

STEPFAMILIES

FOR PROFESSIONALS:

RESEARCH UPDATE

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Chair, Research Committee

The Transition from First-Family to Stepfamily: Insights from the Bio-Parent

Few studies have explored the experience of the biological parent during the transition from a first marriage to a stepfamily. Instead most research has focused on the stepparent's perceptions and experiences or the perceptions and experiences of the children in stepfamilies, so we know much less about the experiences of the biological parent. Following, I summarized the findings of a recent study that makes an attempt to address this void.

Details of the Study

Authors Arnaut, Fromme, Stoll and Felker (2000) report the findings from their study in the *Journal of Divorce & Remarriage*, 33(3/4), focusing on those experiences of bio-parents that are a source of stress during the transition from one marriage to another. They used a small sample of 12 biological parents with one or more adolescents (12-17 years) residing in the home at least 50% of the time, who had been together 1-5 years (average was 2.5 years), and whose prior marriage had ended at least 2 years prior (average time between marriages was 4 years). They completed in-depth interviews of all family members regarding their experiences; however, their focus is the themes identified in the interviews with the biological parents.

Findings: Sources of Stress

Interestingly, negative emotions were commonly associated with the period of separation and the divorce itself, and these surfaced in four areas. First, parents were typically concerned about the effects of the divorce on their children, expressing both guilt over ineffectively dealing with either their children's emotions or their own emotions, and fear that they might lose their children to the other parent. Second, parents reported that the breakup was fraught with conflict that often placed their children in the middle, and there was guilt and feelings

of shame associated with this. The third area reflected their sense of sadness over the loss of their marriages and the family life they had worked hard to build. The feelings associated with "failure" of the marriage for women were betrayal and shame. The final common area that surfaced was the confusion and stress related to the continuing effect of their prior marriage and the period between marriages on their current family life, especially in terms of their reactivity and hypervigilance to anything that resembled their earlier experiences.

As single parents, they commented on stress related to feeling overburdened by the responsibilities of caring for children when they felt they were experiencing continued emotional upheaval and inadequately parented their children. Thus, for some, the new relationship was valued for the support it provided in handling these difficulties. For fathers, this period also was perceived as a time in which greater bonding occurred with their children.

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CALL FOR PAPERS

SAA Families for Professionals is requesting articles for publication. We are seeking submissions by professionals who work with stepfamilies, and researchers whose work focuses on issues related to remarriage and stepfamilies. The clinical and/or research committees of SAA Families of the Twenty-first Century will review all articles. You may submit articles via e-mail to Jean McBride, editor at cdr@verinet.com. Articles must be in Microsoft Word format, and no longer than 750 words. Submission deadlines are April 15, 2001, July 15, 2001, and October 15, 2001.

How Would You Treat This Stepfamily?

Case Consultation from Three Perspectives

In response to a number of requests to begin a more active case discussion format in the Professional section of SAA Families, we have established the following model. A case example is distributed to three experienced stepfamily clinicians invited to respond to the following questions:

1. Who would you see in the sessions?
2. What do you see as the primary issues?
3. How would you go about helping this family?
4. Are there other important considerations?

Since we know that no one approach is necessarily better than the other, we hope the reader finds that she or he constructs an idea for a plan of treatment that involves some of the ideas put forth. Thank you for your interest in the treatment of stepfamilies, and please feel free to send letters or e-mail with your reactions, questions and opinions. We look forward to rich and stimulating ongoing clinical discussion.

Scott Browning, Ph.D., Chair, Clinical Committee

THE CASE:

To preserve confidentiality, this case is a composite of several cases. All names are fictional.

Sharon and Robert entered into couple's therapy to discuss issues related to their stepfamily of two years. The family consists of Sharon, Robert, his two daughters Eliza (age 16) and Melanie (age 11), and Sharon and Robert's infant daughter, Morgan (age 2 months). The presenting problem as described by Sharon is that, her 11-year-old stepdaughter Melanie "is trying to take over my job as mother." Sharon reports that Melanie won't listen when it comes to handling baby Morgan and in fact becomes "stubborn and belligerent" when Sharon tries to direct her. "If I tell her to hold the baby's head, she ignores me; if I tell her to let the baby sleep, she makes excessive noise to wake her up."

Melanie wants to be allowed to baby-sit for Morgan. Sharon thinks Melanie is neither old enough nor responsible enough to baby-sit and in fact fears slightly for Morgan's safety. Robert describes himself as being in the middle, wanting to please his wife even though he thinks she is overly protective of the baby, and wanting to demonstrate to his daughter that he trusts her.

Sharon and Robert are unable to agree on a solution for this issue and in fact frequently argue about it. Both say it has affected their relationship. Robert thinks Sharon is too hard on Melanie. Sharon states that her "once decent" relationship with Melanie has deteriorated significantly. Robert is worried that Melanie will develop self-esteem issues because Sharon doesn't trust her.

Clinician #1: Scott Browning, Ph.D.

As I read the description of the case, I was first struck that the couple, Robert and Sharon came to treatment as a couple. This is important for two reasons. First, Sharon and Robert may be aware of the importance of their own need to concentrate on themselves as a couple. Second, they may be unaware that without the children involved in treatment, they will have greater difficulty in successfully negotiating their diametrically opposed needs. In my opinion, the power of the children is substantial. It is not that the children will be put in a position of authority, but rather, the children's needs would be more fully understood so that both Robert and Sharon can feel that they are not being irresponsible parents.

The two adults cannot settle the issue that is presented. Between Sharon and Robert there is no argument that will determine if Melanie is capable of babysitting. Clearly one can try to assess that issue, and the treatment will assist in that question, but there is other work that must be accomplished first before returning to the question presented as the primary issue. That work involves assisting each member of the couple to see the issue through the eyes of the other. An active empathic intervention is necessary in order to put aside the question and loosen both Robert's and Sharon's dogged insistence on being correct. It is important to remember, as a therapist, that the position taken by both Robert and Sharon is rarely adopted as a pure power play. In fact, their own emotional feeling often surprises each, but that does not help them to negotiate. Only the absolute acceptance that the answer has no answer will work. Of course there is an answer, but no answer can be completely validated. Until Melanie baby-sits, there is no method of assessing the likelihood that the baby, Morgan, will be unscathed. On the other hand, what parent would really take the risk if they could not shake the fear?

One looks to one's spouse to determine a reality check about your reaction to the needs of your child, however, in stepfamilies, that opinion of the other is not fully objective, and that subjectivity erodes the partnership. Therapy can not remove the subjectivity of a parent, nor should it, but therapy can assist the couple in determining that a correct answer to the pressing question can not be determined, but a process, to investigate the question and produce some response, can be achieved.

Therefore, build the empathic response, in session one. Meet with the children, all of them, in session two to explore everyone's assessment of how an infant is cared for. Sharon and Robert will be prepared ahead of time to really listen. As powerful people in the stepfamily, their opinion must come after hearing the issues exactly. Therefore the therapist is directing the session, soliciting the

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opinions of each child and eventually finding out a way to determine if some class on babysitting skills is available in the region. This step is not taken to guarantee the success of Melanie's request, but instead it is a move in the direction of building up a sister relationship that will in fact engender trust in all involved.

Scott Browning, Ph.D. is the Chair of SAA Clinical Committee. In addition, Dr. Browning is the Chair of the Department of Professional Psychology at Chestnut Hill College in Philadelphia. Scott lectures nationally and internationally on issues related to stepfamily therapy. His professional writings concentrate on treating the diverse family, empathy as a clinical intervention and innovative teaching methods.

Clinician #2: Robert Klopfer, LCSW

Our therapeutic task is to help this family understand how the birth of their new "ours" baby has upset the homeostasis that existed prior to Morgan's arrival. Psychoeducation and the therapist's knowledge of stepfamily issues may accomplish this. The baby represents change and loss of the familiar. The disruption in the couple relationship, the stepmother-stepdaughter relationship, and the fear for the infant's safety are the stepmother's issues. The father too is concerned with marital discord and Melanie's, potential loss of self-esteem. Melanie's perspective has not been elicited.

My clinical assumption is that the arrival of the baby has sent the family into a more conflicted and confrontational stage of stepfamily development (see Papernow, 1993). The adults report heightened anxiety in their relationship caused by Sharon's distrust of Melanie. I would explain that a new baby can have this impact on a stepfamily and can re-open old issues or identify issues that may have never surfaced. Seeing the couple first allows them to bond and discuss how they will approach this issue with Melanie. To normalize some concerns, I would stress that questioning whether an eleven-year-old is competent to baby-sit for a newborn is not necessarily a stepfamily issue.

Next I would Interview Melanie and give her a chance to express her concerns. I would wonder if she fears the loss of her role as baby of the family, and is jealous over the attention Morgan receives. Is she upset when she sees Sharon behaving differently with the baby than she does with her? Is she feeling excluded by the protection shown to the baby? Is she afraid the baby will isolate her from her father who now has a new girl to fawn over? Acknowledgment of her fears and suggestions for getting her needs met in a more effective manner would be the focus of the work with Melanie. Being understood and given help to adjust could effect rapid change in this eleven-year-old. If the problem is more pronounced, individual counseling may be indicated.

In subsequent sessions I would refocus on the couple relationship, to strengthen the couple bond. I would help

Sharon explore her feelings about being a new mother. I would be curious about these things: How has the birth of her daughter affected her feelings for her stepdaughters? Do her protective and possibly insecure feelings as a new mother make her a bit edgy with Melanie? Is there a real threat to her "job as mother"? Is Melanie really "dangerous"? How can Robert be more supportive regarding her fears for the baby?

Robert is concerned that his wife's attitude and her insensitivity will damage Melanie. He needs to recognize that his wife is a bio-parent for the first time. I might ask him to remember how he felt when Eliza, his oldest daughter, was born. My thoughts: Is he feeling pushed out by the new baby? How is the baby affecting his feelings for his older daughters? Is he struggling with loyalty and guilt? I would inquire if Melanie's behavior were of concern for him. I would suggest that Robert be the parent to deal with her directly, taking Sharon out of the disciplinarian role and reinforcing his involvement. Melanie needs verbal reassurance that she is loved. She also needs alone time with Dad. It is important that he set a tone of inclusion of all family members. I would also inquire how Eliza, the 16 year old, was adapting to these changes in family composition.

At the same time it is important to look for and address other marital strains. Even with temporary regressions, these shifts in authority and new boundaries will create better lines of communication and stronger relationships. The therapeutic assumption is that through normalization, education, and reframing specific conflict areas, tensions will diminish and greater understanding and goodwill will replace fear and distrust.

Robert Klopfer, L.C.S.W., is a member of the Board of Directors of the SAA. He is Co-Director of Stepping Stones Counseling Center, Ridgewood, NJ, the only stepfamily counseling center in New Jersey.

Clinician #3: Helen Devine, Ph.D.

Without additional information about this family, I would approach our first meeting as a teaching or coaching session, rather than therapy. With further information it could become clear that Melanie is showing suppressed rage with pets or friends or that the parents are triangulating with Melanie to work out their own power issues that may be too fragile to approach directly. If it appears that the baby-sitting dilemma is the real question, I would first meet with the couple to determine their differences, spoken and unspoken.

Hopefully in one or two sessions, the parents could agree on a plan together to help Melanie begin to baby sit with supervision. Safety issues and concerns about Melanie's judgment must be addressed without making her out to be all bad. If positions polarize I would invite

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Case Study, *continued from page P3*

the couple to bring the two older girls to a session for a family meeting to address all the concerns. Much can be learned from Eliza, the sixteen-year-old sister. Additionally the therapist can begin to assess Melanie's potential as a babysitter or a child who needs therapy.

In the next session, I would mediate an attempt to write a babysitting contract for Melanie (see suggested version below).

Both parents have fears that must be addressed. My first goal would likely be to give each parent some sense of control over the children in the household. It might build some sympathy for each to report the other's concerns out loud to me. It would be helpful to make sure that each parent reports all feelings and fears and feels heard.

A history of previous trust issues that Sharon may have had with Melanie may color the current request. Suggestions may include Sharon involving Melanie in errands such as shopping with Morgan. Melanie may enjoy picking out baby things, pushing the stroller, sitting in the back seat with Morgan in her car seat or entertaining Morgan while Sharon briefly shops.

The temptation will be for the parents to request babysitting from Eliza while preventing Melanie from doing so. It is important to find out Eliza's willingness to cooperate and not impose on her time and energy.

SUGGESTED BABYSITTING CONTRACT:

1. Melanie will attend a babysitting training class for certification.
2. Melanie and Dad will baby sit Morgan for two hours twice per week to give Mom a break. Dad will agree to "not take his eyes off the baby" and at the same time allow Melanie to provide her physical care. They will do this together until Morgan is six months old.
3. Sharon will observe Melanie as she provides care for Morgan. Sharon will not interfere unless mishandling occurs.
4. If Melanie becomes a certified sitter, passes Dad's supervision and earns Sharon's approval, she can begin to baby sit for one to two hour intervals once Morgan is six months old.
5. If Melanie is demonstrating competent childcare when Morgan is twelve months old, she may baby sit for longer intervals and may be paid.

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Insights from the Bio-Parent

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Another common theme was the independence associated with single parenting; for some this reduced their fear of what might happen if the remarriage dissolved and for others it made the remarriage appear more stressful

As these parents moved into dating again, they reported being confused, stressed and exhilarated about developing new relationships. In part the confusion and stress was prompted by the differences experienced from dating later in life, when their maturity and insight from prior experiences complicated their views. Also, confusion and stress was associated with their children. Children complicated starting and maintaining new relationships by their presence and responses to new partners (e.g., resentment).

The transition to stepfamily life was marked by persistent stress that seemed overwhelming at times; however, not all sources of stress were related to stepfamily life specifically (e.g., geographical relocation, issue of individual functioning). Shock and disappointment were the common responses reported to three stepfamily realities. One reality was that stepfamilies are "instant" families. Even when couples discussed the complications of this, the experiences and reactions of the stepparent were shocking and dismaying to the parent. Another reality had to do with the differing values and expectations. Stepparents typically had higher expectations than parents did, and this was a source of stress. Further, the parents were able to see some of the behaviors as typical for adolescents, but the stepparents were less able to do so, and this difference served as a disappointment for the biological parent. And the final reality was that the stepfamily did not meet their hopes and dreams. In part this was reflected in the parent's disappointment that their workload around family matters had not decreased since the remarriage and the lack of understanding from extended family members.

Issues of divided loyalties also were reflected in the interviews as a source of stress in the stepfamily where the parent served as peacemaker or mediator between stepparent and child. Recognition that their relationship with their own children was different than that with their stepchildren contributed to feeling divided. Also, the children's resentment of the new marriage and stepparent, and children's loyalty to their other parent contributed to parents feeling divided. The resentment, jealousy, or apathy of the stepparent also was viewed as fueling the parent's sense of having to choose between their children and the new marriage.

Coping Strategies

Beyond the insights offered here that likely confirm the experiences of many professionals who work with stepfamilies, I believe the information these authors offer regarding the coping strategies used by the biological parents in their study also provide helpful information. For example, they noted that parents' found focusing on the future, working to strengthen their new marriage relationship, and emphasizing the benefits of being in a stepfamily as helpful in coping with the normal chaos and stress associated with the transition to stepfamily life. Finding others who were in similar family situations and locating classes, support groups, and good reading materials also were identified as valuable in easing the transition.