not sure if it's permanent. There was a solidity that came after 18 months. I think things improved after we got married.'

Naive at the start of the relationship

Whilst the majority of stepmothers felt there had been an improvement over time in their ability to cope with their role, several felt that they had been naïve in their expectations and had found the difficulties far greater than they had imagined. As Norah said

'It's so hard but there are good parts to it, goodness it makes you grown up doesn't it. Our relationship, God, we've been to hell and back and we're still together.'

There was also recognition that changes are sometimes inevitable as they are driven by changes in the stepchildren as they develop and grow. Several stepmothers felt that they had gone through a period of time when their relationships with the stepchildren had worsened but they had since realised that this was in part due to normal teenage behaviour. As Anne commented

'...I said to my stepdaughter, I thought you didn't like me very much and she said Oh I love you so much. I said but you've been horrible for the past two years.....'.

While the discussion was centred on the time taken for stepfamilies to form, two stepmothers felt that in some way stepfamilies are no different from biological

families. Jemma and Eleanor, suggested that all families take time to form as personalities develop and establish roles within the family unit.

'I think it takes time for any family to form. My son is now 4 and we're all just gelling. My husband and I have both taken on a childcare role. From the outside people would see a bonded family but it's taken a while for each of us to gel into our roles.'

Whilst the stepmothers in the study reported difficulties in dealing with the biological mother, their stepchildren and in defining the stepmother role; many of the participants had found that these diminished with time. Several of the women spoke of the first two years being the most difficult as they struggled to find their place within the family unit. These findings provide support to previous research (Bray et al, 1998; Hetherington et al, 2002; Kelley, 1992; Papernow, 1984), suggesting that the early years are the most difficult for stepfamilies to overcome. However, the present research also suggested that this is perhaps true for *all* types of family, including biological families, with relationships taking time to develop. The distinct difference for stepfamilies is that there is no time for the couple to develop their relationship before the arrival of children.

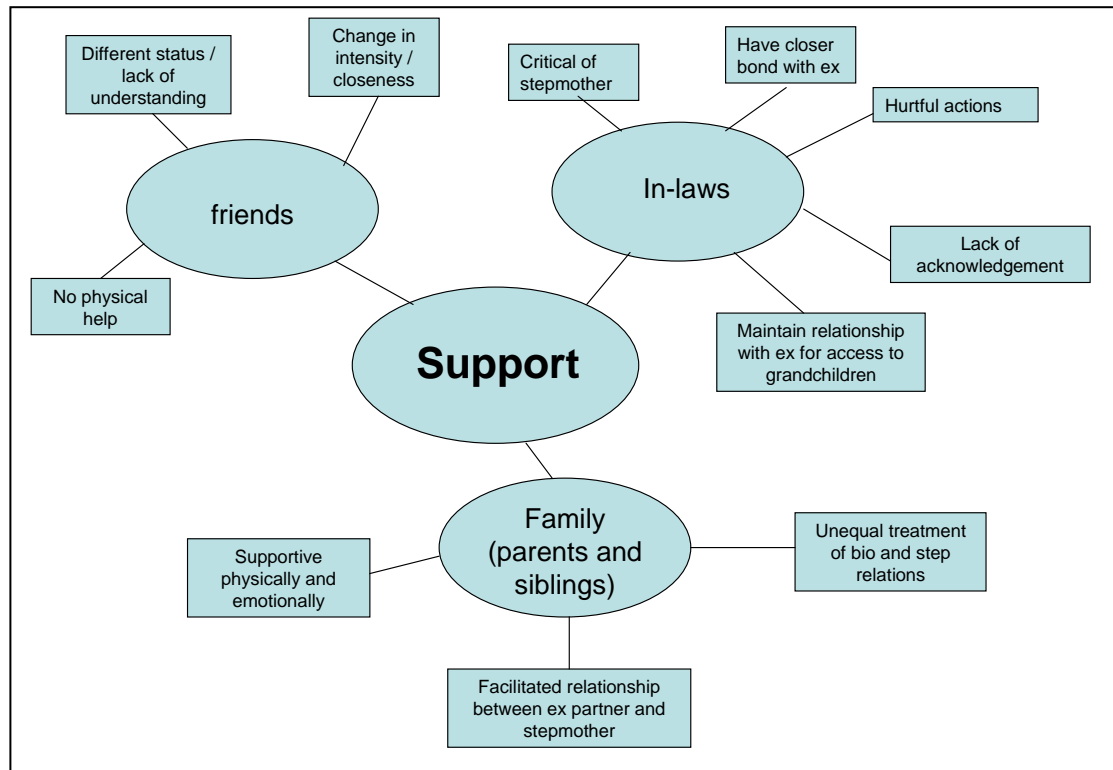
10.3.3 Social Support from friends and family

Findings from the questionnaire study suggested that stepmothers perceive that they receive significantly lower social support than biological mothers (refer to chapter 9, section 9.2). The aim of the present study was to identify difficulties stepmothers may have in receiving the appropriate support from their family and friends.

Participants in each of the three focus groups were asked if felt they received adequate support from their family and friends and whether this had changed in any way over time (refer to Table 10.2, question B2). The results were coded using thematic analysis (ref section 10.2.5) and a thematic map constructed of the main

themes and associated codes (refer to figure 10.3). Three main themes were identified, representing support from their own family members, their in-laws and their friends. An explanation of these themes together with examples from the data is provided in the following section.

Figure 10.3: Thematic map of Support received from stepmothers



Friends

While the participants didn't feel they had lost any friends since taking on the stepmother role they did feel that there had been a change in closeness or intensity with some friendships. As none of the participants had their own biological children when they became stepmothers, they generally had a circle of friends who were in similar childless positions and many found it difficult to understand the significant changes in their friends' lifestyles, necessitated by their stepchildren. The women particularly felt they had no-one to talk to who really understood their problems. As Anne commented,

'I didn't have children when I became a stepparent and none of my friends had children so they didn't understand the commitment of being a stepparent.'

Alison found that subsequently having children of her own significantly improved her support infrastructure by widening her circle of friends from whom she could draw on for support.

'Many of my friends don't understand stepfamilies. I didn't have any friends who were stepparents, so there was no-one who could understand you and so you have this gap. I haven't really lost friends, just the closeness.'

Several participants felt that they had little in common with their childless friends who didn't really understand their new commitments.

'You find yourself living with your partner and he has his children coming to stay every Wednesday so you have to be there to help and my friends wanted to go out – they just didn't understand.'

Given that the stepmothers in this study were all part time simple stepmothers and as such became stepparents before becoming biological parents, they may be more likely to have a circle of friends which includes more single or childless women. The differences in their circumstances are therefore more marked than perhaps those of stepmothers who also have their own biological children.

In-Laws

In terms of support from their partner's family, several of the stepmothers felt the support from their in-laws was still placed with the biological mother, suggesting that this may be in an effort to maintain a closer link with their grandchildren. Jemma felt hurt by this ongoing relationship, whilst recognizing that those involved were probably not intending any offence.

'I don't think they realize how hurtful it is. It sort of helps to realize that they don't understand but it does hurt. They always make a point of telling me that they have this communication.'

Julie shared the view that the 'in laws' maintain a link with the biological mother and that the mother may encourage this enduring relationship for the purposes of control. To illustrate her experiences she recounted a recent account of a family holiday,

'I just went on holiday to Canada, my husband's Canadian and on everyone's fridge there's a picture of my stepchildren and their mother – everywhere! There's a sort of sense that she's doing it to keep a sense of control.'

Norah however expressed how important it was for her to know that she had support from the wider family. She accepted that stepmothers are unlikely to receive direct thanks or recognition from their stepchildren but benefit from feeling accepted and appreciated from other sources.

'you just don't get it from the children and you can't expect to. You don't even get it from your own children, you get different things. I found that once I started getting it back from elsewhere, I get it back from his parents and from my parents – and that's the balance I need. My in laws think I'm an angel from heaven.'

The findings suggest an enduring connection in stepfamilies between the biological father's parents and the biological mother. This has been shown to cause difficulties for the stepmother who feels unwelcome and under-acknowledged in her support with the stepchildren.

Family (parents and siblings)

Several stepmothers spoke of feeling supported by their own parents in their relationships with their stepchildren, with many grandparents treating their step grandchildren in the same way as their biological grandchildren. As Fiona stated

'I think my Mum's an angel because she never forgets Sophie's birthday and yet Sophie would never send a thank you card'.

However, others felt that siblings struggled to accept their stepchildren in the same way. Jane felt that her own brother hadn't accepted her stepdaughter as a true member of their family and this caused her much sadness. She felt that as she had accepted her stepdaughter as her daughter, then her family should do the same. She tried to find some justification for his behaviour based on her marital status but had never discussed her feelings with him directly so didn't really understand if they were well founded.

'I don't think my brother accepted Erin fully as my daughter. I don't think he accepted her in the same way my parents did. He wouldn't get her a birthday present; he would get her a Christmas present but not a huge thing. I would always spoil my nieces but he wasn't the same with Erin – but I don't know if it would have been different if we'd been married.'

Eleanor also felt that family members can be more supportive of the biological mother than the stepmother and shared her experience of this.

'When my brother's family broke down, the sisters sort of took control and helped the ex wife get on with her new life, they kind of forged the relationship for the sake of the children, but you could see it was much harder for the new wife while the ex wife could rest on her laurels.'

The findings suggest that stepmothers generally find it harder to receive support from their partner's parents due to the presence of the biological mother. None of the

participants spoke of a situation where the 'in'laws' were able to maintain relationships with both the biological mother and the stepmother simultaneously.

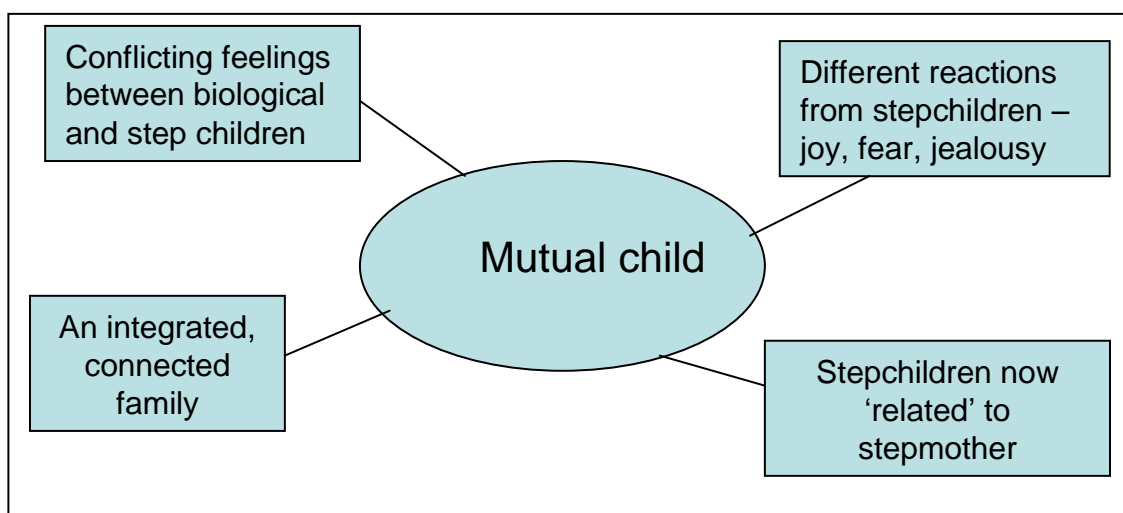
Social support from both family and friends has been shown to be essential in developing successful stepfamilies (Knaub et al, 1984; Michaels, 2006; Whiting et al, 2007), however the quantitative study suggested that social support, particularly from family members, was significantly reduced in stepmother stepfamilies (refer to Chapter 9). The focus groups provided further support for these findings, suggesting that the enduring relationships between the biological mother and her ex in-laws can lead to reduced support for the stepmother, whether real or perceived. Similarly, the stepmothers also spoke of their reduced closeness to their friends, with whom they found less in common, since becoming part of a stepfamily, with stepmothers perceiving that their friends didn't understand their new commitments to their partner and stepchildren. It could be postulated from these findings that the stepmothers are experiencing a form of isolation. Their experiences may be compared to those found in first time mothers (Ahmed, Stewart, Teng, Wahoush & Gagnon, 2008, Tarkka, 2003) or in single mothers (Lipman, Waymouth, Gammon, Carter, Secord, Leung, Mills & Hicks, 2007). The findings have suggested that women who experience isolation from society show less maternal competence (Tarkka, 2003) and display higher levels of depression (Ahmed et al, 2003). Support to these women in the form of community groups and education was found to increase mood, self esteem, social support and parenting (Lipman et al, 2007). It is postulated that education for stepfamilies would offer similar benefits to stepmothers.

10.3.4 Birth of a baby within the stepfamily

Research has generally suggested that the birth of a child into a stepfamily has no significant impact on the overall happiness or wellbeing of the stepfamily (Ganong & Coleman, 1988) and whilst findings from the earlier quantitative study found support for this, there was a weak trend that suggested the birth of a mutual baby

might bring positive change to stepmothers for whom this was their first biological child (refer to chapter 9, section 9.2). The participants in the focus groups were asked to reflect on any changes in their family units brought about by the birth of their children (refer to Table 10.2, question B.3). The results were coded using thematic analysis (ref section 10.2.5) and a thematic map constructed of the main themes and associated codes (refer to figure 10.4). A number of themes were identified which were predominantly positive and included a more integrated, connected family, a stronger bond between step and biological children and an increased 'relatedness' between the stepmother and stepchildren. However, stepmothers also reported having to deal with conflicting feelings between their biological and stepchildren and different reactions from stepchildren ranging from joy through to fear and jealousy. An explanation of these themes together with examples from the data is provided in the following section.

Figure 10.4: Thematic map of codes relating to the birth of a mutual child



An integrated, Connected Family

The stepmothers predominantly expressed positive changes to their stepfamilies brought about by the birth of babies into the families. Their role as both a stepmother and latterly a biological mother helped them gain more perspective on their position and role within the family. Julie suggested that the birth of her children changed her

attitude towards her stepchildren and Norah spoke about the link between her children and her stepchildren which forged an increased closeness.

'It changed me in every way. It changed my perception. The children are the most important thing and also my stepchildren are now related to me, not just by marriage but these two little things.'

'I think it's made a difference for me having my own children in all sorts of ways. It almost completes the circle and there's a sort of bridge between my children and my stepchildren. I've got my own children and there's a connection between them and their half brothers and sisters.'

Julie also reported feeling more formally 'related' to her stepchildren following the birth of her children.

Conflicting feelings for step and biological children

One stepmother, Ellie, however although delighted with the bond between her biological son and stepson expressed concern that she might develop a closer bond with her biological son.

'He (stepson) was just so happy, he knows he's not his full brother but he's brilliant with him and Benjamin loves him. I do worry that I might be closer to Benjamin so I do try and balance it out.'

Alison was worried before having her own children that she wouldn't be able to cope having lost all confidence in her parenting abilities due to interactions with her stepchildren's biological mother. However once they were born she found she coped well which helped to increase her confidence in her parenting abilities. Unfortunately this only exacerbated the problem in her relationship with her stepchildren's biological mother as Alison became more assertive.

'As far as my kids are concerned they really love their half brother, they love him to bits, but the fall out from the ex was more difficult, it started getting nasty. I think it was because I started to stand up for myself, I needed space and 'me' time for the baby.'

Dealing with emotions from stepchildren

Two stepmothers felt that the arrival of their children instilled feelings of competition and jealousy from their stepchildren. Jemma found that her adult stepson didn't want her to have a child which caused arguments between her stepson and his father. Carolyn found that following the birth of her son, her stepson wanted to know which of the two of them his father loved the most. Carolyn felt that her partner's answer would inevitably lead to further difficulties.

'My 21 year old stepson, as soon as he found out I was pregnant, was yelling at his dad, saying that he had no right to have another child and it tore me apart. It was so hard in the first few months of my pregnancy knowing that there was someone in the house who didn't want the baby to be born.'

'When we took my stepson to visit my new baby for the first time he turned to his dad and said, who do you love the most, and my husband said, you'll always be my number one boy.'

However other stepmothers spoke of their stepchildren's delight at having a half sibling. Their stepchildren were excited at the prospect of the new baby and subsequently helped in the care of the child. The stepchildren who expressed such positive emotions were varied in both ages and sex. As Ellie talked about the bond her eleven year old stepson has with her child

'He was just so happy, he knows he's not his full brother but he's brilliant with him and Benjamin loves him.'

Julie reported similar reactions from her stepchildren despite their increased ages.

'My twins are three now and at the time Charles was 15 and Melissa was 18. Charles actually turned up at the hospital half an hour after my caesarean to see the children and he's always been really good with them.'

A limited amount of research has been conducted in understanding the effect on the family members of children born into stepfamilies, with the majority suggesting that there is no overall positive impact on the family unit (Berman, 1980; MacDonald et al, 1996; Stewart, 2005; Visher & Visher, 1979). The changes include less satisfaction from the stepchildren following the birth of biological children and cognitive dissonance with respect to resources for all the children (Clingempeel et al, 1994; MacDonald et al, 1996). However, a study by Ganong and Coleman (1988) found no difference between couples with joint biological children in terms of their emotional ties in the remarriage.

Whilst the findings from the quantitative study described in chapter 9 did not show a significant difference in wellbeing between stepmothers who had given birth to mutual babies and those that had not, they did suggest a trend whereby the mutual child would facilitate the stepmother's adaptation to her role, if this was her first biological child. The findings from the focus groups supported these findings, suggesting a positive impact on stepmothers' perception of their stepchildren and stepfamily following the birth of their first biological children. Given that this research is the only study to consider the stepchildren's residency and stepfamily complexity simultaneously; this may explain the somewhat contradictory results from previous research. The stepmothers in the present study were all childless when they became stepmothers. It could be postulated that the subsequent birth of their children allowed them to feel more integrated into the family and more strongly related to their stepchildren. Several spoke about a connectedness or bridge between all the children in the family. For those that had experienced a loss of confidence in caring for their stepchildren, the birth of their biological children allowed them to

regain their confidence and put into action their parenting abilities. These findings could be explained using the intergroup conflict theory (Banker et al, 1998), whereby the stepfamily develops more successfully if all members can perceive the family unit as a single entity rather than one divided along biological lines. As one stepmother suggested, the baby acts as a kind of ‘bridge’ between family members and helps draw the family together. Whilst previous research has not identified such positive effects on the stepfamily following the birth of mutual children, some clinical observations and research has suggested that the addition of a biological child encourages family integration (Beer, 1992; Bernstein, 1989; White et al, 1985) and the findings of the present study would support this.

10.4 Discussion

The aim of the study was to develop a more comprehensive understanding of the experience of part time simple stepmothers. The quantitative study conducted previously and reported in chapters 8 & 9, suggested that stepchildren’s residency and family complexity has a significant effect on the women’s mental health wellbeing. Non residential stepmothers who had no biological children from prior relationships were found to display the highest anxiety of all stepmother types. The focus groups therefore recruited participants with this profile. The focus groups were structured to address four key areas relating to the women’s perceived difficulties in adapting to their role as a stepmother, namely, their perceived anxiety within their role, the affect of time on the development of the stepfamily, the level of support they receive from family and friends and a discussion relating to the affect of the birth of a mutual child into the stepfamily.

The findings from the present study suggested that stepmother anxiety is predominantly related to three areas, namely, anxiety related to the biological mother, anxiety related to the stepchildren and anxiety related to the role itself. The stepmothers’ anxieties with the biological mother can be explained using family systems theory (Bowen, 1966). The evidence from the study, albeit from a limited

sample, suggests that stepmothers who are able to recognise the connectedness of their stepfamily to the previous biological family and be more flexible in their definition of their family system are more able to cope with the presence of the biological mother in their lives and that of their stepchildren. Further anxiety related to the stepchildren can be explained in terms of the costs and reward principal or the interdependence perspective (Sabatelli et al, 1993). Stepmothers need to balance the emotional and physical costs deployed towards their stepchildren with the rewards they perceive. If there an imbalance in these costs and rewards, then stepmothers need to reassess their involvement or look to other sources for reward, typically their partner. One of the main recognised difficulties for stepmothers is the lack of a clearly defined role (Church, 1999; Fine, 1995; Fine et al, 1998; Weaver et al, 2005; Whiting et al, 2007). Whilst the present research found evidence in support of this, stepmothers reported some success in defining the role within their family and clearly setting boundaries with unique family rules.

The quantitative study reported in chapter 8 and 9 found evidence to suggest that stepmothers have lower support from family members than biological mothers. These findings support previous research that has found stepparents have less contact with their parents and in-laws (Booth & Edwards, 1992; Ceballo et al, 2004) and receive less support from biological family members (Kurdek, 1989b). The present study suggested that the stepmothers' relationship with their in-laws was affected by the enduring relationship between them and the biological mother. Poor social integration has been shown to increase the risk of divorce (Booth, Edwards & Johnson, 1991) and the lack of perceived support from family and friends predicts poor marital quality (Knox et al, 2001). The positive relationship between social support and relationship satisfaction was also evident in the quantitative study results described in chapter 9.

Finally, the study provided indicative evidence of the positive affect on stepmother wellbeing of the birth of a child into the stepfamily. Whilst the quantitative study reported in chapter 9 found no significant differences in stepmothers' wellbeing

dependent on the presence of mutual children, the findings from the present study suggested that stepmothers felt the birth of a mutual child brought the two biological units closer together. This can be explained by the use of the intergroup conflict theory (Banker et al, 1998), which suggests that the development of the stepfamily is improved if members of the stepfamily can view their family as a single entity, rather than divided by biological relatedness.

Limitations and Further Research

While the research has provided supportive evidence on the issues faced by stepmothers in the development of their stepfamilies, it has focused entirely on 'simple' stepmothers, those that did not have biological children when they became stepmothers. The previous quantitative research (refer to chapters 8 and 9) has suggested that stepmothers have different stresses and issues dependent on both the residency of their stepchildren and the complexity of the stepfamily. It is therefore likely that the findings presented in this study would differ depending on the type of stepmother. Further qualitative research focusing on both residential stepmothers and complex stepmothers would therefore be welcome in order to develop a comprehensive view of the stepmother role. It is recognised however, that the identification and inclusion of these women in focus groups is likely to be difficult given the reduced number of some of these types of stepmother in society when compared to part time simple stepmothers.

The findings in relation to anxiety experienced by the stepmothers toward their stepchildren were discussed with reference to the interdependence perspective (Sabatelli et al, 1993). This purports that stepmothers need to feel that the physical and emotional 'costs' they expend on their stepchildren are in proportion with the rewards they receive. Limited previous research has suggested that an individual's perception of this inequality can be influenced by their attachment type, with anxiously attached individuals more likely to experience greater inequality (Ceglian et al, 2000). Further research to investigate this relationship would be valuable.

The approach adopted for the present research was that of a deductive or top down analysis (Boyatzis, 1998; Hayes, 1997) in order to gain more understanding of the findings from the previous quantitative study. Whilst this approach offered the optimum way to identify the underlying causes for some of the previous findings, it makes a number of assumptions on the stepmothers, such that they experience anxiety or issues rather than asking them if indeed they do have any worries related to stepparenting. Adopting an alternative, inductive approach may have identified other concerns which were subsequently not addressed within this research; however it was felt that this may also have resulted in less data on the specific areas of interest of anxiety, social support, time and the effect of mutual children.

Whilst every effort was made to ensure the participants were equally matched in terms of their family type, the participants differed in other demographic variables such as age, length of relationship, number and age of stepchildren and biological children. It was felt the possible differences introduced by these variables would be outweighed by the benefits of understanding the feelings of stepmothers of differing ages and at different points in their stepfamily development.

Conclusion

Research on non residential stepmothers has historically been very limited (Ambert, 1986; Fine et al, 1991; Stewart, 2005). Non residential stepmothers have specific problems which are associated with the 'part time' nature of their care for the children. The women in this study spoke of their frustration at having to cope with children who are effectively being brought up by a different household and then trying to impose their own rules and discipline when resident in their family. This clearly caused a great deal of stress and is unique to women in this non residential position. There are far fewer stepfathers placed in this position, given that the majority of children still live with their mothers following the breakdown of a marriage (Stewart, 2007). Many women welcomed the opportunity to be interviewed for this study as it gave them a chance to talk about their frustrations and problems

and to realise that their feelings were not unique. As Orchard and Solberg (1999) observed,

'Stepmothers have a largely undefined role for which they have no training. Becoming a stepmother is the only time a women takes on children without a conscious decision to do so. Once in the position, they find that there are no rule books and no-one to advise or turn to when things go wrong.'

CHAPTER 11

Discussion and Conclusions

11.1. Introduction

This thesis has sought to investigate the role of the stepmother, addressing the identified limitations of previous research in this area. The approach taken has included both qualitative and quantitative research analysing measures of stepmother adaptability and wellbeing both between stepmothers and biological mothers and between identified stepmother types based on stepfamily complexity and residency of the stepchildren.

The findings from the research have overwhelmingly identified the need for more targetted education and support for stepfamilies in the UK in the same way as other recognised family types. This chapter provides the justification for this assertion. A discussion of the findings with relation to family theories and models is first provided, with recommendations for improving stepmothers' ability to cope with their role with the stepfamily. The implications of the findings are then discussed in terms of informing policy and practice, with justification provided for additional self help and parenting programs specifically targeting both residential and non residential stepfamilies. The acknowledged strengths and limitations of the research are then discussed and finally, overall conclusions are drawn and future directions for stepmother research identified.

11.2 Discussion of research findings

The aim of the research was to identify differences between stepmothers and biological mothers and between stepmother types in terms of their perceived wellbeing, relationship satisfaction, social support and coping mechanisms.

Additionally the research developed a new measure of stepmother adaptability, designed to measure how well the stepmother copes with her role in the stepfamily. The key findings are highlighted below and discussed further in relation to existing research and theories.

11.2.1 Evaluation of Stepmother Adaptability using the SAS

Stepmother adaptability, measured by the SAS, was defined using five dimensions assessing the Stepmothers bond with her stepchildren, Role resentment, Spousal support, Role ambiguity and Stepfamily integration. Together these factors were combined to measure stepmothers' overall adaptability to their role in the stepfamily.

Whilst there were no significant differences between stepmother types in most of the factors relating to their adaptability to their role, residential stepmothers rated their stepfamilies as significantly more integrated than part time stepmothers (ref Chapter 8, section 8.2). These results may have been expected as the full time stepmothers care for their stepchildren on a permanent basis. Previous research in the development of the Intergroup Conflict theory has shown however that this is an important aspect for all stepfamilies to consider (Banker et al, 1998). Banker et al (1998) found that if the stepfamily members believed their family to be a single unit, with stepchildren and biological children being treated in the same way and involved in the same family activities, the stepfamily development was significantly improved. Afifi (2008) further suggests that the degree to which family members share similar perspectives about what their family should be like, the roles for each family member and how to communicate effectively may influence adaptation. The present study found evidence to support this, with an integrated stepfamily correlating with lower depression, higher satisfaction within the spousal relationship, and higher quality of life. Taking into consideration the findings from the present research and previous research (Banker et al, 1998; Affifi, 2008), stepfamilies should be encouraged to include all stepfamily members in their definition of their

family, be clear about their individual roles in the family and include all family members in joint family activities. This behaviour is likely to foster positive feelings towards other members of the group and thus increase the development of the stepfamily unit, whilst leading to increased wellbeing for the stepmother.

The research found that complex stepmothers perceived a weaker bond with their stepchildren than simple stepmothers, albeit at non significant levels (chapter 8, section 8.2). It is postulated that complex stepmothers experience difficulties in coping with the conflicting roles of both biological mother and stepmother simultaneously. This theory was first suggested by Visser et al (1979) within Role theory, with stepmothers who have their own biological children and stepchildren to care for finding it more difficult to devote time and attention to their stepchildren, fearing it will impact on their relationships with their own children. Role theory suggests that the more roles an individual is expected to play, the more conflict they are likely to experience (Visser et al, 1979). Although stepfamily related research has previously only been conducted to look at the effects of adopting multiple roles when stepmothers become biological parents for the first time (McDonald et al, 1996), research on biological mothers has found that the number of roles they have within the family (such as mother, wife and wage earner) is also related to increased role conflict and psychological distress (Barnett & Baruch, 1985). The present research suggests that such role conflict may therefore exist for complex stepmothers who already have biological children prior to joining the stepfamily.

The relationship observed between Role ambiguity, role resentment and the length of the spousal relationship suggests that stepmothers learn to adapt to the unique demands of a stepfamily over time, with ambiguity and resentment decreasing. Family boundary ambiguity has been used to explain the lack of clarity related to family membership, which is a particular issue for stepfamilies (Boss, 1980a; Boss et al, 1984). Research has suggested that some consensus about family membership must occur before the family can function optimally (Boss, 1980a), with the need for flexible boundaries particularly important for stepfamilies (Messinger, 1976;

Robinson, 1980; Walker et al, 1979). Recent research has further suggested that ambiguity among stepfamilies with a shared child was less prevalent (Stewart, 2005). The present findings reflected this with lower ambiguity perceived by stepmothers for whom the mutual child was their first biological child.

The evidence presented suggests that the development of stepfamilies could be facilitated by helping stepmothers define their family membership and individual role within the family unit. Based on the research findings from the present study and the application of recognised theories (Banker et al, 1998; Boss, 1980a; Visher et al, 1979), this should help reduce role ambiguity and lead to greater integration of the stepfamily.

11.2.2 Stepmother Mental Health Wellbeing

The present research found significant differences between the mental health wellbeing of stepmothers and biological mothers, reflecting previous research findings (eg., Demo & Acock, 1996; Nicholson, Fergusson & Horwood, 1999; O'Connor et al, 1998, Smith, 2008). For stepmothers who don't have biological children prior to forming the stepfamily, it could be argued that becoming a stepparent is comparable to becoming a first time parent. Parenthood can be considered as one of the most demanding and stressful life transitions an individual will face (Cowan & Cowan, 2000), often resulting in increased depression (Hock, Schirtzinger, Lutz & Widaman, 1995; O'Hara & Swain, 1996; Paulson, Dauber & Lieferman, 2006). However, while postnatal depression is generally recognised to reduce over time (Misri, Reebye, Milis & Shah, 2006) the present research showed no such correlation between the mental health wellbeing of the stepmothers and the length of their relationships. Further research on first time mothers has also found evidence that when their experiences were lower than their original expectations, they displayed higher depression (Harwood, McLean & Durkin, 2007). As research in stepfamilies has consistently found stepmothers to hold unrealistic expectations

about their role (eg., Orchard & Solberg, 1999; Weaver & Coleman, 2005), this may be considered a contributory factor to their lower mental health wellbeing.

The present research found evidence that full time stepmothers displayed significantly higher depression than part time mothers, whereas part time simple stepmothers displayed significantly higher anxiety than the remaining stepmother groups. It is suggested that the heightened depression experienced by full time stepmothers is related to the multiple and complex roles they fulfil, as described within Role Theory (MacDonald et al, 1996), which purports that adopting multiple roles may lead to conflict between the roles and increased stress (Clingempeel et al, 1985; McDonald et al, 1996; Schultz et al, 1991; Visher et al, 1979). Part time simple stepmothers however experience different demands, as they care for their stepchildren for a smaller proportion of time. They perceive that they have less control over their stepchildren (chapter 10, section 10.3.1.1). Such a lack of parental control has been linked to increased depression and anxiety related disorders (Chorpita & Barlow, 1998; Keeton, Perry-Jenkins & Sayer, 2008; Mirowsky & Ross, 1999).

Findings from the focus groups in the present research suggested that stepmothers perceive increased anxiety related to interference from the biological mother and the lack of clarity in their role within the family. One of the main themes to emerge from the analysis was the stepmothers' perception of the enduring control exerted by the biological mother and reciprocal lack of control they felt **they** possessed. Related research on the relationship between control and mental health wellbeing has provided evidence that for new parents, impairment in control is associated with depression, stress and anxiety related disorders (Chorpita et al, 1998; Keeton et al, 2008; Mirowsky et al, 1999; Shapiro, Schwartz & Astin, 1996). It is suggested that the heightened depression and anxiety shown in stepmothers is related to their reduced control within the stepfamily due to the involvement of the biological mother and the confusion of their role.

Further research into the psychological wellbeing of women in the general population has suggested that the centrality of a woman's role has a significant effect on her psychological wellbeing. The centrality of a social role reflects the degree to which the role acts as a means of identifying oneself (Stryker & Serpe, 1994; Thoits, 1992). A study by Martire, Parris-Stephens and Townsend (2000) found evidence that women who regard a given role as important to their self concept report more rewards from that role and subsequently benefit in terms of improved psychological wellbeing. It is postulated that stepmothers who are able to define, accept and embrace their role may benefit from similar improvements in wellbeing. Conversely those stepmothers who do not identify centrally with the stepmother role may not subsequently benefit from any improvement in mental wellbeing or the associated rewards of stepparenting.

11.2.3 Relationship Satisfaction

Whilst no significant differences were found between the study groups, it was noted that the relationship satisfaction for full time complex stepmothers was lower than the remaining stepmother groups. These findings provide limited support to Clingempeel et al (1985), who suggested that complex stepfamilies experience lower relationship satisfaction than simple stepfamilies. The present findings suggest that it is a combination of family complexity and full time residency which is associated with reduced relationship satisfaction. Full time complex stepmothers have to cope with more demands than the other stepmother groups, having both stepchildren and biological children residing on a permanent basis. The relationship satisfaction scores for the full time complex stepmothers in the study suggested that over 50% of these women were registering some distress in their relationship (Crane et al, 2000), with those in a cohabiting relationship registering more distress than their married counterparts.

Relationship satisfaction was found to be a significant predictor of stepmother's ability to adapt to their role in the stepfamily, leading to a stronger bond with their

stepchildren, more support from their spouse, a more integrated stepfamily and lower resentment of their role. It is therefore vital that stepfamilies are supported in their relationships as this is pivotal to the development of a healthy, successful stepfamily

11.2.4 Social Support

Previous research has found significant evidence to suggest that an absence of social support for an individual is a reliable predictor of depression (eg., Brown, Harris & Hepworth, 1994; Hudson, Elek & Campbell-Grossman, 2000; Cohen & Wills, 1985; Kessler & McCleod, 1985; Paykel, 1994) and it is widely recognised as acting as a buffer between stressful life events and psychological and physical symptoms of stress (Thoits, 1986; Zimet et al, 1988). Social support is often distinguished between that provided by a partner, family relations or friends, with research suggesting these components have different associations with psychological wellbeing. Although findings suggest that a partner's emotional and instrumental support is important for women, and in particular new mothers, to protect against depression (Kroelinger & Oths, 2000; Malik, Boris, Heller, Harden, Squires, Chazan-Cohen et al, 2007), further studies have found evidence that support from other family members was predictive of psychological wellbeing (Bertera, 2005; Walen and Lachman, 2000). These findings suggest that whilst support from the spouse is clearly beneficial not only for emotional support but also for instrumental support, support from extended family members and friends has a significant impact on an individual's wellbeing. The present study found that stepmothers reported similar levels of support from their partner as biological mothers; however their perceived support from extended family and friends was significantly lower. Stepmother related studies have further suggested a link between good social support and stepfamily success (Michaels, 2006; Whiting et al, 2007) and that a lack of support from extended family and friends is significantly related to lower marital happiness (Knox et al, 2001). These findings suggest a need to highlight the benefit

of wider social support to stepmothers and encourage them to seek support from extended family and friends to increase psychological wellbeing.

However, many of these previous studies together with the present research assess social support using self reports and there is some evidence to suggest that individual's perceptions of the support they receive may be somewhat different from reality. Olson, Kieschnick, Banyard & Ceballo (1994) for example conducted a study on low income single mothers and found evidence that women displaying high levels of psychological adjustment tended to perceive their supports more positively, but often reported lower levels of actual support than their more distressed counterparts. A further study from Quittner, Glueckauf and Jackson (1990) found that chronic parenting stress was associated with lower perceptions of emotional support and greater symptoms of depression and anxiety. Thus, whilst stepmothers may report lower social support than biological mothers, it is postulated that the stress related to their parenting responsibilities may affect their perception of available support.

While the present study found evidence of lower social support for stepmothers when compared to mothers from nuclear families, similar levels of decreased social support have also been found in single mother family units (eg., Benzeval, 1998; Lipman et al, 2002; Lipman et al, 1997; Weissman et al, 1987). An intervention study by Lipman, Waymouth, Gammon, Carter, Secord, Leung, Mills & Hicks (2007) conducted a support and education program for single mothers to determine the effect of group cohesion on maternal wellbeing. The findings suggested a positive association between group cohesion, self esteem, social support and parenting. It is postulated that given the similarity between stepmother and single mother family types in their perceived social support and wellbeing, support and education directed specifically at stepmothers would potentially offer similar benefits as those found in the study on single mothers by Lipman et al (2007).

11.2.5 Coping Mechanisms

Previous research has attempted to consider the effects of coping styles on remarried families with varying results. Brown, Green and Druckman (1990) found evidence to suggest that remarried couples use different coping styles than first married couples and were more likely to seek counselling for help in solving problems in their relationship. Whitsett and Land (1992) however reported that stepfamily couples use more active coping strategies than first married couples and are more likely to ventilate their feelings. The present research found evidence that stepmothers use coping mechanisms identified as ‘mental disengagement’ and ‘venting of emotions’ significantly more than biological mothers. Evidence has been found to suggest these mechanisms are associated with helplessness and that they offer a poor coping outcome if engaged in over a long period of time (Carver et al, 1989). A number of coping mechanisms including positive growth, active coping and planning were found to correlate with stepmother adaptability factors (ref chapter 9, section 9.3) suggesting that a greater use of these coping mechanisms was related to higher stepmother adaptability. These results are comparable to previous research on ‘parenting stress’, which has found evidence of active coping being associated with less distress and avoidant coping related to increased distress (Tein, Sandler & Zautra, 2000; Zautra, Sheets & Sandler, 1996). Further research has suggested that the use of inefficient coping strategies is negatively related to parenting behaviours, particularly with respect to the application of inconsistent discipline to their children (Zautra et al, 2000), with the resultant psychological distress also predicting the quality of maternal parenting behaviour (Singer, Fulton, Davillier, Koshy, Salvator & Baley, 2003). Recent research (Halford, Nicholson & Sanders, 2007) in the area of communication suggests that couples in stepfamilies are more likely to withdraw from communication than first families, adopting an avoidance policy. They suggest that interventions for stepfamilies place a greater emphasis on reducing this avoidance coping strategy.

Based on the evidence of the present research and previous findings it is suggested that if stepmothers can learn to adopt more positive coping styles such as, acceptance, planning and active coping whilst reducing mechanisms such as avoidance, mental and emotional disengagement and venting of emotion then this is likely to have a positive impact on their overall wellbeing and parenting behaviours.

11.2.6 Mutual Children

The present research found no significant differences in wellbeing or relationship satisfaction between stepmothers who had mutual children in their relationships than those that did not; however stepmothers for whom the mutual child was their first biological child registered lower anxiety and role ambiguity. The results from the focus groups supported these findings, with stepmothers speaking of the child 'building a bridge' between the families.

Previous studies have focused on understanding the effect of a child born into the stepfamily on the stepfamily member with conflicting results. Whilst some researchers have suggested an overall positive effect on the family following the birth of a mutual child (Rosenbaum et al, 1977), others have suggested the birth of a child will have an overall negative effect (Berman, 1980; Stewart, 2005; Visser et al, 1979), or that the child has no affect on the stepfamily dynamics (Ganong et al, 1988). Further research has suggested that if the mutual child is the **first** biological child for the stepparent then they will subsequently struggle to appreciate or enjoy their stepchildren (MacDonald, et al, 1996).

The findings from the present study suggest that whilst there are no significant differences in psychological wellbeing between stepmothers with and without mutual children, women who become stepparents before having their own biological children appear to display increased anxiety and high role ambiguity, which it is postulated arises from their lack of experience and understanding of the parenting role. If they subsequently give birth to a child in their current relationships, this may

help them to develop their parenting role and feel more comfortable in their role as a stepmother. The birth of mutual children was explored further in the focus groups, with many of the participants suggesting that the birth of their first biological child was a very positive event for their stepfamily and helped them feel connected to the rest of the family. For many, they suggested that they felt this helped them gain confidence in their interactions with their stepchildren. Whilst Role Theory (McDonald et al, 1996) has been used to explain conflict for stepparents as they attempt to fulfil dual parenting roles it is suggested that it may have a supportive element when considering stepmothers who have no prior biological children, with the adoption of their new role (ie., the biological parent) facilitating the existing role (ie., stepparent) and thus alleviating anxieties related to their parenting abilities.

11.3 Implications for policy and practice

In summary therefore, the findings from the present study suggest that many women have difficulty in adapting to their role as a stepmother, displaying lower psychosocial wellbeing than women in first families, having lower perceived social support and employing less effective coping mechanisms. Evidence from the qualitative research in particular suggested that their anxiety is related in part to the ambiguity of their role and responsibilities within the stepfamily, and relationships between themselves, their stepchildren and the biological mother. This supports the view that there are no clear role models for stepmothers to follow and no support services aimed specifically at stepfamilies.

It is therefore the primary recommendation of this thesis that stepfamily interventions in the form of stepparenting programs, associated literature, counselling and one to one support services should be considered as potential ways of supporting stepmothers and their families in the future, not only to provide help through counselling and mediation but to offer peer group support by facilitating stepfamily group forums. Recent research for the United States has produced evidence that both on-line support groups (Christian, 2005) and self help group

meetings (Jones, 2004) were effective at providing support to stepmothers as they allowed them to vent their frustration without fear of perpetuating the negative stereotypes that accompany their role and provided support to effect positive changes in their families.

Despite Government policy in recent years (Every Child Matters green paper, 2003), placing a strong emphasis on the importance of ‘the family’ in society and ensuring that effective and accessible services are available to help all children and families, there is little evidence of support available targeted at stepfamilies. The green paper addressed the importance of not only directly protecting children through intervention, and accountability of children’s agencies, but also focussed on providing support to families and carers who were recognised as the most critical influence on children’s lives. This prompted a debate about services for children and families, with wide consultation with individuals working in children’s services and with parents, children and young people. Following the consultation, the Government published Every Child Matters: the Next Steps, and passed the Children Act 2004, providing the legislative framework for developing more effective and accessible services focussed around the needs of children and families.

The recognition of the need for a legislative framework for children highlighted the clear absence of such a framework for parenting within the UK. This in turn led to the delivery in March 2007, of ‘Every Parent Matters’, to compliment the ‘Every child Matters’ framework, reinforcing the importance of parenting. The key identified areas included improved information for parents, developing parental involvement and engagement and supporting families to stay together. This document clearly places the onus on individual local authorities to develop a strategic and integrated approach to the design and delivery of parenting support services by implementing a Parenting Support Strategy.

In support of these overarching principals addressing children and family wellbeing, the Government program, Surestart (www.surestart.gov.uk) was developed to ensure

that every family can access a range of ‘self help’ services that deliver better outcomes for both children and parents whilst recognising the diversity both between different families and across time in the same family. These Surestart programs offer a suite of services for parents entitled ‘Parent Know How’ (www.everychildmatters.gov.uk) which aim to ensure parents have access to information, advice and guidance to support them in their parenting activities. A review of the services within this program suggests that some family types are well recognised, with targeted support services for single parents and separated fathers (eg., www.singleparents.org.uk, www.oneparentfamilies.org.uk, www.dads-space.com). Only one organisation, (www.Parentlineplus.org.uk) offers support to stepparents within its range of parenting services, however, this is limited to a series of leaflets which can be downloaded from the website.

A further initiative from within Surestart has been to ensure that in addition to self help based support, families also have access to appropriate parenting programs. This has resulted in the establishment of the National Academy of Parenting Practitioners (www.parentingacademy.org). The Academy was created primarily to ensure that all parents, from all types of families, are able to access quality support from trained practitioners. It has created a comprehensive database of over 100 parenting programs which can be utilised by parenting practitioners and delivered to needy families. It provides detailed information about each program’s aim, content, target family types and training requirements. It also provides information about the quality and evaluation of the program, enabling practitioners to make informed choices about the suitability of a program for meeting the needs of specific groups of parents. Programs are evaluated across four dimensions including how well it matches the needs of the target audience with the aims of the program, the underpinning theory and program content, the training and support processes and the evidence of the effect of the program on the targeted outcomes. Although all these programs will eventually be evaluated by the Academy, initially they are only self-rated by the course developers and as such are not critically evaluated to determine their effectiveness. Currently only eighteen of the programs have been evaluated by

the Academy (www.commissioningtoolkit.org). These are listed in Table 11.1 overleaf. As the entries illustrate, some programs are tailored for use in families with particular characteristics of either the parents or the children, such as those with depression or anxiety or for children with behavioural difficulties such as ADHD. However, despite the identification of programs for a broad range of parenting types including adoptive or foster parents, lone parents, refugees, parents of the same sex, parents within the travelling community and young parents, there is no notable inclusion or recognition of stepfamilies, despite being acknowledged to be the fastest growing family type in the UK (ESRC, 2004).

This highlights that either there is a major omission in the provision of parenting services for stepparents, or that there is no need for such services, with stepparents being offered and benefiting from the same set of services as first families. This findings from this thesis implicate that whilst it may be possible to treat residential stepfamilies in the same way as biological families, non residential stepfamilies have very different needs and issues. In the same way as adoptive or foster parents, residential stepmothers have to learn to care for children who are not biologically related to them, with their stepchildren residing with them on a full time basis.

However, even if it is assumed that the needs of full time stepfamilies can be addressed within existing support infrastructures predominantly designed for biological families, this leaves the majority of stepmothers (approximately 80%, refer to Chapter 6, section 6.3) without the necessary support to cope with the demands of their role in the stepfamily. The lack of acknowledgement of stepfamilies in Government parenting program initiatives reflects the recognised 'hidden' nature of stepmothers, particularly those fulfilling a part time stepparenting role (Kreider, 2003). Non residential stepmothers are fundamentally different from all other family types identified within Surestart's parenting services. They are the only family type where their children do not live permanently with them. Consequently, the children are abiding by two different sets of household rules. The findings from the present research suggested that many of the issues identified by

the stepmothers were related to the confusion over roles and responsibilities and interactions between themselves and the biological mother. These issues are unique to non residential stepfamilies and as such are outside the scope of existing parenting programs. Whilst the primary aims of existing parenting programs are predominantly to increase parental confidence and skills in communicating with and managing a child's behaviour, the primary aims of a stepparenting program however do not need to be as closely aligned with the parenting role but rather should focus on helping stepfamilies recognise 'normal' stepfamily development and functioning and enhancing their ability to negotiate co-parenting relationships (Adler-Baeder, 2001).

Table 11.1: Evaluated Parenting Programs

Program	Description / Aims	Target population
ESCAPE: A problem solving approach	Improves anti social behaviour and relationships between the children and their families.	Parents of children with offending or antisocial behaviour aged 8 – 15
Family Links	To enhance empathy between parent and child leading to more effective and less abusive parenting	All parents of children aged between 2 - 15
FAST: Families and schools together	Designed to reduce parental stress and isolation and increase parental involvement at school. Recognised as suitable for families with backgrounds including Asian, Afro Caribbean, Black African, Travellers, same sex parents and asylum seekers	For parents of children aged 5 – 9 feeling isolated by racial or economic disadvantage
Fun and Families	Aims to increase parental self esteem, improve family communication and reduce behavioural difficulties	Suitable for all Parents of children aged 3 – 11
Helping the non compliant child	Improve behaviour management skills and parent-child interactions	For parents of children aged 3 – 8 with behavioural issues
Incredible Years School Age Basic program (Webster-Stratton)	Promotes positive and nurturing parenting and decrease harsh discipline. Suitable also for foster parents and lone parents.	Parents of children aged 6 – 12 with moderate anxiety or depression
Level 4: standard, Group and self directed Teen	Aims to improve the quality of parent-teenager relationships and develop strategies for managing behavioural problems	Suitable for all Parents of children aged 12 – 16 or older

Triple P		
Mellow Parenting	For families with relationship problems resulting from parental or children's psychological problems. Aims to decrease depression and enhance self esteem. Also suitable for lone parents and grandparents.	For families with children aged 1 – 7 predominantly with psychological problems
New Forest Parenting Program	Aims to increase parents understanding of ADHD and improve parent-child relationships	For parents of children up to aged 14 with symptoms of ADHD
Parenting Positively	It aims to reduce stress, identify specific behaviours and respond effectively	Suitable for all parents of children aged 8 months to 8 years but also successful for children with mild anxiety or ADHD
Solihull Approach Parenting Group (SAPG)	Aims to improve parent-child relationship and behaviour management	Suitable for all parents with children from birth to aged 18
Speakeasy	Aims to increase parental confidence leading to age appropriate communication about sex and relationships	All parents of teenage children
Strengthening families program	Aims to improve parenting skills and positive interactions between parent and child and the emotional wellbeing of the child	All parents of children aged 8 – 15
Strengthening families:	Aims to increase understanding of child development, promote	Suitable for parents of children aged 3

strengthening communities	childrens social skills and self discipline as well as increase parental confidence and promote positive change in family relationships	to 18
The Anna-Freud Centre – Parent-infant project	Designed for parents with depression and anxiety and infants with attachment problems	For Parents with mental health issues with infants under 1 year.
The Fives to Fifteens program	Helps parents improve their communication skills and confidence	All parents of children aged 5 to 15
The Noughts to Sixes Parenting program	Improve parent child relationships, child emotional wellbeing and reduce behavioural problems	All parents of children between 1 and 7
YMTB	Aims to modify parental attitudes, increase parental skills and promote health lifestyles.Also suitable for lone parents.	For pregnant teenagers and young parents aged between 14 and 19

Note. Shading is used to indicate programs which are suitable to the general poulation

In North America, there are a number of intervention programs designed specifically for stepfamilies. A review of stepfamily curricula by Adler-Baeder & Higginbottom (2004) identified eight such programs. Many of these however have subsequently been criticised for their methodological problems and their lack of empirical basis (Whitton, Nicholson & Markman, 2008). The review by Adler-Baeder et al (2004) suggested that whilst many of the programs use empirical references, only two programs offer documentation of empirically validated program effects and evaluation instruments ('Stepping Stones': Olsen, 1997 and 'Smart Steps for adults and children in stepfamilies': Adler-Baeder, 2001). Stepping Stones (Olsen, 1997) is a six hour program designed for home study or through facilitated groups (Adler-Baeder et al, 2004) but is not based on any recognised theoretical framework. The program has been evaluated to measure any increase in participants' knowledge on stepparenting but the results remain unpublished. Smart Steps is a twelve hour program developed by Adler-Baeder (2001) and is intended to be delivered through facilitated groups. It is based on an ecological family systems framework. Adler-Baeder et al (2004) argue that the program is needed to help stepfamily members realise that they need to establish roles and rules that work for their family and that the application of biological family rules and expectations are not appropriate. They further suggest that existing non stepfamily parenting programs generally do not focus on the relationship between the couple, however within stepfamilies this relationship is often negatively affected by other relationships within the family unit, such as those between the stepparent and stepchildren. As well as these 'intra household' relationships, stepparenting programs have a strong emphasis on managing the 'inter household' relationships and helping stepfamilies cope with the difficulties that arise from the complicated relationships between former partners. Recent evidence from research on two hundred participants has found the SmartSteps program is effective in improving healthy relationship skills, increasing commitment to the relationship and decreasing relationship instability (Higginbotham & Adler-Baeder, 2008).

The findings from the present research suggest that stepmothers in the UK, particularly those with non residential stepchildren, would benefit from having more accessible support in terms of education programs, on-line and face to face support, specifically understanding their unique family dynamics. Whilst it is recognised that some of these stepmothers may find support through existing services within 'Surestart' either due to their biological parent status or through existing parenting services, it is posited that these services will only address aspects of parenting that are common to other family types and will therefore not help stepmothers understand and cope with their unique family situation.

11.4 Limitations of Thesis

Very limited research on stepmothers or even stepfamilies has been conducted in the UK (eg., Doodson et al; 2006; Dunn, O'Connor & Cheng, 2005; O'Connor et al, 1998; O'Connor et al, 1999; O'Connor et al, 2006; Smith, 2008), with the majority of research being derived from North American based researchers using national samples. Coleman et al's (2000) review of the literature across the 1990's commented upon the relative lack of research directed towards stepmother behaviour and despite more recent research in the US (eg., Ceglian et al, 2000; Michaels, 2006; Knox et al, 2001; Stewart, 2005; Weaver et al, 2005; Whiting et al, 2007) our understanding of the stepmother role remains unclear, with much of the research inconclusive due to its inconsistent identification of stepmother led stepfamilies.

The present research addressed this inconsistency by segmenting the stepmother sample by family complexity and by the residency of the stepchildren. This enabled the identification of significant differences between the stepmother types such as increased depression for residential stepmothers and increased anxiety for part time simple stepmothers. These findings lend support to the argument that advice directed towards stepmothers should be more specifically targeted to their stepfamily type.

The use of a combination of problem oriented research and normative perspective research (Coleman et al, 1990) offered a unique approach to the research, allowing comparisons between stepmothers and biological mothers and further research to understand the differences **within** stepmother types. This approach was further complemented by the adoption of a mixed method approach to the research, incorporating both qualitative and quantitative data. This use of triangulation methods in stepmother research is believed to offer an enhanced understanding of the difficulties in the stepmother role and in identifying what differentiates *satisfied* stepmothers from those experiencing difficulties in adapting to their role; and what contextual factors contribute to their success or failure (Coleman et al, 2008).

However a significant limitation of this research is its inability to determine whether the psychosocial problems the stepmothers are presenting with are related to their current family situation or are related to their previous relationships. The use of a cross sectional design, although effective in facilitating a large scale study such as the present research, is inherently limited in identifying the direction of the effect. The research did not take into account the reasons for the dissolution of participants' previous relationships and how long the individuals had been on their own, prior to meeting their current partner. It is therefore impossible to know whether participants' mental health wellbeing was related to their existing difficulties in the stepfamily or whether they were still coming to terms with the loss of their previous relationship.

The present research included the development of a new instrument designed to measure stepmother adaptability (SAS). The development of a scale to specifically measure adaptability in this way is considered to offer a potentially valuable tool for evaluating stepmother difficulties and measuring any improvement during psychological interventions. Although the individual SAS factors were found to show good reliability and validity (refer to chapter 7), a number of the initial items in the questionnaire had to be removed due to high levels of multicollinearity (refer to section 7.2). This resulted in SAS factors with a smaller number of items than

anticipated. It is suggested that further research on the SAS instrument should be directed at identifying additional items for each factor in an effort to further improve the validity of the measures. Despite these limitations in the instrument, it is postulated that the measure can be used to identify well adapted stepmothers from those experiencing difficulties. In this way the tool could be used within therapy or counselling to identify specific difficulties and monitor improvements in stepmother behaviour over the period of therapy.

Whilst the research was successful in recruiting a large stepmother sample, it was recognised that the resultant sample was not truly representative of the stepmother population in terms of socioeconomic classification. Despite significant efforts to recruit a stepmother sample representative of all demographic groups the resultant sample remained biased towards the higher socio economic groups. Previous researchers have similarly struggled to address this issue and have in the main relied on white, middle class participants (eg., Berger, 1995; Church, 1999; Coleman et al, 1990; Kurdek, 1989; Weaver et al, 2005). Ferri & Smith (1990) found twice as many stepmothers had attained a degree level education as mothers in first families, with an occupational profile reflecting their superior qualifications. Ferri et al (1990) further suggest that the stepmothers' education may be related to the fact that they were single and childless when they entered the stepfamily. Whilst it could be postulated that the present research reflected this, with a lack of representation of lower socioeconomic groups, these demographics may be reflecting a greater need for help and support from the higher socioeconomic groups. Alternatively the bias could be an indication that lower socioeconomic groups are relying on alternative unidentified support mechanisms or perhaps do not recognise the need for more support.

Although the pilot study was effective in identifying positive aspects of the questionnaire, such as the responsiveness of the participants and the clarity of the questions, it showed limited sensitivity in identifying questions within the questionnaire which were either irrelevant to certain participants (eg., assumption of

some level of involvement from the biological mother and comparison between step and biological children) or resulted in inadequate data (eg., lack of household socioeconomic status, phrasing of questions to avoid specific marital status). If the pre-test had identified these issues with the questionnaire, inappropriate questions would have been removed before delivery to the wider population. Whilst the effectiveness of pilot tests have been questioned (eg., Converse et al, 1986; Presser et al, 2004), it is unlikely that alternative methods of pre-test such as cognitive interviews (Dillman, 2000; Drennan, 2003) or formal debriefings (Presser et al, 2004) would have offered any advantages in the identification of these specific issues unless the questionnaire had been pre-tested with a broader sample. If the pre-test had ensured the inclusion of married and co-habiting stepmothers in each of the identified stepmother groups (ie. full time complex, full time simple, part time complex, part time simple) many of these issues would have been identified during the pre-testing phase of the research.

Whilst the quantitative research gathered data on the four identified stepmother types, the focus groups were conducted on part time simple stepmothers only. This group displayed the highest anxiety of all the groups in the quantitative study and was therefore selected for the focus groups to probe the underlying causes of their perceived anxiety. The conclusions reached from the focus groups can therefore be attributed only to this stepmother type. Further research could be directed at understanding the difficulties faced by the remaining stepmother types.

Although the present research has provided a unique approach to understanding stepmother wellbeing and behaviour, it should be recognised that these findings reflect only the views and experiences of the stepmothers, ignoring possible conflicting experiences from other stepfamily members. It may be the case that the measurements of some of the study variables would have differed between stepfamily members. Previous research has suggested for example that the measurement of contact between children and non resident stepparents frequently differs between that reported by the resident parent and the non residential parent

(Argys, Peters, Cook, Garasky, Nepomnyaschy & Sorenson, 2007), with the non resident parent reporting greater contact with their children than that reported by the resident parent. As the present research only sought the views of the stepmother, it would not have identified potential discrepancies between their own view and that reflected by the biological parents or stepchildren. Despite these limitations however, it is believed that the research methodologies adopted for the present research significantly enhanced existing research on the stepmother role, which has been widely recognised as under-researched within stepfamily literature (eg., Coleman et al, 1990; Coleman et al, 2000; O'Connor et al, 1999; Stewart, 2007).

11.5 Conclusion

The primary aim of this thesis was to provide a more coherent and comprehensive understanding of the stepmother role in the U.K. and in particular, the impact the role has on stepmothers' wellbeing. The findings from the present research have provided evidence of psychosocial differences in stepmother wellbeing based on a combination of their stepchildren's residency and their family complexity. This research provides justification for the provision of more focused education and support for stepmothers, based on their specific difficulties and impact on wellbeing. It is recommended that all future research on stepmothers considers both the residency of the stepchildren and the family complexity as it is postulated that treating stepmothers as a homogeneous group may lead to misleading findings. This was first highlighted by Coleman et al (1990) but has received limited attention in subsequent research. Recognised family models such as family systems theory (Bowen, 1966), role theory (McDonald et al, 1996) and intergroup conflict (Banker et al, 1998) have been used to model stepmother behaviour and explain the findings of the research. It is hoped that this will facilitate comparisons between the present research and future stepmother related studies to further enhance and develop stepmother research.

Whilst stepmothers were found to display significantly higher depression and anxiety than biological mothers, their overall satisfaction within their relationships was not significantly different, suggesting that stepmothers are inherently happy in their relationships but do need support and help in understanding and dealing with the increased stressors inherent in the role. A number of factors, specific to the stepfamily were found to affect the stepmothers' adaptability to her role, including social support from family and friends, reduced use of maladaptive coping mechanisms and satisfaction within the relationship, with the most enduring of these being the strength of their spousal relationship. The findings suggest that if the stepmother's relationship with her partner is strong, the stepfamily is more able to build a strong foundation and deal with the issues they face. Clinicians have argued that most stepfamilies need education rather than therapy (eg., Visser et al, 1979) and that the provision of information about stepfamily development might prevent future problems by preparing stepfamily members for the stages in development they may encounter (Papernow, 1984). The present research data supported this, with the further recommendation that given the pivotal role of the spousal relationship, intervention therapies should incorporate a significant focus on maintaining and building a strong partnership, through which the stepfamily can develop.

The findings have highlighted not only a need for the provision of more specific support for stepmothers but an inherent lack of existing programs designed for this family type in existing government policy. It is recommended that stepfamilies receive a greater focus in family policy, in line with other non traditional family types.

11.6 Future Directions

One of the recognised challenges with stepfamily research is in coping with the wide diversity in family characteristics (Coleman et al, 2000). Unlike, first families, stepfamilies are created at a point in time with children from one or both adults in

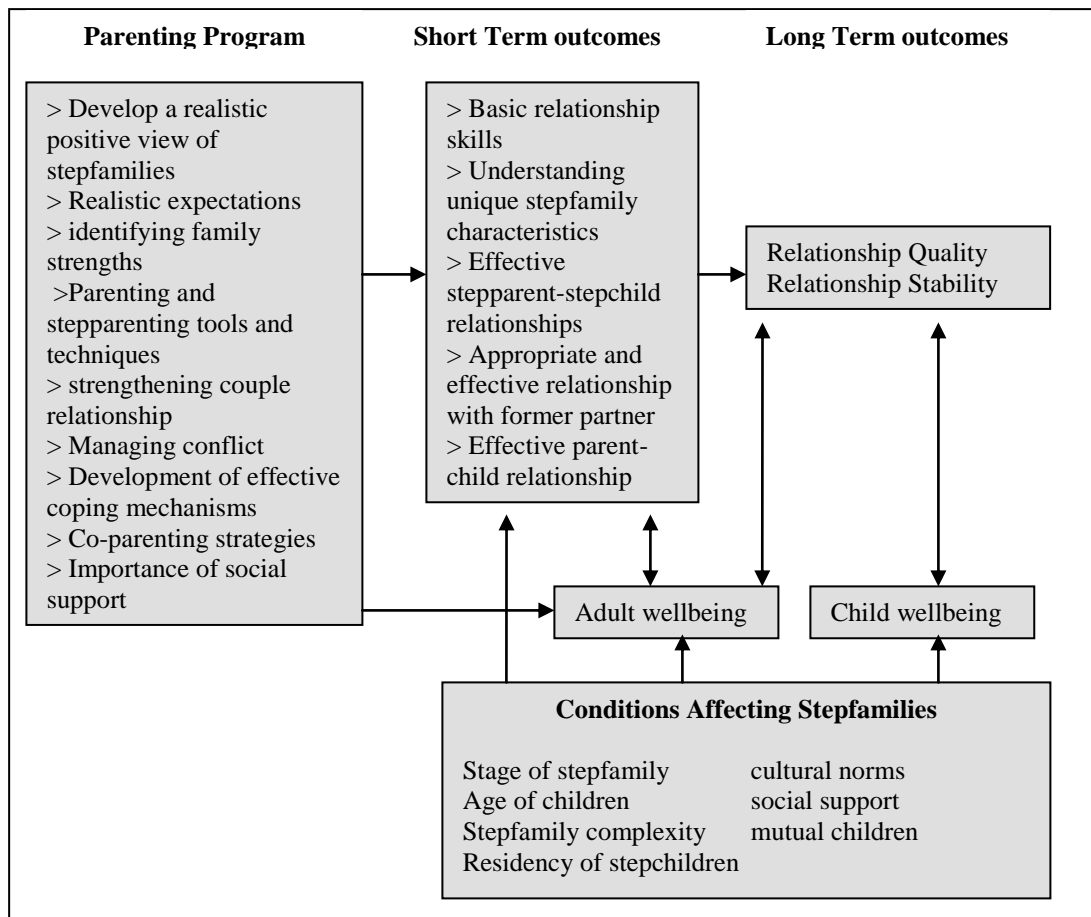
the relationship. The children may live with one biological parent full time or divide their time between their parents and respective households. The couple may also extend their stepfamily with joint children. Whilst the present research attempted to address these differences by segmenting the stepmother participants based on family complexity and residency of the stepchildren, no attempt was made to understand or capture historical relationship details, such as whether the women had been in prior relationships, the length of these relationships and the elapsed time between the previous and present relationships. It is believed that the nature of such previous relationships could have a bearing on the existing stepfamily dynamics. It is recommended that future studies should consider the impact of historical relationships on psychosocial factors such as depression, anxiety or quality of life to reduce the effect of any potentially confounding variables.

By accepting the key findings of the present research that women often find it difficult to adapt to their role in the stepfamily and display lower wellbeing than women in first families, it is posited that stepmothers need to be offered more tangible support in the development of their roles in the stepfamily. Although there is some evidence from the United States that stepfamily parenting programs provide both education and peer group support to stepfamily members (Higginbotham et al, 2008), there is no such evidence in the UK as there has been no equivalent program development. It is proposed that this present research would be further enhanced by the development of such a program for stepfamilies in the UK.

A stepfamily parenting program is inherently different from existing more general parenting programs which are primarily focussed on improving the parent–child relationships, understanding child development and increasing parental confidence (ref Table 11.1). While these issues are important for all families, including stepfamilies, there are additional issues that are specific to stepfamily development which must also be addressed. These include developing an understanding of effective stepparenting practises, effectively managing relationships with previous spouses and the development of each individual’s roles and responsibilities within

the stepfamily. By considering the importance of these unique stepfamily issues it is believed that such a parenting program will offer both shorter term and longer term outcomes, including more effective relationships between stepfamilies members, a more stable spousal relationship and increased psychosocial wellbeing. This conceptual framework is illustrated below in figure 11.1.

Figure 11.1: Conceptual Framework for Stepfamily Parenting Program



The content of the program, which in addition to understanding and explaining children's behaviour, would include developing stepparents skills in dealing with the additional complexities of stepfamilies, such as their roles and responsibilities and relationships with previous partners and stepchildren. The skills developed within the program should lead to improved relationships within the stepfamily and more realistic expectations and goals. This in turn should influence adult

psychosocial wellbeing and measurable improvements in the spousal relationship. As demonstrated throughout this research however, the individual characteristics of the stepfamily will also affect the development of the stepfamily relationships and also psychosocial wellbeing.

Further research could then be directed at measuring the impact of such an intervention therapy for stepfamilies before considering offering such a program to stepfamilies in the wider community.

Although it is the recommendation of this thesis that stepfamilies would benefit from having dedicated resources, it is possible that existing parenting courses could provide some benefit for stepfamilies if they are targetted appropriately, particularly to stepmothers who may feel excluded from existing parenting services, such as those who have no biological children of their own. Further research could be directed at evaluating such a course for stepfamilies.

In conclusion, the research has provided innovative research on the role of the stepmother in the UK, enhancing the body of stepfamily related research and informing practise. It is noteworthy however that the majority of the stepmothers involved in the research would not be recognised as stepmothers within UK national statistics, due to their stepchildren's non residential status. The findings therefore reflect an urgent need to more accurately quantify the number of stepfamilies in the UK, including both residential and non residential families. This would ensure that statistics truly reflect the evolving family demographics in the UK. As the research has shown, difficulties experienced by stepmothers in adapting to their role in the stepfamily are by no means restricted to residential stepmothers. It is therefore essential that future research and related support and intervention therapies recognise and include all stepmothers, regardless of residency or family complexity.

The thesis has provided evidence of both a need for stepfamily education and willingness from stepmothers to both seek and accept advice and support. The

evidence overwhelmingly implicates the need for stepfamily interventions that will facilitate the development of more effective functioning stepfamily units.

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Appendix 1: Prior Qualitative Stepmother Study

Appendix 2: Stepmother Questionnaire Battery

Family Friends!

mom
step dad
her daughter!!
his daughter!!
step mum
her son
daughter
son
her step brother

This is by Amy Curliopage 1

Please return your completed questionnaire booklet in the enclosed envelope to:

322

Aims of the Study

This study has been designed to learn more about the role of stepmothers in families today. Becoming a stepmother means taking on new responsibilities and challenges and the aim of this study is to understand how these changes affect women in this role. We will be trying to identify the types of different strategies women use to help them cope with day to day family issues and how they rely on family and friends to help them.

What to we hope to achieve with the study

We expect to find that women cope differently with the challenges of becoming a stepparent and we hope to be able to identify strategies which will help women become more satisfied and confident in their role as stepmother.

How you can help

In order to get information that is truly representative of stepmothers today we need as many women as possible to respond to the research. Your help is greatly appreciated.

What we would like you to do during the study

We would like you to complete a booklet containing a series of questionnaires. These tell us about aspects of your well being. The booklet should take approximately 40 minutes to complete. We would like you to complete this alone and in your own time.

Your rights

It is up to you to decide whether or not to take part. If you do decide to take part you are free to withdraw at any time without giving reason. The questionnaire requests your name and address but this is entirely optional and you may omit this information if you so wish. Any information you do provide will be stored on computer for the purposes of this research project but will be treated as strictly confidential and will only be used for research purposes. If any information is released this will be done so in coded form so that confidentiality is strictly maintained. Participation in this study will in no way affect your legal rights.

Contacts

If you are willing to help in this study please complete the following questionnaire. Your completion of this questionnaire will act as confirmation that you are willing to participate in the study. If you would like to discuss the project further please contact Lisa Doodson at Thames Valley University on 020 82312535 or by email to Lisa.Doodson@tvu.ac.uk

SECTION 1. BACKGROUND INFORMATION

Date of Birth (dd/mm/yy): ____/____/____

Marital Status: Married [] Co-habiting []

Length of time with current partner (yrs): []

Average no. of days stepchildren spend with you in a month: []

Do stepchildren stay overnight: yes [] no []

Where is your stepchildren's main home (*where they spend the majority of time*)

with you & your partner []* with their mother [] other (please state)[
]

***If your stepchildren reside with you and your partner full time please indicate why** (*ie. Because biological mother is unwilling or unable to?*)

Do you currently work: No [] part time [] full time []

Please list all your Stepchildren *Please list all your **stepchildren** in this section*

1st child: Age (yrs) [] Sex: Male [] Female []

2nd child: Age (yrs) [] Sex: Male [] Female []

3rd child: Age (yrs) [] Sex: Male [] Female []

4th child: Age (yrs) [] Sex: Male [] Female []

Please list all your ‘biological’ Children *Please list all children **born to you** in this section*

1st child: Age (yrs) [] Sex: male [] female []
Fathered by current partner [] or previous partner []

2nd child: Age (yrs) [] Sex: male [] female []
Fathered by current partner [] or previous partner []

3rd child: Age (yrs) [] Sex: male [] female []
Fathered by current partner [] or previous partner []

4th child: Age (yrs) [] Sex: male [] female []
Fathered by current partner [] or previous partner []

The following questions refer to your current job, or (if you are not working now) to your last main job. Please tick one box only per question.

Question 1 – Employee or self employed

Do (did you work as an employee or are (were) you self employed?

Employee []
Self employed with employees []
Self employed/freelance without employees (go to question 4) []

Question 2 – Number of employees

For employees : indicate how many people worked (or worked) for your employer at the place where you work (worked)

For self employed: indicate how many people you employ (employed). Go to question 4 when you have completed this question.

1 to 24 []
25 or more []

Question 3 – Supervisory status

Do (did) you supervise any other employees?

A supervisor or foreman is responsible for overseeing the work of other employees on a day-to day basis.

Yes []

No []

Question 4 – occupation

Please tick one box to show which best describes the sort of work you do (or did)

Modern Professional occupations []

Such as teacher – nurse – social worker – artist – software designer

Clerical and intermediate occupations []

Such as secretary – personal assistant – clerical worker – nursery nurse

Senior managers or administrators []

(usually responsible for planning, organising and co-ordinating work for finance)

such as finance manager – chief executive

Technical and craft occupations []

Such as motor mechanic – plumber – printer – electrician – gardener

Semi-routine manual and service occupations []

Such as postal worker – security guard – caretaker – farm worker – sales assistant

Routine manual and service occupations []

Such as van driver – porter – waiter – bar staff – labourer

Middle or junior managers []

Such as office manager – retail manager – bank manager – publican

Traditional professional occupations []

Such as accountant – solicitor – doctor – scientist – civil/mechanical engineer

other info / comments *(please indicate any other details you think are relevant)*

SECTION 2: FEELINGS ABOUT BEING A STEPFAMILY

Please answer every question by placing a tick in the box that describes most closely how you feel.

	Strongly Agree	Agree	Neutral	Disagree	Strongly disagree
1. I think of my family as myself, my partner and all the children, including stepchildren.					
2. A family holiday should always involve all our children including my stepchildren					
3. My ideal Christmas day would involve all our children including my stepchildren.					
4. I think stepfamilies are an accepted part of society					
5. None of my family or friends really understand the difficulties stepfamilies have					
6. I am always included in my stepchildren's school events such as sports day or parents evening					
7. I have great support from my family					
8. My stepchildren would be better behaved if they lived with us all the time					
9. My stepchildren have different values to us.					
10. I know I can rely on my friends to support me.					
11. When my stepchildren visit it feels like there are two separate families in the house					
12. I don't think stepparents should attend school events					
13. My stepchildren will always go to their father rather than me if they have a problem					
14. I expect the children to look at me as a mother figure to them					
15. I feel I do a better job with my stepchildren than their own mother					

SECTION 3: FEELINGS ABOUT STEPCHILDREN

Please answer every question by placing a tick in the box that describes most closely how you feel.

	Strongly Agree	Agree	Neutral	Disagree	Strongly disagree
1. I have a good bond with my stepchildren					
2. I have a better relationship with my children than my stepchildren					
3. My relationship with my stepchildren has improved over the time I've known them.					
4. I enjoy my stepchildren's company					
5. I treat my stepchildren as though they are my own					
6. I love my stepchildren					
7. I wish I didn't have stepchildren					
8. I think my stepchildren respect me					
9. My stepchildren regularly show me affection					
10. I resent my stepchildren					
11. I look forward to my stepchildren's visits					
12. I don't believe my stepchildren appreciate what I do for them					

SECTION 4: FEELINGS ABOUT BEING A STEPMOTHER

Please answer every question by placing a tick in the box that describes most closely how you feel.

	Strongly Agree	Agree	Neutral	Disagree	Strongly disagree
1. I feel completely at ease as a stepmother					
2. Being a stepmother is much harder than I ever imagined.					
3. I feel uncomfortable as a stepmother					
4. I'm happy to tell people I'm a stepmother					
5. I consider myself a good stepparent					
6. I resent taking on the additional household burden associated with my stepchildren					
7. I feel sad when I think how different my life would be if we weren't a stepfamily					
8. I try and avoid telling people I'm a stepmother					
9. I often wonder if I'm being a good stepmother					
10. I feel its difficult to know what a stepparent is supposed to do					
11. I sometimes fear I am the 'wicked stepmother' of the Cinderella story					
12. I feel inadequate as a stepmother					
13. I'm often confused as to how much or when to parent my stepchildren					
14. I sometimes hesitate in my interactions with my stepchildren for fear they will think I'm the wicked stepmother					
15. I think my stepchildren love me					

SECTION 5: FEELINGS ABOUT YOUR PARTNERSHIP

Please answer every question by placing a tick in the box that describes most closely how you feel.

	Strongly Agree	Agree	Neutral	Disagree	Strongly disagree
1. My partner should be responsible for disciplining his children					
2. My partner always supports me when I discipline my stepchildren					
3. I feel uncomfortable disciplining my stepchildren					
4. My partner and I have similar views on rules and discipline					
5. I take joint responsibility for disciplining my stepchildren with my partner					
6. My partner is really supportive of the way I look after his children					
7. I find it hard to raise problems about my stepchildren with my partner.					
8. My partner and I work together to resolve problems					
9. I'm comfortable with my partner's relationship with his children's mother					
10. I resent the time my partner spends with his ex partner					
11. My partner and I have regular disagreements over my stepchildren					

SECTION 6: QUALITY OF LIFE

This section asks how you feel about your quality of life, health and other areas of your life. Please answer all questions. If you are unsure about which response to give to a question, please choose the one that appears most appropriate. This can often be your first response.

Please keep in mind your standards, hopes, pleasures and concerns. We ask you to think about your life in the last two weeks.

	Very poor	Poor	Neither good nor poor	Good	Very good
1. How would you rate your quality of life?					

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2. How satisfied are you with your health?					

*The following questions ask how **much** you have experienced certain things in the last two weeks.*

	Not at all	A little	A moderate amount	Very much	An extreme amount
3. How much do you feel that pain prevents you from doing what you need to do?					
4. How much do you need medical treatment to function in your daily life					
5. How much do you enjoy life?					
6. To what extent do you feel life to be meaningful?					
7. How well are you able to concentrate?					
8. How safe do you feel in your daily life?					
9. How healthy is your physical environment?					

The following questions ask about how completely you experience or were able to do certain things in the last two weeks

	Not at all	A little	Moderately	Mostly	Completely
10. Do you have enough energy for everyday life					
11. Are you able to accept your bodily appearance?					
12. To what extent do you have enough money to meet your needs?					
13. How available to you is the information that you need in your day-to-day life?					
14. To what extent do you have the opportunity for leisure activities?					

*The following questions ask you to say **how good or satisfied** you have felt about various aspects of your life over the **last two weeks**.*

	Very poor	Poor	Neither good nor bad	Good	Very good
15. How well are you able to get around?					

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
16. How satisfied are you with your sleep?					
17. How satisfied are you with your ability to perform daily living activities					
18. How satisfied are you with your capacity for work?					
19. How satisfied are you with yourself?					
20. How satisfied are you with your personal relationships?					
21. How satisfied are you with your sex life?					
22. How satisfied are you with the support you get from friends					

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
23. How satisfied are you with the conditions of your living place?					
24. How satisfied are you with your access to health services?					
25. How satisfied are you with your transport?					
<i>The following question refers to how often you have felt or experienced certain things in the last two weeks</i>					
	Never	Seldom	Quite often	Very often	Always
26. How often do you have negative feelings, such as a blue mood, despair, anxiety, depression?					

What is the highest education you've received?

None at all [] Primary school [] Secondary school [] Tertiary []

Are you currently ill?

Yes [] No []

If something is wrong with your health what do you think it is?

Please write your illness(es) or problem here.

SECTION 7: COPING WITH STRESS

We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This questionnaire asks you to indicate what you generally do and feel, when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress.

Please answer every question by placing a tick in the box that describes most closely how you feel. Please try to respond to each item separately in your mind from each other item. Choose your answers thoughtfully, and make your answers as true FOR YOU as you can. There are no "right" or "wrong" answers, so choose the most accurate answer for YOU - not what you think "most people" would say or do. Indicate what YOU usually do when YOU experience a stressful event.

	I usually don't do this at all	I usually do this a little bit	I usually do this a medium amount	I usually do this a lot
1. I try to grow as a person as a result of the experience.				
2. I turn to work or other substitute activities to take my mind off things.				
3. I get upset and let my emotions out.				
4. I try to get advice from someone about what to do.				
5. I concentrate my efforts on doing something about it.				
6. I say to myself "this isn't real."				
7. I put my trust in God.				
8. I laugh about the situation.				
9. I admit to myself that I can't deal with it, and quit trying.				
10. I restrain myself from doing anything too quickly.				
11. I discuss my feelings with someone.				
12. I use alcohol or drugs to make myself feel better.				
13. I get used to the idea that it happened.				
14. I talk to someone to find out more about the situation.				
15. I keep myself from getting distracted by other thoughts or activities.				
16. I daydream about things other than this.				
17. I get upset, and am really aware of it.				

	I usually don't do this at all	I usually do this a little bit	I usually do this a medium amount	I usually do this a lot
18. I seek God's help.				
19. I make a plan of action.				
20. I make jokes about it.				
21. I accept that this has happened and that it can't be changed.				
22. I hold off doing anything about it until the situation permits.				
23. I try to get emotional support from friends or relatives.				
24. I just give up trying to reach my goal.				
25. I take additional action to try to get rid of the problem.				
26. I try to lose myself for a while by drinking alcohol or taking drugs.				
27. I refuse to believe that it has happened.				
28. I let my feelings out.				
29. I try to see it in a different light, to make it seem more positive.				
30. I talk to someone who could do something concrete about the problem.				
31. I sleep more than usual.				
32. I try to come up with a strategy about what to do.				
33. I focus on dealing with this problem, and if necessary let other things slide a little.				
34. I get sympathy and understanding from someone.				
35. I drink alcohol or take drugs, in order to think about it less.				

	I usually don't do this at all	I usually do this a little bit	I usually do this a medium amount	I usually do this a lot
36. I kid around about it.				
37. I give up the attempt to get what I want.				
38. I look for something good in what is happening.				
39. I think about how I might best handle the problem.				
40. I pretend that it hasn't really happened.				
41. I make sure not to make matters worse by acting too soon.				
42. I try hard to prevent other things from interfering with my efforts at dealing with this				
43. I go to movies or watch TV, to think about it less.				
44. I accept the reality of the fact that it happened.				
45. I ask people who have had similar experiences what they did.				
46. I feel a lot of emotional distress and I find myself expressing those feelings a lot.				
47. I take direct action to get around the problem.				
48. I try to find comfort in my religion.				
49. I force myself to wait for the right time to do something.				
50. I make fun of the situation.				
51. I reduce the amount of effort I'm putting into solving the problem.				

	I usually don't do this at all	I usually do this a little bit	I usually do this a medium amount	I usually do this a lot
52. I talk to someone about how I feel.				
53. I use alcohol or drugs to help me get through it.				
54. I learn to live with it.				
55. I put aside other activities in order to concentrate on this.				
56. I think hard about what steps to take.				
57. I act as though it hasn't even happened.				
58. I do what has to be done, one step at a time.				
59. I learn something from the experience.				
60. I pray more than usual.				

SECTION 8: RELATIONSHIP WITH PARTNER

Please indicate below the extent to which you agree or disagree with the following three statements on your relationship with your partner.

	Extremely dissatisfied	Very dissatisfied	Somewhat dissatisfied	Mixed	Somewhat satisfied	Very satisfied	Extremely satisfied
1. How satisfied are you with your marriage?							
2. How satisfied are you with your husband/partner as a spouse?							
3. How satisfied are you with your relationship with your husband/partner?							

SECTION 9: HOW DO YOU CURRENTLY FEEL IN YOURSELF?

We are interested in how you have been feeling emotionally over the past week. Please read each item and place a tick in the box opposite the reply which comes closest to how you have been feeling in the past week. Don't take too long over your replies, your immediate reaction to each item will probably be more accurate than a long thought-out response.

	Most of the time	A lot of the time	Time to time, occasionally	Not at all
1. I feel tense or 'wound up':				
	Nearly all the time	Very often	Sometimes	Not at all
2. I feel as if I am slowed down:				
	Definitely as much	Not quite so much	Only a little	Hardly at all
3. I still enjoy the things I used to enjoy:				
	Not at all	Occasionally	Quite often	Very often
4. I get a sort of frightened feeling like 'butterflies' in the stomach:				
	Very definitely and quite badly	Yes, but not too badly	A little, but it doesn't worry me	Not at all
5. I get a sort of frightened feeling as if something awful is about to happen:				
	Definitely	I don't take so much care as I should	I may not take quite as much care	I take just as much care as ever
6. I have lost interest in my appearance:				
	As much as I always could	Not quite so much now	Definitely not so much now	Not at all
7. I can laugh and see the funny side of things:				

	Very much indeed	Quite a lot	Not very much	Not at all
8. I feel restless as if I have to be on the move:				
	A great deal of the time	A lot of the time	From time to time but not too often	Only occasionally
9. Worrying thoughts go through my mind:				
	As much as I ever did	Rather less than I used to	Definitely less than I used to	Hardly at all
10. I look forward with enjoyment to things:				
	Not at all	Not often	Sometimes	Most of the time
11. I feel cheerful:				
	Very often indeed	Quite often	Note very often	Not at all
12. I get sudden feelings of panic:				
	Definitely	Usually	Not often	Not at all
13. I can sit at ease and feel relaxed:				
	Very often indeed	Quite often	Not very often	Not at all
14. I can enjoy a good book or radio or TV programme:				

SECTION 10: SOCIAL SUPPORT

Please answer every question by placing a tick in the box that describes most closely how you feel.

	Very strongly agree	Strongly Agree	Agree	Neutral	Disagree	Strongly disagree	Very strongly disagree
1. There is a special person who is around when I am in need							
2. There is a special person with whom I can share my joys and sorrows							
3. My family really tries to help me							
4. I get the emotional help and support I need from my family							
5. I have a special person who is a real source of comfort to me.							
6. My friends really try to help me							
7. I can count on my friends when things go wrong							
8. I can talk about my problems with my family.							
9. I have friends with whom I can share my joys and sorrows							
10. There is a special person in my life who cares about my feelings							
11. My family is willing to help me make decisions							
12. I can talk about my problems with my friends							

SECTION 11: CLOSENESS TO OTHERS

Please answer every question by placing a tick in the box that describes most closely how you feel.

	Highly disagree	slightly disagree	Neither agree nor disagree	Slightly agree	Highly agree
1. I find it difficult to allow myself to depend on others					
2. People are never there when you need them					
3. I am comfortable depending on others					
4. I know that others will be there when I need them					
5. I find it difficult to trust others completely					
6. I am not sure that I can always depend on others to be there when I need them					
7. I do not often worry about being abandoned					
8. I often worry that my partner does not really love me					
9. I find others are reluctant to get as close as I would like					
10. I often worry that my partner will not want to stay with me					
11. I want to merge completely with another person					
12. My desire to merge sometimes scares people away					
13. I find it relatively easy to get close to others					
14. I do not often worry about someone getting too close to me					
15. I am somewhat uncomfortable being close to others					
16. I am nervous when anyone gets too close					
17. I am comfortable having others depend on me					
18. Often, love partners want me to be more intimate than I feel comfortable being.					

SECTION 12: FAMILY ENVIRONMENT SCALE

The following questions ask are statements about families. You are to decide which of these statements are true of your family and which are false. If you think the statement is True or mostly True of your family, make an X in the box labelled True. If you think the statement is False or mostly False of your family, make an X in the box labelled False.

You may feel that some of the statements are true for some family members and false for others. Mark True if the statement is true for most members. Mark False if the statement is false for most members. If the members are evenly divided, decide what is the stronger overall impression and answer accordingly.

	True	False
1. We often talk about political and social problems		
2. Family members attend church or Sunday school fairly often		
3. We rarely go to lectures, plays or concerts.		
4. We don't say prayers in our family		
5. Learning about new and different things is very important in our family		
6. We often talk about the religious meaning of Christmas or other religious holidays		
7. We are not that interested in cultural activities.		
8. We don't believe in heaven or hell.		
9. We rarely have intellectual discussions		
10. Family members have strict ideas about what is right and wrong		
11. Someone in our family plays a musical instrument.		
12. We believe there are some things you just have to take on faith		
13. Family members often go to the library		
14. In the family, each person has different ideas about what is right and wrong.		
15. Watching TV is more important than reading in our family.		
16. The bible is a very important book in our home		
17. Family members really like music, art and literature.		
18. Family members believe that if you sin you will be punished		

Did someone help you fill out this form? YES / NO

How did you hear about this research?

This questionnaire forms the first major part of our research into the lives of stepmothers. Further research will be conducted over the coming months to develop our understanding. As part of this research we will need to contact a number of participants after a 4-6 week period to ask them to retake the questionnaire. If you do not wish to be included then please indicate your wishes below. Although tedious, this retesting provides a crucial stage in the research, ensuring that the questionnaire is reliable and stable over time. If you would be willing to remain involved in this research or want to be kept updated with the findings then would you please complete your name and contact details below. This information is optional and will of course be treated in the strictest confidence.

I would like to take this opportunity to thank you very much for your time in completing this questionnaire. If you have any comments that you wish to share then please feel free to write these below.

Name _____

Address _____

email _____

Contact telephone number _____

I would be willing to take part in further research **YES / NO**

I would like to be kept updated with findings from the research **YES / NO**

Comments

THANK YOU

Appendix 3: Covering Letter sent to participants



Thames Valley University
London Reading Slough

TC357

Lisa Doodson, Room

Psychology Dept
St. Mary's Road,
Ealing
London, W5 5RF

March 2007

Re: Stepfamily Research

Firstly I'd like to thank you for volunteering to help with this research. The study is designed to help us understand more about the differences between stepfamilies and nuclear families. In order to carry this research out I am focusing initially on the experiences and views of stepmothers as previous research leads us to believe that stepmothers in particular find adapting to stepfamily life challenging. By collecting data from both stepmothers and mothers with their own children I am expecting to highlight the main areas to focus on providing help and advice.

I am asking all participants to complete a questionnaire which asks questions about different aspects of your day to day life, it should take no more than 20 minutes to complete (promise!). You can then return the completed questionnaire in the reply paid envelope. All information will be treated with complete confidentiality and will only be used for the purposes of the research.

I have also included a questionnaire for a non stepmother to complete. If you have a close friend or relation that you could ask to complete and return to me I would be very grateful. I've been finding it quite difficult to encourage non-stepmums to participate in the research so any help you could give me would be very welcome! However, if you would prefer no to involve anyone then please don't feel obliged to.

I'd like to take the opportunity to thank you for helping with this research. I really do appreciate it.

Kind regards

Lisa Doodson

Appendix 4: Focus Group Interview Schedule

Interview Schedule: Experiences as a Stepmother.

Research question/area: Does the stepmothering role place increased stresses on the women? If so, how do they cope with the challenges. Have they noticed a change over time and if relevant, was there a change following the birth of a child.

A. Background Questions

Please complete the background questionnaire given and sign to agree to the conditions of the focus group (ie. that the meeting will be recorded but all information will remain confidential and destroyed after the research. All participants' anonymity will be preserved.) Discuss any issues with the participants regarding recording and use of the material from the focus group.

B.1 Causes of Anxiety for stepmothers

Stepmothers have been shown to show increased levels of anxiety over and above women in biological families. I would like to know your feelings on this and whether you have felt particularly anxious about aspects of your role.

What are the main issues you feel you have to deal with as a stepmother?

How do you deal with these, what are your coping mechanisms?

B.2 Social Support

Social support ie. help from your partner, friends and family, has been shown to help individuals cope better with day to day problems. I am interested in understanding how you use social support and whether you feel you have the relevant support.

Who can you rely on to discuss problems with?

Has this changed over time?

Do you feel you get enough support, if not why do you think this is?

B.3 Affect of a new baby in the family

There has been a lot of research focusing on the change in the family with the introduction of a new baby. I am interested in understanding how the birth of a baby changed the family dynamics for you.

If you have had a baby since becoming a stepmother could you talk to me about your experiences and if you had problems what these stemmed from?

Would you say the baby improved family life, made things worse or had no effect?

B.4 Changes in the Role over time

Much research has focused on the effect of time on the stepmother role. My findings suggested that the early years were the hardest, however I saw no change in anxiety or depression with time. I am interested in understanding if you have noticed a change in your behaviour and those in your family over time, particularly for those of you who have been in a relationship for several years.

Would you say that your views on being a stepmother have changed over time?

Have things generally improved or deteriorated over time?

What things have changed ? Are you happier now than when you started out as a stepmother?

B.7 Any other areas they would like to discuss (time permitting)

Thank them for participation

Appendix 5: Questionnaire for Focus Group

Supplementary Questionnaire for Stepmother Focus Groups

Thank you for agreeing to participate in these focus groups. The focus groups will be recorded to enable the researchers to analyse the discussions. All recordings will be destroyed following the analysis and all names will be changed to preserve anonymity. You are of course free to withdraw from the research at any time if you feel uncomfortable however; I hope the discussions will be both interesting and insightful into the stepmother role.

Name []

Date of Birth (dd/mm/yy): ____/____/____

Marital Status: Married [] Co-habiting []

Length of time with current partner (yrs): []

Average no. of days stepchildren spend with you in a month: []

Where is your stepchildren's main home (*where they spend the majority of time*)

with you & your partner []* with their mother [] other (please state)[]

***If your stepchildren reside with you and your partner full time please indicate why** (*ie. Because biological mother is unwilling or unable to?*)

Do you currently work: No [] part time [] full time []

Please list all your Stepchildren *Please list all your **stepchildren** in this section*

1st child: Age (yrs) [] Sex: Male [] Female []

2nd child: Age (yrs) [] Sex: Male [] Female []

3rd child: Age (yrs) [] Sex: Male [] Female []

4th child: Age (yrs) [] Sex: Male [] Female []

Please list all your biological Children *Please list all children **born to you** in this section*

1st child: Age (yrs) [] Sex: male [] female []
Fathered by current partner [] or previous partner []

2nd child: Age (yrs) [] Sex: male [] female []
Fathered by current partner [] or previous partner []

3rd child: Age (yrs) [] Sex: male [] female []
Fathered by current partner [] or previous partner []

4th child: Age (yrs) [] Sex: male [] female []
Fathered by current partner [] or previous partner []

Do you think of yourself as a ‘successful’ stepmother? Yes [] No []

Additional info / comments (*please indicate any other details about your family or situation that you think are relevant*)

I agree to participate in this stepmother focus group and the recording thereof on the understanding that the information will be used solely for the purposes of the research and will be subsequently destroyed. I understand that all participants’ names will be changed to ensure anonymity.

Signature ----- Date -----

Appendix 6: Transcribed focus group interviews

Focus Group Held on Tuesday 16th October 2007 at TVU, Ealing

Present

Anne
Suzanne
Jemma
Eleanor
Tessa
Carolyn
Julie

Moderator. Opens focus group by explaining to the participants that the focus group will be taped but that their anonymity will be preserved. They are free to leave whenever. They are also asked to sign a consent form and complete some personal details.

Moderator. The first area I would like to explore, I've called it anxiety. It's really related to the issues you feel you have had to deal with in your stepmother role and how you deal with these issues, your coping strategies.

Anne. My anxiety is related to the ex partner. I never wanted to be the wicked stepmother. I was anxious about what the children would say about me to their mother.

Carolyn. I was also anxious about what went back to the mother about me but over time I realised that this was my house and I wasn't as worried.

Jemma. I think the problem is that there are no role models for stepmothers, you know what a mother or father is supposed to do but not a stepmother. The anxiety is related to trying to define your role. It's not a mum but it is a parent. Another aspect of this anxiety is that it's not just you and your husband who are involved but there's the biological mother, a third parent.

Tessa. For me it's the worry of rejection. I kind of understand the psychology of it but it's still there. You feel like everything you do is wrong and although it does get better over time I had to have counselling for it to help me understand. It was the ex partner all the time. My partner absolutely hate her, they had blowups all the time. It was awful but the counselling was the best thing I could have done, it helped keep it on an even keel. You have to talk it through, for me, to a third party.

Mod. How did the counselling help. Was it just being able to talk to somebody?

Tessa. Well no, it was in trying to understand my feelings towards everything. It was understanding why there were issues between my husband and his ex wife and being able to then sit down with my partner and talk about it, otherwise you go from one knee jerk reaction to another.

Carolyn. It's like they're still in a relationship with their ex partner and you're not allowed in.

Anne. It's like there's some intimacy that you can't share.

Suzanne. You're in a relationship that you can't get out of. It can be easier in some ways if your husband had an amicable relationship with his ex wife but then it can become cosy, too cosy, with them. You can't get out of the relationship that the first couple formed ... or their families. I took my lead from my partner who has always been a very hands on father and I spoke to him about it he said he hadn't given it much thought, he just thought it would be alright. That sort of helped really.

Mod. Has it got easier over the years?

Suzanne. Yes, in so much that you know how people are going to react. I think its difficult dealing with the pas relationships. You know, the in laws have a much closer relationship with the ex wife, I don't mean there's any hostility, just relationships.

Eleanor. I had the opposite experience. My husband had a very abusive ex and when I hear her name I just hear the chains and rattles and I just keep my distance from my stepchildren, but her relationship with the inlaws is very acrimonious. You're just buying into all the extra problems with the children, the inlaws, the ex wife, its just so much baggage.

Anne. That's what we call her – baggage because that's what she is. [Everyone laughs]. So much so that if we're at the airport and my husband says, let's go to baggage control I say, no, she's not going to control us, it's called luggage reclaim! [Laughs].

Julie. I just went on holiday to Canada, my husbands Canadian and on everyone's fridge there's a picture of my stepchildren and their mother, everywhere! Because every Christmas she keeps sending pictures of her and my stepchildren – her children, every sisters house, parents, just everyone! [Laughs]. But it's fine.

Carolyn. But is it fine.

Julie. Yes, it is fine because it's of the children.

Carolyn. But you think they would take them down when you come.

Julie. Well no, it's of the children. It's absolutely fine and of course they had a relationship with her before I came on the scene. There is a sort of sense of is she doing it to just keep a sense of control. I mean I wouldn't send a picture of me to my ex in laws, I just wouldn't. [General agreement].

Jemma. I don't think they realise how hurtful it is. It sort of helps when you realise that they don't understand but it does hurt. They always make a point of

telling me that they have this communication I don't know if they're trying to prove to me that they can have this relationship.

Moderator. Something I wanted to raise, which you've clearly all felt is an issue with support from family and friends. Some of you have obviously felt an issue in support from your in laws, is this something you feel is an issue, the support from family?

Suzanne. What do you mean by family?

Moderator. Well that depends on your own definition.

Anne. When I first met my partner, my mother in law had a relationship with his ex wife and also her mother, although the ex wife was never in favour with my mother in law. But over time the relationship broke down, my mother in law kept sending birthday cards and Christmas cards to the ex wife but she didn't respond and over time the relationship broke down but I think my mother in law tried to maintain it for the sake of the grandchildren.

Eleanor. I say in my family, when my brothers marriage broke down that the sisters sort of took control and helped the ex wife get on with the new wife, they kind of forged the relationship for the sake of the children, but you could see it was much harder for the new wife while the ex wife could rest of her laurels.

Carolyn. The ex wife always has that control, you know whether its 9 o'clock on a Saturday morning on the phone, asking to talk to the children, you know they're always there.

Moderator. And turning the question of social support from a friend's perspective, is this something that changed for you when you became part of a stepfamily.

Jemma. I don't think the number of friends changed but I think the intensity of a few friendships matters. Many of my friends didn't understand stepfamilies. I think the initial phase of being a stepmother - that first year is quite traumatic, quite difficult and I didn't have any friends who were stepparents, so there was no-one who could understand you and so you have this gap. I haven't really lost friends but lost the closeness.

Anne. I didn't have children when I became a stepparent and none of my friends had children so they didn't understand the commitment of being a stepparent. You find yourself living with your partner and he has his children coming to stay every Wednesday so I have to be there to help and my friends want to go out and they just don't understand.

Carolyn. You just want the children to like you so you try and help and be there.

Anne. Yes but I think sometimes you do too much and you need to take a step back – it was only when I did that that things improved.

Tessa. It's always a negotiation, you know, trying to work out the rules and the way to do things.

Carolyn. Yes, am I being too strict, do they get away with that at home.

Tessa. Yes but it's not only that it's the rules in each house and whether you can agree with them. We put rules in place and then we find she's breaking them and then we're the really awful people for being too strict. [Laughs]

Jemma. I have a story about friendships. It was in the first year of me being a stepmother and a good friend of mine came over from Spain. It was stepdaughters birthday party and I wasn't allowed to go, my husband was going with his ex partner and I was explaining to my friend how hard it was me and how I felt I should be there as the stepmother and she said well you're not really the stepmother until the biological mother dies. I guess this was in Spain which might be different but there was this lack of recognition which made me feel really bad.

Suzanne. Maybe because Spain's a Catholic country.

Jemma. Yes, maybe. But it made me feel really awful but now, her birthdays coming up and her mother and I have organised it together and have done for the past few years. After the first year, we said that there were two choices, either we had two separate parties, one at our house and one at the mothers or we had a joint party where we were all present, all three parents. She didn't really agree to it but she knew it was what her daughter wanted and once my husband took my side it was fine and now she is happy with it.

Moderator. So you've really gone from one extreme to the other really what is the relationship like with the ex wife for everyone else?

Julie. Well I have no relationship with the ex wife. The children are really grown up now they're teenagers. My stepson had his 18th party recently that she organised and he (my husband went) which was OK but there are a lot of things....weddings for example which I suspect I won't be invited to.

Eleanor. Oh I agree I think that's fine. General disagreement.

Julie, but it's my children that I worry for.

Eleanor. Oh yes, your children of course.

Julie. What happens when their brother gets married and they're invited but their mothers not....

Tessa. Why don't you have a relationship with his ex wife.

Julie, well we just don't, that's just how it is. That's the way the children cope with it.

Jemma. I think the children have to see their father with their wife/partner.

Julie. But the thing is they're adults.

Carolyn. Couldn't you have done it just a couple of times and then they would have got used to it.

Julie. Possibly but they're adults now and...

Jemma. My concern for you is when your stepchildren and children and the same cycle continues.

Julie. Unless it changes eventually, maybe it will. Maybe when they're full adults – emotionally.

Carolyn. Do the children accept you now?

Julie. Yes. I mean I think Charles felt quite bad for his 18th but it just wasn't worth it for him.

Eleanor. I think the man needs to take more responsibility in this situation and say no this is not acceptable. And this cycle is likely to continue if they don't make a stand. It's very interesting to say that you discipline your children (pointing to Tessa), I don't discipline, I never have. If you do you get mad letter da de da... so I've always backed off. You know, when you have teenagers sometimes you have to say something but generally I back away.

Jemma. What's happening is that the biological mother is always in control.

Anne. I think that the father isn't doing anything deliberately though, the biological mother is generally doing it maliciously. The father gets caught in the middle.

Julie. Yes, well that's why I've chosen this route so that he isn't in the middle and we avoid it, perhaps it's the cowardly way out. [Laughs].

Jemma. My husband, in addition to my stepdaughter from a previous relationship that wasn't a marriage, also has two sons from a previous marriage who I don't actually call my stepsons. The relationships aren't the same and in the early days they would ask to meet their dad without me there and they do still see their dad without me sometimes. But when there's an occasion say a wedding or ...recently there was a funeral of a friend of a friend and I didn't really know that person but I went along as my husband's wife. And that is my point, you have a right as a partner not necessarily as a parent to be by your partners side.

Tessa. The thing is you know that there are past relationships and there is going to be a certain amount of heartache and you just have to accept it.

Susa. Yes well recently my stepson got married and his bride's parents were also divorced and remarried and so at the back of the church there were these two stepmums which must have looked very funny but were had a lovely time.

Carolyn. And then who sits at the top table, it just gets bigger and bigger!

Suzanne. Yes and it get more complicated because my stepson had a child in a previous relationship before he married and so his wife is a stepmother before they start so I don't know if its sad or..its just a pattern but it continues, but I just hope that by seeing the relationships in the older generation they can be encouraged and the relationships can be harmonious but the little step grandson, he doesn't know what to call me. Sometimes he calls me her, because I'm not his nana or his grandma. He has the full compliment and he doesn't really need another one. I think he may start calling me Suzanne.

Carolyn. But you are a grandma, do you fulfil that role?

Jemma. Are you less of a grandparent that your husband it.

Suzanne. I don't think so but my husband is really good with children he what you might call a natural and I'm more standback, more reserved.

Jemma. My grandfather remarried but not when my mum was growing up, they actually got married the day I was born but she was always my grandma. And it was a different relationship.

Carolyn. My parents are actually more involved with my stepson than my partners parents.

Moderator. Does this go back to having no rules by which to live as a stepfamily?

Jemma. Yes, no rules by which to live, for everyone, even the children. I was saying this earlier, there are no books where the character has 2 homes. I feel really sorry for my stepdaughter, because in the beginning it was kind of embarrassing for her to say that's my stepmum, she'll just say, I'm Jess to her friends. You can see for children it's really awkward as there are no role models.

Carolyn. My stepson gets embarrassed when people think I'm his mum and he gets awkward and says well actually she's my stepmum and he can't get the words out.

Jemma. I was talking to someone the other day and she mentioned that she saw me the other day with my daughter and I said oh that was my stepdaughter and she said oh I wouldn't even mention that she is your stepdaughter as she looks like you and I said well no, I'm proud that she's my stepdaughter and I'm proud to be a stepmom, I like that.

Moderator. I'd like to change the subject now if I may as I'm conscious of the time and ask you about the effect of new children born into your stepfamily. I

know some of you have had children – quite recently (Carolyn had a child 5 weeks ago prematurely) and some are expecting (Jemma 4 months pregnant).

Nodding general agreement.

Julie. Yes absolutely, it changed me in every way. It changed my perception. The children are THE most important thing and also my stepchildren are now related to me, not just by marriage but these two little things. My stepchildren absolutely love my children and they help and and babysit, it's been positive in every way. My twins are 3 now and at the time Charles was 15 and Melissa was 18 and on a gap year and Charles actually turned up at the hospital half an hour after my caesarean to see the children. (everyone ohs and ahs, Julie very proud) and he's always been really good with them.

Carolyn. Did anyone experience any jealousy?

Anne. No, there's too much of an age difference. When my baby was born my stepson Tom was 12 and stepdaughter Giveny 16. When my baby was born, Giveny has always been into girl's things dolls and such and Tom wanted anything that could kill. [laughs]. And when they arrived I said to David it's really important that Tom hold her first because Giveny would just treat her like a little doll and so Tom held her first and he was really relaxed and Giveny held her as she was like this (olds her hands out). But then as their relationship has gone on, the three of them it's changed. Tom is more distant but Giveny absolutely adores her. When she's visiting our house you just can't separate them. Millie's just started school and it's a private school. Now when Giveny went to school she had a choice and she chose the school that's a state school – she did have the choice of the private school but she didn't want to go there and I thought that Giveny might be jealous of Millie going to this school ,but she said no, I had the choice and for a 16 year old I thought that showed great maturity.

Jemma. But it can work the other way. My stepdaughter is so excited about me being pregnant that she's always rubbing my tummy and saying she cant wait but my 21 year old stepson, as soon as he found out I was pregnant was yelling at his dad, crying, you have no right to have another child. And it tore me apart. He's doing better now but it was so hard in the first few months of pregnancy to know there was someone in my house who didn't want the baby to be born. I was a jealous reaction but as if he were 3 not an adult.

Moderator. Was it jealousy?

Jemma. Yes, he wouldn't call it that, he thought it was wrong to have more children. But I thought that in a few years I could be having grandchildren and to not have a child of my own. To be told by your stepchild that you're not allowed to have a child was just appalling.

Anne. I think for any child, not just a stepchild its fear of the unknown.

Carolyn. Yes, when we took my stepson to visit my new baby for the first time (premature in hospital), he turned to his dad and said who do you love the most

and my husband said you'll always be my number one boy. But he didn't really know what to say, he should have said well you know you can't really say that, if he keeps asking this as he gets old he's going to have to say something. I think it's worse because the baby is a boy as well and it's more competition.

Jemma. I think it's the same thing we feel as stepparents – everyone's trying to deal with finding their place in the family.

Moderator. Did you find that you had different relationships with each of your stepchildren?

Anne. Yes there was a difference for me. Giveny was a girl, I'm a girl, I understood the things she was interested in. Tom's a boy, he's geeky, I don't really understand the things he's interested in. but now, Tom's 16. I have a better relationship with him. I have a good relationship with Giveny but better with Tom. When things go pear shaped, it's always me Tom comes to for advice. My husband isn't really the disciplinarian and his mother, we get on for the sake of the children but she isn't the sort of person I would choose as a friend, but I would describe her as a bit wet, wishy washy. She can't make a decision so she never disciplines the children. So when they came to our house, I wasn't prepared to pick up their dirty laundry or whatever, so I think that's possibly been of benefit that I can discipline them.

General agreement to this.

Jemma. You know I think stepparents can be just as close and three parents are better than 2, you know it's like two is the magic number, well it's not, three can be better. I think it's all about having the right attitude. My husband talks to my stepdaughter and tells her how lucky she is to have a stepmother. If there's a third person who cares for and looks after the child it can be a tremendously positive experience. Everyone needs a stepmother!

Moderator. I wanted to look at changes over time. Research has indicated that it could take 7 years for a successful stepfamily to form and I'd be interesting in hearing your experiences of this.

Suzanne. It does shift. You share in the desire for your stepchildren to do well in life, at work, to share in their successes and it does shake down. I think since my stepchildren have set up their own households, we're now the senior generation, the older generation and the focus goes down onto the younger generation as indeed it must and should.

Eleanor. It does get more relaxing, it does get easier, there are fewer flashpoints as they get older. As they get older you lose the ex but I've now got the eldest daughter laying down the law. I had an argument with her over tidying her room and she wrote a nasty letter about me and left it on her floor for my son to read. I said to my husband are you going to tell her off. But in response to your question, I think it takes 7 years for any family to form. My son is now 4 and we're all just getting on. My husband and I have both taken on the childcare role. From the outside people would see a bonded family but it's taken a long while

for each of us to gel into our roles. In terms of my stepfamily, we're not as bonded as you folks, but I guess it's taken us just as long to work out that we don't get on. I think when any child comes into your family, whether biological or step, their personality is not fully formed.

Jemma. I think the first 18 months are really stressful when your not quite in the family, you're not sure I its permanent. I didn't get on with the biological mother but after the initial period it's great, my stepdaughter says I've got a mum, a dad and a stepmom and 2 houses. There was a solidity that came after that 18 months. I think this improved after we got married. Even after the wedding my husband said to her now Jess is your proper stepmom and she said she's not my proper stepmom, you don't have a proper mum or a proper dad, she's Jess and she's my stepmom. Things are great now but that doesn't come right away, you have to have a framework

Eleanor. Surely that's influenced by the fact that you're dating and you don't want the child involved in case things don't work out.

Anne. I don't really get on with my stepchildren's mother, she's lazy and doesn't really want children. Every Wednesday she couldn't wait to get ride of her children so I embraced that but there were times of stress and the children would pickup on that and the children would say to me you don't like my mum do you and I'd say, I don't know your mum how can I not like her. Giveny whose almost 17 has spent the last 2 years she's spent the time being a pain in the backside just being a typical teenager, not a stepdaughter but a teenager and its not been easy, so much so that I said to David that I was going to take a step back. But she'd been learning to drive and I'd been teaching her and we were talking has she said she had had a dream where she had had an argument with her dad. She had opened the door and found 4 children on the doorstep who were her father's children and she said she couldn't believe he's been so unfaithful and she'd run away and come to live with me. And I said what you came to live with me, wouldn't you go to your mum, I thought you didn't like me very much. And she said oh my god I love you so much. (everyone ahs...) but you've been so horrible for the last two years but with you going through the changes . I think it's not just about stepchildren it's about the changes that the children go through.

Jemma. Yes, and my stepdaughter's biological mother used to say how important it was that she had a good relationship with my husband for the sake of the children, actually she has to have a good relationship with me too, that also matters and that was part of the shift we actually had. That was really important.

Carolyn. You want to say like, I'm here too. You get so caught up in how they must be feeling but then you kind of say hey, I'm here to, I matter.

Jemma. Yes, she (bio mother) doesn't want us in her life and we don't want her in ours but we are in each other life. Exactly, she may not be my daughter but we are in each others lives for better or worse.

Tessa. I'm sure if you ask my stepchildren what their relationship was like with me, their father and their mother they would say that we all got on brilliantly, they haven't got a clue what goes on and that to me is the best thing, we have all made such an effort and that I feel proud of that we managed to do that. And we have very balanced children because of that. At the end of the day you do have to be aware of your own feelings but it's not about us its about them, it's not their fault. I'm proud of the fact that they have not a clue that there are these undercurrents.

Suzanne. But it must affect you.

Tessa. Yes, you can't ignore it completely, it is a pressure.

Jemma. A big part of putting your children first is that you accept there are relationships between all the members of the family. You're sending a message to your children that things don't go wrong by hiding things from them and then when they go out into the real world its like oh, it's not OK then.

Eleanor. I'm really sorry for her (about Julie – has already left), I mean I chose this path.

Jemma. Its teaching the children that the stepmothers feelings don't matter, that she's less of a person, that their say doesn't count as much as the other persons.

[Everyone has to leave so draw the meeting to a close.]

Thank you very much for your comments

Focus Group Held on Wednesday 17th October 2007 at TVU, Reading

Present

Norah
Poppy
Emma
Fiona
Lisa

Begins with confidentiality statement and opportunity to leave if they aren't happy about recording. Ask them to complete questionnaire and sign OK to participate.

Moderator: I will be exploring some areas that have been identified from the questionnaire study and I would like your views and feelings on these areas. However, this is an open session where you can raise other issues which you feel need discussing.

So the first area is to do with anxiety as the questionnaire indicated that stepmothers show more anxiety than biological mothers and it's difficult to know why or here that comes from. I would just like to explore what you think have been the major issues in your circumstances, what caused you issues or difficulties with your partner and how did you address them or cope with them, what did you do to reduce the problem or cause of anxiety.

Poppy. Well the anxieties I have about being a stepmother are not particularly about not hat other people think of me but my fear is what actually goes back to her real mother and myself and my partner tend not to have any rows about how Jess my stepdaughters brought up but they tend to be centred around her biological mother.

Moderator: that was also raised as an issue at yesterday's focus group.

Fiona: Can I ask a question. Is that the reaction of the mother or the reaction of your partner to the mother?

Poppy: I'm sorry, what do you mean?

Fiona: well you said the anxiety that – its fine when you're parenting the child em but your anxiety's come from the reaction of the biological mother and is that the anxiety coming from the biological mother or are you reacting to the reaction of your husband, reacting to the biological mother.

Poppy. My anxiety is due to the fact she will have nothing to do with me and I was nothing to do with their marriage dissolving, she left for somebody else, she left Jess and my partner and hen I came along 18 months later she didn't ant to meet me and I moved in 7 months afterwards and Craig my other half took her to dinner and said Poppy's moving in with me do you want to meet her and she said no. 4 years down the line she has absolutely nothing to do with me. She will send

little bits back via Jess which is what causes the arguments. From the beginning I wanted a very grown up relationship with Jess, I wanted her to be my friend, I find it very difficult for then on acknowledgement of any parental responsibility.

Norah. In my situation I find that I parent my stepchildren more than either parent. Both parents are working full time so I do the school pickups and the school lunches and the rugby and all of that and more probably.

Fiona: emotionally

Norah. Emotionally, yes. You pick them up from school when they're sick, so I do all that and for a long time I wanted some sort of recognition or acknowledgement on her part.

Moderator: Do they live with you?

Norah. They live with us 50% of the time, we do the American thing, I don't know if anyone else does that.

Poppy. We do 60/40, with us 60.

Norah. How does that work.

Poppy. Well she left and then she was seeing Jess every 6 weeks and when I moved in she said that she wanted equal amount of time.

Norah. Again it was Andy's wife who left. Originally she was going to move into a one bedroomed flat and she had a kind of mid life crisis and didn't want any of it and that was long before I came on the scene, it was 6 months prior to that. And then they decided to do 50 – 50. My way of dealing with it just not to have anything to do with her, so you know if I don't see her, you know in the early days, the children's interests are paramount – well they're always paramount, I thought well if I do bump into her, we live locally to each other, you know if I bump into her in Tesco's I will make small talk with her but there's a very hypocritical feel to that. These days my husband Andy does the communication, mostly by texting, we find this really useful as its non emotive and you don't have to...[laughs]. You have another opinion on that. [Fiona rolls her eyes]. I tend not to physically see her and that is my way to deal with that.

Poppy. Well she won't attend, if we do anything for Jess, like a sports day. My husband is very big into his football club, he spends quite a lot of money on it, so Jess is the football mascot and we always try and do it around her birthday I want all of Jess's parents to be there.

Norah: and do you think of yourself as a parent?

Fiona. Yes, your language is very much like you are.

Norah. Does she call you mummy or

Poppy. No, we made that distinction very quickly. When I came along she was only 2 and a half and she's always been a bright and articulate child and when she was about three she said should I call you mum. I said no, you already have a mum, I'm Poppy, but as far as I'm concerned she is my daughter. I hate explaining to people that she's my stepdaughter it's just easier to say she's my daughter. Oddly she looks quite like me.

Fiona. But do you feel she's part of your family.

Poppy. Oh yes, she is my family. You know there are times when I don't feel the outpouring of love and I think oh I wish you weren't here but I'm told by friends who are real mums that they feel that about their own kids. But no, you know, she was recently bullied at school and I wanted to go and see the parents and I feel all that towards her. I'm the one who gets all the crap if you like because Daddy spoils her to compensate. I shouldn't really judge her, [laughs], I try not to. She must be in a very difficult situation. The first thing that bothers me is that she didn't want to meet me.

Fiona. Why do you think she didn't want to meet you?

Poppy. Well she's now with a man who's 24 years old.

Norah. I try and see it from their point of view as well sometimes. Well you know, Pam didn't particularly want to be with Andy for a long time before they split up but that was her choice and her take on it but now and she, it must be difficult for her at times, thinking well there's this woman running the house, running a business, parenting my children and I try and put myself in...you know I'd never end up in that position. You know from her perspective, she doesn't want to know, she doesn't want a role in parenting her children. Hard as it is for me to accept that, if I take away all the emotional stuff, she must look at me and think oh just go away....in her more logical er.. she must think Andy is with someone stable who is looking after the kids, its not one woman after another you know or whatever, but most of the time its just argh, I don't want to know – and that's the way she plays it she just kind of leaves me out of the equation. She talks to Andy and he talks back to her.

Poppy. She won't talk to me.

Norah. You know I don't care, you know I used to get really embroiled in this....but you know my life is easier. It's a bit of a cowardly way out but it works, you know life is easier and it works.

Moderator. Well you know there are no rules. You make rules that work for you.

Norah. No one gives you a rule book.

Fiona. I think its interesting that you say you distanced yourself emotionally from the mother because I've ... I've been with my husband for 12 years and I've know Sophie since she was 3, she's 16 now and em, I would say that when she was younger I had quite a bit to do with her, but as she's got older, firstly her

mother would have nothing to do with me. I had nothing to do with their marriage breaking down or anything like that. But again absolutely nothing to do with me but now Sophie, she doesn't live with us, she doesn't stay with us. On the last two occasions she did stay with us she completely breached our trust so I have emotionally removed myself from my stepdaughter and that is the only way now that I can cope with it. I've come to the conclusion that it doesn't matter what I think about parenting, it doesn't matter what I think about behaviour, it doesn't matter what I think about right or wrong, I don't carry any influence whatever on my stepchild.

Norah. Isn't she just doing the teenage thing?

Fiona. I'm sure she is but I think you know, I personally have strong values and its about what she is doing and I don't think its right and she needs telling its wrong but I cannot be the one . I'm not her parent.

Poppy. Did she ever live with you?

Fiona. No, she used to stay every so often buy you know when she ...

Norah. Well you can't help but express an opinion about this to your husband?

Fiona. Em, I would do but I don't bother now, well as I say the last two occasions that we've see her or I've seen her erm, well; the last occasion saw her smuggling rum into my house we had a party, my husbands 40th and they got very drunk, one of her friends got incredibly drunk, got alcoholic poisoning etc etc... The time before that she chose to have sex with her boyfriend in her house, and she's under age and she was with our children.

Norah. She was babysitting for you?

Fiona, yes...and from my point of view I feel like there was something that needed to be said on that occasion but I can't exert any influence and it doesn't matter what you say, well, I carry no influence over what is said and it's not ...if I have that conversation with my husband we end up having an argument.

Norah. Well that would be difficult.

Fiona. You are in effect saying, you are not dealing with it properly so what I'm doing is criticising the way he's and so I remove myself from it.

Poppy. And you're not allowed to discipline?

Fiona, On the occasions that I have disciplined her she just ends up crying and its all tears and its all a bit emotional blackmail, well not blackmail but she's...and again you don't want her going home – again my ex husband does get a lot of grief, still, now and the last think I want to do is create this issue.

Norah. How do you feel your boundaries you know compare to your husband's? Is he more relaxed?

Fiona. Ehm. I think he's more relaxed, I'm quite hard.

Norah. It's difficult. I find it difficult. I have a catholic upbringing, Irish family. There were the parents and there were the children. When I arrived on the scene it was bedlam, there was no bedtime at our house. I said, I can't do this, you know we need to have a life. So that sort of stuff I find really difficult. Lucy's a teenager and she's sleeping with boyfriends and all these sort of things but I have moved back from that stuff as well. I think well she's not my daughter at the end of the day. I take myself back from that and you know just let him get on with these decisions and I'll back him. And we do find a middle ground because I am doing the parenting.

Fiona. That's because your children live with you.

Norah. And I'll state it, Adam, that's the one I have a very difficult relationship with, he's a 14 year old boy and he is my big challenge. [Laughs], we always say, but for Adam. But I think he has been most affected by the whole thing. He's got issues about ...he used to say to me in the early days, you are not my mother. I would say, I am the mother in the house Adam and like it or not these are my rules and it's those kind of things.

Poppy. Jess did that last year, she said you're not my mum and I went your damn right I'm not cause if I was you'd have a sore bum by now and she went but you're still not my mum and this was at 9 o'clock at night, my partner was out working away, so I dressed her, put her in the car, she said, I'm not getting in the car, I said get in the car, I'm going to take you to your mother and your going to tell her how rude you've been to me, why you were rude to me and why you were so naughty. She just looked at me and I started the car and she said OK, I'm sorry. I said, well next time you say I'm not your mother, I'm quite bright Jess, I know I'm not your mother, I will put all your belongings in the car. But again, I'm quite lucky in that Craig will allow me to discipline her unless he thinks I'm being unfair. I've got an Irish catholic mother and if you didn't say hello in the right way you got a tanned hide. Erm and I have very strict rules, we've both learnt to mellow. Craig, was like I've left your mother have it, have everything. Jess, is a lovely little girl.

Moderator. Ellie have you felt this or is it not quite the same?

Emma. No erm, Tom lives with us and sees his mother fortnightly and that's his choice and she very much communicates with me via email, she doesn't talk to Martin. She left Martin for another man and she just texts or emails me and that seems to work. She does nothing about parenting at all. Never, none of that stuff at all so, never done a sports day, never done a school play, so for Tom....the anxious bit for me, he's never said you aren't my mother, he's never responded in a negative way about mum going and me arriving, my worry is when the hormones kick in and he's like why did my mum piss off and leave me because at some point, he has never challenged that but I think that surely sometime he will and I'm kind of waiting.

Poppy. I don't know if that's just me but that sounds like heaven.

Emma. I feel really sad for him in that she doesn't invest in him. He's just started at secondary school, she knows what school he's gone to but she didn't want to be involved in the decision at all, she didn't buy the school uniform, she didn't go with him so she doesn't get involved with any of that at all, do I like it? I'd rather she didn't intrude in my life sighs....I struggle with the fact she doesn't invest in him.

Fiona. Do you believe he's better off with you but emotionally....

Emma. Probably, yes I'm sure he is, he's got a lovely relationship with his Dad.

Norah. That's a problem with her relationship with her son, that's her bonding, rather than a stepparent thing. I suspect that, he will probably be fine with it. You know the twins in our family, they would come skipping in on a Monday and say Mum or sorry I mean Norah and da de da and we're off to do homework and it's so uncomplicated.

Emma. And Tom will say oh can have have my friend over for tea – he would never ask Martin.

Norah. It's the practicalities..

Emma. Yes, I'm sure its fine it's just my anxiety is about whether it will all kick off.

Fiona. At least you've had the foresight to arm yourself with the tools for when that may happen.

Norah. And how is he with his little sibling now?

Emma. He thinks it's the best thing. When we told him he cried because he thought he would never have a brother or sister and it was just so sweet.

Moderator. That was something I wanted to ask – were there any changes when new babies were born

Emma. He was just so happy, he knows it's not his full brother but he's brilliant with him and Benjamin loves him. At school they had to write about someone and he wrote about Benjamin and it was lovely the things he wrote.

Fiona. Do you think that bonds due to Tom?

Emma. Probably but I do worry that I might be closer to Benjamin, I do try and balance that out but you know, we were watching X factor the other day and there's one contestant who was abandoned by her mother and Tom said to me is that what happened to me and I said no, you still see your mum and he said you wouldn't do that to Benjamin would you and I thought no!

Poppy. Isn't there just a little bit inside of you that wants to go yes! [Laughs]. I'd never do it but I really like your Yorkshire puddings – yes! [Laughs].

Fiona. It's like another thing you take tick off at the end of the day.

Fiona. I question whether one of the reasons that my relationship with Sophie has broken down is that I never really had more than one night and also we lived in Manchester for quite a long time and she lived in Camberley and when we had my two children quite often my husband would drive down on his own rather than us all get in the car and the question of where do we stay and things like that. My husband would come down once a month to see Sophie and I wouldn't be involved with her so I wonder whether my relationship has broken down as we never really had that huge contact. We used to be really close, she used to call me her second mum but when you say about the parenting skills I personally don't think she gets a great deal of parenting at home as her mum treats her like her best friend and little sister and she says my mums my best friend so its alright for me to have sex at 15 because my mum thinks its OK and its alright for me to have my tongue pierced at 15 and you know its like that and I'm (shocked) and I wonder whether its because I've never really had that contact.

Moderator. But also the teenage years are the hardest, when they're striving for independence.

Poppy. We have to lay the guidelines down and we don't stray from that because she goes to her mothers and her mother now has a new boyfriend so she's gone from being able to paint nail varnish on mirrors tothe new boyfriend is very young but very strict and she's terrified, whereas we've always been strict at our house and she knows she has to behave but she knows she gets to have fun and I think that if you lay the foundations and say this isn't acceptable it won't be so hard when you get to teenage years.

Fiona. I think that's one thing you need to have faith in is that something will stick.

Norah. They get drunk and have sex! [Laughs]. You find bottles of wine in their wardrobe and you think, do you know, I was probably there at one point. I think it's made a difference for me having my own children in all sorts of ways. It almost completed the circle and there's a sort of bridge between my children and my stepchildren, I've got my own children and there's a connection between them and their half brothers and sisters. It kind of draws line under things there's closure. It also made me take a step back from teenage things, like the sex thing. You know I can't envisage for a minute my daughter having sex at 15 but you know Andy's kind of OK with it, Pam (bio mother) certainly is, she was an early starter you know and now her boyfriend stays overnight and I make him tea in the morning when he comes down. It's funny the way you get chipped away. Never will I think that's OK in my house and Andy and I used to have arguments about it.

Fiona. One of the main issues I had with the sex thing is the influence it has on my children.

Norah. My theory is that Lucy will be long gone before mine realise.

Fiona. I don't want them to think its OK Sophie having sex. Obviously we would put them in separate room at opposite sides of the house but obviously we were out and I don't want that influence on my children.

Norah. Yes, I can understand that.

Fiona. Because I don't think it's acceptable. So how would you deal with that?

Norah. Well mine are young and by the time they're older she'll have gone. Well we took her boyfriend on holiday this year with us.

Fiona. How old are they?

Norah. She's 15 but she's a very mature 15 year old, she's looking after my two this afternoon while I'm here, she babysits regularly and proactively she'll take time out to walk the pram, she'll start running a bath. I don't have to ask her. She's having the same relationship at 15 that I was having at say 22, it's a healthy relationship but she's an individual you now. Adam on the other hand is a very young 14 year old, I can't for a second imagine him, he's a boy as well, he's still very much a child and I can't for a second imagine him bringing home a girl in a years time and having to deal with that.

Poppy. (to Fiona). Did your children know that she was in trouble?

Fiona. Oh god no. My husband and I made sure that any conversation we had to have about that has been done not in front.. they know that she's had her tongue pierced because my husband took her out for lunch for her birthday and took her to a restaurant in London and to take her shopping and the first thing he saw was when they were sitting in the restaurant, as soon as he walked in he went, she's had her tongue pierced, and I went, no comment. I think the thing is you have established relationships with all your children and your stepchildren live with you for certain periods.

Moderator. Yes this is quite unusual to have mostly full time stepmother's; it certainly wasn't planned but is a different dynamic.

Poppy. Came home, she's only 7 year old, and said what do you think about me getting my ears pierced. and I thought why don't we get her a packet of condoms while we're at it shall we. So I said, you can get your ears pierced, we'll talk about it in the morning. I found the most nasty pair of earrings I had and put them in knowing they would go horrible and in the morning I said you can have them pierced but you'll have to deal with this and I want to explain to you how they pierce your ears, they have a little needle on the end of a spring and they let the spring go.

Fiona. And you said it really really hurt.

Poppy. No I said it doesn't hurt that much, I didn't want to lie to her, I'd never do that but I wanted to give her the facts, I said you are going to have to clean your ears, they're going to get gunky like this and I showed her my ears and I said that's your responsibility and I said I'll take you at the weekend if you want to go. And she looked at me and said, I don't want to really. So we have to sway her.

Fiona. Do you think you have to do quite a lot of damage limitation.

Poppy. I think so yes, I think her mother is a sham. And if I were her mother and behaved like that I would be thoroughly ashamed and be at church the whole time [laughs]. Her father and mother have been separated for 6 years now and during that time Jemma has seen 4 boyfriends. We've always tried to give her continuity; you know Daddy's away tonight so Poppy will be looking after you

Norah. I used to find it really difficult, this not getting anything back but it was a change in my thinking that was a real turning point. And not expecting anything back from your children but getting it back from your partner.

Fiona. Which your doing.

Norah. Yes. Once I'd made that decision then everything was much easier. I said to my husband look I need appreciation from you, I want you to come home and take me out to dinner you know or something.

Fiona. Or coming home early and doing the dinner for you and all of the children.

Norah. Yes. You just don't get it from children and you can't expect to. You don't even get it from your own children, you get different things. I found that once I started getting it back from elsewhere, I get it back from his parents and from my stepparents and that's the balance I need.

Fiona. Perhaps if I'd set that out initially what I expected....when I first met my husband, I thought I wouldn't get involved with someone with children and I'd made myself a promise that I wouldn't go out with someone with children because I'd seen a couple of friends go through it. I was going through the brothers and sisters of my younger sons class and half of them were step or half siblings, phenomenal statistics but if I'd known to set up my stall initially and said well if I get married to you this is how it needs to be .

Norah. Well you could do it now.

Fiona. Well there is no point now but I'm now very hardened to the relationship, I am really not interested. My stepdaughter just doesn't interest me, she is very hurtful, very hurtful. Lack of acknowledgement was my biggest thing.

Emma. Was she trying to get a reaction from you.

Fiona. No I don't think so. I think the straw that broke the camel's back for me was when my husband was talking to her about the sex thing and John said, you know Fiona's very upset and she just said what the F*** it got to do with her. He was like whoaw....this is Fiona's house, she's known you since you were three.

Moderator. What did John then say.

Fiona. He blew up at her and said that's bollocks. She got upset because he swore at her. He then said if you're grown up enough to have sex Sophie then you're grown up enough to hear me swear. Don't get upset about it. I say that I'm really hardened to it but I'm not, I think about it all the time. With stepchildren it's all about parents guilt, trying to overcompensate for divorcing and separating from their other parent. There's a lack of discipline and that exactly what I see what johns doing with Sophie and why he's not disciplining her enough.

Poppy. I agree and that's what I see but I'm not going to put up with it. I'm not going to spend my time picking up the pieces through someone else's problem. I've told my husband that the moment I think I am not being listened to or being respected then I will leave. His ex is really jealous, she's said how come you were poor when we were together. Craig started his own company when we were together and he's done really well. She then said as the divorce settlement wasn't much she wants 10 grand more.

Mod. Can we move on as I'm conscious of the time.

Fiona. It's actually quite nice that we can all go home today and none of you know my husband.

Mod. One area I wanted to talk about, and you (Norah) touched on this a little while ago, is support from in laws. When I looked at the findings from the questionnaire, stepmothers seemed to show lower support from friends and family. Could you let me have your views on this, is this something you have experienced.

Norah. You know I think this depends on the circumstances of you getting together. My in laws think I'm an angel from heaven. At the time of my husband's wife walking out with her mid life crisis, they didn't know what to do, bless them, they in fact moved down to be close to him. E was a consultant psychiatrist with four children and he was prepared to do that, you know but they were prepared to move down and be a second pair of hands for him but then I came along and things found a level but they still live very close to us. [Laughs] and my mother in law will say to me over the frozen foods in Tesco's, don't you ever think of leaving him! [Laughs]. But I think it must depend on circumstances.

Mod. Does anyone else share these views?

Fiona. Well I think my parents have been very supportive of me taking on another mans child. In fact I think my mums an angel because she never forgets

Sophie's birthday and she's an extended family member and again, Sophie would never send my mum a thank you card, wouldn't even think to make a quite phone call and I would say to my mum, don't bother with her, she's trying to be fair. Unfortunately this has caused a slight deterioration with my husband's mother and I get criticised for not getting Sophie to go and see her. She's a very traditional woman and she thinks everything to do with the family is the woman's job. I'm not that kind of woman I'm not a traditional woman. I've had a good career. That has affected my relationship and she hasn't even acknowledged how I was with Sophie when she was little.

Norah. Oh I think you've just got to ride out the next 2 years, I'm almost out of it now with Lucy but she'll come back.

Fiona. Oh I think she's quite like her mother....but we'll wait and see.

Mod. The final area is the change over time. Research shows that first 2 years are the hardest. Is this your experience?

Norah. Oh yes, much harder but then you find your level. I've known the twins since they were 4 and now they're 12 so it's been 8 years. I think Andy and I have just got much better at doing it. At talking, at me being brave enough to say things, you know in the early days I didn't want to say anything. He'd say things like, you know it's actually easier when all the children are here, and now I'll say, do you know, it's not Andy! It's a damn site harder. When you have 6 kids in the house, I have to kind of take it up a gear. I'm much much better now and dealing with issues as they come up because I used to store them up and then blow up and Andy would say where did that come from. Now I'm much better at being open and communicating and also Andy realising he can't always just fix it, because they want to don't they? So things have improved.

Emma. Yes but the thing is things change all the time, you just think you have it sorted then it changes. Tom has just started at senior school and he said he wanted to change when he saw his mum to every fortnight so it's always changing.

Norah. Oh I know, for mine they are constantly going back and forth with their suitcases, poor Lucy has her 2 pink suitcases. She said she can't wait to have somewhere with one wardrobe.

Fiona. And so to think I want to wear this with that and it be there.

Norah. Yes, it's really hard for Lucy, the boys are fine with it but I think this will influence Lucy through life and it will be something she looks for the security.

Poppy. Jess did that really early on. She would say, I must take that back as mum's just bought it and I would be seething saying you don't need to take all that. You're only 7. So now if she comes over and says mum's bought me this and I absolutely love it we go and buy her another one so that she can have it at both homes and then she won't stress. If we buy her a pair of shoes that she loves we buy her another pair for mummies which absolutely irritates me but I don't

want her worried about not having something. Her mums always pleading poverty, despite the 50 grand car on the drive.

Lisa. That reminds me only last week we had to take a dressing gown for my stepson as he needed it for school (they were going in pjs) and I thought why can't his mum buy him one. It's so trivial and I don't want him to suffer but you can't help thinking its ridiculous, I felt like saying, look just keep it and we'll buy another one!

Fiona. You see my reaction to that is it is a bloody big deal. She can go out and buy a cheap dressing gown but then you see I'm used to my husbands ex trying everything to get money out of us. I know what you mean but what is the big deal, is it that she won't buy him a dressing gown or that Mike has to shlep all the way over to Binfield to drop it off?

Lisa. Well both really, I mean we try and buy him clothes so he doesn't have to bring anything with him when he comes to stay, like you Poppy, but he lives for the majority of the time with his mother and you think why are we providing things for you to clothe your son, why can't you make the effort to buy him a dressing gown if he needs one. Its just odd the way it affects you, you have to say to yourself, look it doesn't matter, it's a ten pound dressing gown, keep it, we'll get another its really not going to make a difference.

Fiona. But it's the butterfly effect, everything has an effect, whether it's financially, on somebody's time, in the early days, if Ellie (mother) had done that I would have seen it as a way of getting more money out of John. My husband looked after his ex very well but financially she would still do things, for example she tried to take out a loan pretending she was still married to my husband, in his name and that's created....

Emma. You should hire a hit man - [laughs].

Fiona. We've actually discussed this. We thought of getting her to marry a Slovakian because once she's remarried we don't have to pay her any more! It's the ammunition isn't it, it just adds to the aghhhhh.

Norah. Yes, I know what you mean. My husbands ex has done similar things. She has filled in forms with the school leading them to believe that she is still married to my husband. What is that all about! She must know...that's going to wind anyone up isn't it!

Poppy. Some people say to me Mrs Lang and I say no, I'm nice, she's not! If someone could wind the clock back and say that I would never meet Craig or I could meet him and have sex, because that was good, [laughs], I would but I wouldn't live with him. He's the love of my life but I didn't know it would be so hard.

Fiona. Does he know that.

Poppy. No.

Fiona. I think the men need to know that. You know let them know that they didn't come alone they came with all the crap of their ex wife and children and I've had to deal with that. I suppose this is what the anxiety is about, you never get rid of it. The frustration, the lack of control, the lack of influence and you can't change anything. You know I wouldn't change it but I would say to other people, take my advice and stay way from anyone with children. Whatever you do stay away.

Norah. You know I ad girlfriends say the same to me. When I met Andy they were like what are you doing, I had a good single life, I had a house in Kingston. They were like 'don't do it Norah'. In fact we split up for 4 or 5 months but gradually got together again.

Poppy. I would say to any friend here's 2 grand. Go to Australia and find yourself a man, if you can't then come back and marry this one.

Norah. It's so hard but there are good parts to it, goodness it makes you very grown up doesn't it. Our relationship, god we've been to hell and back and we're still together. I can almost guarantee you that there's no little chick going to come up and grab my husband! We have been there and got to the other end of it. I wouldn't do it any other way. I do admit that I was incredibly naïve. When I think what I took on you know these 4 little kids – no idea whatsoever! I think if I had I would have walked away.

Fiona. The thing is you're not just getting the child, you're getting everything that goes with them. You can't generalise in this study, its different depending on so many things.

Norah. Yes but there are common threads.

Poppy. I think it can only work if your partner is a widow.

Mod. Research shows that they aren't as happy.

Emma. Well you're dealing with a Dad that's grieving and the children that have lost their mum.

Moderator. Well I think we'll bring the group to a close now. Thank you for your time and for your comments.

Focus Group Held on Friday 26th October at Leeds Met University, Leeds.

Present

Alisia
Cassie
Jane
Sandra

Begins with confidentiality statement and opportunity to leave if they aren't happy about recording. Ask them to complete questionnaire and sign OK to participate.

Moderator: thank you very much for coming. Please be as open as you want to be but if you don't feel comfortable saying something then that's obviously fine. The first area I wanted to look at was causes of anxiety, the research that I've just finished showed that stepmothers experienced more anxiety than biological mothers And I wondered whether you could give any insight into why you think that is, what causes you to feel unsure of things, however you perceive that. It might not be anxiety as such but worried or unsure of things.

Jane. Well I've been a stepmum for 11 years and when I think back to the beginning I didn't have any experience of children. I did work with children but it's not the same thing [laughs] and I was worried. My partner worked nights so I put her to bed for 2 nights a week and I remember having a dream. We were on a beach by the sea and Paul went away for whatever reason and I cant swim which is one of my confessions [laughs] and in my dream the sea got really rough and I had to cling on to Erin and I thought we were going to get washed away and I dug my feet in the sand and I knew I couldn't swim and that kind of panic and thinking can I cope, can I look after her? Was something initially I worried about and I think that was my real worry as a stepmum.

Moderator. And what about you Alison.

Alisia. Well I'm kind of new to being a stepmother, I've been a stepmother for 4 years and my insecurities are about getting a relationship. I mean I could walk away from it at any point when it got tough....and whether I got on with the children. At the every beginning I was Dad's girlfriend and once it started becoming more serious and I was more of a threat to their mum, the ex then we were becoming a family unit and we had our own rules....like this is what we do in our house and not what you do in your house, that's when the conflict started.

Moderator. Ok.

Alisia. Well a lot of my insecurities were based on... well once I had my own children, well, whether or not I would be able to look after my own children [note. Alison looked very uncomfortable and almost tearful. She appeared very nervous], because my confidence had been knocked so badly, you're not allowed to do this, they're my children, you can't...pick them up from school.

Moderator. That was the ex wife saying that?

Alisia. Yes that as the ex wife dictating everything I was allowed to do. I would say the biggest source of my anxiety....I would say if you get on well with them that's half the battle.

Moderator. Do you (Jane) get on with the ex?

Jane. No and yes. We've had a lot of problems. Paul will not even speak to her, they really hate each other. I have to be a bit of a go between. Although she isn't my favourite person because she's caused a lot of problems in the past. Fundamentally she loves Erin and I love Erin and we've got over it because of that and she has to speak to me erm.... We've got a relationship but it's not wonderful. The only problem I have with her personally when I got my graduation for my degree, and erm...she didn't want Erin to go, because I'd been doing it part time it had taken a long time, Erin had been very much a part of me doing it and I really wanted her to be there. She is a ballet dancer and she was doing a lot of lessons back then and her mum didn't want her to miss any of her lessons and she would have missed 2 if she had come to my degree, so that was quite difficult I had to argue my case...it upset Erin and its those sort of things. We don't get on really well but we have some sort of relationship.

Moderator. Do you speak to her, do you have any sort of relationship with her (to Alison).

Alisia. I used to erm.... But I don't now at all. Ours is now the other way round [laughs nervously], he now acts as the go between for us. He tries to keep the peace.

Moderator. So the major cause of anxiety for you (Alisia) is in the area of dealing with the ex wife?

Alisia. Yes.

Moderator. And how about you Cassie, is this something that you experience too?

Cassie. Very different for me really, my anxiety is really that I don't like my stepchildren which is a horrible thing to say. Do I love them?.... well I suppose I love them because I have to. In my opinion they are quite spoilt – they have everything at their mums and they have everything at their dads and they have a lot of people giving them things, giving them money. They are quite materialistic and that's not me. And I don't like that and maybe because of that. I would be more....I would try and be more.... Not strict but I try and get them to be more responsible for themselves. At 11 and 13 they are still not picking things up after themselves, which I'm sure is perfectly normal but..so the anxiety for me is one. That I don't like them and 2. that I would bring them up differently if they were my children.

Moderator but when they do come to stay do you try and impose your own rules?

Cassie. Yes, and again that causes conflict. They're like, oh I don't have to do this at my mums. They're like, this is my weekend and I want a rest. Am I meant to be resting, can I rest? [asking the questions of herself]. So you end up doing things as a mother would but for two people who aren't yours and there conflict in me then.

Moderator. Are you able to talk to Steven about this?

Cassie. Well his mother did everything for him, so he thinks....he doesn't think I should do everything...I'm not sure who he thinks should do it....that's interesting.

Moderator. Do you have the children every other weekend?

Cassie. Every other weekend. Friday night to Sunday night.

Jane. I wonder whether dads feel they have to spoil them because they don't see them all the time.

Cassie. Yes, he does things with them quite a lot, takes them out. That happened today. They were like, what are we doing today. They want to be entertained. And again that grinds.

Sandra. Well I think all children want to be entertained. My daughter said the other day. What should I wear today, what are we going to do? That is a general children thing They all want to be entertained but if you don't then they find things to do on their own.

Cassie. Well I completely understand that. Yes, that's interesting.

Alisia. My two always need an activity. I'm like you [to Cassie] and at their mothers they have everything and at ours they have everything. It's like a safety thing nowadays, you can't say to them just go out and play.

Moderator. Would you say that it is harder for stepfamilies, stepmothers to influence their stepchildren and put in place rules?

Cassie. Definitely

Jane. I think they have different worlds where they have different rules. We would say well these are the rules here and initially I would say that I went with whatever Paul said but as we became more a family we would discuss things and also because I did care for her a lot when he was working nights. I was really in at the deep end and once I'd agreed to do that, him working and me looking after her.

Cassie. I bet that really helped you bond.

Jane. It did. You know I read her stories.....

Moderator. Do you find Cassie that you let your husband take the lead.

Cassie. Yes I do, I find it easier when they're on their own, it's easier with just one. I have a better relationship with the girl hen she's on her own. It's easier when it's just me and not her dad. She's very jealous of me. She says to me I don't see my dad, you see him all the time, she's jealous of the time me and Steven spend together, so you know there's a jealousy thing going on there. And I think that Gregory's now 13 and he's saying well I don't see my dad very much and that's difficult.

Moderator. Ho many years have you been together?

Cassie. 7 years now, I've known them since he was three so it's not like I'm new to the situation. They expect me to be there, if I'm not there when they arrive on a Friday its like here's Cassie. I don't know if it's a security thing for them.

Moderator. And obviously they're becoming teenagers which brings its own issues, a lot of research that has been done....if they're under 9 years old it's easier for them to cope but the hardest age is for teenagers where they're trying to assert their own place in the world.

Cassie. That's going to be an interesting time for me then isn't it [laughs].

Moderator. The next area I wanted to have a look at was support. In the questionnaire I did a lot of research on the support stepmothers feel they get from family friends and their partner and stepmothers that responded recorded a much lower level of support from family and friends – not from their other half, but it was significantly lower and I just wondered if this was something you could identify with. You might say oh no, that's not something I feel but have things changed ... or did things change when you became part of a stepfamily, did you find that your circle became different, less...I don't know. Does that strike a chord for anyone?

Cassie. Probably less for me because he had the children every other weekend. I chose to stay in on those...every other weekend, certainly at first, whereas now, I find I'm opting out. I think friends might have said 'oh I'll babysit' but you know friends never have babysat. My family and sisters have helped out but not my friends.

Moderator. Do you think your friends accepted or understood the situation?

Cassie. No I don't think so.

Moderator. Do you get support form Steven's parents.

Cassie. Yes, in that they would pick them up from school. Steven gets support from them but I wouldn't say that I [emphasises the I] get support.

Moderator. Do they keep in touch with the ex.

Cassie. No not really. They will pick them up from school and then Steven would pick them up from their house. Steven's seeing them today – they're coming for lunch. They have a reasonable relationship with the ex. She will drop them off at their house. She's quite manipulative.....and somehow....Steven seems to go along with what she's asked because Steven feels guilty and he wants to do the right thing for the children....she is quite manipulative. You know when she asked....there's 45 minutes between her house and our house and when she asked 'could you meet me half way', and I said well if you want us to look after the children because you want a night out then you can come and drop them off. I think it is about him taking some control. He always picks them up you know backwards and forwards. It's difficult isn't it? Sorry, I've forgotten what question I was asked now.

Jane. The transport thing is so important isn't it, it's a huge thing. You can lose a lot of time at the weekend going back and forth.

Cassie. Yes well they've got football training and then they've got drama, so Stevens going back, forth and its 45 minutes each way so that's like 2 hours in the car

Moderator. Is there any way he would restrict their activities at the weekend because of the distance.

Cassie. No way he would rather move house so that we're closer than do that and I've said no.

Moderator. Has his ex re-married.

Cassie. Yes, she has and he has 2 children and works away during the week. She doesn't look after his children, well I don't think – it's a good question. I don't think she does when he's not there, just every other weekend. Anyway, she's a stepmother as well now.

Moderator. It all gets very complicated doesn't it

Cassie. Yes, and she doesn't like his children and his children are much worse than his children– so she says and I think well that's interesting Adele that your saying that [and laughs]

Jane. And do your children get on with his children.

Cassie. Yes, they do very well I have to say. They're similar ages and they do get on very well.

Jane. Well that's interesting. That's good.

Moderator. So from a social support perspective you would say you do get support from your family? And your friends?

Cassie. Definitely my family but not my friends so much [she is meaning practically speaking]

Moderator. But how about emotionally?

Cassie. Oh yes, oh yes. They would say oh yes, that's completely normal, yes most children would do that (ie. Helping her understand that her stepchildren's behaviour is normal) and you know stuff like that so yes, I do have that support.

Moderator. Alison, how about you.

Alisia. Erm...I don't think I get a lot of support erm....i think my friends...when I had my own children they were off doing their own thing so that's not really... and my family well we don't really see each other much, they will ask how things are but I think that a reflection of how we get on as a family. I don't really speak to them about it as we never really had that bond before. I've actually found more support from having my own child, I've found access to other means of support and I've used that as well as my partner to help me through . From the stepfamily perspective...there isn't really any support. There are some websites here and there but that's about it. Sometimes its good to let off steam, I mean it's a totally weird situation and rather than go on about it to your other half, so it takes the pressure off our relationship

Moderator. Do you find you do get the support of your partner

Cassie. Oh yes, yes - I even tell him I don't like the children. I'm a very open person, what you see is what you get and I will often say what I think, most often. It's very rare that I don't. There are times when he'll say 'you're wrong' and I'll say no you're wrong.

[to Alison]. I was just thinking about you're friends. Is there not a way you could see them during the day so that they could help you.

Alisia. Well no not really as they're all working, one's a teacher, another works a way away.

Moderator. Do your friends not have children then

Alisia. No they don't have children and they're all living the single life....it has been... it has been a tough year. And then there's the financial situation, you know moneys tight. Sometimes I'll be just you know, collapsed in a heap sometimes but you know... I've just got to get over it.

Jane. I was quite lucky really. I've got some close friends who were very supportive and my family. Erm....I didn't know anyone who was in the same situation is all that I'd say and if I had a problem...but when I say problem, it would be Pauls problem as well so we would just talk but I didn't have anyone to talk to in the same situation. I had friends who had their own children who I could talk to but no one who was a stepparent or anything like that.

Moderator. Even if you have friends who are stepparents quite often their situation is different from yours.

Jane. Yes, that's true.

Sandra. I have a friend who had children and then married a man who became a stepfather to her children, but he didn't have children so she wasn't a stepmother so I didn't have anything in common with her even though we were both stepfamilies. There are so many different combinations of children in stepfamilies – and ages to find someone who is in the same situation as you.

Jane. But I did have support and erm I think the only thing I can think of is I don't think my brother accepted Erin fully as my daughter, I don't think he accepted her in the same way my parents did. He wouldn't get her a birthday present – he would get her a Christmas present but not a huge thing. I would always spoil my nieces but he wasn't the same with Erin....but I don't know if it would have been different if we'd been married. It's a horrible thing to say that he didn't spend enough on her [laughs].

Cassie. Do you think his wife bought it?

Jane. Well I don't know, did he buy it her did his wife buy it, I don't know.

Cassie. It might not have anything to do with the fact it's your stepdaughter it might just be that he picked it up at the garage on the way home. You know

Jane. Yes, maybe I'm being a bit.....I don't know.

Cassie. Men don't think that much about presents. Generally, that's a huge generalisation.

Jane. I think you might be right there. The other thing I felt was that I'd always spent a lot on my nieces and erm...I still continue to treat them like that. Although I don't give them as much time, we did things together And I just felt that he didn't accept Erin quite as much, as my parents did.

Moderator. I would like to change the subject a bit now and ask what the effect of a new baby had on your family and relationships, whether there as a positive or negative change as a result of the new addition. I guess this is really just addressed to you Alison.

Alisia. Well, suppose it has and it hasn't. As far as the kids are concerned they really love their half brother, they love him to bits, but the fall out from the ex was more difficult...it really started getting nasty..I erm think it was because I started to stand up for myself, particularly with my husband. I started to say to him that I needed time to myself, I needed space and needed 'me' time for the baby. As it happened in the summer holidays we were supposed to have them for a fortnight but I managed to cut it down to a week. John was more concerned that she'd stopped access to the other kids. It was quite a tough time....for the adults.

Moderator. But you didn't feel you were getting enough support at that time?

Alisia. Yes, well he was listening to me, you know, if I said it was ok then he went ahead. So I had the final say. It was really the problem of access and it's taken us...well it's taken a year to get to the point where the kids want to come. Whereas before she was saying that the kids don't want to come and therefore they didn't come rather than saying you will go and instilling some discipline. It's got to the point now where they come when they want to come. I still feel quite bitter about it because...the ideal would be that they come when they're supposed to and we get on but it's er...it's never happened like that. I think once the kids have grown up they will realise what their mother has done to influence them.

Sandra. It is amazing how easy it is to manipulate children. I've seen my ex do it in the past but as the children have got older they now understand what's happening more.

Alisia. It's taken a long time for John to realise....the kids they say they don't want to come but the reason is the arguments and their way out of it is to not come. John come to the conclusion that it's not that they don't want to see him – they do want to see him but most of their life is away from that and certainly as they get older....we won't see them this month because they want to go to camp and then we're on holiday so it's like, well life goes on, we'll see you the next time you're supposed to come.

Moderator. So you would say that having a child had no effect on your relationship with the children – either negatively or positively.

Alisia. It's been really funny. I spent the first pregnancy worried sick about what the kids would think about having a brother or sister and then recently I overheard one of the say to him, it's ok for you, you get to see daddy every day. And I wanted to say well so could you if you came to live with us but you don't go there....you know it's.....so once they're older they can come...and they don't have to rely on

Moderator. The other thing I looked at was the age and sex of stepchildren. There is some research that suggests, age wise...it's easier if children are below the age of 9 when they become part of a stepfamily with teenagers being the most difficult and that boys and girls react differently to stepmothers and I wondered if you felt differently towards your stepchildren. I guess this is more directed at you Cassie. Do you feel closer to one or the other of your stepchildren?

Cassie. I don't think closer is the word but I have a better relationship with the boy and I think that is because Victoria is very loud, very loud...very dramatic, very demanding. Gregory is all.. very ...more personable.

Moderator. So from a personality perspective?

Cassie. Definitely. Gregory's a bit more relaxed, a bit more chilled, a bit more cool – not that she's not cool but....he's just 13 and he's got to the stage where

he just takes over the sofa in the lounge and I think hang on a minute..what about me, where am I going to watch TV – so we're going to have to move house [laughs] so that I can watch things I want to watch, so I have to get my head around that but I think he's just generally more relaxed and takes it quite well, you can have a joke with him, you know how many times do I have to ask you to take your shoes off and he like [mimics him sort of making fun of her and repeating her words]. Victoria's more feisty more fighty. She wants her own way, there's no two ways about it but she sees the jealousy bit as well..you see dad all the time. 'well I don't see dad because he works, I work and then you come every other weekend...you know [everyone laughs] – very different relationships. Its very much a love hate relationship as well, she went through a stage of calling me mum and she was really proud of it and then she got out of it two weeks later and now she's a vegetarian and I'm a vegetarian. And she's like, I'm a vegetarian Cassie and I said oh that's good love, are you eating the right things, oh that's ok. I think she's seeking this attention but I'm not sure she's doing it for the right reasons. I don't know if she's doing it for herself or to impress us. I'm not sure really where that's come from.

Moderator. It sounds like she's trying to be more like you and actually really respects you but perhaps feels guilty to her mum.

Cassie. Yes. They're very loyal. I'm sure she's very confused....although I've been around since she was three she hadn't registered that and when I said to her I've know you since you were three she's like did you – she hadn't realised.

Moderator. The other thing I wanted to look at was the change over time. Again, the research has shown that the first two years are the most difficult where people are coming to terms with the changes and it can take up to 7 years for people to feel that they are part of the stepfamily unit. Would you say that time has had an effect on your relationships and if so, how long did it take for you to feel comfortable in those relationships.

Cassie. [Laughs and says] I've been trying for 8 years and I'm not sure I'm there yet and I'm not sure I'm a stepmother. I just found it so difficult...so difficult. I think not having that mother role, not being a mother....pauses, I think if I were a mother it might be slightly easier..i really do find it difficult – I'm waiting for it to become easier [laughs]. I think as a family as well we don't gel well together, we don't do things together.

Moderator. Do you go on holiday together.

Cassie. We do yes, we did 12 days this year [said in amazement!] – we did 14 days the first time we went away together but we were all in one room together and it was bad – don't do that...so separate room definitely – a big improvement. We went on a skiing holiday in April and that went really well. The kids were in ski school all say so had time to do what they wanted burn of some energy, then we all came together at night, we were all shattered but had things to talk about – that was a really nice holiday. It was like, I'm fine, they're fine, they're still living, I'm still living...but doing things together...the boys like football, the boys like any sport. I play netball and now Victoria plays netball so that's

another commonality between us but we're not doing it on the same level as the boys do football but that might help. That might grow.

Jane. Ah you see, she wants to be like you, you should encourage her [laughs]. I think she thinks you're a role model for her.

Cassie. Yes I think so in some respects yes. I hope so. I am a good stepmother

Moderator. And how about you Alisia, how do you think things have changed.

Alison. Well they haven't got any better in fact they've got worse over the years....four years down the line. I think a lot of it has got to do with me though, in the beginning I was like oh I'm fine it's all ok but when my kid came along. Because of all the pressure I sort of block it all out and that doesn't really help that hasn't worked. I've sort of got to the situation where I've got to make it work. He doesn't get the chance to see them so he doesn't get change to make it work....I don't know how it'll turn out. I don't have a say in it and my other half doesn't particularly either. Hopefully as they grown up they'll want to see their half brother.

[Everyone tries to give her encouragement....]

Because they are very much trying to keep their mum happy. I think because they've moved house quite a lot – and they didn't want to move, they were really shaken. They'd just settled into a new school. The kids were so insecure and because their father had left them. When your feeling in a good mood and on top of the world its easy to sympathise with them and to understand why they did what they did and I've been a good source for my husband to help him understand why they might behave the way they did but when you cant do that for yourself its really hard. So I think you have to look after number one first.

Everybody offers sympathy to Alison.

Alison. I'm sure we'll get there eventually.

Moderator. How about you Jane, do you find things have got easier over time.

Jane. Oh yes, I have, it definitely got easier. Again what I said about being in at the deep end, I had to get on with her really and I was lucky really as I think we have got similar personalities, again that's the luck of the draw. So I would say it definitely got better, the only thing I would say is that around the time I was finishing my degree and doing my dissertation, after about 4 years together and that was the toughest time for me. Her mum had recently had a baby and she loved her little sister very much but obviously there were issues with having a new baby and going from being an only child, so that was quite a hard time for us because that was quite literally, while I was trying to give her as much time as normal I would play with her and put her to bed and then go and work upstairs and by the Saturday night I was literally exhausted. And obviously on the Sunday when her dad was around I would be upstairs on the computer working so I couldn't be around and we did have a few problems then but not horrendous.

One thing I did want to say was that probably timewise it would be relevant how long before the parents split up, how much time there was between the separation and meeting your partner because Erin was three when her father left and I met him 4 years after, so there was quite a time between and they were much more settled and although they very much had their daddy daughter relationship and I found that a bit hard to start with and they had 'in' jokes and they were both really good at games – and I like games but I'm not very good at them [everyone laughs]. It wasn't a case of letting Erin win it was oh we'd better let Jane win (laughs again). But gradually as times gone on we've got more shared experiences, more times as a family.

Moderator. Thanks the group for their comments and participation in the research

END.