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Multiple Motherhoods: The Effect of the Internalization of Motherhood Ideals on Life Satisfaction

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Abstract

Purpose – This study examined whether life satisfaction varied among women who occupy different motherhood statuses, and if these variations were influenced by differences in women’s internalization of cultural motherhood norms. We distinguished among women as biological mothers, stepmothers, and “double mothers,” who were both biological and stepmothers. We also included two groups of women without children: voluntary childfree and involuntary childless women.

Design/methodology/approach – Data were drawn from the National Study of Fertility Barriers and analyzed using OLS regression.

Findings – Biological mothers reported greater life satisfaction than women in other motherhood statuses. Accounting for the internalization of motherhood norms, double mothers had significantly lower life satisfaction compared to biological mothers, but voluntary childfree women had significantly greater life satisfaction. More detailed analyses indicated that internalization of cultural norms only appears to influence the life satisfaction of women with biological children.

Research limitations/implications – The results suggest that it may not simply be motherhood that affects women’s well-being, but rather that women’s internalization of motherhood ideals, particularly when it corresponds with their motherhood status, significantly impacts well-being. Limitations of this study include small cell sizes for some categories of women where additional distinctions may have been useful, such as lesbian or adoptive mothers. Future work should incorporate diverse family forms and expand on the newly named category “double mothers.”

Originality/value – By providing a more nuanced approach to categorizing motherhood status, including identifying double mothers, stepmothers-only, and two groups of childless women, the study added detail that has been overlooked in previous work on well-being.

Keywords: Motherhood, stepmotherhood, life satisfaction

Motherhood is a status laden with cultural meaning and value. U.S. culture places a high value on motherhood, especially when it occurs within two-parent first-married families (Arendell, 2000). For women, motherhood is viewed as an inevitable outcome of adulthood. Women are expected to become mothers and expected to want to be mothers (Phoenix & Woollett, 1991; Ulrich & Weatherall, 2000; Ussher, 1990). Indeed, most women do become mothers (Dye, 2010), but women fulfill the role of motherhood in multiple ways, including as biological mothers, stepmothers, and women who occupy both roles (“double mothers”). Motherhood, however, is not attainable or wanted by all women (Gillespie, 2003; McQuillan, Greil, Shreffler, & Tichenor, 2008). Women who do not have children, however, are not a homogeneous group in their intentions toward childbearing. For some women, not having children is the result of fertility problems or the absence of a romantic relationship. For others, they may actively choose to not become mothers. Such diversity in the lived experiences of motherhood and nonmotherhood has not been amply addressed in previous research.

The fissure between cultural ideology and lived experience has the potential to impact how women feel about themselves and their lives. Each motherhood status holds unique challenges and experiences which have the potential to affect the life satisfaction of the women who occupy them. Under the broad category of subjective well-being, life satisfaction taps into comparative processes whereby individuals compare their current situations with societal expectations and cultural ideals (Ehrhardt, Saris, & Veenhoven, 2000). In this way, life satisfaction represents a cognitive assessment of general well-being (Diener, 1984) and is distinct from emotional states like positive and negative affect (Haybron, 2007; Schnittker, 2008). Moreover, life satisfaction has been linked to general physical health, chronic health conditions, mental health, and health risks like smoking and obesity (Strine, Chapman, Balluz, Moriarty, & Mokdad, 2008). Consequently, understanding the determinants of life satisfaction among women of different motherhood statuses is central to understanding how occupying these statuses ultimately affects their health and well-being.

Previous studies have examined this particular measure of well-being among women of certain motherhood statuses. Life satisfaction has been examined in previous studies of biological mothers (Abbey, Andrews, & Halman, 1992; Kohler, Behrman, & Skytthe, 2005), studies comparing biological mothers and women without children (Hanson, Slagsvold, & Moum, 2009; McQuillan, Torres Stone, & Greil, 2007), and studies of childless women experiencing infertility (Abbey, Andrews, & Halman, 1994a, 1994b; McQuillan et al., 2007). No previous research has explored differences in life satisfaction among women across different types of mothers.

The purpose of this study is to assess differences in life satisfaction across women occupying different motherhood statuses and to explore the possible influence of women's acceptance of cultural ideals valuing motherhood. Previous research indicates that motherhood is not deemed equally important by all women (Gillespie, 2003; McQuillan et al., 2008). Thus, the extent to which women view motherhood as important in their lives may lead to variations in life satisfaction across motherhood statuses. In the following review of the literature, we discuss how different motherhood statuses are associated with different cultural expectations and how these may contribute to differences in life satisfaction. Then, we consider the degree to which women see motherhood as important in their own lives, and how variations in this view may lead to differences among motherhood statuses in life satisfaction. We explore these relationships with data from the National Survey of Fertility Barriers (NSFB), a nationally representative sample of 4,787 American women aged 25–45. Finally, we discuss the implications of the results for future research on motherhood and life satisfaction.

Motherhood Statuses

The status of “mother” is a more heterogeneous group than many studies acknowledge (e.g., McQuillan et al., 2008; Ridgeway & Correll, 2004). In this paper, we use the term “motherhood status” to refer to various types of motherhood. These statuses include women who are biological mothers, women who are stepmothers, and women who are “double mothers.” Stepmothers can be defined as women without children who partner with a man who has biological children (Stewart, 2007). “Double mothers” represent a category novel to the literature that recognizes women who are both biological mothers and stepmothers. Additionally, two groups of women without children can be distinguished by their childbearing intentions: voluntary childfree and involuntary childless women (Abma & Martinez, 2006; Letherby, 2002; McQuillan et al., 2008). These five different statuses are each associated with different societal expectations that have the power to affect women's experiences and their life satisfaction.

Biological Mothers

In the United States, over half of women aged 15–50 and over 80% of women aged 40–44 in 2008 were biological mothers (Dye, 2010). Biological motherhood first and foremost rests on a woman's ability to conceive and give birth (Bernard, 1981; Hays, 1996; Rich, 1976), and this is closely tied to the cultural notion that women cannot be mothers unless they give birth to a

baby (Weaver & Coleman, 2005). Defining motherhood in terms of a biological connection to children is based on essentialist ideas of fulfilling biological imperatives and so-called maternal instincts (Woodward, 1997). In this dominant cultural view, biological motherhood is seen as an essential stage in women's adult development and as a central identity for adult women (Pérez & Tórrrens, 2009; Ulrich & Weatherall, 2000). A woman is expected to want to become a mother and to view this role as the most important role she holds. Indeed, motherhood is often central to how women define themselves and how they are defined by others, even if they are not mothers (Fox, 1998; Gillespie, 2000; Ussher, 1990).

Within this ideology of biological motherhood are cultural expectations regarding the behavior of mothers. In this view, biological mothers are expected to be tireless, selfless, caring, nurturing, and loving (Hays, 1996). They should be wholly devoted to their children and enjoy parenting. Moreover, a woman's relationship to her biological offspring is often considered the main source of her identity and worth (Pérez & Tórrrens, 2009). Biological mothers are assumed to be the best caregiver of their children when compared to the children's father (Coltrane, 1998; Hays, 1996) or to other women (Nielsen, 1999; Pérez & Tórrrens, 2009). These socially constructed ideas of what constitutes the behaviors of "good" mothers are premised upon a historically specific type of normative motherhood that is white, married, and middle class (Edin & Kefalas, 2005; Phoenix & Woollett, 1991; Smart, 1996). This ideology is largely perpetuated by media images that depict motherhood in this narrow form (Hochschild, 1989). Even though variations in the beliefs of "good" mothering exist (Collins, 1990), mothers are generally compared to this ideal regardless of their actual race, class, or individual situation. These idealized characteristics of biological motherhood invariably limit how people think about the role of "mother," and how women in the role, as well as outside of it, are affected.

Biological motherhood also represents a culturally privileged status for women (Hays, 1996). In other words, being a biological mother is valued more than other types of motherhood. Achieving motherhood or a mother-like relationship in an alternate fashion is not judged "as good as" biological motherhood. This is connected to equating "true" womanhood to biological motherhood (Pérez & Tórrrens, 2009). Additionally, women who do not want to be mothers may face stigmatization due to the perception that they are not "real" women (Gillespie, 2000, 2003). Because women are often defined by their actual or potential biological motherhood, those women who appropriately fulfill the role or desire to fill the role meet the cultural norm for womanhood. As illustrated in the next sections, women occupying other motherhood statuses are often judged in relation to the hegemonic ideals associated with biological motherhood.

Stepmothers

Approximately 12% of U.S. women are stepmothers (Parker, 2011). No estimates exist as to what proportion of these women are only stepmothers (i.e., also do not have biological children) as data on specific stepfamily demographics and relationships are sparse (Sweeney, 2010). Stepmothers are part of an incomplete institution that surrounds remarriage (Cherlin, 1978) meaning that the stepmother role lacks norms for role performance, appropriate terminology to identify family relationships, and legal rights and responsibilities (Ganong & Coleman, 1999, 2000; Weaver & Coleman, 2010). In other words, the role of stepmother is often ambiguous and ill-defined (Fine, Coleman, & Ganong, 1998; Lansford, Ceballo, Abbey, & Stewart, 2001; Weaver & Coleman, 2005). Because there are few cultural guidelines for how stepmothers are to act in their role, these women may define their role and their family boundaries in a variety of ways (Church, 1999). In the absence of norms, stepmothers may try to enact their role in a way that is consistent with the cultural expectations of appropriate family roles for women, particularly the “mothering” role as defined for biological mothers (Henry & McCue, 2009).

Families who do not fit the nuclear family ideal are generally perceived more negatively (Coontz, 1992; Ganong & Coleman, 2000; Planitz & Feeney, 2009). Consequently, stepfamilies in general are often rated by others as having more problems than married-parent families (Ganong, Coleman, & Mapes, 1990; Planitz & Feeney, 2009). This deviancy discourse is manifested in negative labels given to stepfamily members as well as in negative myths and media images (Dainton, 1993; Ganong & Coleman, 1997, 2004). Stepmother families are especially excluded from positive models of family functioning. As a result, negative assumptions about stepmothers and the part they play within their families are prominent (Ganong & Coleman, 1995). Stepmothers are often rated more negatively than women-in-general, such as having fewer positive personality characteristics, being less skilled at childrearing, and having poorer marital/ family relationships (Ganong & Coleman, 1995). People tend to rate stepmothers more negatively than biological mothers, even if they grew up in a stepfamily (Fine, 1986). The cultural schemas surrounding stepmotherhood generally frame the role of stepmother as one of social exclusion and deviance.

Stepmothers are likely afforded less cultural value than biological mothers because they do not fit the expectation of biological motherhood within the nuclear family. In addition, stepmothers may face more ambiguity in regard to carrying out the motherhood role because the norms guiding behavior are based on biological motherhood. This may be even more problematic for women who are stepmothers-only, a group about which little is known.

Women who become stepmothers but do not have biological children do not fulfill their role as either woman or mother in the culturally expected way. Because motherhood is defined in terms of a biological connection between woman and child, stepmothers-only are thus excluded from the norms and expectations of biological motherhood. All of these factors have the potential to affect the well-being of stepmothers-only.

Double Mothers

Double mothers, as we define them here, are women who simultaneously occupy the role of biological mother and stepmother. How women come to occupy this status can vary. Double mothers may have brought biological children from a previous relationship to a new union with a man who also has children from a previous relationship. Another possibility is that these women did not have biological children, partnered with a man who did, and then had a child within the new union. This is a unique group of mothers who have been overlooked by previous research. No estimates are available for the number of women who are double mothers, nor are there estimates for the ways in which these relationships form. Furthermore, most empirical studies do not disaggregate these women from either biological mothers or stepmothers, so details regarding their specific experiences are absent from the literature (e.g., Ganong & Coleman, 1999, 2000; Hays, 1996). Indeed, this is the first study to explicitly identify them as a separate group. Of the studies that do acknowledge double mothers in some way, most are concerned with multiple partner fertility (e.g., Monte, 2011) or note that some stepmothers also had biological children (e.g., Church, 1999). In spite of the lack of attention given to double mothers, their experiences with motherhood likely make them different from both biological mothers and stepmothers-only.

Double mothers have successfully fulfilled the expectation of biological motherhood and, as such, should share the cultural esteem afforded to mothers. As biological mothers, these women are likely viewed as the central and most appropriate caregiver for their own children. These women, however, are also stepmothers. As stepmothers, they are subject to the ambiguity inherent in the stepmother role and to the negative schemas surrounding stepmotherhood. Furthermore, the cultural incompatibility of the two roles, biological mother and stepmother, could produce a great deal of role conflict (Visher & Visher, 1979; Weaver & Coleman, 2010). For example, other people, including family members, may speculate about the potential differences between how they treat or feel about their biological children compared to their stepchildren. Role strain may result if double mothers try to meet the hegemonic ideal of motherhood for children with whom they have two distinct relationships. Their distinct experiences likely create differences from other mothers regarding their well-being.

Women without Children

The number of women without children has been steadily increasing since the 1970s (Livingston & Cohn, 2010) but to combine all of these women into one category does not provide a clear comparison; women vary in their reasons for not having children. The desire for motherhood (or not) is multidimensional (Hey, 1989; Sichtermann, 1986), and women's reasons for childlessness are diverse (Letherby, 2002). Until fairly recently, the language used to describe women without children has been only in terms of deficiency, as in "infertility" or "childlessness" (Barlett, 1996; Letherby, 1994; Letherby & Williams, 1999). These women are defined in the literature as "involuntarily childless." In contrast, more women are making an active choice to not have children and have been labeled "voluntary childless" or "childfree" (Gillespie, 2003; Letherby & Williams, 1999). Nonetheless, the issue of motherhood is pertinent for women without children because they are often defined in reference to it. The dominant cultural view firmly connects womanhood with motherhood (Letherby, 1994), and cultural beliefs encourage judging women in terms of their capacity or desire to bear children and mother them. Childlessness – whether by choice or not – is associated with informal sanctioning and social stigma (Callan, 1987; Letherby, 2002).

Involuntary Childless Women

Approximately 5% of U.S. women can be described as involuntary childless (Abma & Martinez, 2006). These women are defined by others, and perhaps by themselves, in terms of their lack of children. This category includes women who are medically infertile, who are delaying childbearing (i.e., to finish college or to get settled in a job), or who have a situational barrier that prevents childbearing (i.e., lack of a suitable partner) (McQuillan et al., 2012). In the past, it was generally assumed that childlessness was mainly involuntary (Rowland, 2007). Women's childlessness was attributed to later entry to marriage, remaining unmarried, or on infertility. Indeed, in addition to being a medicalized condition, infertility is also a social experience (Gillespie, 2000; Letherby, 2002). Women who have fertility troubles not only deal with the struggles of being labeled as reproductively challenged by the medical community but also with the social stigma that comes from an assumption equating womanhood with motherhood. Not having children as a result of infertility has often been framed in terms of tragedy and suffering (Becker & Nachtigall, 1992; Letherby, 2002). Moreover, women who are infertile tend to be viewed sympathetically by others. Constructing non-motherhood in this way reveals the cultural assumptions surrounding biological motherhood that define it as a natural consequence of marriage or a permanent relationship with a man (Letherby, 1994).

Because involuntary childless women desire or intend to have children at some point, they fall in line with the cultural expectations of biological motherhood. Even though they currently do not have children, they may be actively trying or, at the least, intend to have children at some point in the future. Because involuntary childless women do not appear to reject children or the cultural expectation to have children, they may reap some psychological benefit from it.

Voluntary Childfree Women

Approximately 7% of U.S. women identify as voluntary childfree (Abma & Martinez, 2006). These women do not have, do not want, and do not intend to have children (McQuillan et al., 2012). Being voluntary childfree has emerged as a choice for women following, in part, increases in gender equality and female workforce participation (Bumpass, 1990; Jacobson & Heaton, 1991; Majumdar, 2004). As the role of individual preferences and motivations has increased in childbearing intentions, so have the number of voluntary childfree women (Hakim, 2000; Tanturri & Mencarini, 2008).

According to Veevers (1980), there are two types of voluntary childfree women. The first is those women who made the decision not to have children at an early age. Women who make the choice to be childfree early in life may do so out of the desire for more financial and social freedom and may expect to follow their interests and careers to their full potential (Callan, 1986). The second type of voluntary childfree women is those who forgo parenthood after a series of decisions to postpone children. These women delay making the decision to have children past the point that they are biologically able to have them. Delaying the decision to have children may provide a way to test a childfree lifestyle and may also develop into a more explicit decision against childbearing (Clark & McAllister, 1998). In these ways, voluntary childfree women may come to that status through different paths but the outcomes of being voluntary childfree may be similar.

Despite the fact that many women choose to be childfree, this label carries with it negative cultural connotations. Voluntary childfree women are viewed as unfeminine, deviant, and unnatural due to their perceived rejection of motherhood (Gillespie, 2000, 2003). They seemingly go against the cultural expectation that makes womanhood synonymous with motherhood. These women, however, most likely do not see their choice of nonmotherhood as a rejection of motherhood. Rather, they may choose to be childfree because they value personal goals such as career enhancement, higher education, or simply pursuing leisure activities and do not want the responsibility of children taking time away from those pursuits (Majumdar, 2004; McQuillan et al., 2008). These women may hold positive beliefs about motherhood, but simply do not choose it for themselves.

Clearly the experiences of women as mothers and women without children go beyond our traditional conceptualization of the role of mother and its connection to biology. Many women do become biological mothers, but valuing this type of motherhood over other forms serves to delegitimize the experiences of a diverse group of women. Furthermore, women who do not meet the hegemonic ideals embedded in biological motherhood, regardless of the reason, may nevertheless judge themselves against these ideals as well as be stigmatized by others. Valuing these various motherhood statuses differently likely has a notable impact on women's well-being.

Motherhood Statuses and Life Satisfaction

Common beliefs tend to revolve around the idea that children fulfill various social-psychological needs and thus increase parents' satisfaction or happiness. In contrast, people who do not have children are thought to experience empty and lonely lives (Bulatao & Fawcett, 1983; Hansen, 2012). Research suggests that ideas about the social psychological benefits of parenthood are overstated (Inglehart, Diez-Medrano, Halman, & Luijkx, 2004), but cultural ideas about the relative benefits of raising children and the costs of remaining childless persist.

Several studies have attempted to document differences in life satisfaction across motherhood status. The most common comparison has been between biological mothers and nonmothers. Studies of life satisfaction and motherhood generally find that biological mothers are more satisfied than nonmothers (Hanson et al., 2009; McQuillan et al., 2007). Hanson et al. (2009) demonstrated that women without children were more dissatisfied with their lives due to their lack of children, controlling for age, marital status, and education. Although biological mothers tend to be more satisfied than nonmothers as a group, differences do appear to exist among women without children. Research suggests that women who choose permanent childlessness (i.e., voluntary childfree women) do not have lower life satisfaction compared to biological mothers (Gillespie, 2003; Heaton, Jacobson, & Holland, 1999; Letherby, 2002).

In contrast to those studies comparing mothers and women without children, few studies have been conducted regarding life satisfaction for stepmothers. One study that has been done compared the well-being of multiple types of mothers to examine the effect of family structure and marital status (Acock & Demo, 1994). This study found that first-married mothers reported fewer depressive symptoms than stepmothers and stepmothers reported fewer symptoms than single or divorced mothers. They attributed both of their findings to the current marital status of the women. Of the

studies that solely focus on the well-being of stepmothers, many underscore the stresses experienced by stepmothers as a result of the ambiguity of the role. In order to be a “good” woman, a stepmother is required to be responsible for the care and well-being of her family (Ganong & Coleman, 2004), but in doing so, she may be seen as trying to take the place of the biological mother, leading to family conflict (Nielsen, 1999). Stepmothers report feelings of exclusion, distant or tumultuous relationships with stepchildren, difficulties in disciplining stepchildren, conflicts with their husbands, and conflicts with their husbands’ previous spouses (Bernstein, 1989; Prilik, 1994). Stepmothers may find themselves experiencing more stress, anxiety, and depression (Bernstein, 1989), which may negatively impact overall life satisfaction.

The well-being of double mothers has largely been overlooked by previous studies. Prior research may have included them in either biological or stepmother categories, or excluded them altogether. Research has linked holding multiple roles, such as worker and spouse, to increased life satisfaction and happiness (Chrouser Ahrens & Ryff, 2006; Jackson, 1997; Martire, Stephens, & Townsend, 2000) which suggests that double mothers may benefit from their multiple mother roles. On the other hand, research demonstrates that problematic outcomes can occur if demands of multiple roles conflict with one another or produce role overload (Glynn, MacLean, Forte, & Cohen, 2009), suggesting that double mothers may experience decreased life satisfaction due to caring for multiple children and navigating unclear familial roles.

In sum, much of the research on motherhood and life satisfaction has centered on comparisons between biological mothers and women without children. Although useful, this comparison lacks some depth regarding mothers and women without children, which this study seeks to remedy. Research conducted with stepmothers reveals the stresses surrounding this role may impact well-being, but says little about life satisfaction, especially compared to other motherhood statuses. Finally, double mothers represent an understudied group of mothers whose experiences are likely different than women who are either biological mothers or stepmothers alone. Thus, previous research has not adequately taken into account the diverse contexts of motherhood. Differences in life satisfaction between biological mothers, women without children, stepmothers, and double mothers have yet to be explored. These categories of women are substantively different and thus should experience different outcomes regarding life satisfaction.

Motherhood Identity: Moderating Motherhood Status and Life Satisfaction

An identity is a set of meanings one holds for oneself as an occupant of a particular role, as a member of a particular category, or as a unique individual

(Burke & Harrod, 2005). These meanings are reflective of shared cultural expectations associated with a given social role. Stryker's (1980) identity theory posits that identities are hierarchically ordered by salience and commitment. The greater the likelihood of a person enacting a particular identity and the stronger the affective ties to others based on an identity, then the higher ranked (i.e., more important) that identity should be.

People are motivated to verify their perceived identities and meanings with the standard cultural meanings of those identities (Burke & Harrod, 2005). When a discrepancy occurs between individual and cultural identity meanings, people are compelled to either alter their behavior or potentially experience an affective change. This theory of self-discrepancy postulates two cognitive dimensions that underlie representation of the self (Higgins, 1987). Domains of the self are comprised by the traits one actually possesses, the traits one would ideally possess, and the traits one is obligated to possess. Standpoints on the self are represented by the personal or "other" points of view from which one assesses oneself. If "how I see me" does not match "how others see me" in regard to different domains of self, discrepancies may occur that lead to negative personal outcomes. Thus, self and identity theories suggest that when one's actual identity represents a desired or ideal identity, there are positive implications for well-being. On the other hand, if the actual identity does not align with the ideal identity, there are negative implications for well-being.

The degree of emphasis placed on certain identities plays a crucial role in how we predict differential forms of distress (Large & Marcussen, 2000). The meanings individuals attach to social roles are paramount to understanding the extent to which stress influences self-concept, well-being, and behavior (Marcussen, Ritter, & Safron, 2004). Distress is a function of the meanings that social roles hold for individuals. Distress that occurs in roles that are important or more salient to an individual's sense of self is more likely to have a negative effect on well-being than stress occurring in roles considered less important (Brown, Bifulco, & Harris, 1987; Marcussen et al., 2004; Thoits, 1991, 1992).

Identity and self-discrepancy theories can be applied to understanding differences in well-being across motherhood status. American women generally believe that having a child is better than remaining childless (Koropeckyj-Cox, 2002). This belief reflects the cultural identity standard. Despite being a cultural expectation, however, studies have found that motherhood is not important for all women (Gillespie, 2003; McQuillan et al., 2008). McQuillan et al. (2008) also found that, compared to women without children, mothers' "mother" identities were more salient than their other identities. Other identity sources may compete with motherhood, such as personal goals and work activities (Pérez & Tórrrens, 2009). Thus, not all women may hold a salient mother identity.

The importance or value a woman places on a motherhood-related identity may influence the association between motherhood status and life satisfaction. If life satisfaction is a function of a match between women's actual self and their ideal self, biological mothers who ascribe to internalized cultural ideals about motherhood should have greater life satisfaction. Likewise, women who are not mothers and do not value motherhood for themselves, such as voluntary childfree women, should also report greater life satisfaction. Both of these statuses have achieved their desired mother role: biological mothers hold a genetically bound mother role and voluntary childfree women do not have the responsibilities of caring for children. Because each status holds the role that they desire, their life satisfaction should be higher relative to other categories. In contrast, women who are not mothers but who value motherhood, such as involuntary childless women, may have reduced life satisfaction. These women have a mismatch between their actual self and their ideal self in that they have not achieved their desired motherhood status.

Double mothers and stepmothers-only are in interesting cultural and social positions. Because double mothers are also biological mothers, it could be the case that their actual selves align with their ideal selves in a similar way. The fact that they also have stepchildren may actually add to their identities as mothers. Conversely, women who are stepmothers-only remain at odds with the cultural expectation of biological motherhood, meeting neither the actual nor ideal expectation. Even if they view motherhood as personally important, their stepmotherhood does not fit the ideal, which may result in lower life satisfaction.

Previous studies have failed to adequately consider variations in motherhood status and whether these differences have consequences for women's well-being. Thus, the purpose of this study is to determine whether women who occupy different motherhood statuses also vary regarding life satisfaction. Furthermore, we seek to ascertain whether women's internalization (or acceptance) of cultural ideals about motherhood moderates the relationship between motherhood status and life satisfaction.

Methods

Sample

The data for this study come from the NSFB. This is a national random-digit-dialing telephone survey designed to study infertility. The total sample included 4,787 women aged 25-45 in the United States. A "planned missing" design was incorporated to allow for all desired constructs to be measured

while minimizing respondent burden. Sampling procedures and selection criteria were used to ensure that the sample would sufficiently represent women from racial/ethnic minority groups as well as women who have or are at high risk for experiencing infertility. Therefore, due to this oversample, a weight variable was used that adjusts the sample to be representative of women aged 25–45 in the United States. Lesbians ($n = 42$) and widows ($n = 36$) were dropped from the analysis due to their small case size and the inability to draw meaningful comparisons. Women who indicated that they had adopted ($n = 67$) were also dropped due to the unique experiences of adoption compared to live birth (Glover, Millineaux, Deater-Deckard, & Petrill, 2010). The sample was then restricted to those women involved in a married or cohabiting relationship. Because these relationships best represent the ideal form of motherhood, comparison with single mothers would add complexity which is beyond the scope of the current study. Listwise deletion was used to account for missing data ($n = 294$). This left a final analytic sample of 3,097 women. Fifty-five respondents were lost due to missing values on the weight variable. Respondents who had missing data on the variables of interest had significantly lower life satisfaction ($b = -.113, p < .05$), lower importance of motherhood ($b = -.265, p < .001$), and lower religiosity ($b = -.350, p < .01$) compared to respondents with no missing data.

Measures

Motherhood Statuses

To understand differences among women who occupy different motherhood statuses, five were created based on the categories delineated above. Several questions were used to classify women into one of five mutually exclusive categories. Of the respondents who had indicated they had been pregnant, questions were asked regarding the outcome of each pregnancy, up to 10: “Did the pregnancy end in a live birth, a still birth, a miscarriage, or an abortion?” Using these questions, we constructed a dichotomous variable where a value of “1” indicated that the woman had a live birth and a value of “0” indicated that she had not. To ascertain the presence of stepchildren, respondents who indicated that their husband/partner had been previously married were asked a yes or no question: “Does he have children from a previous relationship?” All women were asked three questions about their childbearing intentions. First, they were asked, “Would you, yourself, like to have a baby?” rated on a 4-point scale ranging from 1 = definitely yes and 4 = definitely no. Second, they were asked, “Do you intend to have a baby?” coded 0 = no and 1 = yes. Third, they were asked, “If you yourself could choose exactly the number of children to have in your whole life, how many would you choose?” Respondents could indicate up to 20 children.

Based on women's responses to these questions, respondents were categorized into one of five motherhood status categories. *Biological Mother* ($n = 2,006$) consists of women who have had at least one live birth and whose spouse/partner does not have a child from a previous relationship. *Stepmother-only* ($n = 111$) consists of women who had not had a live birth and whose spouse/partner had children from a previous relationship. Only 13 of these women (12%) reported that their stepchild or children lived in their home. Most of these women, therefore, are nonresidential stepmothers. *Double Mother* ($n = 560$) consists of women who had at least one live birth and whose spouse/partner had children from a previous relationship. Only 82 of these women (15%) reported that their stepchild or stepchildren lived in their home. Thus, most of these women are also nonresidential stepmothers. *Voluntary Childfree Women* ($n = 105$) consists of women who had not had a live birth and whose spouse/partner did not have children from a previous relationship. To indicate their chosen childfree status, these women are those who responded that they probably or definitely did not want to have a baby and did not intend to have a baby. *Involuntary Childless Women* ($n = 315$) consists of women who had not had a live birth and whose spouse/partner did not have children from a previous relationship. To indicate their involuntary childless status, these women responded that they probably or definitively would like to have a baby and intended to have a baby in the future.

Dependent Variable

Life satisfaction was constructed by averaging responses on four items which asked: "In most ways, my life is close to ideal," "I am satisfied with my life," "If my life were over, I would change almost nothing," and "So far, I've gotten the important things I want in life." All of these items were measured on a 4-point scale (1 = *strongly disagree* to 4 = *strongly agree*), forming a unidimensional scale with high reliability ($\alpha = .81$).

Moderating Variable

To capture women's internalization of cultural ideals about motherhood, the *importance of motherhood* scale was constructed by averaging responses to five questions (McQuillan et al., 2007). These items are measured on a 4-point scale (1 = *strongly disagree* to 4 = *strongly agree*): (1) "Having children is important to my feeling complete as a woman," (2) "I always thought I would be a parent," (3) "I think my life will be or is more fulfilling with children," (4) "It is important for me to have children" and (5) "How important is ... raising kids?" The items were coded so that higher values indicate higher agreement. The Cronbach's alpha is high ($\alpha = .86$).

Control Variables

Previous studies have shown that life satisfaction is associated with marital status (Waite & Gallagher, 2000), race (Okun & Stock, 1987), age (Helson & Lohren, 1998), education (Ross & Van Willigen, 1997), employment status (Inglehart, 1990), self-reported health (Okun, Stock, Haring, & Witten, 1984), economic hardship (Argyle, 2001), and religiosity (Inglehart, 1990). The analyses controlled for these factors. *Age* of the respondent was measured in years and was mean-centered. *Race/ethnicity* was constructed as four dummy variables indicating if the respondent is white non-Hispanic, black non-Hispanic, Hispanic, or a member of another racial category, which includes Asian, Pacific Islander, Native American, and other races. *Employment status* of the respondent was constructed based on the question, "What was your employment status last week?" Three dummy variables were constructed to indicate that the respondent was employed full-time, part-time, or not employed either full- or part-time. *Education* of the respondent was measured in years, ranging from 0 to 22. *Self-reported health* of the respondent was measured by the question, "In general, would you say your own health is ...," with responses ranging from 1 = excellent to 4 = poor. The answer choices were reverse-coded so high scores would indicate better health. *Economic hardship* was a mean scale constructed of three questions about how often in the last 12 months the respondent had trouble paying the bills, did not have enough money to buy food, clothes, or other things that your household needed, and did not have enough money to pay for medical care?" Response choices ranged from 1 = never to 4 = very often. This is a unidimensional scale with high reliability ($\alpha = .82$). *Religiosity* is a mean scale of four questions about how often the respondent attends religious services (ranging from 1 = never 7 = several times a week), how often the respondent prays (ranging from 1 = several times a day to 6 = never), how close she feels to God (ranging from 1 = extremely close to 4 = not close at all), and how much religious beliefs influence her daily life (ranging from 1 = very much to 5 = none). Items were coded so that higher scores indicated greater religiosity and represent a unidimensional scale ($\alpha = .78$). This indicator was mean-centered for interpretability.

Results

Descriptive statistics for all variables included in the analysis are reported in Table 1. The first stage of the analysis was to examine bivariate relationships for the variables of interest. Results of an ANOVA showed that the mean scores for life satisfaction were significantly different across motherhood statuses. Subsequent tests revealed significant differences between

Table 1. Weighted Descriptive Statistics for Variables in Analysis (N = 3,097).

	<i>Total Sample</i>				<i>Mother Statuses</i>					<i>ANOVA</i>
	<i>Mean/ proportion</i>	<i>SD</i>	<i>Possible min</i>	<i>Possible max</i>	<i>Biological mother</i>	<i>Stepmother only</i>	<i>Double mother</i>	<i>Voluntary childfree</i>	<i>Involuntary childless</i>	
Life satisfaction	3.18	.57	1	4	3.24 _{abcd}	2.95 _a	3.03 _b	3.06 _c	3.10 _d	25.42***
Importance of motherhood	3.45	.56	1	4	3.54 _{abc}	2.74 _{adef}	3.50 _{dhi}	1.84 _{behj}	3.24 _{cfij}	389.93***
Race										
White	.68		0	1	.69	.72	.59	.81	.72	
Black	.09		0	1	.06	.16	.19	.04	.08	
Hispanic	.16		0	1	.17	.07	.18	.03	.09	
Other race	.07		0	1	.07	.05	.03	.12	.12	
Employment status										
Full-time	.49		0	1	.43	.69	.56	.79	.74	
Part-time	.16		0	1	.19	.07	.13	.05	.08	
Not employed full- or part-time	.34		0	1	.38	.24	.32	.16	.18	
Marital status										
Married	.86		0	1	.92	.64	.71	.74	.76	
Cohabiting	.14		0	1	.08	.36	.29	.26	.24	
Other controls										
Age	35.47	5.94	25	45	35.59	36.98	36.25	37.59	31.00	
Education (in years)	13.60	3.06	0	22	13.53	13.91	12.75	15.64	15.77	
Self-reported health	3.13	.72	1	4	3.16	2.93	3.01	3.12	3.26	
Economic hardship index	1.55	.71	1	4	1.52	1.52	1.78	1.37	1.37	
Religiosity scale	.00	1.17	-3.36	1.84	-.08	-.08	.03	-.91	-.49	
n=	3,097				2,006	111	560	105	315	

Coefficients with the same subscript are significantly different at $p < .05$.

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

biological mothers and all other motherhood statuses regarding life satisfaction, such that biological mothers reported higher life satisfaction than women in other categories. Additionally, significant differences existed across motherhood statuses regarding importance of motherhood (IOM). Biological mothers reported the highest levels of IOM and voluntary child-free women reported the lowest levels. Subsequent tests revealed significant differences between all possible combinations of motherhood statuses, except between biological mother and double mothers. Biological mothers and double mothers had higher IOM compared to stepmothers-only, voluntary childfree women, and involuntary childless women. Involuntary childless women had higher IOM compared to stepmothers-only and voluntary childfree women. Finally, stepmothers-only had higher IOM compared to voluntary childfree women.

Table 2. OLS Regression of Life Satisfaction and Mother Status (n = 3,097).

	<i>Model 1</i>	<i>Model 2</i>
	<i>b</i>	<i>b</i>
Mother statuses ^a		
Step mother-only	-.179** [.064]	.024 [.074]
Double mother	-.077* [.038]	-.085* [.035]
Voluntary childfree	-.139* [.068]	.305*** [.085]
Involuntary childless	-.134*** [.036]	-.050 [.038]
Importance of motherhood		.267*** [.028]
Race ^b		
Black	-.223*** [.045]	-.170*** [.042]
Hispanic	-.062 [.039]	-.020 [.037]
Other race	-.070 [.059]	-.082 [.059]
Job status ^c		
Full-time	-.026 [.031]	-.015 [.029]
Part-time	-.044 [.041]	-.040 [.040]
Other controls		
Cohabiting ^d	-.191*** [.044]	-.188*** [.042]
Age	.000 [.002]	.000 [.002]
Education (in years)	.005 [.005]	.001 [.005]
Self-reported health	.145*** [.020]	.134*** [.018]
Economic hardship index	-.137*** [.020]	-.136*** [.019]
Religiosity scale	.038** [.011]	.019 [.011]
Constant	2.948*** [.106]	2.120*** [.129]
<i>R</i> -squared	.168	.214
<i>F</i> -value	21.70***	27.29***

Standard errors reported in brackets.

a. Omitted category is biological mothers.

b. Omitted category is white non-Hispanic.

c. Omitted category is not employed full- or part-time.

d. Omitted category is married.

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

In the next stage of the analysis, motherhood statuses and the control variables were regressed on life satisfaction. The results of OLS regression of life satisfaction on motherhood statuses are reported in Table 2. In Model 1, with the control variables included, all motherhood statuses still show less life satisfaction compared to biological mothers. With the addition of IOM in Model 2, we see that stepmothers-only and involuntary childless women are no longer significantly different from biological mothers. Double mothers remain significantly less satisfied than biological mothers. Interestingly, when IOM is included in the model, voluntary childfree women are significantly more satisfied compared to biological mothers. These results suggest that IOM may impact life satisfaction differently across motherhood status.

In the final stage of the analysis, separate regressions were modeled for each motherhood status in order to make comparisons in the effect of IOM across statuses. In each model, life satisfaction was regressed on IOM and the control variables. These results are presented in Table 3. IOM has a significant positive impact on the life satisfaction of both biological mothers and double mothers. IOM also had a positive effect on the life satisfaction of involuntary childless women, although it is marginally significant. IOM has no significant effect on the life satisfaction of stepmothers-only or voluntary childfree women. Additionally, using the z-test for equality of regression coefficients recommended by Paternoster, Brame, Mazerolle, and Piquero (1998), we found significant contrasts between biological mothers and stepmothers-only ($z = 5.41$), voluntary childfree women ($z = 4.08$), and involuntary childless women ($z = 4.36$). There were significant contrasts between double mothers and stepmothers-only ($z = 4.48$), voluntary childfree women ($z = 3.75$), and involuntary childless women ($z = 3.45$). There was also a significant contrast between involuntary childless

Table 3. OLS Regression of Life Satisfaction and Mother Status (n = 3,097).

	<i>Biological Mother (n = 2,006)</i>	<i>Stepmother Only (n = 111)</i>	<i>Double Mother (n = 560)</i>	<i>Voluntary Childfree (n = 105)</i>	<i>Involuntary Childless (n = 315)</i>
Importance of motherhood	<i>b</i> .345*** [.039]	<i>b</i> -.117 [.083]	<i>b</i> .367*** [.069]	<i>b</i> -.070 [.094]	<i>b</i> .079+ [.047]
R-squared	.229	.330	.199	.161	.188
F-value	24.20***	4.50***	7.24***	1.98*	6.63***

Models include all control variables. Standard errors reported in brackets.

* $p < .05$; ** $p < .01$; *** $p < .001$; † $p < .10$

women and stepmothers-only ($z = 2.05$). Overall, the positive effect of IOM on life satisfaction is particularly relevant for women who have their own biological children, as well as for women without children but who intend to have them.

Thus, these analyses provide support for considering both motherhood statuses and women's IOM when predicting life satisfaction. Without considering how women's IOM may vary across motherhood status, biological mothers appear to have the highest life satisfaction of all motherhood statuses. When IOM is considered in the comparison, however, it is voluntary childfree women who report the highest life satisfaction but only compared to biological mothers. Further, when we examined each status individually, we found that IOM affected biological mothers and double mothers, and to a lesser extent, involuntary childless women, but it was generally unimportant for the other motherhood statuses. This may be linked to the degree of internalization of the mother role by those groups of women who meet the cultural standard.

Discussion

Although biological motherhood may be the American cultural ideal for women, in reality women may occupy one of multiple statuses related to motherhood. Although previous research has not given adequate attention to this diversity, there is reason to believe that the experiences of women across motherhood statuses, and consequently their health and well-being, may vary. For example, the cultural ideals that equate womanhood with biological motherhood could result in role ambiguities for women in each status that departs from the cultural ideal, which potentially impacts women's life satisfaction. Moreover, the degree to which women themselves value or internalize hegemonic cultural ideals about motherhood may further complicate the association between motherhood status and life satisfaction. That is, women whose ideal identity as "mother" is disjoined from their actual motherhood status may have lower life satisfaction than those whose ideal and actual identities match. The purpose of this study was to first examine variations in life satisfaction of women who occupy different motherhood statuses, and then examine if these variations could be explained by differences in women's internalization of the cultural motherhood ideal. Results indicated that there is variation in life satisfaction among women occupying different motherhood statuses, and the internalization of cultural norms about motherhood influences this association.

In the current study, analyses demonstrated variations in women's life satisfaction across motherhood statuses. Compared to biological mothers,

women in the other four motherhood statuses had lower levels of life satisfaction. However, when the model accounted for women's internalization of the cultural norms surrounding motherhood, the distinctions between biological mothers and stepmothers-only and involuntary childless women were reduced to nonsignificance. Double mothers remained significantly lower in life satisfaction compared to biological mothers. This could be a result of conflict between multiple roles (Glynn et al., 2009). The cultural expectations for biological motherhood and stepmotherhood are often placed at odds with one another and women who try to occupy both can experience strain (Visher & Visher, 1979; Weaver & Coleman, 2010). This may be why double mothers experience lower satisfaction than biological mothers, despite fulfilling the mother role and having a strong internalization of that role.

Interestingly, when including IOM in the model, the distinction between biological mothers and voluntary childfree women remained, but the direction of the relationship changed. In this case, voluntary childfree women had significantly higher life satisfaction. This is not surprising given that voluntary childfree women have matched their actual and ideal selves, since they generally had a low internalization of the cultural expectations of motherhood and also did not have children. This finding is in contrast to previous work that tends to find no differences in life satisfaction between voluntary childfree women and biological mothers (Connidis & McMullin, 1993; Jeffries & Konnert, 2002). When examined individually, IOM showed no impact on the life satisfaction of voluntary childfree women. Their life satisfaction may thus be a function of something separate and apart from internalized norms of motherhood.

To further detail the relationship between internalization of cultural norms about motherhood and life satisfaction across motherhood statuses, analyses were performed separately by motherhood status. The bivariate analyses indicated differences in IOM, such that women with biological children had the highest degree of internalization of the cultural norms about motherhood, followed by women who intended to have biological children. These differences were echoed in the multivariate analyses. For biological mothers and double mothers, the internalization of cultural norms about motherhood significantly enhanced their life satisfaction. The same was true for involuntary childless women, although the internalization of norms was less impactful for them compared to women with children. For biological and double mothers in particular, their internalization of the cultural norms of motherhood matches their actual biological experience of motherhood. Women who have biological children appear to have an enhanced sense of life satisfaction relative to other groups because their high internal valuation of this role matches their outward status. This supports previous work that has found that children have a positive influence on well-being (Hanson et al., 2009; McQuillan et al., 2007), yet illustrates the nuances underlying such an association.

By creating more refined measures of motherhood status, this study revealed four key directions for future research. First, researchers need to pay attention to double mothers as a group distinct from biological mothers and stepmothers. Although the life satisfaction of both biological mothers and double mothers is in part dependent on their internalization of cultural norms about motherhood, biological mothers nonetheless have higher levels of satisfaction. The former relationship is likely due to each group of women having fulfilled the cultural expectation of biological motherhood that aligns with their internal expectations for their experiences. The latter relationship reflects earlier research (e.g., Demo & Acock, 1996) and may be due to the greater potential for stressors for double mothers as a consequence of living in a family with incomplete roles. Double mothers are also stepmothers and may experience cultural devaluation as a result of holding this ambiguous role (Weaver & Coleman, 2005). As a result, future studies should address the unique social position of double mothers and its potential effects on their health and well-being.

Second, this study indicates that stepmothers-only also deserve greater attention by researchers. Although stepmothers-only report less life satisfaction relative to biological mothers, their life satisfaction is unrelated to their internalization of motherhood norms. This difference may be tied to the stress associated with the stepmother role (Bernstein, 1989). Stepmothers-only occupy an ambiguous role that is often at odds with the cultural expectations of biological motherhood (Lansford et al., 2001; Weaver & Coleman, 2005). As a result, they may be unable or unwilling to align their identity as a stepmother with that of the normative expectations for biological motherhood. Because many of the assumptions about a stepmother family are negative (Ganong & Coleman, 1997), stepmothers-only may define their identity and role in a different way. Further research is needed to determine if stepmothers-only are more likely to define their role relative to their spouse rather than stepchildren, or if these women envision themselves more as a friend or caretaker than as a mother.

The third implication of this study stems from the differences in life satisfaction between voluntary childfree women and biological mothers. Voluntary childfree women were actually more satisfied than biological mothers when we accounted for their internalization of cultural norms of motherhood. In short, internalization of norms mattered for biological mothers' life satisfaction but was irrelevant for voluntary childfree women. This finding supports prior work that found that voluntary childfree women do not have lower life satisfaction compared to biological mothers (Gillespie, 2003; Heaton et al., 1999; Letherby, 2002). The voluntary childfree women in our sample did not appear to identify with the cultural expectations for motherhood, and their role matches that attitude. Their life satisfaction may therefore be based on other aspects of life (McQuillan et al, 2008). As other research

has shown, not all women without children are the same (McQuillan et al., 2012). These women differ greatly depending on whether they would *like* to have children or not, and designating different empirical categories yielded meaningful results. These results indicate that we should continue to disaggregate women without children by their fertility intentions.

Thus, the fourth major implication of this study relates to the position of involuntary childless women. Although the internalization of norms was less impactful for them compared to women with children, it nevertheless played a role in their life satisfaction. There are several plausible explanations. On the one hand, these women may be experiencing fertility-related stressors that both negatively impact life satisfaction and put them at odds with the ideals to which they ascribe. Ascribing to the ideal may bolster life satisfaction, but failing to fully achieve the ideal may detract from it. This is not the case for women with children. On the other hand, ascribing to the ideal puts less social pressure on involuntary childless women relative to stepmothers-only and voluntary childfree women. Thus, future research should continue to explore the nuances of the experiences of involuntary childless women as it relates to other motherhood statuses.

Overall, these findings contribute to the conversation over whether parenthood is beneficial for health and well-being (e.g., Bures, Koropecj-Cox, & Lorree, 2009; Evenson & Simon, 2005; Glenn & McLanahan, 1981; Kandel, Davies, & Raveis, 1985; Zhang & Hayward, 2001). The results shown here indicate that motherhood can have a positive influence on life satisfaction if women also value motherhood. When their actual selves match their ideal selves, women tend to report higher well-being. This study is also perhaps one of the first to draw lines between women who occupy different categories of motherhood. Identifying double mothers as a unique group that deserves examination is a new perspective on research that usually compares mothers to women without children or biological mothers to stepmothers (McQuillan et al., 2008; Ridgeway & Correll, 2004). Furthermore, we demonstrated that all women without children cannot be assumed to be similar. Attention must be paid to the context of both motherhood and nonmotherhood.

This study does have several limitations. First, the sample sizes for some of the motherhood statuses were small, so conclusions drawn from them should be done so with caution. Future studies should work to build larger samples of women who occupy these statuses. Second, for the purposes of this study, we constructed five motherhood statuses, although we acknowledge that motherhood can take many other forms (i.e., lesbian mothers, social mothers, and foster mothers). Future research should work to understand it what ways the experiences of these types of mothers are unique. Lesbian mothers may be different than that of first-married biological mothers due to their sexual minority status and less accepted family form (e.g.,

Short, 2007). Furthermore, the experiences of adoptive mothers compared to biological mothers should be addressed. Because there is a different cultural discourse surrounding those women who adopt (Miall & March, 2003), women who have adopted may be different from women who have only given birth. Third, due to the small cell size, we were not able to control for the residency of stepchildren for stepmothers and double mothers. Controlling for this aspect of stepmotherhood may impact women's well-being (Ganong & Coleman, 2004).

Fourth, future work should address differences in marital status among mothers and nonmothers. Imbedded in the cultural esteem afforded to biological mothers is the assumption that they are married (Edin & Kefalas, 2007), even as over 40% of births in the United States are to unmarried women (Martin et al., 2011). Single mothers represent a sizable portion – 20% – of biological mothers (U.S. Census Bureau, 2010). Popular and scholarly depictions of single mothers have remained negative throughout the last century (Usdansky, 2009). More work should be done regarding how marital status influences well-being for women in different motherhood statuses.

Fifth, this study could not account for the process by which women come to occupy various motherhood statuses. Perhaps there is some selection of women into a particular status. More work must be done to understand if there are certain mechanisms at work that make it more or less likely that a woman will enter into any given status. Some research has suggested that there are differences in the marriage patterns of single individuals based on their views of children that make them more or less likely to partner with someone who has them (Goldscheider, Kaufman, & Sassler, 2009). Other women may be more or less likely to select into biological motherhood depending on how much they value their leisure time (McQuillan et al., 2008). Furthermore, while this study compared wellbeing across motherhood statuses, there is likely great diversity within one motherhood status or another. For example, there are multiple reasons why women are childless (McQuillan et al., 2012) and, depending on a woman's particular reason, there may be differences in well-being.

Additionally, as a new concept, double motherhood deserves attention from researchers. This study represents the first step in understanding how they may be similar or different from both biological mothers and stepmothers. For example, teasing out how these women come to occupy this status may yield meaningful results. One double mother may be a woman who brings children from a previous relationship to a new union. Another may be a woman without children who partners with a man with biological children and who then has a child in that union. Both of these women would be considered double mothers but their paths to that status differ. Furthermore, the category could be expanded to include women who are biological as well as social mothers or foster mothers. Each difference in double

motherhood may be linked to differences in well-being. This category would benefit from further refinement.

Despite these limitations, this study advances our understanding of the complexities of motherhood and how the diversity in motherhood has real implications for women's well-being. Traditional family forms are becoming less prevalent, a reality evidenced by the fact that just under half of all households in 2010 consisted of a married man and woman (Lofquist, Lugaila, O'Connell, & Feliz, 2012). The number of cohabiting families has been increasing since 2000, as has the number of same-sex families (Cherlin, 2010). Families are becoming more diverse and research needs to be able to keep pace with these changing demographics. Complexity will continue characterize family ties. Women, as well as men, are taking on challenging parental and family roles and how we think about family relationships need to keep abreast of these shifting ties. We should support all parenting roles without holding biological or legal stipulations. Understanding how these roles intersect and conflict will be vitally important to understanding family functioning and individual's health and wellbeing in the twenty-first Century.

Notes

1. Because the size of these three categories is so small, including them in the analysis does not yield a reliable amount of statistical power.
2. Women who indicated that their current partner had children from a previous relationship were also asked, "Do you think of this child or these children as if they were your own?" This item was measured on a 3-point scale (1 = completely true, 2 = somewhat true, and 3 = not at all true. The majority of stepmothers-only ($n = 86$) responded that this statement was either completely true or somewhat true. When included in the statistical models, the measure had no significant impact on results.
3. As stepmothers, women categorized as double mothers were also asked how strongly they considered their partner's children as their own. The majority of women ($n = 431$) indicated that they considered that statement completely true or somewhat true. Including the measure in the models did not significantly impact the results.
4. An additional 78 women were categorized as involuntary childless because their indicated that they wanted children and reported that their ideal number of children was greater than zero, despite the fact that they did not indicate an intention to have children. Furthermore, six women were categorized as involuntary childless because they indicated that they intended children and that their ideal number of children was greater than zero, despite the fact that they did not indicate that they would like to have children. Two of the three necessary variables were deemed sufficient to indicate involuntary childlessness for these women.

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