Clinical Theory and Intervention Module

NSFC

Scott Browning

This lecture is intended to introduce you to the evolution of a theoretical understanding of stepfamilies, determine particular vulnerabilities common to stepfamilies, and then examine some of the basic classes of interventions that are applied to stepfamilies in treatment.

Family therapy in the 1950's and 1960's began as a generalist movement. In other words, by emphasizing systems theory to explain the dynamics of families, the early family therapists avoided the creation of sub-groupings within the field. Therefore, stepfamilies were seen as simply families that had a remarried member. The therapy offered these families was the same as that offered to any family, because the belief was that once one understood systems theory, treatment did not need to be adapted based on the structure of the family in question.

In time it became clear that stepfamilies are different in a number of ways from first-marriage families, and that these differences influence the clinical process. Information about stepfamilies came from various fields and stepfamilies themselves. Research in the fields of Psychology, Sociology, Family Studies and Demography all started to create an understanding that the stepfamily is a unique family form. At the same time, stepfamilies themselves began to demand recognition that their needs were not being met in therapy.

A Theoretical Construct of Stepfamilies

Thus, the origin of a theoretical understanding of the stepfamily is intimately tied to the research investigating the characteristics that make stepfamilies distinct from first-marriage families. While, at first, some of the comparisons left stepfamilies appearing to be deficient, efforts have been made to reduce the stigma of comparison and concentrate on what makes stepfamilies stand out as a positive, but different, family form.

Interestingly, stepfamilies themselves deserve a great deal of credit for the recognition of the uncommon dynamics that became increasingly evident. Self-help groups were formed and as more stepfamilies began to speak with each other in these

informal settings, an anecdotal picture emerged that pointed clearly to the need to for a conceptual understanding of stepfamilies. From this more sophisticated conceptualization a variety of clinical interventions naturally flowed.

While there is no template that every stepfamily fits, there are circumstances that affect each stepfamily. The evolution to a theoretical understanding of "the stepfamily" recognizes that these factors, when understood, guide the clinician in supporting and assisting stepfamilies.

Three primary factors (development, structure and emotion) stand out in clinical theory about the nature of a stepfamily. The first is that the developmental sequence is exclusive to the stepfamily. In the first-marriage family, the children arrive after the couple has been together; whereas, in a stepfamily, children precede the couple because one parent is no longer in a romantic relationship with the second parent(?). As is often stated, a remarried couple with stepchildren is honeymooning in front of an audience. Therefore, the relationship between a parent and child is different from the relationship between the stepparent and stepchild. While there is no reason that the stepparent/stepchild relationship cannot grow into a healthy and satisfying one, it needs time to develop. In addition, the relationship between the remarried couple is often strongly influenced by how compatible the stepparent and stepchild are.

It is estimated that the time necessary for a stepfamily to develop a strong and supportive bond is approximately four years. This length of time is longer than many stepfamilies themselves believe should be necessary, leading many stepfamilies to become discouraged that it is taking too long to come together as a family. In addition to the larger issue of stepfamily development, theorists recognize another troubling element: a mismatch between the development of the stepfamily, and the developmental stage of individuals within the stepfamily. Therefore, the stepfamily formed with an adolescent faces an extra problem. Just as the stepfamily is attempting to pull together in order to affirm the strength of this new family, the adolescent stepchild is attempting to separate in order to gain a sense of independence. These conflicting developmental forces led to a friction commonly experienced by stepfamilies with adolescents.

A second factor to be aware of is the role played by having an alternative structure. While the stepfamily is still a system, and thus can still be understood within

the context of systems theory, the structure is so different from traditional families? That the clinician must understand how this alternative structure affects the dynamics and interaction of stepfamily members. Following the break-up of a couple with children, the family no longer has a unified center. In the words of Constance Ahrons, the family is "bi-nuclear," meaning that each parent forms the center of a separate, but interrelated family. Then, one or both parents re-couple and the complexity of the family rapidly increases. A child now has two parents, living separately, each with their own extended family. In addition, for each one that had re-coupled, the child has another "parental adult" and the extended family and potential siblings that come with the stepparent.

In order to gain a fuller understanding of the effect of this added complexity, a great deal of research has examined the various dynamics that may be present in stepfamilies (?). Every structural combination is taken into account when trying to understand the stepfamily that comes into treatment. When assessing a stepfamily, the clinician attempts to determine the nature of every relationship that exists in the stepfamily in treatment. For example, questions arise such as: Is the stepmother also a mother? Is the non-residential father involved in the child's life? How do the siblings get along in this stepfamily? Is the stepfather spending more time with his stepchildren than his own children from a previous relationship? The clinician needs to gain a clear picture of each unique case, because the potential variation on the structure of the stepfamily is extensive.

A couple of structural variations that are most common have to do with the fact of whether only one or both adult members of the new couple have brought children to the stepfamily. If only one person has a child from a previous relationship, that is called a "simple stepfamily," whereas, when both people bring children from previous relationships, or this new couple has a child who joins the stepfamily, this type of stepfamily is labeled "complex." Although the language is useful for identification, it is unfortunate that it suggests that one type of stepfamily is more likely to coalesce easier. It is important to remember that, these terms are simply labels; they do not really convey any information other than the type of stepfamily they define.

Another feature to be taken into account when looking to theoretically understand the nature of a stepfamily, is to understand the process by which this remarriage occurred.

For example, if a stepfamily is formed after the death of one partner, that stepfamily may be quite different from the stepfamily formed after a divorce. Also, the couple that gets together following having had an affair is certainly likely to have tensions and impasses with the children that are difficult to resolve.

The third factor which plays a dominant role in establishing a loose theoretical understanding of a stepfamily is the role of emotion. The establishment of a stepfamily generates a range of emotions not fully expected by its members. Remarriage or re-coupling is not well simulated by dating. The dating process generally gives the members of the couple a somewhat false impression as to the relative ease of stepfamily formation. This occurs because during dating the responsibilities and interpersonal dynamics are less powerful than they become after the stepfamily is fully formed and residing together.

The clinician, recognizing that the emotional climate of the stepfamily is often more charged than they themselves expect, is searching out the origin of strong feelings within the stepfamily. Is the child angry because she feels that the remarriage has caused her to lose her close relationship with her mother? Is the stepfather frustrated because he intended to be a co-parent, only to find that his opinion is not highly regarded by his stepson? Does the mother in a stepfamily feel torn between the needs of her child and the demands of her new mate?

Could you clarify right here that you are shifting to a summary, and moving on from the emotion factor? The benefit of any theoretical formulation is that a theory directs how one approaches each case. A theory of stepfamily life is superimposed on any general family theory that exists. This means that, while the three principle factors will almost always exist in any stepfamily, and can serve to ground the clinician, the clinical acumen and years of training in a family therapy model are still utilized. For example, if you are well versed in the Conjoint Family Therapy of Virginia Satir, you will bring to the case a perspective that encourages you to examine the communication patterns, the family roles being played, and ways to find the positive reframe to each situation that is occurring.

Stepfamily theory is not a comprehensive model that attempts to explain all factors that constitute the stepfamily. To do so inaccurately simplifies this

extraordinarily involved family form. Rather, a theoretical understanding of stepfamilies provides one with perspective whereby one can assess the status of the stepfamily, create a working hypothesis and examine for particular vulnerabilities. If the clinician can determine the presence of particular needs for the stepfamily in treatment, she or he is more likely to incorporate those needs into the treatment plan, and provide comfort to the stepfamily that you understand the problems they are experiencing.

Common Vulnerabilities Experienced by Stepfamilies

This next section is intended to introduce you to some common vulnerabilities in stepfamilies. While these factors would not be considered as part of a theoretical construct, because they are not universal, they can help the clinician to become oriented to the stepfamily's problem quickly. Five areas of stepfamily vulnerability are: 1) rejection of the stepparent; 2) intimate relationships under close scrutiny; 3) parental guilt; 4) loyalty binds; and 5) increased volatility.

While many stepparents are liked, and in time, loved, many others experience rejection from a stepchild. Certainly, the rejection might be mutual, however, often it is not. Stepparents may sincerely desire a significant relationship only to find their efforts at bonding spurned. The rationale held by the child will usually relate to some anger or disappointment about the loss of the original family. When this dynamic is present it is useful for the clinician to determine if an intervention might soften the stepchild to build a relationship with the stepparent. If that direction cannot be achieved, it may become necessary to lessen the stepparent's expectation of a relationship, without encouraging the stepparent to react by angrily distancing from the stepchild.

After a remarriage, or re-coupling, the stepfamily has shifted in such a way that the parent now has a love interest, and a partner in parenting who is not biologically connected to the child. The bond between a parent and a child is often strengthened, especially for mothers and children, following a divorce. Therefore, the entrance of the stepparent can feel like an intrusion to the child who finds that sharing their parent with an adult is frustrating for two reasons. First, the child recognizes that her or his parent is now spending a great deal of time with the new spouse, and second, the child may find that having any time with his or her parent alone is difficult to achieve. In addition, there are situations whereby the child not only feels that time with a parent alone is rare, but

even the time spent with both a parent and stepparent is greatly influenced by the stepparent's opinions and beliefs. For example, conversations between a mother and her daughter may take on a very different tone when the new stepfather is present. And he may be present a great deal because he both wishes to be involved, and his wife wants him involved. However, even the mother may begin to notice that her relationship with her daughter is shifting in order to accommodate to the standards put forth by the stepfather.

The clinician, in observing this problem occurring in the stepfamily is often able to intervene by recognizing that everyone is feeling frustrated by the tension that is surrounding these "family discussions." The intervention will flow from the clinician being clear that dyadic conversations are often preferable to larger group discussions in the early formation period of the stepfamily. This does not mean the stepfather is relegated to a position of having no influence, but rather, his influence comes from discussions with his wife, and with his stepdaughter, out of the earshot of others.

Guilt experienced by a parent is a powerful, and often insidious, emotion. Whether the guilt is merited or not, the long term effect of guilt is that one generally parents in a manner that is more permissive and unfocused. When a clinician recognizes that a parent is feeling very guilty about some past behavior (e.g. the divorce, drug use, an affair), it becomes necessary that the effect that this guilt is having on the parenting of a child is understood. In addition, the role of the stepparent is also influenced because the guilty parent may request that the stepparent fulfill a role that is not useful, one of a more powerful stepparent, doing the discipline that the guilty parent is unwilling or seemingly unable to do.

Usually, if the parent is permitted to discuss why he or she feels guilty, the clinician can help them recognize that the outcome of this continued guilt is unhealthy for everyone involved. Certainly, assisting the parent to acknowledge mistakes from the past, and seek forgiveness, is often a worthy clinical goal. However, it is the systemic formulation about the ongoing effect of this guilt- induced behavior that often helps to lead to a desire to address parental guilt.

The existence of loyalty binds causes many problems in stepfamilies. While some loyalty which may cause minor distress is normal and expected whenever you

increase the complexity of a stepfamily, a line can be crossed in which loyalty stops one from being able to enjoy any relationship with someone else in the stepfamily. A loyalty bind may be present in any number of relationships within a stepfamily. The non-residential parent may challenge his or her child to be loyal and reject the stepparent. Or, the residential parent may feel very torn between showing loyalty to her or his child, or toward the new spouse. And finally, it is not unusual to hear people (often men) report that they now feel very close to a child from a new relationship and less connected to a child from a past relationship because they are getting older and do not wish to miss the years of a child growing up.

Often the most useful intervention to address loyalty is to make sure that treatment includes the person for whom the loyalty is felt. Sometimes, people are willing to acknowledge that they are grateful for the loyalty expressed, but they are not threatened by other important people in the other's life. On other occasions, the loyalty is demanded, and the therapist's role is to help those who feel unacknowledged understand the reason for the lesser relationship and learn not to set themselves up for repeated hurts.

Stepfamilies often experience a pervasive increase in volatile interactions. The stepfamily is formed with people, some of whom have little warmth between them. And yet, this is a family with interpersonal demands and powerful expectations. This dynamic can be a recipe for volatile outbursts, even among individuals who pride themselves on not having bad tempers. The situation itself pulls for a level of personal investment that is felt in few other circumstances. This dynamic can lead to significant misinterpretations, emotional hurt, and dashed expectations.

The stakes are high in a stepfamily because few want to see their stepfamily break apart, and yet they often feel relatively helpless as the emotional temperature of the home increases. It is therefore incumbent on the clinician to function in such a way that the expressed emotion within the session is modulated. This can be done by holding to a subsystem approach, or by being very careful to not permit the discussions to move into a territory that opens up too many wounds without alternative solutions. In this way, the clinician in providing treatment to stepfamilies must be carefully monitoring the emotion in the room, and an increase of negative emotion should be caught before it begins to overwhelm the stepfamily.

An awareness of potential vulnerabilities is not intended to provide such a clear roadmap that the clinician is jumping ahead and assuming to know what issues are important to the stepfamily in treatment, but rather, it gives the clinician enough of a general background that common vulnerabilities are quickly understood, offering the stepfamily support that their discussion is not met by confusion from the clinician.

The Foundational Clinical Interventions Offered to Stepfamilies

There are a myriad of interventions that are applied to stepfamilies. However, five overarching classes of interventions are predominately utilized in working with this population. The five classes of interventions include: 1) psychoeducation; 2) communication clarification; 3) increasing empathy throughout the stepfamily; 4) problem-solving and 5) clarifying a stepfamily's own systemic pattern.

Intervening with education is particularly beneficial when it leads one to see themselves, or in this case, the members of their stepfamily, as behaving in a typical manner. The term often used to describe this process is "normalization." Research has supported the idea that as one begins to hear about situations that are parallel to their own; they feel calmer because they view their own stepfamily as less dysfunctional than they had begun to fear. Since most people enter a stepfamily expecting a particular timeline of development, certain types of relationships, and hopes for a sense of unity based in traditional models (?), the reality of stepfamily development can be jarring and lead to a sense of panic that terrible mistakes have been made. So, even as one recognizes that the situation is still difficult, a feeling of pressure fades. For example, the stepfamily that has expected that the stepparent will become the primary disciplinarian, often finds themselves in an intense power struggle. The mother wishes to support her husband, and the stepfather believes that he is "doing the right thing" by helping his new wife who admits that she is "a little burned out after years of disciplining alone." The clinician intervenes by explaining about the research that supports the idea that the stepparent is best serving as a "monitor" for the first few years rather than a full co-parent. This intervention serves to create an understanding that is largely true that children do not wish to see their parent as uninvolved, and they generally are not responsive to discipline from someone they do not have a relationship with. In essence, a

relationship must precede discipline, but such an understanding is not always perceived until someone helps to couch it in a clear statement.

While there are many advantages to utilizing psychoeducation, there is a caveat that needs to be respected. Every stepfamily is different, therefore, while it is critical to be aware of the common dynamics and research findings, one does not want to be blinded to the uniqueness of the stepfamily sitting in front of you. Therefore, it is best to resist utilizing psychoeducation until you have a good idea of the needs and difficulties of the case.

Clarifying the communication within a stepfamily is a necessary and effective intervention. While some may say that communication is central in many family therapy approaches, and it is true that clear communication is invariably connected to higher functioning in families, the stepfamily may be even in greater need than most. Due to the integration of people, some with no relationship at all, into a stepfamily, miscommunication is particularly prevalent. While at times miscommunication can be corrected or addressed in front of all parties involved, on other occasions, a subsystem approach will allow the therapist to determine what a particular communication was intended to convey, and help that person to later clarify what has become a sore point in the stepfamily. For example, a stepmother might be overheard by her stepchildren commenting on how much she dislikes the kitchen in their home. This comment, unbeknownst to the stepmother, infuriates her stepchildren, because the kitchen was organized by their mother who is deceased. As time goes on, any discussion about cooking, clean-up or changing the kitchen is met by intense anger and silence from the children. In therapy, during a subsystem session with the children, the kitchen issue is brought up, and the strong personal feelings of hurt are clarified. The clinician is then able to implore the children to allow this discussion to be brought to light so that their stepmother has some idea of the importance of the kitchen, and she too is able to express her needs to feel like the house is hers as well, while respecting the nature of the unintended hurt that occurred.

Increasing empathy throughout a stepfamily is necessary because all too often, people are so convinced of the correctness of their position that they lose sight that there might be a legitimate alternative explanation for something occurring in the stepfamily.

When one learns to appreciate an alternate reality (the view held by the other), then it is easier to be open to compromise and change. This process, while helpful in most therapy, has great relevance in stepfamilies because relationship histories are so different between stepfamily members. For example, a mother and stepfather will view the actions of the adolescent son (and stepson) from distinct vantage points. Mom remembers him as an infant and sees his strengths as more evident, whereas, stepdad sees his current behavior and fears that he is heading in a bad direction and will get into trouble without strong consequences. Only when they can see, by way of empathy, that they are not able to really convince the other of their opinion, can they begin to work together as a team that may not agree on their view of the child, but can accept that both have the young man's interest at heart.

Problem-solving is a bit trickier in the stepfamily because often each adult has a belief as to how to solve the problem. So while they may agree on the problem to be solved, a child's poor grades for example, the adults may hold very distinct ideas as to how achieve this and find themselves unintentionally sabotaging the other. In the stepfamily, not only does one adult have a longer history with the child, but the power structure between the two adults is also an alternative system from first-marriage parenting. Therefore, the clinician's process at achieving problem-solving needs to be very specific and provide ample time for the couple to play devil's advocate as to why the solution chosen may not work in this situation.

Teaching a stepfamily about their own systemic functioning is an intervention that has the powerful effect of removing a great deal of blame. If a stepfamily can be made aware of how they function as a system, then many of the actions that occur are not just because the person is "unloving," "too strict," "permissive," or "gullible." Instead, people gain a respect for the power of the system, one that is often stronger than the individual personality. For example, when two stepsisters (Betty and Phyllis) begin to see that their tendency to fight is much more likely in the presence of Jane (Betty's mother, and Phyllis's stepmother), a growing recognition occurs that the fighting is more about Betty's need to defend her mother as a good person, than any overwhelming dislike of Phyllis. A clinician is now able to understand the systemic function of the arguing, and confirm with Jane that while she appreciates Betty's support, she does not need her

daughter to defend her, or purposely alienate Phyllis. Without a fuller system understanding, the stepfamily would generally believe that Betty and Phyllis simply hate each other, and the fighting is only an expression of that dislike. The wider systemic understanding allows the clinician to intervene with relationships that might otherwise be considered unchangeable.